**STAMFORD AFFORDABLE HOUSING TRUST FUND**

**APPLICATION FORM**

Please submit completed applications and any supporting documentation digitally to: StamfordAHTF@StamfordCT.gov

Title of Proposal: Click or tap here to enter text.

Legal Name of Entity Applying: Click or tap here to enter text.

Business Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Funds Requested: $ Click or tap here to enter text.

Email Address: Click or tap here to enter text.

**Project or PROGRAM DESCRIPTION**

**Please check the category box(es) that best represent your application request.**

[ ]  Creation of affordable rental or homeownership housing units

[ ]  Multi-family rehabilitation (with specified locations)

[ ]  Limited Equity Cooperative or Condominium Conversion

[ ]  Multi-family rehabilitation program (without specified locations)

[ ]  Home ownership assistance program

[ ]  Foreclosure and Eviction Prevention and Protection program

[ ]  Rental and Landlord Assistance program

1. **Proposed Activity**.

Describe the proposed project or program.

Click or tap here to enter text.

I.1. Status of the activity (conceptual, planned, in process): Choose an item.

 Proposed start and end dates of the activity:

 Start: Click or tap to enter a date. End: Click or tap to enter a date.

I.2. Does this activity aim to address health and safety issues, building efficiency or utility costs, and/or plan to provide supportive services on-site?

 [ ]  No
[ ]  Yes - If Yes, please explain: Click or tap here to enter text.

I.3. If location-based, what types of amenities are expected to be provided onsite (ex: shared or private outdoor space, gym access, etc.)? Click or tap here to enter text.

I.4. Below what AMI level is the primary target household for this activity (or estimate in chart below if for rehab/new construction)? Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Unit Mix** | **Est. sf/unit**  | **AFFORDABILITY LEVELS (AMI)** |
|  **%** |  **%** |  **%** |  **%** |
| Studio |  sf/unit |  units |  units |  units |  units |
| One bedroom |  sf/unit |  units |  units |  units |  units |
| Two bedroom |  sf/unit |  units |  units |  units |  units |
| Three bedroom |  sf/unit |  units |  units |  units |  units |
| **Total # of units** |  units |  units |  units |  units |

I.5. List all approvals, funding or other prerequisites (ex: purchase or lease of land, zoning approval, financing) that must be secured or met before the activity can begin:

a. Click or tap here to enter text.

b. Click or tap here to enter text.

c. Click or tap here to enter text.

(*continue on separate sheet if necessary*)

1. **Identify the Need for this Activity in Stamford.**

II.1.Explain how this activity meets the objectives of Stamford’s Affordable Housing Trust Fund, Master Plan and Affordable Housing Plan.

Click or tap here to enter text.

II.2. Is this an ongoing or a newly proposed activity?

 [ ]  New

[ ]  Ongoing - If ongoing please describe how long the activity has been ongoing and what progress has been, and why the activity needs to be continued. Click or tap here to enter text.

II.3. Are similar projects/programs currently available in Stamford?

 [ ]  No

 [ ]  Yes - If yes, please list:

* 1. Click or tap here to enter text.
	2. Click or tap here to enter text.
	3. Click or tap here to enter text.
	4. Click or tap here to enter text.

If Yes, how is the proposed activity different or why is there an additional need for the activity? Click or tap here to enter text.

II.4. Please describe the target population for this activity, including income levels and socio-economic characteristics (e.g., seniors, families, people with disabilities)

Click or tap here to enter text.

II.5. How will participants from the target population be selected and how will eligibility for participants in the activity be documented?

Click or tap here to enter text.

II.6. Neighborhood Factors (Only applicable if location-based):

Address(es) of proposed project: Click or tap here to enter text.

Neighborhood(s) where proposed project is located (refer to map listed in Resources of [AHTF webpage](https://www.stamfordct.gov/government/boards-commissions/affordable-housing-trust-fund-board-of-trustees#:~:text=The%20Stamford%20Affordable%20Housing%20Trust,Master%20and%20Affordable%20Housing%20plans.)): Click or tap here to enter text.

[Walk Score](https://www.walkscore.com/) of proposed location(s): Click or tap here to enter text.

[Transit Score](https://www.walkscore.com/) of proposed location(s): Click or tap here to enter text.

