

# APPLICATION

## ESCAMBIA COUNTY HOUSING FINANCE AUTHORITY MULTI FAMILY TAX EXEMPT MORTGAGE REVENUE BOND PROGRAM

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## CITY OF PENSACOLA LOCAL GOVERNMENT CONTRIBUTION FOR FHFC HOUSING TAX CREDITS UNDER RFA 2022-205

SUBMIT ORIGINAL COMPLETED APPLICATION WITH ONE (1) COPY TO THE ADDRESS BELOW:

ESCAMBIA COUNTY HOUSING FINANCE AUTHORITY

Attn: LISA BERNAU

700 S. PALAFOX STREET, SUITE 310

PENSACOLA, FL 32502

PHONE: 850-432-7077

EMAIL: [LISA.BERNAU@ESCAMBI AHFA.COM](mailto:LISA.BERNAU@ESCAMBI AHFA.COM) AND

[FRAN.JONES@ESCAMBI AHFA.COM](mailto:FRAN.JONES@ESCAMBI AHFA.COM)

APPLICATION SHOULD ALSO BE SUBMITTED IN PDF FORMAT.

**DEADLINE: 3 p.m., CST, December 1, 2022**

# LOCAL GOVERNMENT CONTRIBUTION FOR FHFC HOUSING TAX CREDIT UNDER RFA 2022-205 & MULTI FAMILY TAX EXEMPT MORTGAGE REVENUE BOND PROGRAM APPLICATION

## GENERAL INFORMATION:

The City of Pensacola and the Escambia County Housing Finance Authority (ECHFA) announce the availability of local government contribution support for eligible projects to meet the criteria of the Florida Housing Finance Corporation (FHFC) RFA 2022-205 SAIL Financing of Affordable Multifamily Housing Developments to be used in Conjunction with Tax-Exempt Bonds and Non-Competitive Housing Credits. This joint application is solely for the use of applicants seeking the required minimum Local Government Contribution AND ECHFA bond financing for FHFC RFA 2022-205. Developers must utilize the ECHFA for issuance of tax-exempt bonds in order to receive the local government contribution.

This application and supporting documents may be found online at: <https://www.cityofpensacola.com/129/Housing-Department> and <https://www.escambiahfa.com/developers/how-to-apply>. Applications must be submitted electronically via email to [Lisa.Bernau@escambiahfa.com](mailto:Lisa.Bernau@escambiahfa.com) and [Fran.Jones@escambiahfa.com](mailto:Fran.Jones@escambiahfa.com) and one (1) original and one (1) hard copy to Lisa Bernau, ECHFA, 700 South Palafox Street, Suite 310, Pensacola, FL 32502. The application submittal deadline is **3 p.m., CST, Thursday, December 1, 2022.**

Proposed projects must be located within the Pensacola city limits. A searchable map showing City limits is available online: <https://maps.roktech.net/pensacolagomaps4/>.

Questions may be submitted to [Fran.Jones@escambiahfa.com](mailto:Fran.Jones@escambiahfa.com)

## LOCAL GOVERNMENT CONTRIBUTION FUNDING:

Funding will be provided by the Escambia County Housing Finance Authority (ECHFA) only for proposals that meet the minimum requirements specified herein. Funding is subject to availability. In each instance, the minimum contribution required by FHFC will be provided.

Funding will be in the form of a 20 year, 0% interest deferred loan, with the provided amount depreciating over the term of the loan, provided the property is not in default of program terms.

## BOND FINANCING:

For full information regarding fees, policies and procedures related to ECHFA's bond financing, please see ECHFA's Multi-Family Developer's page at <https://www.escambiahfa.com/developers/multi-family-programs>. At the time of application, a non-refundable bond application fee of \$5,000 is due via cashier's check to ECHFA or contact ECHFA for wiring instructions.

## OTHER TERMS AND CONDITIONS:

1. Applicants acknowledge that all information provided in this application is considered a public record to the extent of the State of Florida public records law.
2. Funding commitments are good through June 30, 2023 for RFA 2022-205.
3. Incomplete applications will not be considered.
4. The ECHFA or the City reserves the right, at its discretion, to waive minor informalities or irregularities in any responses, request clarification/information from the applicants, reject any or all responses in whole or in part, with or without cause, and accept any response, which will be in ECHFA's or the City's best interest.
5. Any clarification, correction, or change to this application will be made via a written addendum to be made available online at the site above. Any oral or other type of communication regarding this application is not binding.

**THRESHOLD REQUIREMENTS:**

Applications that do not meet the following basic project thresholds will not be considered.

1. Escambia County Housing Finance Authority/City of Pensacola Local Contribution Application form must be completed in its entirety (attached).
2. Property must be located within the City of Pensacola limits.
3. A preliminary Site Plan and Elevation/Designs must be included, if available.
4. Supplemental Documents must be attached as follows:
  - a. Credit Enhancement Commitment/Letter of Interest
  - b. 15 year Project Proforma and proposed sources and uses statement
  - c. Evidence of Site Control as documented by a deed or certificate of title, executed eligible contract or long-term lease per the definitions outlined in the applicable FHFC RFA.
  - d. Executed FHFC Ability to Proceed Forms as follows:
    - i. Verification of Availability of Infrastructure-Roads
    - ii. Verification of Availability of Infrastructure-Water
    - iii. Verification of Availability of Infrastructure-Sewer Capacity, Package Treatment or Septic Tank
    - iv. Verification of Availability of Infrastructure-Electricity
  - e. Development Team Experience Information.
  - f. Other applicable documents as outlined in Bond application section.

**SUBMISSION INSTRUCTIONS:**

Submit one (1) original and one (1) copy of the entire application by mail or hand delivery no later than the due date and time listed in the application to:

ESCAMBIA COUNTY HOUSING FINANCE AUTHORITY  
Attn: LISA BERNAU  
700 S. PALAFOX STREET, SUITE 310  
PENSACOLA, FL 32502

Additionally, a complete PDF of the entire application should be submitted via email to the following:

EMAIL: [Lisa.Bernau@escambiahfa.com](mailto:Lisa.Bernau@escambiahfa.com) and [Fran.Jones@escambiahfa.com](mailto:Fran.Jones@escambiahfa.com)

Bond Application fee of \$5,000 is due with application. Cashier's check should be made to Escambia County Housing Finance Authority or contact ECHFA for wiring instructions.

## LOCAL GOVERNMENT CONTRIBUTION APPLICATION

1. Is the development location within the Pensacola city limits?  NO (STOP. Not eligible)  YES

2. Is the project located in a City Community Redevelopment Area?  NO  YES

If yes, provide name of CRA: \_\_\_\_\_

Pensacola CRA District maps at: <http://cityofpensacola.com/534/CRA-District-Maps>

**3. Local Government Contribution Loan request: \$37,500**

The maximum amount of local government support available for projects funded by the FHFC is the minimum amount for a project to score maximum points under FHFC’s RFA guidelines. The ECHFA loan preference is a 20 year, 0% interest deferred loan, with the provided amount depreciating over the term of the loan, provided the property is not in default of program terms.

**4. DETAILED DEVELOPMENT BREAKDOWN BY UNIT.** Please show the proposed number of units for each income category.

BR SIZE→	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
↓INCOME LEVEL					
0-30% Area Median Income (AMI)					
31-50% AMI					
51-60% AMI					
61-80% AMI					
81-140% AMI					
<b>TOTALS:</b>					

**TOTAL UNITS:** \_\_\_\_\_

**5. PROPOSED RENTS.** Please show the proposed rents by bedroom size and income levels.

BR SIZE→	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
↓INCOME LEVEL					
0-30% Area Median Income (AMI)					
31-50% AMI					
51-60% AMI					
61-80% AMI					
81-140% AMI					

**6. PROPERTY MANAGEMENT TEAM:**

- a. Name of Proposed Property Management Company: \_\_\_\_\_
- b. Address of Management Company: \_\_\_\_\_

**7. RESIDENT PROGRAM OFFERINGS:** FHFC mandates provision of resident programs. Please list all resident programs that will be offered at the development (FHFC required, plus any additional):

- Assistance with Light-Housekeeping, Grocery Shopping and/or Laundry (Elderly Only)
- After School Program for Children
- Daily Activities (Elderly)
- Family Support Coordinator
- Homeownership Opportunity Program
- Resident Assurance Check-In Program (Elderly)
- Computer Training
- Employment Assistance Program
- Financial Management Program
- Adult Literacy Training
- Other: \_\_\_\_\_

**CERTIFICATION:**

The proposer certifies that all documents included with this application are valid as of the date of this application and that current, dated copies have been submitted with this proposal. The person executing this document represents that s/he has the authority to bind the applicant. All items must be complete and included in the response by the deadline in order to meet minimum qualifications. The proposer recognizes that any tax-exempt debt to be used in connection with financing the project will be issued through the ECHFA and agrees that this application will also be considered an application to the ECHFA for such assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Escambia County Housing Finance Authority Multi-Family Tax Exempt Mortgage Revenue Bond Program  
application continues next page.

