

Housing Strategic Development Division

Application

Alachua County has adopted the following Application to set forth the general requirements and procedures that apply to the financing of affordable and/or workforce housing developments to be located within the geographic boundaries of Alachua County.

Falsifying information or failing to provide required information may preclude consideration. The County may, in its sole discretion, waive specific provisions of the application where good cause is shown, and adequate supporting documentation is provided.

Compliance with this application does not and shall not guarantee an Application will be accepted nor does create any right by an Applicant to an award, commitment or assurance that the County will issue Obligations to provide the requested financing or funding. Completed applications are processed as expeditiously as possible on a first-come, first-eligible basis.

Applications are accepted at any time, subject to availability of funding. The Board of County Commissioners reserves the right to deny or provide financing/funding, in whole or in part, as determined by the Board to be in the best interest of Alachua County.

A. Organization Information

A. Organization Information

Please provide the following information

ORGANIZATION INFORMATION

A.1. Name of Applicant

A.2. Address

A.3. Type of Application (select all that apply):

Acquisition

- Rehabilitation
- New Construction
- Rental
- Ownership
- Mixed Use
- Other

A.4. Type of Applicant (select all that apply):

- For-Profit
- Partnership

AUTHORIZED CONTACT

A.5. First Name

A.6. Last Name

A.7. Title

A.8. Email

A.9. Phone Number

A.10. Fax

- Local Government
- Proprietorship
- Corporation
- Nonprofit
- Public Housing Authority
- LLC
- Other

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B. Program Information

B. Program Information

Please provide the following information

B.1. Project Name

B.2. Project Address

PROJECT COST

B.3. Total Estimated Cost of Project

\$ _____

B.4. Alachua County Grant/Loan Funds Requested

\$ _____

B.5. Number of Affordable Units

#

B.6. Total Number of Units

#

B.7. 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 Alachua County funds will be used for this project.

HOUSEHOLDS/PERSONS BENEFITED

B.8. Total number benefited by this project (households)

#

B.9. Total number benefited by this project (persons)

#

LICENSE/CERTIFICATION:

B.10. Required from the State or other oversight agency?

Yes/No

B.11. Have you obtained this license/certification?

Yes/No

If no, explain the schedule below:

C. Development Team

C. Development Team

Please provide the following information

C.1. 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			
Contractor			
Construction Management			
Operational/Rental Management			
Program Delivery			
Other			

Other - Explanation

Documentation

0 Attach resumes and references for Development Team ***Required**

D. Market Information

D. Market Information

Please provide the following information

PROJECT MARKET

D.1. Briefly describe the households/individuals that will be targeted by the project, and how strong the market demand is for your project.

PERSONS/HOUSEHOLDS BENEFITED

Estimate the number benefited by income group in the following table.

The information in this table is in:

Households

D.2.

Targeted Income Level	Unhoused families and individuals	Elderly (1 & 2 Pers)	Small Family (2 to 4 Pers)	Large Family (5 or More)	All Other Households	Individuals	Families	Other Special Needs
0 to 30% MFI*		0	0	0	0	0	0	0
31 to 50% MFI		0	0	0	0	0	0	0
51 to 60% MFI		0	0	0	0	0	0	0
61 to 80% MFI		0	0	0	0	0	0	0
81%+ of MFI		0	0	0	0	0	0	0
Market Rate		0	0	0	0	0	0	0
		0	0	0	0	0	0	0

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

D.3.

	Unhoused families and individuals	Existing Homeowners	Low-Income Homeowners with Children	Low-income Homeowner-All Others	Individuals	Families	Other Special Needs
		0	0	0	0	0	0

Documentation

0 Attach any backup information regarding the market for this project ***Required**

Tab 3 - Market Study.pdf

E. Participant Selection

E. Participant Selection

Please provide the following information

PARTICIPANT SELECTION

E.1. Describe how the participants (tenants, homebuyers, clients, etc.) will be selected. If selection will be subject to preference policies, describe these policies.

SERVICES PROVIDED

E.2. If applicable, describe services that will be provided to the participants/residents of the project or program.

