
HOUSING FINANCE AUTHORITY OF HILLSBOROUGH COUNTY

2024 Bonds with SAIL Application

THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING BOND FINANCING FROM THE HFA OF HILLSBOROUGH COUNTY WHO ARE ALSO SEEKING SAIL FUNDING VIA FHFC RFA 2023-205 OR OTHER GAP FINANCING VIA AN FHFC RFA

SUBMIT:

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, and a \$500 application fee (check made out to the HFA of Hillsborough County), to:

Mark Hendrickson
1404 Alban Avenue
Tallahassee, Florida 32301
Contact: Mark Hendrickson, 850.671.5601 mark@thehendricksoncompany.com

REVISED: June 15, 2023

GENERAL INFORMATION

NOTE: BY COMPLETING THIS APPLICATION, THE APPLICANT CERTIFIES AND AGREES THAT IT WILL COMPLY WITH ALL REQUIREMENTS OF THE HFA OF HILLSBOROUGH MULTI-FAMILY HANDBOOK AND WILL SUBMIT ANY ADDITIONAL REQUIRED DOCUMENTATION AND FEES RELATED TO THAT COMPLIANCE

Please indicate if Applicant will use these funds in conjunction with (check one)

☐ FHFC SAIL RFA 2023-205

☐ OTHER FHFC RFA—IDENTIFY _____

HFA OF HILLSBOROUGH COUNTY BOND REQUEST:

BOND AMOUNT REQUESTED: _____

I. DEVELOPMENT SUMMARY AND TIMELINE

- A. 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.

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 <u>must</u> be located in Hillsborough County, including within the City limits of Plant City, the City of Tampa and/or the City of Temple Terrace. (PROJECT THRESHOLD CRITERIA)	
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 Per 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)	
Set Aside Levels (PROJECT THRESHOLD CRITERIA)	
Current Zoning (PROJECT THRESHOLD CRITERIA)	
Evidence of Site Control (PROJECT THRESHOLD CRITERIA)	

II. 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.

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

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____ Facsimile: _____

III. PROPOSED PROJECT FINANCING

A. Proposed Finance Summary: Please provide a permanent loan period detailed sources and uses that is in a format acceptable to FHFC as part of the upcoming SAIL RFA process. Attach as **Exhibit 3**.

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 (PROJECT THRESHOLD CRITERIA)

Site Control must be demonstrated by the APPLICANT. Please provide copy of contract, deed or lease:

___ Eligible Contract

___ Deed or Certificate of Title

___ Lease

Provide evidence of Site Control and attach as **Exhibit 4**.

B. Zoning and Land Development Regulations (PROJECT THRESHOLD CRITERIA)

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: Provision of the zoning form from FHFC RFA 2023-205 will meet this requirement. Provide evidence that the proposed use is permitted and attach as **Exhibit 5**.

V. SELF-SCORING OF FHFC SAIL APPLICATION INCLUDING PROXIMITY TO PUBLIC TRANSPORTATION

Provide the score expected to be received on the application for SAIL, including point score and all tiebreakers, assuming the Applicant receives the points for the Local Government Contribution. Attach your response as **Exhibit 6**. BE SURE TO ADDRESS YOUR ANTICIPATED SCORE RELATED TO MEETING THE THRESHOLD CRITERIA IN THE FHFC RFA RELATED TO PROXIMITY TO PUBLIC TRANSPORTATION, AND PROVIDE A WRITTEN NARRATIVE THAT EXPLAIN THE ANTICIPATED SCORE IN DETAIL. PLEASE PROVIDE THE LOCATION OF THE PUBLIC TRANSPORTATION/BUS STOP, AND THE TYPE OF STOP IT IS, AND THE DISTANCE THAT YOU CALCULATE FROM THE DEVELOPMENT TO THE PUBLIC TRANSPORTATION.

VI. CERTIFICATION (Original Signatures Required)

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING READ ALL APPLICABLE AUTHORITY RULES GOVERNING THE PROGRAM AND ACKNOWLEDGE HAVING READ THE NOFA AND THIS APPLICATION.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES, INCLUDING THOSE DETAILED IN THE NOFA AND THIS APPLICATION.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESENTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE AUTHORITY'S INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FINANCE THE PROPOSED DEVELOPMENT. **APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, AND THE CREDIT UNDERWRITER.**

Applicant

Date

Signature of Witness

Name and Title ((typed or printed)

Name (typed or printed)

NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY