

Office of Neighborhood Strategies Inclusionary Housing 100 Gold Street New York, N.Y. 10038 nyc.gov/hpd

## AFFORDABLE HOUSING PLAN APPLICATION CHECKLIST

### **PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM**

| SUBMISSION ITEM   | Notes |
|---|-------|
| ☐ Completed Inclusionary Housing Application (attached)   |       |
| Information on the Inclusionary Housing Program can be found here:  |       |
| http://www1.nyc.gov/site/hpd/developers/inclusionary-housing.page   |       |
| ☐ Project Description/Narrative   |       |
| Division of Building and Land Development Services (BLDS)   |       |
| Submission Requirements   |       |
| ☐ Inclusionary Housing Architect Affidavit.   |       |
| Submit certification from an architect that: (1) the amount of affordable floor area  |       |
| in the project, (2) that the affordable housing units comply with Section 23-   |       |
| 96 of the New York City Zoning Resolution (Zoning Resolution) and Section 41-15 of  |       |
| the Inclusionary Housing Program Guidelines (Guidelines), and (3) that the project  |       |
| complies with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and   |       |
| implementing regulations at 24 part CFR 8.  |       |
|   |       |
| You can access our Architect Affidavit here:  |       |
| • R-10:   |       |
| http://www1.nyc.gov/assets/hpd/downloads/pdf/R10-Designated-Areas-  |       |
| Inclusionary-Architect-Affidavit  |       |
| <ul> <li>Greenpoint-Williamsburg:</li> <li><a href="http://www1.nyc.gov/assets/hpd/downloads/pdf/GWilliamsburg-">http://www1.nyc.gov/assets/hpd/downloads/pdf/GWilliamsburg-</a></li> </ul> |       |
| Inclusionary-Architect-Affidavit  |       |
| West Chelsea-Hudson Yards:  |       |
| http://www1.nyc.gov/assets/hpd/downloads/pdf/West-Chelsea-Hudson-   |       |
| Yards-Architect-Affidavit   |       |
|   |       |
| You can access Exhibit A of the Architect Affidavit here:   |       |
| Inclusionary Housing Stacking Chart - Unit Height Distribution Chart A:   |       |
| http://www1.nyc.gov/assets/hpd/downloads/Excel/Unit-height-distribution-  |       |
| <u>ChartA.xls</u>   |       |
| Horizontal Unit Distribution Chart B:      Horizontal Unit Distribution Chart B:  |       |
| http://www1.nyc.gov/assets/hpd/downloads/Excel/horizontal-unit-distribution-<br>chartB.xlsx   |       |
| Unit Bedroom Mix Chart C:   |       |
| http://www1.nyc.gov/assets/hpd/downloads/Excel/unit-bedroom-mix-ChartC.xlsx   |       |
| • Unit Size Chart D:  |       |
| http://www1.nyc.gov/assets/hpd/downloads/Excel/unit-size-chartD.xlsx  |       |
|   |       |
| Zoning Resolution can be accessed here:   |       |
| http://www.nyc.gov/html/dcp/pdf/zone/art02c03.pdf   |       |
|   |       |
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#### **SUBMISSION ITEM**

#### □ Building Drawings

Submit DOB submission quality building drawings that substantiate or verify the professional certifications for new construction, substantial rehabilitation and preservation projects as follows:

