

Planning Services Services de

Division planification



Application Form

Affordable Housing Community Improvement Plan

General Information and Instructions

- 1. Before filling out this application form, please read the Affordable Housing Community Improvement Plan and arrange for a pre-application meeting with staff. The AHCIP describes the purpose and basic terms of each of the Affordable Housing Incentive Programs.
- 2. If an agent is acting as the applicant for the property owner, please ensure that the required authorization is completed and signed by the owner and provided in the application form.
- 3. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach it to your complete application form.
- 4. Please ensure that the application form is complete and all required signatures and supporting documents have been supplied.
- 5. Please print (black or blue ink) the information requested on the application form.
- 6. There is no application fee.
- 7. You may deliver your application in person or send it by mail to:

Planning Services Division PO BOX 5000 STN A 200 Brady Street Sudbury ON P3A 5P3

8. For further information on these programs, please contact the Planning Services Division at 705-674-4455 ext 4292 or by email at Melissa. Riou@greatersudbury.ca.

Financial Programs

The following financial incentive programs are available (subject to Council approval of funding):

- 1. Tax Increment Equivalent Grant
- 2. Planning and Building Fee Rebate Program
- 3. Feasibility Grant Program
- 4. Residential Incentive Program
- 5. Second Unit Incentive Program

Please note that no more than one application (which can include one or more of the above programs) will be accepted for each individual property.

Applicant In		natic	n								
Applicant Nam	e.		_		First Na	me	-		Surna	ame	
Name of Owner:			_								-
(if different from app	olicant)				First Na	me			Surna	ame	
Applicant's Mailing	g Addre	ess:	_								-
			_								-
Applicant Cell:			_								-
Applicant Email:											
Applicant Linan.			_								-
Property Inf	form	atio	1 <u> </u>								
Municipal Address:			-								-
Common Name:											
(e.g. business or bu	ıilding n	ame)									-
Dualant Dan											
Project Des											
Please describe wh condition, use)	at the p	roperty	/ looks	like ar	nd how t	he prop	perty is	used to	oday (e	.g. buildin	g height,
Please describe, in (including type eg B	detail, t Bacheloi	he pro	posed droom,	afforda etc):_	able hou	sing de	velopm	ent (e	.g. Num	ber of Uni	ts
Number of Storeys: Lot Area:											-
Parking Spaces:											
Zoning:					Official I	Plan∙					

development is application are	expected to be	completed. (<i>Pleaks commenced aft</i>	nt is expected to stage note that work ter submitting an a	s commenced prid	or to submitting an
Other Details o	f Development:				
# of units	Unit Type Bachelor	Unit Size	Household Tenure	Dwelling Type	Unit Rent/Price (\$)
	1-Bedroom 2-Bedroom			Apartment Row House	
	3-Bedroom 4+ Bedroom	1+		Detached	
	ı				

Financial Viability

Please provide a financial proforma demonstrating the long term feasibility of the project. The projections must Include estimated capital requirements, financing and funding, revenues, and operating expenses.

Should you also be applying for funding through another source concurrently, please indicate the name of the funding partner, the program name. If you are applying to the CMHC Co-Investment Fund or Innovation Fund, please provide a summary of your project using the CMHC financial viability tool.

A projection period of 10 years from the date of submission of this application shall be used.

Tax Increment Equivalent Grant Program

Please indicate the pre and post project assessed value of the property and municipal portion of the property tax:

Pre-project assesse	d value	:									
Post-project assess	ed valu	e:									
Pre-project annual t	axes –	munici	pal	oortion	_						
Post-project annual	taxes -	- munic	cipal	portio	n						
Please indicate the	estimat	ed am	ount	of inc	entiv	e bein	g ap	plied 1	or:		
Estimated amount (\$):										

Note: Tax Increment Equivalent Grant Program applications must be accompanied by:

- Post-development reassessment value prepared by the Municipal Property Assessment Corporation (MPAC);
- Photos in the required format depicting the current condition of the eligible property;
- Plans and other information in the required format necessary to understand the proposed development concept for the eligible property; and,
- Plans, reports, estimates and contracts and other details as may be required to satisfy
 the City with respect to the eligible costs and conformity of the proposed improvement
 with the CIP.