% of households that are cost-burdened (paying 30% or more of gross income) in this Census Tract (refer to map listed in Resources of [AHTF webpage](https://www.stamfordct.gov/government/boards-commissions/affordable-housing-trust-fund-board-of-trustees#:~:text=The%20Stamford%20Affordable%20Housing%20Trust,Master%20and%20Affordable%20Housing%20plans.)): Click or tap here to enter text.

% of units that are deed-restricted affordable in this Census Tract (refer to map listed in Resources of [AHTF webpage](https://www.stamfordct.gov/government/boards-commissions/affordable-housing-trust-fund-board-of-trustees#:~:text=The%20Stamford%20Affordable%20Housing%20Trust,Master%20and%20Affordable%20Housing%20plans.)): Click or tap here to enter text.

% of units that are owner-occupied in this Census Tract (refer to map listed in Resources of [AHTF webpage](https://www.stamfordct.gov/government/boards-commissions/affordable-housing-trust-fund-board-of-trustees#:~:text=The%20Stamford%20Affordable%20Housing%20Trust,Master%20and%20Affordable%20Housing%20plans.)): Click or tap here to enter text.

(*continue on separate sheet if necessary*)

1. **Performance Measures**.

Explain how this activity will benefit the target population. Click or tap here to enter text.

III.1. What is the total estimated number of households to be served by this activity? Click or tap here to enter text.

What is the total estimated number of low-income households to be served by this activity -

 Total Below 80% AMI: Click or tap here to enter text.

 Total Below 50% AMI: Click or tap here to enter text.

 Total Below 30% AMI: Click or tap here to enter text.

What is the anticipated percentage of low-income households (below 80% AMI) to be served by this activity (as a portion of all persons or households served by the project or program)? Click or tap here to enter text.

III.2. How will you determine and document the income eligibility and demographic characteristics of households served by this activity? Click or tap here to enter text.

III.3. Please provide additional activity specific performance measures (e.g., number and size of units produced or rehabbed, affordability levels) Click or tap here to enter text.

(*continue on separate sheet if necessary*)

**IV. Entity Information**

IV.1. What type of entity is this?

[ ]  For-profit developers of affordable housing

[ ]  Not-for-profit developers of affordable housing

[ ]  Not-for-profit organizations with the goal of furthering affordable housing

[ ]  The Stamford Pubic Housing Authority (Charter Oak Communities)

[ ]  The Stamford Department of Community Development

IV.2 How many years has this entity been in operation? Click or tap here to enter text.

IV.3. Have you implemented this type of activity in the past?

 [ ]  No

 [ ]  Yes

IV.4. If relevant, how many units of housing has this entity produced? Click or tap here to enter text.
How many units of housing does this entity currently manage? Click or tap here to enter text.

IV.5. Has the entity ever defaulted or been terminated from any contract?

 [ ]  No

 [ ]  Yes - If Yes, please explain: Click or tap here to enter text.

IV.6. If this entity or any key activity partners have received funding from the Trust (or through fee-in-lieu funds related to Section 7.4) in the past 5 years, provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Year** | **Activity Title** | **$ Award Amount** | **Status****(Complete, Underway or In-Planning)** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

**V. Sources and Uses:**

*Note: show value of all non-cash or “in-kind” contribution with italics.*

*SAHTF funds shall make up no more than 25% of total project costs.*

|  |  |
| --- | --- |
| **Sources**  | **Uses** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| **Total Sources:** | $ | **Total Uses:** | $ |

(*continue on separate sheet if necessary*)

**VI. Other Requirements (if applicable):**

1. Any non-profit entity must submit with their Applicationa digital copy of their determination letter from the IRS recognizing the agency as a 501(c)(3) tax exempt organization and a digital copy of Certificate of Legal Existence (also called a Certificate of Good Standing in some states) from the State of Connecticut.
2. For site-specific projects applicants shall provide copies of documents which show that applicant controls the property (deed or lease of at least 99 years) or an executed contract to purchase for the property.
3. For renovations, rehabilitation or reconstruction projects applicants shall provide information regarding existing rents. The applicant shall provide a retention and relocation proposal for existing residential tenants at the time of application.

**VII. Certification:**

I certify that I have been duly authorized to submit this application, and that this application form is complete and accurate.

**Print Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

*(Board President, Chairman, Executive Director, CEO)*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:** Click or tap to enter a date.