



CITY OF FORT LAUDERDALE

HOUSING & COMMUNITY DEVELOPMENT (HCD) DIVISION

AFFORDABLE HOUSING PROJECT APPLICATION

Select The Project Type:

Home Ownership Development

This strategy provides financial assistance to non-profit and for profit builders to encourage the acquisition, development and/or construction of affordable housing. SHIP funds may be used for site acquisition, site development, infrastructure improvements, impact fees, demolition costs, construction financing, and other construction related costs. The financial assistance will be secured with a mortgage and note that shall require repayment at an interest rate of three percent (3%) with a maximum term of thirty years to preserve affordability. The maximum assistance cannot exceed \$50,000 per unit. See the City of Fort Lauderdale's Local Housing Assistance Plan (LHAP) for 2007 – 2010 for more details.

Multi-Family Rental Project

This strategy provides assistance to developers of affordable rental housing, with an emphasis on serving extremely low, very low and low-income households. SHIP funds may be used for site acquisition, site development, rehabilitation, infrastructure improvements, impact fees or construction related costs. SHIP funds may not be used to pay rental subsidies. Income eligible families must occupy all SHIP assisted units. Rent limits must be in line with SHIP guidelines. Financial assistance can be provided as a "forgivable loan" to non-profit developers and builders and as a low interest loan to for profit developers and builders. The maximum assistance cannot exceed \$75,000 per unit. See the City of Fort Lauderdale's Local Housing Assistance Plan (LHAP) for 2007 – 2010 for more details.

PART I. APPLICANT and DEVELOPMENT TEAM

A. Applicant

1. Name of Applicant: _____

Address: _____

Telephone: _____

Fax: _____

Website: _____

Federal Employer Identification Number: _____

DUNS Number: _____

- a. Is applicant a legally formed entity qualified to do business in the state of Florida as of the application deadline?

Yes No

Provide required documentation behind tab labeled **EXHIBIT 1**.

- b. Is applicant applying as a Non-Profit organization?

Yes No

If yes, applicant must provide IRS determination letter, Charter/Articles of Incorporation and the names and addresses of the members of the governing board of the Non-Profit entity behind tab labeled **EXHIBIT 2**.

- c. Is applicant applying as a Community Housing Development Organization (CHDO)?

Yes CHDO Name: _____
 No

Provide an explanation of the CHDO's role in the proposed development behind tab labeled **EXHIBIT 3**.

- d. Is Applicant applying as a joint venture/syndication?

Yes No

If yes, applicant must attach list of co-partners and or owners of the organization behind tab labeled **EXHIBIT 4**.

Is applicant applying as:	Yes	No
➤ An individual(s) / Sole Proprietor	<input type="checkbox"/>	<input type="checkbox"/>
➤ A Partnership (General / Limited)	<input type="checkbox"/>	<input type="checkbox"/>
➤ A Corporation	<input type="checkbox"/>	<input type="checkbox"/>
➤ A Cooperative	<input type="checkbox"/>	<input type="checkbox"/>

2. Provide a list of general and limited partner(s) and the officers, directors and shareholders of the development as of the application deadline, behind tab labeled **EXHIBIT 5**.

3. Primary Contact Person

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Relationship to Applicant: _____

B. Development Team Experience (if applicable)

1. DEVELOPER OR PRINCIPAL(S) OF THE DEVELOPER

a. Name of Developer: _____

b. Provide the name, address, telephone number and qualifications of the developer or principal(s) of developer behind tab labeled **EXHIBIT 6**.

c. Provide the developer's prior experience behind tab labeled **EXHIBIT 7**.

2. MANAGEMENT AGENT OR PRINCIPAL(S) OF MANAGEMENT AGENT

a. Provide the name, address, telephone number and qualifications of the management agent or principal(s) of management agent behind tab labeled **EXHIBIT 8**.

b. Provide the management agent's prior experience behind tab labeled **EXHIBIT 9**.

3. GENERAL CONTRACTOR OR PRINCIPAL(S) OF THE GENERAL CONTRACTOR

a. Provide the name, address, telephone number and qualifications of general contractor or principal(s) of general contractor behind tab labeled **EXHIBIT 10**.

b. Provide the general contractor's prior experience behind tab labeled **EXHIBIT 11**.

