# Homekey Program

# Sample of Online Application Questions

## State of California

## Governor Gavin Newsom

## Lourdes M. Castro Ramirez, Secretary
## Business, Consumer Services and Housing Agency

## Gustavo Velasquez, Director
## Department of Housing and Community Development

2020 West El Camino Avenue, Sacramento, CA 95833 Telephone: (916) 263-2771
Website: https://www.hcd.ca.gov/grants-funding/active-funding/homekey.shtml

Homekey Program Email: Homekey@hcd.ca.gov

July 24, 2020

**Browser Requirements**

For best performance, the applicant should access the online application with a computer that supports the most recent/latest compatible web browsers (as following):

| Browser | Supported versions |
|---|---|
| Chrome | latest |
| Firefox | latest and extended support release (ESR) |
| Edge | 2 most recent major versions |
| IE | 11, 10*, 9* ("compatibility view" mode not supported)<br>*deprecated in v10, see the deprecations guide. |
| IE Mobile* | 11<br>*deprecated in v10, see the deprecations guide. |
| Safari | 2 most recent major versions |
| iOS | 2 most recent major versions |
| Android | X (10.0), Pie (9.0), Oreo (8.0), Nougat (7.0) |

**Attachment Limit**

There is 100 MB total limit for all required files, up to 26 possible attachments.
So, please keep the individual file size up to 4-5 MB, depending on the total number of uploaded files.

# Homekey Application

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Overview | Eligibility | Financial | Contact | Files | Submit

## Overview

**Title**

Homekey

**Application Period Start Date**

July 22, 2020

**Application Period End Date**

September 29, 2020

**Reference URL**

https://www.hcd.ca.gov/grants-funding/active-funding/homekey.shtml#funding

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## Eligibility

**Eligible Applicants**

Cities, counties, or any other "local public entity" as that term is defined by Health and Safety Code section 50079; or cities, counties, or any other "local public entity," as that term is defined by Health and Safety Code section 50079, in partnership with nonprofit or for-profit corporations.

**Eligibility Notes**

Cities, counties, or other local public entities, including housing authorities or federally recognized tribal governments within California, may apply independently as a Development Sponsor. Alternatively, a local public entity may apply jointly with a for-profit or nonprofit corporation.

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## Financial

**Funds Available**

$550M/$50M

**Maximum Award Amount**

Up to $200K per door capital/Up to $24K per door operating subsidy

**Required Match**

The first $100K per door of capital requires no match; the next $50K per door of capital requires a 1:1 match; the final $50K per door of capital requires 2:1 match. Up to 24 months of operating subsidies are available from the $50M. Applicants who receive 24 months of operating subsidies must provide an additional 36 months of operating subsidies as match. Applicants who receive no operating subsidy award must contribute 60 months of operating subsidies as match.

**Financial Notes**

Capital funds must be expended in full by Dec. 30, 2020; 24 month operating subsidy funds must be expended by June 30, 2022.

The Department will disburse funds to cover Homekey-critical costs that are or have been incurred during the period of March 1, 2020 through December 30, 2020. To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, Grantees must provide the Department with the information and documentation specified under Additional Information.

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## Contact

**Department/ Program**

HCD / Homekey

**Office**

Department of Housing and Community Development

**Program Contact**

homekey@hcd.ca.gov

**Department Address**

Department of Housing and Community Development Homekey Program 2020 W. El Camino, Sacramento, CA 95833

**Contact Notes**

For any questions or to report any issue with the application, please contact homekey@hcd.ca.gov

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## Files

**Files (resources):**

- Budget Template
- Applicant Compliance Certification
- Applicant Name Verification Form
- TIN Form
- Payee Data Record Form
- Authorizing Resolution for Local Public Entity - Applicant
- Authorizing Resolution for Local Public Entity - Co-Applicant
- Authorizing Resolution for Corp Co-Applicant - Co-Applicant
- W-9 Form, W-9 Instructions
- Timeline Template

### Informational only

- Homekey NOFA
- CEQA - Statute & Guidelines
- CEQA - Supplemental Documents
- CEQA - Q&A

**File Notes:** Please use the attached files to support application preparation.

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## Submit

Select the action you want to perform

- (•) Submit a new application

Click the button below to start a new original submission:

Start Original Submission

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Pre-screening

## Pre-screening

Have you undertaken a pre-application consultation for the Homekey program? *

- (●) Yes
- ( ) No

Will the project serve the target population? *
*Target population is individuals and families who are experiencing homelessness or who are at risk of homelessness defined in Section 578.3 of Title 24 of the Code of Federal Regulation and who are impacted by the COVID-19 pandemic.*

- (●) Yes
- ( ) No

Do you have a path for environmental approval? *
*The applicant is able to provide the proof of CEQA compliance or a timeline for acquiring CEQA compliance.*

- ( ) Yes
- (●) No

Please contact Homekey@hcd.ca.gov for consultation.

Is the applicant a city, county, or other local public entity, such as a public housing authority or federally recognized tribal governments within California? *

- ( ) Yes
- (●) No

Thank you for your interest in Homekey. HCD only accepts applications from local agencies (cities, counties, public housing authorities and tribes) which are eligible applicants for Homekey funding. If you are partnering with a local agency, please have that local agency contact HCD.

To be able to apply for the Homekey program you must be able to answer yes to the above questions.

Submit

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## Application

Application Title *
*Please, type the title of your project.*

70 characters

Is the applicant: *

- ○ Single applicant
- ◉ Co-applicant/Partnership

How many co-applicants? *

1

## Primary Applicant

*NOTE: Name of Applicant must match the name that appears on the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.*

Select Organization Type *

- ◉ City
- ○ County
- ○ Public Housing Authority (PHA)
- ○ Tribe
- ○ Other local public entity

Select your City *

-- Select one --

### Primary Address

*Provide the organization address, not the project address*

Address Lookup Tool (optional)
*Only CA addresses are eligible for this application*

Street Name *
*Enter the primary address for the Applicant.*

Address Line 2

City *

State *

-- Select one --

County *

-- Select one --

Zip *

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## Mailing Address

☐ Same as Primary Address

Address Lookup Tool (optional)
*Only CA addresses are eligible for this application*

Street Name *

Address Line 2

City *

State *
-- Select one --

Zip *

## Government TIN Form / Payee Data Record

Select the document you will provide *
*Find the forms in the "Files" tab displayed in this site next to the "Submit" tab.*

- ◉ Government TIN Form
- ○ STD 204 Payee Data Record

Government TIN Form With the Application Package *
*(Single File)*

Select files...

Description of file

70 characters

## Authorizing Resolution

Is the applicant submitting a Authorizing Resolution form? *
*Find the form in the "Files" tab located in the previous "Overview" page.*

- ◉ Yes
- ○ No

Authorizing Resolution *
*(Single File)*

Select files...

Description of file

70 characters

# Co-applicant #1

*NOTE: Name of Applicant must match the name that appears on the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.*

Select the Type of Co-applicant

- ○ City
- ○ County
- ○ Public Housing Authority
- ○ Tribe
- ○ Other local public entity
- ○ For Profit Corporation
- ○ Non-Profit Corporation

## Primary Address

*Provide the organization address, not the project address*

Address Lookup Tool (optional)
*Only CA addresses are eligible for this application*

Street Name *
*Enter the primary address for the Applicant.*

Address Line 2

City *

State *
-- Select one --

Zip *

## Mailing Address

☐ Same as Primary Address

Address Lookup Tool (optional)
*Only CA addresses are eligible for this application*

Street Name *

Address Line 2

City *

State *
-- Select one --

Zip *

## Government TIN Form / Payee Data Record

Select the document you will provide *
*Find the forms in the "Files" tab displayed in this site next to the "Submit" tab.*

- ○ Government TIN Form
- ◉ STD 204 Payee Data Record

Payee Data Record Form, STD 204 With the Application Package *
*(Single File)*

Select files...

