**AFFORDABLE HOUSING DEVELOPMENT INCENTIVE PROGRAMS APPLICATION**

Rental Project

*COMPLETE ONE APPLICATION PER PERMIT NUMBER*

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| **APPLICANT/OWNER** | | | **CONTACT INFORMATION** |
| **Contact Name:** |  | | **Work:** |
| **Ownership Entity:** |  | | **Mobile:** |
| **For Profit**  **Non-Profit**  **Public Entity**  **Other:** | |
| **Mailing Address:** |  | | **E-mail:** |
| **Signatory Name**  **& Position:** |  |  | **Signatory Email/Phone:** |

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| **PROJECT INFORMATION** | | | | | | | | | | | | | |
| **Project Name:** | | |  | | | **Permit #:** |  | | | | | | |
| **Address:** |  | | | | | **Property Tax Account #s:** | | | | R | | | |
| **Legal Description:** | | | | Lot:       Block:       Addition:  Attach w/ full metes and bounds | | | | | | | | | |
| **Does the applicant have site control of the property?**  Yes  No | | | | | | Site Control Expiration Date (if applicable): | | | | | | | |
| **If yes, type of site control instrument (check one):**  Deed  Lease  Option to Purchase  PSA  Other (specify): | | | | | | If no, identify critical path to completing the site acquisition: | | | | | | | |
| **Type of Permit:**  **(check all that apply)** | | | | New Construction | | Rehabilitation | | | | | Verification  (FAR Transfer Only) | | |
| **Type of Building:** | | | | Residential Only | | Mixed-Use | | | Manufactured Dwelling Park | | | | |
| **Construction Timeline:** | | | | Estimated Start Date: | | Estimated Final Permit Date: | | | | | | N/A | |
| **Contact During Construction:** | | | | | | Contact Email:  Contact Phone: | | | | | | | |
| **New Construction & Rehabilitation Buildings** | | | | | | | | | | | | | |
| **Total # of Residential Units:** | | | | | | **Total # of Units w/ restricted affordability:** | | | | | | | |
| **By Unit Type** | | | | | | **By Unit Type** | | | | | | | |
| SRO:  Studio:  1-Bedroom:  2-Bedroom: | |  | | 3-Bedroom:  4-Bedroom:  5-Bedroom:  Other: |  | SRO:  Studio:  1-Bedroom:  2-Bedroom: | |  | | | 3-Bedroom:  4-Bedroom:  5-Bedroom:  Other: | |  |

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| **PROJECT INFORMATION - *Continued*** | | | | |
| **Manufactured Dwelling Parks** | | | | |
| **Total # of Pads:** | | | **Total # of Restricted Pads:** | |
| **Total # of Vacant Pads:** | **Total # of Pads w/ park owner-owned units:** | **Total # of Pads w/ non-owner-owned units:** | **Total # of restricted Pads park owner-owned units:** | **Total # of Pads w/non-owner-owned units:** |

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| **AFFORDABLE HOUSING DEVELOPMENT INCENTIVE PROGRAMS (RENTAL)**  Select the Program(s) that you would like to apply for the project described above. | | | |
|  | **System Development Charge (SDC) Exemption Program**  **(Not Old Town/Chinatown or Mass Shelter)**  *PCC 30.01.095* | **Old Town/Chinatown System Development Charge (SDC) Exemption Pilot Program**  *PCC 30.01.095.F.1(c)* | **Affordable Housing Transfer Program**  *PCC 30.01.150* |
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| **# of units opting to restrict:** |  |  |  |
| **Minimum # of restricted units:** | No minimum | No minimum | 100% of units in Building |
| **Rent & Household Income Restriction:** | 60% MFI | 100% MFI  then 120% MFI | 60% MFI |
| **Term Length:** | 60 years | 10 years  then 5 years | 30 years |
| **Application Fee:** | $2,400 (5+ units-non-IH)  $725 (1-4 units-non IH) | $2,400 (5+ units-non-IH)  $725 (1-4 units-non IH) | TBD |
| **Incentive:** | Exemption of SDC fees for restricted units | Exemption of SDC fees for restricted units | Transfer FAR to another site |

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| **AFFORDABLE HOUSING DEVELOPMENT INCENTIVE PROGRAMS (RENTAL)-Continued**  Select the Program(s) that you would like to apply for the project described above. | | | |
| **# of Units opting to restrict:** | **Deeper Housing Affordability (DHA) Program**  *PCC 30.01.140*  *For Single-Dwelling Zones* | **Deeper Housing Affordability (DHA) Program**  *PCC 30.01.140*  *For Single-Dwelling Zones & Multi-Dwelling Zones* | **Three-Bedroom Bonus Program**  *PCC 30.01.160*  *For Multi-Dwelling Zones* |
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| **Minimum # of restricted units:** | 1 unit | 50% of units in Building | 50% of units in Building must be 3BR and restricted |
| **Rent & Household Income Restriction:** | 60% MFI | 60% MFI | 100% MFI |
| **Term Length:** | 99 years | 99 years | 10 years |
| **Application Fee:** | TBD | TBD | TBD |
| **Incentive:** | FAR Bonus | FAR Bonus | FAR Bonus |

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| **AFFORDABLE HOUSING DEVELOPMENT INCENTIVE PROGRAMS (RENTAL) -*Continued***  Select the Program(s) that you would like to apply for the project described above. | |
|  | **Manufactured Dwelling Park Affordable Housing Bonus (MDP) Program**  *PCC 30.01.130* |
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| **# of pads opting to restrict:** |  |
| **Minimum # of restricted units:** | 50% of Pads |
| **Rent & Household Income Restriction:** | 60% MFI |
| **Term Length:** | 99 years |
| **Application Fee:** | TBD |
| **Incentive:** | FAR Bonus |

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| **ADDITIONAL DOCUMENTATION REQUIRED** |

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| **ALL PROGRAMS** | Preliminary Title Report, Vesting Deed (including full legal description) and Corporate Articles or Legal Ownership Entity Documentation of Signature Authority for the Owner |
| **Affordable Housing Transfer Program** | Existing recorded agreement with Portland Housing Bureau showing at least 30-years remaining of equal or more stringent program requirements |
| **MDP Program** | Site Map with dimension in square feet of:   * All Manufactured Dwelling Pads * Floor Plans of any existing permanent structures * Floors plans of all MD Units that are provided by the park owner * Public or private street, driveways, and any community facilities |
| **Old Town/Chinatown SDC Exemption Pilot Program** | Letter of Eligibility from Prosper Portland |

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| **CERTIFICATION**  *Applicant certifies the following:*  I am the property owner, or an authorized agent thereof, and certify that the information provided is accurate. I understand that to be eligible for the selected programs on this application the project must meet all program requirements listed in the applicable code sections and administrative rules and must have site control of the Property in a form acceptable to the Portland Housing Bureau. | | |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Either an electronic or wet signature is acceptable)  Name and Title: | Property Owner  Other | Date: |
| Address:  City, State & Zip: | Phone: | Email: |

Email attachments to [Inclusionary-Housing@portlandoregon.gov](mailto:Inclusionary-Housing@portlandoregon.gov)