



CITY OF CHESAPEAKE  
HOME INVESTMENT PARTNERSHIP GRANT PROGRAM  
PROGRAM YEAR (PY) 48 (2022-2023)  
FUNDING APPLICATION COVERSHEET

**Agency Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Point of Contact:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

## FUNDING HOME APPLICATION – PY 48 (July 1, 2022 – June 30, 2023)

Please follow the mandatory format for providing project information. If the question does not apply, please write N/A.

### SECTION A: AGENCY PROFILE

1. Date Submitted:	
2. Organization/Agency submitting request:	
3. Physical address/location of agency office:	City, State, Zip:
4. Mailing address/location of agency office:	City, State, Zip:
5. Agency Website:	
6. DUNS #:	
7. Agency (IRS) ID#:	
8. Central Contractor Registration (CCR) #	
<p>9. License(s) If required by local government, do you have the necessary license to operate this program?</p> <p>Yes:            No:            N/A:</p> <p>If no, please explain:</p>	
<p>10. Type of Organization (choose one):</p> <p><b>Non-Profit:</b> Community based Faith based</p> <p>(If non-profit, has 501 C 3 status been acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Government:</b> City Public Housing Authority</p>	
11. Project Name:	

Contacts				
	Executive	Program Data	Client Data	Finance Data
Name:				
Title:				
Address: (if different from mailing)				
Phone:				
Fax:				
E-Mail:				

12. Type of HOME Project: *(choose only one)*:

- Acquisition of real property consistent with Annual Plan;
- Acquisition, construction, reconstruction, rehabilitation of housing and/or installation of public facilities and improvements;
- Clearance, demolition, removal, and/or moving of buildings and improvements;
- Homeownership development
- Disposition, through sale, lease, donation or otherwise, of any real property;
- Community Housing Development Organization (CHDO)
- Neighborhood-based revitalization efforts
- Public facilities
- Rehabilitation (includes homeowner and rental property, rehabilitation property)
- Tenant Based Rental Assistance
- Planning and Administration *(The total amount of HOME funds allocated to the City by HUD for planning and administration cannot exceed 10%).*

**Identify the primary beneficiaries of the proposed project/service (check all that apply):**

- |                                                    |                                                   |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Adults (18-60)            | <input type="checkbox"/> Persons with HIV/AIDS    |
| <input type="checkbox"/> Adults, Illiterate        | <input type="checkbox"/> Physically Disabled      |
| <input type="checkbox"/> Disabled                  | <input type="checkbox"/> Renters                  |
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Special Needs            |
| <input type="checkbox"/> Elderly (60+)             | <input type="checkbox"/> Substance Abuse          |
| <input type="checkbox"/> Homeless Persons          | <input type="checkbox"/> Toddlers/Children (0-13) |
| <input type="checkbox"/> Homeowners                | <input type="checkbox"/> Youth (14-18)            |
| <input type="checkbox"/> Housing Units             | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Mentally Disabled         |                                                   |

13. Is this project?  New  Existing project/program for continuation of funding
14. List total amount of HOME Funds requested. Additional information is requested in Section D. Finance Budget Form. Budget HOME Requested Amount on the Budget Form must equal HOME funds Requested shown below.

<b>HOME Funds Requested</b>	
<b>TOTAL:</b>	\$

### Organizational Capacity & Experience

- Describe your organization and its mission (brief statement):
- Indicate the length of time the agency has been in operation, including the date of incorporation.
- List and briefly describe similar projects or past activities your organization has previously undertaken.
- Briefly describe the organization's experience in working with federal funds, including outcomes.
- Describe the organization's experience in working with the City of Chesapeake, and/or other local government or agency funds.
- Has your organization received HOME funding for this program before?  
 Yes  No  If yes, for what years?

7. List the performance goals/outcomes for the last three completed years (2018 & 2019) and the actual accomplishments.

Year	Funded Amount	Status of Project (Completed, Underway or Canceled)	Projected Goals/Outcomes	Actual Goals/Outcomes
<i>Ex: 2021</i>	<i>\$200,000</i>	<i>Completed</i>	<i>10 houses rehabbed</i>	<i>10 houses rehabbed</i>

8. Are there available funds remaining for this program from previous years? If so, list the years and the balance remaining.

9. Identify other agencies (including non-profit and government) that provide services similar to your proposed project/service. How do the programs differ? How do they overlap? Is there collaboration with the other agencies? Avoid duplication of services?

**NEW APPLICANTS ONLY**

10. Using projects similar to the one proposed in this application, list the proposed goals/outcomes and the actual accomplishments for each; whether the project met the timetable for completion and expenditure of funds.

Program Title	Year	Funded Amount	Status of Project (Completed, Underway or Canceled)	Projected Goals/Outcomes	Actual Goals/Outcomes

## SECTION B. NATIONAL OBJECTIVE REQUIREMENTS

**OUTCOME PERFORMANCE MEASUREMENT SECTION**  
**This section must be completed in order to be considered for funding.**

*HUD requires recipients of federal funding to assess the outcomes of the program in question. All approved applicants will be required to comply with the Performance Measurement System. For more information, visit the U. S. Department of Housing & Urban Development website:*  
<http://www.govinfo.gov/content/pkg/FR-2006-03-07/pdf/06-2174.pdf>

Performance measurement is a program tool that assists housing and community development staff in collecting data, tracking progress, and reporting on program results in a way that reflects the impact a program had on a community and the lives of its residents. Performance measurement provides a means to capture program outcomes. *The below information is entered in HUD's Integrated Disbursement and Information System (IDIS). IDIS is the mechanism HUD uses to disburse grant funds to the City.*

**I. GOALS** - *The proposed activity meets which of the following goals (refer to the next page);*

Goal #1 – Creates a suitable living environment

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure to social issues such as crime prevention, literacy, or elderly health services).

Goal #2 – Provides decent housing

This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

Goal #3 – Creates economic opportunities

This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

**II. OBJECTIVES** - *The proposed activity meets which of the following objectives: (refer to the next page):*

Improve availability/accessibility

This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.

**III. PROPOSED ACCOMPLISHMENTS OF THE PROJECT**

**A. HOUSING**

1. Estimated # \_\_\_\_\_ Units serving estimated total beneficiaries  
 Count both: \_\_\_\_\_ Households \_\_\_\_\_ Persons

2. If new construction, how many total units will be constructed?

3. Please tell us about the units (if any) *before* rehabilitation or renovation:

a. Total units	
b. Total occupied units	
c. Total units occupied by low or moderate income people	

4. Please tell us about the expected *completed* units?

a. Total units	
b. Total occupied units	
c. Total units occupied by low or moderate income people	

5. Total non-HOME funds for project \$ \_\_\_\_\_

6. Describe procedures for documenting program participation including ethic and income characteristics of participants. (Clients participation records, etc.) \*Note: this information may not apply to every project.

**B. TENANT BASED RENTAL ASSISTANCE**

Estimated # \_\_\_\_\_ Households/Beneficiaries

**C. ADMINISTRATION**

Number of FTE's \_\_\_\_\_

**IV. National Objective Code: *\*This information can be found in the instructions booklet on pages 8-12. Refer to the HUD Matrix Code tables.***

1. Enter the HUD Matrix Code and Activity:

2. Enter the National Objective Citation that applies:

3. Enter the National objective Citation that applies:

# SECTION C: SCOPE OF SERVICES

## PART 1 – Project Narrative

Please provide a complete detailed description for each question or statement. **Answer on the first line under the question. Do not erase the question. Do not use a font smaller than 10 point. The application is designed to expand as you type in MS WORD. The page numbers will automatically change.**

1. Statement of Problem/Need- describe the problem or need the proposed activity is intended to address.

2. Description of proposed Project.

3. Describe the project specific work to be performed, activities to be undertaken, or the services to be provided and who will be providing those services. Describe the service area/neighborhood and how you will reach out to the target population.

4. Describe the accomplishments your agency has achieved over the past three years preceding this application. Include the degree to which the objectives were met. If there were difficulties in achieving the objectives, describe how that was rectified. Please include the number of clients served each year.



5. Physical address and/or locations of proposed project activities: *(state specifically where your project activities will take place, using boundaries or street addresses)*. Indicate days and hours of operation.

