THE CITY OF NEW YORK DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

OFFICE OF DEVELOPMENT 100 GOLD STREET, NINTH FLOOR NEW YORK, NEW YORK 10038 (212) 863-6196

INCLUSIONARY HOUSING PROGRAM LOWER INCOME HOUSING PLAN APPLICATION CHECKLIST

Documentation to be submitted as part of the Lower Income Housing (LIH) Plan Application:

- Completed Lower Income Housing Plan Application (attached)
- Completed Applicant Affidavit (attached)
- If new construction:
 - Schematic building plans, in 1/8th inch scale or on CD-ROM (in AutoCAD) of DOB filing quality, indicating a site plan of the building, total size of the building, and the size and configuration of the dwelling units to be contained in the building. For specific submission requirements please go to:

For standard new construction: http://www.nyc.gov/html/hpd/downloads/pdf/new-constr-guidelines.pdf

For Supportive Housing Projects: http://www.nyc.gov/html/hpd/downloads/pdf/sroconstr-guidelines.pdf

- If Preservation:
 - Existing Department of Buildings approved building plans, indicating the site plan of the LIH building, total size of the building, and the size and configuration of the dwelling units to be contained in the building. If no existing building plans are on record, please submit newlydrawn building plans.
 - o Provide a scope of work indicating the extent of rehabilitation work proposed.
- If Substantial Rehabilitation:
 - Proposed plans documenting the size and configuration of the dwelling units to be contained in the building. For complete submission requirements please go to:

For substantial Rehabilitation: http://www.nyc.gov/html/hpd/downloads/pdf/rehabguidelines.pdf

For Supportive Housing Projects: http://www.nyc.gov/html/hpd/downloads/pdf/sro-constr-guidelines.pdf

- o Provide a scope of work indicating the extent of rehabilitation work proposed.
- Chart depicting the ownership structure, including addresses of all entities and identification of all principals.
- Completed Sponsor Review forms for all required entities and individuals.
- Development budget and Operating budget pro-formas.
- Proposed Rent Roll for LIH Units (sample attached).
- If project is governmentally assisted, documentation of programmatic requirements including approved rents.
- Request for a declaratory ruling of eligibility for real property tax benefits. If requesting an Article XI tax incentive, submit a letter to the Office of Tax Incentive Programs. Send a copy of the request to the Inclusionary Housing Program.
- Proof of notification to Community Board at least 45 days prior to the signing of the Written Agreement.

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LOWER INCOME HOUSING PLAN APPLICATION PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM

1.	Name of Applicant:	
	List all principals:	
	Address:	
	Phone: Fax:	
2.	Name of Owner:	
	List all principals:	
	Address:	
	Phone:	
	Fax:	
3.	Name of Administering Agent:	
	List all principals:	
	-	
	Address:	
	Phone:	
	Fax:	
4.	Name of General Contractor:	

	Street Address:		
	Borough:	Lot(s):	
		clusionary	n Yards
☐ PF	EW CONSTRUCTION RESERVATION or JBSTANTIAL REHABII	OFF-SITE Total	number of units:
Inco	me distribution of I	lower income units Number of low-income units (equal to or less than 80	09/ ANAIN
8 dd	roca(ca) if known	Number of moderate-income units (equal to or less the Number of middle-income units (equal to or less than	han 125% AMI), if an
Add		Number of moderate-income units (equal to or less the Number of middle-income units (equal to or less that of the compensated development(s):	han 125% AMI), if an n 175% AMI), if any
Add		Number of moderate-income units (equal to or less the Number of middle-income units (equal to or less than of the compensated development(s):	han 125% AMI), if an n 175% AMI), if any
Add	Street Address:	Number of moderate-income units (equal to or less the Number of middle-income units (equal to or less that of the compensated development(s):	han 125% AMI), if an n 175% AMI), if any

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LOWER INCOME HOUSING PLAN PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM APPLICANT AFFIDAVIT

		OF NEW YOR					
cou	INTY	Y O F	;)				
I,				, being duly sv	vorn, deposes and sa	ays,	
1.	I am the of of of				tten Agreement for the project described in this		
2.	Applicant agrees to the following:						
	a. The Lower Income Housing will remain affordable to lower income households for the life of compensated development(s).				ne households for the life of the		
	b. Applicant will fund a blocked reserve fund in an amount specified by HPD and administered by third party.					by HPD and administered by a	
	c. Conversion of units for rental to cooperative or condominium ownership shall not be permitt					ership shall not be permitted.	
	d. Applicant will submit to HPD, within five days of their execution or issuance by another City agency:				or issuance by another City		
				0 11		gut rehabilitations, building t for new construction.	
				ficate of occupancy tificate of occupancy		ntial portion of the building or	
	e. Changes and/or amendments made to any document included in this application must obtain the prior approval of HPD.					is application must obtain the	
	f. The Lower Income Housing will be created, operated, and maintained in compliance with the requirements of the Inclusionary Housing Program.						
3.	3. Applicant certifies that the representations, warranties and statements made by the Applicant that are contained in this application and in any documents submitted in connection with this application remain true and correct as of this date.						
Swo	rn to	before me th	is				
		day of	20	_	Name of Ap	plicant (Print)	
Notary Public				Signature of Applicant			