

November 3, 2022

Housing Authority Board of Commissioners Clackamas County

Approval of a Board Resolution to accept Affordable Housing Stabilization Funds and reduce tenant debt owed to the Housing Authority. Total value of funding is up to \$205,968.75. Funded through State funding.

No County General Funds are involved.

| Purpose/Outcome | To apply for State Funding administered through Home Forward to reduce the debt accumulated by Housing Authority residents due to the financial |
|-------------------|---|
| | hardships resulting from the Covid-19 pandemic. |
| Dollar Amount | Up to \$205,968.75 in State Funding administered by Home Forward. |
| and Fiscal Impact | |
| Funding Source | State funds for Affordable Housing Stabilization. |
| Duration | One time funding |
| Previous Board | 11/1/22 – Item presented at Issues |
| Action/Review | |
| Strategic Plan | 1. This funding aligns with H3S's strategic priority to ensure safe, stable |
| Alignment | housing by stabilizing the housing of many Housing Authority residents. |
| | 2. This funding aligns with the County's strategic priority to ensure safe, |
| | healthy, and secure communities by stabilizing housing for Housing Authority residents |
| Counsel Review | N/A |
| Counsel Review | |
| Procurement | Was the item processed through Procurement? yes □ no ⊠ |
| Review | 1. If no, provide brief explanation: This is a non-competitive award to |
| | eligible providers of Affordable Housing. |
| Contact Person | Toni Karter, Interim Executive Director, Housing Authority 503-650-3139 |
| Contract No. | HACC Resolution #1972 |

The Housing Authority of Clackamas County (HACC), a Division of the Health, Housing and Human Services Department, requests the approval of HACC Board Order #1972 accepting up to \$205,968.75 in State Affordable Housing Stabilization Funds to reduce tenant debts accumulated during the Covid-19 pandemic. This funding would stabilize the housing of 83 Housing Authority households that are in jeopardy of losing their housing due to nonpayment of their portion of their rent owed to the Housing Authority. It would also reduce debt owed to the Housing Authority by 77 former tenant households.

BACKGROUND:

Throughout the COVID-19 pandemic, a significant amount of rent assistance resources have been made available to help households struggling to pay their rent. The Housing Authority of Clackamas County (HACC), as a public housing landlord to low-income Clackamas County

residents, has assisted its tenants in seeking rent assistance, including for past due rent. Many payments from other funding agencies have been remitted to HACC on behalf of tenants. However, the Housing Authority still has a significant amount of rent debt that has accumulated over the course of the pandemic, putting households owing that back rent at risk of eviction and homelessness.

The State of Oregon made \$5.0 million in funding available to affordable housing providers, including Public Housing Authorities, to reduce back rent debt for households that accumulated from April 1, 2020, to April 30, 2022. This noncompetitive program, known as the Affordable Housing Stabilization Fund, is being offered statewide and is being administered by Home Forward. To receive the award, HACC must apply for the funds and execute an agreement with Home Forward agreeing to forgive an amount of back rent debt that is equal to the amount of the award (i.e. the award requires that HACC apply the funds to back rent).

HACC has identified 83 households that are at risk of eviction due to non-payment of rent during the period April 1, 2020 - April 30, 2022, and another 77 former households owing eligible debt. The total amount of eligible debt owed to HACC that will be included in its application to Home Forward is \$205,968.75.

A detailed account of the funding request by property, number of eligible households and debt amounts is attached in the Clackamas County Affordable Housing Stabilization Funding Request Detail. Additional information regarding the Affordable Housing Stabilization Fund administered by Home Forward can be found at: https://homeforward.org/content/affordable-housing-stabilization-fund/.

Securing this critical funding would ensuring Housing Authority households can begin to rebuild their lives post-pandemic without fear of eviction as well as stabilize HACC's financial position by reducing the amount of back rent owed by current and former tenant households.

ATTACHMENTS:

- Resolution #1972
- Clackamas County Affordable Housing Stabilization Funding Request Detail

RECOMMENDATION:

Staff recommends the Board approve Resolution #1972 to accept the Affordable Housing Stabilization Funds, if awarded, to reduce or eliminate the debt accumulated by residents from rent nonpayment through the Covid-19 pandemic. Staff also recommends authorizing Commissioner Tootie Smith, Chair to sign the resolution and sign or delegate the signature of any other documents necessary to secure this critical funding on behalf of the Housing Authority.

Respectfully submitted,

Adam Brown

Digitally signed by Adam Brown Date: 2022.10.30 13:34:16 -07'00'

Rodney A. Cook, Director Health, Housing & Human Services

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal, complete sections 1, 2 & 4 only. If direct appropriation, complete page 1 and Dept/Finance signatures only.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

| | **CONCEPTION** | | | | | | |
|--|------------------------|-------------------------------|--|---|--|--|--|
| Section I: Funding Opportunity Information - To Be Completed by Requester Award type: Direct Appropriation (no application) Award type: Subrecipient Award | | | | | | | |
| , | | | Award Renewal? | Yes 🗸 No | | | |
| Lead Fund # and Department: | Housing Auth | ority of Clackamas | County | | | | |
| Name of Funding Opportunity: | Affordable Ho | using Stabilization | Fund | | | | |
| | | | | | | | |
| Funding Source: Federal – Direct Requestor Information: (Name of staff ini | tiating form) | Federal – Pass through | ✓ State | Local | | | |
| | tidening rottiny | Adam Brown | | | | | |
| Requestor Contact Information: | | abrown@clackamas.us | / 503-742-5325 | | | | |
| Department Fiscal Representative: | | Adam Brown | | | | | |
| Program Name & Prior Project #: (please : | specify) | N/A - Housing Authority | У | | | | |
| Brief Description of Project: | | | | | | | |
| |), as a public housing | landlord to low income Clack | amas County residents, has assis | ouseholds struggling to pay their rent. The Housing ted its own tenants in seeking rent assistance, including | | | |
| | | | | esult of tenant nonpayment of rent from April 1, 2020, to e through the designated program administrator, Home | | | |
| Name of Funding Agency: State of Orego | on through Home Forv | vard | | | | | |
| Notification of Funding Opportunity Web | Address: https://hom | eforward.org/content/affordab | ole-housing-stabilization-fund/ | | | | |
| OR | | | | | | | |
| Application Packet Attached: Yes | s No | | | | | | |
| Completed By: Claude Bowles | Date: | 10/27/2022 | | | | | |
| | ** NOW R | EADY FOR SUBMISSION TO DE | PARTMENT FISCAL REPRESENTATI | /E ** | | | |
| Section II: Funding Opportunity I | nformation - To Be | Completed by Department | t Fiscal Rep | | | | |
| | Non-Competing Applica | | · · · · · · · · · · · · · · · · · · · | | | | |
| Assistance Listing Number (ALN), if applicable | e: N/A | | Funding Agency Award Notification D | ate: TBD | | | |
| Announcement Date: | August 17, 20 | 22 | Announcement/Opportunity #: | N/A | | | |
| Grant Category/Title | N/A | | Funding Amount Requested: | \$205,968.75 | | | |
| Allows Indirect/Rate: | N/A | | Match Requirement: | N/A | | | |
| Application Deadline: | September 16 | , 2022 | Total Project Cost: | N/A | | | |
| Application beautifie. | Award Start Date: | | | | | | |
| | TBD | | Other Deadlines and Description: | NI/A | | | |
| | <u> </u> | | Other Deadlines and Description: | N/A | | | |
| Award Start Date: | TBD | S | Other Deadlines and Description: Program Income Requirements: | N/A | | | |

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Additional funding sources available to fund this program? Please describe:

Various State and Federal COVID-19 rent assistance programs.

 $How \ much \ General \ Fund \ will \ be \ used \ to \ cover \ costs \ in \ this \ program, \ including \ indirect \ expenses?$

None.

How much Fund Balance will be used to cover costs in this program, including indirect expenses?

None.

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

| Mission/Purpose: |
|---|
| 1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals? |
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| |
| 2. Who, if any, are the community partners who might be better suited to perform this work? |
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| 3. What are the objectives of this funding opportunity? How will we meet these objectives? |
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| 4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program? |
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| Organizational Capacity: 1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe? |
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| 2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities? |
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| 3. If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)? |
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| 4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will |
| the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)? |
| |

| Collaboration 1. List County departments that will collaborate on this award, if any. |
|--|
| Reporting Requirements 1. What are the program reporting requirements for this grant/funding opportunity? |
| 2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe? |
| 3. What are the fiscal reporting requirements for this funding? |
| Fiscal 1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts. |
| 2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)? |
| 3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources? |
| Other information necessary to understand this award, if any. |
| Program Approval: |
| Name (Typed/Printed) Date Signature |

ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN

** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR**

Section IV: Approvals

Department: keep original with your grant file.

| DIVISION DIRECTOR (or designee, if applicable) | | |
|---|---|---|
| | | |
| Name (Typed/Printed) | Date | Signature |
| DEPARTMENT DIRECTOR (or designee, if applicable | | Digitally signed by Adam Regue |
| Adam Brown | 10/27/2022 | Adam Brown Digitally signed by Adam Brown Date: 2022.10.27 15:10:03 -0700 |
| Name (Typed/Printed) | Date | Signature |
| FINANCE ADMINISTRATION | | |
| Elizabeth Comfort | 10/27/2022 | Azabeth Comfort |
| Name (Typed/Printed) | Date | Signature |
| EOC COMMAND APPROVAL (WHEN NEEDED FOR L | DISASTER OR EMERGENCY RELIEF APPLICATIONS ONL | (<mark>Y</mark> |
| Name (Typed/Printed) | Date | Signature |
| COUNTY ADMINISTRATOR | Approved: | Denied: |
| Name (Typed/Printed) | Date | Signature |
| | | |
| | or which otherwise require BCC approval: | |
| BCC Agenda item #: | | Date: |
| OR | | |
| Policy Session Date: | | |
| | | |
| | County Administration Attestation | 1 |
| County Administration: re-route to department at | | |
| and | | |
| Grants Manager at financegrants@clackamas.us when fully approved. | | |
| • • • | | |

BEFORE THE CLACKAMAS COUNTY HOUSING AUTHORITY BOARD CLACKAMAS COUNTY, OREGON

In the Matter of Applying for and Accepting Affordable Housing Stabilization Funds Resolution # 1972
Page 1 of 2

This matter coming before the Housing Authority Board of Clackamas County, and appearing that; it is in the best interest of the Housing Authority of Clackamas County to apply for and accept Affordable Housing Stabilization funds, if awarded, to alleviate the debt that the Housing Authority accrued as a result of tenant nonpayment of rent between April 1, 2020 and April 30, 2022; and

Whereas, the Housing Authority is an eligible provider of affordable housing for this funding; and

Whereas, Housing Authority tenants are low-income residents earning less than 80% area median income; and

Whereas, if Housing Authority resident accounts in arears are not paid, most tenants would become ineligible for their subsidy programs and subject to eviction; and

Whereas, the State of Oregon allocated \$5 million dollars in relief funding to assist to affordable housing providers, including Public Housing Authorities such as the Housing Authority of Clackamas County, to reduce debt associated with tenant nonpayment of rent from April 1, 2020, to April 30, 2022, through a noncompetitive program administered by Home Forward; and

Whereas, the Housing Authority is eligible for up to \$205,968.75 in Affordable Housing Stabilization funds as an affordable housing provider to reduce the outstanding debts of tenant nonpayment of rent accumulated between April 1, 2020 and April 30, 2022; and

Whereas, to receive the award, the Housing Authority must execute a grant agreement with Home Forward agreeing to forgive an amount of tenant nonpayment of rent debt that is equal to the amount of the award; and

It further appearing, that it is in the best interest of the Housing Authority of Clackamas County to apply and accept, if awarded, up to \$205,968.75 in Affordable Housing Stabilization funds to reduce the outstanding debts resulting from tenant nonpayment of rent between April 1, 2020 and April 30, 2022, and reducing the financial burden this outstanding debt places on the agency.

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NOW, THEREFORE, THE AUTHORITY ADOPTS THE FOLLOWING RESOLUTIONS:

BE IT RESOLVED, that the Housing Authority of Clackamas County to approve the application and accept, if awarded, up to \$205,968.75 in Affordable Housing Stabilization funds to reduce the outstanding debts of tenant nonpayment of rent between April 1, 2020 and April 30, 2022, and reduce the financial burden this outstanding debt places on the agency; and

BE IT FURTHER RESOLVED, that all documents pertaining to securing this Affordable Housing Stabilization funding shall be signed by Commissioner Tootie Smith, Chair, or delegated to the County Administrator, the Director of Health, Housing, and Human Services, the Deputy Directors of Health, Housing, and Human Services, and/or the acting Executive Director of the Housing Authority of Clackamas County, on behalf of the Housing Authority Board.

