**ATTACHMENT 4a: QUALIFYING PROJECT FORM - Development**

|  |  |
| --- | --- |
| **Experience Category** | 1. Development |
| **Example Number (i.e. 1 of 2)** |  |
| **Project Name and Address** |  |
| **Developer Name** |  |
| **Developer Role(s)** (*i.e.* managing partner, limited partner, consultant, etc; identify if joint-venture) |  |
| **Project Type** (i.e. new construction, rehabilitation) |  |
| **Construction Dates** (indicate construction start and completion year) | Start Date:  Completion Date: |
| **Construction Type(s)** (indicate material, *i.e.* wood, steel, etc) |  |
| **Total Number of Residential Units** |  |
| **Unit Mix** (*i.e*. # of studios, 1-Bdrms, etc; most restricted Area Median Income breakdown, average affordability level) | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Unit Type | < 30% AMI | 40% AMI | 50% AMI | 60% AMI | | Studio |  |  |  |  | | 1-br |  |  |  |  | | 2-br |  |  |  |  | | 3-br |  |  |  |  |   Total Number of Units: \_\_\_\_\_\_\_\_\_\_\_\_  Average Affordability Level: \_\_\_\_\_\_\_\_\_\_\_\_  Number of Formerly Homeless Households: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Rental or Ownership?** |  |
| **Population Breakdown** (*i.e.* Family Rental, Senior Rental, Supportive Housing) |  |
| **Amenities Included** (*i.e.* community room, front desk, laundry, resident courtyards) |  |
| **Total Residential Square Footage** |  |
| **Total Square Footage of Commercial Area and Use,** if any |  |
| **Summary of Financing Sources** (indicate construction and permanent financing sources and amounts) |  |
| **Total Development Cost** (include per unit and per square foot cost) |  |
| **Government Affordable Housing Program Involvement** (briefly describe) |  |
| **Budget/Schedule Variance** (describe any variance from budget and schedule approved at construction start; explain amount, length of time, reasons and source of funds to cover additional costs) |  |
| **Incorporated Principles of Racial Equity in development (Y/N)?** |  |

Add additional information here that demonstrates that the Developer meets the Minimum Qualifications.

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**List all projects in development** (prior to closing permanent financing) with MOHCD funding below.

For the stage of development, choose between: Awarded Funds, Predevelopment, Under Construction, Operational/Permanent Conversion

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Row #** | **Project Address** | **Rehab (R) or New Construction (NC)** | **Stage of Development** | **Total Loan Amount** | **Expected Date of Conversion to Permanent Financing (month/year)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |