



SYSTEM DEVELOPMENT CHARGES (SDC) WAIVER FOR AFFORDABLE HOMEOWNERSHIP HOUSING APPLICATION FORM

APPLICANT INFORMATION		
Name/Organization:	Contact Person:	
Email:	Phone Number:	
Mailing Address:		
City:	State:	Zip:
Is this applicant: <input type="checkbox"/> A public agency <input type="checkbox"/> A non-profit <input type="checkbox"/> A private organization/individual <input type="checkbox"/> Other _____		

PROPERTY INFORMATION		
Property Address:		
City:	State:	Zip:
Assessor's Map Number:	Tax Lot Number(s):	Size of Property (in acres):
Property Owner Name:		
Property Owner Contact Information (if different than applicant):		

PROJECT DESCRIPTION

1. Name of project
2. Existing conditions and plan for development
3. Housing type(s) to be provided (i.e. single-unit, duplex, multi-unit, etc.)
4. Number of housing units to be provided
5. Population to be served
6. Affordability period of units in project
7. Estimated project timeline, including expected construction completion date

(Additional pages may be attached if needed)

HOUSING UNITS

Please describe the number of bedrooms in each housing unit. Please indicate how many of each size unit will be offered to households earning no more than 80% of the area median income (AMI). *Please note that waivers are only available for units that will meet the program's income limits and other requirements.*

Number of Bedrooms	Total Number of Units by Bedroom Size	Number of Units for Households at or Below 80% AMI
Studio, single-room occupancy (circle which applies)		
1 bedroom		
2 bedrooms		
3 bedrooms		
4+ bedrooms		
Total		

COMPLIANCE PATHWAY

Please indicate which Compliance Pathway you are applying under (*see Program Guidelines for details*).

Option A – Ongoing Affordability Requirement

Check this box if you will provide affordability documentation for the City to review. The City will determine if this documentation meets the City's standards for an *Approved Affordability Requirement*. Please note that if your application is not approved under Option A, the City may determine you are eligible under Option B. The affordability documentation may be one or multiple documents.

Please list the documents you are including in this application for review as the *Approved Affordability Requirement*:

Option B – Verified Affordable Price

Check this box if, in advance of the closing date, you will provide the City with documentation verifying any housing receiving the waiver is being sold at an affordable price to a qualified homebuyer.

ATTACHMENTS

1. A site plan for the development (if available)
2. Additional pages describing the project (if needed)
3. If you are applying under Compliance Pathway **Option A – Ongoing Affordability Requirement**, please attach the affordability documentation you would like reviewed as an *Approved Affordability Requirement*.

THE APPLICANT(S) ACKNOWLEDGE(S) AND AGREE(S) THAT:

1. By accepting this application, the City of Springfield is in no way committing to waiving any SDCs. **The waiver program is available until December 31, 2025 or until the City has waived \$300,000 in SDCs under this program, whichever is sooner.** Any applications that have not received approval before the program closes are ineligible for a waiver.
2. All statements made in this application are true and accurate and are made for the purpose of obtaining the waiver indicated herein.
3. I have reviewed the program guidelines and approval process. I am aware of the requirements I must meet if I am found eligible for the waiver in order to remain eligible.
4. If I am approved for a waiver and I do not meet all requirements outlined in the program guidelines and accompanying program materials, the waiver may be revoked.
5. The City will rely on the information contained in this application and the information I have represented herein. If any information should change prior to obtaining the building permit, I will notify the City.

SIGNATURE
DATED this _____ day of _____, 20 _____.
Applicant's Name: (Please Print)
Signature of Applicant or Authorized Representative of Applicant:
Name & Title of Authorized Representative:

Questions and completed applications should be directed to: Katie Carroll City of Springfield, 225 Fifth Street, Springfield, OR 97477 Phone: 541-726-3660 Email: kcarroll@springfield-or.gov
