CITY OF KNOXVILLE
INDYA KINCANNON, MAYOR

HOMEMAKERS PROGRAM APPLICATION PART 1

(to be completed by **non-profit organizations, for-profit businesses or private developers**)

City of Knoxville
Housing & Neighborhood Development Department

EQUAL HOUSING OPPORTUNITY

Property Address: _____ CLT #:_____
Knoxville, TN 379____

APPLICANT/DEVELOPER INFORMATION

(qualifications and experience of *developer* must be attached)

Name of Applicant (individual(s) or organization): _____
Address:_____
Phone Number-Office: _____ Phone Number-Cell: _____
E-Mail: _____ Contact Person (if organization): _____
Social Security #: XXX-XX-_____ or Federal ID #: _____
Applicant is: ☐ Individual ☐Non-profit organization ☐ For-profit business

Name of Co-Applicant (individual(s) or organization): _____
Address:_____
Phone Number-Office: _____ Phone Number-Cell: _____
E-Mail: _____ Contact Person (if organization): _____
Social Security #: XXX-XX-_____ 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)

_____
_____
_____
_____

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.

_____
_____
_____
_____

If property is an unbuildable lot, skip to Page 3

PROJECT DESCRIPTION, continued

Contractor's Name, address, phone number, e-mail and TN State Contractor's License number:

_____
_____
_____

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 (example: single family, one-story home of 1,200sf with 3BR/2BA that is energy efficient and ADA Visitable).

_____
_____
_____
_____

Project completion (example: 9 months upon receipt of property):

_____

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?

_____
_____

Has a family already been selected? ☐ Yes ☐ No
(If yes, you must also complete **Exhibit "C"**)

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

_____
_____
_____

What is the proposed rental or sales price? $_____

How was this determined?_____

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

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

If yes, provide names, contact info & remarks.

_____
_____
_____
_____

Information for government monitoring purposes

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:_____

Co-Applicant:
__ Male __ Female
__ American Indian/Alaskan Native
__ Asian Pacific Islander
__ Hispanic
__ Black
__ White
__ Other (specify) _____

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 ***if applicable***,
Title of Organization's Authorized Representative)

Signature: _____ _____
Date

Title: _____
(Printed Name and ***if applicable***,
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 will *not* be accepted.

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

EQUAL HOUSING OPPORTUNITY

Project Sources and Uses of Funds

Uses of Funds

Property Purchase $_____

New Construction / Renovation (**provide separate sheet itemizing costs**) $_____

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 Sources of Funds $_____

ALL Sources MUST be verifiable

CHECKLIST FOR DEVELOPERS HOMEMAKERS APPLICATION

All applications *must* have the following items enclosed or they will not be accepted:

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.

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 complete the project

☐ No Provide explanation of when this will be provided:

_____
_____
_____

☐ Yes Site plan and floor plan of proposed construction/rehabilitation

☐ No Provide explanation of when this will be provided:

_____
_____
_____

Exhibit "A"
HOMEMAKERS PROGRAM

FY 2024 Knox County Fair Market Rents for All Bedroom Sizes

FY 2024 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2024 Fair Market Rent	*$985*	*$1,000*	*$1,221*	*$1,578*	*$1,833*

Federal Register/ Vol, 88, No. 168/August 31, 2023
Fair Market Rents Fiscal Year 2024
Effective 10/01/2023

Revised: 9/28/2023

FY 2023 Income Limits Summary

Knox County, Tennessee										
FY 2023 Income Limit Area	Area Median Income (AMI)	FY 2023 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Knox County	$91,700	Very Low (50%) Income Limits	$30,250	$34,600	$38,900	***$43,200***	$46,700	$50,150	$53,600	$57,050
		Extremely Low (30%) Income Limits	$18,150	$20,750	$24,860	***$30,000***	$35,140	$40,280	$45,420	$50,560
		Low (80%) Income Limits	$48,400	$55,300	$62,200	***$69,100***	$74,650	$80,200	$85,700	$91,250

NOTICE PDR-2023-02 / May 15, 2023
Fiscal Year 2023 Income Limits
Effective 05/15/23

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. 5//17/23

K/Kathy/FairMarketRent FY2023 & IncomeLimits FY2023

Homemakers Application - Exhibit "B"

