

**APPLICATION FOR AFFORDABLE HOUSING FUNDING
PINELLAS COUNTY CONSORTIUM**

1. Name of Applicant: _____

2. Address: _____

3. Contact Person: _____ Tel: _____ Fax: _____

Title: _____ E-mail: _____

4. Type of Application (mark all that apply):
 Acquisition New Construction Homebuyer's Assistance
 Rehabilitation Rental Assistance Pre-development Loan (CHDOs only)
 Other _____

5. Anticipated project start date: _____

6. Type of Applicant (mark all that apply):
 Non-profit CHDO Local Gov't Public Agency L.L.C.
 For-profit Partnership Proprietorship PHA
 Corporation Other _____

Attach Applicant Articles of Incorporation, Partnership Agreement, By-laws, Operating Agreement, 501(c)(3) Letter, etc. as applicable as Tab 1.

7. Project Name: _____

Project Location (address or other description): _____

8. Project Cost:
a. Total Cost of Project: _____
b. Pinellas County Grant/Loan Funds Requested: _____

9. Project Abstract: In the space below, provide a brief description of this project, including whether this is new construction, rehab of existing units, etc., total units, how many of each unit type, and how Pinellas County funds will be used for this project.

10. Households/Persons Benefited: Number benefited by this project: in Households
 in Persons

11. APPLICANT'S CERTIFICATION:

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan or grant under Pinellas County's affordable housing programs and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein. The Applicant agrees that this application is a public document and is subject to the Freedom of Information Act.

Authorized Applicant Representative _____ Title _____

Signature _____ Date _____

12. Development/Implementation Team: List all members of the development/implementation team (as applicable) in the table below. Do not include lenders.

Function	Company/Organization	Contact Person	Telephone
Architect			
Engineer			
Financial Consultant			
Construction Management			
Operational/Rental Management			
Program Delivery			
Other			
Other			

Attach resumes and references for Development Team as Tab 2.

13. License/Certification: Required from the State or other oversight agency? Yes: No:
 Have you obtained this license/certification? Yes: No: If no, explain the schedule below.

14. Project Market: Briefly describe the households/individuals that will be targeted by the project, and how strong the market demand is for your project.

Attach backup information regarding the market for this project as Tab 3.
 (All projects creating new units require a market study in a form acceptable to the County)

15. Persons/Households Benefited: Estimate the number benefited by income group in the following table
 The information in this table is in: Households: Persons: (check one)

Targeted Income Level	Renters				Owners			Homeless		Non-Homeless Special Needs
	Elderly (1 & 2 Pers)	Small Family (2 to 4 Pers)	Large Family (5 or More)	All Other Households	Existing Home-owners	Low-income Homebuyers		Indi-viduals	Fam-ilies	
					With Children	All Others				
0 to 30% MFI*										
31 to 50% MFI										
51 to 60% MFI										
61 to 80% MFI										
81%+ of MFI										
TOTAL										

* MFI means Median Family Income. Exhibit 1, attached, provides specific definitions.

Attach documentation of participant income information as Tab 4.

16. Participant Selection: Describe how the participants (tenants, homebuyers, clients, etc.) will be selected. If selection will be subject to preference policies, describe these policies.

[Redacted area]

Attach Participant Selection Plan and Affirmative Fair Housing Marketing Plan (form attached) as Tab 5.

17. Services Provided: Describe services that will be provided to the participants/residents of this project or program.

[Redacted area]

18. Coordination with Other Agencies: Describe how your organization will coordinate with other organizations to provide needed services to participants/residents.

[Redacted area]

19. Proposed Project Schedule: As applicable, provide the schedule for completing the following actions.

a. Project Start-up	Completion Date
Purchase Contract/Option Signed	_____
Property Acquisition Completed	_____
Zoning Approvals Obtained	_____
Final Bid Specifications Completed	_____
Detailed Program Design Completed	_____
Environmental Reviews Completed	_____
Building Permits Obtained	_____
b. Financing Sources Obtained	Completion Date
Construction Loan	_____
Bridge Loan	_____
Private Lender Financing	_____
Tax Credit Application Submitted	_____
Tax Credit Allocation Approval	_____
Govt Grants/Loans:	_____
Other Financing:	_____
Other Financing:	_____

	Completion Date
c. Construction/Implementation	
Construction Starts	
Marketing of Units or Program Begins	
Occupancy/Rent-up Begins (rental projects)	
Full Occupancy (rental projects)	
Closing on First Sale (homebuyer projects)	
Closing on Final Sale (homebuyer projects)	
Complete Rehab Const. (for units currently occupied)	

