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**HOUSING FINANCE AUTHORITY OF LEON COUNTY**

**2020 Bonds with SAIL Application &  
Local Government Support Funds**

**Application**

**THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING HFA OF LEON COUNTY  
BOND FINANCING & THE REQUIRED MINIMUM LOCAL GOVERNMENT CONTRIBUTION FOR  
FLORIDA HOUSING FINANCE CORPORATION SAIL FUNDS OR OTHER FHFC GAP FINANCING RFA**

SUBMIT ORIGINAL APPLICATION WITH 1 COPY TO THE ADDRESS BELOW  
IN ADDITION TO A COMPLETE PDF OF THE ENTIRE APPLICATION.

**APPLICATION FEE OF \$1000 IS DUE WITH APPLICATION  
CHECK SHOULD BE MADE TO THE HFA OF LEON COUNTY**

Housing Finance Authority of Leon County  
Attention: Mike Rogers, Chairman  
918 Railroad Avenue  
Tallahassee, Florida 32310

SUBMIT ONE (1) COPY (WITH FEE OF \$2500 WITH CHECK MADE OUT TO THE HENDRICKSON COMPANY) AND A PDF  
OF THE ENTIRE APPLICATION TO:

THE HENDRICKSON COMPANY  
1404 ALBAN AVENUE  
TALLAHASSEE, FLORIDA 32301  
mark@thehendricksoncompany.com  
850.671.5601

## GENERAL INFORMATION

A COMPLETE APPLICATION MUST BE SUBMITTED WHICH INCLUDES APPROPRIATE COPIES AND FEES. THE FEES ARE AS LISTED BELOW:

### FEES

- \$1,000 Application fee due with original application, check made out to HFA of Leon County
- \$2,500 Review fee, due with copies of application, but mailed to and check made out to The Hendrickson Company

An additional fee of \$5,000 will be due at closing (Closing Fee)

**IF ONE OF THE PROPOSED FUNDING SOURCES FOR THIS DEVELOPMENT IS BONDS, THE BONDS MUST BE ISSUED BY HFA OF LEON COUNTY. THE DEADLINE TO APPLY FOR HFA OF LEON COUNTY BONDS WILL BE NOTICED IN THE NOTICE FOR FUND AVAILABILITY.**

Please indicate if Applicant will use these funds in conjunction with (check one)

- FHFC HOUSING SAIL/BOND RFA # 2019-116
- OTHER FHFC RFA—IDENTIFY \_\_\_\_\_

**LOCAL GOVERNMENT LOAN REQUEST:** Please provide the details of your request for a local government contribution, including the requested loan amount and loan terms, including interest rate, maturity date, amortization, and balloon (if any). The maximum amount of the Local Government Support loan for projects funded by FHFC is the minimum amount that will allow local projects to score maximum points under the FHFC's guidelines. This exact amount will be noticed in the Notice of Fund Availability.

LOAN AMOUNT REQUESTED: \_\_\_\_\_

MATURITY OF LOAN IN YEARS: \_\_\_\_\_

INTEREST RATE: \_\_\_\_\_

AMORTIZATION: \_\_\_\_\_

BALLOON, IF ANY: \_\_\_\_\_

VALUE OF CONTRIBUTION FOR FHFC APPLICATION PURPOSES: \_\_\_\_\_

EXPLANATION AND CALCULATION: \_\_\_\_\_

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**I. DEVELOPMENT SUMMARY AND TIMELINE**

- A. Provide a short narrative description of the Development, including all resident programs, amenities, unit features and scope of work to be performed. If more space is needed, provide the information as **Exhibit 1**. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as **Exhibit 2** a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, Housing Credit closing date, completion of construction, rent up, and stabilization.

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**B. SUMMARY OF PROPOSED DEVELOPMENT**

<b>Name of Development</b>	
<b>Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development's location. The Project <u>must</u> be located in Leon County. (PROJECT THRESHOLD CRITERIA)</b>	
<b>County or City Council District Number</b>	
<b>Developer/ Location (name of controlling company, not of LP or LLC).</b>	
<b>Contact person for application, including name, email, and phone numbers</b>	
<b>HFA of Leon County Bond Amount Requested</b>	
<b>Development Construction Type Garden, Mid-Rise, High-Rise, Other (explain)</b>	
<b>New Construction or Rehabilitation</b>	
<b>Family, Elderly, or other (identity)</b>	
<b>Number of Units, by Bedrooms</b>	
<b>Number of Stories Per Building</b>	
<b>Total Development Cost</b>	
<b>Cost per unit</b>	
<b>Land Cost</b>	
<b>Acquisition of Building Cost if applicable</b>	
<b>Hard Rehab Cost or Construction Cost</b>	
<b>General Contractor</b>	
<b>Set Aside Period (Minimum required 50 years)</b>	
<b>Set Aside Levels (PROJECT THRESHOLD CRITERIA)</b>	
<b>Current Zoning (PROJECT THRESHOLD CRITERIA)</b>	
<b>Evidence of Site Control (PROJECT THRESHOLD CRITERIA)</b>	

**II. 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.

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**III. PROPOSED PROJECT FINANCING**

A. Proposed Finance Summary: Please provide a permanent loan period detailed sources and uses that is in a format acceptable to FHFC as part of the upcoming SAIL RFA process. Attach as **Exhibit 3**.

**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 (PROJECT THRESHOLD CRITERIA)

Site Control must be demonstrated by the APPLICANT, in a manner consistent with the requirements of FHFC RFA 2018-116:

Eligible Contract

Deed or Certificate of Title

Lease

Provide evidence of Site Control and attach as **Exhibit 4**.

B. Zoning and Land Development Regulations (PROJECT THRESHOLD CRITERIA)

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: Provision of the zoning form from FHFC RFA 2018-116 will meet this requirement. Provide evidence that the proposed use is permitted and attach as **Exhibit 5**.

**V. SELF-SCORING OF FHFC SAIL APPLICATION INCLUDING PROXIMITY TO PUBLIC TRANSPORTATION**

Provide the score expected to be received on the application for SAIL, including point score and all tiebreakers, assuming the Applicant receives the points for the Local Government Contribution. Attach your response as **Exhibit 6**. BE SURE TO ADDRESS YOUR ANTICIPATED SCORE RELATED TO MEETING THE THRESHOLD CRITERIA IN THE FHFC RFA RELATED TO PROXIMITY TO PUBLIC TRANSPORTATION, AND PROVIDE A WRITTEN NARRATIVE THAT EXPLAIN THE ANTICIPATED SCORE IN DETAIL. PLEASE PROVIDE THE LOCATION OF THE PUBLIC TRANSPORTATION/BUS STOP, AND THE TYPE OF STOP IT IS, AND THE DISTANCE THAT YOU CALCULATE FROM THE DEVELOPMENT TO THE PUBLIC TRANSPORTATION.

**VI. CERTIFICATION (Original Signatures Required)**

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 AND ACKNOWLEDGE HAVING READ THE INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

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, IF THE DEVELOPMENT WILL BE REQUESTING BONDS AND/OR COMPETITIVE SAIL OR HOUSING CREDITS AND HAS NOT RECEIVED AN ALLOCATION, IT MUST RECEIVE STATE BOND ALLOCATION AND APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, BOND COUNSEL, THE CREDIT UNDERWRITER AND CITY COMMISSION AND STAFF.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

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

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

**NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY**