STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

WORKFORCE HOUSING PROGRAM
PROPERTY ACQUISITION APPLICATION

I. APPLICANT INFORMATION

- Name of Applicant: _____
- Address: _____
- Contact Person: _____ Telephone No. _____
- Applicant Tax ID Number: _____
- Project Name: _____

II. SITE CHARACTERISTICS

- Address: _____
- Town: _____
- Tax Map No. _____
- Form of Site Control: Option _____ Contract _____ Deed _____
  Date of Acquisition (Actual or Projected): _____
  Acquisition Cost: _____
  Contract or Option Expiration Date: _____
  Current Owner: _____
  Owner Relationship to Applicant: _____
- Current Zoning: _____ Is zone change required? _____
  If zoning must be changed, has an application been filed? _____
  With whom & When filed? _____
  When is approval expected?
- Improvements: Vacant Land _____ Size: _____ acres
  Improved Property _____ Size: _____ acres
  Structure _____ Sq. ft.

If improved, describe current use/condition: _____

- Utilities: Electric _____ Gas _____

Public Water: Yes _____ No _____

Sewers: Yes _____ No _____

If No, describe treatment plan: _____

III. PROPOSED PROJECT DESCRIPTION: (indicate number of units)

- Project Type:

New Construction _____ Rehabilitation _____

Family Rental _____ Senior Rental _____ Owner Occupied _____

Other (Describe)

- Affordability of Units

Owner Occupied Units:

Unit Size	Number of Units	Percentage	Unsubsidized Sales Price	Subsidized Sales Price
1 Bedroom				
2 Bedroom				
3 Bedroom				
Two Family Units				
TOTAL		100%		

Rental Units:

Unit Size	Number of Units		Monthly Rent		% of Units	
	High Rent	Low Rent	High Rent	Low Rent	High Rent	Low Rent
1						
2						
3						
TOTAL					75%	25%

- Project Description:

  Describe in detail the proposed project including the project design, financing and funding sources, activities to be undertaken, clientele to be served, development team, marketing plan for units, and anticipated accomplishments. The description must be in sufficient detail to provide a sound basis for funding approval and for effective monitoring of the project by Suffolk County.

IV. PROJECT BUDGET

- Funding Sources

Identify all *construction* funding sources being applied to this project. List program and amount.

Federal	_____	$	_____	Status	_____
State	_____	$	_____	Status	_____
Local	_____	$	_____	Status	_____
Other (Public)	_____	$	_____	Status	_____
Other (Private)	_____	$	_____	Status	_____

Identify all *permanent* funding sources being applied to this project. List program and amount.

Federal	_____	$	_____	Status	_____
State	_____	$	_____	Status	_____
Local	_____	$	_____	Status	_____
Other (Public)	_____	$	_____	Status	_____
Other (Private)	_____	$	_____	Status	_____

Please attach evidence of commitment from above sources.
If federal or state grant is included in project please provide grant submission date and/or grant award date.

- Funding Notes (if necessary)

_____

_____

_____

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_____

- Development Costs:

	County LDS	State/Federal Funds (describe)	Other (describe)	TOTAL
Hard Costs				
Site Acquisition				
Site Prep/Infrastructure				
Construction				
Insurance/Bond				
Overhead				
Other (describe)				
SUBTOTAL				
Sponsor/Developer Fee				
SUBTOTAL				
Soft Costs				
Legal				
Architectural & Engineering				
Environmental				
Interim Taxes				
Interim Financing				
Sales/Marketing				
Relocation				
Contingency				
Other (describe)				
SUBTOTAL				
TOTAL DEVELOPMENT COSTS				

Average Unit Development Cost per square foot _____

- Sales Price Calculation (provide information for each unit type)

	Unit A (Specify)	Unit B (Specify)	Avg. Price	Price/ S.F.
Unsubsidized Sales Price				
(County LDS Subsidy)				
(Other Subsidies:)				
a.				
b.				
c.				
(Total All Subsidies)				
Subsidized Sales Price to Buyer				

- Rental Project Operating Proforma:
  - Income:

Unit Size	Number of Units	Sq. Ft.	Monthly Rent	Annual Rev.
Other Income (describe)				
TOTAL				

  - Operating Expenses

	Per Unit	Total
Taxes		
Insurance		
Heat		
Gas		
Water & Sewer		
Other Utility Expenses		
Maintenance & Repairs		
Administrative Costs		
Other:		
Other:		
Total Operating Expenses		
Net Operating Income		
Debt Service a)		
b)		
Net Cash Flow		

V. DEVELOPMENT TEAM: (provide information for all key members)

- ❑ Owner's Attorney:

Name: _____

Address: _____

_____

Contact: _____ Telephone: _____ Fax: _____ e-mail: _____

- ❑ Contractor/Builder:

Name: _____

Address: _____

_____

Contact: _____ Telephone: _____ Fax: _____ e-mail: _____

Is contractor/builder an affiliate of Borrower/Developer/Sponsor: Yes ____ No _____

- ❑ Architect:

Name: _____

Address: _____

_____

Contact: _____ Telephone: _____ Fax: _____ e-mail: _____

Is architect/builder an affiliate of Borrower/Developer/Sponsor: Yes ____ No _____

- ❑ Engineer: _____

Name: _____

Address: _____

_____

Contact: _____ Telephone: _____ Fax: _____ e-mail: _____

Is Engineer an affiliate of Borrower/Developer/Sponsor: Yes ____ No _____

- ❑ Managing Agent:

Name: _____

Address: _____

_____

Contact: _____ Telephone: _____ Fax: _____ e-mail: _____

Is Managing Agent an affiliate of Borrower/Developer/Sponsor: Yes ____ No _____