#### New Construction Drawings (not including supportive housing)

- Zoning District Map
- Sanborn Map
- Zoning Analysis (please also submit as a separate PDF)
- FEMA Map
- Site Plan
- Floor plans and roof plan at a minimum scale of 1/8" = 1'-0". Plans shall comply with rules, regulations, codes and design requirements as mandated by city, state and federal authorities having jurisdiction. Inclusionary Housing Affordable Apartments and Section 504 of the Rehabilitation Act of 1973 (Section 504) mobility and sensory accessible apartments must be identified on the drawings. Net square footage pursuant to Section 23-96 (d) (1) of the Zoning Resolution must be labeled for each Inclusionary Housing Affordable Apartment.
- Tables on the drawings listing Inclusionary Housing Affordable Apartments, and *Section 504* mobility and sensory accessible apartments.
- Detailed 1/2" = 1'-0" scale bathroom and kitchen floor plans and elevations of Inclusionary Housing Affordable Apartments and Section 504 of the Rehabilitation Act of 1973 mobility accessible apartments.
- Drawings shall indicate critical dimensions and details to verify compliances
  with accessibility requirements of city, state and federal regulations and code
  requirements (i.e. reinforcement and grab bars; T- turns and wheel chair
  turning circles; clear floor spaces and maneuvering clearances; removal base
  cabinets; and adjustable height countertops, cabinets, and shelves).
- Floor plan(s) and elevations of mailboxes at 1/2" = 1'-0" scale indicating critical dimensions and details to verify compliance with accessibility requirements.
- Exterior building elevations rendered with building materials identified.
- Digital version of all drawings (CD-ROM with AutoCAD 2013 DWG format, including DWF format as well as PDF copies) and Microsoft Excel copies of the four charts Inclusionary Housing Stacking Charts (A, B, C and D).
- All drawings shall be bound.



| SUBMISSION ITEM  |  |
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| New Construction Supportive Housing: Guidelines for submitting building plans                  |  |
| are located here:  |  |
| http://www1.nyc.gov/assets/hpd/downloads/pdf/developers/sro-constr-                            |  |
| guidelines.pdf   |  |
|  |  |
| Preservation and Substantial Rehabilitation Plans:   |  |
|  |  |
| <ul> <li>Submit existing Department of Buildings approved building plans, including</li> </ul> |  |
| the site plan of the building containing Affordable Housing, and sheets that                   |  |
| reflect the 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.                                       |  |
| <ul> <li>Provide a scope of work indicating the extent of preservation or</li> </ul>           |  |
| rehabilitation work proposed.  |  |
|  |  |
| Except for preservation and substantial rehabilitation projects where building plans           |  |
| exist of record and no new building plans are required to be filed, to permit                  |  |
| alterations, by DOB, building drawings and responses to DOB objections must be                 |  |
| reviewed by a DOB plan examiner. They must not be professionally-certified.                    |  |
|  |  |
| Commission Figure Deine Business Data Form   |  |
| ☐ Campaign Finance- Doing Business Data Form   |  |
| Entities participating in affordable housing transactions with the City must complete          |  |
| Campaign Finance forms and must submit them as follows: (1) with the Application               |  |
| and (2) one week before closing. Please submit a hard copy original and PDF                    |  |
| electronic version. You can access the Campaign Finance form here:                             |  |
| http://www1.nyc.gov/assets/hpd/downloads/pdf/developers/Doing-Business-Affor-                  |  |
| hou-Data-Form.pdf  |  |
| nou-Data-Form.pur  |  |
| ☐ Community Board Notification   |  |
| •  |  |
| Submit proof, either through proof of mailing or signature of receipt from the                 |  |
| Community Board, that the proposed Affordable Housing Plan was submitted to the                |  |
| Community Board in which the project is located and the date such plan was                     |  |
| submitted. The Affordable Housing Plan must be submitted to the Community                      |  |
| Board at least 45 days prior to execution of a regulatory agreement.                           |  |
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| SUBMISSION ITEM   |
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| Fees  |
| All fees must be paid in the form of a certified check, bank check or money order as  |
| follows:  |
| ☐ \$100 Application Fee - due at application submission made payable to the   |
| Department of Finance (DOF).  |
| ☐ \$200 Construction Sign Fee - due at application submission made payable to   |
| the Department of Housing Preservation and Development.   |
| ☐ Inclusionary Housing Fee - due at closing, made payable to DOF (\$1000 per IH Unit  |
| for 1 <sup>st</sup> 50 units, \$500 for each additional unit).  |
| ☐ Inclusionary Housing Reserves Fee – due upon project completion (\$2.25 per   |
| square foot of affordable housing).   |
| Sponsor Review  |
| Submit disclosure forms for:  |
| ☐ Administering Agent   |
|   |
| Please provide a hard copy original, a photocopy and electronic copies (in PDF on a   |
| <u>CD-ROM</u> ) for the entities and their principals. You can access the Sponsor Review  |
| forms here:   |
| http://www1.nyc.gov/site/hpd/developers/sponsor-review-procedures.page  |
| Organization Charts   |
| Submit organizational charts for:   |
| □ Applicant   |
| ☐ Administering Agent   |
| ☐ General Contractor  |
|   |
| Tax Memo Property Lists   |
| Submit a list of all NYC properties currently owned, managed, or controlled by:   |
| ☐ Applicant and all principals  |
| ☐ Administering Agent and all principals  |
| ☐ General Contractor and all principals   |
| Discourse ide was af of an area of few as taken discourse and DED assessment Discourse.   |
| Please provide proof of payment for outstanding DOF and DEP arrears and Dismissal Requests or Certificate of Corrections for outstanding C-violations, as applicable, for |
| the properties listed.  |
|   |



| SUBMISSION ITEM  |  |
|--|--|
| Pre-Transaction Affidavits   |  |
| Submit affidavits two (2) weeks before signing a regulatory agreement for:   |  |
| ☐ Administering Agent  |  |
|  |  |
| You can access the Pre-Transaction Affidavit form here:  |  |
| http://www1.nyc.gov/assets/hpd/downloads/pdf/Pre-Transaction-Affidavit   |  |
|  |  |
| Financing  |  |
| ☐ Submit a commitment letter and term sheet.   |  |
| ☐ Underwriting   |  |
| Submit the following in Microsoft Excel on CD-ROM (make sure that all cells are  |  |
| fully linked):   |  |
| Development budget - HPD IH reserves and fees must be capitalized in   |  |
| the development budget.  |  |
| Sources and uses of financing  |  |
| Number and bedroom size of units   |  |
| Rents and income level of tenants – Indicate year and AMI level of   |  |
| affordable rents and whether tenants are responsible for gas and/or  |  |
| electric.  |  |
| Maintenance and Operations - At a minimum, the following should be   |  |
| included as separate line items:   |  |
| <ul> <li>Administrative - legal, accounting, management fee, fire &amp; liability</li> </ul>   |  |
| insurance  |  |
| Utilities - heating, electricity, water & sewer  |  |
| Maintenance – supplies, cleaning, exterminating,   |  |
| repairs/replacement, super & maintenance salaries, elevator  |  |
| <ul> <li>maintenance &amp; repairs, building reserve.</li> <li>30 year cash flow analysis - Provide a Cash Flow Analysis sheet.</li> </ul> |  |
| Rent Roll - for preservation and substantial rehabilitation projects only.   |  |
|  |  |
| - Saids Frieds for nomeownership projects only.  |  |
| Sales Prices - for homeownership projects only.  |  |



| ☐ Permit Notice Request Letter (if applicable)  If applicant will require a Permit Notice upon entering into a regulatory agreement with HPD, applicant must make this request from HPD in writing prior to closing. The Permit Notice will notify DOB that building permits may be issued to one or more compensated developments to utilize floor area compensation from all or a portion of the affordable floor area on a generating site.   |    |
|--|----|
| <ul> <li>Permit Notice Request letters must include the following items:</li> <li>Address, borough, block and lot of the Generating Site;</li> <li>Address, borough block and lot of the Compensated Development;</li> <li>The zoning district in which the Compensated Development is located and a representation that the Compensated Development is eligible to receive the bonus;</li> <li>Confirmation that the Compensated Development is located within the same Community Board as the Generating Site or an adjacent Community Board and within ½ mile of the generating site;</li> <li>The amount of affordable floor area to be transferred from the Generating Site to the Compensated Development;</li> <li>Representation that the individual who is making the request is authorized to make the request;</li> <li>The letter must be notarized if it is not from an attorney licensed to practice law in New York State.</li> </ul> |    |
| Environmental Review   | NA |
| Routine and continuing environmental approval. No submission requirements.   |    |
| Transparency   | NA |
| Not applicable for Inclusionary Housing projects. If participating in other HPD programs comply with the transparency requirements as required by such other programs.   |    |
|  |    |

