HOUSING FINANCE AUTHORITY
OF MIAMI-DADE COUNTY

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Dear Developers:

The Authority has developed a process for acceptance of applications for applicants seeking SAIL, CDBG or other gap funding through a Florida Housing Finance Corporation RFA. We appreciate your interest in tax-exempt financing and we are anxious to work with you to develop a package that will result in the issuance of mortgage revenue debt obligations through the Authority to aid in the financing of your Development.

In connection with the submission of this application, the applicant certifies and agrees that it will comply with all requirements of the Housing Finance Authority of Miami Dade County multi-family guidelines as posted on the Authority's website and will submit any additional required documentation and fees related to that compliance.

Sincerely,

Cheree Gulley, Esq.
Executive Director

HOUSING FINANCE AUTHORITY OF MIAMI DADE COUNTY
MULTIFAMILY MORTGAGE REVENUE BOND PROGRAM
DEVELOPER APPLICATION FORM

I. GENERAL INFORMATION

NOTE: BY COMPLETING THIS APPLICATION, THE APPLICANT CERTIFIES AND AGREES THAT IT WILL COMPLY WITH ALL REQUIREMENTS OF THE HOUSING FINANCE AUTHORITY OF MIAMI DADE COUNTY MULTI-FAMILY GUIDELINES AND WILL SUBMIT ANY ADDITIONAL REQUIRED DOCUMENTATION AND FEES RELATED TO THAT COMPLIANCE.

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

FHFC RFA Cycle/# ☐

II. DEVELOPER INFORMATION

1. Name of Developer: ☐

Contact Person(s): ☐

Address: ☐

Telephone: ☐

E-Mail Address: ☐

2. Name of Parent Company (if applicable):

☐

3. Members of Partnership (if applicable):

☐

III. DEVELOPMENT INFORMATION

1. Name of Development: ☐
2. Development Address: ☐
3. Is development currently owned? Yes ☐ No ☐
   a) When was it purchased? ☐

b) Name of Seller? ☐ (Provide organizational chart of Seller)

c) Is Seller related to Developer? Yes ☐ No ☐

4. Is the Development located in a target area? Yes ☐ No ☐

5. Proposed set-aside/targeted median income percentage ☐

6. Briefly describe neighborhood characteristics (housing, recreation, commercial, economic):

☐

7. Please indicate the location of the Development on a map. Is the Development located in:

8. Unincorporated Miami-Dade County? Yes ☐ No ☐

b. If no, please provide the name of the municipality ☐

The HFA reserves the right to review the need in the location where a project is proposed.

9. Describe any proposed amenities, special features or related commercial uses:

☐

IV. 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 RFA process. Attach as **Exhibit 1**.

V. 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

☐ Eligible Contract

☐ Deed or Certificate of Title

☐ Lease

Provide evidence of Site Control and attach as **Exhibit 2**.

B. Zoning and Land Development Regulations

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 the FHFC RFA will meet this requirement. Provide evidence that the proposed use is permitted and attach as **Exhibit 3**.

VI. 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 AUTHROITY 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 THIS APPLICATION.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESNTS 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.

Applicant	**Date**	**Signature of Witness**