



# HOMEMAKER PROGRAM APPLICATION PART 1

(to be completed by non-profit organizations,  
for-profit businesses or private developers)  
City of Knoxville  
Community Development Department



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Address of property: \_\_\_\_\_ CLT #: \_\_\_\_\_  
Knoxville, TN 379\_\_\_\_\_

## **APPLICANT INFORMATION**

Name of Applicant (individual or organization): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Phone Number-Office: \_\_\_\_\_ Phone Number-Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact Person (if organization) \_\_\_\_\_

Social Security # or Federal ID # \_\_\_\_\_

Applicant is:  Individual  Non-profit organization  For-profit business

## **PROJECT DESCRIPTION**

What is your offering price? \$ \_\_\_\_\_

If price is below fair market value or listing price, ***of those properties which do not indicate "minimum"***, explain reason for reduced offer. (Example: Subsidy is needed to make project affordable and feasible; development cost will exceed fair market value. Support your reason by completing the Project Sources and Uses of Funds Statement on Page 4)

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Is the parcel an unbuildable lot that will be used for additional yard space?  Yes  No  
If yes, list any specific plans for maintenance or improvement.

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**If property is an unbuildable lot, skip to Page 3**

**PROJECT DESCRIPTION, continued**

Name, address, phone number and e-mail of Proposed Developer (**qualifications and experience of proposed developer must be attached**):

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Planned development will be (*check one*):  new construction  rehabilitation of an existing structure  side yard. (**Attach a site plan and floor plan if new construction is proposed. If unavailable, these must be provided within 90 days of contract execution.**)

Upon completion of the project, how many housing units will there be? \_\_\_\_\_

The parcel to be used for (*check one*):  homeownership  rental unit(s).

Briefly describe any other pertinent details of your proposed development for the parcel.

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Is this a project targeted for a low-moderate income household?  Yes  No  
(See attached Exhibit A for schedule of Fair Market Rents & Income Limits)

If yes, how will the home be made affordable?

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Has a family already been selected?  Yes  No  
(If yes, you must also complete Part II of the Homemakers Program Application)

If yes, are they presently living in overcrowded or substandard housing? (Explain)

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If no, what is the selection process for homeownership or tenants?

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Will this project include the use of volunteer labor or is it tied in with any training program?  
 Yes  No If yes, explain. \_\_\_\_\_

What is the proposed rental or sales price? \$ \_\_\_\_\_

How was this determined? \_\_\_\_\_  
(See attached Exhibit A for schedule of Fair Market Rents & Income Limits)

Will credit or home ownership counseling be required for future tenants or buyers?  Yes  No

Have you received any input from neighborhood representatives regarding this development?  
 Yes  No

If yes, what was the outcome? \_\_\_\_\_

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**Information for government monitoring purposes**

**Applicant:**

- Male  Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify) \_\_\_\_\_

**Co-Applicant:**

- Male  Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify) \_\_\_\_\_

**Non-Profit Organization**

I DO NOT WISH TO SUPPLY THIS INFORMATION  
Initials: \_\_\_\_\_

I DO NOT WISH TO SUPPLY THIS INFORMATION  
Initials: \_\_\_\_\_



I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information, including verification of my (our) credit report.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

Title: \_\_\_\_\_  
(Printed Name and Title of Organization's Authorized Representative)

**NOTE:** Applications will only be accepted for properties on the Homemakers List at the date of application. Due to the fact that competing proposals may be received at the same Homemakers Committee meeting please ensure your proposed price and development plan is your "best and final" offer for purchase. Incomplete applications *may* be accepted, HOWEVER keep in mind in the event of competing applications with the "best and final" offer for purchase will receive priority.

Return to:  
City of Knoxville  
Community Development Department  
Homemakers Program,  
P.O. Box 1631  
Knoxville, TN 37901



**Project Sources and Uses of Funds**

**Uses of Funds**

Property Purchase \$ \_\_\_\_\_

Construction / Renovation \$ \_\_\_\_\_

List Contingencies (examples: set aside dollars for unplanned or increased cost of items that may occur) \$ \_\_\_\_\_

\_\_\_\_\_

List Soft Costs (examples: developer fees, site design, permits, taxes, insurance, closing costs, etc.) \$ \_\_\_\_\_

\_\_\_\_\_

Other (examples: mowing, utilities, etc.) \$ \_\_\_\_\_

\_\_\_\_\_

**Total Uses of Funds** \$ \_\_\_\_\_

**Total Use should equal Total Source**

**Sources of Funds**

Purchaser Investment \$ \_\_\_\_\_

Loan Source (From: \_\_\_\_\_) \$ \_\_\_\_\_

Loan Source (From: \_\_\_\_\_) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Source of Funds** \$ \_\_\_\_\_

**ALL Sources *MUST* be verifiable**  
**CHECKLIST FOR DEVELOPERS HOMEMAKER APPLICATION**

All applications ***must*** have the following items enclosed or they will be returned:

Qualifications and experience of project developer **and**

Detailed project description and/or other information needed to document the need for a reduced price

**NOTE:** Properties whose target price indicates **“minimum”** are not eligible for a reduced bid consideration. Any bid proposed for these properties must be at or above the listed minimum price.