| DATED this | day of | , 2022 |
|-------------------------|-------------------------|--------|
| CLACKAMAS HOUSING AU | COUNTY THORITY BOARD | |
| Chair | | |
| Recording Sec | cretary | |

| Affordable | Housing Stabilization Fund | | | | | |
|-------------------------|---------------------------------------|--|--|--|--|--|
| Application Cove | Application Cover | | | | | |
| | | | | | | |
| Sponsor / Applicant | | | | | | |
| Name: | Housing Authority of Clackamas County | | | | | |
| Address: | 13900 S Gain Street | | | | | |
| Contact 1 Names | Clauda Davidas | | | | | |
| Contact 1 Name: | Claude Bowles | | | | | |
| Contact 1 Email: | <u>Cbowles@clackamas.us</u> | | | | | |
| Contact 1 Phone: | 503-655-8703 | | | | | |
| | | | | | | |
| Contact 2 Name: | Elizabeth Miller | | | | | |
| Contact 2 Email: | Emiller@clackamas.us | | | | | |
| Contact 2 Phone: | 971-201-0467 | | | | | |

Does the applicant meet one of the four eligible ownership criteria?

| Select: | The sponsor organization is a non-profit 501c3 | | | | |
|---------|--|--|--|--|--|
| Select. | Must be able to provide evidence of the above, if requested | | | | |
| Select: | The sponsor organization is a local government | | | | |
| Select. | Must be able to provide evidence of the above, if requested | | | | |
| Yes | The sponsor organization is a public housing authority | | | | |
| res | Must be able to provide evidence of the above, if requested | | | | |
| Select: | The sponsor organization is a for-profit with a regulatory agreement to provide affordable housing with a local, state, or federal government for all properties included in the application? Must be able to provide evidence of the above, if requested | | | | |

Project Data Submission (enter one project per row below; complete all columns; grey columns include calculations)

Eligibility Criteria and Required Application Evidence:

Affordable units means the rent is affordable to a household making less than 80 percent AMI. a household making less than 80 percent AMI.
For-profit owners <u>must have</u> a regulatory
agreement for any unit they include in this
column. Local governments, public housing
authorities, and non-profits may include a mix of
self-regulated and externally regulated units.
Home Forward will verify regulatory agreement
with OHCS or PHB

All applicants ust enter this information. Local governments, non-profits, and public housing authorities may include "self regulated" and April 30, 2022. Applicant and april 30, 2022. Applicant must between April 1, 2020 and April 30, 2022. Applicant must between April 1, 2020 and April 30, 2022. Applicant must between April 1, 2020 and April 30, 2022. Applicant must between April 1, 2020 and April 30, 2022. Applicant must provide data, likely through rent roll, or CCPC; must reflect total tenant arrearages during this period of time. Units with rent assistance subsidy may ONLY include arrearages associated with the tenant arrearages. properties.

by rent roll or summary data roll or summary data

arrearages associated with the tenant portion of rent only. must provide evidence, likely provide evidence, likely by rent

households that <u>currently</u> live in this property and rent debt from April 1, 2020 to April 30, 2022 in a regulated affordable dwelling unit

This is the total number of

This is the total number of households that <u>no longer</u> live in this property but April 30, 2022 in a regulated affordable dwelling unit

Please feel free to share the This column will automatically reflect the total eligible debt (column L) are the column colu on your organizations operations and financial