Description of file

70 characters

## Authorizing Resolution

Is the applicant submitting a Authorizing Resolution form? *
*Find the form in the "Files" tab located in the previous "Overview" page.*

- ○ Yes
- ◉ No

☐ I commit to submit Authorized Resolution before execution of Standard Agreement *

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## Primary Contact

First Name *

Last Name *

Title *

Email Address *

Phone Number *

## Authorized Representative

First Name *

Last Name *

Title *

Email Address *

Phone Number *

## Alternate Contact

☐ I want to provide an alternate contact

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## Primary Contact

First Name *

Last Name *

Title *

Email Address *

Phone Number *

## Authorized Representative

First Name *

Last Name *

Title *

Email Address *

Phone Number *

## Alternate Contact

I want to provide an alternate contact

First Name *

Last Name *

Title *

Email Address *

Phone Number *

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## Legislative Contacts

### State Assembly Member

Select the CA State Assembly Member *

-- Select one --

*This field is required*

District Number

### State Senate Member

Select the CA State Senator *

-- Select one --

*This field is required*

District Number

### U.S. House Representative for California

Select the US House Representative for California *

-- Select one --

*This field is required*

District Number

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## Geographical Location

*The geographical location is automatically determined based on the primary Applicant address.*

Geographical Location

## Project Type

Please select project type(s) below according to requirements of eligible projects outlined in the NOFA. The below list of eligible Projects is not exhaustive. The Department will consider a variety of other forms of housing as eligible Projects. Interested applicants should discuss other projects types with the Department during the pre-application consultation. *

- [ ] Nonresidential structures with a certificate of occupancy as a motel, hotel, or hostel
- [ ] Adult residential facilities or residential care facilities for the elderly
- [ ] Manufactured housing
- [ ] Multifamily rental housing projects with five or more housing units
- [ ] Shared housing or scattered site housing is permitted as long as the housing has common ownership, financing, and property management
- [ ] Other

*This field is required*

## Project Benefit Type(s) and number of beneficiaries of this activity

Indicate project benefit type(s) *

- (•) Permanent Housing (see NOFA section-305 for requirements)
- ( ) Interim Housing with no plan for conversion to permanent housing or no coordinated exit strategy to permanent housing (see NOFA section-306 for requirements)

Submit a supporting document demonstrating how you meet permanent housing requirements. *
*(Single File)*

Select files...

Description of file

70 characters

Demonstrate Statement of Need, Proposed Outcome, and Beneficiaries of the activity *
*The narrative must include: a detailed description of the activity, why it is needed, who will benefit, number of beneficiaries, activity location, how will the activity will be implemented, and when it will be complete.*

The Statement of Need presents facts and evidence to support the need for your activity. An effective need statement will describe the target populations to be served, define the community problem to be addressed, is related to the purposes and goals of your organization, includes quantitative and qualitative documentation and supporting information, does not make any unsupported assumptions, and describes the situation in terms that are factual. An effective Statement of Needs will describe the relationship between the needs and COVID-19 impacts in your communities.

1100 characters

Will the project be occupied within 90 days from the date of acquisition or lease? *

- (•) Yes
- ( ) No

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☑ Provide escrow information

Escrow Company Name

Escrow Number

Escrow Officer Name

Additional Information for Escrow

Address Lookup Tool (Optional)

Street

Address Line 2

City

State

-- Select one --

Zip

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## Site and Readiness

How many sites are part of your project? *

1

Does the applicant have Evidence of Site Control? *
*Select one of the applied choices.*

- (•) Yes

Submit supporting document to identify the site is suitable for development and evidence of site control *
*(Single File)*

Select files...

Description of file

70 characters

- (•) No

Provide a plan and timeline for obtaining site control along with other supporting evidence (letter of intent, an exclusive negotiating agreement, ground lease, etc.) *
*(Multiple Files)*

Select files...

Description of file

70 characters

## Sites Address(es)

### Site Address 1

Used for *

- (●) 1 - Permanent housing or will result in permanent housing as indicated on the application
- ( ) 1 - Interim housing and expected to be developed into permanent housing and exits to permanent housing.
- ( ) 2 - Interim housing and not expected to be developed into permanent housing or lead to permanent housing via coordinated exit strategy.

