

Affordable Housing Gap Finance Application

Applicant Information

Agency

Tax ID, if applicable

Executive Directive / Project Manager

Title

Project Contact

Applicant Address:

Address or Location

Phone Number

Email

FOR REFERENCE ONLY - APPLICATION MUST BE COMPLETED ONLINE

Status of Applicant

Non-Profit

For-Profit

Project Type (Check all that apply)

Residential

Single Family

Commercial

Multifamily

Public Service Shelter

Rehab

Project Activities (Check all that apply)

Rental

Rehab

Homebuyer/For Sale

New Construction

Acquisition

Site Infrastructure

Is the property or any unit in the property currently subsidized or assisted under any federal or state housing program or has any assistance been received during the past 12 months or anticipate federal funding?
Please provide a description in the box below.

Yes, describe the type of subsidy or assistance

No

Describe the type of subsidy or assistance

Project Information

Name of Project

Project Address

Address or Location

Units Created

Units Served

Estimated Number of Individuals the Activity Will Serve

Will the Activity be Income Restricted?

- Yes
- No

What AMI levels will be primarily served?

- 0-30%
- 40-70%
- 80-100%
- Above 100%

Will there be a population that will be targeted for this project such as veterans, homeless, seniors, or low/mod income? Please provide a brief description in the box below.

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Estimated Project Schedule (add additional and/or rearrange milestones as needed or dictated by the project)

Site Control

Feasibility Analysis/Due Diligence

Planning Approval

Environmental Reviews (City of Aurora)

Plans and Specifications Completed

Estimated Bid Date

Permitting

Estimated Constructed Completion

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How will this project add value to Aurora or contribute to a diversified house stock?

How will this project add to Aurora's housing strategy?

Please describe a past development project that was completed in Aurora, or within the state of Colorado.

Partnerships

- CHFA
- State Agency
- Private
-
- Federal
- County Agency
- Non-Profit

Name of the organization

Please describe the partnership as it pertains to this project:

Please list level of funding from these partnerships.

Preferred Funding Source

Upload additional files.

Required Uploads: Site Plans, Rendering, Sources and Uses of Funds

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