# HOUSING FINANCE AUTHORITY

# OF MANATEE COUNTY, FLORIDA

## Multifamily Mortgage Revenue Bond Program

**Application**

Each application submission shall include the original, seven (7) hard copies

 and a pdf along with a non‑refund­able Application Fee in the amount of

0.1% (ten basis points) of the requested bond amount, but not less than $7,500,

payable to the Housing Finance Authority of Manatee County, Florida

To:

Angela A. Abbott, Administrator & Counsel

4420 S. Washington Avenue

Titusville, Florida 32780

Telephone: (877) 264-0334

Submit one (1) copy

and a pdf of the complete application and

 a $5,500 Review Fee to:

The Hendrickson Company

1404 Alban Avenue

Tallahassee, Florida 32301

 850.671.5601

Email pdf to: mark@thehendricksoncompany.com

*Revised November 2024*

### GENERAL INFORMATION

Tax Exempt Bond Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxable Bond Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Bond Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Development Name:

 Note: After Final Board Approval, Development name MAY NOT BE CHANGED OR ALTERED WITHOUT CONSENT OF THE AUTHORITY (the “Authority”). If available, provide the actual trade, “marketing” or d/b/a name.

Development Street Address/Zip Code (if new construction, give closest street names, city and zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal description is attached behind tab labeled Exhibit 1. The Project must be located in Manatee County. (THRESHOLD)

### SUMMARY OF PROPOSED DEVELOPMENT

###

|  |  |
| --- | --- |
|   |  |
| **Name of Development** |  |
| **Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development’s location.**  |  |
| **Developer/Location****(name of controlling company, not of LP or LLC)** |  |
| **Contact person for application, including name, email, and phone numbers.** |  |
| **Bond Allocation Request** |  |
| **Development Construction Type****Garden, Mid-Rise, High-Rise, Other (explain)** |  |
| **New Construction or Rehabilitation** |  |
| **Concrete, Wood or other (explain)** |  |
| **Development Demographic****Family, Elderly or Other (identify)** |  |
| **Total Number of Units** |  |
| **Number of Units by Bedrooms** |  |
| **Number of Buildings**  |  |
| **Number of Stories in Each Building** |  |
| **Total Development Cost** |  |
| **Elevator?** |  |
| **Cost per unit** |  |
| **Land Cost** |  |
| **Acquisition of Building Cost if applicable** |  |
| **Hard Rehab Cost or Construction Cost** |  |
| **Credit Enhancement (identify) or Private Placement** |  |
| **General Contractor**  |  |
| **Set Aside Period (50 year minimum)** |  |
| **Credit Enhancement (identify) or Private Placement** |  |
| **Equity Provider** |  |
| **Set Aside Levels (PROJECT THRESHOLD CRITERIA)****Number of Units by AMI level** |  |
| **Current Zoning (PROJECT THRESHOLD CRITERIA)** |  |
| **Evidence of Site Control (PROJECT THRESHOLD CRITERIA)** |  |

#### DEVELOPMENT SUMMARY AND TIMELINE

 A. Provide a short narrative description of the Development, including all resident programs, amenities, unit features and scope of work to be performed. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as Exhibit 2 a timeline for the completion of the Development, which includes all key dates, including anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

 B. **TO BE CONSIDERED COMPLETE,** the Application must include a map showing the Development’s location, and the location, age, number of units and current occupancy of competing bond and housing credits (“HC”) developments within a five mile radius (info on age, number of units and occupancy can be shown on chart attached to the map). The map should also include any bond or HC developments within the same radius that are under construction or in credit underwriting either at the Housing Finance Authority of Manatee County or the Florida Housing Finance Corporation (“FHFC”). Additionally, the map should show the Development’s proximity to community services, medical facilities, schools, shopping, major business and employment centers, and availability of public transportation. This may be found directly behind tab labeled Exhibit 3.

