



**NORTH  
CAROLINA  
HOUSING**  
FINANCE AGENCY

## *Supportive Housing – Safe (SH-Safe) 2025 Application for Funding – Part 1*

### **SH-SAFE APPLICATION INSTRUCTIONS**

After your site is approved, complete Part 1 and Part 2 of the application.

There are two parts to the complete application:

- Application Part 1: includes a narrative, project description, and exhibits, plus preliminary site plans.
- Application Part 2: includes the development budget, sources of funds, income/expenses, and pro forma.

Both Application Part 1 and Part 2 must be submitted to have a complete application.

Applications are due electronically via the SHD Portal by

**May 2, 2025 at 5:00 pm ET**

*Applications will be accepted beginning March 31, 2025.*

For information, please contact SHD Staff at [SHDevelopment@nchfa.com](mailto:SHDevelopment@nchfa.com)

*Please read the SH-Safe Application Guidelines, including all appendices, **before** completing Application Part 1 and Part 2.*

# 2025 SH-SAFE APPLICATION PART 1

Please upload this completed form and exhibits to the Portal.  
 If you have any questions, email the  
 Supportive Housing Development Team at  
[SHDevelopment@nchfa.com](mailto:SHDevelopment@nchfa.com)

DATE: \_\_\_\_\_

## **SECTION 1 – APPLICANT/OWNER INFORMATION**

**AMOUNT OF SH-SAFE FUNDING REQUESTED:** \_\_\_\_\_

Applicant Organization Name:		
Federal Tax Payer ID Number:		
DUNS Number (if applicable):		
Contact Name/Title:		
Organization Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:
<b>OWNERSHIP TYPE</b>		
<input type="checkbox"/> Government Entity	<input type="checkbox"/> Nonprofit (Date of IRS 501(c)(3) determination letter: _____)	

If project will be owned by another entity, list Organization name	
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<b>Name of Authorized Official to submit and sign the Application on behalf of the organization</b>		
Title:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:
<b>Name of Authorized Official to negotiate and sign legal contracts</b>		
Title:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:

**EXHIBIT 1 – NONPROFIT DOCUMENTATION:** If applicant is a nonprofit organization, the documents listed below must be uploaded.

- Exhibit 1 - Articles of Incorporation
- Exhibit 1 - Bylaws
- Exhibit 1 - IRS 501(c)(3) Determination
- Exhibit 1 - Board of Directors (Current list including name, address, beginning and ending term dates)
- Exhibit 1 – Organizational Chart (including volunteer positions)

Provide a brief overview of the Applicant Organization, including history, mission, purpose, current programs, recent initiatives, etc. <i>(box expands as text is entered)</i>

<b>LOCAL GOVERNMENT - Local political jurisdiction in which the project will be located.</b> <i>Obtaining political support for project prior to submitting Application is strongly recommended.</i>		
Name of City, Town, or County:		
Local Government Contact Name:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:

ADMINISTRATIVE RESTRICTIONS	YES/NO
Has the Applicant organization received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Applicant organization been involved in any lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any outstanding judgments against the Applicant organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If answered yes to any of the above, please provide a short explanation. <i>(box expands as text is entered)</i>	

**EXHIBIT 2 – AUDITED FINANCIAL:** Attach the most recent financial statement audit which includes an opinion from a Certified Public Accounting firm, and is within 12 months of the end of the Applicant’s fiscal year. If the Applicant’s fiscal year does not align with the SH-Safe application cycle, the applicable fiscal year is at the Agency’s discretion.

- Exhibit 2 – Audited Financial

**EXHIBIT 3 – ORGANIZATION BUDGET:** Submit a copy of the Applicant organization’s annual operating budget for the past three years, including your current fiscal year. The budget should include both income and expenses.

- Exhibit 3 – Organization Budget

**EXHIBIT 3 – OPERATIONAL INCOME STRATEGY:** Please provide projections of your operational income strategy and performance, including fundraisers, grants, foundations, marketing campaigns, etc.

- Exhibit 3 – Operational Income Strategy

**EXPERIENCE**

Please provide the following information	RESPONSE
Number of housing projects <b>developed by Applicant</b>	
Number of housing projects <b>developed by Consultant</b> in the past 7 years, if applicable	
Number of <b>properties for HT survivors where the Applicant is the Owner</b>	
Number of HT clients served <b>by Applicant</b> in past 7 years	
Number of HT clients who have completed the program in past 7 years (if applicable)	
Number of HT clients typically <b>assisted</b> by Applicant with <b>housing at a given time (a range is acceptable)</b>	
Number of HT clients typically <b>assisted</b> by Applicant with <b>services (not including housing) at a given time (a range is acceptable)</b>	

<b>For organizations who have previously received SHDP/SHARP funding, please complete the following. Otherwise skip to Exhibit 4.</b>	
Has the Applicant Organization received a building permit for all projects recently funded by SHDP and/or SHARP?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List any projects that received NCHFA SHDP and/or SHARP funding below and answer the following questions. <i>(box expands as text is entered)</i>	<input type="checkbox"/> N/A (not an existing partner)
<b>Do you currently have any outstanding noncompliance?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, have you submitted a written plan to get it resolved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you had any noncompliance findings in the past?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, did you submit a written plan to get it resolved?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EXHIBIT 4 – ORGANIZATION EXPERIENCE:** Upload a description of the housing development experience of the Applicant for the last 7 years. Include the name of each project, number of units, types of financing used, and indicate whether financed with any public funds.

- Exhibit 4 – Development Experience

**EXHIBIT 4 – HOUSING DEVELOPMENT CONSULTANT EXPERIENCE AND CONTRACT:** If the Applicant does not have the required housing development experience in the last 7 years, upload as Exhibit 4 a signed letter from the Housing Development Consultant detailing his or her experience in serving as a consultant in publicly financed, affordable housing in the last 7 years. Also upload a copy of the executed contract between the Applicant and the Housing Development Consultant.

- Exhibit 4 – Consultant Experience
- Exhibit 4 – Consultant Contract

**EXHIBIT 5 – CONFLICT OF INTEREST POLICY:** Upload a copy of the Applicant organization’s Conflict of Interest Policy (COI). This policy can be extracted from the applicant organization Bylaws, or can be a separate Board statement.

- Exhibit 5 – Conflict of Interest Policy

**EXHIBIT 5 – FINANCIAL INTEREST:** Upload a list of all individuals associated with the Applicant or the Ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, percentage, and dollar amount of financial interest in the project (e.g. broker, contractor, board member, or other professional).

- Exhibit 5 – Financial Interest

**SECTION 2 – PROJECT INFORMATION**

Project Name:	
Address*:	
City/County:	Zip Code:

*\*Address will not be disclosed*

**PROJECT DEVELOPMENT TEAM**

Provide the following information. *Having all of these parties identified is not required at time of application.*

<b>PROJECT CONTACT/COORDINATOR</b>			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>HOUSING DEVELOPMENT CONSULTANT (IF APPLICABLE)</b>			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>CONSTRUCTION MANAGER</b>			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>ARCHITECT</b>			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>GENERAL CONTRACTOR</b>			
Company Name:			
Contact Name:		City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>ENERGY CONSULTANT</b>			
Company Name:			
Contact Name:			City/State:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>PRIMARY SUPPORTIVE SERVICES PROVIDER (re-enter Applicant information if also acting as primary supportive services provider)</b>			
Company Name:			Years providing services to target population:
Contact Name:			City/State:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>PROPERTY MANAGER</b>			
Company Name:			
Contact Name:			City/State:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>OTHER</b>			
Company Name:			
Contact Name:			City/State:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

**PROPOSED PROJECT DESIGN**

<b>PROJECT TYPE</b>			
<input type="checkbox"/> New Construction		<input type="checkbox"/> Acquisition and Rehabilitation	
<input type="checkbox"/> Acquisition Only		<input type="checkbox"/> Rehabilitation Only	
<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Multi-family Apartments	<input type="checkbox"/> Licensed Facility	<input type="checkbox"/> Tiny Houses:
<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Quadplex	Other:
<b>HOUSING TYPE</b>			
Select the appropriate option(s) that best describe your project and list the number of units/beds per type			
<input type="checkbox"/> Emergency	No. of Beds:	<input type="checkbox"/> Transitional	No. of Units/beds:
Total Number of Buildings:		Total Number of (select one & list total): <input type="checkbox"/> Units/ <input type="checkbox"/> Beds*:	
<b>UNIT COUNT (List total units by size) <input type="checkbox"/> N/A (if beds)</b>			
SRO/Efficiency:	One Bedrooms:	Two Bedrooms:	Three Bedrooms: Four Bedrooms:

\*Beds – Typically used in a facility/congregate living setting.

