
**HOUSING FINANCE AUTHORITY
OF HILLSBOROUGH COUNTY**

Multifamily Mortgage Revenue Bond Program

2020 Application

An original of the entire application to:
Housing Finance Authority of Hillsborough County
c/o County Attorney
Mary Helen Farris
601 East Kennedy Boulevard, 27th Floor
Tampa, Florida 33602

One (1) hard copy and a PDF of the entire application to:

The Hendrickson Company
1404 Alban Avenue
Tallahassee, Florida 32301

Contact: Mark Hendrickson, 850.671.5601 mark@thehendricksoncompany.com

Each application submission shall include a non-refundable Application Fee in the amount of 0.1% (ten basis points) of the requested bond amount, but not less than \$7,500, payable to the Housing Finance Authority of Hillsborough County, Florida, and a non-refundable Review Fee of \$5,500 also payable to the FHA of Hillsborough County. Both fees should be sent to The Hendrickson Company with the hard copy and PDF of the application.

SUBMIT 3 COPIES AS FOLLOWS:

INVESTMENT BANKER (1)
BOND COUNSEL (1)
CREDIT UNDERWRITER (1)

HFA OF HILLSBOROUGH COUNTY BOND REQUEST:

A. BOND AMOUNT REQUESTED: _____

B. SUMMARY OF PROPOSED DEVELOPMENT

Name of Development	
Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development's location. The Project may be located anywhere in Hillsborough County	
Developer/Location (name of controlling company, not of LP or LLC).	
Contact person for application, including name, email, and phone numbers	
HFA of Hillsborough County Bond Amount Requested	
Development Construction Type Garden, Mid-Rise, High-Rise, Other (explain)	
New Construction or Rehabilitation	
Concrete, Wood or other (explain)	
Development Demographic Family, Elderly or Other (identify)	
Number of Units, by Bedrooms	
Number of Stories By Building	
Total Development Cost	
Cost per unit	
Land Cost	
Acquisition of Building Cost if applicable	
Hard Rehab Cost or Construction Cost	
General Contractor	
Set Aside Period (50 year minimum)	
Credit Enhancement (identify) or Private Placement	
Equity Provider	
Set Aside Levels (PROJECT THRESHOLD CRITERIA)	
Current Zoning (PROJECT THRESHOLD CRITERIA)	
Evidence of Site Control (PROJECT THRESHOLD CRITERIA)	

C. DEVELOPMENT SUMMARY AND TIMELINE

Provide a short narrative description of the Development, including all resident programs, amenities, unit features and scope of work to be performed. If more space is needed, provide the information as **Exhibit 1**. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as **Exhibit 2** a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, Housing Credit closing date, completion of construction, rent up, and stabilization.

I. APPLICANT INFORMATION

A. Applicant Name: _____

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application. Include a copy of the certificate of good standing from the Florida Secretary of State. If the Applicant is a general partnership or joint venture, provide a copy of the partnership/joint venture agreement, as **Exhibit 3**

Note: If four percent tax credits will be sought and it is contemplated that the tax credits will be syndicated, the Applicant entity must be a limited partnership or a limited liability company at the time of application for the tax credits. The Applicant entity will be the recipient of the tax credits and CANNOT BE CHANGED until after a Final Allocation of tax credits has been issued.

Address: _____

Telephone: _____ Fax: _____

Email: _____

B. If partnership, name of general partner(s): _____

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____ Email: _____

C. Designated Contact Person: Person with decision making authority with whom the Authority will correspond concerning the Application and Development for Applicant/Borrowing Entity (not a consultant). Who is the Designated Contact Person for this Development?

