

EXHIBIT I

PBVRFA2021A

**OWNER/DEVELOPER APPLICATION
for the
PROJECT BASED VOUCHER PROGRAM
Application PBVRFA2021A**

INSTRUCTIONS:

Please fill out this form completely. If you fail to give complete information or documentation as required, your application will not be considered nor evaluated.

Please submit one application form for each property you wish to be considered under this RFA.

If you have any questions, or need assistance in completing the form, please call the undersigned at (786) 469-4106.

Please submit five (5) copies of the fully completed application in response to PBVRFA2021A by November 30, 2021, at 2:00P.M. to the following address:

Public Housing and Community Development
701 NW 1ST Ct., 16th Floor
Administrative Services Division
Procurement Unit – Front Desk
Miami, Florida 33136



Project Name: _____

Date of Application: _____

A. CATEGORY OF APPLICANT

Please select one category for each application submitted:

_____ Category 1: Elderly (62 and over) low-income qualified families within the zip code area of 33054-Opa-Locka Community. PHCD will provide up to 200 project-based vouchers in this area. Project must be based on new units to be constructed.

_____ Category 2: Elderly (62 and over) and/or non-elderly low-income qualified families within the zip code area of 33169-Miami Gardens Community. Projects must be for elderly (62 and over) or non-elderly families and be for new units to be constructed. PHCD will provide project-based vouchers for up to 200 units.

B. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name

Street Address

City State Zip Code

Telephone: _____

E-Mail: _____

Please include the contact information for additional authorized individuals as an attachment to this application.



- 2. Name and Address of owner of property, if different from above:
Note: Property must be located within the target area to be considered for this application.

Name

Street Address

City State Zip Code

Home Phone Work/Message Phone

C. DESCRIPTION OF PROPERTY

- 1. Address of Property to be constructed:

Street Address

City State Zip Code

No. of Stories

Elevator? ___ Yes ___ No

- 2. Complete the following for the building in which the units you propose to construct:

<u>Size of Units</u>	<u>Total Number of Units</u>
Studio	_____
0 Bdrm	_____
1 Bdrm	_____
2 Bdrm	_____
3 Bdrm	_____
4 Bdrm	_____



3. Please indicate the number of units and bedroom size for which subsidies are being sought.

<u>Size of Units</u>	<u>Total Number of Units</u>
Studio	_____
1 Bdrm	_____
1 Bdrm	_____
2 Bdrm	_____
3 Bdrm	_____
4 Bdrm	_____

4. Please indicate the requested rents for each bedroom size for which subsidies are being sought.

<u>Size of Units</u>	<u>Requested Initial Rents</u>
Studio	\$ _____
2 Bdrm	\$ _____
1 Bdrm	\$ _____
2 Bdrm	\$ _____
3 Bdrm	\$ _____
4 Bdrm	\$ _____

4. Are there any non-residential units (e.g., commercial office space) in this property that you propose to construct? _____ Yes _____ No

If yes, describe:

5. Which utilities will be paid for by the tenant directly? (Check any which apply)

Electricity	_____
Water	_____
Sewer	_____
Gas	_____
Garbage	_____
Hot Water	_____



6. Which utilities will be paid by the owner? (Check any which apply)

- Electricity _____
- Water _____
- Sewer _____
- Gas _____
- Garbage _____
- Hot Water _____

7. For the utilities paid by the tenant, fill in "G" for Gas or "E" for Electric below:

Heating _____ Cooking _____ Hot Water Heating _____

8. Which appliances will be provided by the owner? (Check any which apply)

- Stove _____
- Refrigerator _____

9. Are there any charges in addition to the rent to owner? [] Yes, [] No
If yes, please describe the cost and the estimated monthly charges.

<u>Description of Charge</u>	<u>Estimated Monthly Charges</u>
_____	\$ _____
_____	\$ _____

10. List the distance (in blocks or miles) from this property to the nearest:

- List the distance (in blocks or miles) from this property to the nearest:
- _____ Supermarket _____
 - _____ Shopping District _____
 - _____ Public Transportation _____
 - _____ Hospital _____

9. (a) How many and what percent of units in the project will comply with Section 504 of the Rehabilitation Act of 1973 and have accessibility features (i.e. ADA compliant)?

_____ Number of Accessible Units _____ Percent of total Project Units



D. NEW CONSTRUCTION DEVELOPER EXPERIENCE

List all residential new construction projects completed by you within the past five years **(use additional sheets as necessary)**:

Project Address: _____

Total Project cost: _____

Financing:

Source 1: _____

Amount 1: _____

Source 2: _____

Amount 2: _____

Date Financing Closed: _____

Contractor's Name: _____

Date Construction Completed: _____

Provide a description with relevant background information on the principals of the development team inclusive of identification of legal counsel, architect, financing staff.

E. FINANCIAL INFORMATION and PROJECT READINESS (No maximum in number of pages)

1. Provide Sources and Uses Sheet
2. Provide for operating pro-forma for at least 20 years.
3. Provide evidence of Site control
4. Provide evidence of firm commitment of financing for the project.

Provide other evidence of project readiness, e.g. administrative site plan review, general contractor's agreement, requisite zoning.

5. Substantive Design information. Please include the working drawings, images, and floor plan specifications by bedroom size. Unit and neighborhood amenities



F. EVIDENCE OF PROPERTY MANAGEMENT EXPERIENCE (5-page max)

1. Provide evidence of property management experience.
2. Provide evidence of capacity to manage PBVs.

G. EVIDENCE OF PROVISION OF SUPPORTIVE SERVICES (2-page max)

If Supportive Services are to be provided, please describe the following:

1. Description of supportive services that will be provided, e.g., contracts with providers, description of location of where services will be provided, etc.

H. Tenant selection criteria and plan

Please provide proposed tenant selection plan or relevant policies regarding tenant selection.

Name of Authorized Individual

Signature of Authorized Individual

Date: _____