



**NEW CONSTRUCTION OF TAX CREDIT/BOND
MULTIFAMILY RENTAL PROPERTIES
FUNDING APPLICATION**

DUE FRIDAY, July 31st

DEVELOPMENT TEAM AND ORGANIZATIONAL CAPACITY

Applicant

Name: _____ Telephone: _____

Address: _____

Contact Person: _____ Telephone: _____

Facsimile: _____ E-Mail Address: _____

Type of Organization:

- Proprietorship
- Limited Partnership or limited liability company (If a limited partnership, provide name and legal entity of general partner)
- Non-profit Corporation (Attach name, address of officers, directors, and principal place of business, copy of By-Laws and Articles of Incorporation, and the 501(c) certificate from IRS)
- Corporation (Attach name, address of officers, directors, and principal place of business and copy of By-Laws and Articles of Incorporation)
- Public Housing Authority created by Section 421.04, Florida Statutes
- Community Housing Development Organization (CHDO) acting as the:
 - Developer
 - Sponsor
 - Owner

Licensed to do business in the State of Florida YES NO

List housing projects that the applicant has been involved in the last three (3) years. Provide the name, a brief description, and the date completed for each project. The representative must have at least three (3) years of prior development experience and/or experience using government funds.

Total number of units: Produced _____ Rehabilitated _____ Owned _____ Managed _____

Builder (If Different From Applicant)

Name: _____ Telephone: _____

Address: _____

Contact Person: _____ Telephone: _____

Facsimile: _____ E-Mail Address: _____

Licensed to do business in the State of Florida YES NO

List housing projects that the builder has been involved in the last three (3) years. Provide the name, a brief description, and the date completed for each project. The representative must have at least three (3) years of prior development experience.

Total number of units: Produced _____ Rehabilitated _____

Consultant

Name: _____ Telephone: _____

Address: _____

Contact Person: _____ Telephone: _____

Facsimile: _____ E-Mail Address: _____

Licensed to do business in the State of Florida YES NO

The consultant must have at least three (3) years of prior development experience. Describe the consultants' role in this project.

Architect

Name: _____ Telephone: _____

Address: _____

Contact Person: _____ Telephone: _____

Facsimile: _____ E-Mail Address: _____

Licensed to do business in the State of Florida YES NO

Provide a detailed explanation of qualifications for the design/construction team. List housing projects that the architect has been involved in the last three (3) years. Provide the name, a brief description, and

the date completed for each project. The representative must have at least three (3) years of prior development experience.

Property Management Company

Name: _____ Telephone: _____

Address: _____

Contact Person: _____ Telephone: _____

Facsimile: _____ E-Mail Address: _____

Licensed to do business in the State of Florida YES NO

Provide the name and a brief description of housing projects that the management company has managed in the last three (3) years. The management company must have at least three (3) years of prior experience managing projects that have been assisted with government financing.

PROJECT DESCRIPTION AND APPROACH

Project Location (provide a location map of the proposed neighborhoods/areas):

Type of proposed units:

- Garden Apartments
- Duplexes/Quadrplexes
- Townhouses
- Mid-rise with elevator
- High Rise (a building comprise of 7 or more stories)
- Single Room Occupancy (SRO)
- Single Family Unit
- Other – Specify: _____

Total number of units in the Project: _____

Total Number of Affordable Units _____

Provide a brief description of the project

Provide a detailed project timeline for project development (from conception to project closeout)

Provide a letter from the Planning Department of the jurisdiction where the project will be located indicating that the zoning for the site which the project is located allows for the proposed use and that the jurisdiction will support such development.

Do you own or have a qualified contract on the Property? YES NO

Note: A “qualified contract” is one that has a term which does not expire until at least three months from the date of this application; provides that the remedy for default on the part of the seller must include or be specific performance; and applicant must be the buyer.

MARKET NEED FOR THE PROPOSED PROJECT

Describe the market need for this project in the proposed neighborhoods/areas.

Describe your outreach and marketing plan for the project.

FINANCIAL CAPACITY AND PROJECT UNDERWRITING

Provide evidence of the following:

- a. Experience and success in securing private financing.
- b. Experience in leveraging public funds to secure private financing.

Identify the banks and private lending institutions, which the Applicant has utilized in previous projects. Provide names, addresses, phone numbers, fax numbers, and e-mail addresses of contact persons for such banks and private lending institutions.

Do you have any financial commitments for the proposed development? YES NO

Submit the Budget, Pro-forma, and Sources/Uses of Funds Statement for the proposed development.

Provide detailed information about the income limits of the prospective tenants and the proposed rents for the project.

PROPOSER'S CERTIFICATION

I have carefully examined the Request for Proposal and any other documents accompanying or made a part of this Request for Proposal.

I agree to abide by all conditions of this Proposal.

I agree to submit all additional information and updates to the application if the project is successful with the FHFC's funding and the project has been approved to receive tax credits/bonds.

I certify that all information contained in this Proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Proposal on behalf of the Proposer/ Contractor as its act and deed and that the Proposer/Contractor is ready, willing and able to perform if awarded the Contract.

I further certify, under oath, that this Proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a Proposal for the same product or service; that no officer, employee or agent of Seminole County or of any other Proposer is interested in said Proposal; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

NAME OF BUSINESS

Sworn to and subscribed before me
this day of _____, 2015

BY:

SIGNATURE

Signature of Notary
Notary Public, State of _____

NAME & TITLE, TYPED OR PRINTED

CODE Produced Identification
Personally Known

-OR

MAILING ADDRESS/ OR IF DIFFERENT YOUR
PRINCIPAL PLACE OF BUSINESS
CITY,
STATE, ZIP
TELEPHONE NUMBER

Produced Identification
Type: _____