**I. APPLICANT INFORMATION**

1. Applicant Name:

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application. Include a copy of the certificate of good standing from the Florida Secretary of State. If the Applicant is a general partnership or joint venture, provide a copy of the partnership/joint venture agreement. Documentation can be found behind tab labeled Exhibit 5.

**Note:** If four percent tax credits will be sought and it is contemplated that the tax credits will be syndicated, the Applicant entity must be a limited partnership or a limited liability company at the time of application for the tax credits. The Applicant entity will be the recipient of the tax credits and CANNOT BE CHANGED until after a Final Allocation of tax credits has been issued.

Address:

Telephone:

Email:

1. Applicant’s Federal Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If partnership, name of general partner(s):

If corporation, name and title of executive officer:

Address:

Telephone:

Email:

1. Designated Contact Person: Person with decision making authority with whom the Authority will correspond concerning the Application and Development for Applicant/Borrowing Entity (not a consultant). Who is the Designated Contact Person for this Development?

Relationship to Applicant:

Address:

Telephone:

Email:

1. Nonprofit Status

Is the Applicant a 501(c)(3) non-profit organization pursuant to the Internal Revenue Code?

No       Yes       If “yes” provide the following items:

* 1. Attach evidence of non-profit status behind tab labeled Exhibit 6.
	2. Attach attorney’s opinions as required by the Code behind tab labeled Exhibit 7; and
	3. Attach evidence that the nonprofit has not exceeded its allocation cap behind tab labeled Exhibit 8.

### **II.** **DEVELOPMENT INFORMATION**

### Development Location:

1. Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if new construction, give closest street names, city and zip code):

1. Is the development located in a HUD-designated DDA, QTA or Small Area DDA?

 Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_. If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Breakdown of units by square footage and monthly rent charged. All units in the development must be listed INCLUDING all manager/employee units. Indicate manager/employee units with an asterisk.

| # of Bedrooms PerUnit | # of Baths Per Unit | Square Feet Per Unit | # of Units Per Bedroom type | % of Area Median Income |
| --- | --- | --- | --- | --- |
| Efficiency |       |       |       |       |
| Efficiency |       |       |       |       |
| One Bedroom |       |       |       |       |
| One Bedroom |       |       |       |       |
| Two Bedroom |       |       |       |       |
| Two Bedroom |       |       |       |       |
| Three Bedroom |       |       |       |       |
| Three Bedroom |       |       |       |       |
| Four Bedroom |       |       |       |       |
| Four Bedroom |       |       |       |       |

1. Minimum Set-aside required for Tax Exempt Bond Financing. CHOOSE ONLY ONE:

 [ ]  20% of units at 50% of area median income

 [ ]  40% of units at 60% of area median income

1. Development Size. Identify acreage or lot size of entire Development:

 (NOTE: If Development is a phased Development, include only the acreage for this phase.)

#### III. PROPOSED DEVELOPMENT FINANCING AND STRUCTURE

 A. Proposed Finance Summary (**The Applicant is required to complete a detailed sources as uses in the format utilized in FHFC RFA 2021-202, or similar RFA) and attach as Exhibit 9.**

Explanation of SAIL, HOME, CDBG and/or SHIP funding:

If SAIL, HOME, CDBG and/or SHIP funding is shown as already committed, **attach a letter from the appropriate governmental entity detailing the commitment**, including the dollar amount, source of funding, conditions of funding (including income and/or rent restrictions), whether the funding is a loan or a grant, and if a loan, the interest rate, loan term, amortization, and payback schedule. Attach the letter(s) as Exhibit 10.

B. If SAIL, HOME, CDBG and/or SHIP funding is shown and is not firmly committed, attach an explanation of how the development will be completed without those funds. Attach the explanation as Exhibit 11.

C. If SAIL or HOME funding from Florida Housing is not shown, does the Applicant intend to apply for such funding? If so, how much: $     . What will be the anticipated use of the SAIL or HOME funds if received?

D. Tax Credits. If the Development receives Bond financing, will HC be used?

 No      Yes

 1. If yes, HC Requested Amount $ \_\_\_\_\_\_\_\_

 2. If yes, name of Syndicator:

 A preliminary commitment letter is included as Exhibit 12. The letter must include a description of how the syndication funding will be paid out during construction and following completion. At least 50% of the amount needed to complete construction must be paid at bond closing. **A firm commitment letter must be provided during the credit underwriting process.**

E. Rental Assistance. Is development-based rental assistance **anticipated** for this Development?

 No       Yes       If yes, check all that apply:

 [ ]  Moderate Rehab [ ]  RD 515

 [ ]  Section 8 [ ]  Other

 Number of units receiving assistance:

 Number of years remaining on rental assistance contract:

F. Credit Enhancement

 Term:       Rating:

 [ ]  Third Party Guarantor:

 Term:       Rating:

 [ ]  Private Placement/Name of Placement Agent:

 Term:       Rating:

 [ ]  FHA-Insured loan

 Name of Lender:      Term:       Rating:

 [ ]  Fannie Mae or [ ]  Freddie Mac

 Name of DUS Lender:       Term:

 Name of Interim Construction LOC Bank:       Rating:

 [ ]  Other

 Name:       Term:       Rating:

 **A copy of the Commitment or Letter of Interest for the credit enhancer(s) and/or placement agent, including a contact person’s name, address and telephone number; credit underwriting standards; and an outline of proposed rate and terms, must be attached as Exhibit 13.**

50% Bond Test: For purposes of meeting the 50% bond test to receive automatic HC, tax-exempt bonds represent      %. Attach a detailed 50% test calculation as Exhibit 14.

1. Proposed Structure. The outline of the proposed structure must include, at a minimum, the following: whether a combination of tax-exempt and taxable bond financing is expected, whether a fixed or floating interest rate is expected, mortgage term, amortization schedule, interest terms, description of the credit enhancement or placement structure, and additional financing or equity sources. **Material changes in the proposed structure after submittal of the application may result in delay of consideration by the Authority or loss of priority.** A description of the proposed financing structure is attached as Exhibit 15.
2. Economic Feasibility of the Development. A description of the Development feasibility structure must be attached as Exhibit 16 and include, at a minimum, the following:

* 1. 15-year Pro forma cash flow
	2. Maximum interest rate at which the Development will work
	3. Detailed sources and uses, including a breakout for each line item on a per unit cost basis.

**IV. PUBLIC POLICY ISSUES**

1. The Applicant agrees to abide by the set-asides described in this application for       years, with a minimum of 50 years.

2. Describe in detail all resident programs and activities that will be provided by the Applicant. Each program mandated by the Authority or selected by the Applicant will be made a part of the Land Use Restriction Agreement and must be described behind tab labeled Exhibit 17. Developments that include a mix of elderly and non-elderly units must provide all resident programs mandated for both elderly and non-elderly developments. The Authority reserves the right to add to the list of mandatory or optional programs by notification of the Applicant in writing of such additional programs as the Authority deems compatible to the proposed development and consistent with the Authority programmatic goals. The resident programs to be provided are (MUST CHOOSE AT LEASE ONE OPTIONAL PROGRAM):

1. Resident programs for **All Applicants:**

[ ]  **Health Care – Mandatory -** Regularly scheduled visits by health care professionals such as nurses, doctors, or other licensed care providers. At a minimum, the following services must be provided at no cost to the resident: health screening, flu shots, vision and hearing tests. Regularly scheduled is defined as not less often than once each quarter. On-site space must be provided.

[ ]  **Resident Activities – Mandatory -** Regularly scheduled, specified activities, planned, arranged, managed, and paid for by the Applicant or its management agent as an integral part of the management plan. The Applicant must develop and execute a comprehensive plan of varied activities such as holiday or special occasion parties, community picnics or cookouts, newsletters, children’s special functions, etc., to bring the residents together, foster a sense of community, and encourage community pride.

