**Exhibit A to RFA 2020-101- Elderly Housing Community Loan**

Unless stated otherwise, all information requested pertains to the Development proposed in this Application upon completion of the construction or rehabilitation work.

**1.** **Applicant Certification and Acknowledgement form**

Provide the Applicant Certification and Acknowledgement form, executed by the Authorized Principal Representative, as **Attachment 1**.

**2. Demographic Commitment**

The Applicant irrevocably commits to provide housing to Elderly residents as defined in 420.503(15), F.S.

**3. Contact Person and Applicant Information**

a. Applicant

(1) Name of Applicant

Click here to enter text.

(2) Provide the required documentation to demonstrate that the Applicant is a legally formed entity qualified to do business in the state of Florida as of the Application Deadline as **Attachment 2**.

(3) Non-Profit Applicant qualifications

Does the Applicant or the General Partner or managing member of the Applicant meet the definition of Non-Profit as set forth in Rule Chapter 67-48, F.A.C.?

Choose an item.

If “Yes”, provide the required information for the Non-Profit entity as **Attachment 3.**

b. Principals Disclosure for the Applicant

(1) Eligibility Item

Provide a list, as **Attachment 4**, identifying the Principals of the Applicant as outlined in the RFA.

(2) Advance Review of List of Applicant Principals (**5 points**)

Applicants will receive five points if the uploaded List of Applicant Principals was either (a) stamped “Approved” at least 14 Calendar Days prior to the Application Deadline; or (b) stamped “Received” by the Corporation at least 14 Calendar Days prior to the Application Deadline AND stamped “Approved” prior to the Application Deadline.

c. Emergency Rule 67ER20-1 Disincentive Points (5 Points)

Per Emergency Rule 67ER20-1, have all increases in rent that impact existing tenants in all Applications that share Principals of the Applicant or Developer financed in whole or in part by the Corporation been suspended March 8, 2020 through July 28, 2020?

Choose an item.

If “Yes”, the Application will be awarded five points.

d. Contact Person

(1) Authorized Principal Representative contact information (required)

First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Last Name: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Choose a state.

Zip: Click here to enter text.

Telephone: Area Code 7 digit number extension

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

(2) Operational Contact Person information (optional)

First Name: Click here to enter text.

Middle Initial: Click here to enter text.

Last Name: Click here to enter text.

Organization: Click here to enter text.

|  |  |
| --- | --- |
| Street Address: | Click here to enter text. |

City: Click here to enter text.

State: Choose a state.

Zip: Click here to enter text.

Telephone: Area Code 7 digit number extension

|  |  |
| --- | --- |
| E-Mail Address: | Click here to enter text. |

**4. General Proposed Development Information**

a. Name of the proposed Development

Click here to enter text.

b. Development Category

Funding under this RFA must be used to provide for life-safety, building preservation, health, sanitation, or security-related rehabilitation, repairs, or improvements.

c. Select the Development Type

Choose an item.

**5. Location of proposed Development**

a. County: Choose a county.

b. Development Location

(1) Address of Development Site

Click here to enter text.

(2) City of Development Site\*:

Click here to enter text.

\*If the proposed Development is located in the unincorporated area of a county, provide that information.

c. Latitude and Longitude Coordinates

For each site, identify the latitude and longitude coordinate, rounded to at least the sixth decimal place:

Click here to enter text.

**6. Number Units and Buildings**

a. Total number of units in the proposed Development: Click here to enter text.

b. Is the Development at least 90 percent occupied?

Choose an item.

c. Age of Development: Click here to enter text.

 Provide evidence of the age of the Development as **Attachment 5.** To be eligible for funding, Developments must have been completed prior to January 1, 2005. During ranking, preference will be given to Developments completed prior to January 1, 2000.

d. Previous Underwriting

(1) Is this Development currently being underwritten or has it been underwritten previously by any Credit Underwriter under contract with Florida Housing Finance Corporation?

Choose an item.

If “Yes”, identify the Credit Underwriter or state “unknown”:

Click here to enter text.

(2) Is there an existing LURA and/or EUA with the Corporation on any portion of the proposed Development site?

Choose an item.

