

FALMOUTH AFFORDABLE HOUSING FUND

Established by Ch. 29 of the Acts of 2011
Board of Selectmen, Trustees

59 Town Hall Square
Falmouth, Massachusetts 02540
(508) 495-7344

AFFORDABLE HOUSING FUND APPLICATION Calendar Year 2019

General Information

Project Name: _____

Project Location and Parcel ID#: _____

Type of Project: _____

Applicant(s) name/ Organization: _____

Contact Person: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Property Ownership

Legal Property Owner of Record: _____

Is the owner the applicant? _____

If not, does the applicant have site control or written consent of the property owner to submit an application? If yes, attach documentation. Without this documentation the project will be ineligible for funding for this applicant.

For projects that have an acquisition expense the applicant must provide an appraisal from an independent party that justifies the acquisition cost.

Development Team

Please submit as attachments the resumes of the development team and a list and description of affordable housing projects completed by the applicant.

Project Information

Describe the proposed project including:

Project Style: _____

Type of Units (condo ownership, fee simple ownership, rental, etc.): _____

Total Number of Units: _____
Number of Market Units: _____ Number of BRs: _____
Number of Affordable Units: _____ Number of BRs: _____
Proposed Sale Prices/Rents: _____ Market: _____ Affordable: _____
Proposed Condo Fees: _____ Market: _____ Affordable: _____

Proposed % of AMI target beneficiaries: _____

Describe how this project addresses the unmet affordable housing needs of the community as identified in the Town of Falmouth *Housing Demand Study & Needs Analysis (2014)* and the Town of Falmouth *Local Comprehensive Plan (2016)*.

Site Information

Please provide a description of the surrounding area and community profile including a description of the current site characteristics, zoning, environmental, and any regulatory requirements or constraints. Attach a map and photos of the project site and neighborhood along with any zoning/permitting relief required.

Building:

Zoning:

Health:

Conservation:

Infrastructure:

Amount of FAHF Request: _____

Project Feasibility

Attach project budget information on the included Attachment A –OneStop 2000 Affordable Housing Finance Application Sections 3: Sources and Uses and Section 4: Budget Pro Forma together with at least one bank letter of reference.

Community Outreach

Provide a description of the applicant efforts to engage the community members through outreach, meetings, and other educational initiatives.

Development Schedule

Describe the timeframe for the proposed project and how it will be implemented. Provide a timeline for all project milestones included as *Attachment B – Project Schedule*.

List of Attachments

If you have any questions, please do not hesitate to contact Carla Feroni at 508 495-7344 or at the email address below.

Submit one electronic copy to Carla.Feroni@falmouthma.gov
and (6) hard copies to:

Carla Feroni, Housing Coordinator, Town of Falmouth, 59 Town Hall Square, Falmouth, MA 02540

Provide a schedule for project implementation using the Milestones below. If Milestone B or C is not applicable to your project, mark the Milestone "NA." Note: Implementation Schedules must be realistic. Carefully consider projected Milestone dates. Unrealistic Implementation Schedules may have a negative impact on the project's application review. Project implementation delay may be considered in recommendation for grant award.

Milestones (Month/Year):

- A. Project Start (Month/Year):
- B. Procurement Documents Submitted to FAHF (Month/Year):
- C. Project Construction/Professional Contract Submitted FAHF (Month/Year):
- D. Project/Construction Start (Month/Year):
- E. 50% Project Completion (Month/Year):
- F. 100% Project Completion (Month/Year):
- G. Close-Out Complete (Month/Year):

Comments:

ATTACHMENT B PROJECT SCHEDULE