20. Project Costs and Use of County Funds: Provide information, as applicable.

a. Acquisition	Total Cost	County Funding
Land acquisition costs		
Land acquisition closing costs (title, recording, etc.)		
Building acquisition costs		
Building acquisition closing costs (title, recording, etc.)		
Other:		

b. Construction/rehab costs	Total Cost	County Funding
Clearance/demolition		
Drainage improvements		
Installation/renovation of sanitary sewers		
Installation/renovation of watermains		
Transportation improvements (on-site)		
Transportation improvements (off-site)		
Other Site Work		
Rehabilitation of existing units		
Renovation of non-residential structure into residential units		
New construction of residential units		
Equipment		
General Requirements		
Builder's Overhead		
Builder's Profit		
Bonding Fee		
Builder's Risk Insurance		
Other:		
Other:		
Relocation		
Loss of Rental Income		
Contingency		

c. Development Costs	Total Cost	County Funding
Real Estate Matters		
Partnership formation		
Subdivision		
Condominiumization		
Other:		
Project Design		
Architectural		
Architectural Supervision		
Cost Estimate		
Engineering		
Value Engineering		
Site Investigation		
Other:		

Project Planning

All Fees		
Permits		
Appraisal		
Environmental Study		
Market Study		
Survey		
Utility Fees		
Other		

Marketing/Leasing

Marketing		
Operating Reserve		
Other		
Other		
Other		
Other		

Developer's Fee

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d. Financing Costs

Total Cost County Funding

Tax Credits

Tax Credit Fee		
Tax Credit Counsel		
Cost Certification		
Other:		
Other:		

Tax Exempt Bond Financing

Bond Counsel		
Underwriter's Fee		
Reimburseables		
Other:		
Other:		
Other:		

Conventional Loans

Construction Loan Origination Fees		
Construction Loan Legal Fees		
Permanent Loan Origination Fees		
Permanent Loan Legal Fees		
Loan Recordation Taxes/Fees		
Other:		
Other:		

Other Loans

Legal Fees		
Loan Recordation Taxes/Fees		
Other		
Other		

Construction Period Interest		
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	Total Cost	County Funding
g. Tenant and Homebuyer Assistance		
Tenant-based rental assistance		
Security deposit payments for renters		
Downpayment assistance for homebuyers		
Mortgage financing for homebuyers		

h. Other	Total Cost	County Funding

i. Total Cost and Total County Funding	Total Cost	County Funding
TOTAL		

21. **Sources of Funds:** Provide information as applicable and attach commitment documentation as Tab 6.

a. Permanent Financing (do not include construction financing)

Name of Lender or Source of Funds, Contact Persons and Telephone Number	Amount Funded	Annual Debt Service	Annual Interest Rate (pct)	Amor-tization Period (yrs)	Loan Term (yrs)	Actual or Projected Commitment Date
Owner's Equity (describe)		N/A	N/A	N/A	N/A	
Tax Credit Proceeds		N/A	N/A	N/A	N/A	
TOTAL						

b. Construction Financing

Sources of Funds	Amount	Name and Phone Number of Contact

c. Tax Credit Information

Tax credit basis amount:		Pct. Sold to Investors:	
Type of credit (4% or 9%):		Total tax credit equity:	
Tax credit syndicator (contact and phone #)			

22. Site and Proposed Project Information:

a. Do you have site control? Yes: No: If yes, what form: _____

Attach evidence of site control as tab 7.

b. Seller's Name: _____

c. Seller's Address: _____

d. Telephone: _____ Fax: _____

e. What is the seller's relationship to you? _____

f. Size of Site: _____

Attach as Tab 8: Location map and legal description

Attach as Tab 8: Preliminary Site Plan

Attach as Tab 8: Two color photographs of the site/current buildings

Attach as Tab 8: Preliminary Floor Plans and Elevations

g. Is the site properly subdivided and zoned? Yes: No: If no, explain the schedule below.

Attach evidence of proper subdivision and zoning as Tab 9.

h. Are all utilities presently available to the site? Yes: No: If no, explain below.

i. Answer the following environmental questions and provide additional information as appropriate.

Are there designated floodplain areas on the site?

Are there designated wetland areas on the site?

Is the project/surrounding area listed on National/State/Local Registers of Historic Places?

Is the project affected by a noise source (airport, railroad tracks, major street/highway)?

Are you aware of any other environmental hazards that are on or near the site?

Are there any soil, slope or erosion concerns associated with the site?

Has a Phase One Environmental Assessment been done for the site?

Are there any other environmental issues you wish to bring to our attention?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Attach additional environmental information regarding above issues as Tab 10.

23. Existing Building(s) Information: Applicable to acquisition and rehabilitation projects.

a. Information about the existing building(s).

Street Address or P.I.N. # of Each Building	No. of Units	No. of Stories	Year Built	Appraised Value

b. Are any buildings occupied? Yes: No: If yes explain any relocation plans below.

