

Appendix A  
Information Request Form

**Town of Yarmouth – Affordable Housing Trust**  
**AFFORDABLE HOUSING BUY DOWN PROGRAM**  
**YARMOUTH MAHT-2021-102**  
**Information Request Form**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Project Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_  
Lottery Administrator: \_\_\_\_\_  
Monitoring Agent: \_\_\_\_\_

**Project Summary:**

Lot Size (acreage) \_\_\_\_\_ # One Bedroom Units \_\_\_\_\_  
# Affordable Dwelling Units \_\_\_\_\_ # Two Bedroom Units \_\_\_\_\_  
# Three Bedroom Units \_\_\_\_\_  
# Dwelling Units Total \_\_\_\_\_  
# Dwelling Units per Acre: \_\_\_\_\_ # Affordable Dwelling Units per Acre: \_\_\_\_\_  
Does each unit in the property have the following?  
Bathroom \_\_\_\_ Yes \_\_\_\_ No Living area \_\_\_\_ Yes \_\_\_\_ No  
Bedroom(s) \_\_\_\_ Yes \_\_\_\_ No Kitchen \_\_\_\_ Yes \_\_\_\_ No

Does unit come with a washer/dryer? \_\_\_\_ Yes \_\_\_\_ No or with space and plumbing hook ups for a washer and dryer  
unless or common laundry facilities \_\_\_\_ Yes \_\_\_\_ No  
Are there any proposed limits on occupancy (ie. are you looking to limit a small studio to one-person)? \_\_\_\_ Yes \_\_\_\_ No

**Project Description:**

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**Information Request Form (page 2)**

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

**Unit Composition:**

Affordable Units Name or Number:	# Bedrooms	# Baths	Gross Sq Feet	Livable Sq Feet	Proposed Sale Price or Monthly Rent	What utilities are included in the rent?

Appendix B  
Minimum Requirements and Qualifications

**TOWN OF YARMOUTH – AFFORDABLE HOUSING TRUST  
AFFORDABLE HOUSING BUY DOWN PROGRAM  
YARMOUTH MAHT-2021-102  
MINIMUM QUALIFICATIONS FORM**

Each respondent shall indicate his/her agreement with each of the following questions. To merit further consideration of a proposal by the Town, respondent must indicate “yes” and provide evidence, where appropriate, with each statement below:

**DEVELOPER/PROJECT PROPONENT NAME:** \_\_\_\_\_

**PROJECT NAME/ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

1. Has the respondent met the submission requirements set forth in the “Proposal Content” section of this RFP?

Yes	No

2. Will the new affordable units be affordable year-round homeownership units?

Yes	No

3. Will the new affordable units be deed-restricted affordable in perpetuity?

Yes	No

3. Will the new affordable rental units serve households that earn less than 80% of the Area Median Income for Barnstable County as published annually by US HUD and adjusted for household size?

Yes	No

4. Will the new affordable units comply with the Town’s Affordable Housing Standards?

Yes	No

5. Will the project's marketing and lottery plan comply with DHCD's Affirmative Fair Marketing and Resident Selection Plan Guidelines (updated May 2013)?

Yes	No

6. Will the affordable units must be eligible for inclusion in the Massachusetts Ch. 40B Subsidized Housing Inventory (SHI)?

Yes	No

7. Will the affordable units be free of any lead paint hazard prior to occupancy?

Yes	No

8. Does the respondent show evidence of suitable insurance coverage for the proposed services?

Yes	No

9. Will the units be free of any lead paint hazard prior to occupancy?

Yes	No

10. Will the real property meet all of the following criteria: a.) Property has good and clear title with no current or anticipated litigation related to the property (including bankruptcy filings); b.) Property is not pledged as security for any loan or other financial obligation other than for the land/parcel proposed for sale; c.) Property is clear of any restriction which would unreasonably obstruct the development of the property as affordable housing.

Yes	No

## Appendix C

### Required Forms

## **CERTIFICATE OF NON-COLLUSION**

The undersigned being duly sworn, deposes and says that he is the sole owner, partner, president, treasurer, or other duly authorized agent or official of

\_\_\_\_\_  
(Name of Bidder as appearing in submitted proposal)

\_\_\_\_\_  
(Address of Bidder)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Telephone Number of Bidder)

and certified under penalties of perjury, that of his own knowledge, said Bidder has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal. It is understood that the signing of this AFFIDAVIT is applicable to all bids being submitted for the fiscal year from July 1, 20\_\_ to June 30, 20\_\_.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature and title of person making Affidavit)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

## **STATE CERTIFICATIONS**

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Further, per Executive Order of 481, I shall not knowingly use undocumented workers in connection with the performance of all Town of Yarmouth contracts; that pursuant to federal requirements, I shall verify the immigration status of all workers assigned to such contracts without engaging in unlawful discrimination; and that I shall not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker(s). I understand and agree that breach of any of these terms during the period of each contract may be regarded as a material breach, subjecting me to sanctions, including but not limited to withholding of payments, contract suspension or termination.

\_\_\_\_\_  
(Name of individual submitting bid or proposal)

\_\_\_\_\_  
(Signature of individual submitting bid or proposal)

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Social Security Number or Federal Identification Number)

\_\_\_\_\_  
(Date)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

## **CONFLICT OF INTEREST STATEMENT**

### **I.**

This is to certify that no municipal employee of the Town of Yarmouth, nor any spouse, parent, child, brother or sister of such municipal employee, has any financial interest in the bidder on this proposal.

Titled: \_\_\_\_\_ Dated: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### **II.**

I/We the undersigned or immediate family hereby certify that the following Town of Yarmouth employee or employees have a financial interest in the business, company, partnership or similar entity which is proposing on the contract:

Titled: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of Employee(s): \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

### **III.**

Notarization required for either certification.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

### **IV.**

If any principal of your firm and/or if any employee of your firm, who will work on this project, has ever been an employee of the Town of Yarmouth, list them below:

Name: \_\_\_\_\_

Town Department where worked: \_\_\_\_\_

Last Date of Employment with Town: \_\_\_\_\_

Appendix D  
Price Proposal Sheet

**TOWN OF YARMOUTH – AFFORDABLE HOUSING TRUST  
AFFORDABLE HOUSING BUY DOWN PROGRAM  
YARMOUTH MAHT-2021-102  
PRICE PROPOSAL SHEET**

**DEVELOPER/PROJECT PROPONENT NAME:** \_\_\_\_\_

**PROJECT NAME/ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PROGRAM FUNDING AND SUBSIDIES**

<b>Funding Source</b>	<b>Per Unit</b>	<b>Program Total</b>
Affordable Housing Trust Interest Payable Loan*		
Affordable Housing Trust 0% Interest Performance Loan		
Affordable Housing Trust Grant		
Other Public Funds (list source):		
Private Funds/Loans (list source) :		
Equity Contribution:		
Other:		
<b>Total</b>		

<b>Cost</b>	<b>Per Unit</b>	<b>Program Total</b>
Acquisition Cost		
Inspection Fees		
Carrying Costs		
Title Insurance		
Construction/Rehabilitation Costs		
Tenant Selection/Lottery Costs		
Legal Fees		
Program Administration		
Other Insurance		
Other:		
<b>Total</b>		

Total Town Subsidy per unit \$ \_\_\_\_\_

\*Describe terms of any proposed loan, including proposed interest rate, timeline of repayment.

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Note: any loans shall be subject to additional underwriting.