

9. Existing Land Use: _____ Total Land Area: _____

10. Existing Zoning: _____

Is a Zoning Change or Special Exception Needed: Yes () No ()

If yes, what is the status of the zoning change request? _____

Other Zoning Issues to be Addressed (Parking, etc.) _____

11. Existing Land Control: [] Deed [] Purchase Option [] Under Contract [] Other

Is Demolition of an Existing Structure Required? Yes () No ()

If so, is the Structure Occupied? Yes () No ()

Is the Building an Historic Structure as Identified by the County? Yes () No ()

12. For Acquisition or Rehabilitation Projects:

Project Unit Mix:	Existing	Proposed
Efficiency	_____	_____
One Bedroom	_____	_____
Two Bedroom	_____	_____
_____	_____	_____
Total	_____	_____

Existing Building Square Footage _____

Proposed Total Square Footage _____

Existing No. of Parking Spaces Per Unit _____

Proposed No. of Parking Spaces Per Unit _____

13. Site Amenities Existing or Proposed _____

Submit to: DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
DIVISION OF HOUSING AND CODE ENFORCEMENT
100 MARYLAND AVENUE, 4th FLOOR
ROCKVILLE, MD 20850

ATTACHMENTS

Please check the items you have attached with your application.

___ Current organization budget, duties and qualifications of principals, history and description of organization

___ Audited financial and tax statements, Annual Reports

___ Other funding and commitment letters, letter of support

___ IRS tax-exemption letter*

___ Recent news clippings

___ Written description of project

___ 20-year pro forma for project, financial projections and need for County funding including:

- Operating economics (trended income, payroll, taxes, insurance replacement reserves)
- Development costs (acquisition, hard construction costs, soft costs such as design, engineering, etc.)

___ Plans and specifications

___ Cost estimates*

___ Site information* (location, current zoning, adjacent land uses, available utilities, access, required public improvements if any)

___ Proof of site control*

___ Management plan and budget for this project

___ Qualifications and experience of development/management team*

*Required (if applicable)

I certify to the truth of all the information provided in this application for DHCA funding.

Signature of Executive Officer of Organization

Date

Name

Phone Number

Title