If “Yes”, state the name of the Development as reflected in the recorded LURA and/or EUA:

Click here to enter text.

e. Set-Aside Commitments

(1) Set-aside at least 20 percent of the total units at or below 50 percent AMI.

(2) Total Set-Aside Breakdown Chart

|  |
| --- |
| Total Set-Aside Breakdown Chart |
| Percentage of Residential Units | AMI Level |
| Enter Number % | At or Below 25% |
| Enter Number % | At or Below 28% |
| Enter Number % | At or Below 30% |
| Enter Number % | At or Below 33% |
| Enter Number % | At or Below 35% |
| Enter Number % | At or Below 40% |
| Enter Number % | At or Below 45% |
| Enter Number % | At or Below 50% |
| Enter Number % | At or Below 60% |
| **Enter Number %** | **Total Set-Aside Percentage** |

f. Unit Mix Chart

(1) Complete the chart below:

|  |  |  |
| --- | --- | --- |
| **Number of Bedrooms/Bathrooms per Unit** | **Number of Units per Bedroom Type** | **Number of Units that are ELI Set-Aside Units** |
| Choose an item. | Enter Number | Enter Number |
| Choose an item. | Enter Number | Enter Number |
| Choose an item. | Enter Number | Enter Number |
| Choose an item. | Enter Number | Enter Number |
| Choose an item. | Enter Number | Enter Number |
| Choose an item. | Enter Number | Enter Number |

(2) Answer the following questions:

(a) How many Zero Bedroom Units are described in the unit mix chart?

Enter Number

(b) How many one-bedroom units are described in the unit mix chart?

Enter Number

(c) How many two-bedroom units are described in the unit mix chart?

Enter Number

(d) How many three-bedroom units are described in the unit mix chart?

Enter Number

(e) How many four-bedroom units are described in the unit mix chart?

Enter Number

g. Number of Buildings

Number of residential buildings: Enter Number

**7. First Mortgagee Certification**

a. Does the Development currently hold a first mortgage?

Choose an item.

If “Yes”, demonstrate that the first mortgagee has reviewed and approved the Applicant’s intent to apply for EHCL funding by providing the completed and executed First Mortgagee Certification as **Attachment 6**.

b. Does the Development have existing financing through a HUD program?

Choose an item.

 If “Yes” in order to receive preference during the ranking process, provide, as **Attachment 6**, the information outlined at Section Four A.7.b. of the RFA.

**8. Funding**

a. Corporation Funding Amount:

(1) Applicant’s EHCL Request Amount: $ Click here to enter text.

(2) Other than EHCL funding, has the Development received any other previous Corporation funding?

Choose an item.

(3) Has the Development received previous EHCL funding?

Choose an item.

If “Yes” to (2) and/or (3) above, list all previous Corporation funding below:

|  |  |  |
| --- | --- | --- |
| **Corporation Program** | **Corporation File No.** | **Amount of Funding** |
| SAIL | Enter file No. | $ Enter file No. |
| HOME-Rental | Enter file No. | $ Enter file No. |
| MMRB | Enter file No. | $ Enter file No. |
| EHCL | Enter file No. | $ Enter file No. |

b. Applicant Match Funding:

Provide, as **Attachment 7**, commitments or approvals, as outlined in Section Four A.8.b. of the RFA.

c. Development Cost Pro Forma

To meet the submission requirements, upload the Development Cost Pro Forma as outlined in Section Three of the RFA.

d. Provide the estimated expenses and scope of work as **Attachment 8**.

**B. Addenda**

1. Verifying Application Fee Payment

To ensure that the Application Fee is processed for the correct online Application, include the Development Name and RFA number on the check or money order or identify through the ACH or wire transfer. If submitting a check or money order, provide the check or money order number in the space below. If submitting an ACH or wire transfer, provide the confirmation number in the space below.

Click here to enter text.

2. Bookmarking the All Attachments Document before uploading (5 points)

To be awarded 5 points, bookmark the pdf of the All Attachments Document before uploading.

3. Addenda

Use the space below to provide any additional information or explanatory addendum for items in the Application. Please specify the particular item to which the additional information or explanatory addendum applies.

Click here to enter text.