

County of Santa Cruz
2026 Housing Notice of Funding Availability (NOFA)
Application Form
for Housing Rehabilitation Projects

APPLICANT TEAM INFORMATION

APPLICANT	
Entity Name	
Entity Mailing Address	
Entity EIN	
Entity Website	
Primary Contact Name	
Primary Contact Title	
Primary Contact Email	
Primary Contact Phone #	
<i>Signatory Name</i>	
<i>Signatory Title</i>	
<i>Signatory Email</i>	
<i>Signatory Phone #</i>	
PROPERTY OWNER (If different from Applicant)	
Owner Name (as listed on deed to property)	
Owner Mailing Address	
Owner EIN	
Entity Type (Check One):	<input type="checkbox"/> Nonprofit Housing Developer/Provider <input type="checkbox"/> Limited Liability Corp <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (write in): _____
<i>Signatory Name</i>	
<i>Signatory Title</i>	
<i>Signatory Email</i>	
<i>Signatory Phone #</i>	

County of Santa Cruz 2026 Housing NOFA: Housing Rehabilitation Application Form

PROPERTY MANAGER	
Name	
Mailing Address	
EIN	
Website	
Primary Contact Name	
Primary Contact Title	
Primary Contact Email	
Primary Contact Phone #	

PROPERTY INFORMATION	
Property Street Address	
Property APN (s)	
Project/Community Name:	
Property is located in Unincorporated Santa Cruz County	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If No, project is ineligible for this NOFA. 	<i>(Look up city limits here:</i> https://sccgis.santacruzcountyca.gov/gisweb/
Property Type (Check one)	<input type="checkbox"/> Deed-Restricted Lower-Income Rental Apartments <input type="checkbox"/> Deed-Restricted, Lower-Income, Resident-Owned or Non-profit Owned Mobile Home Park
Current affordability deed restrictions are in favor of (check as many as applies)	<input type="checkbox"/> County of Santa Cruz <input type="checkbox"/> HCD <input type="checkbox"/> CalHFA <input type="checkbox"/> HUD <input type="checkbox"/> Other: _____

PROJECT NEED
<i>Describe the need for the proposed rehabilitation work, in a few sentences:</i>

PROJECT DESCRIPTION
<i>Describe proposed scope of rehabilitation work, in a few sentences:</i>

PROJECT FUNDING

Fill in the table below. Amount requested from the County may not exceed 85% of total project cost.

Source of Funds	Amount	Commitment Status: Awarded/Committed, Pending, or None
County of Santa Cruz	\$	PENDING
Property Reserves (Owner)	\$	
Other Source:	\$	
Other Source:	\$	
Other Source:	\$	
Total Project Cost	\$	

PROPERTY AFFORDABILITY

Complete the table, based on existing deed restrictions on Property:

Affordability Level	Number of Units
Restricted for Low-Income Households (Low)	
Units Restricted for Very Low-Income (VLI) Households	
Units Restricted for Extremely Low-Income (ELI) Households	
Manager Unit(s)	
Total Units	
Number of Accessible Units in Project	

Prior Rehabilitation Projects

Completed by Applicant within Past 10 Years and located in Santa Cruz County or elsewhere in Northern CA:

PROJECT 1	
Property Name	
Street Address	
# Affordable Units	
Year Rehab Completed	
Total Project Cost	\$
Scope of Work	
PROJECT 2	
Property Name	
Street Address	
# Affordable Units	
Year Rehab Completed	
Total Project Cost	\$
Scope of Work	
PROJECT 3	
Property Name	
Address	
# Affordable Units	
Year Rehab Completed	
Total Project Cost	\$
Scope of Work	

Developer Capacity and Compliance	
Evaluation Metric	Answer Yes or No. Optional: <i>Attach documentation to support answers. Relevant documentation will increase score</i>
1. Demonstrated capacity to develop, rehabilitate, and manage affordable rental housing or affordable MHP.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
2. No outstanding code enforcement violations, past-due property taxes, or other citations/notices of violation filed by County of Santa Cruz, HCD, or other State agency on any of Applicant's or Owner's properties within Santa Cruz County.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
3. Owner is not in default on any loans on Property proposed for rehabilitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
4. Neither Applicant nor Owner have any unresolved audit findings related to the Property proposed for rehabilitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
5. There is no active litigation involving Applicant or Owner related to the Property .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
6. Neither Applicant nor Owner have been placed on the federal debarred list or required to return prior grant funds to HCD, HUD, or County for ineligible expenditures or compliance violations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached
7. There is no incomplete scope of work or unexpended funds on any prior County loans or grants on the Property proposed for rehabilitation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Docs Attached

