**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 Application2. Attachment (03)- Affordable Housing CET Exemption Application | 1. Attachment (02)- IH MULTE Application2. Attachment (03)- Affordable Housing CET Exemption Application3. Attachment (04)- SDC Exemption Application | 1. Attachment (05)- IH Receiving Site Identification Intake2. 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