

## Affordable Housing Partnerships Initiative - Phase II

### Application

**TO BE COMPLETED IN FULL – SUPPORTING DOCUMENTATION MUST BE PROVIDED. IF ANY OF THE INFORMATION CHANGES AFTER YOUR APPLICATION HAS BEEN SUBMITTED PLEASE CONFIRM THE CHANGES IN WRITING.**

### 1. ORGANIZATION

A. Organization:

Name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person (if more than one): \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

B. Type of Organization:

Management Body                       Municipality                       Public Non-Profit

Private Non-Profit                       Private Corporation

Other(Specify) \_\_\_\_\_

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**Provide details of partnerships on Attachment A.**

Organizations, other than management bodies and municipalities under the *Alberta Housing Act* are required to provide the following information.

1. Certificate and Articles of Incorporation and, if applicable, charitable status
2. History of the organization including a current list of board members/directors
3. Financial Statements for the past three (3) years
4. Describe the organizations involvement with the project and similar initiatives undertaken over the past three years. If the organization is the project developer and/or property manager describe your experiences in these professions.

C. Project Developer (if different from Organization):

Name \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**2. PROPOSAL**

A. Project Name (building/file reference): \_\_\_\_\_

Civic Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

B. Project Site Description:

Lot \_\_\_\_\_, Block \_\_\_\_\_, Plan \_\_\_\_\_

Area: \_\_\_\_\_ acres, *or* \_\_\_\_\_ hectares

C. Construction Type: (check all that apply)

New construction

Addition to existing residential units

Conversion from non-residential use to residential use

Purchase and/or renovations of existing residential rental units

D. Type of Building:

Single Detached  Semi-Detached  Row House  Low Rise Apartment

High Rise Apartment  Rooming House  Other (Specify) \_\_\_\_\_

E. Target Client:

Indicate the different client types (including individuals) that will be housed in the project.

| Target Client                                  | Number of Households |
|--|----------------------|
| Low -income working families                   |                      |
| Low -income working individuals                |                      |
| Individuals with special needs (Specify) _____ |                      |
| Seniors  |                      |
| Other (Specify) _____                          |                      |

F. Number of Units:

**Total Number of Units in the Project:** \_\_\_\_\_ **Number of Affordable Units:** \_\_\_\_\_

If applicable, describe the units that are not considered affordable (i.e. units with market rents or units funded through other sources)

\_\_\_\_\_

\_\_\_\_\_

G. Estimated Revenues:

Using the following table, calculate the anticipated rental revenues and other rental sources.

Anticipated vacancy rate: \_\_\_\_\_ percent

**\* If the monthly rent includes other services such as meals or laundry only indicate the amount that is for the accommodation portion in the following table. If applicable, describe the other services and full monthly rent:**

\_\_\_\_\_

\_\_\_\_\_

| UNIT TYPE                | NUMBER of UNITS<br>(Identify Units By Construction Type) |   |   | UNIT SIZE<br>(Either Measurement) |       | *<br>Monthly Per<br>Unit Rental<br>Rate | Total Annual<br>Rent |
|--------------------------|--|---|---|-----------------------------------|-------|---|----------------------|
|                          | New<br>Construction                                      | Conversion of a<br>Non-<br>Residential<br>Project | Renovations of<br>an Existing<br>Residential<br>Project | Sq. Ft.                           | Sq. M |   |                      |
| Bed Sitting              |  |   |   |                                   |       |   |                      |
| Studio/Bachelor          |  |   |   |                                   |       |   |                      |
| One Bedroom              |  |   |   |                                   |       |   |                      |
| Two Bedroom              |  |   |   |                                   |       |   |                      |
| Three Bedroom            |  |   |   |                                   |       |   |                      |
| Other (Specify)          |  |   |   |                                   |       |   |                      |
| Other (Specify)          |  |   |   |                                   |       |   |                      |
| <b>A. Subtotal</b>       |  |   |   |                                   |       |   |                      |
| Additional Rent Revenue  |  |   |   |                                   |       |   |                      |
| Parking                  |  |   |   |                                   |       |   |                      |
| Other (Specify)          |  |   |   |                                   |       |   |                      |
| Other (Specify)          |  |   |   |                                   |       |   |                      |
| <b>B. Subtotal</b>       |  |   |   |                                   |       |   |                      |
| Total Rent Revenue (A+B) |  |   |   |                                   |       |   |                      |
| Less Vacancy Allowance   |  |   |   |                                   |       |   |                      |
| Adjusted Rent Revenue    |  |   |   |                                   |       |   | **                   |