# THE CITY OF NEW YORK DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT

OFFICE OF NEIGHBORHOOD STRATEGIES 100 GOLD STREET, FIFTH FLOOR, NEW YORK, NEW YORK 10038 (212) 863-8228

#### AFFORDABLE HOUSING PLAN APPLICATION PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM

Please indicate "Not Applicable" or "NA" where appropriate. Do not leave any lines blank.

| F                                     | pplicant:  |
|---------------------------------------|--|
| 1                                     | Address:   |
|                                       | ax:  |
| F                                     | mail:  |
| F                                     | IN:  |
| F                                     | rimary Contact (Name/Phone/Email):   |
| (                                     | Owner (if different):  |
| ļ                                     | Address:   |
|                                       | ax:  |
| F                                     | mail:  |
|                                       | IN:  |
| L                                     |  |
|                                       | rimary Contact (Name/Phone/Email):   |
| -                                     | dministering Agent:  |
| -                                     |  |
| F<br>                                 | dministering Agent:address:ax:   |
|                                       | dministering Agent:address:ax:amail:   |
| F                                     | dministering Agent:  |
| F                                     | dministering Agent:address:ax:amail:   |
| F F F F F F F F F F F F F F F F F F F | dministering Agent:  |
| F F F F F F F F F F F F F F F F F F F | dministering Agent:  Address:  Cax:  Cmail:  Clin:  Primary Contact (Name/Phone/Email):  Seneral Contractor: |
| F F F F F F F F F F F F F F F F F F F | dministering Agent:  |
| F F F F F F F F F F F F F F F F F F F | dministering Agent:  |
| F F F F F F F F F F F F F F F F F F F | dministering Agent:  |

| 5.  | Architect:   |            |
|-----|--|------------|
|     | Address:   |            |
|     | Fax:   |            |
|     | Email:   |            |
|     | EIN:   |            |
|     | Primary Contact (Name/Phone/Email):  |            |
| 6.  | Attorney and Firm:   |            |
|     | Address:   |            |
|     | Fax:   |            |
|     | Email:   |            |
|     | EIN:   |            |
|     | Primary Contact (Name/Phone/Email):  |            |
| 7.  | Location of Affordable Housing Units   |            |
|     | Street Address:  |            |
|     | Borough:   |            |
|     | Block(s)/Lot(s):   |            |
|     | Community Board:   |            |
| 8.  | Inclusionary Housing District of Affordable Housing Units  |            |
|     | □R-10 Inclusionary:  |            |
|     | Is project privately financed (Yes/No)?  |            |
|     | □IH Designated Area (Insert ZR section reference, e.g., §23-952, §98-26, §62-352, etc):  |            |
|     | □Special District:   |            |
|     | □Other (please explain):   |            |
| 9.  | If publicly financed, list all sources of governmental assistance, including lower income he credits, bond financing, and land disposition programs: | ousing tax |
| 10. | . Type of Project (check all that apply)   |            |
|     | Construction type  |            |
|     | □New Construction  |            |
|     | □Preservation  |            |
|     | ☐Substantial Rehabilitation  |            |

| Location  |      |
|---|------|
| □On-site  |      |
| □Off-site   |      |
| Inclusionary Units  |      |
| □Rental   |      |
| □Homeownership  |      |
| Non-Inclusionary Units  |      |
| □Rental   |      |
| □Homeownership  |      |
| □Not Applicable   |      |
| Unit Count  |      |
| Total Units:  |      |
| Total IH Units:   |      |
| Super's 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):  Number of middle-income units (equal to or less than 175% AMI): |      |
| 12. Tax Exemption To Be Requested:  |      |
| 13. Indicate below if the project will contain any mixed-use condominium units, co-op units, or be  | oth: |
| ☐Mixed-use condominium units  |      |
| ☐Mixed-use co-op units  |      |
| ☐Mixed-use condominium and co-op units  |      |
| thorized Signature of Applicant:  |      |
| nt name:  |      |
| te:   |      |

**10.** Type of Project (continued)