

Certification of Consistency with the Consolidated Plan Application

This form is used by the Seattle Office of Housing (OH) to assess consistency between the low-income housing proposal and the City of Seattle 2024-2028 [Consolidated Plan for Housing and Community Development](#).

Complete this form and save as "PROJECT NAME_Consistency Application_MM.YY" where PROJECT NAME is replaced with the name of the project and MM is month and YY is the year. Email the completed form to sheila.viswanathan@seattle.gov at OH with the subject line: "PROJECT NAME - Consistency Application."

Complete this form and submit it to OH at least 30 days in advance of the date when certification is needed.

Project Sponsor Information

Applicant/Sponsor: _____

Project Developer: _____

Project Name: _____

Full Project Address: _____

Date of Submission: _____

Contact Information of Person Completing this Application

Name: _____

Organization: _____

Work Address: _____

Email: _____

Office Phone: _____

Cell Phone: _____

Project Description

Provide a brief description of the project in 4-5 sentences explaining how the project will preserve or increase affordable housing, including the type of project (new construction, acquisition, etc.), unit mix and populations served, the geographic area where it will be located, and any partnerships.

Complete the following chart of proposed BR and AMI mix in the project.

AMI	Unit BRs and AMIs						
	SEDU/SRO	Studio	1 BR	2 BR	3 BR	4 BR	5 BR
≤ 30% AMI							
≤ 50% AMI (not included above)							
≤ 60% AMI (not included above)							
≤ 80% AMI (not included above)							
Unrestricted							

Provide the following information about the other funding programs to which you are applying.

Program Name	Due Date (MM/DD/YYYY)	Approximate Amount Requesting
		\$
		\$
		\$

Do you intend to apply for funding from OH? Yes No

If yes, approximately when do you think you will apply to OH? _____

For OH Staff Completion ONLY

Consistency Letter Approval: Approved Denied

Reason for denial:

Name of Certifying Jurisdiction: City of Seattle Office of Housing

Name of Certifying Official: _____

Title: _____

Signature: _____

Date: _____