6. Census Tract where activity will take place: Refer to instructions packet. If you need additional assistance or go to the US Census Bureau: <https://geocoding.geo-census.gov/geocoder/geographies/address>

7. Flood Zone of Proposed project:

\*Note: Link to the National Flood Insurance Program: <https://www.fema.gov/national-flood-insurance-program>

8. Has any work begun on any part on the project?  Yes  No If yes, please describe.

9. Attach a timeline (time of performance) for the proposed project/activity, start to finish.

10. Describe the relationship (collaboration) of the proposed activity to other services and community facilities addressing the same or similar problem. Discuss what agencies other than the applicant who will be involved with the project. If applicable, attach letters of intent/commitment from each participating agency specifying the agency's role and contribution to the project (letters must document either a financial or in-kind donation).

11. Is there a continuing need for the services you propose for HOME funding? If so, what mechanism will exist to meet that need after HOME funds are exhausted?

12. If HOME funds were no longer available, how will you continue this project?

## SECTION C. SCOPE OF SERVICES - Cont'd

### PART 2 – Performance Measurement System Form

#### Project Goals & Activities

<b>Project Name:</b>
<b>Name of Agency:</b>
<b>Problem or Needs Statement</b>
<b>Project Goal:</b>
<b>Proposed Activity #1</b>
<b>Input:</b>
<b>Activity:</b>
<b>Output:</b>
<b>Outcome:</b>
<b>Outcome Measurement:</b>
<b>Evaluation Process:</b>
<b>Proposed Activity #2</b>
<b>Problem or Needs Statement:</b>
<b>Project Goal:</b>
<b>Input:</b>

<b>Activity:</b>
<b>Output:</b>
<b>Outcome:</b>
<b>Outcome Measurement:</b>
<b>Evaluation Process:</b>
<b>Project Name:</b>
<b>Name of Agency:</b>
<b>Problem or Needs Statement:</b>
<b>Project Goal:</b>
<b>Proposed Activity #3 (if needed)</b>
<b>Input:</b>
<b>Activity:</b>
<b>Output:</b>
<b>Outcome:</b>
<b>Outcome Measurement:</b>
<b>Evaluation Process:</b>

## SECTION D. FINANCE – Part I Narrative

**Provide a very brief, clear and concise description for each question.** (Note: Some questions may not apply to City Departments, indicate by answering N/A)

The City encourages HOME funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified. Thus leveraging is very important in the application process.

### A. Agency's fiscal management:

Describe the agency's fiscal management, including who administers the bookkeeping or accounting services, financial reporting, record keeping, accounting systems, payment procedures, and audits performed. Include the financial oversight by the Board of Directors.

### B. Audits:

Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past 5 years.

### C. Fee Structure:

It is acceptable to charge a reasonable fee for services. Sliding scale fees are encouraged. Please answer below as to whether or not fees are to be charged for any services delivered in conjunction with the program or project for which Federal funds are being requested. If fees are charged, provide a fee structure and certification that fees do not exceed the cost of delivery of service. **Attach a copy. Failure to submit the fee schedule for a fee-based organization will render your application non-acceptable.**

### D. Recaptured Funds:

Has your agency in the last 5 years, had any funds recaptured (returned), or removed from your agency? If yes, explain.

### E. Extension to Use Funds:

Has your agency in the last 5 years had to request a program timeline extension to utilize unspent funds? If yes, explain.

- F. Are your agency's employees bonded?  Yes  No If yes, materials must be available if requested
- G. Does your agency have liability insurance?  Yes  No If yes, certificate must be available if requested
- H. Does your agency have theft insurance?  Yes  No If yes, certificate must be available if requested
- I. Does your agency have fire insurance?  Yes  No If yes, Certificate must be available if requested

Date: \_\_\_\_\_

## SECTION D. Finance – Part 2 – Budget Form

Please complete the chart below for expenses related to the proposed project. **This form may be reproduced; place additional copies directly behind this page. Please round up to the nearest dollar.**