4. ARCHITECT AND ENGINEER

Provide the name, address, telephone number and qualifications of the Architect and Engineer behind a tab labeled **EXHIBIT 12**.

5. LITIGATION HISTORY

The proposal shall include the litigation history identifying any litigation matter in the past five (5) years involving any projects or key personnel employed with the Respondent behind a tab labeled **EXHIBIT 13**.

6. MARKETING

a. Provide the name, address, telephone number and qualifications of the marketing representative behind tab labeled **EXHIBIT 14**.

b. Describe your affirmative marketing plan behind tab labeled **EXHIBIT 15**.

7. If applicable, provide the name, address, telephone number and qualifications of the Project Manager and provide additional information for other key entities involved in the development. Identify members of the development team that are minority or woman owned business enterprises if applicable behind tab labeled **EXHIBIT 16**.

8. EXPERIENCE OF APPLICANT

Describe the experience of each member of the development team in developing and/or managing rental and / or low-income housing developments. Include a discussion of the number of years of experience in developing or managing developments of a similar type and size (i.e. *new construction, rehabilitation, and acquisition*), number or units provided and experience in working with low-income persons. Please list any current properties owned or managed including any that have defaulted. Provide information behind tab labeled **EXHIBIT 17**.

PART II. APPLICANT CERTIFICATION & ABILITY TO PROCEED

Applicant must provide a properly executed Applicant Certification and Acknowledgment form behind the tab labeled **EXHIBIT 18**.

A. Permanent Lender(s), attach additional pages if necessary

Funding Commitment(s)

(a) Firm commitment(s) Attached? Yes No

If yes, list the names and telephone numbers of contact persons for each funding source.

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

(b) Are any portions of the sources of funds described above financed directly or indirectly with other Federal, State, Municipality or County government funds?

Yes No

If yes, list the amount of funds and the name of the agency providing the funding:

Below market loans:

		Agency Name
CDBG	\$ _____	_____
HOME	\$ _____	_____
State	\$ _____	_____
Tax Credits	\$ _____	_____
Tax Exempt Bonds	\$ _____	_____
SAIL Program	\$ _____	_____
Other	\$ _____	_____

Provide documents behind tab labeled **EXHIBIT 19**.

B. Evidence of Site Control:

1. Does the proposed development consist of scattered sites?

Yes No

Applicant must demonstrate site control by providing the following documentation:

- 2. Provide a fully executed qualified contract for purchase and sale for the subject property behind a tab labeled **EXHIBIT 20**.
- 3. Provide the recorded warranty deed or recorded certificate of title (*in the event the property was acquired through foreclosure*) showing the applicant as the sole grantee behind tab labeled **EXHIBIT 21**.

C. Site Information:

Property Control Number of site: _____

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Cost of Land: _____ Site Area Size: _____ (acres/Sq. Ft.)

D. Status of Site Plan/Plat Plan Approval:

All applications must include the following:

Provide verification/documentation from the local government on the status of site / plan approval for the development behind tab labeled **EXHIBIT 22**.

E. Evidence of Appropriate Zoning:

Is the site properly zoned for the development?

Yes No

If no, is the site currently in the process of obtaining appropriate zoning?

Yes No

New Construction Developments – provide documentation from local planning agency that the development is consistent with zoning and land use regulations (*i.e. zoning confirmation letter*) behind tab labeled **EXHIBIT 23**.

OR

Rehabilitation Developments – provide verification that the development is consistent with zoning and land use regulations or verification that permits are not required for this development behind tab labeled EXHIBIT 23.

F. Environmental Site Assessment (ESA):

1. Phase I ESA – Provide documentation / verification of Environmental Safety Phase I Assessment behind tab labeled EXHIBIT 24.

OR

2. Phase II ESA Assessment – If applicable; provide documentation/verification of Environmental Safety – Phase II Assessment behind tab labeled EXHIBIT 25.

G. Marketing Strategy:

Provide documentation verifying identified marketing plan/strategy behind tab labeled EXHIBIT 26.

