

Affordable Housing Partnerships Initiative – Phase I Application

TO BE COMPLETED IN FULL, ALL DETAILS AND SUPPORTING DOCUMENTATION MUST BE PROVIDED. IF ANY OF THE INFORMATION CHANGES, PROVIDE WRITTEN UPDATES TO YOUR CONTACT AT ALBERTA SENIORS AND COMMUNITY SUPPORTS.

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 _____

Provide details of partnerships on Attachment A and complete Identity of Interest Statements on Attachment B (if applicable).

B. Type of Organization:

(Organizations, other than management bodies and municipalities under the *Alberta Housing Act* are required to provide detailed information on Attachment C.)

___ Management Body ___ Public Non-Profit ___ Private Non-Profit

___ Housing Co-operative ___ Municipality ___ Private Corporation

___ Charitable Organization ___ Other (Specify) _____

___ Organization is yet to be formed.

C. Project Developer (if different from Organization):

Name _____

Address _____

Municipality ____ Province ____ Postal Code _____

Contact Person _____

Title _____

Phone (____) _____ Fax (____) _____ E-mail _____

D. Project Owner:

Name to be listed on title of completed project: _____

E. If the project developer is the current landowner but will not retain ownership, briefly describe the planned process and timing for the disposition of this project.

2. PROPOSAL

A. Project Name: _____

Civic Address _____

B. Municipality ____ Province ____ Postal Code _____ Legal 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

Major renovation of existing residential units that could be lost from the stock of affordable housing

Other (Specify) _____

D. Type of Building:

Single Detached Semi-Detached Row House Low Rise Apartment

High Rise Apartment Rooming House Other (Specify) _____

E. Number of Units & Revenues:

Using the table calculate the amount of revenues anticipated from the rents and other sources.

Anticipated vacancy rate ___ percent

Unit Type	Number of New Units	Number of Converted Units	Number of Accessible Units **	Area per Unit (Choose Either)		Monthly Rent/Rate per Unit	Total Monthly Rent/Rate	Total Annual Rent/Rate
				Sq. Ft.	Sq. M.			
Bed Sitting								
Studio/Bachelor								
One Bedroom								
Two Bedroom								
Three Bedroom								
Other (Specify)								
Other (Specify)								
Other								
A. Subtotal								
Additional Rent/Rate Revenue								
Parking								
Other (Specify)								
Other (Specify)								
B. Subtotal								
Total Rent/Rate Revenue (A+B)								
Less Vacancy Allowance								
Adjusted Rent/Rate Revenue								*

* Insert in the Preliminary Project Pro Forma in the next section under ESTIMATED ANNUAL REVENUE Rent/Rate.

** Number of barrier free units in the project required to meet the Alberta Building Standards Code.

Note: For a housing unit to be considered for funding under the Affordable Housing Partnership Initiative the combination of monthly rents and utilities (or utility allowance) may not exceed 90 percent of average market rent in your community.

F. Estimated Revenue From Rents/Rates:

Which of the following are included in the rents/rates paid by the resident:

___ Electricity

___ Heat

___ Water and Sewer

___ TV Cable

___ Other _____

G. Preliminary Concept of Project:

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

H. Current Owner of Site:

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

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

If yes, include documentation.

If no, is site currently in the process of being designated (zoned)? Yes No

If no, provide details and supporting documentation: _____

When are land use issues scheduled to be resolved (month and year)? _____

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

If yes, describe: _____

L. Does the proposal involve acquiring property? Yes No

If no, provide a copy of the title.

If yes, is the property a building, land, or both?

Is the property leased or purchased? From whom? _____

(Provide a copy of the lease or purchase agreement.)

If leased, indicate length of lease: years.

3. CLIENT GROUP

Estimate the number of households (including individuals) to be served within each of the client groups.

Client Group	Number of Households
Low to moderate-income working families	
Low to moderate-income working individuals	
Individuals with special needs (Specify) _____	
Seniors and Community Supports	
Other (Specify) _____	

4. COMMUNITY NEEDS DETERMINATION

Organizations must show that there is a long-term need for the housing project. In determining need, the Organization may want to use several sources of information. Statistics Canada may be useful although the data may be dated. Local surveys and census data would be useful as well. Other existing and planned facilities will influence the need within the targeted area of the community and their impact on the community and the proposed project.

A. Describe the need for the project.

B. Describe how the proposal complements the plan for affordable housing in the municipality (if applicable).

5. PROJECT FINANCES

- A. Preliminary Capital Cost Estimate:
Please provide a copy of all contractors' quotes.