Column B must equal columns C through G

Cash Sources other than HOME

(A) Expense Category	(B) Total Project Budget	(C) HOME Requested Amount	(D) Agency's Funds	(E) Other Federal Funds	(F) State/Local Funds	(G) Foundation/Other Public Funds
<b>PERSONNEL SERVICES</b>						
Salaries						
Fringe Benefits (Total)						
<b>SUPPLIES &amp; Materials</b>						
Office Supplies						
Operating Supplies						
Repair & Maintenance						
Other (Specify)*						
<b>CLIENT SERVICES</b>						
Other (Specify)*						
<b>OTHER SERVICES &amp; CHARGES</b>						
Contractual Services						
Postage/Telephone						
Printing						
Rentals (cars, equipment)						
Conference & Seminars						
Travel						
Other (Specify)*						
<b>Land Building &amp; Equipment</b>						
Land acquisition						
Design & inspection						
Construction improvements						
Renovations cost						
Equipment (over \$100)						
Other (Specify)*						
<b>TOTAL</b>						

## SECTION D. FINANCE – Part 2 Cont.

\*\*\*\*Liability insurance is required of all sub-recipients and may be paid from grant funds.

It is important that your budget figures are consistent with the summary you provided in Part 2 Program Budget Form. **This form may be reproduced; place additional copies directly behind this page. Please round up to the nearest dollar.**

### Personnel Services:

**Staff/Salary Breakdown:** Please show all persons/positions regardless of funding source, which relate to the proposed project/activity including the amount for fringe benefits. .

**If you are requesting funding for salary/fringe, you must attach current resumes for the persons listed. For vacant positions, attach a job description.**

Name and Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% Time Spent On HOME Project	=	Total Position Cost Requested from HOME
<i>Example: Joe Smith, Counselor</i>	<i>Current</i>	<i>\$25,000</i>	<i>\$5,000</i>	<i>\$30,000</i>	<i>x</i>	<i>40%</i>	<i>=</i>	<i>\$12,000</i>
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
<b>TOTAL SALARY REQUEST:</b>								

### **Supplies & Materials (Office Supplies, operating supplies, repair & maintenance, etc.)**

Eligible Activity	Total Annual Cost \$	Requested This Proposal
<b>TOTALS</b>		

### **Client Services/Other**

	# Months	x	Average \$ cost	=	Total Project Cost \$	Requested This Proposal
Water						
Electric						
<b>TOTALS</b>						

**Other Services & Charges (Rent/Lease (building and/or facility – specify)**

Service: (Specify)	# Months	x	Average \$ cost	=	Total Project Cost \$	Requested This Proposal
<b>TOTALS</b>						

**Other Services & Charges**

Specify the name of each insurance and bond.	Total Annual Cost \$	Requested This Proposal
Insurance		
Liability Bond:		
Other: (Please indicate)		
<b>TOTALS</b>		

**Conferences, Seminars, Travel, and Staff Training**

Type	Total Annual Cost \$	Requested This Proposal
<b>TOTALS</b>		

**Contractual Services**

Specify Services	Total Project Cost \$	Requested This Proposal
<b>TOTALS</b>		

**Land Building & Equipment**

	Total Annual Cost \$	Requested This Proposal
<b>TOTALS</b>		

**Equipment Purchase**

Type of Equipment	Total Annual Cost \$	Requested This Proposal
<b>TOTALS</b>		



## SECTION D. FINANCE – Part 3 Match, Leveraging and Volunteer Explanation Form

List the projected sources of the required 25% match of requested HOME funds.  
 List the proposed leveraging sources for the upcoming fiscal year. Attach additional Explanation Forms if necessary directly behind this page.

Match and Leveraging						
Entity/Proposed Source	Type	Leverage \$	Match \$	In-Kind	Cash	Other (specify)
Example: CC School District	Space Rent	\$5,000	-	X	\$2,500	-
<b>TOTAL DOLLAR VALUE</b>						

**Volunteer Hours List below:**

Volunteer Job Title	Number of Annual Hours	x	Per Hour Rate	=	Total \$ Value
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	

The Independent Sector’s April 20, 2021 value of a volunteer hour is \$28.54  
<https://www.independentsector.org/value-of-volunteer-time-2021>

## SECTION E. PROJECT INFORMATION

1. Type and Number of Units						
Type	# of Units/Square Footage					
	Low Income Units	Market Units	Commercial Space	Common Area (mgr. unit)	Common Area (other)	Other
Single Family Homes						
Apartments						
Single-Room Occupancy						
Condominiums						
Commercial Space						
Common Area						
Other						
<b>TOTAL UNITS</b>						

2. Project Beneficiaries (Refer to Page 26 for HOME Income Limits)			
# of Units	that will serve residents whose income is:	# of Units	that will serve residents whose income is:
	0% -30% of the Area Median Income		61% -80% of the Area Median Income
	31% -50% of the Area Median Income		
	51% -60% of the Area Median Income		

### 3. Implementation Schedule

Financing	Anticipated Completion (month/year)	Actual Completion* (month/year)
Construction Loan Commitment		
Construction Loan Closing		
Low Income Housing Tax Credits		
Grant Commitments (list grants separately)		
1. <input style="width: 100%;" type="text"/>		
2. <input style="width: 100%;" type="text"/>		
3. <input style="width: 100%;" type="text"/>		
Permanent Loan Commitment		
Permanent Loan Closing		
Other		

Project Start-up	Anticipated Completion (month/year)	Actual Completion* (month/year)
Site Acquisition		
Zoning		
Infrastructure Available		
Environmental Review		
Advertise Architect / Engineer		
Design Completion		
Advertise for Construction Bids		
Construction Bid Award		
Building Permits		

Marketing	
Other	


**Project Activities**

	<b>Anticipated Completion</b> ( month / year )	<b>Actual Completion*</b> ( month / year )
Pre-Construction Conference		
Issue Notice to Proceed		
Begin Construction		
Complete Construction		
Final Inspection/Issue Certificate of Occupancy		
Audit		
Marketing		
Prequalification Activities		
Homebuyer Workshops		
Rehabilitation		
Rent-up		
Closeout		
Other		

\*Use Actual date if activity has already occurred.

## SECTION G. CITY OF CHESAPEAKE, VIRGINIA 2021 HUD HOME RENT LIMITS

Per 24 CFR [Part 92.252](#), HUD provides the following maximum HOME rent limits. The maximum HOME rents are the lesser of:

1. The fair market rent for existing housing for comparable units in the area as established by HUD under 24 CFR 888.111; or
2. A rent that does not exceed 30 percent of the adjusted income of a family whose annual income equals 65 percent of the median income for the area, as determined by HUD, with adjustments for number of bedrooms in the unit. The HOME rent limits provided by HUD will include average occupancy per unit and adjusted income assumptions.

In rental projects with five or more HOME-assisted rental units, twenty (20) percent of the HOME-assisted units must be occupied by very low-income families and meet one of following rent requirements:

1. The rent does not exceed 30 percent of the annual income of a family whose income equals 50 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD provides the HOME rent limits which include average occupancy per unit and adjusted income assumptions. However, if the rent determined under this paragraph is higher than the applicable rent under 24 CFR 92.252(a), then the maximum rent for units under this paragraph is that calculated under 24 CFR 92.252(a).
2. The rent does not exceed 30 percent of the family's adjusted income. If the unit receives Federal or State project-based rental subsidy and the very low-income family pays as a contribution toward rent not more than 30 percent of the family's adjusted income, then the maximum rent (i.e., tenant contribution plus project-based rental subsidy) is the rent allowable under the Federal or State project-based rental subsidy program.

Fair Market Rents are established by HUD each year for the Section 8 Program. For more information about the annual calculation of Fair Market Rents, visit [HUDUSER.ORG](http://HUDUSER.ORG), the website for HUD's Office of Policy Development and Research.

The FMRs for unit sizes larger than 4 bedroom are calculated by adding 15 percent to the 4 bedroom FMR for each extra bedroom. For example, the FMR for a 5 bedroom unit is 1.15 times the 4 bedroom FMR, and the FMR for a 6 bedroom unit is 1.30 times the 4 bedroom FMR, and so on...

5 BR = 1.15 x 4 BR FMR

6 BR = 1.30 x 4 BR FMR

7 BR = 1.45 x 4 BR FMR

8 BR = 1.60 x 4 BR FMR

9 BR = 1.75 x 4 BR FMR

10 BR = 1.90 x 4 BR FMR

11 BR = 2.05 x 4 BR FMR

12 BR = 2.20 x 4 BR FMR

**Note:** The FY 2021 HOME Rent Limits effective date is June 1, 2021. Please make sure you receive [HUD Exchange Mailing List](#) messages for any updates on rent limits and the HOME Program.