Address Lookup Tool (optional)
*Only CA addresses are eligible for this application*

Address *

Address Line 2

City *

State *

-- Select one --

Zip *

Select all applicable activities: *

- [ ] Acquisition or rehabilitation of motels, hotels, or hostels
- [ ] Acquisition of other sites and assets, including purchase of apartments or homes, adult residential facilities, residential care facilities for the elderly, manufactured housing, and other buildings with existing residential uses that could be converted to permanent or interim housing
- [ ] Conversion of units from nonresidential to residential in a structure with a certificate of occupancy as a motel, hotel, or hostel
- [ ] Master leasing of properties
- [ ] The purchase of affordability covenants and restrictions for units
- [ ] Relocation costs for individuals who are being displaced as a result of rehabilitation of existing units
- [ ] Capitalized operating subsidies for units purchased, converted, or altered with funds provided pursuant to Health and Safety Code section 50675.1.1. Projects seeking 24 month operating subsidies for units purchased, converted, or altered will be awarded with funds from the $50 million state General Fund allocation. The $550 million in Homekey derived from the CRF is not permitted to be used for this purpose.

*This field is required*

If needed, please add a brief note below

1100 characters

Add activity description here including the scope of work, tasks, and project deliverables. *

The Activity Description is a narrative that needs to include: how this activity is relates to COVID-19 impacts. This narrative should indicate your knowledge of the steps and actions necessary to complete your activity, including the scope of work, tasks, and deliverables. Narrative should also include all actions taken to reach readiness through actions necessary for closeout.

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## Project Evaluation

*This evaluation applies to the applicant and/or the development team.*

1. Does the applicant have experience in acquiring and managing affordable housing? *

- (●) Yes
- ( ) No

Submit Supporting Documents – File Attachment *

Select files...

Description of file

70 characters

2. Does the applicant have committed and intended sources for Homekey? *

- (●) Yes
- ( ) No

2.1. Does the applicant intend to use Homekey resources for development related expenses? *

- (●) Yes
- ( ) No

Select the category below. *
*These expenses should be expended by December 30, 2020.*

-- Select one --

3. Does the applicant have the corresponding capital match? *
*The first $100K per door of capital requires no match; the next $50K per door of capital requires a 1:1 match; the final $50K per door of capital requires 2:1 match.*

- (●) Yes
- ( ) No

4. Does the applicant intend to apply for the 24 month operating subsidy? *
*These dollars need to be expended by June 30, 2022.*

- (●) Yes
- ( ) No

5. Does the applicant have the remainder of the required contribution to demonstrate a five-year match in operating costs? *

- (●) Yes
- ( ) No

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## 6. Ability to expend funds by December 30, 2020. (Up to 50 points)

A - Identification of a site suitable for development and evidence of site control, or a plan and timeline for obtaining site control along with other supporting evidence (e.g., letter of intent, an exclusive negotiating agreement, ground lease, etc.).

The applicant has submitted (Up to 20 points)
Plan and timeline for obtaining site control

B - A proposed development vision that identifies the financial and for regulatory mechanisms to be used to maintain the ongoing affordability of the Project.

Does the applicant have a proposed development vision identifying the financial and regulatory mechanisms to be used to maintain the ongoing affordability of the project? (Up to 20 points) *

- (●) Yes
- ( ) No

Execution of Proposed Development Vision *

- ( ) Less than 12 months
- ( ) Greater than 12 and less than 36 months
- ( ) Greater than 36 months

Upload the Descriptive Proposed Development Vision *
*(Single File)*

Select files...

Description of File

70 characters

C - An overview of the plan and timeline for any required entitlements, permits, environmental clearances.

Does the applicant have an overview of the timeline and plan for any required entitlements, permits, environmental clearances? (Up to 10 points) *

- (●) Yes
- ( ) No

Submit the Project Timeline Template – File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

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## 7. Demonstration of the development team's experience and capacity to acquire and operate the Project. (Up to 40 points)

Demonstration of the development's team experience to acquire and/or rehabilitate and operate the Project.

A. Provide a description of the development team's experience to acquire and/or rehabilitate and operate the Project. (Up to 10 points)

- (●) Yes
- ( ) No

File Attachment *
*(Multiple Files)*

Select files...

Description of File

70 characters

B. Does the applicant have a plan/flowchart for its development team's connection or partner relationship with another entity? (Up to 10 points) *

- (●) Yes
- ( ) No

Submit documents demonstrating the organizational chart of how the development team is connected and a description of how the team will work together, e.g., MOU, etc. *
*(Multiple Files)*

Select files...

