
JACKSONVILLE HOUSING FINANCE AUTHORITY

2020 Bonds with SAIL & Local Contribution Application

2020 Bonds with Gap Financing from FHFC & Local Contribution Application
2020 FHFC RFA's for Housing Credits other than RFA 2020-202 Application

NOFA 2020-2

THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING BOND FINANCING FROM THE JACKSONVILLE HOUSING FINANCE AUTHORITY WHO ARE ALSO SEEKING SAIL FUNDING VIA FHFC RFA 2020-205 OR OTHER GAP FINANCING VIA AN FHFC RFA

THIS APPLICATION IS ALSO FOR ANY REQUIRED LOCAL GOVERNMENT CONTRIBUTION WITHIN ANY OTHER FHFC RFA OTHER THAN FHFC RFA 2020-202

SUBMIT:

SUBMIT ORIGINAL (WITH \$500 BOND APPLICATION FEE & \$5,000 LOCAL CONTRIBUTION FEE) AND 1 COPY TO:

Laura Stagner
Director of Finance
Housing and Community Development
214 N. Hogan St., 7th Floor
Jacksonville, Florida 32202
Contact: Laura Stagner, 904.255.8279 lstagner@coj.net

One (1) hard copy, a PDF of the entire application & Review Fee of \$3,000 (Check made payable to the Hendrickson Company) to:

Mark Hendrickson
1404 Alban Avenue
Tallahassee, Florida 32301
Contact: Mark Hendrickson, 850.671.5601 mark@thehendricksoncompany.com

GENERAL INFORMATION

NOTE: BY COMPLETING THIS APPLICATION, THE APPLICANT CERTIFIES AND AGREES THAT IT WILL COMPLY WITH ALL REQUIREMENTS OF THE JACKSONVILLE HFA MULTI-FAMILY HANDBOOK AND WILL SUBMIT ANY ADDITIONAL REQUIRED DOCUMENTATION AND FEES RELATED TO THAT COMPLIANCE

Please indicate if Applicant will use these funds in conjunction with (check one)

FHFC SAIL RFA 2020-205

OTHER FHFC RFA—IDENTIFY _____

JACKSONVILLE HOUSING FINANCE AUTHORITY BOND REQUEST:

BOND AMOUNT REQUESTED: _____

I. DEVELOPMENT SUMMARY AND TIMELINE

- A. Provide a short narrative description of the Development, including all resident programs, amenities, unit features and scope of work to be performed. If more space is needed, provide the information as **Exhibit 1**. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT. Also attach as **Exhibit 2** a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, Housing Credit closing date, completion of construction, rent up, and stabilization.

B. SUMMARY OF PROPOSED DEVELOPMENT

Name of Development	
Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development's location. The Project <u>must</u> be located in Duval County (PROJECT THRESHOLD CRITERIA)	
City Council Member Name and District Number	
Developer/Location (name of controlling company, not of LP or LLC).	
Contact person for application, including name, email, and phone numbers	
JHFA Bond Amount Requested	
JHFA Local Contribution Amount Requested	
Development Construction Type Garden, Mid-Rise, High-Rise, Other (explain)	
New Construction or Rehabilitation	
Concrete, Wood or other (explain)	
Development Demographic Family, Elderly or Other (identify)	
Number of Units, by Bedrooms	
Number of Stories in Each Building	
Total Development Cost	
Cost per unit	
Land Cost	
Acquisition of Building Cost if applicable	
Hard Rehab Cost or Construction Cost	
General Contractor	
Set Aside Period (50 year minimum)	
Set Aside Levels (PROJECT THRESHOLD CRITERIA)	
Current Zoning (PROJECT THRESHOLD CRITERIA)	
Evidence of Site Control (PROJECT THRESHOLD CRITERIA)	

II. APPLICANT INFORMATION

A. Applicant Name: _____

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application.

B. If partnership, name of general partner(s): _____

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____ Facsimile: _____

III. PROPOSED PROJECT FINANCING

A. Proposed Finance Summary: Please provide a permanent loan period detailed sources and uses that is in a format acceptable to FHFC as part of the upcoming SAIL or other RFA process. Attach as **Exhibit 3**.

IV. ABILITY TO PROCEED

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

A. Site Control (PROJECT THRESHOLD CRITERIA)

Site Control must be demonstrated by the APPLICANT, in a manner consistent with the requirements of FHFC RFA 2020-205, or other RFA identified under "General Information":

Eligible Contract

Deed or Certificate of Title

Lease

Provide evidence of Site Control and attach as **Exhibit 4**. Use of the FHFC form **will NOT** meet this requirement.

B. Zoning and Land Development Regulations (PROJECT THRESHOLD CRITERIA)

1. a. Is the site appropriately zoned for the proposed Development: No ___ Yes ___
- b. Indicate zoning designation (s) _____
- c. Current zoning permits ___ units per acre, or ___ for the site (PUD).
- d. Total Number of Units in Development:

Note: Provision of the zoning form from FHFC RFA 2020-205 (or if not available, RFA 2020-202 or other FHFC RFA) will meet this requirement. Provide evidence that the proposed use is permitted and attach as **Exhibit 5**.

V. SELF-SCORING OF FHFC SAIL OR OTHE APPLICATION INCLUDING PROXIMITY TO PUBLIC TRANSPORTATION

Provide the score expected to be received on the application for SAIL or other FHFC funding, including point score and all tiebreakers, assuming the Applicant receives the points for the Local Government Contribution Funding. Attach your response as **Exhibit 6**. BE SURE TO ADDRESS YOUR ANTICIPATED SCORE RELATED TO MEETING THE THRESHOLD CRITERIA IN THE FHFC RFA RELATED TO PROXIMITY TO PUBLIC TRANSPORTATION, AND PROVIDE A WRITTEN NARRATIVE THAT EXPLAIN THE ANTICIPATED SCORE IN DETAIL. PLEASE PROVIDE THE LOCATION OF THE PUBLIC TRANSPORTATION/BUS STOP, AND THE TYPE OF STOP IT IS, AND THE DISTANCE THAT YOU CALCULATE FROM THE DEVELOPMENT TO THE PUBLIC TRANSPORTATION.

VI. LOCAL GOVERNMENT LOAN REQUEST: Please provide the details of your request for a local government contribution, including the requested loan amount and loan terms, including interest rate, maturity date, amortization, and balloon (if any). The maximum amount of the Local Government Support loan for projects funded by FHFC is the minimum amount that will allow local projects meet FHFC's threshold guidelines. This exact amount will be noticed in each FHFC RFA.

LOAN AMOUNT REQUESTED: _____
MATURITY OF LOAN IN YEARS: _____
INTEREST RATE: _____
AMORTIZATION: _____
BALLOON, IF ANY: _____
VALUE OF CONTRIBUTION FOR FHFC APPLICATION PURPOSES: _____
EXPLANATION AND CALCULATION:

VII. CERTIFICATION (Original Signatures Required)

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING READ ALL APPLICABLE AUTHORITY RULES GOVERNING THE PROGRAM AND ACKNOWLEDGE HAVING READ THE NOFA AND THIS APPLICATION.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES, INCLUDING THOSE DETAILED IN THE NOFA, THIS APPLICATION & THE JHFA MULTI-FAMILY HANDBOOK.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESENTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE AUTHORITY'S INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FINANCE THE PROPOSED DEVELOPMENT. **APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, AND THE CREDIT UNDERWRITER.**

_____	_____	_____
Applicant	Date	Signature of Witness
_____	_____	_____
Name and Title ((typed or printed)		Name (typed or printed)

NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY