

Applicants:

Please complete the areas in gray and submit prior to the due date. A 9% LIHTC pre-application meeting is required and will subsequently be scheduled. In addition to this Preliminary Application, please be prepared to discuss the below topics at the pre-application meeting:

- * Is there any identity of interest between development team members? If so, explain.
- * Discuss the completeness of plans and specifications, energy conservation measures and green building options being proposed, renewables (solar), owner-paid utilities, and high-speed broadband access for resident of the proposed development.
- * Are there any environmental concerns related to the site and/or existing building(s), if any?
- * Are conditions noted on the Planning and Zoning approval, and if so, have they been addressed? If not, what is outstanding?
- * Will the project be subject to Federal Davis Bacon or State prevailing wage rates?
- * Will the applicant provide its procurement process for all development team members?

Please be sure to sign and submit by clicking the submit button on the last page or via email to PreliminaryApplication@chfa.org
Thank you!



Application Type:	Preservation	Yes	No	If Preservation, is this a LIHTC-awarded project placed in service in the past 20 years?	Yes	No
	New Construction	Yes	No			

Proposed Development Information

Proposed Development Name:	<input type="text"/>	Phased Development Proposed?:	Yes	No
Street Address:	<input type="text"/>	If yes, how many phases?	<input type="text"/>	
City:	<input type="text"/>	Census Tract:	<input type="text"/>	
State:	<input type="text" value="CT"/>	Zip:	<input type="text"/>	
		Congressional District #:	<input type="text"/>	

Applicant Information

Applicant Entity:

Contact Person and Title/Role: Title:

Email Address: Phone:

Joint Venture Partner or Sponsor (if any):

Describe entity type (i.e., Non-Profit, PHA, For Profit) and years of experience:

Proposed Resident Population

Family / Non-Age Restricted Development?	Yes	No	Total Number of Units:	<input type="text"/>
Elderly / Age-Restricted Development?	Yes	No	Total Number of SH Units:	<input type="text"/>
Proposes Supportive Housing (SH) Units?	Yes	No	Set-aside for SH Adults:	<input type="text"/> SH Families: <input type="text"/>
Has or proposes Project Based Rental Subsidy?	Yes	No	Total Number of Unrestricted Units:	<input type="text"/>
If yes, specify number of subsidized units and source:	<input type="text"/>	<input type="text"/>	Total Qualified Units:	<input type="text"/>
		(i.e., Section 8, CT-RAP, Section 811)		
If Supportive Housing units are proposed, how are services funded?	<input type="text"/>			
	(i.e., State, operating budget, operating reserve, owner resources)			



Development Proposal Narrative

Please provide a high-level description of the proposed development, including its impact on the neighborhood and community, any distinguishing features of the project and the need for such housing:

Do any detrimental site characteristics exist? Yes No

If yes, please explain:

Unit Composition

Please provide the current proposed income bands and units mix:

	≤20% AMI	30%AMI	40%AMI	50%AMI	60%AMI	70%AMI	80%AMI	≤100%AMI	≤120%AMI
Studio/Efficiency									
One-Bedroom									
Two-Bedroom									
Three-Bedroom									
Four-Bedroom or larger									

Estimated Costs

What is the anticipated approximate total development cost?

What is the anticipated approximate total construction cost?



Site Control

<input type="text"/>	Deed	Date:	<input type="text"/>	Parcel Size (Specify SF or Acres):	<input type="text"/>
<input type="text"/>	Option/Purchase Contract	Expiry Date:	<input type="text"/>	Total Cost of Land:	<input type="text"/>
<input type="text"/>	>50-Year Land Lease/Option	Expiry Date:	<input type="text"/>	Total Acquisition Price (including Land):	<input type="text"/>

Seller(s) - this name must be on current recorded deed:

Address: Municipality:

State: Zip:

Is there a common ownership interest between the purchaser and seller? Yes No

If yes, provide attorney opinion on whether the proposal qualifies for tax credits on acquisition costs.