Description of File

70 characters

Development, ownership, or operation of a project similar in scope and size to the proposed Project.

C. Does the applicant have experience with development, ownership, or operation of a Project similar in scope and size to the proposed Project, or at least two affordable rental housing Projects in the last ten years, with at least one of those Projects containing at least one unit housing a tenant who qualifies as a member of the Target Population. (Up to 10 points) *

- (●) Yes
- ( ) No

Submit Evidence - File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

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D. Do you have documents supporting the extent to which the Project can demonstrate the range of on-site and off-site supportive services that will be provided to the Target Population, e.g., mental health services, substance use disorder services, primary health, employment, and other tenancy support services? (Up to 10 points) *

- (●) Yes
- ( ) No

Submit Documents – File Attachment *
*In demonstrating how the project will provide supportive services, please describe the on-site staffing plan proposed to deliver these services. Also describe the approach to securing off-site services including primary care and other needed physical health and behavioral health services as well as other tenancy supports. (Multiple Files)*

Select files...

Description of File

70 characters

## 8. A demonstration of how the Project will address racial equity, other systemic inequities, state and federal accessibility requirements, and serve members of the Target Population. (Up to 25 points)

A - Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act. The Fair Employment and Housing Act is supported by accompanying regulations, 2 CCR Section 12005 et seq, covering tenant screening and affirmative marketing requirements. Eligible applicant will also include a description of how the Project will address racial equity and inequities for the Target Population, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes. The description should include supporting evidence of the strategies' effectiveness if available.

Can the applicant demonstrate how the proposed project will address racial equity, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes? (Up to 15 points) *

- (●) Yes
- ( ) No

Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act.

Submit Supporting Document – File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

B - The extent to which the Project exceeds the state and federal accessibility requirements set forth Section 311, specifically providing a minimum of 10 percent of units with features accessible to persons with mobility disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC provisions, and a minimum of 4 percent of units with features accessible to persons with hearing or vision disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC Chapter 11B provisions.

Does the project exceed the state and federally accessibility requirements set forth Section 311? (Up to 5 points) *

- (●) Yes
- ( ) No

Submit Supporting Document – File Attachment
*(Single File)*

Select files...

Description of File

70 characters

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C - The Applicant or Development team has three or more years of experience serving persons of the Target Population.

Does the applicant or Development team have three or more years of experience serving persons of the target population? (Up to 5 points) *

- (●) Yes
- ( ) No

Submit Supporting Document – File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

## 9. The extent to which the Eligible Applicant can demonstrate the Project's community impact and site selection. (Up to 45 points.)

A - The extent to which the Eligible Applicant can demonstrate the Project's impact on the community as demonstrated by a reduction of at least 5 percent of the local 2019 Point in Time Count.

Can the applicant demonstrate the Project's impact on the community via a reduction of at least 5 percent of the local 2019 Point in Time Count? (Up to 10 points) *

- (●) Yes
- ( ) No

Submit Supporting Document – File Attachment *
*Please, clearly highlight/mark the reduction of the submitted documentation (Single File)*

Select files...

Description of File

70 characters

B - The proposed Project is a Tier One Project and requires no rehabilitation, or the rehabilitation and the occupancy can be completed within 30 days after acquisition.

Is Project a Tier One Project and requires no rehabilitation, or the rehabilitation and occupancy can be completed within 30 days after acquisition? (Up to 10 points) *

- (●) Yes
- ( ) No

C - The Project is expected to acquire and maintain 100 or more units for the Target Population.

Is Project expected to acquire and maintain 100 or more units for the Target Population? (Up to 5 points) *

- (●) Yes
- ( ) No

Provide Number of Units

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D - For any project below $350,000 per door, if the Eligible Applicant contributes more than a minimum match outlined in Table 5 in the NOFA, the application will receive one (1) extra point for every additional 5% per door contributed to the Project. For example, for an acquisition that costs $100,000 per door, the applicant will receive 1 extra point for every $5,000 per door in match contributed.