[ ]  **Financial Counseling – Mandatory –** This service must be provided by the Applicant or its Management Agent at no cost to the resident. Financial counseling must include the following components: must be regularly scheduled, not less often than once each quarter; must be free of charge to the residents; must include tax preparation assistance by qualified professionals; must include educational workshops on such topics as “Learning to Budget”, “Handling Personal Finances”, or “Comparison Shopping for the Consumer”.

[ ]  **Computer Training – Mandatory -** This training is made in conjunction with the requirement that the Applicant commit one computer for every 50 units, with software and internet access. The Applicant must provide quarterly, on-site training classes, OR access to training software on basic computer skills such as word processing and spreadsheets to the residents.

[ ]  **Hurricane Preparedness – Mandatory -** At least one month before each Hurricane Season, conduct training for residents on how to plan for hurricane and evacuation protocols. At start of Hurricane Season, provide all residents written instructions on planning and evacuation.

[ ] **Participate in Manatee HFA Youth Aging out of Foster Care Program – Optional --** The HFA works in conjunction with an FHFC Approved Referral Agency (Safe Children Coalition – SCC), and subsidizes rent as well as partially subsiding personnel with SCC to screen and place Youth Aging out of Foster care in units that the HFA finances; Other available affordable units in Manatee County are also eligible for this program. These individuals will otherwise meet the income levels required for bonds and credits.

[ ]  **English as a Second Language – Optional -** Applicant shall make available, at no cost to the resident, a literacy tutor(s) to provide weekly English lessons to residents in private space on-site.

[ ]  **Swimming Lessons – Optional –** The Applicant or its Management Agent shall provide on-site swimming lessons for children or adults, at no cost to the resident, at least three times each year.

[ ]  **Life Safety Training – Optional –** The Applicant or its Management Agent shall provide on-site courses such as fire safety, first aid (including CPR), etc. at least twice each year, at no cost to the resident.

[ ]  **Health and Nutrition Classes – Optional –** The Applicant or its Management Agent shall provide on-site classes, at no cost to the resident, at least 8 hours per year.

[ ]  **Day Care – Optional –** either:

 [ ]  Day care facility for children or adults on-site, or

 [ ]  A discount of at least 20% at a day care facility for children or adults within 3 miles of the development.

[ ]  **Case Management/Residential Stabilization/Services – Optional –** This service must be provided by a qualified social worker at no cost to the resident. This program requires that the following services be made available on-site no less often than once a week: crisis intervention, individual and family needs assessment, problem solving and planning, appropriate information and referral to community resources and services based on need, monitoring of ongoing ability to retain self-sufficiency, and advocacy to assist clients in securing needed resources.

1. Residential Programs for **Elderly Developments:**

[ ]  **Resident Assurance Check-In Program – Mandatory –** Applicant must provide and use an established system for checking in with each resident on a predetermined basis not less than once per day. Residents may opt out of this program with a written certification that they chose not to participate.

[ ]  **Daily Activities – Mandatory –** Applicant or its Management Agent must provide supervised, structured activities at least five days per week. Activities must be on-site and at no charge to the residents.

[ ]  **Meals – Optional –** Applicant must pay for daily, at least one meal per day, delivery and cost of meals to the residents or provide for the daily preparation and serving of meals in a designated common on-site facility. Programs such as “Meals on Wheels” will not qualify for points because Applicant is not providing the service.

[ ]  Applicant will provide for delivery and cost of daily meals (at least one meal per day) to be served in a designated common facility located on-site; or

[ ]  Applicant will arrange for daily meals, at least one meal per day, to be delivered to the residents at no cost to the residents.

[ ]  **Private Transportation for the Development – Optional –** The Applicant or its Management Agent, at no cost to the resident, must provide a qualified driver and have a safe and serviceable vehicle that can transport residents to off-site locations for such things as medical appointments, public service facilities, and/or educational or social activities. A nearby bus stop or access to programs such as “Dial a Ride” will not be acceptable for purposes of this commitment.