E.3. COORDINATION WITH OTHER AGENCIES

E.3. If applicable, describe how other organizations will provide needed services to participants/residents.

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F. Schedule

F. Schedule

Please provide the following information

PROPOSED PROJECT SCHEDULE

As applicable, provide the schedule for completing the following actions.

F.1. Project Start-Up

	Completion Date
Purchase Contract/Option Signed	mm/dd/yyyy
Property Acquisition Completed	mm/dd/yyyy
Environmental Reviews Completed	mm/dd/yyyy
Zoning Approvals Obtained	mm/dd/yyyy
Final Bid Specifications Completed	mm/dd/yyyy
Detailed Program Design Completed	mm/dd/yyyy
Site Plan Approval/ Building Permits Obtained	mm/dd/yyyy

F.2. Financing Sources Obtained

	Completion Date
Construction Loan	mm/dd/yyyy
Bridge Loan	mm/dd/yyyy
Permanent Loan	mm/dd/yyyy
Tax Credit Application Submitted	mm/dd/yyyy
Tax Credit Allocation Approval	mm/dd/yyyy
Govt Grants/Loans	mm/dd/yyyy
Other Financing	mm/dd/yyyy
Other Financing	mm/dd/yyyy

F.3. Construction/Implementation

	Completion Date
Construction Starts	mm/dd/yyyy
Marketing of Units or Program Begins	mm/dd/yyyy
Complete Construction	mm/dd/yyyy
Occupancy/Rent-up Begins (rental projects)	mm/dd/yyyy
Full Occupancy (rental projects)	mm/dd/yyyy
Closing on First Sale (homebuyer projects)	mm/dd/yyyy
Closing on Final Sale (homebuyer projects)	mm/dd/yyyy

G. Project Costs

G. Project Costs

Please provide the following information

PROJECT COSTS AND USE OF COUNTY FUNDS

Provide information, as applicable.

G.1. Acquisition

	Total Cost	County Funding
Land acquisition closing costs (title recording etc.)	\$0.00	\$0.00
Building acquisition costs	\$0.00	\$0.00
Building acquisition closing costs (title recording etc.)	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation

G.2. Construction/Rehab Costs

	Total Cost	County Funding
Clearance/demolition	\$0.00	\$0.00
Drainage improvements	\$0.00	\$0.00
Installation/renovation of sanitary sewers	\$0.00	\$0.00
Installation/renovation of water mains	\$0.00	\$0.00
Transportation improvements (on-site)	\$0.00	\$0.00
Transportation improvements (off-site)	\$0.00	\$0.00
Other Site Work	\$0.00	\$0.00
Rehabilitation of existing units	\$0.00	\$0.00
Renovation of non-residential structure into residential units	\$0.00	\$0.00
New construction of residential units	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
General Requirements	\$0.00	\$0.00
Builder's Overhead	\$0.00	\$0.00
Builder's Profit	\$0.00	\$0.00

Bonding Fee	\$0.00	\$0.00
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Builder's Risk Insurance	\$0.00	\$0.00
Relocation	\$0.00	\$0.00
Loss of Rental Income	\$0.00	\$0.00
Contingency	\$0.00	\$0.00
Other:	\$0.00	\$0.00
Other:	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation

G.3. Development Costs

	Total Cost	County Funding
Partnership formation	\$0.00	\$0.00
Subdivision/ Zoning	\$0.00	\$0.00
Other	\$0.00	\$0.00
Architectural	\$0.00	\$0.00
Architectural Supervision	\$0.00	\$0.00
Cost Estimate	\$0.00	\$0.00
Engineering	\$0.00	\$0.00
Site Investigation	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation

G.4. Project Planning

	Total Cost	County Funding
All Fees	\$0.00	\$0.00
Permits	\$0.00	\$0.00
Appraisal	\$0.00	\$0.00
Environmental Study	\$0.00	\$0.00
Market Study	\$0.00	\$0.00
Survey	\$0.00	\$0.00
Utility Fees	\$0.00	\$0.00
Marketing	\$0.00	\$0.00
Operating Reserve	\$0.00	\$0.00
Developers Fee	\$0.00	\$0.00
Other	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation

FINANCING COST**G.5. Tax Credits**

	Total Funding	County Funding
Tax Credit Fee	\$0.00	\$0.00
Tax Credit Counsel	\$0.00	\$0.00
Cost Certification	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation**G.6. Tax Exempt Bond Financing**

	Total Cost	County Funding
Bond Counsel	\$0.00	\$0.00
Underwriter's Fee	\$0.00	\$0.00
Reimbursables	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation**G.7. Conventional Loans**

	Total Cost	County Funding
Construction Loan Origination Fees	\$0.00	\$0.00
Construction Loan Legal Fees	\$0.00	\$0.00
Permanent Loan Origination Fees	\$0.00	\$0.00
Permanent Loan Legal Fees	\$0.00	\$0.00
Loan Recordation Taxes/Fees	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation**G.8. Other Loans**

	Total Cost	County Funding
Legal Fees	\$0.00	\$0.00
Loan Recordation Taxes/Fees	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation

G.9. Tenant and Homebuyer Assistance

	Total Cost	County Funding
Tenant-based rental assistance	\$0.00	\$0.00
Security deposit payments for renters	\$0.00	\$0.00
Down payment assistance for homebuyers	\$0.00	\$0.00
Mortgage financing for homebuyers	\$0.00	\$0.00
Other	\$0.00	\$0.00
	\$0.00	\$0.00

Other - Explanation**G.10. Total Cost**

\$0.00

G.11. Total County Funding

\$0.00

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H. Funding Source

H. Funding Source

Please provide the following information

SOURCES OF FUNDS

H.1. Permanent Financing//Owner's Equity

Name of Lender or Source of Fund	Contact Person	Phone #	Amount Funded	Annual Debt Service	Annual Interest Rate	Amortization Period (yrs)	Loan Term (yrs)	Actual or Projected Commitment Date
Fannie Mae			\$0.00	\$0.00	0.00 %	0		mm/dd/yyyy
Developer			\$0.00	\$0.00	0.00 %	0		mm/dd/yyyy
Federal Home Loan			\$0.00	\$0.00	0.00 %	0		mm/dd/yyyy
			\$0.00					

H.2. Construction Financing

Source of Funds	Amount	Name and Phone Number of Contact
	\$0.00	
	\$0.00	

H.3. 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 & phone)

I. Site Information

I. Site Information

Please provide the following information

I.1. Do you have site control?

If Yes, what form:

I.2. Sellers Name

I.3. Seller Address

I.4. Telephone

I.5. Fax

I.6. Is the sale an arm's length transaction?

I.7. Size of Site

I.8. Is the property subdivided and zoned?

If no, explain the schedule:

I.9. Will the project require regulatory incentives?

I.10. Are all utilities presently available to the site?

If no, please explain:

I.11. Are there designated floodplain areas on the site?

I.12. Are there designated wetland areas on the site?

I.13. Is the project/surrounding area listed on National/State/Local Registers of Historic Places?

I.14. Is the project affected by a noise source (airport, railroad tracks, major street/highway)?

I.15. Are you aware of any other environmental hazards that are on or near the site?

I.16. Are there any soil, slope or erosion concerns associated with the site?

I.17. Has a Phase One Environmental Assessment been completed for the site?

I.18. Are there any other environmental issues?

EXISTING BUILDING(S) INFORMATION: APPLICABLE TO ACQUISITION AND REHABILITATION PROJECTS.

I.19. Information about the existing building(s).

Street Address of P.I.N # of Each Building	No. of Units	No. Stories	Year Built	Appraised Value
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I.20. Are any buildings occupied?