HOMEMAKERS PROGRAM
TOTAL COST AND DEMOGRAPHICS

Property Address: _____ CLT: _____
Knoxville, TN 379___

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
		☐Yes ☐No

* Head of Household - Choose From:
1 Married Couple
2 Single Female
3 Single Male
4 Unmarried Couple

** Race - Choose From:
1 White
2 Black/African American
3 American
4 American Indian/Alaskan Native
5 Native Hawaiian/Other Pacific Islander
6 American Indian/Alaskan & White
7 Asian & White
8 Black/African American & White
9 Amer. Indian/Alaskan Native & Black/African Amer.
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

Rvsd 2/18/15

Homemakers Application - Exhibit "C"
Developer's Pre-Selected Buyer or Tenant Information

This portion is ONLY completed if the Developer has pre-selected, at the time of submitting their Homemakers application, who will be occupying the property upon completion of the project.

Applicant: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ SS#: XXX-XX- _____ E-Mail: _____

Co-applicant (spouse or other adult)_____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ SS#: XXX-XX- _____ E-Mail: _____

Have you ever owned a Home? ☐ Yes ☐ No If yes, when?_____

Do you ☐ own or ☐ rent? How long have you lived at current address? _____

Previous address, if less than 5 years at present address:_____

COMPLETE LIST OF ALL THOSE WHO WILL LIVE IN THE NEW HOUSING UNIT, INCLUDING APPLICANT:

Name	Relation to Applicant	Age	Sex	Occupation	School/Employer
	Self				

Employment

Applicant's employer:_____
Address:_____Phone #: _____ # of years:____

Co-applicant's employer:_____
Address:_____Phone #:_____ # of years:_____

If less than 5 years at present employer, please provide previous employment information:

Applicant's previous employer:_____
Address:_____Phone #: _____ # of years:____

Co-applicant's previous employer:_____
Address:_____Phone #:_____ # of years:_____

Income

LIST ALL HOUSEHOLD INCOME

Source	**Amount**	**Further Explanation**
Applicant's employment	$_____per_____	_____
Co-applicant's employment	$_____per_____	_____
Contributions from other household members	$_____per_____	_____
Social Security	$_____per_____	_____
SSI	$_____per_____	_____
VA Benefits	$_____per_____	_____
Retirement Pension	$_____per_____	_____
Child Support	$_____per_____	_____
Other	$_____per_____	_____

Credit Information

LIST **ALL** DEBTS, INCLUDING CAR LOANS, FURNITURE, CREDIT CARDS, PERSONAL LOANS, ETC. USE ADDITIONAL SHEETS IF NECESSARY.

Type of Debt	Lender	Account Number	Payment	Balance

Have you ever had a home loan or a home improvement loan which resulted in foreclosure, deed in lieu of foreclosure, or judgment? ☐ Yes ☐ No

If yes: Property address: _____
_____

Name & address of lender: _____
Have you ever had an account turned over to a collection agency which resulted in a judgment?
☐ Yes ☐ No

If yes, state when, the reason for, and how the debt was resolved:_____

Have you ever filed bankruptcy? ☐ Yes ☐ No If yes, when?_____

ATTACH ADDITIONAL INFORMATION AS NECESSARY TO EXPLAIN PAST OR PRESENT CREDIT PROBLEMS THAT MAY APPEAR ON YOUR CREDIT REPORT.

Other Regular Monthly Expenses

Rent/Mortgage $_____ Car insurance $_____ Health insurance $_____

Medical expenses $_____ Day Care $_____ Phone $_____ Internet $_____

Cable $_____ Food $_____ Gas $_____ Savings $_____ Clothing $_____

Life insurance $_____ Other $_____ (explain)_____

Counseling/Training

Have you previously been involved in any pre-purchase or homeownership counseling program, credit counseling program, or economic self-sufficiency program (i.e. Operation Bootstrap, Family Self-Sufficiency, FirstHome, JOBS, etc.)? ☐ Yes ☐ No

If yes, please identify the program, and briefly describe your participation in the program:

_____

_____

If no, are you willing to seek this type of counseling *if* required? ☐ Yes ☐ No

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.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Co-Applicant Date