



Project Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**A. LOCATION**

Please confirm the project location

\_\_\_\_\_ Application Criteria: Elderly (62 and over) low-income qualified families within the zip code area of 33180 City of Aventura. PHCD will provide up to 250 project-based vouchers in this area. Project must be based on new units to be constructed or rehabilitated 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.



**Exhibit I**

- 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/rehabilitated:

\_\_\_\_\_  
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               | _____                        |



Exhibit I

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

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

If yes, describe:

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

- Electricity \_\_\_\_\_
- Gas \_\_\_\_\_
- Water \_\_\_\_\_
- Sewer \_\_\_\_\_
- Garbage \_\_\_\_\_



Exhibit I

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

- Electricity \_\_\_\_\_
- Gas \_\_\_\_\_
- Water \_\_\_\_\_
- Sewer \_\_\_\_\_
- Garbage \_\_\_\_\_

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

Heating \_\_\_\_\_ Cooking \_\_\_\_\_ Hot Water Heating \_\_\_\_\_

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

- Stove \_\_\_\_\_
- Refrigerator \_\_\_\_\_

10. 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> |
|------------------------------|----------------------------------|
| _____                        | \$ _____                         |
| _____                        | \$ _____                         |

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

- \_\_\_\_\_ Supermarket \_\_\_\_\_
- \_\_\_\_\_ Shopping District \_\_\_\_\_
- \_\_\_\_\_ Public Transportation \_\_\_\_\_
- \_\_\_\_\_ Hospital \_\_\_\_\_

12. Is Broadband Infrastructure included? \_\_\_\_\_yes \_\_\_\_\_no If no, please explain why it is not feasible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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



**Exhibit I**

**D. NEW CONSTRUCTION/REHABILITATION DEVELOPER EXPERIENCE**

List all residential new construction/rehabilitation 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 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.
5. Provide other evidence of project readiness, e/g/ administrative site plan review, general contractor's agreement, requisite zoning.
6. Substantive Design information. Please include the working drawings, images, and floor plan specifications by bedroom size. Unit and neighborhood amenities.



**Exhibit I**

**F. EVIDENCE OF PROPERTY MANAGEMENT EXPERIENCE (5-PAGE MAX)**

1. Provide evidence of property management experience.
2. Provide evidence of experience and 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.

- I. **TENANT RELOCATION PLAN (If Applicable)** (Plan must be approved by PHCD prior to any award.)

\_\_\_\_\_  
Name of Authorized Individual

\_\_\_\_\_  
Signature of Authorized Individual

Date: \_\_\_\_\_