



**NORTH
CAROLINA
HOUSING**
FINANCE AGENCY

Supportive Housing Development Program - Veterans 2026 Application for Funding – Part 1

SHDP-VETERANS 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 SHDP Portal by

March 2, 2026 at 5:00 pm ET

Applications will be accepted beginning February 2, 2026 up until the deadline.

For information, please contact SHD Staff at SHDevelopment@nchfa.com

*Please read the 2026 SHDP-Veterans Application Guidelines,
including all appendices, **before** completing Application Part 1 and Part 2.*

2026 SHDP-Veterans 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

DATE: _____

SECTION 1 – APPLICANT/OWNER INFORMATION

AMOUNT OF SHDP FUNDING REQUESTED: _____

Applicant Organization Name:			
Federal Tax Payer ID Number:			
DUNS Number (if applicable):			
Contact Name:		Title:	
Organization Address:			
City:		County:	State: Zip Code:
Contact Phone:	Cell:	Email:	
OWNERSHIP TYPE			
<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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Authorized Official to submit and sign the application on behalf of the organization			
Name:		Title:	
Address:			
City:		State:	Zip Code:
Contact Phone:	Cell:	Email:	
Authorized Official to negotiate and sign legal contracts			
Name:		Title:	
Address:			
City:		State:	Zip Code:
Contact Phone:	Cell:	Email:	

EXHIBIT 1 – NONPROFIT DOCUMENTATION: If the applicant is a nonprofit organization, the documents listed below must be uploaded. (Guidelines – Section 3.2 Threshold Requirements)

- Exhibit 1 - Articles of Incorporation
- Exhibit 1 - Bylaws
- Exhibit 1 - IRS 501(c)(3) Determination Letter
- Exhibit 1 - Board of Directors List (current list, including name, address, beginning and ending term dates)

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

LOCAL GOVERNMENT - Local political jurisdiction in which the project will be located <i>Obtaining political support for the project prior to submitting the application is strongly recommended.</i>		
Name of City, Town, or County:		
Local Government Contact Name:		
Address:		
City:		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 SHDP application cycle, the applicable fiscal year is at the Agency’s discretion. (Guidelines – Section 3.2 Threshold Requirements)

- Exhibit 2 – Financial Audit

EXHIBIT 3 – ORGANIZATION BUDGET: Submit a copy of the Applicant organization’s annual operating budget for the current year. The budget should include both income and expenses. (Guidelines – Section 3.2 Threshold Requirements)

- Exhibit 3 – Organizational Budget

APPLICANT/OWNER EXPERIENCE

Please provide the following information.	RESPONSE
Number of multi-family projects developed by Applicant in past 7 years	
Number of households currently assisted by Applicant with housing	
Number of households currently assisted by Applicant with services	
Number of properties the Applicant is the Owner	
Has the Applicant Organization received a Final Commitment Letter for all projects recently funded by a NCHFA Supportive Housing program?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Has the Applicant Organization received a building permit for all projects recently funded by a NCHFA Supportive Housing program?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
List any projects that received NCHFA SHD funding below, and answer the following questions. <i>(box expands as text is entered)</i>	<input type="checkbox"/> N/A (not an existing partner)
Do you currently have any outstanding noncompliance?	<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
Have you had any noncompliance findings in the past?	<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 multi-family housing development experience of the Applicant for the last 7 years. Include the name of each project, number of units, types of financing, and indicate whether it was financed with any public funds. (Guidelines – Section 1.4 Eligible Applicants)

- Exhibit 4 – Development Experience

EXHIBIT 4 – HOUSING DEVELOPMENT CONSULTANT EXPERIENCE AND CONTRACT: If the Applicant does not have the required multi-family 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 multi-family housing in the last 7 years. Also upload a copy of the executed contract between the Applicant and the Housing Development Consultant.

- Exhibit 4 – Housing Development 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 (i.e. broker, contractor, board member, or other professional).

- Exhibit 5 – Financial Interest

SECTION 2 – PROJECT INFORMATION

Select the appropriate option(s) that best describe your project, and list the number of units/beds per type.

Project Name:					
Address:					
City:		County:		Zip Code:	
HOUSING TYPE					
<input type="checkbox"/> Emergency/Shelters (0 – 90 days)		<input type="checkbox"/> Transitional (up to 2 years)		<input type="checkbox"/> Permanent (lease agreements)	
PROJECT TYPE					
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquisition of New Construction Housing	<input type="checkbox"/> Acquisition with Rehab	<input type="checkbox"/> Acquisition Only	<input type="checkbox"/> Rehab Only	
UNIT TYPE					
<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:		
Number of Buildings:		Total Number of (select one & list total) <input type="checkbox"/> Units/ <input type="checkbox"/> Beds*:			
UNIT COUNT (LIST TOTAL UNITS BY SIZE) <input type="checkbox"/> N/A (if beds)					
SRO/Efficiency:	One Bedroom:	Two Bedrooms:	Three Bedrooms:	Four Bedrooms:	Other:

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

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) <ul style="list-style-type: none">• Was anyone from the population to be served part of the design process?• What was the make-up of the design committee?• Were similar projects visited, and if so, which ones?

Briefly describe how the housing and services of the project are structured to meet the needs of the intended target population. If applicable, describe how the project collaborates with the local Continuum of Care planning process and the utilization of ESG funds and rapid re-housing program principles. *(box expands as text is entered)*

PROJECT DEVELOPMENT TEAM

Provide the following information as far as it is known. Having these parties identified is not required at time of application.

PROJECT CONTACT/COORDINATOR

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

HOUSING DEVELOPMENT CONSULTANT (IF APPLICABLE)

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

CONSTRUCTION MANAGER

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

ARCHITECT

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

GENERAL CONTRACTOR

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

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

PROPERTY MANAGER/MANAGEMENT COMPANY (re-enter Applicant information if also acting as property manager)		
Company Name:		
Contact Name:	City/State:	
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:

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

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

SECTION 3 – PROPOSED PROJECT DETAILS

Total residential square feet (including porches and decks for all residential units)	
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Total built square feet (including residential, community and office space)	
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Will there be a manager's unit/bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Estimated Construction Completion Date	
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RENT SUPPORTED – APARTMENTS/SINGLE FAMILY/SHARED HOUSING

UNIT SIZE	NUMBER OF UNITS	MANDATORY FEES*
SRO/Studio/Efficiency		
1 Bedroom Unit		
2 Bedroom Unit		
3 Bedroom Unit		
4 Bedroom Unit		

***LIST MANDATORY FEES REQUIRED OF ALL RESIDENTS**
i.e. trash, parking, insurance, program related
(box expands as text is entered)

NON-RENT SUPPORTED – SHARED HOUSING

SHARED HOUSING LAYOUT	NUMBER OF BEDS	MANDATORY FEES*
Dormitory		
Multi-phase (includes transitional)		
Family Suites		
Overflow/Sick		
Other:		
Max Occupancy (total beds)		

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

EQUIPMENT FURNISHED

	Fire Sprinkler System		In-unit Washer/Dryer
	Dishwasher		Range
	Disposal		Refrigerator
	Kitchen Exhaust Fan (vented to outside)		Shared Laundry Room
	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 are adequate and available at the site

	Electric		Sewer (City/County)
	Natural Gas		Water (City/County)
	Septic System*		Water (Well)*

**If well or septic system is proposed, a soil suitability test must be submitted at application to the SHD Construction Analyst.*

ENVIRONMENTAL - Check any of the boxes that describe the site

	Adjacent to a major highway		Historic/archeological significance
	Has asbestos		In flood plain
	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. (box expands as text is entered)	
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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. (Guidelines – Section 1.9 Site Eligibility)

- 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 and any loan/debt service on the property. (Guidelines - Section 1.9 Site Eligibility)

- 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:

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Is there debt service on the property? If yes, include that on the Application Part 2 Sources of Funds tab. ☐ Yes ☐ No

EXHIBIT 7 – APPRAISAL: A copy of an appraisal not more than six months old may be required. See Guidelines for more information. (Guidelines – Section 1.12c Property Value as Match)

- 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 – COMMUNITY/MARKET NEED

EXHIBIT 9 – COMMUNITY/MARKET NEED: Documentation of need for the housing proposed and letters of support from collaborative partners. (Guidelines – Section 1.6 Community/Market Need for the Project)

- Exhibit 9 – Community/Market Need
- Exhibit 9 – CoC Support/VA Support

TRANSPORTATION AND COMMUNITY AMENITIES

Transportation to be Provided by Applicant Organization	<input type="checkbox"/> YES <input type="checkbox"/> NO
Describe the location of the site and the availability and cost of accessible public transportation and any transportation provided by the Owner. Visit https://www.ncdot.gov/contact/Pages/default.aspx or call NC DOT/Public Transportation Division at 919-733-4713 for local contact information. <i>(box expands as text is entered)</i>	

Provide a map with the location of community resources within 5 miles of the site. Please be sure to clearly indicate and label the project location.

