



**APPLICATION**

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| PHB PROGRAM OR FUNDING DESCRIPTION | | | | | |
| HOME $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CDBG $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOPWA $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIF $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 108 Loan\* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\* Terms: 20 year, fully amortizing loan with variable/fixed interest rate)  Other Funding $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Loan Modification/Restructure $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Multiple Unit Limited Tax Exemption (MULTE) | | | | |
| Identify any other PHB programs or funding the project will apply for:  SDC Exemptions Lead Hazard Control Grant Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| ORGANIZATIONAL INFORMATION | | | | | |
| **Applicant/Sponsor** | | | | | |
| Entity Name: | | | | SSN/Tax ID: | |
| Address: | City/State: | | | | Zip: |
| Contact Person: | Phone: | | | Fax: | |
| Email: | Additional Contact Information (if applicable): | | | | |
| **Sponsor Type** | | **Entity Type** | | | |
| (please check one)  For Profit  Not-for-Profit  Not-for-Profit Community Based Development Organization (CBDO)  Not-for-Profit Community Housing Development Organization (CHDO)  Home Forward  Other specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | (please check one)  Partnership  Limited Partnership  Corporation  Limited Liability Corp. (LLC)  Community Development Corp. (CDC)  S-Corporation  Individual  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Property Owner (if other than Applicant/Sponsor)** | | | | | |
| Entity Name: | | Signatory Name & Title: | | | |
| Address: | City/State: | | | | Zip: |
| Contact Person: | Phone: | | | Fax: | |
| Email: | Additional Contact Information (if applicable): | | | | |
| **Site Control** | | | | | |
| 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 and submit documentation):   Deed  Lease  Option to Purchase   PSA  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | If no, identify critical path to completing the site acquisition:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Developer** | | | | | | | | | | | | | |
| Name: | | | | | Contact Person: | | | | | | | | |
| Address: | | | | City/State: | | | | | | | | Zip: | |
| Email: | | | | Phone: | | | | | | | Fax: | | |
| **On-Site Manager** | | | | | | | | | | | | | |
| Name: | | | | | Contact Person: | | | | | | | | |
| Address: | | | | City/State: | | | | | | | | Zip: | |
| Email: | | | | Phone: | | | | | | Fax: | | | |
| PROJECT INFORMATION | | | | | | | | | | | | | |
| Project Name: | | | | Primary Property Tax ID: | | | | | Additional Property Tax ID(s): | | | | |
| Address: | | | | City/State: | | | | | | | | Zip: | |
| County: | Urban Renewal District (if applicable): | | | | | Census Tract: | | | | | | Zoning: | |
| **Proposed/Existing Project Description** | | | | | | | | | | | | | |
| Development Type (check all that apply):   New Construction  Rehabilitation Mixed Use?   Demolition Acquisition  Other (specify)  Residential Rental  Residential For-Sale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Projected Project Financing Close Date: | | | | | | Year Built (if existing): |
| Does the structure have historical significance? (If existing):  Yes  No | | | | | | |
| **Dimensions** | | | | | | | | | | | | | |
| Parcel Size (Sq. Feet): | | | Structure Footprint (Sq. Feet): | | | | | Number of Stories: | | | | | |
| Building Size (Sq. Feet): | | | Open Space/Common Area (Sq. Feet): | | | | | Proposed Lot Coverage %: | | | | | |
| Residential Area (Sq. Feet): | | | Non-Residential/Commercial Area (Sq. Feet): | | | | | Proposed Residential Density (unit per acre): | | | | | |
| **Unit & Parking Count** | | | | | | | | | | | | | |
| Number of Residential Units: | | Number of Units with Restricted Affordability (rental): | | | | | | Off Street Parking Spaces for Commercial Use: | | | | | |
| Number of Units Currently Occupied: | | MFI% of Affordable Units (rental): | | | | | | Off Street Parking Spaces Total: | | | | | |
| Number of Commercial Units: | | Off Street Parking Spaces for Residential Use: | | | | | | Structured Parking?  Yes  No | | | | | |
| **Relocation** | | | | | | | | | | | | | |
| What is the site’s current use and occupancy status of any existing structures, including the number of any residential units? | | | | | | | | | | | | | |
| If housing is to be demolished, what is the justification for eliminating sound or repairable housing on the site? | | | | | | | | | | | | | |
| Do you currently anticipate or is there a potential for relocation of tenants (both residential and business), either permanent or temporary?  Yes  No  If yes, provide name of relocation manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please complete any additional forms required for the funding/program type for which you are applying. | | | | | | | | | | | | | |

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| **Oath and Certification**  I certify that all of the statements made in this application (and all other supporting documentation furnished in connection with this application) are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that knowingly providing false information in connection with this application is a violation of state law and may result in criminal prosecution.  I understand Portland Housing Bureau (PHB) will retain this application whether or not it is approved, and completing the application is not a guarantee of approval or funding. I understand that any or all information contained in this application (and all other supporting documentation furnished in connection with this application) may be subject to verification or investigation by the PHB. In submitting this application, I authorize the verification and investigation of all matters which the PHB deems relevant to my application for financial assistance, including without limitation, all statements contained in this application, property inspections, credit and employment history, and construction experience. For these purposes, (a) I consent to the release of such information by credit agencies, banks, employers and other relevant individuals and agencies to any duly authorized agent of PHB; (b) I release from all liability such individuals and agencies supplying such information; and (c) I release the PHB from all liability for making such investigations and inquiries.  This application information is confidential and submitted voluntarily to the City of Portland acting by and through the PHB. I understand that non-exempt information contained in this application is subject to disclosure under the Oregon Public Records Law, ORS 192.420, in the sole discretion of PHB.  I certify that any tenant required to vacate within six (6) months prior to the date of loan application was evicted for documentable cause. Should any tenant (s) be displaced by the implementation of the project whether by rehabilitation, demolition or because of an increase in rents, I will be responsible for the cost incurred in their relocation.  I hereby certify that I understand the loan source may be federal funds and thereby, if required, I will maintain compliance with the pertinent federal regulations stipulated for the use of these funds.  The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Region X Office of the Federal Trade Commission, or Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580.” | |

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| Signed: | Title: | Date: |
| Signed: | Title: | Date: |

Return original to:

**Portland Housing Bureau**

**421 SW 6th Avenue, Suite 500**

**Portland, OR 97204**

For more information:

**www.portlandoregon.gov/phb**

**503-823-2375**