

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/sro-constr-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 newly-drawn building plans.
 - 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/rehab-guidelines.pdf>
 - For Supportive Housing Projects: <http://www.nyc.gov/html/hpd/downloads/pdf/sro-constr-guidelines.pdf>
 - 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.

**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**

**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: _____

5. **Address of the Lower-Income Housing (LIH) units:**

Street Address: _____

Borough: _____
Block(s): _____ Lot(s): _____

6. **Type of Project:** R10 Inclusionary Greenpoint-Williamsburg Hudson Yards
 West Chelsea South Park Slope/Maspeth/Woodside Other _____

<input type="checkbox"/> NEW CONSTRUCTION or
<input type="checkbox"/> PRESERVATION or
<input type="checkbox"/> SUBSTANTIAL REHABILITATION

<input type="checkbox"/> ON-SITE or
<input type="checkbox"/> OFF-SITE

Total number of units: _____
Total number of LIH units: _____

7. **Income distribution of lower income units**

_____ Number of low-income units (equal to or less than 80% AMI)
_____ Number of moderate-income units (equal to or less than 125% AMI), if any
_____ Number of middle-income units (equal to or less than 175% AMI), if any

8. **Address(es), if known, of the compensated development(s):**

Street Address: _____

Borough: _____
Block(s): _____ Lot(s): _____

9. **Timeline**

- a. Date of the anticipated closing of financing: _____
- b. Date of the anticipated start of construction: _____
- c. Date for which LIH Plan Written Agreement requested: _____

10. **Public Financing Sources: (List all sources , governmental assistance including Lower Income Housing Tax Credits and land disposition programs):** _____

11. **Tax Exemption To Be Requested:** _____