ITEM	COST
Land	
Acquisition	
Appraisal/Legal Fees	
Demolition	
Environmental	
Local Improvements during construction	
Property Tax during construction	
Survey/Title/Recording Fees	
Other (Specify)	
Other (Specify)	
Total Estimated Land Costs	
Building(s)	
Construction Contract/Services	
Renovation	
Appliances/Equipment/Furniture	
Other (Specify)	
Other (Specify)	
Total Estimated Building Costs	
Site Improvements	
On Site Servicing	
Landscaping	
Other (Specify)	
Other (Specify)	
Total Estimated Site Improvements Costs	
Administration	
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)	
Total Estimated Administration Costs	
Subtotal	
Total GST	
Less GST Rebate, if applicable (Specify Percentage ___%)	
Net GST Paid	
Total Estimated Capital Cost	

B. Permanent Financing:

List all financing commitments, including grants, and provide copies of same. If the Organization plans to finance part or the entire project out of its own resources, the Organization must prove that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. Indicate if a mortgage broker is involved in arranging financing from another source. Complete Attachment D in respect to the pertinent details.

Name(s) of Permanent Lender(s) or Other Funding Source(s)	Amount of Funds	Interest Rate	Term / Amortization	Annual Debt Service	Commitment Date
	\$	%		\$	
Other Alberta Govt. Department/Agency					
Other Federal Govt. Department/Agency					
Municipal Fee Rebate/Reduction					
Other (Specify)					
Other (Specify)					
Donations					
- Cash (Fundraising)					
- Land/Building					
- Furniture/Equipment					
- Gifts-in-Kind					
Subtotal					
Affordable Housing Program Grant Request					
Total Permanent Financing Sources[#]					

Indicate with an asterisk (*) enforceable financing commitments.

Should 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 Pro Forma:

Using the format below, please provide a Project Pro Forma based on a five-year projection and adjusted annually for changes in estimated revenues (e.g., rent/rate) and estimated 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
Donations					
Fundraising					
Rent/Rate (Insert \$ amt. from Section E)					
Other (Specify)					
TOTAL ESTIMATED ANNUAL REVENUES					

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

8. 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 _____, 2004

Per:

Name

Title

Please submit three (3) copies.

Mail

Alberta Seniors and Community Supports
Housing Services Division
Box 927
Edmonton, Alberta, T5J 2L8
Attention: Walter Tauber

Delivery

Alberta Seniors and Community Supports
Housing Services Division
4th Floor, Standard Life Centre
10405 Jasper Avenue
Edmonton, Alberta
Attention: Walter Tauber

Fax

(780) 422-5124
Attention: Walter Tauber

E-mail

walter.tauber@gov.ab.ca

Attachment A

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.

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.

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.

Attachment B

IDENTITY OF INTEREST STATEMENT

(I) or (We) certify that there is not now, nor will there be, an Identity of Interest between the Organization and any Participant, or any of their officers, directors, shareholders or partners, or beneficiaries without prior written identification to the Ministry of Seniors and Community Supports.

This statement is given for the purpose of inducing the Ministry of Seniors and Community Supports to make an allocation of Funding as requested in the application of which this statement is a part.

Organization _____

Per: _____

Title: _____

Signature: _____

Date: _____

A. Identity of Interest between Development Team and/or Ownership Entity:

Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?

___ Yes ___ No

If yes, provide a disclosure of interest

B. Disclosure of Interest:

The Organization must also disclose the names and addresses, including corporate officials where applicable, of all parties, which have a significant role in the project. These parties include, but are not limited to: the general contractor, all subcontractors whose aggregate contract will exceed ten percent of the cost of project (this cost shall be calculated excluding the acquisition of land), accountants, architects, engineers, financial consultants, and any other consultants. Please list below.

Attachment C

ORGANIZATION DESCRIPTION

(If the structure of the Organization is other than a management body under the Alberta Housing Act or municipality, you must provide Alberta Seniors and Community Supports with the necessary supporting documentation that the proposal will be based on a non-profit status.)

Please provide the following applicable information:

1. Articles of Incorporation.
2. Date of Incorporation (Certificate of Incorporation).
3. Canada Customs and Revenue Agency documentation of organization's charitable status. (if applicable)
4. Annual Reports for the past three (3) years.
5. The following, (if not included in the Annual Reports):
 - Mission statement/purpose
 - History of the organization
 - Financial statements for the past three (3) years

A. Describe the organization's participation in the development, management and operation of the project.

B. List the names, addresses, and phone numbers of board members/directors for the organization.

C. Please provide a brief profile of the board members/directors including relevant experience and skills (including volunteer experience).

Attachment D

LENDER OR FUNDING SOURCE DETAILS

Complete the following for each permanent lender or source of funds.

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

Type: Mortgage Loan, Grant, Deferred Loan, Forgivable Loan, Owner Equity, Below Market Interest Rate Loan, Donation, Other (Specify)

1. Name of Lender/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 Lender/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 Lender/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 _____