**Exhibit A to RFA 2017-110 – Elderly Housing Community Loan**

**1. Submission Requirement:**

Provide the Applicant Certification and Acknowledgement, executed by the Authorized Principal Representative, as **Attachment 1**.

**2. Demographic Commitment:**

The Applicant irrevocably commits to provide housing to Elderly residents aged 62 or older.

**3. Contact Person and Applicant Information**

a. Contact Person

(1) Authorized Principal Representative contact information (required)

First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Last Name: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

Facsimile: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |
| Relationship to Applicant: | Click here to enter text. |

(2) Operational Contact Person information (optional)

First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Last Name: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Telephone: Click here to enter text.

Facsimile: Click here to enter text.

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |
| Relationship to Applicant: | Click here to enter text. |

b. Applicant

(1) Name of Applicant:

Click here to enter text.

(2) Provide the required documentation to demonstrate that the Applicant is a legally formed entity qualified to do business in the state of Florida as of the Application Deadline as **Attachment 2**.

(3) Non-Profit Applicant qualifications

Does the Applicant or the General Partner or managing member of the Applicant meet the definition of Non-Profit as set forth in Rule Chapter 67-48, F.A.C.?



If “Yes”, provide the required information for the Non-Profit entity as **Attachment 3.**

c. Principals of the Applicant:

The Applicant must provide a list, as **Attachment 4**, identifying the Principals of the Applicant as outlined in the RFA.

**4. General Proposed Development Information**

a. Name of the proposed Development:

Click here to enter text.

b. Development Category:

 Funding under this RFA must be used to provide for life-safety, building preservation, health, sanitation, or security-related repairs or improvements.

c. Select the Development Type

|  |  |
| --- | --- |
|  | Garden Apartments |
|  | Duplexes |
|  | Quadraplexes |
|  | Mid-Rise, 4-stories |
|  | Mid-Rise, 5 to 6-stories |
|  | High Rise |

**5. Location of proposed Development:**

a. County: Choose a county.

b. Address of Development Site:

Click here to enter text.

**6. Units**

a. Total number of units in the proposed Development: Click here to enter text.

b. Is the Development currently at least 90 percent occupied?



c. State the total number of residential buildings in the Development:

Click here to enter text.

d. Age of Development: Click here to enter text.

 Provide the required information as **Attachment 5**.

e. Previous Underwriting:

(1) Is this Development currently being underwritten or has it been underwritten previously by any Credit Underwriter under contract with Florida Housing Finance Corporation?

 

 If “Yes”, identify the Credit Underwriter or state “unknown”:

Click here to enter text.

(2) Is there an existing LURA and/or EUA with the Corporation on any portion of the proposed Development site?



 If “Yes”, state the name of the Development as reflected in the recorded LURA and/or EUA:

Click here to enter text.

f. Set-Aside Commitments

All Applicants must complete the following Total Set-Aside Breakdown Chart to reflect the percentage of total units that will be set aside, including the ELI Set-Aside units and the total set-aside percentage as outlined at Section Four A.6.f. of the RFA. The Applicant must indicate on the chart the percentage of residential units, stated in whole numbers, to be set aside at each selected AMI level. Where reasonably possible, Applicants will be required to keep the unit mix consistent across each committed AMI level.

To enter data, double click within the chart to open the Excel worksheet that is embedded within the Word document, enter the total number of units in the proposed Development and the applicable set-aside percentages and, when finished, click anywhere on the page outside the chart to exit the Excel worksheet and save the entries.

Note: If the calculation of the total set aside units based on the Total Set-Aside Percentage results in less than a whole unit, the Total Set-Aside Breakdown Chart will automatically round to a whole unit.



\*In the event of a discrepancy between the total number of units stated here and the total number of units stated at question 6.a. above, the number stated at question 6.a. above shall be deemed to be the total number of units for the proposed Development.

\*\*SAU=Set-Aside Units; MRU=Market-Rate Units

g. Unit Mix Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Bedrooms per Unit** | **Number of Baths per Unit** | **Number of Units per Bedroom Type** | **Number of Units that are ELI Set-Aside Units** |
| Enter Number | Enter Number | Enter Number | Enter Number |
| Enter Number | Enter Number | Enter Number | Enter Number |
| Enter Number | Enter Number | Enter Number | Enter Number |
| Enter Number | Enter Number | Enter Number | Enter Number |
| Enter Number | Enter Number | Enter Number | Enter Number |
| Enter Number | Enter Number | Enter Number | Enter Number |

h. Compliance Period:

 All Applicants are required to set aside the units for a minimum length of 15 years.

**7. First Mortgagee Certification**

a. Does the Development currently hold a first mortgage?

 

If “Yes”, the Applicant must demonstrate that the first mortgagee has reviewed and approved the Applicant’s intent to apply for EHCL funding by providing the completed and executed First Mortgagee Certification as **Attachment 6**.

b. Does the Development have existing financing through a HUD program?

 

 If “Yes” in order to receive preference during the ranking process, the Applicant must provide, as **Attachment 6**, the information outlined at Section Four A.5.b. of the RFA.

**6. Funding:**

 a. Corporation Funding Amount:

Applicant’s EHCL Request Amount: $ Click here to enter text.

 b. Applicant Match Funding:

The Applicant must provide, as **Attachment 7**, commitments or approvals, as outlined in Section Four A.6.b. of the RFA.

c. Previous FHFC funding

(1) Has the Development received previous EHCL funding?

 

(2) Other than EHCL funding, has the Development received any other previous FHFC funding?



If “Yes” to either 6.c.(1) and/or 6.c.(2) above, list all previous FHFC funding below:

|  |  |  |
| --- | --- | --- |
| **Corporation Program** | **Corporation File No.** | **Amount of Funding** |
| SAIL | Enter file No. | $ Enter file No. |
| HOME-Rental | Enter file No. | $ Enter file No. |
| MMRB | Enter file No. | $ Enter file No. |
| EHCL | Enter file No. | $ Enter file No. |

d. Development Cost Pro Forma:

To meet the submission requirements, the Applicant must upload the Development Cost Pro Forma with the Application, as outlined in Section Three of the RFA.

 Provide the estimated expenses and scope of work as **Attachment 8**.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Addenda**

The Applicant may use the space below to provide any additional information or explanatory addendum for items in the Application. Please specify the particular item to which the additional information or explanatory addendum applies.

Click here to enter text.