



CITY OF MODESTO
Affordable Housing Deferral Application

Application Type

Check all that apply:

[] CFF Deferral - Affordable Housing:

Qualifications (Check One):

- [] Any Low or Very Low Income housing units constructed or expanded by the Housing Authority of Stanislaus County or any entity in which the Housing Authority is a major partner. (Council approval waived per Resolution No 2008-070)
[] Any Low or Very Low Income or special needs housing, as identified in the Housing Element, constructed or expanded by any other person or entity. (Council approval required per Resolution No. 2008-070)

A. Applicant Information

Full Name:

Last First M.I.

Relationship to Owner:

Physical Address:

Street Apartment/Unit #

City State ZIP Code

Mailing Address

(if different than above):

Street Apartment/Unit #

City State ZIP Code

Phone: () Work: () Fax: ()

Email :

(Single-Family CFF Deferral Applicants only):

Social Security Number (SSN): Date of Birth:

Spouse Name: Last First M.I. Date of Birth:

Spouse Social Security Number (SSN):

A.1. Organization Information

Organization:

Contact: Title:

Last First

Mailing Address:

Street Address Apartment/Suite Number

City State Zip

Phone: () Fax: ()

Email:

Legal Status of Applicant:

- Nonprofit Organization
- Joint Venture
- Local Government
- General Partnership
- Individual
- Other (specify): _____
- Limited partnership
- Corporation

IRS Tax Identification Number: _____

Ownership Entity:

- Applicant is the current owner and will retain ownership.
- Applicant is the current owner and will not retain ownership.
- Applicant is the project developer and will be part of the final ownership entity.
- Applicant is the project developer and will not be part of the final ownership entity.

If the owner or project developer will not retain ownership, include an attachment which details the process, timing, and outcome of the disposition of this project.

Name of individuals who will be the general partner(s) or principal owner(s):

Developer Type:

- Nonprofit
- For Profit
- Joint Venture

The Development Team: Indicate which team members have been selected and provide contact information (name, address, phone number, fax number, etc). Use additional Sheets if necessary.

- Developer (if different from the applicant)
- Management Agent/Company
- Syndication Firm (if any)
- Attorney(s) and/or Accountant(s)
- Consultant (if any)
- Architect
- General Contractor

Contact: _____ Title: _____
Last First

Mailing Address: _____
Street Address Apartment/Suite Number

City State Zip

Phone: () _____ Fax: () _____

Email: _____

A.2. Applicant Qualifications

Summarize your organization's experience in affordable housing development, housing management, and/or other areas relevant to the proposed project. Also describe how your organization will implement this project.

Once completed, who will manage the project?

List previous affordable housing projects developed by your organization (most recent projects). Provide below or as an attachment:

Project Name: _____
Project Location: _____
Project Type: _____
Number of Units: _____ Year Completed: _____

Project Name: _____
Project Location: _____
Project Type: _____
Number of Units: _____ Year Completed: _____

A.3. Conflict of Interest

List the names and positions of members of the Board of Directors, officers, workers, other members of the organization, or members of the development team who are appointed members of a City Commission or Committee, or a City employee.

B. Project Information

Parcel Number(s): _____
Site Address: _____
Street Address *Apartment/Suite Number*

City *State* *Zip*

Name of Project: _____
Type of Project: _____

B.1. Project Description

Provide a brief narrative of the proposed project. Include project objectives, target population, major project characteristics, number and type of units, surrounding neighborhood, proximity to services, public or other transportation, etc.

If the site is vacant, describe any prior known use. Also indicate the age of any buildings or other structures currently located on the site.

Building and Unit Information

Total Number of Buildings: _____ Residential _____ Community _____

Number of Units and Square Footage

_____ Total Number of Units
 _____ Total Number of Units designated for low-income
 _____ Percent of units designated low-income units to total units
 _____ Total square footage of all residential units
 _____ Total square footage of units designated for low-income
 _____ Percent of units designated low-income square footage to total residential square footage
 _____ Total commercial space square footage (if applicable)
 _____ Total common area square footage (if applicable)
 _____ Total square footage of all project structures (residential, commercial, common areas and parking).

