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 INFOR	MATION			
Subject Property Addres	ss:			
	Existing			
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	38	298	336	

UNIT TYPE	MARKET RATE UNITS	AFFORDABLE UNITS	TOTAL
Number of Units	38	298	336
Percentage of Total Units	11%	89%	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
	38	260		38	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
	No exemption from local taxes is requested	
X	2. The project addresses a housing need identified in the City's Housing Policy or the City's current consolidated plan for HUD programs	
X	3. The project is located within a high or medium intensity zone on the City's Preferred Scenario Map	
X	The project is not proposed to develop under a legacy district on the City's current zoning map	
X	5. The project is located within half a mile (.5) walking distance from services such as grocery, medical facilities, and schools.	
X	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.	
	7. The project is renovating or redeveloping an existing multifamily complex or under-performing development.	
	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 - <u>WWW.MYGOVERNMENTONLINE.ORG/</u>

PROPERTY OWNER AUTHORIZATION Jim R. Smith Jr. (owner) acknowledge that I am the rightful owner of the property located at __2519 Redwood Road, San Marcos, TX 78666 (address). I hereby authorize $\underline{\text{Jake Brown of LDG Development}_{(agent name) to file this}}$ Housing Tax Credit Resolution (application type), and, if necessary, application for _____ to work with the Responsible Official / Department on my behalf throughout the process. Signature of Property Owner: Date: 4/7/9 Printed Name: 5/m & 5mith, 50: / TWO Rivers Interest Signature of Agent: Jake Brown Date: 4/17/19 Printed Name: Jake Brown Printed Name: Jake Brown