J. Project Income

J. Project Income

Please provide the following information

J.1. Projected Rent Schedule When Project is Fully Implemented

	No. of Units of This Type	No. of Bedrooms	No. of Baths	Average Size (sq ft)	Monthly Rent Per Unit	Annual Rent for All Units	Receives Rent Assistance
1	0	3	2		\$0.00	\$0.00	
2	0	2	1		\$0.00	\$0.00	
	0				\$0.00	\$0.00	

J.2. Current Rent Schedule (complete for rental projects that are currently occupied)

	No. of Units of This Type	No. of Bedrooms & Bath	Average Size (sq ft)	Monthly Rent Per Unit	Annual Rent for All Units	Receives Rent Assistance
	0			\$0.00	\$0.00	

J.3. Utility Allowance Information (Tenant Paid Utilities)

Utility Cost	Tenant Pays	Type
Heating	Yes	
Air Conditioning	Yes	
Cooking	Yes	
Lighting	Yes	
Water	Yes	
Hot Water Heating	Yes	

J.4. Annual Income from Other Sources

Source	Amount
	\$0.00

J.5. Appliances included with unit (select all that apply):

- Microwave
- Dishwasher
- Range
- Disposal
- Washer/Dryer Hook-ups
- Air Conditioner
- Refrigerators

K. Project Expenses

K. Project Expenses

Please provide the following information

Annual Project Expenses (for first year of operation after construction/rehab):

K.1. Annual Administrative Costs*

Item	Amount
Advertising	\$0.00
Management	\$0.00
Administrative	\$0.00
Legal/Accounting	\$0.00
Other	\$0.00
	\$0.00

Other - Explanation

K.2. Annual Operating Costs

Item	Amount
Gas & Other Fuel	\$0.00
Electricity	\$0.00
Water/Sewer	\$0.00
Trash Removal	\$0.00
Janitorial	\$0.00
Exterminating	\$0.00
Other	\$0.00
	\$0.00

Other - Explanation

K.3. Annual Maintenance Cost

Item	Amount
Decorating	\$0.00
Repairs	\$0.00
Security	\$0.00
Ground Maintenance	\$0.00
Annual Replacement Reserve	\$0.00
Other	\$0.00
	\$0.00

Other - Explanation

K.4. Annual Taxes and Insurance

Item	Amount
Real Estate Taxes	\$0.00
Insurance	\$0.00
	\$0.00

K.5. Annual Program Expenses*

Item	Amount
Cost of Services to Residents	\$0.00

K.6. Total Annual Operating Cost

\$0.00

K.7. Cash Flow Assumptions

Vacancy Rate	
Collection Loss	
Replacement Reserves (per unit)	

K.8.

Growth Rate - Rent	
Growth Rate - Other income	
Growth Rate - general expenses	
Growth Rate - Real estate taxes	
Growth Rate - Payroll taxes	
Growth Rate - Replacement	
Reserves	
Growth Rate - Other	

L. Required Documents

L. Required Documents

Please provide the following information

Documentation

IRS Determination Letter

***No files uploaded*

General Liability and Property Insurance Documents ***Required**

Audited Financial Statement ***Required**

Participant Income Documentation ***Required**

Participant Selection Plan/Affirmative Fair Housing Marketing Plan (HUD-935.2) ***Required**

Funding Commitment Documentation

***No files uploaded*

Evidence of Site Control ***Required**

1st Amendment to P&S Agreement.pdf

Copy of Deed, if available

***No files uploaded*

Title Commitment ***Required**

Location Map and Legal Description ***Required**

Property Appraisal ***Required**

Preliminary Site Plan

***No files uploaded*

Color Photographs ***Required**

Preliminary Floor Plans and Elevations

***No files uploaded*

General Specifications ***Required**

Project Schedule ***Required**

Evidence of Subdivision and Zoning ***Required**

Environmental Information ***Required**

Project Pro-Forma ***Required**

Articles of Incorporation ***Required**

Submit

Submit

Please provide the following information

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 Alachua 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.

Indicate if a conflict of interest or a potential conflict of interest between any principal, agent or employee of the applicant or borrower (including all third parties engaged or expected to be engaged by the applicant or borrower) with any member of the Board of County Commissioners, County staff member, Housing Finance Authority (HFA) board member, or HFA employee or agent.

Signature

***Not signed*

Date Submitted

Documentation

Upload document disclosing any conflicts of interest

***No files uploaded*