

CITY OF SISTERS AFFORDABLE HOUSING PROGRAM APPLICATION

APPLICANT INFORMATION	
Applicant Name (including DBA):	Telephone No.:
Applicant Address:	
Applicant Email:	Authorized Agent:
<p>Applicant is (please check the applicable box):</p> <p><input type="checkbox"/> a housing authority</p> <p><input type="checkbox"/> a qualified non-profit organization that constructs affordable housing</p> <p><input type="checkbox"/> a for-profit developer of affordable housing for low- and moderate-income households</p>	
<p>Complete the following by attaching separate page(s) to this application:</p> <p>1. A description of the proposed project, including, without limitation, the type of housing, the proposed project location (i.e., identification of the real property of which the proposed project concerns), a timeline for project completion, and any additional information to demonstrate that the proposed project will satisfy the eligibility requirements of a "qualified project" under City's Affordable Housing Program (Ordinance No. 495) (the "Program").</p> <p>2. The amount of Program funds requested and the purposes for which the Program funds will be used (including, without limitation, identification of all eligible qualified expenses).</p> <p>3. The project pro forma, including, without limitation, identification of funding sources to be used in connection with the proposed project. Include evidence that all other funding commitments (e.g., conventional construction and permanent loans, subsidies and loans, and/or low-income housing tax credits) have been, or are anticipated will be, obtained.</p>	
CERTIFICATION	
<p>The undersigned Applicant (or authorized agent) hereby declares under penalty of perjury as follows: (a) Applicant is current on all City of Sisters accounts; (b) Applicant has read and agrees to comply with the Program; and (c) Applicant will enter into all applicable grant, loan, and/or Program documents and comply with all terms and conditions thereof, including, without limitation, the project affordability requirements.</p>	
Applicant Signature:	Date:
FOR CITY USE ONLY	
<p>This application has been submitted to City. Please review the Applicant's information above. If necessary, contact the Applicant for further information. If you require additional space for comments, please attach your comments by separate page to this application.</p>	
Administrator	
Does the Applicant meet the eligibility requirements contained in the Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the proposed project comply with the Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Recommendation – Approve Funding Request: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please identify the recommended type of award (i.e., grant and/or loan) and award amount(s).</i></p>	Comments:
Signature:	Date:
Council	
<p>Approve Funding Request: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, complete the "Approved Request" section below.</i></p>	Comments:
Mayor's Signature:	Date of Council's Decision:
Approved Request	
Type(s) of Funding: _____	Funding Amount(s): _____
_____	_____
Affordability Period: _____	
<p>Collateral Required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please attach a separate page containing a description of the collateral.</i></p>	
<p>Please list any conditions of approval.</p>	