PART III. DEVELOPMENT INFORMATION

A. General Development Information

1. Name of Development: _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____

B. Development Category

- | | |
|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Acquisition / Rehabilitation |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Cooperative Housing |
| <input type="checkbox"/> Rehabilitation | |

C. Development Design

- | | |
|---|--|
| <input type="checkbox"/> Condominiums | <input type="checkbox"/> Duplexes / Quadrplexes |
| <input type="checkbox"/> Townhouses | <input type="checkbox"/> High-Rise (building with 7 or more stories) |
| <input type="checkbox"/> Mid-Rise with elevator | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Other – Specify: _____ | |

D. Development Summary

Provide a Development Summary that justifies the need and existing market for the proposed development, how the affordability will be created and maintained including discussion on the choice of unit to be subsidized and any specific circumstances of the selected location. Specify how the development will operate including eligibility, verification practices, fund disbursement, and

3. Affordability: Set Aside for Extremely-Low Income (ELI) / Very-Low Income (VLI) Households and Low Income Households.

➤ Select the percent of the units committed to ELI and VLI Households.

- _____ 1-20% rented / sold to ELI and VLI
- _____ 21-30% rented / sold to ELI and VLI
- _____ 31-50% rented / sold to ELI and VLI

➤ Select the percent of the units committed to Low Income Households.

- _____ 1-20% rented / sold to low income
- _____ 21-30% rented / sold to low income
- _____ 31-50% rented / sold to low income

AT LEAST 40% OF SHIP SET ASIDE UNITS MUST BE RESERVED FOR EXTREMELY LOW AND/OR VERY LOW RESIDENTS.

4. Unit Mix:

Size Breakdown	# of Units	Sq. Ft.	Purchase Price (if applicable)	Rental Rate (if applicable)
1 BR/ 1 BA				
2 BR/ 1 BA				
2 BR/1.5 BA				
3 BR/2 BA				
3 BR/ 2.5 BA				
Other, Please Specify				

F. Development Status

1. Has rehabilitation or new construction work commenced?

- Yes No

a. If "Yes", and application is for new construction, when were the building permits issued?

b. If "Yes", and Application is for rehabilitation, were permits required?

Yes – when were the building permits issued? _____

No – when did the work commence? _____

2. Is the development complete? Yes No

3. Are any of the units occupied? Yes No

4. If the proposed development is not completed, when is the anticipated start date?

5. When is the anticipated placed-in service date? _____

G. Development Location

1. Attach a legible map(s) identifying the project site(s), location, surrounding land uses and attach current photographs if available behind tab labeled **EXHIBIT 29**. *Please include a map that shows the proximity of the project to locations such as: post office, schools, shopping centers, medical facilities, social and recreational services, etc.*

2. Attach architectural drawing of the proposed site and unit design or detailed description of the proposed rehabilitation behind a tab labeled **EXHIBIT 30**.

3. Is the development located in a flood zone?

- Yes No

4. Proximity to Services

Will the proposed development be located within 2 miles of:

Shopping center with super market, drug store, etc. (*please provide the name of the Shopping Center, School(s) and Library, etc.*)

Schools / child care

Employment opportunities

Medical facility / services – Name: _____

Social / recreational services, library, etc.

5. Will the proposed development be located within ½ mile of a public bus or tri-rail stop?
 Yes No

6. Infill / Redevelopment

a. Will the proposed development be located in an area designed for Redevelopment as established by a CRA?

- Yes No

If yes, provide labeled map and letter from organization behind tab labeled EXHIBIT 31.

b. Will the proposed development require the unplanned expenditure of public funds for public facilities / service capacity?

Yes No

H. Work Plans

Should the applicant have work plans, which have been approved by the City or County building department, these plans, should be attached as **EXHIBIT 32**.

I. Construction Features Amenities

Does the applicant commit to provide the following items, as applicable for the proposed development?

Yes No

1. Energy Conservation Features

- Energy efficient heating and cooling
- Awnings, blinds, sun screening or similar
- Roof ventilation by mechanical means
- High efficiency appliances above 8 SEER
- High efficiency water heater
- Wall insulation R-13 or better (wood), or R-7 or better (CBS)
- Water- conserving irrigation system
- Xeriscape vegetation

2. Design / Family Development Features

- Safe pedestrian paths, bicycle paths
- Outdoor living area attached to units-porches
- Maximize open space (25% or more of site)

PART IV: FINANCING

1. All applicants must complete and attach the following finance documents.

• **Project / Development Budget**

The proposal shall include a project budget detailing all sources and uses of funds including, but not limited to: acquisition costs, rehabilitation costs, and carrying costs. Please provide behind tab labeled **EXHIBIT 33**.