Site

Is the site zoned for your proposed development?	Yes	No	
Does the development have municipal site plan approval?	Yes	No	
Located in a Qualified Census Tract or Difficult Development Area?	Yes	No	If yes, specify QCT or DDA <input type="text"/>
Is there a commercial component in the proposed development?	Yes	No	
Is this a brownfield or adaptive re-use development?	Yes	No	If yes, specify: <input type="text"/>
Listed on National or State Register of Historic Places or in Historic District?	Yes	No	If yes, specify: <input type="text"/>
If yes, are Historic Tax Credits awarded?	Yes	No	
Is the development site located outside of a flood plain?	Yes	No	

Site Environmental

If the site is located in a flood plain, has DEEP been engaged regarding the need for a Flood Management Certification (FMC)?	Yes	No	
Are there any other DEEP approvals that will be required for federal wetlands, aquifer protection, critical habitat, site remediation, water quality certification?	Yes	No	
If so, has this permitting process been initiated?	Yes		Date: <input type="text"/>
Has the Phase I Environmental Site Assessment been completed?	Yes	No	If yes, Date: <input type="text"/>
Have hazardous materials surveys been completed?	Yes	No	
Lead-based paint testing and reports	Yes	No	If yes, Date: <input type="text"/>
Radon testing and reports	Yes	No	If yes, Date: <input type="text"/>
Asbestos materials testing and reports	Yes	No	If yes, Date: <input type="text"/>
Has the CEPA documentation been prepared and sent to <u>DOH.CEPA</u> for a determination?	Yes	No	If yes, Date: <input type="text"/>
If so, will scoping be required?	Yes	No	

Federal Requirements

The following information is required for consideration of federal funding through the Department of Housing:

Has the NEPA documentation been prepared?	Yes	No	If yes, Date: <input type="text"/>
Are there any conditions requiring mitigation?	Yes	No	
If yes, please explain:	<input type="text"/>		
Does project comply with Section 504 for handicap accessibility?	Yes	No	
If no, please explain:	<input type="text"/>		



Priorities

Proposed development located in an Area of Opportunity?	Yes	No	Specify Index level	<input type="text"/>
Proposed development includes more than 25% units for households earning less than 30% AMI?	Yes	No		
Is proposed development a component of a concerted community revitalization plan?	Yes	No		
Is proposed development proximate to transport and amenities?	Yes	No		
Does proposed development promote equity and integration?	Yes	No		

Please explain:

Financial

Does the development proposal adhere to less than \$30,000 per unit for tax credits and less than 20% of the population component?	Yes	No		
Excluding DOH funding and LIHTCs, are all required sources of funds awarded or otherwise secured?	Yes	No		
Does the proposed development proforma have balanced sources and uses?	Yes	No		
Plan to use Average Income Set-Aside?	Yes	No		
Plan to use a Hybrid Structure?	Yes	No		
Is the development seeking soft funding such as from DOH, AHP or from a local jurisdiction, or has or is pursuing a PILOT?	Yes	No		

If yes, please explain:



Certification

Applicant will be able to meet the Basic Threshold Requirements outlined in the QAP for the proposed development? Yes No

The applicant certifies that this Preliminary Application is complete and accurate, to the best of their knowledge, and that there are no material misrepresentations. The applicant further acknowledges that this Preliminary Application is made for informational purposes only and to assist CHFA and the Department of Housing in the determination of the readiness of the proposed development and its potential to further CHFA and State policy goals. Applicant further acknowledges that this Preliminary Application is not an application for funding and that submission of this Preliminary Application and/or participation in the Pre-application conference does not constitute a commitment of any CHFA funding, tax credit award or other assistance.

Signature of Applicant
Title of Applicant

Date

Official Use Only			
Accepted	_____	Accepted with Conditions	_____
Reviewer	_____	Manager	_____
		Date of applicant notification:	_____
		Date/Time Pre-App Meeting:	_____