Supportive Housing – Safe (SH-Safe) 2027 Application for Funding – Part 1

SH-Safe Application Instructions

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

Please read the 2026 SH-Safe Application Guidelines, including all Appendices, before completing Application Part 1 and Part 2.

Applications are due electronically via the SHDP Portal by

May 6, 2027 at 5:00 pm ET

Applications will be accepted beginning April 5, 2027 up until the deadline.

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

2027 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

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:	County:	State:	Zip Code:
Contact Phone:	Cell:	Email:	
OWNERSHIP TYPE			
❑ Government Entity	❑ Nonprofit (Date of IRS 501(c)(3) determination letter _____)		

If project will be owned by another entity, list the Organization name	

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)
- Exhibit 1 – Organizational Chart (including volunteer positions)

Provide a brief history of the applicant organization, including purpose, current programs, number of staff persons, recent initiatives, etc. (*box expands as text is entered*)

LOCAL GOVERNMENT - Local political jurisdiction in which the project will be located *Obtaining political support for the project prior to submitting the application is strongly recommended.*			
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?	❑ YES ❑ NO
Has the applicant organization been involved in any lawsuit?	❑ YES ❑ NO
Are there any outstanding judgments against the applicant organization?	❑ YES ❑ NO
Has the applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?	❑ YES ❑ NO
If yes was answered to any of the above, please provide a short explanation. *(box expands as text is entered)*	

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. (Guidelines – Section 3.2 Threshold Requirements)

- Exhibit 2 – Financial Audit

EXHIBIT 3 – ORGANIZATION BUDGET: Submit 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 – Organization Budget

EXHIBIT 3 – OPERATIONAL INCOME STRATEGY: Please provide projections of your operational income strategy and performance, including fundraisers, grants, foundations, marketing campaigns, etc. (Guidelines – Section 3.2 Threshold Requirements)

- Exhibit 3 – Operational Income Strategy

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?	❑ YES ❑ NO ❑ N/A
Has the applicant organization received a building permit for all projects recently funded by a NCHFA Supportive Housing program?	❑ YES ❑ NO ❑ N/A
List any projects that received NCHFA SHD funding below, and answer the following questions. *(box expands as text is entered)*	❑ **N/A** (not an existing partner)
Do you currently have any outstanding noncompliance?	❑ YES ❑ NO
If yes, have you submitted a written plan to get it resolved?	❑ YES ❑ NO
Have you had any noncompliance findings in the past?	❑ YES ❑ NO
If yes, did you submit a written plan to get it resolved?	❑ YES ❑ NO

EXHIBIT 4 – ORGANIZATION EXPERIENCE: Upload a description of the applicant's multi-family housing development experience 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 CONTRACT: Upload the executed contract between the applicant and the Housing Development Consultant, if applicable. (Guidelines – Section 1.5 Project Development Team Capacity)

- Exhibit 4 – Housing Development Consultant Contract

EXHIBIT 5 – CONFLICT OF INTEREST POLICY: Upload 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				
❑ 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:

**Address will not be disclosed*
***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)*

- 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?

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 #:	❑ 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:

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 #:	❑ Office ❑ Cell	Email:

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

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:		
Max Occupancy (total beds/units)		

***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	☐	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)*	

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 the permit or a detailed timeline of the approval process.

- Exhibit 6 – Conditional or Special Use Permit

EXHIBIT 7 – SITE CONTROL AND VALUE: Include 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:

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: 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. For temporary relocation, provide the plan and details of other funding source that will pay for the expenses, if applicable.

- Exhibit 8 – Relocation Plan

SECTION 4 – GEOGRAPHIC HOUSING NEED

EXHIBIT 9 – HOUSING NEED: Provide documentation of need for the proposed housing. Describe how the proposed project fills a need in your community. Provide data to support the proposed housing type and size, including information from law enforcement, social services, healthcare providers, agency intake data, etc. Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community. 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

Is transportation provided by the applicant organization?	❑ YES ❑ NO
Does the applicant organization plan to provide necessities (food, clothing, etc.) onsite?	❑ YES ❑ NO
Describe your transportation plan for how your clients will access services and necessities, including medical care, mental health services, employment, etc. *(box expands as text is entered)*	

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	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. *(box expands as text is entered)*	❑ 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	❑ YES ❑ NO
License Type	
License Number	

Licensed Group Home	❑ YES ❑ NO
License Type	
License Number	

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*)

AUXILIARY AREAS

List planned auxiliary spaces such as an arts & crafts room fitness room, sensory space, walking paths, gardens, etc. (box expands as test 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 achieve and maintain self-sufficiency for two years or more after leaving the 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: 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 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. A sample Detailed Work Write-up is included as Appendix G 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, both pending or received, such as award letters, investment account, bank statements, etc. (Guidelines – Section 3.4 Project Scoring)

- Exhibit 14 – Funding Commitments

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: _____ Date: _____
Signature of Authorized Official

Printed Name: _____ Title: _____

HOUSING DEVELOPMENT CONSULTANT ACKNOWLEDGEMENT (IF APPLICABLE)

By signing below, the Housing Development Consultant acknowledges they have reviewed the complete application and all corresponding exhibits.

By: _____ Date: _____
Signature of Housing Development Consultant