**Applicant Eligibility & Self-Score Worksheet
Rehabilitation Projects**

Threshold Eligibility Criteria	Check: Yes or No
Application is complete and demonstrates that all required eligibility criteria for the proposed activity type (rehabilitation or predevelopment) are met (see NOFA pp. 6-7).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed housing project is located in unincorporated area of Santa Cruz County.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant and Project Team have successful track record of completing affordable housing projects similar to Applicant's project proposed for funding through this NOFA, which projects were located within Santa Cruz County or elsewhere within the AMBAG or ABAG regions of Northern California.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project is consistent with the County's General Plan, including the Housing Element, and County Zoning Codes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Affordable units are or will remain income restricted for at least 55 years from loan date	<input type="checkbox"/> Yes <input type="checkbox"/> No
All units in proposed project are or will be affordable to lower-income households with incomes between 0% to 80% of Area Median Income for Santa Cruz County	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed budget for the housing activity is reasonable and realistic, and project appears to be competitive for securing development and/or matching funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application and Applicant's track record demonstrate Applicant can expeditiously use County housing funds (within 3 years of award)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site control demonstrated by Applicant (grant deed, PSA or long-term ground lease)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant and Property Owner are 501(c)3 Nonprofit Housing Developers or a wholly-controlled affiliate thereof.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project will not cause any permanent displacement of current residents. If temporary relocation is required, Application includes a Temporary Relocation Plan meeting the standards specified in the NOFA.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed project incorporates appropriate community spaces, amenities, infrastructure and services for the proposed residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project team demonstrates successful affordable housing development experience and capacity to engage cooperatively with the community, County, and relevant stakeholders.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Applicant Eligibility & Self-Score Worksheet
Rehabilitation Projects**

Screening for Ineligible Factors	Check: True or False
Proposed project is <u>not</u> located on a site with open and/or unresolved code enforcement cases.	<input type="checkbox"/> True <input type="checkbox"/> False
Proposed project is <u>not</u> located on a site that is under construction or under development (including entitled projects in pre-construction phase), but not yet completed.	<input type="checkbox"/> True <input type="checkbox"/> False
Proposed project is <u>not</u> any of the following: Emergency shelter, interim housing, navigation centers, short-term accommodations, or care facilities (none of which are permanent/long-term housing).	<input type="checkbox"/> True <input type="checkbox"/> False
Proposed project does not have an existing County funding award or loan that has not been fully expended by the publication date of this NOFA	<input type="checkbox"/> True <input type="checkbox"/> False

Results: Any “No” or “False” answers in the above tables means the Application is not eligible for funding through this NOFA.

**Applicant Eligibility & Self-Score Worksheet
Rehabilitation Projects**

THRESHOLD SCORING

Category	Maximum Points	Key Considerations	Self Score
Organizational and Technical Capacity & Relevant Experience	10	Qualifications of the Applicant and Project Team based on Org Chart provided in Application; successful completion of similar affordable housing projects; lack of compliance findings in audits, lack of litigation or defaults on Team's other housing projects.	
Project Need	5	Application clearly demonstrates need for proposed scope of work and for requested County funds.	
Readiness & Feasibility	10	Application demonstrates Applicant has site control as described in NOFA; Application includes a credible timeline and realistic workplan for completing proposed activity (4 pts); and Application includes robust bidding plan or multiple bids for proposed scope of work (3pts), and/or temporary relocation plan, if applicable (3 pts);	
Budget & Financial Management	10	Application includes a realistic budget for the proposed activity; Applicant's audits and annual reports reflect its solid and sustainable financial position; Applicant and Project Team have not defaulted on prior project funding; have not missed expenditure deadlines or other significant project milestones on any active County funding awards; Project team's existing housing projects (those provided as examples in Application) are operating on a sustainable basis without significant negative cash flows.	
Matching Funds (Leverage)	10	Minimum match is 15% of proposed activity budget (predevelopment or rehabilitation work). One point awarded for each additional percentage point of matching funds above 15% proposed in Applicant's activity budget.	
Affordability	10	1 point for each 10% of project's units restricted to be affordable to Very Low Income (VLI) or Extremely Low Income (ELI) households.	

**Applicant Eligibility & Self-Score Worksheet
Rehabilitation Projects**

Category	Maximum Points	Key Considerations	Self Score
Community Benefits	5	1 point: <ul style="list-style-type: none"> Application includes robust outreach plan focused primarily on existing residents and/or neighbors affected by proposed work Up to 1 point each (max of 4) for any other community benefits extending beyond project site described in application	
Maximum Threshold Points	60	Total Threshold Points:	

Extra Credit / Funding Priorities	Points	Self-Score
Proposed project, or at least 10% of units in project, are or will be restricted for special needs (as defined in County Housing Element) and/or Extremely Low Income (ELI) households in proposed or existing County deed restriction.	10	
Applicant already possesses or has enforceable commitments for required matching funds, and can obtain required building permits within one year of County award; can complete rehabilitation work within three years of entering into County loan agreement.	10	
Property to be rehabilitated has an existing long-term affordable housing deed restriction in favor of the County	10	
Property to be rehabilitated has urgent rehabilitation needs which, if not addressed, will compromise structural integrity and/or health and safety of the housing. Urgent needs shall be documented by Physical Needs Assessment or similar inspection reports provided with Application.	10	
Applicant has successfully completed other rehabilitation projects funded by the County.	10	
Maximum Extra Credit Points	50	

TOTAL SELF SCORE

Threshold Points	
Extra Credit Points	
Total Self-Score Points	

SIGNATURES

APPLICANT

I hereby certify that the information provided in this application is true and correct, and that I have the authorization of my entity’s governing board to sign below and to file this application with the County:

Entity Name: _____
Signatory Name: _____ Title: _____
Signature: _____ Date: _____

PROPERTY OWNER

I hereby certify that the information provided in this application is true and correct, and that I have the authorization of my entity’s governing board to sign below and to file this application with the County. By signing below, I authorize the Applicant named above to sign any/all documents that may required by the County to submit this funding application and to administer any funds that may be awarded by the County for the proposed rehabilitation project.

Entity Name: _____
Name: _____ Title: _____

Certifications and Assurances

The Applicant represents and warrants that all materials and information provided in connection with this NOFA are true and correct at all times, from date of submission to the County and throughout the award process, loan closing and term of the loan. By way of example, but not by limitation, some of the conditions, representations, or warranties that must be at all times true for Applicant, Property Owner, and other members of the Applicant's Organization Chart provided in this Application (collectively, "Project Team"), include:

- a) Applicant and Project Team must be in good standing and have the authority and organizational power to enter into the documents, agreements, and certifications related to the NOFA and any resulting loan.
- b) Applicant and its partners, principals, or affiliates, and Project Team must not be or include any persons or companies who are non-compliant with the requirements of any agreement with the County or be listed on HUD's debarment lists.
- c) Applicant and its partners, principals or affiliates, and Project Team cannot be in default or in violation of any of its obligations under the NOFA, or any loan documents, contracts, agreements, court orders or laws, and submitting for the NOFA and providing the information and entering into the agreements contemplated by the NOFA will not cause a default or violation.
- d) There shall be no change in the ownership of the subject site which is not promptly disclosed to and approved in writing by the County.
- e) Applicant and its partners, principals, or affiliates, and Project Team shall not be subject to any binding agreement, suit, order, or law which would be violated if the Applicant proceeds with the transactions contemplated by the NOFA, or the loan documents.
- f) There shall be no discovery of any preexisting event or circumstances and there shall be no material adverse change in the condition or suitability of the project site, the feasibility of the project, completion date, or the cost of the project, which is not promptly disclosed to and approved by the County.
- g) Applicant and its partners, principals or affiliates and Project Team shall not be subject to any litigation, suit, arbitration or administrative proceeding which may

adversely affect the ability of the Applicant to perform any of its obligations under and contemplated by the NOFA.

- h) Applicant and Project Team have not sold any of the projects listed within this Application;
- i) No mortgage on a project listed on this application has ever been in default, assigned to the government or foreclosed, nor has mortgage relief by the mortgagee been given;
- j) Applicant and Project Team have not experienced defaults or noncompliance under any contract or regulatory agreement, nor been issued IRS Form 8823 on any Low-Income Housing Tax Credit (LIHTC) project on their projects listed within this Application;
- k) To the best of Applicant's knowledge, there are no unresolved findings raised as a result of public agencies' audits, management reviews or other investigations concerning Applicant and/or Project Team's projects or properties for the past ten years;
- l) Applicant and Project Team have not been suspended, debarred or otherwise restricted by any state agency from participating in the LIHTC program, CDLAC program, or other state or federal affordable housing programs; and
- m) Applicant and Project Team have not failed to use state funds or tax credits, or LIHTC allocated to me in any state, nor County funds awarded for prior projects.

Required Documents Checklist

Check all items that you are including in your submittal:

1. Completed, Signed Application Form.
2. Evidence of 501 c (3) Nonprofit Status.
3. Resolution of Applicant's Governing Board Authorizing Application for County Funds and Authorizing Proposed Project at a duly authorized Board meeting
4. Only If Applicant Entity is not the Property Owner: Resolution of Property Owner's Governing Board Authorizing Application for County Funds and Proposed Project at a duly authorized Board meeting.
5. Evidence of Property Ownership (Grant Deed)
6. Property Preliminary Title Report dated within last 5 years
7. Evidence of Current Property Insurance Coverage for Property
8. Detailed Rehabilitation Budget
9. Cost Estimates for Proposed Rehabilitation Work
10. Most Recent Physical Needs Assessment (PNA) or Property Inspector's Report identifying need for rehabilitation
11. Project Timeline
12. Detailed Scope of Work
13. Competitive Bidding Plan (or 3 bids for proposed scope)
14. Temporary Tenant Relocation Plan (if overnight or longer displacement is anticipated)
15. Property Annual Audit / Compliance Report for most recent 2 years, with management letters included.
16. Project Organizational Chart with Entity and Contact Names
17. Supporting Documents for Developer Capacity and Compliance