Will the applicant contribute more than a minimum match outlined in Table 5 in the NOFA? (Up to 10 points) *

- (●) Yes
- ( ) No

How Much?
*This amount should be reflected in your budget*

E - Site Selection (Up to 10 points)

Is Project Site located within 1/3 mile of public transit, such as a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop? (Up to 4 points) *

- (●) Yes
- ( ) No

Submit Supporting Document – File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

Is Project Site located in proximity (within 1/2 mile for urban area and 1 mile for rural area) to essential services, such as grocery store, health facility, pharmacy, and library? (Up to 6 points) *

- (●) Yes
- ( ) No

Submit Supporting Document – File Attachment *
*(Single File)*

Select files...

Description of File

70 characters

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## Environmental Requirements

For Environmental Review documents, please review the link https://www.hcd.ca.gov/grants-funding/active-funding/homekey/docs/QA-Homekey-CEQA-Exemption-Final.pdf located on HCD's website - Homekey page.

For further information regarding CEQA guidelines, please review the link below:

- CEQA - Statute & Guidelines
- CEQA - Supplemental Documents

Select your option

- (●) Upload proof of CEQA compliance
- ( ) Upload your timeline for CEQA compliance

Upload proof of CEQA compliance *
*(Single File)*

Select files...

Description of file

70 characters

Or

- ( ) Upload proof of CEQA compliance
- (●) Upload your timeline for CEQA compliance

Upload your timeline for CEQA compliance *
*(Single File)*

Select files...

Description of file

70 characters

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## Budget Worksheet

Upload the completed HCD provided budget template *
*(Excel template)*

Select files...

Description of file

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## Duplication of Benefit

A Duplication of Benefit (DOB) occurs when a program beneficiary receives assistance from multiple funding sources totaling an amount that exceeds the need for a particular funding need. The duplication is the amount of assistance provided in excess of the need. It is the Department's responsibility to ensure that each Homekey activity provides assistance only to the extent that the recipient's project's funding need(s) has not been met by another funding source. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) prohibits federal agencies from providing assistance to any "person, business concern, or other entity" for any loss for which the entity has already received financial assistance from another source (See: 42 USC § 5155(a)). The Federal Register Notice, published on November 16, 2011 (Docket No. FR-5582-N-01), requires adequate policies and procedures in place to prevent a DOB and provide for the recapture of funds, if necessary. Once selected, applicant will be required to report on Duplication of Benefit metrics such as types of funding sources received, amounts received, expected persons served and actual persons served. Please check here to confirm you have read the above and agree to monitor applicant for DOB. *

- [x] Agree

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## Additional Information

Upload the Following Documents Demonstrating:

Appraisal

- (●) Upload document
- ( ) I will provide this document by

Appraisal *
*(Single File)*

Select files...

Description of file

70 characters

---

Physical Needs Assessment

- ( ) Upload document
- (●) I will provide this document by

Select date *

MM/dd/yyyy

---

Title Insurance

- (●) Upload document
- ( ) I will provide this document by

Title Insurance *
*(Single File)*

Select files...

Description of file

70 characters

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Documentation of Ability to Obtain the Insurance Coverages Specified in Article VI of the NOFA *

- ○ Upload document
- ◉ I will provide this document by

Select date *

MM/dd/yyyy

☑ I want to provide miscellaneous supporting documentation

Miscellaneous supporting documentation (photos, maps, renderings, newspaper articles, etc.) *
*(Multiple Files)*

Select files...

Description of file

70 characters

To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, the Applicant must provide the following information and documentation:

1. A line-item description of the work performed, materials supplied, and/or costs incurred;
2. The total amount incurred and outstanding for each line item;
3. Copies of outstanding invoices for (or other documentary evidence of) each line-item expenditure);
4. An explanation of why each line item is Homekey-critical; and
5. A certification, signed by the Applicant(s), that each line item has not already been funded by another funding source

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## Applicant Compliance Certification

Submit an Applicant Compliance Certification *

*Please complete and upload the Applicant Compliance Certification Form. Find the form in the "Files" tab located in the previous "Overview" page. (Single File)*

Select files...

Description of file

70 characters

I'm not a robot

reCAPTCHA

Privacy - Terms

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## You must print your application.

If you do not print your application you cannot update your application. Failure to print means that a new application has to be submitted.

You can print your application by clicking the PRINTER icon located on the top right corner of this window. Once the new tab opens you can use the PRINT function of your browser.

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