| Sponsor/Applicant Name | Project Name | Street Address | City | Zip Code | County | Total units in project | Total affordable units in project | Share of units in property that are affordable | With which local, state, or federal government agency do you have a regulatory agreement for this property? | Eligible Rent Debt of Current Tenants (\$ Total) | Eligible Rent Debt of Former Tenants (\$ Total) | Total eligible rent debt (Column J + Column K) | Number of current tenant households with eligible rent debt (# - Total) | Number of former tenant households with eligible rent debt (# - Total) | Total households with eligible rent debt (Column M + Column N) | Total Funding Request for this project (must eliminate rent arrearages equal to grant amount) | Impact of Grant Award (optional) | Other / Comment (optional) |
|---------------------------|----------------------------|------------------------|-------------|----------|-----------|------------------------|-----------------------------------|--|---|--|---|---|--|---|--|---|-------------------------------------|-------------------------------|
| Authority of Clackama | Clackamas Apartments | 15125 SE 90th | Clackamas | 97015 | Clackamas | 21 | 21 | 1.00 | OHCS | \$ 7,031. | 14 | \$ 7,031.34 | \$ 2 | \$ - | | \$ 7,031.34 | | |
| Authority of Clackama | Clackamas Heights | 13900 S Gain Street | Oregon City | 97045 | Clackamas | 100 | 100 | 1.00 | PH/HUD | \$ 52,041. | 05 | \$ 52,041.05 | \$ 18 | \$ - | | \$ 52,041.05 | | |
| Authority of Clackama | Hillside Manor | 2889 SE Hillside Court | Milwaukie | 97222 | Clackamas | 100 | 100 | 1.00 | RAD/HUD | | \$ 22,526 | \$ 22,526.43 | \$ | \$ 75 | | \$ 22,526.43 | | |
| Authority of Clackama | Hillside Park | 10045 SE B Street | Milwaukie | 97222 | Clackamas | 100 | 100 | 1.00 | PH/HUD | \$ 24,190. | 4 \$ - | \$ 24,190.44 | \$ 12 | \$ - | | \$ 24,190.44 | | |
| Authority of Clackama | Local Project Fund 301 | 601 Jackson Street | Oregon City | 97045 | Clackamas | 7 | 7 | 1.00 | Self Regulated | \$ 6,078. | 54 \$ - | \$ 6,078.64 | \$ 6 | \$ - | | \$ 6,078.64 | | |
| Authority of Clackama | Local Project Fund 303 | 135 E Fairfield | Gladstone | 97027 | Clackamas | 20 | 20 | 1.00 | Self Regulated | \$ 15,792. | 94 \$ - | \$ 15,792.94 | \$ 7 | \$ - | | \$ 15,792.94 | | |
| Authority of Clackama | Oregon City View Manor | 200 Longview Way | Oregon City | 97045 | Clackamas | 100 | 100 | 1.00 | PH/HUD | \$ 37,906. | 08 \$ 2,047 | \$ 39,953.43 | \$ 19 | \$ 1 | | \$ 39,953.43 | | |
| Authority of Clackama | Scattered Site Project 006 | 1056 Birchwood Drive | Oregon City | 97045 | Clackamas | 6 | 6 | 1.00 | PH/HUD | \$ 497. | 05 | \$ 497.05 | \$ 1 | \$ - | | \$ 497.05 | | |
| Authority of Clackama | Scattered Site Project 007 | 6708 SE Hazel Street | Portland | 97206 | Clackamas | 33 | 33 | 1.00 | PH/HUD | \$ 11,397. | 55 \$ - | \$ 11,397.55 | \$ 2 | \$ - | | \$ 11,397.55 | | |
| Authority of Clackama | Scattered Site Project 008 | 2150 Nolan Lane | West Linn | 97068 | Clackamas | 21 | 21 | 1.00 | PH/HUD | \$ 9,255. | 51 | \$ 9,255.61 | \$ 3 | \$ - | | \$ 9,255.61 | | |
| Authority of Clackama | Scattered Site Project 010 | 11022 SE 79th Court | Milwaukie | 97222 | Clackamas | 19 | 19 | 1.00 | PH/HUD | \$ 7,762. | .9 \$ 172 | \$ 7,934.19 | \$ 3 | \$ 1 | | \$ 7,934.19 | | |
| Authority of Clackama | Scattered Site Project 012 | 19354 Whitney Lane | Oregon City | 97045 | Clackamas | 39 | 39 | 1.00 | PH/HUD | \$ 5,798. | 14 | \$ 5,798.44 | \$ 4 | \$ - | | \$ 5,798.44 | | |
| Authority of Clackama | Scattered Site Project 019 | 6492 SE Fern Avenue | Portland | 97206 | Clackamas | 20 | 20 | 1.00 | PH/HUD | \$ 2,443. | 1 | \$ 2,443.31 | \$ 2 | | | \$ 2,443.31 | | |
| Authority of Clackama | Scattered Site Project 020 | 12755 SE 22nd Avenue | Oak Grove | 97222 | Clackamas | 15 | 15 | 1.00 | PH/HUD | \$ 54. | 35 | \$ 54.85 | \$ 2 | \$ - | | \$ 54.85 | | |
| Authority of Clackama | Scattered Site Project 021 | 4435 SE Roethe Road | Milwaukie | 97267 | Clackamas | 9 | 9 | 1.00 | PH/HUD | \$ 973. | 18 | \$ 973.48 | \$ 2 | \$ - | | \$ 973.48 | | |
| | | • | | | | | | #DIV/0! | | | | \$ - | | | | \$ - | • | |

Applicant Comments on Project Data Evidence Submission

| The information submitted on the Project Data sheet requires that back-up evidence be provided; please BRIEFLY describe how this has |
|---|
| been provided to Home Forward in the application portal. (for example, are all projects in one file or are there one or many files for |
| each project?) |
| Used Aging Report 4-2020 to 4-2022 with Dwell Rent (column e) greater than \$0, Removed Collection/Write-offs, collection loss and |
| paid in full (column P). If column U is blank then Tenant is current. If column U has a date value, Tenant is former. Subtracted column Q |
| (A/R balance @ 3/31/2020 from column E (Dwell Rent A/R between 4/1/2020 and 4/30/2022) |
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| Other Comments that will help Home Forward identify needed back-up information? |
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Applicant Agreement

| OHCS reserv | on the right | t to contact a | ny individual c | or entity listed | on this page |
|-------------|--------------|----------------|-----------------|------------------|--------------|

| Landau and A. Paris | | 1 | |
|-----------------------------------|--|-------------------------|--|
| Legal Name of Applicant | Housing Authority of Clackamas County | 4 | |
| DBA | | | |
| Address | PO Box 1510 | | |
| City | Oregon City | | |
| County | Clackamas | | |
| State | Oregon | | |
| Zip Code + 4 | 97045-0510 | | |
| Federal Tax ID # | 93-6001542 | | |
| DUNS# (if applicable) | 12-1657308 | UEI SAM ID: X8YLH4AUKA7 | |
| | And the control of th | | |
| Oregon Secretary of State Busines | s Registration No. | 139183198 - Inactive | |
| Business Type | Housing Authority | | |
| | If Other, enter here | | |

Applicant Name

Accepts all the terms and conditions contained in the applicable Program Framework and application for the resources for which this application is requesting, including:

(1) Unitial here) No duplication of benefits: I understand that the duplication of benefits is prohibited. If the applicant receives a payment or payments from another source that covers all or a portion of the benefits received from the Affordable Housing Stabilization Fund program, the applicant is provided forty five (45) days from the receipt of the duplicative payment to redistribute the payment to another eligible balance that was included in the initial application or return the portion of the Affordable Housing Stabilization Fund program payment that is duplicative to Home Forward. This includes, but is not limited to, duplicative payments from federal tenant based awards such as the Oregon Emergency Rental Assistance Program (OERAP). The Applicant agrees that Program Administrator or other rental assistance entities may conduct a duplication of benefit check to verify that the Applicant has not accepted duplicate payments from other sources for the same nonpayment balance. I acknowledge that the Program Administrator may share information provided in the application with local or state government entities, or their subgrantees/contractors. If the Program Administrator or other rental assistance entities identify a duplication of benefits, the Program Administrator may deny all, or a portion of, this Affordable Housing Stabilization Fund application.

(Initial here) Release of Information: I acknowledge that the Program Administrator may share information provided in the application with local or state government entities, or their subgrantees/contractors for the purpose of evaluating the program.

(Initial here) Debt is forgiven: I understand that if the application is approved and an Affordable Housing Stabilization Fund payment is made to the Owner, the owner must alleviate an equivalent amount of eligible debt, meaning the owner must apply an equivalent amount to tenant ledgers and the tenant who has a payment applied to their ledger is no longer responsible for the debt.

(4) (Initial here) Debt Owner: I/my company am/is the sole Debt Owner entitled to the tenants' rental debt or an authorized representative of the Property Owner and have the legal authority to forgive and utilize the Affordable Housing Stabilization funding to satisfy the tenants' outstanding non-payment debt as represented in the application.

(5) Left (Initial here) Allowable nonpayment charges: I understand that the Affordable Housing Stabilization Fund will only reimburse nonpayment of rent charges that are due to a landlord between April 1, 2020 and April 30, 2022 in regulated affordable dwelling units that were affordable to a household making less than 80% of AMI and that have not been covered by another source. All non-payment charges listed in this application are true and meet the definition of allowable non-payment charges.

