

I. APPLICATION 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 and any creation documents (e.g., articles of incorporation, articles of organization, etc.). If the Applicant is a general partnership or joint venture, provide a copy of the partnership/joint venture agreement. Also include audited financial statements for the proceeding three years, an annual report (if regularly issued) and, if the Applicant is a public company, a copy of form 10-K for the last three years. Documentation can be found behind tab labeled "Exhibit I-_____."

Note: 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.

Address: _____

Telephone: _____ Facsimile: _____

Email: _____

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

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____ Facsimile: _____

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: _____ Facsimile: _____

Email: _____

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

Name: _____

Company Name: _____

Address: _____

Telephone: _____ Facsimile: _____

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 ____; if "yes" provide the following items:

- a. Attach evidence of non-profit status behind tab labeled "Exhibit I-____."
- b. Attach evidence non-profit has been in existence for at least five years behind tab labeled "Exhibit I-____."
- c. Attach attorney's opinions as required by the Code and evidence that the nonprofit has not exceeded its allocation cap behind tab labeled "Exhibit I-____."

2. Is the Authority's Bond Allocation being requested? Yes ____ No ____

If "No", complete the following:

- a. Attach evidence of the federal minimum set aside requirement. Evidence can be found directly behind tab labeled "Exhibit I-____."

II. DEVELOPMENT INFORMATION

A. Development Name: _____

Note: 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.

B. Development Street Address/Zip Code (if new construction, give street names, city and zip code).

Legal description is attached behind tab labeled "Exhibit II-____."

C. Development Category and Population:

1. (a) Choose all that apply:

- New Construction Acquisition* Remarketing
- Rehabilitation Refunding Acquisition/Rehab

(b) If acquisition, rehabilitation, or a acquisition/rehab was selected, is the Development occupied? No ____ Yes ____.

Note: If an acquired Development is occupied, it must be in compliance with program rules at the time of the Bond Closing. Contact the Authority staff immediately for a letter of determination.

2. Choose the category that describes the population to be served:

- Family Elderly Other: _____

D. Has construction begun? No ____ Yes ____; Date permits issued: _____

Is the Development complete? No ____ Yes ____ Date CO issued: _____

If certificates of occupancy were issued on more than one date, attach a listing of issue-dates for each building directly behind tab labeled "Exhibit II_____."

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 Residential Units: _____ (Market rate units plus Set-Aside units)

Number of Set-Aside Units: _____

Percent of Set-Aside Units: _____ (# Set-Aside Units/#Residential Units)

F. Manager/Employee Units: Are there one or more manager or employee units in the Development?

No _____ Yes _____; if yes, how many? _____ Unit Type(s) _____

If so, will each unit be occupied by an income-eligible manager/employee and included in the number of units set aside? No _____ Yes _____. If included in set-aside, it must be used in all calculations for number of units, e.g. in rent charts, pro formas, etc. NOTE: If manager/employee unit(s) is exempt from HC rent restrictions, the unit rent should be calculated as if it were a market rate unit.

G. Breakdown of units by square footage and monthly rent charged. All units in the Development must be listed INCLUDING all manager/employee units. Indicate manager/employee units with an asterisk.

# of Bedrooms Per Unit	# of Baths Per Unit	Square Feet Per Unit	# of Units Per Bedroom Type	% of Area Median Income	Monthly Gross Rent for Set-Aside	Less Utility allowance (For HC Developments)	Net Rent for Set-Aside Units	Monthly Market Rent+

* NOTE: For any Development anticipating the use of tax credits, gross rents include the rent plus the allowance for resident-paid utilities for set-aside units. These rents may not exceed the allowable rents for the chosen set-aside as shown on the applicable rent charts included in the Tax Credit Application Package. Rents will be capped based on set-aside chosen.

+ NOTE: Answer for market rate units only.

H. 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

I. Public Policy Issues:

1. The Applicant agrees to abide by the set-asides described in this application for ____ years with a minimum of 50 years.
2. Describe in detail all resident programs and activities that will be provided by the Applicant. Each program selected by the Applicant will be made a part of the Land Use Restriction Agreement, and must be described behind tab labeled "Exhibit II-____." Developments that include a mix of elderly and non elderly units must provide all resident programs provided for both elderly and non-elderly Developments. The resident programs encouraged to be provided are:
 - a. **All Applicants** are encouraged to provide the following Resident programs but must provide a minimum of five (5) programs. The Authority reserves the right to negotiate resident services to be provided based on the characteristics/needs of a particular Development:

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 – 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 – 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 – 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 – 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 – 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 – 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 – 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.

