**2023/4 Rental Program Notice of Funding Availability**

**Intent to Apply**

Please complete one form per project. Save form as a Word or PDF document with the name, *“Project Name, Developer Name, NOFA Intent.”* Please write ‘TBD’ or leave blank if information is unknown.

**Send responses electronically with all project attachments to Rosey Zhou at** [**rosey.zhou@seattle.gov**](mailto:rosey.zhou@seattle.gov) **and Laurie Olson at** [**laurie.olson@seattle.gov**](mailto:laurie.olson@seattle.gov) **by May 12, 2023, at 5:00 pm**. Please title the email “Developer Name – 2023 Rental Program NOFA Intent to Apply.”

OH has also released a Request for Interest (RFI) for site-specific redevelopment sites, called ‘2023 Office of Housing Redevelopment RFI,’ available on OH’s [website](https://www.seattle.gov/housing/housing-developers/rental-housing-program/funding-announcements-and-application). Please respond to the RFI if interested in these opportunities.

I. Developer Information

**Date:** Click to enter a date

**Applicant/Developer:** Click to enter text

**Developer Type:** Click to select | If ‘Other,’ enter text here

**Project Name:** Click to enter text

**Project Full Address:** Click to enter text

**Anticipated NOFA Round:**  2023 Fall NOFA  2024 Tentative Spring NOFA  2024 Fall NOFA

**Contact Information of Person Completing Checklist:**

Name: Click to enter text

Organization: Click to enter text

Exec. Director/CEO: Click to enter text

Full Address: Click to enter text

Phone: Click to enter text

Email: Click to enter text

## A. Development Experience

* Has the sponsor organization previously developed affordable housing?  Yes  No
  + If yes, how many years of experience? Click to enter text
  + How many projects? Click to enter text

## B. Prioritization of Projects

List, from highest to lowest priority, all projects that will apply to 2023, 2024, or 2025 anticipated public funding rounds. This includes the Office of Housing, Washington Department of Commerce, King County Department of Community and Human Services, or any other public funding source. Include projects located outside of Seattle. State your rationale for prioritization (i.e., committed funding, local jurisdictional priorities). Add more lines if needed.

|  |  |  |
| --- | --- | --- |
| **Rank** | **Project Name** | **Rationale for Prioritization** |
| 1 | Click to enter text | Click to enter text |
| 2 | Click to enter text | Click to enter text |
| 3 | Click to enter text | Click to enter text |
| 4 | Click to enter text | Click to enter text |
| 5 | Click to enter text | Click to enter text |

II. Project Team

* What is the role of the Applicant completing the form? *Check all that apply*

Developer

Managing Partner or Managing Member

Ownership Entity

Property Management

Social Service Provider

Sponsor Organization

Other (Describe): Click to enter text

## A. Development Consultant (if applicable):

Organization: Click to enter text

Contact Name: Click to enter text

Phone: Click to enter text

Email: Click to enter text

* Will the Development Consultant serve as the primary project contact?  Yes  No

III. Project Description

Please provide a brief summary of the proposed project in 4-5 sentences. Please include project type (new construction or rehabilitation), target populations served, neighborhood context, and any unique project characteristics.

|  |
| --- |
| Click to enter text |

## A. Proposed Ownership Structure *Check all that apply*

Local unit of government (i.e., PDA or Housing Authority)

Non-profit

Tax credit entity

Other (Specify): Click to enter text

## B. Low Income Housing Tax Credits (LIHTC)

* Does this project propose to use Low Income Housing Tax Credits?  Yes  No
  + If yes, please select the LIHTC type below:

4% Tax Credit/Bond project

9% Competitive project

Both 4% and 9% Tax Credit/Bond project

## C. Project Activities *Check all that apply*

Acquisition

Expiring tax credit property

HUD/USDA Preservation

Redevelopment

Rehabilitation of residential building

Adaptive reuse of an existing non-residential building

Mixed use (Describe): Click to enter text

Mobile home park preservation

New construction

Other (Specify): Click to enter text

IV. Site Control and Conditions

## A. Site Control

* Has site control been established?  Yes  No
  + If yes, what is the form of site control?

Deed

Lease

Lease option

Purchase contract

Purchase option

Other: Click to enter text

## B. Zoning

* What is the current zoning of the project site? Click to enter text
* Is the proposed project consistent with existing zoning?  Yes  No

## C. Existing structures

* Are there existing structures on site?  Yes  No
  + If yes, how many? Click to enter text
* What are the plans for the existing structures on site?

Demolition

Rehabilitation

N/A (Does not apply/Not part of this project)

If existing building(s) are to be maintained or rehabilitated, give a brief description in 4-5 sentences of their condition and current ownership (i.e., owned by sponsor, publicly-owned, privately-owned):

|  |
| --- |
| Click to enter text |

**D. Displacement and Relocation**

|  |  |
| --- | --- |
| The proposed project **will** displace households, businesses, commercial, and/or other uses. *(Answer YES it will, NO it will not)* | Choose an item |
| How long will the proposed project displace existing tenants? *(‘Temporary’ is less than one [1] year)* | Choose an item |
| What type of tenants will need to be relocated? | Choose an item |
| If **commercial** relocation is required, how many tenants will be affected? | Click to enter text |
| If **residential** relocation is required, how many tenants will be affected? | Click to enter text |
| Has a relocation plan been prepared in accordance with the requirements of the federal Uniform Relocation Act, Section 104(d) of the Housing and Community Development Act of 1974, and/or Seattle Municipal Code Chapter 20.84? | Choose an item |

V. Populations Served

Provide a brief description in 4-5 sentences of the target populations to be served.

|  |
| --- |
| Click to enter text |

## A. People experiencing homelessness

* Will this project serve people experiencing homelessness?  Yes  No

VI. Project Schedule

Please provide a brief summary in 4-5 sentences of the project schedule.

|  |
| --- |
| Click to enter text |

VII. Project Financing

Please provide a brief summary in 4-5 sentences of the potential capital funding sources along with approximate amounts.

|  |
| --- |
| Click to enter text |

Complete below Sources and Uses chart with estimated amounts, adding more lines if needed.

|  |  |
| --- | --- |
| **Uses (Estimated)** | |
| Acquisition | $ |
| Construction | $ |
| Soft costs | $ |

|  |  |
| --- | --- |
| **Sources (Estimated)** | |
| Office of Housing | $ |
| LIHTC Equity | $ |
| Debt | $ |
| Other public funding | $ |
| Other | $ |

VIII. Project Operations

Please provide a summary in 4-5 sentences of the potential operating and service funding sources along with approximate amounts.

|  |
| --- |
| Click to enter text |