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**Please indicate whether the following items are attached or when they will be provided:** *(In the case of competitive applications for the same property, applications attaching the following items will receive a selection priority point.)*

Yes      Commitment letter(s) for sources of funds or documentation of available funds to do project

No      Provide explanation of when this will be provided:

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Yes      Site plan and floor plan of proposed construction/rehabilitation

No      Provide explanation of when this will be provided:

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# Exhibit "A"

## HOMEMAKERS PROGRAM

### FY 2020 Knox County Fair Market Rents for All Bedroom Sizes

FY 2020 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2020 Fair Market Rent	<b>\$624</b>	<b>\$742</b>	<b>\$915</b>	<b>\$1,198</b>	<b>\$1,476</b>

Federal Register/ Vol, 84, No. 169/August 30, 2019  
Fair Market Rents Fiscal Year 2020  
Effective 10/01/2019

Revised 10/22/2019

## FY 2019 Income Limits Summary

Knox County, Tennessee										
FY 2019 Income Limit Area	<u>Median Income</u>	FY 2019 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Knox County	\$69,900	<u>Very Low (50%) Income Limits</u>	\$24,500	\$28,000	\$31,500	<b>\$34,950</b>	\$37,750	\$40,550	\$43,350	\$46,150
		<u>Extremely Low (30%) Income Limits</u>	\$14,700	\$16,910	\$21,330	<b>\$25,750</b>	\$30,170	\$34,590	\$39,010	\$43,430
		<u>Low (80%) Income Limits</u>	\$39,150	\$44,750	\$50,350	<b>\$55,900</b>	\$60,400	\$64,850	\$69,350	\$73,800

NOTICE PDR-2019-2 / April 24, 2019  
Fiscal Year 2019 Income Limits  
Effective 4/24/19

NOTE: Knox County is part of the **Knoxville, TN MSA**. The **Knoxville, TN MSA** contains the following areas: Anderson County, TN; Blount County, TN; Knox County, TN; Loudon County, TN; and Union County, TN.

Rvsd 4/29/19

K/Kathy/FairMarketRent FY2019 & IncomeLimits 2019

# Homemaker Application - Exhibit "B"

## HOMEMAKERS PROGRAM TOTAL COST AND DEMOGRAPHICS

Address of Property: \_\_\_\_\_ CLT: \_\_\_\_\_  
 Knoxville, TN \_\_\_\_\_

**OWNER:** Cost of Lot and/or Structure \$ \_\_\_\_\_  
 Construction and/or Rehab Costs \$ \_\_\_\_\_  
 Soft Costs \$ \_\_\_\_\_  
 (Examples: taxes, insurance, utilities, mowing, closing costs, construction payments, etc.)  
**TOTAL COSTS** \$ \_\_\_\_\_

**BUYER:**  
 Sales Price: \$ \_\_\_\_\_ Date Sold: \_\_\_\_\_ or

**TENANT:**  
 Monthly Rent: \$ \_\_\_\_\_ Date Rented or **Leased/Purchase:** \_\_\_\_\_ Sec 8?  Yes  No

Head of Household	Race ** (Choose from List Below)	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

\* Head of Household - Choose From:

- |                  |                    |
|------------------|--------------------|
| 1 Married Couple | 3 Single Male      |
| 2 Single Female  | 4 Unmarried Couple |

\*\* Race - Choose From:

- |  |   |
|--|---|
| 1 White                                  | 6 American Indian/Alaskan & White                   |
| 2 Black/African American                 | 7 Asian & White                                     |
| 3 American                               | 8 Black/African American & White                    |
| 4 American Indian/Alaskan Native         | 9 Amer. Indian/Alaskan Native & Black/African Amer. |
| 5 Native Hawaiian/Other Pacific Islander | 10 Other multi-racial                               |

Total Annual Family Income:  \$0 - \$24,999  \$25,000 - \$49,999  
 \$50,000 - \$74,999  \$75,000 or more

Number in household: \_\_\_\_\_  
 Occupied by Elderly (65 or older)?  Yes  No  
 Occupied by Disabled?  Yes  No  
 Is head of household male or female?  Male  Female  
 Unit(s) Qualified for Energy Star?  Yes  No  
 Brought into Compliance with Lead Safety Rules?  Yes  No  
 Multi-Unit Housing?  Yes  No