**SUMMARY OF PROPOSED DEVELOPMENT**

**GENERAL INFORMATION**

<b>NAME OF PROJECT</b>	
Developer/Location	
Development Location	
Type NC/Rehab	
Units	
Bedrooms	
Total Square Feet	
Funds Requested Total and per unit	
Total Cost	
Land Cost	
Acquisition of Building Cost if applicable	
Hard Rehab Cost or Construction Cost	
General Contractor	
Credit Enhancement if utilizing Bonds	
Set Aside Period	
Set Aside Levels	

**Tax Exempt Bond Amount Requested:**     \$ \_\_\_\_\_

**Taxable Bond Amount Requested:**         \$ \_\_\_\_\_

**Total Bond Amount Requested:**            \$ \_\_\_\_\_

**Total Project Cost:**                            \$ \_\_\_\_\_

**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.<sup>1</sup>

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email and/or Fax: \_\_\_\_\_

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

If corporation, name and title of executive officer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email and/or Fax: \_\_\_\_\_

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: \_\_\_\_\_ Email and/or Fax: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email and/or Fax: \_\_\_\_\_

<sup>1</sup> 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.



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 \_\_\_\_\_

2. Is Bond Allocation being requested? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. DEVELOPMENT INFORMATION**

A. Development Name:<sup>2</sup>

\_\_\_\_\_

B. Development Street Address/city/zip code (if new construction and street address is not available, attach legal description).

\_\_\_\_\_  
\_\_\_\_\_

C. Development Category and Population:

1. a. Choose all that apply:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Acquisition | <input type="checkbox"/> Remarketing       |
| <input type="checkbox"/> Rehabilitation   | <input type="checkbox"/> Refunding   | <input type="checkbox"/> Acquisition/Rehab |

b. If acquisition, rehabilitation, or acquisition/rehab was selected, is the Development occupied?<sup>3</sup>

No \_\_\_\_\_ Yes \_\_\_\_\_

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: \_\_\_\_\_

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<sup>2</sup> After Final Board Approval, Development name MAY NOT BE CHANGED OR ALTERED WITHOUT CONSENT OF THE AUTHORITY. If available, provide the actual trade, "marketing" or d/b/a name.

<sup>3</sup> 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.

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

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/#Residential Units)

1. Description of units by square footage and monthly rent proposed to be charged.
2. 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

F. Public Policy Issues:

1. The Applicant will agree to a Land Use Restriction Agreement enforcing the set-asides described in this application for \_\_\_\_\_ years with a minimum of 30 years.

2. Describe resident programs and activities that will be provided by the Applicant. The Authority reserves the right to require any programs and activities the Applicant represents that it will provide to be a part of the Land Use Restriction Agreement. Attach a description of how the Applicant will provide each resident program that is checked below. The resident programs encouraged to be provided are:

**Health Care – (Strongly Encouraged)** - 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 – (Strongly Encouraged)** - 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 – (Strongly Encouraged)** - 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 – (Strongly Encouraged)** - If provided, 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 (Strongly Encouraged)** – 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, 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)** – The Applicant or Management Agent shall provide on-site classes, at no cost the resident, at least 8 hours per year.

**3. Applicants in connection with Elderly Developments must provide a minimum of two (2) of the following programs. The Authority reserves the right to negotiate resident services to be provided based on the characteristics/needs of a particular Development:**

**Resident Assurance Check-In Program – (Strongly Encouraged)** - 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 – (Strongly Encouraged)** - 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** – 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** – 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** – 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** – 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.

4. Applicants in connection with Non-Elderly Developments are encouraged to provide the following Resident programs but must provide a minimum of three (3) programs which will be approved by the Authority and Municipal Advisor (Authority reserves the right to negotiate resident services to be provided based on the characteristics/needs of a particular Development):

**Homeownership Opportunity Program – (Strongly Encouraged)** - If offered, 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 down payment 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 – (Strongly Encouraged)** - 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 – (Strongly Encouraged)** - 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** – 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** – 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** – 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.

**Homeless, Veterans or Special Needs Housing** – Applicant may propose appropriate Resident Programs. Attach description.

5. Describe in detail all design and other physical amenities that provide enhanced quality of life, energy efficiency, increased security, handicapped accessibility, or other features. The Authority reserves the right to require selected feature(s) be made a part of the Land Use Restriction Agreement.

6. Development Buildings.

a. Give number of buildings with dwelling units: \_\_\_\_\_

b. Total number of buildings in Development: \_\_\_\_\_

c. Describe ALL non-residential buildings, including size (square feet) of each, including specific size of clubhouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Total square feet in Development (all buildings): \_\_\_\_\_

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

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

8. Development Size. Identify acreage or lot size of entire Development: \_\_\_\_\_  
\_\_\_\_\_

9. If Development is a phased Development, include only the acreage for this phase.)

**10. Development Location.**

a. If applicable, give name of incorporated municipality: \_\_\_\_\_

b. Jurisdiction that must issue permits:

\_\_\_\_\_  
Telephone: \_\_\_\_\_ Email and/or Fax: \_\_\_\_\_

**III. DEVELOPMENT FINANCING AND PROPOSED STRUCTURE**

A. Please attach a description of the proposed financing 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. Include a description of any subsidies required or expected, such as SAIL, HOME, CDBG, tax credit, 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.<sup>5</sup>

B. If SAIL, HOME, CDBG and/or SHIP funding is shown and is not firmly committed, does applicant plan to proceed with the Development, and if so, please attach an explanation of how the Development will be completed without those funds.

Does the Applicant plan to proceed with the bond financing if those funds are not received?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, attach an explanation.

C. 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: \_\_\_\_\_<sup>6</sup>

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

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, check all that apply:

Moderate Rehab

RD 515

Section 8

Other \_\_\_\_\_

Number of units receiving assistance: \_\_\_\_\_

<sup>5</sup> Include 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.

<sup>6</sup> Please note that a firm commitment letter from the Syndicator must be provided during the Credit Underwriting.

Number of years remaining on rental assistance contract: \_\_\_\_\_

E. 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: \_\_\_\_\_

FannieMae

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 must be attached hereto.**

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

- a. 15-year Pro forma cash flow; and
- b. Proposed sources and uses of funds.

**IV. ABILITY TO PROCEED**

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development. Site control must be demonstrated by the Applicant.

A. Zoning and Land Development Regulations.

Is the site appropriately zoned for the proposed Development: No \_\_\_\_\_ Yes \_\_\_\_\_

If the answer is No, please explain your plans for rezoning:

B. Site Plan.

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of the approved site plan.

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.

C. Rehabilitation: An approved site plan or copy of an “as-built” survey of the Development should be provided.

D. Other Permits.

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

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, estimated date for issuance: \_\_\_\_\_

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

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, estimated date for issuance: \_\_\_\_\_.

E. Environmental Safety. Appropriate environmental reports are required as a condition of closing.

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.

Electricity

Water

Sewer capacity, Package Treatment, or Septic Tank

Roads

G. Experience of the Development Team – Please include a description of the experience of the Development Team (including the Developer, Borrower, Manager and any other party constituting a part of the Development Team).



1. Has the Applicant, any member of the Development Team, or any Affiliate of any of them had unacceptable performance history as described in Section B of the Authority’s Multi-Family Tax Exempt Mortgage Revenue Bond Program Policy and Procedures?

Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, attach a detailed explanation of the situation(s) and resolution.

2. Has the Applicant, any member of the Development Team or any Affiliate of any of them 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.

3. Has the Applicant, any member of the Development Team or any Affiliate of any of them 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.

**V. DEVELOPMENT SUMMARY AND TIMELINE**

- A. Provide a timeline for the completion of the Development which includes all key dates, such as anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

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**(Attach additional sheet(s) if necessary).**

**VI. REHABILITATION APPLICANTS ONLY SECTION**

Attach 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.

**VII. CERTIFICATION AND TOTAL BOND REQUEST**

Tax Exempt Bond Amount Requested: \$ \_\_\_\_\_

Taxable Bond Amount Requested: \$ \_\_\_\_\_

**TOTAL BOND AMOUNT REQUESTED:** \$ \_\_\_\_\_

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, ACKNOWLEDGES HAVING READ THE INSTRUCTIONS FOR COMPLETING THIS APPLICATION AND AGREES TO PAY ALL FEES AS OUTLINED ABOVE IN CONNECTION WITH THIS FINANCING.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES.

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. **BEFORE THE AUTHORITY CAN APPROVE THE PROPOSED DEVELOPMENT FOR FINANCING, IT MUST RECEIVE STATE BOND ALLOCATION AND APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE AUTHORITY BOARD, ISSUER’S COUNSEL, BOND COUNSEL, THE CREDIT UNDERWRITER AND APPLICABLE COUNTY COMMISSION AND STAFF.**

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name and Title (typed or printed)

\_\_\_\_\_  
Name (typed or printed)

Multi-family Application