Describe the living situation for residents: **Shared Bedroom, Private Bedroom, Dormitory, Single Family House, Single Family Apartment, Single Room Occupancy** (SRO is just for a single person, residents share a bathroom and/or kitchen), **Efficiency/Studio** (these units have their own bathroom AND a kitchen or kitchenette), or **Other** (box expands as text is entered)

**Please provide a brief description for the proposed new construction or renovation/rehabilitation.** (box expands as text is entered)

**Please provide a brief description of the new construction or rehabilitation design process answering the following.** (box expands as text is entered)

- Who participated in the design committee? (e.g. people with lived experience, local government officials, community activists, etc.)
- Were similar projects visited, and if so which ones?

**SECTION 3 – PROPOSED PROJECT DETAILS**

Total residential square feet (including porches and decks for all residential units)

Total built square feet (including residential, community and office space)

Will there be staff housing onsite?  Yes  No

**Estimated Construction Completion Date**

**LAYOUT**

HOUSING LAYOUT	NUMBER OF BEDS/UNITS	MANDATORY FEES/RENT*
Shared Bedroom (2/room)		
Individual Bedroom (1/room)		
Apartments		
Multi-phase (transitional)		
Other:		
<b>Max Occupancy (total beds/units)</b>		

**\*LIST MANDATORY FEES REQUIRED OF ALL RESIDENTS**  
 See Guidelines Section 1.3 a and b  
 e.g., trash, parking, insurance, program-related  
 (box expands as text is entered)

**EQUIPMENT FURNISHED**

	Fire Sprinkler System		In-unit Washer/Dryer
	Dishwasher		Shared Laundry Room
	Disposal		Refrigerator
	Kitchen Exhaust Fan (vented to outside)		Range
	Other - Describe:		

**BUILDING SYSTEMS - HEAT**

	Electric Baseboard		Electric Heat Pump
	Gas Forced Air		
	Other - Describe:		

**BUILDING SYSTEMS - HOT WATER**

	Electric		Gas
	Other - Describe:		

**BUILDING SYSTEMS - AIR CONDITIONING**

	Central Air		Window Units
	None		

**UTILITIES** - Check the following systems that are adequate and available at the site

	Electric		Storm Sewer
	Natural Gas		Water (City/County)
	Sanitary Sewer*		Water (Well)*

\*If well or septic system is proposed, a soil suitability test must be submitted at time of application to SHD Construction Analyst shdevelopment@nchfa.com

**ENVIRONMENTAL** - Check any of the boxes that describe the site

	Adjacent to a major highway		Historic/archeological significance
	Has asbestos		In floodplain (reference Appendix B)
	Has hazardous waste		Near railroad/airport
	Has lead-based paint		Has brownfield
	Other - Describe:		

**COMMON AREAS**

List planned common areas such as a living room, kitchen, laundry room, etc. <i>(box expands as text is entered)</i>	
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**EXHIBIT 6 – EVIDENCE OF ZONING:** Attach a written statement on letterhead stationery from the unit of local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations.

- Exhibit 6 – Land Use Compliance

If the property is subject to a **Conditional** or **Special Use Permit**, also provide a copy of the permit or a detailed timeline of approval process.

- Exhibit 6 – Conditional or Special Use Permit

**EXHIBIT 7 – SITE CONTROL AND VALUE:** Include a copy of the appropriate documentation of site control.

- Exhibit 7 – Site Control

	Deed or Other Proof of Ownership		Executed Option to Purchase
	Long-term Lease (must be approved by Agency)		Closing Statement for Proof of Purchase
	Other (previously approved by NCHFA):		

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?  Yes  No

If yes, Specify relationship:

**EXHIBIT 7 – APPRAISAL:** A copy of an appraisal not more than six months old *may* be required. See Guidelines for more information.

- Exhibit 7 – Appraisal

**EXHIBIT 8 – TEMPORARY RELOCATION:** Please note that *permanent* relocation is not allowed, by statute, in projects using NC Housing Trust Funds. If applicable, for *temporary* relocation provide the plan and details of other funding source that will pay for the expenses.