\*\* Insert the total amount in the Preliminary Project five-year budget in the next section under ESTIMATED ANNUAL REVENUE Unit Rents.

**Indicate the number of units by type that will be barrier free/wheelchair accessible:**

Studio/Bachelor: \_\_\_\_\_ One Bedroom: \_\_\_\_\_ Two Bedroom: \_\_\_\_\_ Three Bedroom: \_\_\_\_\_

**Note:** For a housing unit to be considered for funding under the Affordable Housing Partnerships Initiative, the combination of monthly rents and utilities (or utility allowance) must be affordable to the targeted households in your community.

Which of the following are included in the monthly rent:

\_\_\_\_\_ Electricity      \_\_\_\_\_ Heat      \_\_\_\_\_ Water and Sewer      \_\_\_\_\_ TV Cable  
 \_\_\_\_\_ Other \_\_\_\_\_

H. Preliminary Concept of Project:

Briefly describe the proposed project. Attach maps, sketches and/or plans of the proposed project (e.g., site plans, elevations and floor plans). Describe type of construction (e.g., on-site, modular) and specify any features such as underground parking or the use of energy efficient technology.

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I. Does the proposal involve acquiring property?  Yes  No

If no, provide a copy of the title.

If yes, will the property be  purchased or  leased? (Provide a copy of the purchase/lease agreement.)

Sellers Name \_\_\_\_\_

If leased, indicate length of lease: \_\_\_\_\_ years.

The name on title when the project is completed: \_\_\_\_\_

J. Describe any mortgages, caveats, easements, etc. that are anticipated to be registered on title:

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K. Does the site have the proper land use designation (zoning)?  Yes  No

If yes, include land use documentation.

If no, describe when rezoning will be finalized: \_\_\_\_\_

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L. Are there any environmental issues related to the property?  Yes  No

If yes, describe: \_\_\_\_\_

**3. COMMUNITY NEEDS DETERMINATION**

Organizations must demonstrate that there is a long-term need for the proposed affordable housing project. In determining need, the Organization could use several sources of information such as local surveys and census data and support from the surrounding neighborhood. Describe the need for the project and how it complements the municipality’s plan for affordable housing.

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#### 4. PROJECT FINANCES

- A. Preliminary Capital Cost Estimate:  
Provide a copy of contractor quotes.

| ITEM   | COST |
|--|------|
| <b>Land</b>  |      |
| Acquisition  |      |
| Appraisal/Legal Fees                                     |      |
| Demolition   |      |
| Environmental  |      |
| Local Improvements during construction                   |      |
| Property Tax during construction                         |      |
| Survey/Title/Recording Fees                              |      |
| Other (Specify)  |      |
| Other (Specify)  |      |
| <b>Total Estimated Land Costs</b>                        |      |
| <b>Building(s)</b>                                       |      |
| Construction Contract/Services                           |      |
| Renovation   |      |
| Appliances/Equipment/Furniture                           |      |
| Other (Specify)  |      |
| Other (Specify)  |      |
| <b>Total Estimated Building Costs</b>                    |      |
| <b>Site Improvements</b>                                 |      |
| On Site Servicing  |      |
| Landscaping  |      |
| Other (Specify)  |      |
| Other (Specify)  |      |
| <b>Total Estimated Site Improvements Costs</b>           |      |
| <b>Administration</b>                                    |      |
| Architects Fees  |      |
| Audit/Legal Fees   |      |
| Consultant/Inspection Fees                               |      |
| Contingency  |      |
| Interest Incurred During Construction                    |      |
| Marketing and Rent Up                                    |      |
| Market Rental Appraisal                                  |      |
| Municipal Fees   |      |
| Signage/Grand Opening                                    |      |
| Other (Specify)  |      |
| Other (Specify)  |      |
| <b>Total Estimated Administration Costs</b>              |      |
| <b>Subtotal</b>  |      |
| Total GST  |      |
| Less GST Rebate, if applicable (Specify Percentage ___%) |      |
| Net GST Paid   |      |
| <b>Total Estimated Capital Cost</b>                      |      |

