



## PROJECT BASED VOUCHER (PBV) APPLICATION

**SITE/PROPERTY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**APPLICANT(S) NAME:** \_\_\_\_\_

\_\_\_\_\_

**APPLICANT(S) CURRENT ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### PARTICIPANT IDENTIFICATION

- ❖ Attach a list identifying the following, including the names of officers, principal member, shareholders and investors of each:
  - Owner
  - Management Agent
  
- ❖ Attach a disclosure of any possible conflict of interest by any of the parties identified above.

**PROPERTY DESCRIPTION**

**Number of Total Units:** \_\_\_\_\_ **Total Number of Buildings:** \_\_\_\_\_

**Requested Number of Project-Based Units:** \_\_\_\_\_

*Complete the following information for the units you are requesting Project-Based Assistance.*

<b>BEDROOM SIZE</b>	<b>STUDIO</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>
Number of Units				
Square Footage				
Bathroom Count (per unit)				
Proposed Contract Rent	\$	\$	\$	\$

**BUILDING TYPE** *(Please check all that apply)*

- Multifamily     Single Family     Low Rise (4 floors or less)   
 High-rise     Garden Style     Duplex     Row House

**BUILDING STRUCTURAL FRAME/CONSTRUCTION**

- Wood  Vinyl  Brick  Concrete  Other: \_\_\_\_\_

**AMENITIES (List):** *For new construction or substantial rehabilitation projects, broadband is required.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRELIMINARY HOUSING SKETCHES** *(Attach)*

**ESTIMATED DATE OF COMPLETION:** \_\_\_\_\_

**SITE CONTROL**

Do you, the **Applicant**, own the property?     Yes                     No

If not, indicate the form of site control **you, the Applicant**, have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the legal ownership name? \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_

- ❖ Attach a copy of the Deed.
- ❖ Attach a copy of site control information (Purchase and Sales Agreement, etc.).

**SITE INFORMATION**

Lot Size: \_\_\_\_\_                    Building Square Feet: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

*If applicable:*

Will the proposed work conform to zoning?     Yes                     No

Does the property contain any environmental hazards?     Yes     No

Asbestos     Lead Paint     Oil Storage     Other: \_\_\_\_\_

Are there any liens on the Property?     Yes                     No

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

## RENTS REQUESTED

Proposed contract rent per bedroom size unit, including an indication of which utilities, services, and equipment are included in the rent and which are not included:

	<b>STUDIO</b>	<b>1 BR</b>	<b>2 BR</b>	<b>3 BR</b>
Rent	\$ _____	\$ _____	\$ _____	\$ _____
Included Utilities	_____ _____	_____ _____	_____ _____	_____ _____
Included Services	_____ _____	_____ _____	_____ _____	_____ _____
Included Equipment	_____ _____	_____ _____	_____ _____	_____ _____
NOT INCLUDED	_____ _____	_____ _____	_____ _____	_____ _____

- ❖ Attach a copy of a market study showing current neighborhood rents.
- ❖ List projected utility costs.
- ❖ Provide for each utility that is not included in the rent, estimates of the average monthly utility cost for each unit type for the first year of occupancy.

## PROPOSED PROPERTY MANAGEMENT STRUCTURE

- ❖ Attach a description of a property management plan for the property.
- ❖ Attach a history of the applicant's property management experience. If applicant intends to contract out the management of the property, provide information on the Management Company to be used and a description of their experience.
- ❖ Attach a list of other properties owned by the applicant.

## LONG-TERM AFFORDABILITY

What Length of Contract Term are you applying for (up to 15 years)? \_\_\_\_\_

## TENANT INFORMATION

*Attach a statement identifying:*

- ❖ The number of persons (household, individuals, businesses and non-profit organizations) occupying the property on the date of the submission of the application.
- ❖ The number of persons to be displaced, temporarily relocated or moved permanently with the building or complex.
- ❖ The estimated cost of relocation payments and services; the source of funding, and the organization(s) that will carry out the relocation activities.

## TENANT SELECTION AND SCREENING

- ❖ Attach a copy of your current tenant selection and screening plan or proposed plan.
- ❖ Attach a copy of your proposed Owner/Tenant Lease Agreement.

## EVIDENCE OF FINANCING OR LENDER INTERESTS

- ❖ Attach evidence of financing or lender interest, and the proposed terms of financing.

## ADDITIONAL INFORMATION

Have you, or any person with a financial interest in the property, ever been debarred; suspended, subject to a denial, or limited denial, or participation?

No     Yes *If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Information concerning any participant who is not known at the time of the owner's submission must be provided to the St. Petersburg Housing Authority as soon as the participant is known.

**CERTIFICATION**

I certify that the information contained in this application is, to the best of my knowledge, complete and accurate. I understand that false, or misinformation, could cause this application to be cancelled and would be cause for termination of any Housing Assistance Payment Contract that arises from this application.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent (the Applicant)

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_