- Exhibit 8 – Relocation Plan

**SECTION 4 – GEOGRAPHIC HOUSING NEED**

**EXHIBIT 9 – HOUSING NEED:** Documentation of need for the housing proposed. Include the following:

1. Describe how the proposed project fills a need in your community. Please provide data to support proposed housing type and size, including information from law enforcement, social services, healthcare providers, agency intake data, etc.
2. Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community.
3. Detail how the proposed project fits within the existing community housing progression and your clients’ next housing transition (e.g., emergency to transitional, transitional to permanent, etc.)

- Exhibit 9 – Housing Need

**TRANSPORTATION**

Transportation to be Provided by Applicant Organization	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant organization plan to provide necessities (food, clothing, etc.) onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe your transportation plan for how your clients will access services and necessities, including medical care, mental health services, employment, etc. <i>(box expands as text is entered)</i>	

**SECTION 5 – SUPPORTIVE SERVICES ACCESS PLAN (SSAP)**

All Applicants will need to complete the SSAP that describes linkages to support services and partners for the project site.

Supportive Services Coordinator/Provider	Property Operations Coordinator
If the same entity is acting as both Supportive Services Provider and Property Operations Coordinator, please provide a narrative explanation of how these roles will be separated. <i>(box expands as text is entered)</i>	<input type="checkbox"/> N/A Separate Entities

What geographic area do you anticipate serving, i.e., where are the residents from? <i>(box expands as text is entered)</i>

**FACILITY TYPE:** If a licensed facility, please select the type below.

Licensed Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO
License Type	
License Number	

Licensed Group Home	<input type="checkbox"/> YES <input type="checkbox"/> NO
License Type	
License Number	

**AFFORDABILITY:** The Agency will use loan documents, annual reporting requirements, and monitoring to ensure that income targeting and affordability standards are met. In addition, applicants must comply with Fair Housing Laws regarding accessibility and must design units to maximize accessibility for mobility impaired persons as described in Appendix D Design Standards in the Guidelines.

**COMMON AREA DESIGN FEATURES**

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in Appendix D Design Standards in the Guidelines. <i>(box expands as text is entered)</i>

## AUXILIARY AREAS

List planned auxiliary spaces such as an arts & crafts room fitness room, sensory space, walking paths, gardens, etc. (box expands as text is entered)

## STATEMENT OF QUALIFICATION

**Capacity of Services Coordinator/Provider:** Describe the experience and capacity of the Services Coordinator/Provider. How are services provided? Who are you coordinating with? How do you act as a referral agent? *(box expands as text is entered)*

Provide an analysis of the success rate of the service program. Please include your success metric or measurement for success. *(box expands as text is entered)*

**Capacity of Property Operations Coordinator:** If the Property Operations Coordinator has been selected at the time of application, describe their experience and capacity. *(box expands as text is entered)*

## RESIDENTS SUPPORTS AND SERVICES

Provide a detailed description of supports and services to be provided to residents, including the project's referral and tenant selection policies, if applicable. *(box expands as text is entered)*

- How are you incorporating survivor centered and trauma informed practices?
- How are individuals' services plans developed and implemented?
- How are residents' needs for services identified?
- How are you supporting clients with substance use disorders?

## ACCESS TO SUPPORTIVE SERVICES

Name other local service providers who will be collaborating with the Service Coordinator/Provider in the referring process and providing residents access to services and supports *(box expands as text is entered)*

**EXHIBIT 10 – FACILITY SECURITY PLAN:** This should include building security (locks & cameras), location security (address confidentiality, gates), and incident security plan, including plans for security breaches.

- Exhibit 10 – Facility Security Plan

**EXHIBIT 11 – EMERGENCY PLAN/DISASTER PLAN:** This should provide owner/management contacts for after-hours emergencies and give residents instructions in the event of fire, flood, snow or other natural disasters.