Project Rents: For rental housing projects, complete the following:

Number of Bedrooms: _____ Total Number of Units: _____
 Units in Total: _____ Unit Size (Square Feet): _____
 Monthly Rent (without Utilities): _____ Monthly Utility Allowance: _____
 Monthly Rent plus Utilities: _____
 Percent of Area Median Income Targeted: _____
 Units Designated Low Income: _____
 Market-Rate Units: _____

B.2. Site Information

Site Dimensions: _____ Acres _____ Square Feet

Is the project site in an unincorporated area? Yes No

Is the project site in the Redevelopment Project Area? Yes No

Housing Category (Check all that apply)

Rental Housing Owner-Occupied Housing Transitional Housing
 Rehabilitation Reconstruction New Construction
 Acquisition Other (Specify): _____

Housing Type (Check all that apply)

Single Room Occupancy Townhouse/Row House One or Two Story Garden
 Attached Multifamily Single-Family Dwelling Condominium
 Detached 2, 3, or 4+ Family Two or More Story
 Other (Specify): _____

Site Control

Applicant currently has control of site through:

Fee simple title (full control) Ground Lease - Lease Period: _____
 Option - Option Type: _____ / Option Period: _____
 Other – Please describe: _____

Provide evidence of site control (i.e. include copy of grant deed, purchase option agreement, etc.):

If site is not under applicant's control, provide timeline and schedule for establishing site control:

Provide a payout of the site showing details of the site, including the locations of any existing buildings or structures.

Provide a location map, showing location of the site to the surrounding area.

Are there any special or unusual features which should be known about this site?

B.3. Project Development Schedule

Indicate the actual or expected date for the following activities:

Site:

Acquisition _____ Environmental Review Completed _____

Local Permits:

Conditional Use Permit _____ Variance _____

Plot Plan Review _____ Grading Permit _____

Building Permit _____

Construction Financing:

Loan Application _____ Enforceable Commitment _____

Closing and Disbursement _____

Permanent Financing:

Loan Application _____ Enforceable Commitment _____

Closing and Disbursement _____

Type and Source:

Application _____ Closing and Award _____

Type and Source:

Application _____ Closing and Award _____

Construction and Occupancy:

Construction Start _____ Construction Completion _____

Placed in Service _____ Occupancy for All Low-Income Units _____

B.4. Planning and Environmental Information

Total Number of Units Proposed: _____ Total Land Area (acres): _____

Proposed Density (units/acres): _____ Current Zoning: _____

Zoning Required for Project: _____

If rezoning is required for this project, provide date rezoning approved or estimated approval date: _____

Indicate all local approvals required:

<u>Type of Approval Required</u>	<u>Application Date</u>	<u>Estimated or Actual Approval Date</u>
Negative Dec. Under CEQA	_____	_____
Toxic Report	_____	_____
Soils Report	_____	_____
Conditional Use Permit	_____	_____
Article 34 of State Constitution	_____	_____
Variance Approval	_____	_____
Other (specify): _____	_____	_____

Has an environmental assessment been completed? Yes No

If yes, list environmental assessment reference number and pertinent conditions, approvals, and findings:

Is the project located in a flood hazard zone?

Yes No Don't Know

C. Income Information

Applicant's Current Source of Income: Employment Social Security Supplemental Security Income Public Assistance Other

Employer (if applicable): _____

Address: _____

Street Apartment/Unit #

City State ZIP Code

Employer's Phone: () Employer's Fax: ()

Date of Hire: Position:

Gross Income: \$ Hour Week Month

Other Sources of Income: _____

Amount: \$ per Week Month

Previous Employer : (if less than two years) _____

Address: _____

Street Apartment/Unit #

City State ZIP Code

Employer's Phone: () Employer's Fax: ()

Date of Hire: Position:

Spouse's Current Source of Income: Employment Social Security Supplemental Security Income Public Assistance Other