[ ]  **Assistance with Light Housekeeping, Shopping and/or Laundry – Optional –** Applicant must provide weekly assistance with at least two of the following: (1) light housekeeping, and/or (2) grocery shopping, and/or (3) laundry, at a rate which is at least 25% lower than market.

[ ]  **Personnel On-Call 24 Hours Per Day – Optional –** Applicant must provide a manager maintenance employee and/or security guard on the Development’s premises who is available and accessible to the residents 24 hours per day, seven days per week.

1. Resident Programs for **Non-Elderly Developments:**

[ ]  **Homeownership Opportunity Program – Mandatory –** Applicant must provide a homeownership opportunity program available to all residents in compliance with their current lease. The program must set aside 5% of the resident’s gross rent toward a downpayment for that resident when the resident moves from the development into homeownership. The resident may be suspended from the program during the period of a lease if the resident violates any provision of the lease. Upon renewal of the lease, the resident must be reinstated into the program for the period of that renewal, with suspension permitted under the same terms as discussed above. The homeownership opportunity program must also include financial counseling for all residents, with emphasis on credit counseling and other items necessary for successful purchase of, and maintenance of a home.

[ ]  **First Time Homebuyer Seminars – Mandatory –** Applicant must arrange for and provide at no cost to the resident, in conjunction with local realtors or lending institutions, semiannual on-site seminars for residents interested in becoming homeowners.

[ ]  **After School Program for Children – Optional –** Applicant or its Management Agent must provide daily, supervised, structured, age-appropriate activities for children during the after-school hours. Activities must be on-site and at no charge to the residents.

[ ]  **Literacy Training – Optional –** Applicant must make available, at no cost to the resident, a literacy tutor(s) to provide weekly literacy lessons to residents in private space on-site and must include English as a Second Language lessons to residents in private space on-site.

[ ]  **Job Training – Optional –** Applicant must provide, at no cost to the resident, regularly scheduled classes in typing, computer literacy, secretarial skills or other useful job skills. Regularly scheduled means not less often than once each quarter.

1. **Homeless, Veterans or Special Needs Housing**: The Applicant may propose appropriate Resident Programs. Attach as Exhibit 18.

4. Describe in detail all design and other physical amenities that provide enhanced quality of life, energy efficiency, increased security, handicapped accessibility, or other features. Each feature mandated by the Authority or selected by the Applicant will be made a part of the Land Use Restriction Agreement. Developments that include a mix of elderly and non-elderly units must provide design features for both elderly and non-elderly developments. The design and amenity features to be provided are:

1. In addition to meeting all building code, Fair Housing Act, and Americans with Disabilities Act Requirements, the following items are required:
* **Air conditioning** (window units are not allowed), in all units
* **Dishwasher**, in all new construction units
* **Garbage Disposal,** in all new construction units
* **Cable TV Hook-Up**, in all units
* **At least two full bathrooms** in all **3 bedroom or larger** new construction units
* **At least 1 and ½ bathrooms** (one full bath and one with at least a toilet and sink) in all new construction **2 bedroom units**
* **Full sized appliances** in all units
* **Bathtub** in at least one bathroom in new construction non-elderly units
* **Exterior Lighting for all buildings and parking areas**
1. For New Construction Units, the Applicant may select items from the following list. The selected items must total 25 points:

 **[ ]** Window Treatments: Identify treatment inside each unit (3 points)

* mini-blinds
* curtains
* vertical blinds inside each unit

 [ ]  30 Year Expected Life Roofing on all Buildings (5 points)

 [ ]  Gated community with “carded” entry or security guard [ ] , of if mid-or-high-rise, “carded” secure entry to building [ ]  (2 points for gated community, 4 points for secure building entry)

 [ ]  Exterior Finish - [ ]  stucco or [ ]  cementious siding or [ ]  brick exterior finish (3 points – check choice)

 [ ]  Ceramic tile bathtub/shower area (3 points)

 [ ]  Microwave Oven (3 points)

 [ ]  Marble Window Sills (3 points)

 [ ]  Fire Sprinklers in All Units (5 points)

 [ ]  Steel entry door frames (4 points)

 [ ]  Termite prevention/detection system (2 points)

 [ ]  Built-in computer desks (2 points)

 [ ]  Exterior lighting (3 points)

 [ ]  Double compartment kitchen sink (1 point)

 [ ]  Laundry Hook-ups and space for washer/dryer inside each unit (3 points)

 [ ]  Non-smoking units (may not choose with Non-Smoking Building (4 points)

 [ ]  Non-smoking buildings (5 points)]

1. For Rehabilitation of Existing Development, the Applicant may select items from the following list. The selected items must total 25 points:

 [ ]  Laundry Hook-ups and space for washer/dryer inside each unit (3 Points)

 [ ]  Window Treatments: Identify treatment inside each unit (3 points)

* mini-blinds
* curtains
* vertical blinds

 [ ]  30-Year Expected Life Roofing on all Buildings (4 points)

 [ ]  Gated community with “carded” entry or security guard, or if mid-or-high rise, “carded” secure entry to building (3 points)

 [ ]  Ceramic Tile bathtub/shower area (3 points)

 [ ]  Microwave Oven (3 points)

 [ ]  Fire Sprinklers in All Units (4 points)

 [ ]  Dishwasher inside each unit (3 points)

 [ ]  Garbage disposals inside each unit (3 points)

 [ ]  Steel entry door frames (3 points)

 [ ]  Termite prevention/detection system (2 points)

 [ ]  Double compartment kitchen sink (1 point)

 [ ]  Non-smoking units (may not choose with Non-Smoking Building (4 points)

 [ ]  Non-smoking buildings (5 points)

1. For Elderly Developments or developments with elderly units, the Applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

 [ ]  Emergency call service in all elderly units

 [ ]  Hairdresser Shop or Barber Shop on site

 [ ]  Laundry facilities available on every floor

 [ ]  All bathrooms in elderly units handicapped accessible with grab-bars per ANSI requirements

 [ ]  Public transportation within 150 feet of property (or elderly building if mixed family-elderly)

 [ ]  Exercise room with appropriate equipment

 [ ]  Community center or clubhouse

 [ ]  Swimming pool

 [ ]  Covered picnic area with at least three permanent picnic tables and a permanent outdoor grill

 [ ]  Outside recreation facility (such as shuffleboard court, putting green, tennis court). Identify facility:

 [ ]  Library consisting of a minimum of 100 books and 5 magazine subscriptions. The Library must include a computer lab.

 [ ]  Community Garden

 [ ]  Dedicated movie room (new construction or rehabilitation)

 [ ]  Movie room in common area (rehabilitation)

1. **For Non-Elderly Developments,** or developments with non-elderly units, the Applicant may select from the following list. The selected items must be on-site and total 16 points (2 points each):

 [ ]  Exercise room with appropriate equipment

 [ ]  Community center or clubhouse

 [ ]  Swimming pool

 [ ]  Playground/tot lot (must be sized in proportion to development’s size and expected resident population with age-appropriate equipment)

 [ ]  Car care area (for car cleaning/washing)

 [ ]  Childcare facility located within three miles of the property

 [ ]  Public transportation located within one-half mile of the property

 [ ]  Library/study room consisting of a minimum of 100 books and 5 magazine subscriptions. The Library must include a computer lab.

 [ ]  Two or more parking spaces per unit

 [ ]  Outside recreation area for older children (such as basketball court, tennis court, volleyball court, etc.). Identify facility:

 [ ]  Community Garden

 [ ]  Picnic area with at least three permanent picnic tables and a permanent

 outdoor grill

1. **Energy Conservation Feature** – For all developments, the Applicant may select from the following list.

 Mandatory Features:

* + - Energy Star qualified refrigerator;
		- Energy Star qualified dishwasher;
		- Energy Star qualified washing machine, if provided by applicant;
		- Minimum SEER of 15 for unit air conditioners (excluding buildings with a central chiller system);
		- Caulk, weather strips, seal holes, cracks, etc. (Rehab developments)
		- Sealed and insulated heating and cooling system ducts (Rehab developments)
		- Low-VOC paint for all interior walls (50 grams per liter or less for flat paint; 150 grams per liter or less for non-flat paint);
		- Low-flow water fixtures in bathrooms--WaterSense labeled products or the following specifications:
			* Toilets: 1.6 gallons/flush or less
			* Faucets: 1.5 gallons/minute or less
			* Showerheads: 2.2 gallons/minute or less.

Optional Green Building Features***:***

Applicant must choose at least five (5) items from the following list:

* + - Programmable thermostat in each unit
* Energy Star ceiling fans in all bedrooms and living areas
	+ - Energy Star qualified roofing material or coating
		- Energy Star exhaust fans in bathrooms
		- Energy Star rating for all windows
		- Install daylight sensors, timers or motion detectors on all outdoor lighting attached to buildings
		- FL Yards and Neighborhoods certification on all landscaping
		- Eco-friendly flooring -- Carpet and Rug Institute Green Label certified carpet and pad, bamboo, cork, recycled content tile, and/or natural linoleum
		- Eco-friendly cabinets – formaldehyde free, material certified by the Forest Stewardship Council
		- Motion detector on common area lighting

### **V. ABILITY TO PROCEED**

 Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

A. Site Control

 Site Control must be demonstrated by the Applicant. At a minimum, a Contract for Purchase and Sale must be held by the Applicant for the proposed site. The contract may not expire before 7 months from date the Bond Application was submitted to the Authorityand the remedy for default on the part of the seller must include or be specific performance, and the buyer **MUST** be the Applicant. Site is controlled by:

       Contract for Purchase & Sale,

       Recorded Deed,

       Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of Bond Financing

 **IMPORTANT:** If site control is not held by the Applicant, a fully executed, enforceable **contract for purchase and sale or assignment of contract** must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent **ONLY** upon the award of Bond Financing. If site control is evidenced by contract for purchase and sale, the Authority may give preference to those contracts that evidence ability to extend through December 31 (after the initial 7 month site control requirement). Evidence of Site Control can be found directly behind tab labeled Exhibit 19.

B. Zoning and Land Development Regulations

 1. a. Is the site appropriately zoned for the proposed Development: No       Yes

 b. Indicate zoning designation (s)

 c. Current zoning permits       units per acre, or       for the site (PUD).

 d. Total Number of Units in Development:

 Note: at a minimum, the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions must permit the proposed Development.

 2. New Construction Zoning and Land Development Regulation Development Requirements:

1. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verify that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter can be found directly behind tab labeled Exhibit 20.

 3. Rehabilitation Zoning and Land Development Regulation Development Requirements:

1. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter can be found directly behind tab labeled Exhibit 22; OR
2. Applicant must provide copies of rehabilitation/building permits or a letter stating that except for payment of fees, permits would be issued. A copy of the permits or letter can be found directly behind tab labeled Exhibit 23; OR
3. Applicant must provide a letter form the appropriate local government official that verifies that permits are not required for the Development. A copy of the letter can be found directly behind tab labeled Exhibit 24.
4. **Experience of the Development Team**

NOTE: If team member worked on an Authority bond transaction which closed in the last three years, list the name of team member, BUT THERE IS NO NEED TO FILL OUT THE APPLICABLE ATTACHED CHART(S).

 The past performance record of the development team (which consists of Developer and Management Agent) will be carefully reviewed.

1. Experience of Developer:

 Name:

 Principal(s):

* 1. Fill out the attached chart.
	2. Has the Developer, or any of the principals of the Developer been associated with any development that has gone into default or given “troubled development” status?

Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 25.

 c. Has the Developer or any principal of the Developer been associated with any development that has been found in non-compliance with program requirements; i.e. an incurred 8823?

 Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 26.

1. Experience of General Partner.

 Name:

 If entity, name of principal(s):

* 1. Fill out the attached chart.
	2. Has the General Partner, or any of the principals of the General Partner been associated with any development that has gone into default or given “troubled development” status?

Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 27.

 c. Has the General Partner or any principal of the General Partner been associated with any development that has been found in non-compliance with program requirements?

 Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 28.

1. Experience of Management Agent.

Name:

 Principal(s):

1. Fill out the attached chart.
2. Has the Management Agent, or any of the principals of the Management Agent been associated with any development that has gone into default or given “troubled development” status?

Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 29.

 c. Has the Management Agent or any principal of the Management Agent been associated with any development that has been found in non-compliance with program requirements?

 Yes       No

If “Yes”, attach a detailed explanation of the situation(s) and resolution as Exhibit 30.

EXPERIENCE OF DEVELOPER

Name:

Address:

Phone Number:

Contact

Email:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Development Name | Location (City, State) | # of Units | New Construction Or Rehab | Design Type | Sources of Financing/Gov’t. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc. |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

EXPERIENCE OF GENERAL PARTNER

Name:

Address:

Phone Number:

Contact

Email:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Development Name | Location (City, State) | # of Units | New Construction Or Rehab | Design Type | Sources of Financing/Gov’t. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc. |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

EXPERIENCE OF MANAGEMENT AGENT

Name:

Address:

Phone Number:

Contact

Email:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Development Name | Location (City, State) | # of Units | Management Status(current orformer) | # of Years Managed | Sources of Financing/Gov’t. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc. |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

### **VI. FORM OF EXPENSE AND INDEMNITY AGREEMENT**

Attach as Exhibit 31,the “Form of Expense and Indemnity agreement found as Exhibit A within the “Application Procedures and Program Guidelines” handbook. An ORIGINAL SIGNATURE must be included on the form contained within the original application. Photocopies of the executed form may be utilized within the copies of the application.

### **VII. REHABILITATION APPLICANTS ONLY SECTION**

Attach as Exhibit 32, a detailed description of the rehabilitation activities and the status and plans for existing residents. At a minimum, the attachment should describe (i) a detail of all rehabilitation, including the rehabilitation cost per unit and the cost for each item, (ii) the current rents at the development compared to the proposed rents, (iii) the plans for the existing residents, both during and after rehabilitation, (iv) the income levels of the current residents, and whether the current residents will qualify as residents after rehabilitation, (v) a copy of any third party physical needs assessment, or explanation for why the document is not available.

**VIII. CERTIFICATION (Original Signatures Required)**

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING REAL ALL APPLICABLE AUTHROITY RULES GOVERNING THE PROGRAM AND ACKNOWLEDGE HAVING READ THE INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

THE APPLICANT ACKNOWLEDGES HAVING READ ALL PROVISIONS OF THE HOUSING FINANCE AUTHORITY OF MANATEE COUNTY 2021 MULTI-FAMILY TAX-EXEMPT BOND PROGRAM APPLICATION PROCEDURES AND PROGRAM GUIDELINES HANDBOOK.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESNTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE AUTHORITY’S INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FINANCE THE PROPOSED DEVELOPMENT. **BEFORE THE AUTHORITY CAN APPROVE THE PROPOSED DEVELOPMENT FOR FINANCING, IT MUST RECEIVE STATE BOND ALLOCATION AND APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, BOND COUNSEL, THE CREDIT UNDERWRITER AND MANATEE COUNTY COMMISSION.**

Applicant Date

Signature of Witness

Name and Title ((typed or printed) Name (typed or printed)

**NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE PENNED IN BLUE INK, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY**