

2027 SH-Safe Project Description and Site Visit (PDSV) Form

DATE: _____

Site visits tentatively scheduled the week of February 8-12, 2027

Applicant Organization Name:			
Project Contact:			
Organization Address:			
City:	County:	State:	Zip Code:
Contact Phone:	Cell:	Email:	
OWNERSHIP TYPE			
☐ Government Entity		☐ Nonprofit (Date of IRS 501(c)(3) determination letter _____)	

PART 1 – SITE DETAILS

Address of site(s) under consideration. Include all potential addresses for this project to be reviewed and considered.

Project Name:		
Address:		
City:	County:	Zip Code:
If there is more than one potential site for this project, please list addresses below.		
Address #2:		
Address #3:		

PART 2 – PROPOSED PROJECT DESIGN

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

HOUSING TYPE					
☐ Emergency/Shelters (0 – 90 days)			☐ Transitional (up to 2 years)		
PROJECT TYPE					
☐ New Construction	☐ Acquisition of New Construction Housing	☐ Acquisition with Rehab	☐ Acquisition Only	☐ Rehab Only	
UNIT TYPE					
☐ Single Family Detached	☐ Multi-family Apartments	☐ Licensed Facility	☐ Tiny Houses		
☐ Duplex	☐ Triplex	☐ Quadplex	Other:		
Number of Buildings:	Total Number of (select one & list total) ☐ Units/ ☐ Beds*:				
UNIT COUNT (LIST TOTAL UNITS BY SIZE)					☐ N/A (if beds)
SRO/Efficiency:	One Bedroom:	Two Bedrooms:	Three Bedrooms:	Four Bedrooms:	Other:

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

SUPPORTIVE SERVICES

All Projects must note how services will be provided. More details and documentation will be required at Application.

☐ **Owner is the Supportive Services Provider**
☐ **Owner is NOT the Supportive Services Provider**

Providing services since:

Proposed provider name:

of clients currently being served:

Proposed provider has been providing services since:

Please provide a brief description for the proposed project. *(box expands as text is entered)*

PART 3 – PROJECT TEAM (IF KNOWN)**APPROVED HOUSING DEVELOPMENT CONSULTANT** (Required if applicant does not meet Guidelines - Section 1.4 Eligible Applicants)

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

GENERAL CONTRACTOR

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

ARCHITECT

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

PROPERTY MANAGER/MANAGEMENT COMPANY (re-enter Applicant information if also acting as property manager)

Company Name:

Contact Name:

City/State:

Phone #:

☐ Office ☐ Cell

Email:

OTHER		
Company Name:		
Contact Name:	City/State:	
Phone #:	☐ Office ☐ Cell	Email:

PART 4 – PROXIMITY TO COMMUNITY RESOURCES

Describe the proximity of the following community resources to the proposed project site. Must provide a map and if proposing more than one site for this project, corresponding maps are required.

COMMUNITY RESOURCES <i>Provide a map of the site which indicates the proximity of each community resource to the site.</i>	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)	
Is Transportation Provided by Owner?	☐ YES ☐ NO
Describe how residents will access transportation to the community resources listed above, i.e., grocery stores, medical facilities, employment. <i>(box expands as text is entered)</i>	

PART 5 – PRELIMINARY DEVELOPMENT BUDGET (ESTIMATED)

COST ITEMS	COST TO PROJECT (\$)
Acquisition Cost	
Construction or Rehabilitation Costs (including contingency)	
Architect Design and Inspection	
Soft Costs	
Housing Development Consultant (if required)	
Developers Fee	
Other:	
Total Development Cost	

How were your estimated construction or rehabilitation costs determined, i.e., what are your costs based on? *(box expands as text is entered)*

PART 6 – PRELIMINARY SOURCES OF FUNDS

SOURCE	AMOUNT (\$)
SHDP (NCHFA Funding)	
Local Government:	
Other:	
Other:	
Other:	
Other:	
Total Sources of Funds	

PART 7 – PRELIMINARY PLANS

Please attach if available:	☐ Site Plan	☐ Floor Plan	☐ None Available
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PART 8 – SHD PROPERTY INSPECTION FORM (For ALL Rehabilitation Projects)

For rehabilitation projects, the SHD Property Inspection Form (Appendix C) must be completed and submitted with the PDSV. At least 50% of the units must be inspected and documented as part of the SHD Property Inspection Form. More is preferred for adequately developing the scope of work and ensuring major deficiencies are not missed.

All applicants must have their property inspected by a qualified individual who fills out the SHD Property Inspection Form. Qualified individuals include licensed home inspectors, licensed and insured NC general contractors, licensed architects, and local government housing inspectors. Applicant may contact NCHFA for written approval if the proposed inspector has other qualifications that the applicant believes is equivalent or exceeds the above.

Also, properties may require supplementary inspections. If potential structural failures are identified, a structural inspection is required. If the project was built before 1978 and there are no previously performed risk assessments or lead-based paint inspections, a risk assessment should be conducted to identify if lead-based paint and asbestos if present.

At the time of application, projects must use the items identified through the SHD Property Inspection Form as well as the site visit and supplementary inspections to create a Detailed Work Write-up and Project Condition Assessment with estimates. An example is provided in Appendix G. (Guidelines - Section 2.1 Project Description and Site Visit)

PLEASE ATTACH THE COMPLETED SHD PROPERTY INSPECTION FORM