Relationship to Applicant: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

D. Is there a Consultant? No _____ Yes _____; If yes, provide the following:
Name: _____

Company Name: _____

Address: _____

Telephone: _____ Email: _____

E. Applicant's Federal Taxpayer Identification Number: _____

F. Nonprofit Status

1. Is the Applicant a 501(c)(3) non-profit organization pursuant to the Internal Revenue Code?

No _____ Yes _____ If "yes" provide the following items:

a. Attach evidence of non-profit status as **Exhibit 4.**

b. Attach attorney's opinions as required by the Code and evidence that the nonprofit has not exceeded its allocation cap as **Exhibit 5.**

2. Is the Authority's Bond Allocation being requested? Yes _____ No _____

If "No", attach evidence of the federal minimum set aside requirement as **Exhibit 6.**

II. DEVELOPMENT INFORMATION

A. Development Name: _____

B. Development Street Address/Zip Code (if new construction, give street names, city and zip code).
Legal description is attached as **Exhibit 7**.

C. Development Category and Population:

1. a. Choose all that apply:

- New Construction Acquisition* Remarketing
- Rehabilitation Refunding Acquisition/Rehab

b. If acquisition, rehabilitation, or acquisition/rehab was selected, is the development occupied?

No _____ Yes _____

Note: If an acquired Development is occupied, it must be in compliance with program rules at the time of the Bond Closing. This will be determined in credit underwriting.

2. Choose the category that describes the population to be served:

- Family Elderly Other, such as Homeless, Veterans, Special Needs: _____

D. Has construction begun? No _____ Yes _____ Date permits issued: _____

Is the development complete? No _____ Yes _____ Date CO issued: _____

If certificates of occupancy were issued on more than one date, attach a listing of issue-dates for each building as **Exhibit 8**.

If not, what is the anticipated placed-in-service date? _____

E. Number of Units:

Total Number of Units _____ (Market rate, Set-aside, and manager units)

Number of Set-Aside Units: _____

Percent of Set-Aside Units: _____ (# Set-Aside Units/#Total Units)

* NOTE: For any Development anticipating the use of tax credits, gross rents include the rent *plus* the allowance for resident-paid utilities for set-aside units. These rents may not exceed the allowable rents for the chosen set-aside as shown on the applicable rent charts included in the Tax Credit Application Package. Rents will be capped based on set-aside chosen.

+ NOTE: Answer for market rate units only.

G. Minimum Set-aside required for Tax Exempt Bond Financing. CHOOSE ONLY ONE:

- 20% of units at 50% of area median income
 40% of units at 60% of area median income

H. Public Policy Issues.

1. The Applicant agrees to abide by the set-asides described in this application for _____ years with a minimum of 50 years.

2. Describe in detail all resident programs and activities that will be provided by the Applicant. Each program mandated by the Authority or selected by the Applicant will be made a part of the Land Use Restriction Agreement, and must be described behind **Exhibit 9**. Developments that include a mix of elderly and non-elderly units must provide all resident programs mandated for both elderly and non-elderly developments. The resident programs to be provided are (MUST CHOOSE AT LEAST ONE OPTIONAL PROGRAM):

a. Resident programs for **All Applicants**:

- Health Care – Mandatory** - Regularly scheduled visits by health care professionals such as nurses, doctors, or other licensed care providers. At a minimum, the following services must be provided at no cost to the resident: health screening, flu shots, vision and hearing tests. Regularly scheduled is defined as not less often than once each quarter. On-site space must be provided.
- Resident Activities – Mandatory** - Regularly scheduled, specified activities, planned, arranged, managed, and paid for by the Applicant or its management agent as an integral part of the management plan. The Applicant must develop and execute a comprehensive plan of varied activities such as holiday or special occasion parties, community picnics or cookouts, newsletters, children’s special functions, etc., to bring the resident together, foster a sense of community, and encourage community pride.
- On Site Voter Registration – Mandatory** – The Applicant or its Management Agent shall work with the County Supervisor of Elections to arrange on-site voter registration. The registration shall be at least quarterly, and shall be during weekend and other traditionally non-work times.
- Financial Counseling – Mandatory** – This service must be provided by the Applicant or its Management Agent at no cost to the resident. Financial counseling must include the following components; must be regularly scheduled, not less often than once each quarter; must be free of charge to the residents; must include tax preparation assistance by qualified professionals; must include educational workshops on such

topics as “Learning to Budget”, “Handling Personal Finances”, or “Comparison Shopping for the Consumer”.