(6) Le (Initial here) Funding availability. I understand that funding is non-competitive and will be equally distributed among eligible applicants as a function of total eligible debt applied for and program resources available. The Program Administrator will accept fully completed applications in the order that they are received. I will be notified by email, or mail if I have requested mail communications if the Program Administrator determines that my application is not eligible. If the application has been deemed eligible, the Program Administrator will notify me of the amount of eligible debt in my application and the grant award I am eligible for.

(Initial here) Right to Audit: I understand that upon request by Home Forward, the State of Oregon, or their designated agents, may conduct an audit of the applicant. The applicant will promptly provide backup documentation satisfactory to the auditor to support the application and expenditure of grant funds, including but not limited to regulatory agreements, rent rolls, rental agreements, accounting records or documentation, and any other similar documentation. In the event of any oral rental agreements, the applicant will provide documentation that describes (at minimum) the rent amount charged and tenancy of the occupant.

(8) (Initial here) Public Records: I understand that Home Forward is subject to the Oregon Public Records Law and Home Forward may be required to disclose information provided in this application to comply with such law.

(9) (Initial here) Perjury statement: I hereby declare that my responses in this application are true to the best of my knowledge and belief, and I understand that my responses could be used as evidence in court and subject to penalty for perjury.

In exchange for the receipt of Affordable Housing Stabilizatio funds pursuant to this application, in an amount to be determined and noticed by check or other receipt of funds, I agree to the forgoing terms and conditions.

Applicant signature WML KMLW

Date 9/13/32

| Toni Karter | Interim Director | | 13-5ep-22 | |
|-----------------------------------|-------------------------|-------------------------|-----------|--|
| Name of Authorized Representative | Title | Date | | |
| Tanika Cutsforth | Associate Asset Manager | Toutsforth@clackamas.us | | |
| Contact Person | Title | Email Address | | |

Authorization and Acceptance

Owner/Board of Directors of:

| Project Name: Clackamas County | | | | | |
|--|---|--|--|--|--|
| Project Address: | P O Box 1410, Oregon City, OR 97045 | | | | |
| tax credit, grant and loan progran | of Directors accepts the responsibilities and requirements of any ms applied for in this Application. In accordance with the his date, authorization has been given by the Owner/Board of parties: | | | | |
| authorized to submit this applicatic certifies that all required documer information provided in this applicand accurately describes the proportion of the proportion of the proportion of program evaluation from Department to verify any Application of the proportion of the proportio | or loans in this application: The undersigned, being duly ion on behalf of the named Applicant, hereby represents and hits have been submitted in this application packet, and that the cation, to the best of his/her/their knowledge, is true, complete, osed project. The undersigned further authorizes the release of ward, and local, state, or federal agencies and their grantees for the om all financial partners listed in the Application and authorizes the ion information, including financial information, as required to | | | | |
| Yoni Karter | Interim Director | | | | |
| Signature | Title | | | | |
| Toni Karter | 13-Sep-22 | | | | |
| Print/Type Name | Date | | | | |
| (Von Karter) Signature | Interim Director Title 10/26/22 | | | | |
| Signature | Date | | | | |
| 3. To sign all draw requests, mont tax credit, grant and loan progran Months Karlin Signature | thly progress reports and miscellaneous forms associated with the ms awarded to the project. Interim Director Title 10/26/22 | | | | |
| Signature | Date | | | | |
| Signed: | | | | | |
| Owner/Board Chair Name | Signature | | | | |
| Housing Authoritm of Clackam | nas County | | | | |
| Organization | Date | | | | |

Tootie Smith, Chair

Board of Directors' Resolution

Is a Board Resolution required to authorize this application?

| 16 | es | | |
|----|----|--|--|
| • | _, | | |

If yes, please provide a copy of the Resolution with submission, or paste over the "Sample Resolution"

| | Sample Resolution |
|-----------------|--|
| (DATE) | |
| (Name of sponso | or), acting through its Board of Directors, at its regularly scheduled meeting, with a |
| | |
| Motion | |
| was made | |
| by: | INCLUDED IN |
| Motion | |
| was | |
| seconded | |
| by: | ORGANIZATIONAL DOCUMENTS |
| | |
| Signature | |
| of Board | |
| President: | |
| | (Typed name of President) |

