



SPRINGFIELD LAND ACQUISITION FUNDING Application Summary Form

| APPLICANT INFORMATION | | | | | |
|---|------------|---------------|---------|-------------------------|------|
| Company or Organization: | | | | | |
| Applicant Name and Title: | | | | | |
| Email: | | | | Phone Number: | |
| Mailing Address: | | | | | |
| City: | | | State: | | Zip: |
| Company or Organization is a (check one): | Non-Profit | Public Agency | Private | Other (please specify): | |
| Do you have prior experience developing or managing income-qualified housing (check one): | | | | Yes | No |

| SITE INFORMATION | | |
|---|--------------------------------|--|
| Site Address: | | |
| Assessor's Map and Tax Lot Number(s): | | |
| Site is in Springfield city limits (check one): <i>If no, please describe your plan for annexing the site in the Site Suitability section of your Project Proposal</i> | Yes | No |
| Site is vacant (check one): <i>If no, please describe in Site Description section of your Project Proposal</i> | Yes | No |
| Have you attended a City of Springfield Development Initiation Meeting (DIM) for the site (check one): | Yes | No |
| Award Request | Land Value: \$ | <i>*City will require appraisal prior to final award</i> |
| | Estimated Closing Costs: \$ | |
| | Total Award Request: \$ | |

| PROJECT INFORMATION | | | |
|---|--------|-----------|------|
| Number of Dwelling Units to be Constructed: | | | |
| Will at least 51% of units be affordable to households with incomes at or below 80% of the area median income (check one) | Yes | No | |
| Will dwelling units be affordable for at least 20 years: | Yes | No | |
| Dwelling Units Will Be (check one): <i>*Please explain in Proposed Development Plan section of your Project Proposal</i> | Rental | Ownership | Mix* |
| Estimated Project Completion (month if known, year): | | | |

PLEASE ATTACH THE FOLLOWING:

- ✓ Applicant Description (2 pages maximum, excluding project list)
- ✓ Project Proposal Narrative
- ✓ Proof of site control (*binding contract for property - see Program Guidelines for requirements*)
- ✓ Preliminary supporting documentation for funding amount request (*see Program Guidelines for requirements*)

Applicant Certification

By signing this application, I certify that the information contained herein is correct to the best of my knowledge. I have reviewed the Springfield Land Acquisition Funding Guidelines and agree to the terms for receiving funding therein.

APPLICANT SIGNATURE

DATED this _____ day of _____, 20 _____.

Applicant's Name:
(Please Print)

Signature of Applicant:

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