



# 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

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:

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

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

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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 **Exhibit "C"**)

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

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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.

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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 *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



**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.

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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 complete the 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 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	<b>\$985</b>	<b>\$1,000</b>	<b>\$1,221</b>	<b>\$1,578</b>	<b>\$1,833</b>

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

Revised: 9/28/2023

### FY 2024 Income Limits Summary

Knox County, Tennessee										
FY 2024 Income Limit Area	Area Median Income (AMI)	FY 2024 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Knox County	\$91,000	<b>Very Low (50%) Income Limits</b>	\$31,850	\$36,400	\$40,950	<b>\$45,500</b>	\$49,150	\$52,800	\$56,450	\$60,100
		<b>Extremely Low (30%) Income Limits</b>	\$19,150	\$21,850	\$25,820	<b>\$31,200</b>	\$36,580	\$41,960	\$47,340	\$52,720
		<b>Low (80%) Income Limits</b>	\$51,000	\$58,250	\$65,550	<b>\$72,800</b>	\$78,650	\$84,450	\$90,300	\$96,100

NOTICE PDR-2024-02 / April 1, 2024  
Fiscal Year 2024 Income Limits  
Effective 04/01/24

Revised: 4/3/2024

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. 4/3/2024

K/Kathy/FairMarketRent FY2024 & IncomeLimits FY2024



# 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
	<i>Self</i>				

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**

<u>Source</u>	<u>Amount</u>	<u>Further Explanation</u>
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