



COMMUNITY PARTNERSHIP OFFICE

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www.cityofloveland.org

CITY OF LOVELAND APPLICATION FOR QUALIFICATION AFFORDABLE HOUSING DESIGNATION

The City of Loveland has established a program for the development and construction of housing affordable to low to moderate-income residents. Qualified developments are eligible to apply for all incentives outlined in the Loveland Municipal Code. The Affordable Housing Commission will review this application and make a recommendation to City Council, which may include findings regarding areas of concern that are addressed in the questions below.

Applicant Name: _____

Contact Person: _____

Email Address: _____

Phone: _____

Address: _____

Name of Project: _____

Project Address: _____

**Total Number of
Units:** _____

1. Description of proposed development (include site map, market study if available, full project development budget including all sources and uses, projected operating budget with revenues and expenses for ten years for a multi-family project).

2. What percent of the residential units will be affordable as defined in the City of Loveland Municipal Code?

3. At a minimum, how many units will fall into each category?

For Sale Units			Rental Units		
% Area Median Income	# of units	# of bedrooms	% Area Median Income	# of units	# of bedrooms
Below 40% of A.M.I.			Below 30% of A.M.I.		
40% - 50% of A.M.I.			30% - 40% of A.M.I.		
50% - 60% of A.M.I.			40% - 50% of A.M.I.		
60% - 70% of A.M.I.			50% - 60% of A.M.I.		
70% - 80% of A.M.I.			70% - 80% of A.M.I.		
Market Rate units			Market Rate units		
Total # of for-sale units			Total # of rental units		

4. How much rent do you currently charge if your project is the rehabilitation of existing units?

5. Will there be any preferences for applicants? (e.g. veterans, homeless, disabilities)

6. How far is the development from public transportation?

7. How far is the development from a grocery store (not a convenience store)?

8. What are the amenities that will be available to tenants? Are there any fees associated with amenity use?

9. Do you have a security plan for the site? Please describe.

10. Do you have a property management plan, including a maintenance and emergency repair plan?

11. Do you have a written procedure telling tenants how to file a complaint or grievance?

12. Do you have a tenant selection plan? (Please attach a copy).

13. What affordable housing projects has your company completed? List location and how long projects have been operating.

14. Please describe any litigation with previous development projects managed by your organization in the past 5 years, excluding litigation regarding tenant evictions.

15. Do you have any local support letters for the project?

16. Please provide letters of reference from previous completed affordable housing development project stakeholders.

17. Do you have any additional relevant information you would like to add?

Applicant:

The applicant acknowledges that if the proposal is qualified as an affordable housing project, the applicant's project will receive fast-track development review processing, early calculation of capital expansion fees, and will be considered for development standards modifications. The applicant, or builder if appropriate, must apply separately for possible fee waivers and use tax credit for each housing unit eligible as an affordable unit. The applicant must comply with any and all conditions, regulations or ordinances required by the City of Loveland appropriate for land use and development, including those regarding affordable housing. The applicant will be required to enter into a development agreement with the City of Loveland.

Applicant's Signature: _____ Date: _____

NOTARY FORM

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 20____, personally appeared before me _____, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.

Notary Public, State of _____

Name, Typed or Printed: _____

My Commission Expires: _____