24. Annual Project Income: Provide the following information for rental projects only.

a. Projected Rent Schedule When Project is Fully Implemented

	No. of Units of This Type	No. of Bedrooms & Baths	Average Size (sq ft)	Monthly Rent Per Unit*	Annual Rent for All Units	Receives Rent Assistance	
						Yes	No
1.							
2.							
3.							
4.							
5.							
6.							
TOTAL		N/A	N/A			N/A	N/A

b. Current Rent Schedule (complete for rental projects that are currently occupied)

	No. of Units of This Type	No. of Bedrooms & Baths	Average Size (sq ft)	Monthly Rent Per Unit	Annual Rent for All Units	Receives Rent Assistance	
						Yes	No
1.							
2.							
3.							
4.							
5.							
6.							
TOTAL		N/A	N/A			N/A	N/A

c. Utility Allowance Information (Tenant Paid Utilities)

Utility Cost	Tenant Pays		Type (gas, electric, etc.)	Source	Amount
	Yes	No			
Heating				Parking	
Air Conditioning				Laundry Facilities	
Cooking				Program Income (for services, etc.)	
Lighting				Other (describe)	
Water					
Hot Water Heating					

d. Annual Income from Other Sources

e. Appliances included with unit (mark all that apply):

Range Laundry Facilities
 Microwave Dishwasher Refrigerator Window Treatments
 Disposal Washer/Dryer Air Conditioner Other: _____

25. Annual Project Expenses (for first year of operation after construction/rehab): Provide the following information for rental projects only.

a. Annual Administrative Costs*

Item	Amount
Advertising	
Management	
Administrative	
Legal/Accounting	
Other: _____	
Total Administrative	

b. Annual Operating Costs

Item	Amount
Gas & Other Fuel	
Electricity	
Water/Sewer	
Trash Removal	
Janitorial	
Exterminating	
Other: _____	
Total Operating	

* Do not include program costs, support services, etc.

c. Annual Maintenance Costs	Amount
Item	
Decorating	
Repairs	
Security	
Ground Maintenance	
Annual Replacement Reserve	
Other:	
Total Maintenance	

d. Annual Taxes and Insurance	Amount
Item	
Real Estate Taxes	
Insurance	
Total Taxes and Insurance	

e. Annual Program Expenses*	Amount
Item	
Cost of Services to Residents	

* Include only the cost of services to this facility.

Total Annual Operating Costs: _____

(If necessary) Detailed information on expenses is in Attachment: on Page:

26. Cash Flow Assumptions

Vacancy Rate	<input type="text"/>	Growth Rate - Rent	<input type="text"/>
Collection Loss	<input type="text"/>	Growth Rate - Other income	<input type="text"/>
Replacement Reserves (per unit)	<input type="text"/>	Growth Rate - general expenses	<input type="text"/>
Vacancy Rate	<input type="text"/>	Growth Rate - Real estate taxes	<input type="text"/>
		Growth Rate - Payroll taxes	<input type="text"/>
		Growth Rate - Replacement Reserves	<input type="text"/>
		Growth Rate - Other	<input type="text"/>

27. Rehabilitation of Homes for Existing Homeowners: (to be filled out for this type of project only).

a. Appraised value per home

	Average	Maximum
Before rehabilitation	<input type="text"/>	<input type="text"/>
After rehabilitation	<input type="text"/>	<input type="text"/>

b. Assistance provided per home.

	Average	Maximum
Pinellas County Funds	<input type="text"/>	<input type="text"/>
Total rehabilitation cost per home	<input type="text"/>	<input type="text"/>

c. Specific terms of the financial assistance provided to homeowners

28. Acquisition, Rehabilitation, or New Construction of Homes for Sale: (to be filled out for this type of project only)

a. Use of Funds

Activity	Total Cost Per Unit
Acquisition	<input type="text"/>
New Construction	<input type="text"/>
Other:	<input type="text"/>

b. How long will your organization hold title to the homes before conveying them to qualified home buyers?

c. Describe the carrying costs that will be included in the price to the homebuyer (e.g., insurance, maintenance, financing charges, etc.)



d. Description of the homes to be sold (Complete one row of table for each type of home)

Size of Home (in number of bedrooms and baths)	Type of Home (SF attached, SF detached, TH, etc.)	Average Square Feet of Home	Anticipated Selling Price	Anticipated Appraised Value

29. Please submit any additional information you feel would help us evaluate this project as Tab 11.

Exhibit 1 - Median Family Income Chart

Required Attachments

- Tab 1 Applicant Information
- Tab 2 Development Team Information
- Tab 3 Market Information/Market Study
- Tab 4 Participant Income Documentation
- Tab 5 Participant Selection Plan/Affirmative Fair Housing Marketing Plan (HUD-935.2)
- Tab 6 Funding Commitment Documentation
- Tab 7 Evidence of Site Control
- Tab 8 Project Information:
 - Location Map and Legal Description
 - Preliminary Site Plan
 - Color Photographs
 - Preliminary Floor Plans and Elevations
- Tab 9 Evidence of Subdivision and Zoning
- Tab 10 Additional Environmental Information
- Tab 11 Any additional project information applicant would like to submit