- Computer Training – Mandatory** - This training is made in conjunction with the requirement that the Applicant commit one computer for every 50 units, with software and internet access. The applicant must provide quarterly, on-site training classes, OR access to training software on basic computer skills such as word processing and spreadsheets to the residents.
- English as a Second Language – Optional** - Applicant shall make available, at no cost to the resident, a literacy tutor(s) to provide weekly English lessons to residents in private space on-site.
- Swimming Lessons – Optional** – The Applicant or its Management Agent shall provide on-site swimming lessons for children or adults, at no cost to the resident, at least three times each year.
- Life Safety Training – Optional** – The Applicant or its Management Agent shall provide on-site courses such as fire safety, first aid (including CPR), etc. at least twice each year, at no cost to the resident.
- Health and Nutrition Classes – Optional** – The Applicant or its Management Agent shall provide on-site classes, at no cost to the resident, at least 8 hours per year.
- Day Care – Optional** – either:
 - Day care facility for children or adults on-site, or
 - A discount of at least 20% at a day care facility for children or adults within 3 miles of the development.
- Case Management/Residential Stabilization/Services – Optional** – This service must be provided by a qualified social worker at no cost to the resident. This program requires that the following services be made available on-site no less often than once a week: crisis intervention, individual and family needs assessment, problem solving and planning, appropriate information and referral to community resources and services based on need, monitoring of ongoing ability to retain self-sufficiency, and advocacy to assist clients in securing needed resources.
- Smoking Cessation Classes – Optional for New Construction, Mandatory for Acquisition/Rehabilitation** – The Applicant or its Management Agent shall provide on-site classes, at no cost to the resident, at least 8 hours per year.

b. Residential Programs for **Elderly Developments**:

- Resident Assurance Check-In Program – Mandatory** – Applicant must provide and use an established system for checking in with each resident on a predetermined basis not less than once per day. Residents may opt out of this program with a written certification that they chose not to participate.
- Daily Activities – Mandatory** – Applicant or its Management Agent must provide supervised, structured activities at least five days per week. Activities must be on-site and at no charge to the residents.
- Meals – Optional** – Applicant must pay for daily, at least one meal per day, delivery and cost of meals to the residents or provide for the daily preparation and serving of meals in a designated common on-site facility. Programs such as “Meals on Wheels” will not qualify for points because Applicant is not providing the service.
 - Applicant will provide for delivery and cost of daily meals (at least one meal per day) to be served in a designated common facility located on-site; or
 - Applicant will arrange for daily meals, at least one meal per day, to be delivered to the residents at no cost to the residents.
- Private Transportation for the Development – Optional** – The Applicant or its Management Agent, at no cost to the resident, must provide a qualified driver and have a safe and serviceable vehicle that can transport residents to off-site locations for such things as medical appointments, public service facilities, and/or educational or social activities. A nearby bus stop or access to programs such as “Dial a Ride” will not be acceptable for purposes of this commitment.
- Assistance with Light Housekeeping, Shopping and/or Laundry – Optional** – Applicant must provide weekly assistance with at least two of the following: (1) light housekeeping, and/or (2) grocery shopping, and/or (3) laundry, at a rate which is at least 25% lower than market.
- Manager On-Call 24 Hours Per Day – Optional** – Applicant must provide a manager and/or security guard on the Development’s premise at all times who is available and accessible to the residents 24 hours per day, seven days per week.

c. Resident Programs for **Non-Elderly Developments**:

