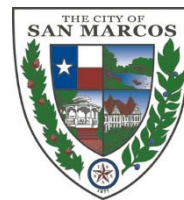


HOUSING TAX CREDIT RESOLUTION APPLICATION

Updated: October, 2018

Case #: LIHTC-____-____



CONTACT INFORMATION

Applicant's Name		Property Owner	
Company		Company	
Applicant's Mailing Address		Owner's Mailing Address	
Applicant's Phone #		Owner's Phone #	
Applicant's Email		Owner's Email	

PROPERTY INFORMATION

Subject Property Address: _____

Tax ID #: R_____ Existing Zoning: _____

Legal Description: Lot _____ Block _____ Subdivision _____

Existing Use: _____ Proposed Use: _____

DESCRIPTION OF REQUEST

Project Name: _____

Briefly Describe the Proposal (reason for choosing location, target population, property amenities or services, energy efficient components etc.):

Type of Housing Tax Credit Resolution:

☐ 4% Housing Tax Credit or ☐ 9% Housing Tax Credit

DESCRIPTION OF UNITS

UNIT TYPE	MARKET RATE UNITS	AFFORDABLE UNITS	TOTAL
Number of Units		336	336
Percentage of Total Units		100%	100%

How many units are available to each income bracket listed below (i.e. rent level of tenants)?

0 – 30% AMI	31 – 50% AMI	51 – 60% AMI	61 – 80% AMI	Market Rate	Total Units
		336			336

Describe the unit mix:

Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	Total Units
	36	144	132	24	336

How Many Accessible Units are Included: _____

Criteria

Applications must meet at least 5 of the 8 criteria below, including criteria #1, in order to receive a staff recommendation for a resolution of support. Please Indicate which of the criteria your project is consistent with and explain. Use additional pages if necessary.

Criteria	Explanation
<input checked="" type="checkbox"/> 1. No exemption from local taxes is requested	
<input checked="" type="checkbox"/> 2. The project addresses a housing need identified in the City's Housing Policy or the City's current consolidated plan for HUD programs	
<input checked="" type="checkbox"/> 3. The project is located within a high or medium intensity zone on the City's Preferred Scenario Map	
<input type="checkbox"/> 4. The project is not proposed to develop under a legacy district on the City's current zoning map	
<input checked="" type="checkbox"/> 5. The project is located within half a mile (.5) walking distance from services such as grocery, medical facilities, and schools.	
<input checked="" type="checkbox"/> 6. The project is located within one quarter mile (.25) walking distance of a proposed or existing bus stop on a current or planned transit route.	
<input type="checkbox"/> 7. The project is renovating or redeveloping an existing multifamily complex or under-performing development.	
<input type="checkbox"/> 8. The project is mixed income and provides at least 20% market rate units.	

AUTHORIZATION

I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.

Filing Fee \$750

Technology Fee \$12

TOTAL COST \$762

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

APPLY ONLINE – WWW.MYGOVERNMENTONLINE.ORG/



CHECKLIST FOR HOUSING TAX CREDIT RESOLUTION APPLICATION

The following items are requested for consideration of this application. These and additional items may be required at the request of the Department		Comments
<input checked="" type="checkbox"/>	Pre-development meeting with staff is recommended <ul style="list-style-type: none"> Please visit http://sanmarcostx.gov/1123/Pre-Development-Meetings to schedule 	
<input checked="" type="checkbox"/>	Completed Application for Housing Tax Credit Resolution	
<input checked="" type="checkbox"/>	Subdivision Plat or Metes and Bounds Description	
<input type="checkbox"/>	If metes & bounds is provided the following may be required: <ul style="list-style-type: none"> CAD file in grid for GIS integration. Projection: NAD 1983 StatePlane Texas South Central FIPS 4204 Feet 	
<input checked="" type="checkbox"/>	Property Owner Authorization	
<input checked="" type="checkbox"/>	Application Filing Fee \$750 Technology Fee \$12	
**San Marcos Development Code Section 2.3.1.1(C): “Every application accepted by the responsible official for filing shall be subject to a determination of completeness...the responsible official is not required to review an application unless it is complete...”		

PROPERTY OWNER AUTHORIZATION

I, Inayat Fidai (owner) acknowledge that I am the rightful owner of the property located at SEC Wonder World Dr. & James St., San Marcos, TX 78666 (address).

I hereby authorize Jake Brown of LDG Development (agent name) to file this application for a Housing Tax Credit Resolution (application type), and, if necessary, to work with the Responsible Official / Department on my behalf throughout the process.

Signature of Property Owner:  Date: 1/3/19

Printed Name: Inayat Fidai President of WW Ventures LLC, G.P. for
WW MultiFamily LP

Signature of Agent:  Date: 1/3/19

Printed Name: Jacob P. Brown