COMMUNITY AMENITIES & RESOURCES	PROXIMITY TO SITE (IN MILES)
Medical Facilities (Hospitals, Doctors offices, Therapists, etc.)	
Places of Employment (Potential Employers)	
Parks and Recreation	
Pharmacy (CVS, Walgreens, etc.)	
Grocery Store	
Other Stores (with food/medical necessities)	
Bus Stop (if available)	

- Exhibit 10 – Map of Services

SECTION 5 – SUPPORTIVE SERVICES ACCESS PLAN (SSAP)

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

Supportive Services Coordinator/Provider	Management Agent	
If the same entity is acting as both Property Manager and Service Provider or 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 will be served, i.e., where are the residents from? *(box expands as text is entered)*

FACILITY TYPE: Please select the type of licensed facility 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	

Is the project limited by another funding source to house only this population? If YES, what are the limitations and the funding source? *(box expands as text is entered)*

☐ Yes ☐ No

UNIQUE DESIGN FEATURES COMMON AREAS

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in Appendix D Design Standards in the Guidelines in addition to extra amenities or unique site features. *(box expands as text is entered)*

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.

STATEMENT OF QUALIFICATION

Capacity of Services Coordinator/Provider: Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community-based services that support persons of the targeted population. Include a brief description of the agency's history, mission, and the services the agency provides/coordinates. *(box expands as text is entered)*

Provide an analysis of the success rate of the service program. For example: "based on a five-year follow-up examination, 35% of residents of the program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving the program." Please include statistics. *(box expands as text is entered)*

Capacity of Property Manager: If the Property Manager or Management Company 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 individuals' services plans developed and implemented?
- How are residents' needs for services identified?

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)*

***** SKIP TO SECTION 6 IF THE SERVICE PROVIDER AND THE PROPERTY MANAGER IS THE SAME *****

REFERRAL, SCREENING, AND COMMUNICATION PLAN

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

Describe how the Property Manager will screen referrals, 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 Manager 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 Manager, and offer assistance with any problems that may arise during a referral's tenancy for the duration of the compliance period. *(box expands as text is entered)*

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

EXHIBIT 11 – PROPOSED BUDGET: Provide a General Contractor’s budget for rehab or new construction, or if a budget does not exist, list how the costs were determined in the proposed budget.

- Exhibit 11 – 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. A sample Detailed Work Write-up is included as Appendix H of the Guidelines. (Appendix D – Additional Provisions Section 1 For Rehabilitation Projects)

- Exhibit 12 – Physical Needs Assessment

EXHIBIT 13 – REQUIRED PRELIMINARY PLANS FOR NEW CONSTRUCTION OR REHABILITATION: 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. (Guidelines – Section 1.10 Site Plan Requirements & Design Standards)

- Exhibit 13 – Plans

SECTION 7 – FUNDING COMMITMENTS

Upload documentation of commitment for permanent project funding, pending or received (award letters, investment account, bank statements, etc.). (Guidelines – Section 3.3 Project Scoring)

- Exhibit 14 – Funding Commitments

For Projects that anticipate project based rental assistance (PBRA) from their local Housing Authority or Rental Assistance provider, a letter must be provided from the Rental Assistance provider. See Appendix K of the Guidelines for a sample letter. Additionally, projects that will receive VASH Vouchers (project based or tenant based) must provide a letter from the Rental Assistance provider.

- Exhibit 14 – Rental Assistance

If not already awarded and the project will apply for Federal Home Loan Bank funding, upload a narrative describing which FHLB location will be applied to and the deadline for the application. Also, upload a letter from the member bank as an acknowledgement that they will support your application.

- Exhibit 14 – FHLB
- Exhibit 14 – FHLB Acknowledgement Letter

SECTION 8 – DESIGN AND ENERGY EFFICIENCY COMPLIANCE AGREEMENT

This certifies that as an Applicant to the NCHFA Supportive Housing Development 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 SHDP Guidelines.

By: _____
Signature of Authorized Official

SECTION 9 – 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: _____
Signature of Authorized Official

Date: _____

Printed Name: _____

Title: _____