Employer (if applicable): _____

Address: _____

Street Apartment/Unit #

City State ZIP Code

Employer's Phone: () Employer's Fax: ()

Date of Hire: Position:

Gross Income: \$ Hour Week Month

Other Sources of Income: _____

Amount: \$ per Week Month

Previous Employer : (if less than two years) _____

Address: _____

Street Apartment/Unit #

City State ZIP Code

Employer's Phone: () Employer's Fax: ()

Date of Hire: Position:

Full Name: _____ Age: _____ Sex: _____

Last

First

Gross Income: \$ _____ per Hour Week Month Source of Income: _____

Full Name: _____ Age: _____ Sex: _____

Last

First

Gross Income: \$ _____ per Hour Week Month Source of Income: _____

Full Name: _____ Age: _____ Sex: _____

Last

First

Gross Income: \$ _____ per Hour Week Month Source of Income: _____

E. Affordability Restrictions

What are the proposed affordability restrictions for these units (i.e. occupancy requirements, rental restrictions, time period, etc.)? How will the restrictions be enforced?

If affordability restrictions will be required for other units in the project, please describe:

F. Marketing Program

How will these units be marketed to the target population? How will this marketing approach promote equal housing opportunities and ensure compliance with Federal Fair Housing regulations?

Warning: Furnishing false information on a loan application is a crime!

U.S. Code Title 18, Section 1001 makes it unlawful for anyone to knowingly or willfully conceal a material fact, make any materially false, fictitious or fraudulent statement or make or use any false, fictitious or fraudulent writing or document. Violation of this section may be punishable by fine or imprisonment for not more than five years, or both.

I/We certify that the statements contained in the above schedules are true and accurate statements to the best of the applicant's knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone: () _____

Deferral Procedures

Document Checklist:

Upon approval, complete and return of a the following:

- Deferral Agreement, signed and notarized by Applicant
- Map Exhibit detailing property location
- Cashier's Check made out to *City of Modesto* for \$250.00 (Administrative Fee)
- Cashier's Check made out to *City of Modesto* for \$500.00 (Title Report)
- Cashier's Check made out to *City of Modesto* for \$12.00 (Removal of Lien)

Remit to: IFP Administrator
City of Modesto – Infrastructure Financing Programs
1010 Tenth Street, Suite 3300
PO Box 642
Modesto, CA 95353
(209) 577-5211

Approval Process:

1. Applicant will be notified in writing of approval status.
2. A *Deferral of Capital Facilities Fee, Water Connection and Wastewater Connection Fees Until Final Inspection Agreement and Notice of Lien* will be drafted by the City Attorney and forwarded to Applicant for review, signature and notarization.

Summary of Terms & Conditions:

- *Agreement subject to Compliance Period of 15 years from date of Deed of Trust.*
 - *No interest will accrue in the first 5 years of the Compliance Period.*
 - *Owner cannot sell, lease, gift or transfer property.*
 - *Owner or approved member of Owner's immediate family must continuously reside on property.*
 - *Owner will pay Deferred Fees over 10 years with monthly payments or principal and interest beginning in year 6 of the Compliance Period and continuing through year 15.*
 - *Owner shall record a Promissory Note in the amount of the CFF and payable City.*
 - *Owner shall record a Deed of Trust against the property and give the City the best available lien over the property.*
 - *Owner is required to maintain the Property in a good state of repair, insure the property, and pay all taxes levied on the property.*
 - *Full payment of the Deferred Fees shall be immediately due upon default and/or termination of the Agreement by either party.*
3. Applicant shall submit the following documents to the above address for review and recordation:
 - Promissory Note to serve as adequate security acceptable to the City to secure both principal and interest shall be provided for the duration of the deferral.
 - Deed of Trust
 4. Upon approval, the *Deferral of Capital Facilities Fee, Water Connection and Wastewater Connection Fees Until Final Inspection Agreement and Notice of Lien* will be executed by the City and forwarded to the Stanislaus County Records Office for recordation. An original copy will be forwarded to Applicant.