- Homeownership Opportunity Program – Mandatory** – Applicant must provide a homeownership opportunity program available to all residents in compliance with their current lease. The program must set aside 5% of the resident’s gross rent toward a downpayment for that resident when the resident moves from the development into homeownership. The resident may be suspended from the program during the period of a lease if the resident violates any provision of the lease. Upon renewal of the lease, the resident must be reinstated into the program for the period of that renewal, with suspension permitted under the same terms as discussed above. The homeownership opportunity program must also include financial counseling for all residents, with emphasis on credit counseling and other items necessary for successful purchase of, and maintenance of a home.
- First Time Homebuyer Seminars – Mandatory** – Applicant must arrange for and provide at no cost to the resident, in conjunction with local realtors or lending institutions, semiannual on-site seminars for residents interested in becoming homeowners.
- Welfare to Work or Self-Sufficiency Programs – Mandatory** – Applicant must participate in welfare to work or self-sufficiency programs by implementing marketing strategies that actively seek residents who are participating in or who have successfully completed the training provided by these types of programs.
- After School Program for Children – Optional** – Applicant or its Management Agent must provide daily, supervised, structured, age-appropriate activities for children during the after-school hours. Activities must be on-site and at no charge to the residents.
- Literacy Training – Optional** – Applicant must make available, at no cost to the resident, a literacy tutor(s) to provide weekly literacy lessons to residents in private space on-site.
- Job Training – Optional** – Applicant must provide, at no cost to the resident, regularly scheduled classes in typing, computer literacy, secretarial skills or other useful job skills. Regularly scheduled means not less often than once each quarter.

d. **Homeless, Veterans or Special Needs Housing**: The Applicant may propose appropriate Resident Programs. Attach as **Exhibit 10**.

3. Describe in detail all design and other physical amenities that provide enhanced quality of life, energy efficiency, increased security, handicapped accessibility, or other features. Each feature mandated by the Authority or selected by the Applicant will be made a part of the Land Use Restriction Agreement, and must be described behind tab labeled **Exhibit11**. Developments that include a mix of elderly and non-elderly units must provide design features for both elderly and non-elderly units must provide design features for both elderly and non-elderly developments. The design and amenity features to be provided are:
- a. In addition to meeting all building code, Fair Housing Act, and Americans with Disabilities Act Requirements, the following items are required:
 - **Air conditioning** (window units are not allowed), in all units
 - **Dishwasher**, in all new construction units
 - **Garbage Disposal**, in all new construction units
 - **Cable TV Hook-Up**, in all units
 - **At least two full bathrooms** in all **3 bedroom or larger** new construction units
 - **At least 1 and ½ bathrooms** (one full bath and one with at least a toilet and sink) in all new construction **2 bedroom units**
 - **Full sized appliances** in all units
 - **Bathtub** in at least one bathroom in new construction non-elderly units
 - b. **For New Construction Units**, the applicant may select items from the following list. The selected items must total 25 points:
 - Window Treatments (mini-blinds , curtains , vertical blinds) inside each unit. (3 points)
 - 30 Year Expected Life Roofing on all Buildings (5 points)
 - Gated community with “carded” entry or security guard, or if mid-or-high-rise, “carded” secure entry to building (2 points for gated community, 4 points for secure building entry)
 - Exterior Finish - stucco or cementitious siding or brick exterior finish (3 points – check choice)
 - Ceramic tile Bathroom Floors (2 points)
 - Microwave Oven (3 points)
 - Marble Window Sills (3 points)
 - Fire Sprinklers in All Units (5 points)
 - Steel entry door frames (2 points)
 - Termite prevention/detection system (2 points)

- Exterior lighting (3 points)
- Double compartment kitchen sink (1 point)
- Laundry Hook-ups and space for washer/dryer inside each unit (3 points)
- Non-smoking units (may not choose with Non-Smoking Buildings (4 points)
- Non-smoking buildings (5 points)

c. For **Rehabilitation of Existing Development**, the applicant may select items from the following list. The selected items must total 25 points:

- Laundry Hook-ups and space for washer/dryer inside each unit (3 Points)
- Window Treatments (mini-blinds, curtains, vertical blinds) inside each unit – identify treatment: _____ (3 points)
- 30-Year Expected Life Roofing on all Buildings (4 points)
- Gated community with “carded” entry or security guard, or if mid-or-high rise, “carded” secure entry to building (3 points)
- Ceramic Tile Bathroom Floors (2 points)
- Microwave Oven (3 points)
- Marble Window Sills (3 points)
- Fire Sprinklers in All Units (4 points)
- Dishwasher inside each unit (3 points)
- Garbage disposals inside each unit (3 points)
- Steel entry door frames (2 points)
- Termite prevention/detection system (2 points)
- Exterior lighting (3 points)
- Non-smoking units (may not choose with Non-Smoking Buildings (4 points)
- Non-smoking buildings (5 points)
- Laundry Hook-ups and space for washer/dryer inside each unit (3 points)

c. No longer applicable.