- b. **Applicants in connection with Elderly Developments** are encouraged to provide the following Resident programs but must provide a minimum of two (2) 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.

c. 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 Financial 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 downpayment 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.

3. Describe in detail all design and other physical amenities that provide enhanced quality of life, energy efficiency, increased security, handicapped accessibility, or other features. Each feature selected by the Applicant will be made a part of the Land Use Restriction Agreement, and must be described behind tab labeled “Exhibit II-_____.” Developments that include a mix of elderly and non-elderly units must provide design features for both elderly and non-elderly units must provide design features for both elderly and non-elderly Developments. The design and amenity features to be provided are:

a. In addition to meeting all building code, Fair Housing Act, and Americans with Disabilities Act Requirements, the following items are required:

- Air conditioning (window units are not allowed), in all units;
- Dishwasher, in all new construction units;
- Garbage Disposal, in all new construction units;
- Cable TV Hook-Up, in all units;
- At least two full bathrooms in all 3 bedroom or larger new construction units;
- At least 1 and 1/2 bathrooms (one full bath and one with at least a toilet and sink) in all new construction 2 bedroom units;
- Minimum square footage requirements for all new construction units of 700 square feet (one bedroom), 900 square feet (two bedroom), 1150 square feet (three bedroom), and 1300 square feet (four bedroom or greater);
- Full sized appliances in all units;
- Bathtub in at least one bathroom in new construction non-elderly units.

b. For New Construction Units, the Applicant may select items from the following list. The selected items must total 25 points:

- Window Treatments (mini-blinds, curtains, vertical blinds) inside each unit- identify treatment (3 points)
- 30 Year Expected Life Roofing on all Buildings (5 points)
- Gated community with “carded” entry or security guard, or if mid-or-high-rise, “carded” secure entry to building (4 points)

- Exterior Finish -stucco or cementitious siding (3 points – check choice)
- Ceramic tile Bathroom Floors (2 points)
- Microwave Oven (3 points)
- Marble Window Sills (3 points)
- Fire Sprinklers in All Units (5 points)
- Steel entry door frames (2 points)
- Termite prevention/detection system (2 points)
- Built-in computer desks (2 points)
- Exterior lighting (3 points)
- Double compartment kitchen sink (1 point)
- Laundry Hook-ups and space for washer/dryer inside each unit (3 points)

c. For Rehabilitation of Existing Development, the Applicant may select items from the following list. The selected items must total 25 points:

- Laundry Hook-ups and space for washer/dryer inside each unit (3 Points)
- Window Treatments (mini-blinds, curtains, vertical blinds) inside each unit –identify treatment: (3 points)
- 30-Year Expected Life Roofing on all Buildings (4 points)
- Gated community with “carded” entry or security guard, or if mid-or-high rise, “carded” secure entry to building (3 points)
- Ceramic Tile Bathroom Floors (2 points)
- Microwave Oven (3 points) Marble
- Window Sills (3 points)
- Fire Sprinklers in All Units (4 points)
- Dishwasher inside each unit (3 points)
- Garbage disposals inside each unit (3 points)
- Steel entry door frames (2 points)

- Termite prevention/detection system (2 points)
- Built in computer desks (2 points)
- Exterior lighting (3 points)
- Double compartment kitchen sink (1 point)

d. For Elderly Developments or Developments with elderly units, the Applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

- Emergency call service in all elderly units
- Hairdresser Shop or Barber Shop on site
- Laundry facilities available on every floor
- All bathrooms in elderly units handicapped accessible with grab-bars per ANSI Requirements
- Public transportation within 150 feet of property (or elderly building if mixed family-elderly)
- Exercise room with appropriate equipment
- Community center or clubhouse
- Swimming pool
- Covered picnic area with at least three permanent picnic tables and a permanent outdoor grill
- Outside recreation facility (such as shuffleboard court, putting green, tennis court). Identify facility: _____
- Library consisting of a minimum of 100 books and 5 magazine subscriptions

e. For Non-Elderly Developments, or Developments with non-elderly units, the Applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

- Exercise room with appropriate equipment
- Community center or clubhouse
- Swimming pool

- Playground/tot lot (must be sized in proportion to Development's size and expected resident population with age-appropriate equipment)
- Car care area (for car cleaning/washing)
- Childcare facility located within three miles of the property
- Public transportation located within one-half mile of the property
- Library/study room consisting of a minimum of 100 books and 5 magazine subscriptions
- Two or more parking spaces per unit
- Outside recreation area for older children (such as basketball court, tennis court, volleyball court, etc.). Identify facility:

f. Energy Conservation Features for all units in the Development (Maximum available points for this category is 9 points):

(1) Heating – Applicant may select only one of the following three items:

- Heat pump with a minimum HSPF of 8.2 instead of electric resistance (1 point)
- Heat pump with a minimum HSPF of 8.5 instead of electric resistance (2 points)
- Gas hydronic combo unit HVAC (2 points)

(2) Cooling – Applicant may select only one of the following three items:

- Air conditioning with a minimum SEER rating of 14 (1 point)
- Air conditioning with a minimum SEER rating of 15 (2 points)
- Air conditioning with a SEER rating of 16 or better (3 points)

(3) Water Heating – Applicant may select only one of the following three items:

- Gas water heater with energy factor of .61 or better (1 point)
- Electric water heater with energy factor of .93 or better (1 point)
- Tankless gas water heater (2 points)

(4) Insulation – Wall insulation ratings are determined by the insulation material only, not the wall assembly materials. For mixed-type construction, the Applicant may only select the insulation option for the construction type that comprises 51 percent or more of the proposed Development.

(a) Frame built construction (Applicant may select only one of the following two items):

- Wall insulation of a minimum of R-13 (1 point)
- Wall insulation of R-15 or better (2 points)

(b) Masonry/concrete block construction (Applicant may select only one of the following two items):

- Wall insulation of a minimum of R-7 (1 point)
- Wall insulation of R-10 or better (2 points)

In addition, Applicant may select only one of the following two items:

- Attic insulation of R-30 or better (1 point)
- Insulation of R-19 with radiant barrier on top floor only (1 point)

(5) Windows (excluding windows on doors and sidelights) – Applicant may select only one of the following five items:

- Solar screens on all west and east facing windows (1 point)
- Double-pane glass on all windows (2 points)
- All windows double-pane with minimum solar heat gain coefficient of $\leq .50$ and minimum of $.75$ U Value (2 points)
- All windows single-pane with minimum solar heat gain coefficient of $.58$ or better (2 points)
- All windows single-pane with shading coefficient of $.67$ or better (2 points)

(6) Energy Star Appliances:

- Energy Star certified refrigerator and dishwasher in each unit (1 point)

(7) Other:

Ceiling fans in all bedrooms and living area in each unit (2 points)

J. Development Buildings.

1. Give number of buildings with dwelling units: _____

2. Total number of buildings in Development: _____

3. Describe ALL non-residential buildings, including size (square feet) of each, including specific size of clubhouse: _____

4. Total square feet in Development (all buildings): _____

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

Garden Apartments High Rise Mid-Rise with elevator

Townhouses Quadraplexes Other: _____

L. Development Size. Identify acreage or lot size of entire Development: _____

(NOTE: If Development is a phased Development, include only the acreage for this phase.)

M. Development Location.

1. If applicable, give name of incorporated municipality: _____

2. Name, title and address of chief elected official of jurisdiction that must issue permits:

Telephone: _____ Facsimile: _____

3. County Commission District and name of Commissioner for this Development's location: District ____ Commissioner _____

III. DEVELOPMENT FINANCING AND PROPOSED STRUCTURE

A. Proposed Finance Summary

	Check, if Applicable	Amount	% of Development Cost	\$ Per Unit
Tax-exempt Bonds*	<input type="checkbox"/>			
Tax-exempt Bonds**	<input type="checkbox"/>			
Taxable Bonds	<input type="checkbox"/>			
Conventional	<input type="checkbox"/>			
SAIL (Previous Cycle)	<input type="checkbox"/>			
SAIL (Anticipated Funds – 2003 Cycle)	<input type="checkbox"/>			
HOME (State Funds)***	<input type="checkbox"/>			
HOME (Local Funds)***	<input type="checkbox"/>			
CDBG***	<input type="checkbox"/>			
SHIP***	<input type="checkbox"/>			
HC Equity (4% credits)	<input type="checkbox"/>			
Other (Explain below:	<input type="checkbox"/>			
Total				

Other:

*Subject to state bond cap pursuant to Section 42(h)(4)(B). IRS, as amended.

** Not subject to the state bond cap pursuant to Section 42(h)(4)(B), IRC, as amended.

*** Explain below whether the funds have been committed, or are being sought in a future funding cycle.

Explanation of SAIL, HOME, CDBG 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, including 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. Attach the letter(s) as "Exhibit III- _____."

