
PASCO COUNTY HOUSING FINANCE AUTHORITY

Local Government Area of Opportunity Funding

Application

THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING A LOCAL GOVERNMENT LOAN IN AN AMOUNT SUFFICIENT TO MEET THE LOCAL GOVERNMENT AREA OF OPPORTUNITY FUNDING REQUIREMENTS IN CONJUNCTION WITH FHFC RFA 2020-201

SUBMIT:

An original and one (1) hard copy of the entire application, a PDF of the application and a \$5,000 application fee (check made out to Pasco County HFA) to:

Pasco County Housing Finance
c/o Director, Community Development
Marcy Esbjerg, MPA
8610 Galen Wilson Boulevard
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

REVISED August 5, 2020

GENERAL INFORMATION

NOTE: If any of the four Project Threshold Criteria are not met (e.g., Project located in Pasco County (including within any municipality); Site control; Sufficient number of rental units per applicable FHFC program; and proposed use permitted for site), then the application will not be considered by the HFA. If an application is approved, then the HFA will determine the loan terms for the local government support, including any other terms required by the HFA (including, but not limited to, the applicant paying the HFA's and/or County's legal fees and all costs related to the local government support loan).

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

FHFC HOUSING CREDIT RFA 2020-201

PASCO COUNTY 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 HFA loan is the minimum amount that will allow the Applicant to score the maximum number of points under the FHFC's guidelines. This exact amount will be noticed in the Notice of Fund Availability.

LOAN AMOUNT REQUESTED: _____
LOAN AMOUNT MAY NOT EXCEED \$460,000

MATURITY OF LOAN IN YEARS: _____
INTEREST RATE: 1%
AMORTIZATION: 30 years
BALLOON, IF ANY: _____

Note: Applicant May Propose Higher Interest Rate and/or Shorter Amortization Period

Please provide evidence of any local government contribution funds that are committed to this proposed development other than the requested funds from the HFA. Attach as Exhibit 1.

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 2**. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as **Exhibit 3** 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.

- B. FHFC Category for Required Funding Level

- | | |
|----------------------------|--------------------------|
| Garden-Wood | <input type="checkbox"/> |
| Garden-Concrete | <input type="checkbox"/> |
| Mid-Rise- Wood | <input type="checkbox"/> |
| Mid-Rise- Concrete | <input type="checkbox"/> |
| High-Rise New Construction | <input type="checkbox"/> |
| Garden Rehab | <input type="checkbox"/> |
| Non-Garden Rehab | <input type="checkbox"/> |

C. SUMMARY OF PROPOSED DEVELOPMENT

Name of Development	
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 Pasco County, including within any municipality. (PROJECT THRESHOLD CRITERIA)	
Developer/ Location (name of controlling company, not of LP or LLC).	
Contact person for application, including name, email, and phone numbers	
New Construction or Rehabilitation	
Development Construction Type Garden, Mid-Rise, High-Rise, Other (explain)	
Family, Elderly, or other	
Concrete or Wood	
Number of Stories Per Building	
Number of Units, by Bedrooms	
Location in West Market Area- Yes or No	
Total Development Cost	
Cost per unit	
Land Cost	
Acquisition of Building Cost if applicable	
Hard Rehab Cost or Construction Cost	
General Contractor	
Set Aside Period (50 year minimum)	
Set Aside Levels (PROJECT THRESHOLD CRITERIA)	
Current Zoning (PROJECT THRESHOLD CRITERIA)	
Evidence of Site Control (PROJECT THRESHOLD CRITERIA)	
Geographic Area of Opportunity (Yes or No)	
Located in West Market Area (Yes or No)	
Public Transportation Utilized for FHFC Proximity Scoring, Location, Type of Transportation, and Distance	

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 HC RFA process. Attach as **Exhibit 4**.

B. Operating Pro Forma: Provide a 15 year operating pro forma and attach as **Exhibit 5**.

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:

___ Eligible Contract

___ Deed or Certificate of Title

___ Lease

Provide evidence of Site Control and attach as **Exhibit 6**.

Note: Use of the FHFC site control 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: Use of the FHFC form for zoning will meet this requirement. Provide evidence that the proposed use is permitted and attach as **Exhibit 7**. For further details, please contact County Zoning Administrator Denise Hernandez by phone at (727) 827-8142 or by email at dbhernandez@myasco.net. A fee of \$25.00 is applicable. Please note that the County cannot guarantee that any requests received less than three (3) business days prior to the application deadline will be completed by the submittal deadline.

V. FOR APPLICANTS SEEKING THE LOCAL GOVERNMENT AREA OF OPPORTUNITY FUNDING:

Provide a narrative describing how the proposed development meets the selection criteria detailed within the NOFA and attach as **Exhibit 8**. Address all Project Selection Criteria listed in the NOFA.

VI. SELF-SCORING OF FHFC HOUSING CREDIT APPLICATION INCLUDING PROXIMITY TO PUBLIC TRANSPORTATION

Provide the score expected to be received on the application for Housing Credits, 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 9**. 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 EXPLAINS THE ANTICIPATED SCORE IN DETAIL INCLUDING ALL TIEBREAKERS. 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 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 AND THIS APPLICATION.

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