d. For **Elderly Developments** or developments with elderly units, the applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

- Emergency call service in all elderly units
- Hairdresser Shop or Barber Shop on site
- Laundry facilities available on every floor
- All bathrooms in elderly units handicapped accessible with grab-bars per ANSI requirements
- Public transportation within 150 feet of property (or elderly building if mixed family-elderly)
- Exercise room with appropriate equipment
- Community center or clubhouse
- Swimming pool
- Picnic area with at least three permanent picnic tables and a permanent outdoor grill
- Outside recreation facility (such as shuffleboard court, putting green, tennis court). Identify facility: _____
- Library consisting of a minimum of 100 books and 5 magazine subscriptions
- Craft Room
- Walking Trail

e. For **Non-Elderly Developments**, or developments with non-elderly units, the applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

- Exercise room with appropriate equipment
- Community center or clubhouse
- Swimming pool
- Playground/tot lot (must be sized in proportion to development's size and expected resident population with age-appropriate equipment)
- Car care area (for car cleaning/washing)
- Childcare facility located within three miles of the property
- Public transportation located within one-half mile of the property
- Library/study room consisting of a minimum of 100 books and 5 magazine subscriptions
- Two or more parking spaces per unit
- Outside recreation area for older children (such as basketball court, tennis court, volleyball court, etc.). Identify facility:
_____.

f. Energy Conservation Features for all units in the Development

Mandatory Features:

- Energy Star qualified refrigerator;
- Energy Star qualified dishwasher;
- Energy Star qualified washing machine, if provided by applicant;
- Minimum SEER of 14 for unit air conditioners (excluding buildings with a central chiller system);
- Low-VOC paint for all interior walls (50 grams per liter or less for flat paint; 150 grams per liter or less for non-flat paint);
- Low-flow water fixtures in bathrooms--WaterSense labeled products or the following specifications:
 - Toilets: 1.6 gallons/flush or less
 - Faucets: 1.5 gallons/minute or less
 - Showerheads: 2.2 gallons/minute or less.

Optional Green Building Features:

Applicant must choose at least five (5) items from the following list:

- Programmable thermostat in each unit
- Energy Star ceiling fans in all bedrooms and living areas
- Energy Star qualified roofing material or coating
- Energy Star exhaust fans in bathrooms
- Energy Star rating for all windows
- Install daylight sensors, timers or motion detectors on all outdoor lighting attached to buildings
- FL Yards and Neighborhoods certification on all landscaping
- Eco-friendly flooring -- Carpet and Rug Institute Green Label certified carpet and pad, bamboo, cork, recycled content tile, and/or natural linoleum
- Eco-friendly cabinets – formaldehyde free, material certified by the Forest Stewardship Council

I. Development Buildings.

1. Give number of buildings with dwelling units: _____
2. Total number of buildings in Development: _____
3. Describe ALL non-residential buildings, including size (square feet) of each, including specific size of clubhouse: _____

4. Total square feet in development (all buildings): _____

J. Development Design. Check the one design that best describes this Development:

- Garden Apartments High Rise Mid-Rise with elevator
- Townhouses Quadraplexes Other: _____

K. Development Size. Identify acreage or lot size of entire Development: _____
(NOTE: If Development is a phased Development, include only the acreage for this phase.)

L. Development Location.

1. If applicable, give name of incorporated municipality: _____
2. Name, title and address of chief elected official of jurisdiction that must issue permits:

Telephone: _____ Facsimile: _____
3. County Commission District and name of Commissioner for this Development's location: District _____ Commissioner _____

III. Development FINANCING AND PROPOSED STRUCTURE

A. Proposed Finance Summary: Attach a Sources and Uses in format consistent with FHFC RFA 2019-114 as **Exhibit 12**.

Explanation of SAIL, HOME, CDBG and/or SHIP funding: _____

If SAIL, HOME, CDBG and/or SHIP funding is shown as already committed, **attach a letter from the appropriate governmental entity detailing the commitment**, including the dollar amount, source of funding, conditions of funding (including income and/or rent restrictions), whether the funding is a loan or a grant, and if a loan, the interest rate, loan term, amortization, and payback schedule. Attach the letter(s) as **Exhibit 13**.

B. If SAIL, HOME, CDBG and/or SHIP funding is shown and is not firmly committed, attach an explanation of how the development will be completed without those funds. Attach the explanation as **Exhibit 14**.

Does the Applicant firmly commit to complete the bond financing if those funds are not received?

Yes _____ No _____

C. If SAIL or HOME funding from Florida Housing is not shown, does the Applicant intend to apply for such funding? If so, how much: \$ _____.

D. Tax Credits. If the Development receives Bond financing, will HC be used? No _____ Yes _____

1. If yes, HC Requested Amount \$ _____

2. If yes, name of Syndicator: _____

A preliminary commitment letter is included as **Exhibit 15**. The letter must include a description of how the syndication funding will be paid out during construction and following completion. At least 50% of the amount needed to complete construction must be paid at bond closing. **A firm commitment letter must be provided during the Credit Underwriting.**

E. Rental Assistance. Is development-based rental assistance **anticipated** for this Development?

No _____ Yes _____ If yes, check all that apply:

- Moderate Rehab
- Section 8
- RD 515
- Other _____

Number of units receiving assistance: _____

Number of years remaining on rental assistance contract: _____

F. Credit Enhancement

Letter of Credit: _____

Term: _____ Rating: _____

Third Party Guarantor: _____

Term: _____ Rating: _____

Private Placement/Name of Placement Agent: _____

Term: _____ Rating: _____

FHA-Insured loan

Name of Lender: _____ Term: _____ Rating: _____

Fannie Mae or Freddie Mac

Name of DUS Lender: _____ Term: _____
Name of Interim Construction LOC Bank: _____ Rating: _____

Other

Name: _____ Term: _____ Rating: _____

A copy of the Commitment or Letter of Interest for the above checked credit enhancer(s) and/or placement agent, including a contact person’s name, address and telephone number; credit underwriting standards; and an outline of proposed terms, must be attached as Exhibit 16.

G. 50% Bond Test: For purposes of meeting the 50% bond test to receive automatic HC, tax-exempt bonds represent ____%. Attach a detailed 50% test calculation as Exhibit 17.

H. Proposed Structure. The outline of the proposed structure must include, at a minimum, the following: whether a combination of tax-exempt and taxable bond financing expected, whether a fixed or floating interest rate is expected, mortgage term, amortization schedule, interest terms, description of the credit enhancement or placement structure, and additional financing or equity sources. **Material changes in the proposed structure after submittal of the application may result in delay of consideration by the Authority or loss of priority.** A description of the proposed financing structure is attached as Exhibit 18.

I. Economic Feasibility of the Development. A description of the Development feasibility structure must be attached as Exhibit 19 and include, at a minimum, the following:

1. 15-year Pro forma cash flow
2. Maximum interest rate at which the Development will work
3. Detailed sources and uses, including a breakout for each line item on a per unit cost basis, in a format consistent with FHFC RFA 2019-114.

IV. ABILITY TO PROCEED

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

A. Site Control

Site Control must be demonstrated by the APPLICANT. At a minimum, a Contract for Purchase and Sale must be held by the Applicant for the proposed site. The contract may not expire before March 31, 2020. and the remedy for default on the part of the seller must include or be specific performance, and the buyer **MUST** be the Applicant. Site is controlled by:

_____ Contract for Purchase & Sale, and Title Insurance Commitment showing marketable title in the name of the Seller

_____ Recorded Deed, and Title Insurance Policy Showing marketable title in the name of the Applicant

_____ Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of Bond Financing. Also, a Title Insurance Commitment showing marketable title in the name of the lessee must be included.

IMPORTANT: If site control is not held by the Applicant, a fully executed, enforceable **contract for purchase and sale or assignment of contract** must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent **ONLY** upon the award of Bond Financing. Evidence of Site Control can be found directly behind tab labeled **Exhibit 20**.

