



**APPLICATION
FOR LETTER OF SUPPORT
AND LOCAL CONTRIBUTION FOR AFFORDABLE HOUSING**

Application No.: _____

Date Received: _____

Please return to:

Office of Housing & Community Services, Attn: Isaura Suarez
2008 Classique Lane, Tavares, FL 32778
Phone: (352) 742-6540 – Fax: (352) 742-6542

- **Letter of Support** (Awarded to one project seeking Low-Income Housing Tax Credits) - Lake County proposes to provide a local government contribution in the amount of \$460,000 to support the development of affordable housing units to be located in Lake County, Florida. This contribution is contingent upon the developer receiving funding through the Low-Income Housing Tax Credit (LIHTC) Program administered by the Florida Housing Finance Corporation. The County intends to utilize its existing allocation of HUD HOME Investment Partnerships Program (HOME) funds for this purpose, provided the proposed project meets all applicable HOME Program eligibility requirements. A Local Government Verification of Contribution Loan Form will be provided to the developer for submission as part of the LIHTC Program application.

APPLICANT (Contact Person):

NAME: _____

FIRM: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

OWNER, IF DIFFERENT THAN APPLICANT (Contact Person):

NAME: _____

FIRM: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

Please fill out completely. The application will not be accepted without a complete application package.

Once the Application is reviewed and approved by staff, staff will provide the date that the applicant must present their project to the Affordable Housing Advisory Committee meeting.

SUBMITTAL CHECKLIST:

- Estimated final cost of residence(s) or development once complete.
- The maximum household income level, by household size, for the proposed residence or development. (The household income limits must be either “very low” or “low” as defined in Chapter 420, Florida Statutes per program (SHIP or HOME) guidelines.
- Description reflecting portion of development that meets the minimum income criterion (*if applicable*).
- Title Search/Title Opinion (*showing current owner and any encumbrance*)
- Legal description to be used on any legal documents (*attach separate pages if necessary*)
- Copy of Warranty Deed
- Status of Site Plan Approval for Multifamily Development (*if applicable*)
- Site Plan with Acreage, Proposed Number of Dwelling Units, and Amenities (*if applicable*)
- Proximity of project to utility services
- Proximity to public transportation
- Identify whether project is being constructed for its own employees
- Identify if the project being constructed for a specific target group (*workforce, seniors, transitional, or bridge housing*)
- SHIP or HOME Program Guidelines
 - *Contribution – Loan Form*
 - *Status of Site Plan Approval for Multifamily Development*
 - *Site Plan with Acreage, Proposed Number of Dwelling Units, and Amenities*
 - *The proposed square footage and number of bedrooms in each dwelling unit of the development.*
 - *Development is Consistent with Zoning and Land Use Regulations*
 - *Availability of Infrastructure Roads*
 - *Colored Elevation of proposed dwelling unit demonstrating adherence to the design standards in Land Development Regulations Section 22-8.(c).*
 - *Proof of Ownership/Site Control*
 - *Proposed rents, by bedroom size, for the proposed development. The proposed rents cannot exceed the currently published Program rents, by bedroom size, as established by HUD for Lake County.*
 - *Written commitment that the rent and income restrictions on the proposed development will remain in effect throughout the waiver agreement period.*

PROJECT INFORMATION*

Project Name:	
Alternate Key Number / Parcel ID No(s):	
Site Address:	
General Location (include whether in City or County):	
Zoning Designation:	
Land Use:	
Intended Use:	
Number of Dwelling Units:	
Amenities:	
Total Acreage:	
Estimated Cost of Construction:	

I hereby certify to the best of my knowledge and belief that all information submitted with this application is true and accurate.

SIGNATURE: _____

PRINT NAME: _____

ITS: _____

DATE: _____

* Add additional pages, if necessary.

PROJECT BUDGET*:

Category	Line Item	SHIP Funds	Other Funding Sources	Total
Salaries & Benefits (service delivery or labor cost only)				
Materials & Equipment				
Consultants & Professional Services				
Other Revenue				
Totals				

* Add additional pages, if necessary.