B. Funding Sources:

List all funding sources such as permanent financing and grants. If the Organization plans to finance part of the project out of its own resources, the Organization must provide written confirmation that such funding sources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed. Complete Attachment B for all funding source(s) details.

| Names of Funding Source(s)   | Amount of Funds | Commitment Date |
|--|-----------------|-----------------|
|  | \$              |                 |
|  |                 |                 |
|  |                 |                 |
|  |                 |                 |
| Other Alberta Govt. Department/Agency (not including AHPI funding) |                 |                 |
| Other Federal Govt. Department/Agency (not including AHPI funding) |                 |                 |
| Municipal Fee Rebate/Reduction                                     |                 |                 |
| Other (Specify)  |                 |                 |
| Other (Specify)  |                 |                 |
| Donations  |                 |                 |
| Cash (Fundraising)   |                 |                 |
| Land/Building  |                 |                 |
| Furniture/Equipment  |                 |                 |
| Gifts-in-Kind  |                 |                 |
| <b>Subtotal</b>  |                 |                 |
| <b>Affordable Housing Program Grant Request</b>                    |                 |                 |
| <b>* Total Funding Sources</b>                                     |                 |                 |

*\* Must equal Total Estimated Capital Cost of project.*

Note: *If approved, the disbursing of Grant Funds is conditional on all other funding sources being confirmed and in place.*

C. Preliminary Project Budget:

Using the format below, please provide a Project Budget based on a five-year projection and adjusted annually for changes in estimated revenues (e.g., rent/rate) and expenses (e.g., utilities).

**(Note: The compliance period for the Affordable Housing Program is 20 years)**

Specify rate of inflation used (if applicable): \_\_\_ percent.

| ESTIMATED ANNUAL REVENUES                  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--|--------|--------|--------|--------|--------|
| Unit Rents (Insert \$ amt. from Section E) |        |        |        |        |        |
| Ongoing Support Services Funding           |        |        |        |        |        |
| Other (Specify)                            |        |        |        |        |        |
| Other (Specify)                            |        |        |        |        |        |
| <b>TOTAL ESTIMATED ANNUAL REVENUES</b>     |        |        |        |        |        |

| ESTIMATED ANNUAL EXPENSES                 | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|--------|--------|--------|--------|--------|
| <b>Administration Expenses</b>            |        |        |        |        |        |
| Accounting/Legal                          |        |        |        |        |        |
| Advertising                               |        |        |        |        |        |
| Office Supply/Postage                     |        |        |        |        |        |
| Rent Up Expenses                          |        |        |        |        |        |
| Salaries/Benefits                         |        |        |        |        |        |
| Telecommunications                        |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| <b>Total Administration Expenses</b>      |        |        |        |        |        |
| <b>Operating Expenses</b>                 |        |        |        |        |        |
| Gas                                       |        |        |        |        |        |
| Electricity                               |        |        |        |        |        |
| Water and Sewer                           |        |        |        |        |        |
| Waste Removal                             |        |        |        |        |        |
| TV Cable                                  |        |        |        |        |        |
| Security                                  |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| <b>Total Operating Expenses</b>           |        |        |        |        |        |
| <b>Maintenance Expenses</b>               |        |        |        |        |        |
| Elevator                                  |        |        |        |        |        |
| Maintenance                               |        |        |        |        |        |
| Repairs                                   |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| <b>Total Maintenance Expenses</b>         |        |        |        |        |        |
| <b>Fixed Expenses</b>                     |        |        |        |        |        |
| Debt Servicing                            |        |        |        |        |        |
| Insurance                                 |        |        |        |        |        |
| Property Taxes                            |        |        |        |        |        |
| Replacement Reserve                       |        |        |        |        |        |
| Other (Specify)                           |        |        |        |        |        |
| <b>Total Fixed Expenses</b>               |        |        |        |        |        |
| <b>TOTAL ESTIMATED ANNUAL EXPENSES</b>    |        |        |        |        |        |
| <b>ESTIMATED ANNUAL SURPLUS/(DEFICIT)</b> |        |        |        |        |        |