B. Zoning and Land Development Regulations

- 1. a. Is the site appropriately zoned for the proposed Development: No _____ Yes _____
- b. Indicate zoning designation (s) _____
- c. Current zoning permits _____ units per acre, or _____ for the site (PUD).
- d. Total Number of Units in Development: _____

Note: at a minimum, the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions must permit the proposed Development.

- 2. New Construction Zoning and Land Development Regulation Development Requirements:
 - a. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter can be found directly behind tab labeled **Exhibit 21**; **OR**
 - b. Applicant must provide copies of building permits for vertical construction for all buildings in a multi-building development or a letter stating that except for payment of fees, permits would be issued. A copy of the permits or letter can be found directly being tab labeled **Exhibit 22**.

3. Rehabilitation Zoning and Land Development Regulation Development Requirements:

- a. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter can be found directly behind tab labeled **Exhibit 23**; **OR**
- b. Applicant must provide copies of rehabilitation/building permits or a letter stating that except for payment of fees, permits would be issued. A copy of the permits or letter can be found directly behind tab labeled **Exhibit 24**; **OR**
- c. Applicant must provide a letter from the appropriate local government official that verifies that permits are not required for the Development. A copy of the letter can be found directly behind tab labeled **Exhibit 25**.

C Site Plan

- 1. New Construction: Has the preliminary or conceptual site plan been approved by the appropriate local government authority?

Yes _____ No _____

If yes, a copy of the approved site plan is attached as **Exhibit 26**.

If no, local approval is expected on _____ and, if available, a copy of the preliminary or conceptual site plan and description of status in the local government review process is attached as **Exhibit 27**.

- 2. Rehabilitation: Was site plan approval required by local governmental authorities at the time this Development was originally placed in service?

Yes _____ No _____

If yes, a copy of the approved site plan must be attached as **Exhibit 28**.

If no, a copy of an “as-built” survey of the Development must be attached as **Exhibit 29**.

D. Other Permits

- 1. Does the Development require permits from the appropriate water management district?

No _____ Yes _____ If yes, attach evidence that the permitting process has been initiated or a description of status in the permitting process as **Exhibit 30** and give the estimated date for issuance: _____

2. Does the Development require permits from the U.S. Army, Corps of Engineers?

No _____ Yes _____ If yes, attach evidence that the permitting process has been initiated or a description status in the permitting process as **Exhibit 31** and give the estimated date for issuance: _____.

E. Environmental Safety:

1. Has a Phase I Environmental Report been completed? If so, provide a copy (**Exhibit 32**). If not complete, will be required as part of credit underwriting.
2. Does the Phase I Report recommend that a Phase II Report be completed? If so, attach the Phase II Report (**Exhibit 33**) or disclose the date that the report will be completed: _____.
3. Does either the Phase I or Phase II Report recommend any remedial action? If yes, attach a remedial action plan, which includes timing and costs (which must be reflected in the detailed sources and uses. If applicable, the plan is attached as **Exhibit 34**.

F. Concurrency. Attach a letter or letters from the local government or provider verifying availability of infrastructure and capacity for the proposed Development. Letters must be Development-specific and dated within 3 months of the date of the Application. FHFC forms for these items may be utilized.

Electricity	Exhibit 35
Water	Exhibit 36
Sewer capacity, Package Treatment, or Septic Tank	Exhibit 37
Roads	Exhibit 38

- G. Experience of the Development Team- SEE NOTE ON PAGE 18 RELATED TO CHARTS
NOTE: If team member worked on HFA of Hillsborough County bond transaction closed in 2012-2019, list name of team member, BUT THERE IS NO NEED TO FILL OUT ATTACHED CHART.

The past performance record of the development team (which consists of Developer, Management Agent, General Contractor, Architect/Engineer, Attorney, and Accountant) will be carefully reviewed.

1. Experience of Developer: Name: _____
 Principal(s): _____

- a. Fill out the attached chart.
- b. Has the Developer, or any of the principals of the Developer been associated with any development that has gone into default or given "troubled development" status?
 Yes _____ No _____
 If "Yes", attach a detailed explanation of the situation(s) and resolution as **Exhibit 39**.
- c. Has the Developer or any principal of the Developer been associated with any development that has been found in non-compliance with program requirements; i.e. an incurred 8823?
 Yes _____ No _____
 If "Yes", attach a detailed explanation of the situation(s) and resolution as **Exhibit 40**.

2. Experience of General Partner. Name: _____
 If entity, name of principal(s): _____

- a. Fill out the attached chart.
- b. Has the General Partner, or any of the principals of the General Partner been associated with any development that has gone into default or given "troubled development" status?
 Yes _____ No _____
 If "Yes", attach a detailed explanation of the situation(s) and resolution as **Exhibit 41**.
- c. Has the General Partner or any principal of the General Partner been associated with any development that has been found in non-compliance with program requirements; ?
 Yes _____ No _____
 If "Yes", attach a detailed explanation of the situation(s) and resolution as **Exhibit 42**.

3. Experience of Management Agent. Name: _____
 Principal(s): _____

-
- a. Fill out the attached chart.
 - b. Has the Management Agent, or any of the principals of the Management Agent been associated with any development that has gone into default or given “troubled development” status?
Yes _____ No _____
If “Yes”, attach a detailed explanation of the situation(s) and resolution as **Exhibit 43**.
 - c. Has the Management Agent or any principal of the Management Agent been associated with any development that has been found in non-compliance with program requirements; ?
Yes _____ No _____
If “Yes”, attach a detailed explanation of the situation(s) and resolution as **Exhibit 44**.
4. Experience of General Contractor. Name: _____
 - a. Fill out the attached chart.
 5. Experience of Architect. Name: _____
 - a. Fill out the appropriate attached chart.
 6. Experience of Engineer. Firm Name: _____
 - a. Fill out the appropriate attached chart.
 7. Experience of Attorney. Name: _____
 - a. Fill out the attached chart.
 8. Experience of Accountant. Name: _____
 - a. Fill out the attached chart.

NOTE: If team member has served on HFA of Hillsborough County bond transaction closed in 2012-2018, list name of team member, BUT THERE IS NO NEED TO FILL OUT ATTACHED CHART.

V. Development SUMMARY AND TIMELINE

- A. Provide a short narrative description of the Development, including all amenities, unit features and scope of work to be performed. MAJOR Development AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT AND/OR THE LOW INCOME HOUSING AGREEMENT, IF APPLICABLE. Also attach as **Exhibit 45** a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

- B. **TO BE CONSIDERED COMPLETE**, the Application must include a map showing the Development’s location, and the location, age, number of units and current occupancy of competing bond and HC developments within a five mile radius (info on age, number of units and occupancy can be shown on chart attached to the map). The map should also include any bond or HC developments within the same radius that are under construction or in credit underwriting either at the HFA of Hillsborough County or FHFC. Additionally, the map should show the Development’s proximity to community services, medical facilities, schools, shopping, major business and employment centers, and availability of public transportation. This may be found directly behind tab labeled **Exhibit 46**.

VI. FORM OF EXPENSE AND INDEMNITY AGREEMENT

Attach as Exhibit 47 the “Form of Expense and Indemnity agreement found as Exhibit B within the “Application Procedures and Program Guidelines” handbook. An ORIGINAL SIGNATURE must be included on the form contained within the original application. Photocopies of the executed form may be utilized within the 11 copies of the application.

VII. REHABILITATION APPLICANTS ONLY SECTION

Attach as **Exhibit 48**, a detailed description of the rehabilitation activities and the status and plans for existing residents. At a minimum, the attachment should describe (i) a detail of all rehabilitation, including the rehabilitation cost per unit and the cost for each item, (ii) the current rents at the development compared to the proposed rents, (iii) the plans for the existing residents, both during and after rehabilitation, (iv) the income levels of the current residents, and whether the current residents will qualify as residents after rehabilitation, (v) a copy of any third party physical needs assessment, or explanation for why the document is not available.

