

**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):

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Acquisition    | <input type="checkbox"/> New Construction  | <input type="checkbox"/> Homebuyer's Assistance            |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Pre-development Loan (CHDOs only) |
|   |  | <input type="checkbox"/> Other _____                       |

5. Anticipated project start date: \_\_\_\_\_

6. Type of Applicant (mark all that apply):

|                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Local Gov't | <input type="checkbox"/> Public Agency | <input type="checkbox"/> L.L.C.      |
| <input type="checkbox"/> Non-profit  | <input type="checkbox"/> CHDO          | <input type="checkbox"/> PHA         |
| <input type="checkbox"/> For-profit  | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Corporation |
|                                      |  | <input type="checkbox"/> 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.

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.

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

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:                   |                 |

| c. Construction/Implementation                       | Completion Date |
|--|-----------------|
| 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 |
|----------------------------|------------|----------------|
| <b>Real Estate Matters</b> |            |                |
| Partnership formation      |            |                |
| Subdivision                |            |                |
| Condominiumization         |            |                |
| Other                      |            |                |
| <b>Project Design</b>      |            |                |
| 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             |  |  |

|                        |  |  |
|------------------------|--|--|
| <b>Developer's Fee</b> |  |  |
|------------------------|--|--|

**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 |  |  |
| Reimbursables     |  |  |
| 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 |  |  |
|------------------------------|--|--|

| g. Tenant and Homebuyer Assistance    | Total Cost | County Funding |
|---------------------------------------|------------|----------------|
| 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.

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Are there designated floodplain areas on the site?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there designated wetland areas on the site?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the project/surrounding area listed on National/State/Local Registers of Historic Places? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the project affected by a noise source (airport, railroad tracks, major street/highway)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of any other environmental hazards that are on or near the site?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any soil, slope or erosion concerns associated with the site?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a Phase One Environmental Assessment been done for the site?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any other environmental issues you wish to bring to our attention?                 | <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.) |
|-------------------|-------------|----|----------------------------|
|                   | Yes         | No |                            |
| Heating           |             |    |                            |
| Air Conditioning  |             |    |                            |
| Cooking           |             |    |                            |
| Lighting          |             |    |                            |
| Water             |             |    |                            |
| Hot Water Heating |             |    |                            |

d. Annual Income from Other Sources

| Source                              | Amount |
|-------------------------------------|--------|
| Parking                             |        |
| Laundry Facilities                  |        |
| Program Income (for services, etc.) |        |
| Other (describe)                    |        |

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

|                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Dishwasher   | <input type="checkbox"/> Refrigerator    | <input type="checkbox"/> Window Treatments |
| <input type="checkbox"/> Disposal  | <input type="checkbox"/> Washer/Dryer | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> 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

| Item                       | Amount |
|----------------------------|--------|
| Decorating                 |        |
| Repairs                    |        |
| Security                   |        |
| Ground Maintenance         |        |
| Annual Replacement Reserve |        |
| Other:                     |        |
| Total Maintenance          |        |

d. Annual Taxes and Insurance

| Item                      | Amount |
|---------------------------|--------|
| Real Estate Taxes         |        |
| Insurance                 |        |
| Total Taxes and Insurance |        |

e. Annual Program Expenses\*

| Item                          | Amount |
|-------------------------------|--------|
| 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                    |  |
| Collection Loss                 |  |
| Replacement Reserves (per unit) |  |
| Vacancy Rate                    |  |

|                                    |  |
|------------------------------------|--|
| 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                |  |

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 |         |         |
| After rehabilitation  |         |         |

b. Assistance provided per home.

|                                    | Average | Maximum |
|------------------------------------|---------|---------|
| Pinellas County Funds              |         |         |
| Total rehabilitation cost per home |         |         |

c. Specific terms of the financial assistance provided to homeowners

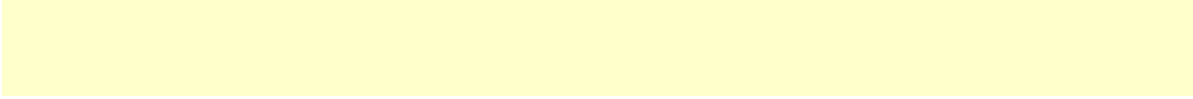
28. Acquisition, Rehabilitation, or New Construction of Homes for Sale: (to be filled out for this type of project only)

a. Use of Funds

| Activity         | Total Cost Per Unit |
|------------------|---------------------|
| Acquisition      |                     |
| New Construction |                     |
| Other:           |                     |

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