



**ESCAMBIA COUNTY HOUSING  
FINANCE AUTHORITY**

**Rental Development Pre-applications must be submitted to:**

Escambia County Housing Finance Authority

Attn: Multifamily Program

700 South Palafox Street, Suite 310

Pensacola, Florida 32502

(850) 432-7077 x 110 or Toll Free (800) 388-1970

or e-mail to:

[fran.jones@escambiahfa.com](mailto:fran.jones@escambiahfa.com)

**DEVELOPER INFORMATION**

**Developer:** \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

**Organization Type (check one):**

<input type="checkbox"/>	For Profit Developer
<input type="checkbox"/>	Non-profit Developer
<input type="checkbox"/>	Community Housing Development Organization (CHDO)
<input type="checkbox"/>	Special Needs Housing Developer
<input type="checkbox"/>	Housing Authority

**Developer Contact:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**President, CEO, Director Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DEVELOPMENT SUMMARY**

**Project Name:** \_\_\_\_\_

**Project Address or Location:** \_\_\_\_\_

Project Tax Parcel Number(s), if available \_\_\_\_\_

**County:** \_\_\_\_\_

**Project Activities (check all that apply):**

<input type="checkbox"/>	Acquisition and/or Rehabilitation	<input type="checkbox"/>	Multi-family (Apartments)
<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Scattered Site Development
<input type="checkbox"/>	Preservation	<input type="checkbox"/>	Elderly/Special Needs Development

### 1.0 Targeted Tenant Income Ranges

< 30% AMI	31 - 50% AMI	51 -80% AMI	81 – 120% AMI	Households
				Families
				Elderly
				Students
				Special Needs (Identify):

### 1.1 Proposed Number of Units Listed By Size and Income Level

% Median Income	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Five Bedroom	Totals

### 1.2 Funding Sources and Uses

Sources of Funds	Proposed Funding	Committed/Conditional Funding	Total Funding
<b>TOTAL Sources</b>			

Uses of Funds	Proposed Funding	Committed/Conditional Funding	Total Funding
<b>TOTAL Uses</b>			

	Proposed Funding	Committed/Conditional Funding	Total Funding
<b>TOTAL DEVELOPMENT COST</b>			

### 1.6 Signature of Authorized Official

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment

- o **Project/Site Location Map**. Include a physical description of the planned project that includes the size, number of stories, type of construction, layout of the buildings, and any other unique features of this particular project and target population. (Attach a copy of preliminary design and site plan if available).