- B. If SAIL, HOME, CDBG and/or SHIP funding is shown and is not firmly committed, attach an explanation of how the Development will be completed without those funds. Attach the explanation as "Exhibit III- _____ ."

Does the Applicant firmly commit to complete the bond financing if those funds are not received? Yes _____ No _____

- C. If SAIL or HOME funding from Florida Housing is not shown, does the Applicant intend to apply for such funding? If so, how much: \$_____. What will be the anticipated use of the SAIL or HOME funds if received? _____

- D. 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: _____

A preliminary commitment letter is included as "Exhibit III-_____". The letter must include a description of how the syndication funding will be paid out during construction and following completion. At least 50% of the amount needed to complete construction must be paid at bond closing. A firm commitment letter must be provided during the Credit Underwriting.

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

No_____ Yes_____; if yes, check all that apply:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Moderate Rehab | <input type="checkbox"/> RD 515 |
| <input type="checkbox"/> Section 8 | <input type="checkbox"/> Other |

Number of units receiving assistance: _____

Number of years remaining on rental assistance contract:_____

F. Credit Enhancement

Letter of Credit: _____

Term: _____ Rating: _____

Third Party Guarantor: _____

Term: _____ Rating: _____

Private Placement/Name of Placement Agent: _____

Term: _____ Rating: _____

Florida Affordable Housing Guarantee Program (Separate application must be made.) Date application made: _____

FHA-Insured loan

Name of Lender:_____ Term: _____ Rating: _____

FannieMae

Name of DUS Lender: _____ Term: _____

Name of Interim Construction LOC Bank: _____ Rating: _____

Surety bond

Name: _____ Term: _____ 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; credit underwriting standards; and an outline of proposed terms, must be attached as "Exhibit III-_____."

- G. 50% Bond Test: For purposes of meeting the 50% bond test to receive automatic HC, tax-exempt bonds represent ____%. Attach a detailed 50% test calculation as Exhibit III-_____.
- H. Proposed 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. Material changes in the proposed structure after submittal of the application may result in delay of consideration by the Authority or loss of priority. A description of the proposed financing structure is attached as "Exhibit III-_____."
- I. Economic Feasibility of the Development. A description of the Development feasibility structure must be attached as "Exhibit III-_____" and include, at a minimum, the following:
1. 15-year Pro forma cash flow.
 2. Maximum interest rate at which the Development will work
 3. Detailed sources and uses, including a breakout for each line item on a per unit cost basis.

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

Site Control must be demonstrated by the APPLICANT. At a minimum, a Contract for Purchase and Sale must be held by the Applicant for the proposed site. The contract may not expire before December 31st of application year and the remedy for default on the part of the seller must include or be specific performance, and the buyer MUST be the Applicant. Site is controlled by:

_____ Contract for Purchase & Sale, and Title Insurance Commitment showing marketable title in the name of the Seller

_____ Recorded Deed, and Title Insurance Policy Showing marketable title in the name of the Applicant

_____ Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of Bond Financing. Also, a Title Insurance Commitment showing marketable title in the name of the lessee must be included.

IMPORTANT: If site control is not held by the Applicant, a fully executed, enforceable contract for purchase and sale or assignment of contract must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent ONLY upon the award of Bond Financing. If site control is evidenced by contract for purchase and sale, the Authority may give preference to those contracts that evidence ability to extend through December 31st of application year. Evidence of Site Control can be found directly behind tab labeled "Exhibit IV-_____."

B. Zoning and Land Development Regulations

- 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: at a minimum, the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions must permit the proposed Development.

2. New Construction Zoning and Land Development Regulation Development Requirements.

- a. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development. The local government verification letter can be found directly behind tab labeled "Exhibit IV- _____"; OR
- b. Applicant must provide copies of building permits for vertical construction for all buildings in a multi-building Development or a letter stating that except for payment of fees, permits would be issued. A copy of the permits or letter can be found directly behind tab labeled "Exhibit IV- _____".

3. Rehabilitation Zoning and Land Development Regulation Development Requirements:

- a. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development. The local government verification letter can be found directly behind tab labeled "Exhibit IV- _____."; OR
- b. Applicant must provide copies of rehabilitation/building permits or a letter stating that except for payment of fees, permits would be issued. A copy of the permits or letter can be found directly behind tab labeled "Exhibit IV- _____."; OR
- c. Applicant must provide a letter from the appropriate local government official that verifies that permits are not required for the

Development. A copy of the letter can be found directly behind tab labeled "Exhibit IV-_____."

C. Site Plan

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

Yes _____ No _____

If yes, a copy of the approved site plan is attached as "Exhibit IV-_____."

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 is attached as "Exhibit IV-_____."

2. Rehabilitation: Was site plan approval required by local governmental authorities at the time this Development was originally placed in service?

Yes _____ No _____

If yes, a copy of the approved site plan must be attached as "Exhibit IV-_____."

If no, a copy of an "as-built" survey of the Development must be attached as "Exhibit IV-_____."

D. Other Permits

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

No _____ Yes _____ If yes, attach evidence that the permitting process has been initiated or a description of status in the permitting process as "Exhibit IV- _____" and give the estimated date for issuance: _____

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

No _____ Yes _____ If yes, attach evidence that the permitting process has been initiated or a description status in the permitting process as "Exhibit IV- _____" and give the estimated date for issuance: _____.

E. Environmental Safety:

1. A Phase I Environmental Report must be provided (“Exhibit IV-_____”).
2. Does the Phase I Report recommend that a Phase II Report be completed? If so, attach the Phase II Report (“Exhibit IV-_____”).
3. Does either the Phase I or Phase II Report recommend any remedial action? If yes, attach a remedial action plan, which includes timing and costs (which must be reflected in the detailed sources and uses). If applicable, the plan is attached as “Exhibit IV-_____”.

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	Exhibit IV- _____
Water	Exhibit IV- _____
Sewer capacity, Package Treatment, or Septic Tank	Exhibit IV- _____
Roads	Exhibit IV- _____

G. **Experience of the Development Team**

The past performance record of the Development team (which consists of Developer, Management Agent, General Contractor, Architect/Engineer, Attorney, and Accountant) will be carefully reviewed.

1. **Experience of Developer**

Name: _____

Principal(s): _____

- a. Fill out the attached chart.
- b. Has the Developer, or any of the principals of the Developer 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 as “Exhibit IV-_____.”

- c. Has the Developer or any principal of the Developer 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 as "Exhibit IV-_____."

2. Experience of General Partner.

Name: _____

If entity, name of principal(s): _____

- a. Fill out the attached chart.

- b. Has the General Partner, or any of the principals of the General Partner 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 as "Exhibit IV-_____."

- c. Has the General Partner or any principal of the General Partner been associated with any Development that has been found in non-compliance with program requirements;?

Yes _____ No _____

If "Yes", attach a detailed explanation of the situation(s) and resolution as "Exhibit IV-_____."

3. Experience of Management Agent.

Name: _____

Principal(s): _____

- a. Fill out the attached chart.
- b. Has the General Partner, or any of the principals of the General Partner 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 as "Exhibit IV-_____."

- c. Has the Management Agent or any principal of the Management Agent been associated with any Development that has been found in non-compliance with program requirements?

Yes ____ No ____

If "Yes", attach a detailed explanation of the situation(s) and resolution as "Exhibit IV-_____."

4. Experience of General Contractor. Name: _____

- a. Fill out the attached chart.

5. Experience of Architect. Name: _____

- a. Fill out the appropriate attached chart.

6. Experience of Engineer. Firm Name: _____

- a. Fill out the appropriate attached chart.

7. Experience of Attorney. Name: _____

- a. Fill out the attached chart.

8. Experience of Accountant. Name: _____

- a. Fill out the attached chart.

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EXPERIENCE OF DEVELOPER

Name: _____

Address: _____

Phone Number: _____ Contact: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.

ATTACH ADDITIONAL SHEETS IF NECESSARY
 If utilized, the additional sheets are attached as "Exhibit IV- _____."

EXPERIENCE OF GENERAL PARTNER

Name: _____

Address: _____

Phone Number: _____ Contact: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.

ATTACH ADDITIONAL SHEETS IF NECESSARY
 If utilized, the additional sheets are attached as "Exhibit IV-____."

EXPERIENCE OF MANAGEMENT AGENT

Name: _____

Address: _____

Phone Number: _____ Contact: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/ SHIP/Conventional, etc.

ATTACH ADDITIONAL SHEETS IF NECESSARY
If utilized, the additional sheets are attached as "Exhibit IV-____."

EXPERIENCE OF GENERAL CONTRACTOR

Company Name: _____

Address: _____

License Number: _____ Expiration Date: _____

Contact Name: _____ Phone Number: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Year Completed

ATTACH ADDITIONAL SHEETS IF NECESSARY

If utilized, the additional sheets are attached as "Exhibit IV-_____."

EXPERIENCE OF ARCHITECT

Company Name: _____

Address: _____

License Number: _____ Expiration Date: _____

Contact Name: _____ Phone Number: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Year Completed

ATTACH ADDITIONAL SHEETS IF NECESSARY
 If utilized, the additional sheets are attached as "Exhibit IV-_____."

EXPERIENCE OF GENERAL ENGINEER

Company Name: _____

Address: _____

License Number: _____ Expiration Date: _____

Contact Name: _____ Phone Number: _____ Email: _____

Development Name	Location (City, State)	# of Units	New Construc. Or Rehab	Design Type	Year Completed

ATTACH ADDITIONAL SHEETS IF NECESSARY

If utilized, the additional sheets are attached as "Exhibit IV-_____."

EXPERIENCE OF ATTORNEY

Name of Firm: _____
 Name of Attorney(s): _____
 Address of Attorney: _____
 Phone Number: _____ Email: _____

Development Name	Location (City, State)	Role (Bond, Real Estate, Other)	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/ SHIP/Conventional, etc.	If Bonds, Name of Issuer	Development Name

ATTACH ADDITIONAL SHEETS IF NECESSARY
 If utilized, the additional sheets are attached as "Exhibit IV-_____."

EXPERIENCE OF ACCOUNTANT

Name of Firm: _____

Name of Accountant: _____

Address of Accountant: _____

Phone Number: _____ Email: _____

Development Name	Location (City, State)	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.	If Bonds, Name of Issuer

ATTACH ADDITIONAL SHEETS IF NECESSARY

If utilized, the additional sheets are attached as "Exhibit IV-_____."

V. DEVELOPMENT SUMMARY AND TIMELINE

A. Provide a short narrative description of the Development, including all amenities, unit features and scope of work to be performed. MAJOR Development AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT AND/OR THE LOW INCOME HOUSING AGREEMENT, IF APPLICABLE. Also attach as Exhibit V-_____ a timeline for the completion of the Development which includes all key dates, including anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

B. TO BE CONSIDERED COMPLETE, the Application must include a map showing the Development's location, and the location, age, number of units and current occupancy of competing bond and HC Developments within a five mile radius (info on age, number of units and occupancy can be shown on chart attached to the map). The map should also include any bond or HC Developments within the same radius that are under construction or in credit underwriting either at the ECHFA or FHFC. Additionally, the map should show the Development's proximity to community services, medical facilities, schools, shopping, major business and employment centers, and availability of public transportation. This may be found directly behind tab labeled "Exhibit V-_____".

VI. FORM OF EXPENSE AND INDEMNITY AGREEMENT

Attach as Exhibit VI-1 the “Form of Expense and Indemnity agreement found as Exhibit A within the “Application Procedures and Program Guidelines” handbook. An ORIGINAL SIGNATURE must be included on the form contained within the original application. Photocopies of the executed form may be utilized within the 12 copies of the application.

VII. REHABILITATION APPLICANTS ONLY SECTION

Attach as Exhibit VII-1, 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.

VIII. HOPE VI APPLICANTS ONLY SECTION

Attach as Exhibit VIII-1, a detailed description of the HOPE VI plan, funding, residents, and timing. At a minimum, the attachment should describe (i) the status and timing of the HOPE VI plan, and its approval by HUD, (ii) whether the lease of the property to the Applicant has been approved by HUD, (iii) the current status of the site, including whether demolition has occurred or when it will occur, (iv) a description of the existing facility that will or has been demolished, including the number of units, residents, and their incomes, (v) a plan for preference for and marketing of the new units to the existing residents, (vi) demolition budget, and source, (vii) status and timing of HOPE VI grant, (viii) copies and status of any draft HOPE VI documents, including any agreements between the Public Housing Authority and HUD or the Applicant/Developer.

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IX. CERTIFICATION AND TOTAL BOND REQUEST (Original Signatures Required)

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 APROVALS FROM THE BOARD OF DIRECTORS, ISSUER'S COUNSEL, BOND COUNSEL, THE CREDIT UNDERWRITER, APPLICABLE COUNY COMMISSION AND STAFF.

Applicant

Date

Signature of Witness

Name and Title (typed or printed)

Name (typed or printed)

NOTE: ORGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE PENNED IN BLUE INK, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY