



Osceola County
State Housing Initiatives Partnership Program
SHIP

Multifamily Rental Housing Rehabilitation Application
Applicant and Development Data

A. 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.

Address: _____

Telephone: _____

Facsimile: _____

2. If partnership, name of general partner(s): _____

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____

Facsimile: _____

3. Developer Entity: _____

Relationship to Applicant: _____

Address of Developer: _____

Telephone: _____

Facsimile: _____

Describe the Developer's involvement and ownership interest in this development:

4. Designated contact person (person with decision –making authority with whom the County will correspond concerning the application and Development) for Applicant/Borrowing Entity (not the consultant):

Relationship to Applicant: _____

Address of Developer: _____

Telephone: _____

Facsimile: _____

5. Is there a consultant: Yes:____ No:____

Name: _____

Company Name: _____

Address: _____

Telephone: _____

Facsimile: _____

6. For Applicant and Developer entities, attach a list of all general and limited partners and the officers, directors and shareholders of each as of the date of this application.

7. Applicant's Federal Taxpayer Identification Number:

8. Is the Applicant or its general partner incorporated as a non-profit organization pursuant to Chapter 617, Florida Statutes?

Yes: _____ No: _____

9. Is this a 501c(3) or 501c(4) non-profit organization pursuant to Section 42 of the Internal Revenue Code?

Yes: _____ No: _____

If yes, provide the following:

- a. Attach evidence of non-profit status.
- b. Describe the role of the non-profit organization in the development.
- c. Does the non-profit organization have an ownership interest, either directly or indirectly in the Development?

Yes: _____ No: _____

- d. Attach the names and address of the governing board of the non-profit organization.
- e. Is the purpose of the non-profit organization, in part, to foster low-income housing? If so, provide a copy of the Articles of Incorporation.
- f. Year non-profit organization was incorporated: _____
- g. Is the non-profit affiliated with or controlled by a for-profit organization within the meaning of Section 42(h), Internal Revenue Code?

Yes: _____ No: _____

If yes, name of For-Profit: _____

B. Development Information

1. Development Name: _____

2. Development Street Address (indicate street names, city and zip code): _____

**If scattered sites, attach an additional page with the address of each site.

3. Manager/Employee Units: Are there one or more manager or employee units in the development?

Yes: ____ No: ____ How Many? ____ Unit Type: ____

If so, will each unit be occupied by an income-eligible manager/employee and included in the number of units set-aside?

Yes: ____ No: ____ Provide Unit Number(s): _____

4. Are there one or more model Units? Yes: ____ No: ____ If yes, identify by unit number and type: _____

5. Utilities: Indicate which utilities are paid by the tenants.

Electric ____ Water ____ Sewer ____ Gas ____ Trash ____

6. Development Design: Check the one design that best describes this development:

Garden ____ Duplexes ____ Townhouses ____
Quads ____ Single Family ____

7. Identify acreage or lot size of entire Development: _____

8. Name of local jurisdiction where Development is located:

Unincorporated Osceola County ____
City of Kissimmee ____
City of St. Cloud ____

9. TOTAL REHABILITATION COSTS: \$_____

10. Minimum Set-asides: Provide the minimum set-asides for each income level in this Development.

____ Very-low Income ____ Low Income ____ Moderate Income

11. AMOUNT OF SHIP FUNDS REQUESTED: \$_____

C. Rental Assistance

1. Is rental assistance currently being provided for this development from other funding sources?

Yes ____ No ____

2. If yes, please indicate what source, number of units receiving assistance and number of years on rental assistance contract:

D. Resident Programs

1. Tenant Programs for ALL Applicants: In order to enhance the development and the quality of life for residents, tenant programs are encouraged. Check all that apply and describe how each program will be provided. Attach additional pages if necessary.

___ Day Care: _____

___ Health Care: _____

___ Meals: _____

___ Private Transportation for the Development: _____

___ Financial Counseling: _____

2. Tenant Programs for Elderly Applicants:

___ Assistance with Light Housekeeping, Shopping and/or Laundry:

___ Manager on-call 24 hours per day: _____

3. Tenant Programs for Non-Elderly Applicants:

_____ Financial Incentive for assistance with purchasing a home: _____

_____ WAGES Program: _____

4. Any other Tenant Programs not otherwise addressed:

E. Development Summary

1. Please provide a short narrative description of the Development, including all amenities, total number of units (number of units per building, number of buildings in development), features and scope of work to be performed. Attach as an attachment.
2. To be considered complete, the application must include a map showing the development's location. If applicable, include proximity to community services, medical facilities, schools, shopping, major businesses and employers. NOTE: Failure to include the required map will result in REJECTION of the application.
3. Application packets must include the most recent 24 months audited financial statements and current year approved budget.
4. Application packets must include the most recent 2 years Management Review and Physical Inspection Reports.

F. Certification (Original Signature Required)

The undersigned applicant certifies that the information in this application is true, correct and authentic. The applicant further certifies that (s)he is aware that if the County finds that the applicant or any of its affiliates has engaged in fraudulent actions or misrepresented facts on this application, this application will be disqualified and the applicant and its affiliates will be unable to participate in any County program for two (2) complete annual cycles inclusive of any interim cycles.

In applying for SHIP Program funds, the applicant has read, understands, and agrees to comply with 420.9071-420.9079 Florida Statutes and Rule 67-37 Florida Administrative Code, issued by the Florida Housing Finance Corporation.

The applicant understands and agrees to abide by the provisions of the applicable Florida Statutes and County program rules and policies.

Official Signature of Applicant/Borrowing Entity

Date

Name and Title (typed or printed)

Company

Signature Witness

Date

Name and Title (typed or printed)