Residential Incentive Program

Please indicate the I	number	of nev	wly-c	reate	d un	its and	d nev	vly-cre	eatec	d habita	able spa	ace:
Number of new dwe	lling uni	ts:										
Newly habitable resi	idential	space	(sq	ft):								
Planning an	d Bu	ıildi	ng	Pe	rm	it Fe	ее	Rek	oat	e Pi	rogra	am
Please indicate the tin connection with the			ng A	ct and	l On	tario E	Buildi	ng Co	de a	pplicat	ions tha	at will be applied fo
Application Type:										Amou	ınt (\$)	
Official Plan Amend	ment:											
Zoning By-law Amer	ndment											
Site Plan Control:												
Plan of Subdivision:												
Plan of Condominium	m:											
Consent:												
Building Permit:												
Demolition Permit:												
Occupancy Permit:												
Total Fatimata Amai	unt Poin	a Ann	diad	Eor:								
Total Estimate Amou	uni ben	ig App	nea	FOI.								
Second Uni	t Inc	enti	ve	Pro	gr	am						
Please provide deta structure):	ils of the	e prop	osec	d seco	nd u	ınit (e.	g. wi	thin a	n exi	isting d	welling	/in an accessory

Feasibility S	Study Gr	ant Pro	gram				
Please provide a de	tailed descrip	tion of the st	tudy(ies) re	equired:			
Summary o	f Projec	t Financ	cing				
Please indicate the				r, broke do	own as fol	lows:	
Tax Increment Equi		· ·					
Planning Fee Rebat		, and the second					
Building Permit Fee	Rebate Prog	ram					
Feasibility Grant Pro							
Residential Incentive	e Program						
Second Unit Incention	ve Program						
TOTAL:							
Please note that th Grant Program Ap		to be comp	leted by a	pplicants	except fo	or Feasib	ility Study
A. Estimate To	tal Cost of Pro	oject		<u> </u>			
B. Estimated P	lanning Fee F	Rebate Amo	unt	1			
C. Estimated B	uilding Permi	t Fee Rebate	e Amount	_			
D. Estimate Re	sidential Ince	ntive Progra	m Amount				
E. Estimated S	econd Unit In	centive Prog	ram Amou	ınt			
F. Difference [A – (B + C +	D + F)]					
G. Source of Fi	unding For Di	fference					

Evaluation

Applications will be evaluated according to adopted policies and by-laws of the City of Greater Sudbury. The City reserves the right to evaluate applications based on additional criteria developed from time to time. Applications may be contacted by the City of Greater Sudbury during the evaluation process to clarify their application or to provide further information.

The City of Greater Sudbury is not bound to accept any application. They City of Greater Sudbury reserves the right to consider any, none or all of the applications, to accept applications in whole or in part, and to elect not to proceed with this process at any given time.

Successful applications may be required to provide the City of Greater Sudbury with additional information to demonstrate their creditworthiness and business track record.

Program Conditions

Good Standing

I/we confirm and agree that municipal tax and utility accounts related to the subject property are and will remain current throughout the term of this agreement. I/we also confirm that I/we are not currently involved in any action or proceeding involving a claim for same with the City of Greater Sudbury.

I/we confirm that any outstanding work orders and/or orders or requests to comply, and/or other charges from the City (including tax arrears) have been satisfactorily addressed prior to making this application.

Permits

Work to be completed under this application cannot be started until written approval for the requested funding assistance is received from the City of Greater Sudbury. All required permits (i.e. building, demolition, etc.) must be obtained prior to the initiation of the proposed works.

Confidentiality

Subject to the "Municipal Freedom of Information Act", all information provided in this application will become part of the public record.

Program Funding Announcements

I/we consent to the City of Greater Sudbury using our name and address in connection with any funding program announcement.

Signatures and Declarations

I/we agree to abide by the terms and conditions of this program. I/we understand that the amount provided can be or cancelled if the proposed work is not completed. I/we hereby certify that the information given herein is true, correct and complete in every respect and may be verified by the City of Greater Sudbury. If any information provided is, or subsequently becomes untrue, incorrect and/or incomplete, the City of Greater Sudbury reserves the right to end its further commitment under this agreement and full repayment of any money already advanced, with interest, shall become due and payable. The applicant will be required to enter into an affordable housing agreement with the City of Greater Sudbury. Any failure on behalf of the City of Greater Sudbury to verify the information provided is not a waiver of the City of Greater Sudbury's rights.

Applicant's I (Print)	Name				А	pplicar	nt's Si	gnatu	ıre	-		Date	
Owner's Au	thori	zati	on	(com	olete	only if	Applie	cant is	s no	t Prope	erty Ow	ner)	
l/we,		th	e O	wner c	of th	e Sub	ject P	rope	rty ł	nereb	y autho	rize	
(print)													
		to	act	on m	v/ou	r beha	alf wit	h res	spec	t to th	nis app	lication.	
(print)					,								
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Owner's Sig	nature							Dat	te				

Checklist

□ Application fo□ Proponent co	orm fille ontact in	ed out	, wit	h req	uire	d sign	atu	res	•		applica	tion:	
Property deta													
□ Development													
□ Proposed sta						l: l- l .	٠,						
□ Other relevan						licable	∋)						
□ Work estimat				nancı	ng								
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