**INCLUSIONARY HOUSING (IH) SELECTION FORM – INTAKE­­**

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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:** |

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| **PROJECT INFORMATION** | | | | | |
| **Project Name:** |  | | **Permit #:** | |  |
| **Address:** |  | | **Property Tax Account #s:** | | R |
| **Description of Work:** | |  | | | |
| **Type of Permit:** | | New Construction | | Adding Additional Units to Existing Structure | |
| **Type of Building:** | | Residential Only | | Mixed-Use | |
| **Intent of Units:** | | Rental (Apartments) | | For-Sale (Condos) | |
| **Construction Timeline:** | | Estimated Start Date: | | Estimated Final Permit Date: | |
| **Property Management Contact or Contact During Construction:** | | | Contact Email:  Contact Phone: | | |

**INCLUSIONARY HOUSING (IH) REGULATORY OPTIONS**

IH requires that all residential buildings proposing 20 or more new units provide a percentage of the new units at restricted rent or sale prices affordable to households at 80% of median family income (MFI) or below. The City has defined additional regulatory options under the umbrella of this requirement, and all subject permit applications must include one of these options.

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| **REGULATORY OPTIONS:** Identify the Inclusionary Housing regulation option selected for this project. | | | | | | | |
| Option 1:  80% MFI Units\* | Option 2:  60% MFI Units\* | Option 3:  Build Off-Site Units | | Option 4:  Designate Existing Off-Site Units | | | Option 6:  Fee-in-Lieu |
| **\*SUPPLEMENTAL QUESTIONS FOR OPTIONS 1 & 2**: | | | | | | | |
| **1)** Will this building be utilizing On-Site Consolidation by transferring IH Units into another building on-site? | | | | | | Yes  No | |
| **2)**  Will this building be voluntarily restricting more the minimum number of required IH Units? | | | | | | Yes  No | |
| **3)** Will this building be reconfiguring the required affordable units to units with two or more bedrooms? | | | | | Yes  No  N/A | | |
| Prior to Reconfiguration- Base IH Units Required: | | | Total Bedrooms: | | | | |
| After Reconfiguration:        ,       ,       , | | | | | | | |

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| **PUBLIC FUNDING SOURCES** | |
| **1)** Is/will this building be receiving any public funding for affordable housing? | Yes  No |
| **2)** Select public funding sources:  PHB-Direct  OHCS (LIFT/LIHTC)  HUD  Other: | |
| **3)** How many units are expected to be subsidized/financed through these sources? | |
| **4)** Is there a non-profit affordable housing provider associated with this building? | Yes  No |
| Name of associated provider: | |

**ADDITIONAL DOCUMENTATION REQUIRED**

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| **Based on the Regulatory Option selected above, please complete and submit the following additional documentation:** |

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| Option 1:  80% AMI Units | Option 2:  60% AMI Units | Option 3: Build Off-site Units  & Option 4:  Designate Existing Off-site Units |
| 1. Attachment (02)- IH MULTE Application  2. Attachment (03)- Affordable Housing CET Exemption Application | 1. Attachment (02)- IH MULTE Application  2. Attachment (03)- Affordable Housing CET Exemption Application  3. Attachment (04)- SDC Exemption Application | 1. Attachment (05)- IH Receiving Site Identification Intake  2. Receiving Site’s development schedule |
| If utilizing **On-Site Consolidation** Attachment (06)- IH Consolidated Site Identification Form must be attached. | |  |

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| **SIGNATURE OF RESPONSIBLE PARTY: (property owner or owner’s agent)**  **I am the property owner, or an authorized agent thereof, and certify that the information provided is accurate. I understand that the Inclusionary Housing option selected affects incentives that are available to the project.** | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**A wet signature is required**)  Name: | Property Owner  Other | Date: |
| Address:  City, State & Zip: | Phone: | Email: |

**This Intake Form is required to be submitted with the permit application.**

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