### 2021 HOME PROGRAM RENTS

The 2021 Rent Limits were effective on June 1, 2021.

Includes Virginia Beach, Norfolk, Newport News, VA-NC MSA

<b>Program</b>	<b>Efficiency</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>	<b>4 BR</b>	<b>5 BR</b>	<b>6 BR</b>
Low Home Rent Limit	740	792	951	1098	1226	1352	1478
High Home Rent Limit	943	972	1147	1395	1536	1677	1817
<b>For Information Only:</b>							
FAIR MARKET RENT	960	972	1147	1618	1986	2284	2582
50% Rent Limit	740	792	951	1098	1226	1352	1478
65% Rent Limit	943	1011	1216	1395	1536	1677	1817

Source: HUD 2021 HOME Program Rent Limits

[https://www.huduser.gov/portal/datasets/home-datasets/files/HOME\\_IncomeLmts\\_State\\_VA\\_2021.pdf](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_VA_2021.pdf)

## SECTION H. STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Chesapeake may request or require changes in the information submitted, and may substitute its own figures which it deems reasonable for any or all figures provided.
5. That, if the project(s) is recommended and approved by City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
6. The City of Chesapeake reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by HUD and other Federal State, and/or City Regulations applicable to this program.
8. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines.
9. That past program and financial performance will be considered in reviewing this application.
10. All program income (i.e.: fees, repayments, foreclosures, etc.) must be remitted to the City.
11. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
12. That, if project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local state and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
14. That, if the project is funded, reports such as Quarterly Progress, Time & Effort, Consolidated Annual Performance & Evaluation Report (CAPER) narratives, Consolidated Plan Narratives & Summaries, Monitoring, Contract and Subcontract Activity Reports (HUD form #2516), Semi-Annual Labor Standards Enforcement Reports (HUD form #4710) and any other reports requested by the City must be submitted by requested deadlines or HOME funding may be withheld.
15. That a project's funding does not guarantee its continuation in subsequent action plans.
16. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the City, its employees and agents as additional insureds) will be submitted to the City prior to receiving funds.

17. That proof of Fidelity Bonding, in an amount to be determined by the City of Chesapeake, with a company licensed to do business in Virginia will be submitted to the City prior to receiving funds.
18. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
19. Agrees to abide by the City of Chesapeake's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

## SECTION I. 2021 HUD - INCOME LIMITS

The eligibility of households for HOME assistance varies with the nature of the funded activity. For rental housing and rental assistance, at least 90 percent of benefiting families must have incomes that are no more than 60 percent of the HUD-adjusted median family income for the area. In rental projects with five or more assisted units, at least 20% of the units must be occupied by families with incomes that do not exceed 50% of the HUD-adjusted median. The incomes of households receiving HUD assistance must not exceed 80% of the area median. HOME income limits are published each year by HUD.

*City of Chesapeake*  
**Area Median Family Income (AMFI): \$82,500 (Based on household size of four)**

FY 2021 Income Limit Area	Median Income	FY 2019 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Chesapeake city	\$84,500	Very Low (50%) Income Limits (\$)	29,600	33,800	38,050	42,250	44,550	45,650	52,400	55,800
		Extremely Low Income Limits (\$)	17,750	20,300	22,850	26,500	31,040	35,580	40,120	44,660
		Low (80%) Income Limits (\$)	47,350	54,100	60,850	67,600	73,050	78,450	83,850	89,250

The **Virginia Beach-Norfolk-Newport News, VA-NC MSA** contains the following areas: Currituck County, NC; Gloucester County, VA; Isle of Wight County, VA; James City County, VA; Mathews County, VA; Surry County, VA; York County, VA; **Chesapeake city, VA**; Hampton city, VA; Newport News city, VA; Norfolk city, VA; Poquoson city, VA; Portsmouth city, VA; Suffolk city, VA; Virginia Beach city, VA; and Williamsburg city, VA .

Source: <https://www.hudexchange.info/programs/home/home-income-limits/>