- Exhibit 11 – Emergency Plan/Disaster Plan

**\*\* SKIP TO SECTION 6 IF THE SERVICE PROVIDER & THE PROPERTY OPERATIONS COORDINATOR ARE THE SAME \*\***

**REFERRAL, SCREENING AND COMMUNICATION PLAN**

Describe how Services Coordinator/Provider will work with the Property Operations Coordinator and/or other local providers to coordinate access to services and supports. *(box expands as text is entered)*

Describe how the Property Operations Coordinator will negotiate reasonable accommodations and maintain contact with the Services Coordinator/Provider during a referral's tenancy. *(box expands as text is entered)*

Describe how the Services Coordinator/Provider and the Property Operations Coordinator will maintain communication to accommodate staff turnover. *(box expands as text is entered)*

Describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the Property Operations Coordinator, and offer assistance with any problems that may arise during a referral's residency for the duration of the compliance period. *(box expands as text is entered)*

**SECTION 6 – GC BUDGET, DETAILED WORK WRITE-UP AND PLANS**

**EXHIBIT 12 – PROPOSED BUDGET:** If a General Contractor budget for rehab or new construction already exists, or if a budget does not exist, list how the costs were determined in the proposed budget.

- Exhibit 12 – General Contractor's Proposed Construction Budget

**EXHIBIT 12 – DETAILED WORK WRITE-UP:** Projects proposing to Rehabilitate existing structures must include a detailed Work Write-up completed by a qualified professional that identifies, evaluates, and adequately addresses issues related to:

- Occupancy (egress, imminent threats to safety, trip/shock hazards, air quality, vermin/pests etc.);
- Structure (failing components);
- Useful life of building systems (replace or repair when necessary); and
- Function (building features that are present must work appropriately and as an occupant would expect). As a general rule of thumb, building systems that would reasonably appear to require replacement or significant repair to function should be addressed as part of the approved scope of work.

Any HVAC units, appliances, windows or other energy rated items which are replaced must meet NCHFA's current energy standards. All common use areas must be fully accessible to those with disabilities in compliance with all applicable State and Federal laws and regulations.

After approval of the site, a full Physical Needs Assessment may be required with the application submission. Additionally, other inspections may be required if structural threats are identified. A sample Detailed Work Write-up is included as Appendix H of the Guidelines.

- Exhibit 12 – Physical Needs Assessment/Detailed Work Write Up

**Upload the following information requested in this section for each building constructed or rehabbed using Program funds:**

**EXHIBIT 13 - REQUIRED PRELIMINARY PLANS FOR NEW CONSTRUCTION OR REHABILITATION**

- Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas (site plan)
- Elevation of front of building
- Elevation of side of building
- Floor layouts for each type floor or building, as applicable, using a minimum scale of 1/16" = 1', identifying the location of units, common use areas and other spaces.

All required plans should be to scale, using the minimum scale of 1/16" = 1'. Plans that are likely the final construction plans are required to be prepared by an engineer or architect licensed to do business in North Carolina. The project design must comply with Appendix D – Design Standards of the Program Guidelines.

- Exhibit 13 – Plans

**SECTION 7 – FUNDING COMMITMENTS**

Per the guidelines, the applicant must provide 15% of the total development funding. It is an expectation that projects will have a percentage of the development budget committed or in hand at application. Upload documentation of commitment for permanent project funding, pending or received (award letters, investment account, bank statements, etc.)

- Exhibit 14 – Funding Commitments

**SECTION 8 – DESIGN AND ENERGY EFFICIENCY COMPLIANCE AGREEMENT**

This certifies that as an applicant to the NCHFA SH-Safe Program, the organization making this application

\_\_\_\_\_ (Organization Name) of which I am the \_\_\_\_\_ (enter title) understands and agrees to follow NCHFA accessibility, design and energy efficiency requirements. I understand and agree that this will include the following:

- NCHFA review and approval of full construction set architectural plans prior to obtaining a building permit or construction bids.
- Third party energy consultant review and approval of full construction set architectural plans INCLUDING specifications prior to obtaining a building permit or construction bids.

Use of one of four NCHFA approved HVAC systems, described in Appendix F of the SH-Safe Guidelines.

By: \_\_\_\_\_  
Electronic Signature of Authorized Official

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**SECTION 9 – ELECTRONIC SIGNATURE OF AUTHORIZED OFFICIAL**

By signing below, the Applicant certifies and agrees:

- That the information is true and complete
- That the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source
- All applications submitted become the property of the Agency
- Submission of an application does not guarantee funding. Any costs incurred prior to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

By: \_\_\_\_\_  
Electronic Signature of Authorized Official

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_