County of El Dorado Traffic Impact Mitigation (TIM) Fee Offset Program for Developments with Affordable Housing

2007 Application

County of El Dorado Traffic Impact Mitigation (TIM) Fee Offset Program for Developments With Affordable Housing Application

SECTION 1 - APPLICATION SUMMARY

Project Name:		
Project Location:		
Project Address (if unavailable - parcel #):		
Developer Name:		
Developer Address:		
Contact Name:		
Phone: () Fax:		
Email Address:		
Anticipated date of project completion:		
TOTAL PROJECT COST	\$	
TIM FEE OFFSET REQUEST	Total Offset \$	Per Unit Offset \$
Total Number of Units Number of Low & Moderate Income Households	\$	
Total Estimated Cost/Unit TIM Fee Offset (per unit)	<u>\$</u> \$	

2007 HUD Income Limits

Household Size	1	2	3	4	5	6	7	8	
Very Low-Income (0-50%)	\$23,500	\$26,900	\$30,250	\$33,600	\$36,300	\$39,000	\$41,650	\$44,350	
Lower Income (50% - 80%)	\$37,650	\$43,000	\$48,400	\$53,750	\$58,050	\$62,350	\$66,650	\$70,950	
Moderate Income (80% - 120%))	1 \$56 700 \$67 560			\$72,600 \$80,640		\$87,120 \$93,600		\$106,440	
Median Income El Dorado County	\$67,200 (family of 4)								

PROJ	ECT TYPE
•	Ownership Housing
	Ownership Units
•	Rental Housing
	Rental Units
•	Second Units
	New Construction of Second Units in a New Subdivision New Construction of Second Units on an existing homeowners property
Please	ELOPER INFORMATION CHECKLIST mark one and include all listed information when you submit the application:
L NO	t-For-Profit Organization
	 evidence of 501(c)(3) or 501(c)(4) status articles of incorporation and by-laws
	certified financial statement (or recent certified audit)
□ Priv	vate For-Profit Organizations
	certified financial statement
	nature of ownership entity:
	 partnership - evidence of current ownership percentages of partners sole proprietorship
	sole proprietorshipcorporation
	 if a corporation, Articles of Incorporation and by-laws; if a partnership, Partnership Agreement and, if applicable, Certificate of Limited Partnership

SECTION 2 – CERTIFICATION

The undersigned, hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this Application may disqualify the Project from a TIM fee Offset. The information given by the Applicant may be subject to verification by the El Dorado County Human Services Department. Submission of this Application shall be deemed an authorization to the County to undertake such investigations, as it deems necessary to determine the accuracy of this Application and the appropriateness of providing a County TIM fee Offset to the project. If any information changes after submission of this Application the undersigned agrees to notify the County immediately. In addition, any change in scope of proposal and/or costs must be reported to the County immediately.

The undersigned also agrees that any commitment by the County to provide TIM Fee Offsets that may be forthcoming from this Application is conditioned by the El Dorado County Advisory Committee's TIM Fee Offset Criteria, and the Applicant's continued compliance with those guidelines.

The undersigned also hereby certifies that the governing body of the Applicant has formally authorized the undersigned to execute the documents necessary to make this Application.

Legal Name of Applicant:	
Signature:	
Name: (please type)	
Title:	
Date:	

SECTION 3 - PROJECT/PROGRAM NARRATIVE

- 1. Completed Pre-Application Review: The applicant will need to complete Planning Services' Pre-Application process in order to be eligible for funding.
- Project Summary: Provide a short summary of the project. Include the project name, developer, project location, number of units, number of accessible and visitable units, total project costs, and amount of Offset requested.
- 3. Project Description: Describe the type of project and scope of activity being proposed, indicating:
 - Type of housing being developed (new construction, rental or homeownership)
 - Unit size and number of units in each bedroom size
 - Population to be served by this development, including an estimate of the number of housing units to be sold or rented to each of the following income groups:
 - Household income below 50% of the area median
 - Household income 50%-80% of the area median
 - Household income 80%-120% of the area median
 - Applicants must provide estimates based on these income categories.
 - If the project proposed will serve a population with special housing needs, for example senior/disabled, describe the services to be offered to the residents and the funding sources for these services.
 - Street address and zip code of each property in the project.
 - Current ownership of each property.
 - Current zoning, use and occupancy status on the site.
 - Site control, including documentation of options to lease or buy.
 - Description of completed properties (house type, square footage, number of bedrooms and bathrooms, parking, lot size, etc.) Please provide renderings, site plans and floors plans if available.
- 4. Location Map of parcel(s): Provide maps of the site plan and location of the project.
- 5. Financing Plan (Request for TIM Fee Offset): Include a budget which identifies anticipated development and other costs for the project including potential funding sources.
- 6. Timetable: Identify key benchmarks for project development, including financing, predevelopment activities construction start, construction end, and leasing or sales. Describe the timeline for using the TIM Fee offsets should they be granted and how the timeline may or may not match up to the issuance of building permits for a project already approved but not built.
- 7. Developer Team Description: Provide the business name, the primary contact person, street address, telephone number, fax number, and email address for each Developer team member consisting of at least the Developer, Architect, Property Manager and Social Service Provider, if applicable. Please also include the name and number for the Developer's project manager.

PROJECT PARTNERS

If the program will involve other entities (financial institutions, social service providers, etc.), please list them and provide a brief description of their roles in the program. Use additional sheets if necessary.

Name: Role					
Contact Person: Address:					
E-Mail Address: Phone:	()		FAX: (_)	
Name: Role					
Contact Person:					
Address:	-				
E-Mail Address:		-	· · · · · · · · · · · · · · · · · · ·		
Phone:	()		FAX: (
Name:					
Role					
Contact Person:					
Address:					
E-Mail Address:					
Phone:	(_ FAX: (_)	

SECTION 5 - PROJECT DEVELOPMENT TEAM

Complete the following information for each proposed development. If this project is a co-venture please list the co-partner and/or the owner organization:

1a.	Co-Partner								
	Contact:								
	Address:								
	E-Mail Address:								
	Phone:	()	F/	AX:	()		-		
1b.	Owner:								
	Contact: Address:								
	E-Mail Address:		-						
	Phone:	(FA	AX:	()				
2.	Attorney:								
	Contact:								
	Address: E-Mail Address:								
	Phone:	(FA	AX:	()				
3.	Contractor:								
	Contact:						-		·
	Address:								
	E-Mail Address:		·						
	Phone:	(FA	AX:	()				
4.	Architect:								
	Contact:		<u></u>					<u> </u>	
	Address:								
	E-Mail Address: Phone:	()	FA	4Χ :	()		_		
_					25			<u></u>	
5.	Management / Contact:	Agent:							
	Address:								
	E-Mail Address:								
	Phone:	()	FA	1X :	()				
6.	Supportive Se	rvice Provider							
	Contact:				н ы				
	Address:	·							•
	E-Mail Address:								
	Phone:	(FA	XX:	()				

Attach this information for other key entities involved in the project.

^{*}Indicate by asterisk any identity of interest among the development team members.

PART A - GENERAL SITE INFORMATION Has a site been determined for this project? ☐ Yes □ No PART B - SITE CONTROL 1. Does Applicant have site control? ☐ Yes □ No Date acquired: ____/___/ If yes, form of control: □ Deed Expiration Date of Contract: ___/__/___ ☐ Contract □ Option to Purchase Expiration Date of Option: ___/__/___ (Include copy of Statement of Intent from current site owner) If no, describe the plan for attaining site control: Total Cost of Land: \$ _____ Site area size: _____ acres or sq. ft. Seller's Name: Address: City: FAX: (Phone: 2. Is the seller related to the Developer? ☐ Yes □ No PART C – ZONING AND UTILITIES 1. Is the site properly zoned for your development? □ Yes □ No If no, is site currently in process of rezoning? ☐ Yes □ No When is the zoning issue expected to be resolved? Explain: 2. Are utilities presently available to the site? ☐ Yes □ No If no, which utilities need to be brought to the site: □ Electric □ Water □ Phone ☐ Gas □ Sewer ☐ Other: _____

Attach evidence of site control, evidence of proper zoning, sketch plan of site, schematic drawing if new construction, and picture of building if rehabilitation.

Part D - Financing Plan

Include a budget which identifies anticipated development and other costs for the project.

For homeownership projects:

- The Development Pro Forma, which identifies the total development cost and the sources and uses of funds.
- The Home Sale Analysis Pro Forma to provide the estimated purchase price of the housing units to be developed and to describe the income group for which the properties are affordable.
- Attach Developer Agreement of sustained affordability with housing authority.

For rental projects:

- The Development Pro Forma, which identified the total development cost and the sources and uses of funds.
- Describe the income groups for which the units are affordable.
- Provide proposed rents for each unit size.
- Provide supporting evidence of all funding commitments received, and a list of pending applications with dates of submission and expected awards.
- Provide proposed rent limitation agreement with housing authority.