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**PASCO COUNTY HOUSING FINANCE AUTHORITY**

**2021 Bonds with SAIL & Local Contribution Application**

**THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING BOND FINANCING FROM THE PASCO COUNTY HOUSING FINANCE AUTHORITY WHO ARE ALSO SEEKING SAIL FUNDING VIA FHFC RFA 2020-205 OR OTHER GAP FINANCING VIA AN FHFC RFA**

**THIS APPLICATION IS ALSO FOR ANY REQUIRED LOCAL GOVERNMENT CONTRIBUTION WITHIN ANY OTHER FHFC RFA OTHER THAN FHFC RFA 2020-201**

**SUBMIT:**

**SUBMIT ORIGINAL (WITH \$500 BOND APPLICATION FEE & \$1,500 LOCAL CONTRIBUTION FEE), 1 COPY & PDF of ENTIRE APPLICATION TO:**

Pasco County Housing Finance Authority  
c/o Director, Community Development  
Marcy Esbjerg, MPA  
8610 Galen Wilson Blvd.  
Port Richey, FL 34668

**One (1) hard copy and a PDF of the entire application and a \$2,500 review fee (check made out to The Hendrickson Company) to:**

Mark Hendrickson  
1404 Alban Avenue  
Tallahassee, Florida 32301

Contact: Mark Hendrickson, 850.671.5601 [mark@thehendricksoncompany.com](mailto:mark@thehendricksoncompany.com)

**GENERAL INFORMATION**

NOTE: BY COMPLETING THIS APPLICATION, THE APPLICANT CERTIFIES AND AGREES THAT IT WILL COMPLY WITH ALL REQUIREMENTS OF THE PASCO COUNTY HFA MULTI-FAMILY HANDBOOK AND WILL SUBMIT ANY ADDITIONAL REQUIRED DOCUMENTATION AND FEES RELATED TO THAT COMPLIANCE

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

- FHFC SAIL RFA 2020-205
- OTHER FHFC RFA—IDENTIFY \_\_\_\_\_

**PASCO COUNTY HOUSING FINANCE AUTHORITY BOND REQUEST:**

**BOND AMOUNT REQUESTED:** \_\_\_\_\_

**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 Duval County (PROJECT THRESHOLD CRITERIA)</b>	
<b>County Commission Member Name and 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>PCHFPA Bond Amount Requested</b>	
<b>PCHFPA Local Contribution Amount Requested</b>	
<b>Development Construction Type Garden, Mid-Rise, High-Rise, Other (explain)</b>	
<b>New Construction or Rehabilitation</b>	
<b>Concrete, Wood or other (explain)</b>	
<b>Development Demographic Family, Elderly or Other (identify)</b>	
<b>Number of Units, by Bedrooms</b>	
<b>Number of Stories in Each 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 (50 year minimum)</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 2020-205:

\_\_\_ Eligible Contract

\_\_\_ Deed or Certificate of Title

\_\_\_ Lease

Provide evidence of Site Control and attach as **Exhibit 4**. Use of the FHFC form **will NOT** meet this requirement.

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 2020-205 (or if not available, RFA 2019-116) 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 Area of Opportunity Funding 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. 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 meet FHFC's threshold guidelines. This exact amount will be noticed in each FHFC RFA. A standard structure that would be acceptable would be a 20 year/0%/balloon mortgage, also due on sale or refinancing.

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

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

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

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

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

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

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

**VII. 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 NOFA AND THIS APPLICATION.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES, INCLUDING THOSE DETAILED IN THE NOFA, THIS APPLICATION & THE PCHFA MULTI-FAMILY HANDBOOK.

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. **APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, AND THE CREDIT UNDERWRITER.**

_____	_____	_____
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**