



AFFORDABLE HOUSING APPLICATION

FOR CITY SALES TAX FUNDING OR PROPERTY CONTRIBUTION

APPLICATION COVER SHEET

Application Instructions

A complete application must include a signed application and the following attachments:

1. Documentation of site control (i.e. fee simple title, valid lease agreement, contract for the purchase and sale of property), not necessary if your application is limited to one of the city-owned properties
2. Completed City of Ellensburg [Pre-Funding Submittal Meeting Application](#)
3. Documentation to support collaboration
4. Project site/development plan

Incomplete applications will not be considered. Missing or incomplete information will result in a forfeiture of application. Do not include any information beyond what is requested in the application. Please note, all funding applications are public record.

Questions

- Questions on land use regulations and building codes, please contact the Community Development Department at 509-962-7231
- Questions on affordable housing funding, please contact Lily Frey at 509 962-7270 or freyl@ci.ellensburg.wa.us.

CERTIFICATION and AUTHORIZED SIGNATURE: To the best of my knowledge and belief, the information contained in this application, and in the additional required documentation submitted with this application, is true and correct. I understand that any false information or omission may disqualify my organization from further consideration for City assistance. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application and my organization and its employees and board members.

The signatory possesses the legal authority to apply for and receive City of Ellensburg assistance, and the person signing the application has the proper authority from the governing body of the organization. The applicant understands the City will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the City and applications are public record.

The applicant agrees that if this project is allocated City funding or property, the applicant will enter into a contract with the City of Ellensburg and will be required to submit annual reports attesting to compliance with the agreed upon retention of affordability and residents of housing developments funded through the City's local housing fund or constructed on property contributed by the City. The applicant further agrees that if this project is allocated City funding or property, it will comply with all federal, state, and local statutes, regulations, policies, and requirements applicable to City assistance. If the awarded project does not show substantial progress within two years of funding award the funds will revert back to the City's affordable housing program for reallocation.

Signature of Authorized Applicant Representative

Date

Name of Authorized Applicant Representative (Please Print or Type)

Title (Please Print or Type)

1. PROJECT DESCRIPTION AND ELIGIBILITY

A. Project Name:

Agency Name: _____

Contact Person _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Federal Tax ID: _____

Unified Business Identifier (UBI): _____

B. Project Location

Primary Street Address: _____

City, State, Zip: _____

Tax Parcel ID#: _____

C. Project Activity (check all that apply)

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Demolition/Redevelopment	<input type="checkbox"/> New Construction
<input type="checkbox"/> Adaptive Reuse	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Other

If you checked Other above, please explain:

D. Type of organization or company

<input type="checkbox"/> Nonprofit organization 501(c)(3)	<input type="checkbox"/> Public organization
<input type="checkbox"/> For profit organization	<input type="checkbox"/> Other: _____

E. Has this organization/developer previously received funding from the City of Ellensburg?

Yes No If yes, please indicate funding source _____

F. City Assistance Request. Please indicate City sales tax funding request and/or property contribution parcel number. If you are not applying for sales tax funding or property contribution, please indicate N/A.

Sales tax funding request: \$ _____ Total project budget: \$ _____

City property contribution: _____
(Parcel Number)

G. Project Summary. Briefly summarize your proposed project in a couple of paragraphs; include a general statement of the project's overall purpose, scope, and intent. (300 words or less)

H. Populations to be served. Please select the primary target population and household income for each unit or group of units requested to be funded by City sales tax and/or to be developed on a City-owned property. If a unit has the potential to be targeted to more than one population group listed, please select "multiple population groups" and describe in the notes field provided below.

PLEASE NOTE: Development proposals that serve households earning greater than 60% of AMI and no identified population group are only eligible for City assistance in the form of city-owned property contributions.

% of Area Median Income	Population group	Qty.	Unit type	Tenant monthly rent/mortgage
Choose an item	Choose an item.			
Choose an item	Choose an item.			
Choose an item.	Choose an item.			
Choose an item.	Choose an item.			
Choose an item.	Choose an item.			
Choose an item.	Choose an item.			
Choose an item.	Choose an item.			
Choose an item.	Choose an item.			
Total				

If applicable, multiple population group notes

I. Summary of all housing units. Please include ALL housing units in the project. Projects proposed for City-owned property may be eligible for households earning 80% or below Area Median Income. Projects proposed for City funding must serve households earning 60% or less of Area Median Income and meet one or more of the identified population groups in Section H.

If applicant is applying for City funding for a mixed-income development the funding request must be proportional to the number of units that will serve households earning 60% or less of Area Median Income and meet one or more of the identified population groups in Section H.

Area Median Income	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom	Total Units
At or below 30%						
40%						
50%						
60%						
70%*						
80%*						
Above 80%**						
Total						
# of ADA Compliant Units						
Average Square feet						

*Not eligible for City funding.

**Not eligible for City-owned property contribution or City funding.

2. COMMUNITY IMPACT

A. Community impacts. The following targets have been identified as having a tangible benefit for intended residents. Please check all that apply to the proposed project location.

- Within ½ mile of public transit stop
- Within ½ mile of senior center
- Within ½ mile of park or recreation area
- Within ½ mile of grocery store with fresh food
- Within ½ mile of public school
- Within ½ mile of medical services
- Other _____

B. Housing needs and financial stability. Please describe how this project will address housing needs in Ellensburg including opportunities for beneficiaries to build financial stability. (200 words or less)

C. Sense of place and community. Please describe how the proposed project will promote a sense of place and community for intended residents and the greater Ellensburg community. (100 words or less)

D. Other community impacts. Please describe other tangible benefits the project will have for the intended beneficiaries as well as the greater Ellensburg community. (200 words or less)

3. RETENTION OF AFFORDABILITY

A. Please indicate how this project will help to retain affordable housing units in the community. Please note a *minimum* 25-year period of affordability will be required for any housing projects receiving City funding or *minimum* 40-year period of affordability for property contribution. (200 words or less)

B. Describe how you plan to monitor and report on affordability requirements. (200 words or less)

4. PROPERTY MANAGEMENT AND DEVELOPMENT

A. Architect (if known)

Firm Name _____

Contact Person and Title _____

Phone _____

Email _____

B. General Contractor (if known)

Firm Name _____

Contact Person and Title _____

Phone _____

Email _____

C. Property Management Firm (as applicable)

Firm Name _____

Contact Person and Title _____

Phone _____

Email _____

5. PROPERTY MANAGEMENT AND DEVELOPMENT TEAM EXPERIENCE

A. Project Applicant/Developer Experience. For completed projects, list only projects completed in the last five years. For pipeline projects, list projects for which you plan to seek funding in the next 12 months or have received at least one funding commitment.

Projects Completed							
Project Type	Activity Type	Role (i.e. owner, developer)	City and State	# Units	Date development activities began	Placed in service date	Type of financing
Choose an item.	Choose an item.						
Choose an item.	Choose an item.						
Choose an item.	Choose an item.						
Choose an item.	Choose an item.						
Choose an item.	Choose an item.						

Project Pipeline						
Project Type	Activity Type	Role (i.e. owner, developer)	City and State	# Units	Date development activities began	Type of financing
Choose an item.	Choose an item.					
Choose an item.	Choose an item.					
Choose an item.	Choose an item.					

B. Project Property Management Firm Experience. Please list up to 10 similar projects that your organization, or your selected Property Management firm, has managed or currently manages.

Project	City and State	# Units	Population Served	Effective date of management contract	End date (current if still managing)

6. LEVERAGE AND COLLABORATION

A. Financing Sources. Please complete all information applicable to your project. Include all financing term assumptions even if they are funder's standard terms. Include funds contributed by applicant through initial start-up capital or expected applicant contribution.

Name	Type	Proposed Amount	Committed Amount	Date Applied	(Projected) award date	Grant/loan	Term	Payment structure
	Choose an item.	\$	\$					
	Choose an item.	\$	\$					
	Choose an item.	\$	\$					
	Choose an item.	\$	\$					
TOTAL		\$						
CITY FUNDS REQUESTED		\$						

B. Please describe how the City funds/property contribution requested will be leveraged. What other funds are expected, how will the city funds/property contribution be used to leverage other funds?

C. Please describe active partnerships, collaboration and/or in-kind contributions and/or volunteers/pro-bono services that support project development. Examples might include membership on advisory groups, in-kind, volunteer time or financial contributions, sharing data or best practices, and/or soliciting input from community partners. Please focus your narrative on contributions to the proposed project, not for the agency in general.

7. PROJECT SCHEDULE AND BUDGET

A. Project Schedule. Provide date completed and status information for the following project tasks. If a task does not apply to your project, enter N/A. To add additional tasks, insert additional lines as needed. For each new task you enter in this form, also enter the appropriate category in the “Category” column. For tasks that require additional details, please enter the details only in the “Notes/Status” Column.

Category	Tasks	Date completed or expected completion	Notes/Status
Site Control	Purchase and Sale Agreement/Option		
Site Control	Closing		
Feasibility/Due Diligence	SEPA		
Financing	Appraisal		
Financing	Financial underwriting		
Financing	Application(s) for other funding source(s)		
Design/Permitting	Preliminary drawings completed		
Design/Permitting	Site plan approval		
Design/Permitting	Building/civil permit submitted		
Design/Permitting	Building/civil permits issued		
Design/Permitting	Other agency permits issued		
Construction	Selection of general contractor		
Construction	Begin construction		
Construction	Issued certificate of occupancy		
Occupancy	Selection of management firm		
Occupancy	Begin leasing		

B. Project Budget. Amounts in the total project cost must be accounted for in full by assigning them to funding sources as appropriate. Do not combine funding sources in a column. All residential development costs should be included in this budget.

Cost Category	\$ amount	% of total project cost	City funds	Applicant funds	Bank funds	Other funds
Acquisition Costs (existing structures, land, closing costs, etc.)						
Construction Costs (demo, new, rehab, overhead/profit, site work, infrastructure costs, etc.)						
Soft Costs (appraisal, legal, tech. experts, enviro. studies, project management, other consultant)						
Other Development Costs (permits, utility hook-ups, etc.)						
Financing Costs (loans, legal fees, etc.)						
Operational or Reserve Costs						
Total Project Cost						

C. Budget Narrative. As necessary, include budget narrative to support and/or supplement the information included in the budget tables above (100 words or less)

8. ATTACHMENTS TO APPLICATION

- Documentation of site control (not necessary if project proposal is limited to city-owned property)
- Completed City of Ellensburg [Pre-Funding Submittal Meeting Application](#)
- Documentation to support collaboration
- Project site/development plan