

NOTICE OF INTEREST

By completing this form, I acknowledge that submission does not automatically qualify me to participate in the Preservation Pilot Program. Rather, this form communicates my interest in participating in the program and does not guarantee eligibility or selection.

Name of Development: _____

Original Funding Application Number Assigned by Florida Housing: _____

_____ 1. Set-aside negotiations/extending affordability period

I would like Florida Housing staff to contact me to discuss my development's existing set-aside commitments and potential modifications to the affordability period and/or set-aside commitments.

Please provide any additional information you would like Florida Housing staff to consider regarding your development, existing affordability commitments, or proposed amendments to existing program requirements.

_____ 2. Light Rehabilitation

I am interested in pursuing funding to address light rehabilitation needs at my development in exchange for an extension of the affordability period.

Anticipated Funding Need \$ _____

Please provide any additional information you would like Florida Housing staff to consider regarding your development, rehabilitation needs/costs, property condition, market conditions, or other factors relevant to your request for light rehabilitation funding.

_____ 3. Resyndication

I am not interested in Options 1 or 2 above but am interested in exploring resyndication of my development. I request that a Florida Housing representative contact me to discuss this option.

Please provide any additional information you would like Florida Housing staff to consider regarding your development and the potential for resyndication, such as barriers to resyndication, gap financing needs, bond volume availability, existing debt/financing, capital needs, affordability commitments or other relevant considerations.

4. None

If none of the above options meet your development’s needs, please explain why and identify any other challenges or barriers you are facing. This information will help Florida Housing better understand owners’ needs and identify potential opportunities to support preservation.

Signature of Authorized Principal Representative

Name (typed or printed)

Title (typed or printed)