

**CITY OF SISTERS URBAN RENEWAL AGENCY WORKFORCE HOUSING PROGRAM APPLICATION**

APPLICANT INFORMATION		
Applicant Name (including DBA):	Phone No.:	
Applicant Address:		
Applicant Email:	Authorized Agent:	
Applicant is (please check the applicable box): <input type="checkbox"/> a housing authority <input type="checkbox"/> a qualified non-profit organization that constructs affordable housing <input type="checkbox"/> a for-profit developer of affordable housing for low- and moderate-income households		
Complete the following by attaching separate page(s) to this application:  1. A description of the proposed project, including, without limitation, the type of housing, the proposed project location (i.e., location of the real property), a timeline for project completion, and any additional information necessary to demonstrate that the proposed project will satisfy the eligibility requirements of a "qualified project" under City's Workforce Housing Program (Resolution No. 2024-02) (the "Program").  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).  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 to be obtained.		
CERTIFICATION		
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.		
Applicant Signature:	Date:	
FOR CITY USE ONLY		
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"/>		
Recommendation – Approve Funding Request: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please identify the recommended type of award (i.e., grant and/or loan) and award amount(s).</i>	Comments:	
Signature:	Date:	
Urban Renewal Agency		
Approve Funding Request: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, complete the "Approved Request" section below.</i>	Comments:	
Mayor's Signature:	Date of Council's Decision:	
Approved Request		
Type(s) of Funding: _____	Funding Amount(s): _____	Affordability Period: _____
Collateral Required? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please attach a separate page containing a description of the collateral.</i>		
Please list any conditions of approval.		