Clackamas County Affordable Housing Stabilization Funding Request Detail

Below is a detailed table outlining the funding request total of \$205,968.75 by Housing Authority of Clackamas County Property and by number of Households, both current and former, with outstanding rent debt eligible for funding through the Affordable Housing Stabilization Fund. Note: the majority of properties are public housing properties regulated by the US Department of Housing and Urban Development (HUD). However, some are regulated by other entities such as the Oregon Department of Housing and Community Services, Housing Authority regulated local projects and one Rent Assistance Demonstration program property regulated by HUD. There are a total of 160 households, current and former, that would be eligible for this funding to cover their rent in arears totaling \$205,968.75.

| Project Name | Total affordable units | Regulatory agreement for property? | # of Current HH Eligible | # of Former HH Eligible | Total Eligible HH | Current HH Eligible Debt | Former HH Eligible Debt Amt | Total Eligible Debt | Funding Request |
|----------------------------|------------------------------|------------------------------------|--------------------------------|----------------------------------|----------------------|--------------------------------|-----------------------------------|------------------------|--------------------|
| Clackamas Apartments | 21 | OHCS | 2 | 0 | 2 | \$ 7,031.34 | | \$ 7,031.34 | \$ 7,031.34 |
| Clackamas Heights | 100 | PH/HUD | 18 | 0 | 18 | \$ 52,041.05 | | \$ 52,041.05 | \$ 52,041.05 |
| Hillside Manor | 100 | RAD/HUD | 0 | 75 | 75 | \$ - | \$ 22,526 | \$ 22,526.43 | \$ 22,526.43 |
| Hillside Park | 100 | PH/HUD | 12 | 0 | 12 | \$ 24,190.44 | \$ - | \$ 24,190.44 | \$ 24,190.44 |
| Local Project Fund 301 | 7 | Self Regulated | 6 | 0 | 6 | \$ 6,078.64 | \$ - | \$ 6,078.64 | \$ 6,078.64 |
| Local Project Fund 303 | 20 | Self Regulated | 7 | 0 | 7 | \$ 15,792.94 | \$ - | \$ 15,792.94 | \$ 15,792.94 |
| Oregon City View Manor | 100 | PH/HUD | 19 | 1 | 20 | \$ 37,906.08 | \$ 2,047 | \$ 39,953.43 | \$ 39,953.43 |
| Scattered Site Project 006 | 6 | PH/HUD | 1 | 0 | 1 | \$ 497.05 | | \$ 497.05 | \$ 497.05 |
| Scattered Site Project 007 | 33 | PH/HUD | 2 | 0 | 2 | \$ 11,397.55 | \$ - | \$ 11,397.55 | \$ 11,397.55 |
| Scattered Site Project 008 | 21 | PH/HUD | 3 | 0 | 3 | \$ 9,255.61 | | \$ 9,255.61 | \$ 9,255.61 |
| Scattered Site Project 010 | 19 | PH/HUD | 3 | 1 | 4 | \$ 7,762.19 | \$ 172 | \$ 7,934.19 | \$ 7,934.19 |
| Scattered Site Project 012 | 39 | PH/HUD | 4 | 0 | 4 | \$ 5,798.44 | | \$ 5,798.44 | \$ 5,798.44 |
| Scattered Site Project 019 | 20 | PH/HUD | 2 | 0 | 2 | \$ 2,443.31 | | \$ 2,443.31 | \$ 2,443.31 |
| Scattered Site Project 020 | 15 | PH/HUD | 2 | 0 | 2 | \$ 54.85 | | \$ 54.85 | \$ 54.85 |
| Scattered Site Project 021 | 9 | PH/HUD | 2 | 0 | 2 | \$ 973.48 | | \$ 973.48 | \$ 973.48 |
| Total | 610 | Various | 83 | 77 | 160 | \$ 181,222.97 | \$ 24,746 | \$205,968.75 | \$ 205,968.75 |

Key: HH = Households, PH = Public Housing, HUD= U.S. Department of Housing and Urban Development, Former HH = households that were residents during the time period of the funding that have since left this housing unit, Current HH = Households that were residing in this unit during the time period of this funding and still currently reside in the unit, Eligible Debt = the portion of the HH debt that is eligible for this funding.