**5. DEVELOPMENT TIMETABLE**

Indicate the actual or expected date the following activities (if applicable) will be completed.

| Activity                            | Completion Date | Comments |
|-------------------------------------|-----------------|----------|
| Funding Sources                     |                 |          |
| Design Drawings                     |                 |          |
| Land Use Designation (Re-Zoning)    |                 |          |
| Environmental Review                |                 |          |
| Development Permit Approval         |                 |          |
| Land Purchase                       |                 |          |
| Land Lease Negotiations             |                 |          |
| Working Drawings                    |                 |          |
| Construction Tender                 |                 |          |
| Building Permit Approval            |                 |          |
| Construction commencement           |                 |          |
| Substantial Construction Completion |                 |          |

**6. ADDITIONAL INFORMATION**

Provide any additional important information relevant to this application (optional):

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**7. CERTIFICATION**

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project (must be signed).

IN WITNESS WHEREOF, the \_\_\_\_\_  
(Legal Name of Organization) has caused this document to be duly executed in its name on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Per: \_\_\_\_\_  
Name

\_\_\_\_\_  
Title

***Please submit three (3) copies.***

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|                 |  |
|-----------------|--|
| <b>Mail</b>     | Alberta Seniors and Community Supports<br>Housing Services Division<br>Box 927<br>Edmonton, Alberta, T5J 2L8<br>Attention: Walter Tauber                                       |
| <b>Delivery</b> | Alberta Seniors and Community Supports<br>Housing Services Division<br>4th Floor, Standard Life Centre<br>10405 Jasper Avenue<br>Edmonton, Alberta<br>Attention: Walter Tauber |
| <b>Fax</b>      | (780) 422-5124<br>Attention: Walter Tauber   |
| <b>E-mail</b>   | walter.tauber@gov.ab.ca  |

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# Attachment A

## PROJECT PARTNERSHIPS

Please provide detailed information for each of the partners (other than the Organization) involved in this proposal.

**1. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

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**2. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

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**3. Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_

**E-mail** \_\_\_\_\_

Describe roles and responsibilities, as well as financial and legal obligations, in partnership. Provide documentation supporting partnership arrangement and their acknowledgement.

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## Attachment B

### FUNDING SOURCE DETAILS

**Complete the following for each funding source.**

**Funding Source:** *Financial Institution, Municipality, Provincial Government, Federal Government, Non-profit Organization, Charitable Organization, Other (Specify)*

**Funding Type:** *Mortgage Loan, Grant, Deferred/Forgivable Loan, Owner Equity, Donation, Fund Raising, Other (Specify)*

1. **Name of Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_ Postal Code \_\_\_ \_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_ Approved \_\_\_ Pending Approval

Contact Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_

Disclosure authorization for Alberta Seniors and Community Supports to contact funding source

Signature \_\_\_\_\_

2. **Name of Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_ Postal Code \_\_\_ \_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_ Approved \_\_\_ Pending Approval

Contact Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_

Disclosure authorization for Alberta Seniors and Community Supports to contact funding source

Signature \_\_\_\_\_

3. **Name of Funding Source** \_\_\_\_\_

Address \_\_\_\_\_

Municipality \_\_\_\_\_ Province \_\_\_ Postal Code \_\_\_ \_\_\_

Funding Type \_\_\_\_\_

Application Date \_\_\_\_\_ \_\_\_ Approved \_\_\_ Pending Approval

Contact Person(s) \_\_\_\_\_

Telephone \_\_\_\_\_

Disclosure authorization for Alberta Seniors and Community Supports to contact funding source

Signature \_\_\_\_\_