

1. GENERAL INFORMATION

INCLUSIONARY HOUSING RENTAL APPLICATION

LONGMONT

Please complete sections 1-8 to the best of your knowledge. If selecting the Fee-in-lieu compliance option, please only fill out sections 1-4.

Developer(s):	E-mail:	Phone:
Mailing Address:	E-maii	1 Hone
Name of Owner(s):	E-mail:	Phone.
	L maii	
Name of Builder(s):	E-mail:	Phone:
Mailing Address:	2	+ Hone
Project Point of Contac	t: Mailing E-mail:	Phone.
Address:		
Address:		
Legal description:	Property area acr	
	Property area acr	
Legal description: Proposed use:	Property area acr	'es:
Legal description: Proposed use: Selling Agent's Name:	Property area acr E-mail:	res: Phone:
Legal description: Proposed use: Selling Agent's Name: Mailing Address:	Property area acr E-mail:	res: Phone:

3. SUBMITTAL DOCUMENTS & ESTIMATED PROJECT TIMELINE

- a. Plat
- b. Site Plan
- c. Architectural drawings

Date land use application submitted: _____

Projected date of first approval (Entitlement):_____

Projected date to start to pulling building permits:_____

Projected completion date (Date of last Certificate of Occupancy):_____

4. AFFORDABLE HOUSING PROPOSAL

Complete this proposal with how you intend to comply with the Inclusionary Housing Ordinance and include it with the first submittal of a Development Application to the Planning and Development Services Department.

Will affordable units be deed restricted to remain affordable? Yes	No
If yes, how long will the units be restricted?	

Onsite Number of affordable homes by type:	Land Dedication to City to Nonprofit developer Parcel, if known: Zoning: Infrastructure in place:	Combination of Options Options to be used:
Fee-in-Lieu Estimated total finished residential square feet of development: Rental only: site acreage	Infrastructure to be provided:	
Offsite Number of affordable homes by type: Rental apartments Condo Townhome Single family home Rental only: site acreage	Redemption of Credits From where are credits being received?	Voluntary Alternative Agreement Proposal:

5. DESIRED INCENTIVES

Which incentives do you wish to apply for?

- a. Raw water reduction
- b. Parking reduction
- c. Height increase
- d. Density bonus
- e. Lot width reduction
- f. Development fee waivers
- g. Development offsets

6. PROPERTY CHARACTERISTICS

Type of Construction (frame, brick, stucco, etc.):

Other construction features that lower the cost of the housing for low-income consumers?

What is the expected water meter size?____ What is the expected electrical panel size?____ Does this project owe the City for Raw Water Deficits? Yes ____ No If yes, what is the estimated deficit?_____ Contact the Water Resource Analyst at 303-651-8814 if you do not know the deficit amount.

7. HOUSEHOLD CHARACTERISTICS

Documentation of how these populations will be reached must be submitted with this application.

		IL3	NO
•	Is this Affordable Unit for a large family (4 or more bedrooms)?		
•	Is this Affordable Unit for an 62 years or older head of household?		
•	Is this Affordable Unit fully handicapped accessible?		
•	Will this Affordable Unit be sold to a household in emergency or transitional housing?		
•	Will this Affordable Unit be sold to an agricultural worker?		

8. UNIT CHARACTERISTICS

Total number of rental units to be developed: _____

12% percent of all units: _____

Number of bedrooms	Number of units BRs	Monthly Rent	Utility Cost Estimated

Number of units affordable to households at 50% AMI:_____

Number of units affordable to households between 41%-49% AMI : ____

Number of units affordable to households between 31%-40% AMI

Number of units affordable to households between 30% AMI : _____

What is the average square footage of each unit? _____

Estimated total residential square footage?

Do you plan to use a local public housing authority wait list to

solicit low-income households? YES NO

Affordable points (18+):	30% waiver and offset
Affordable points (12-17)	20% waiver and offset
Affordable points (11-7)	10% waiver
Affordable points (6-3)	5% waiver

The applicant states that the information given in this application is true, correct, and complete to the best of their knowledge as of the date of application submittal below. Any information found to be misleading by the City of Longmont will mean automatic disqualification for assistance under this Program.

Owner Name: _____

Authorized Representative: _____

Date: _____