



# APPLICATION FOR AFFORDABLE HOUSING TAX ADJUSTMENT

## Applicant Information:

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Property Owner Information:

Full Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Project Information:

Civic Address: \_\_\_\_\_ PID: \_\_\_\_\_

Associated Building/Development Permit #: \_\_\_\_\_

### Affordable Unit Mix:

☐

# of Affordable Units

☐

# of Market Rate Units

☐

# of 1 Bedroom Units

☐

# of 2 Bedroom Units

☐

# of 3 Bedroom Units

☐

# of 4+ Bedroom Units

## Application Checklist:

Please ensure all items are included when applying for this program:

- ☐ Copy of Approved Building/Development Permit ☐ Proof of Occupancy Permit Issuance
- ☐ Property Tax Assessment Increase Documentation ☐ Additional Funding Source Documentation
- ☐ Summary of Project (Including total number of affordable units and number and size of bedrooms )

I \_\_\_\_\_ (name) certify that:

1. The information contained in this application and attached documentation is true to the best of my knowledge.
2. If the owner is a corporation, partnership, or individual other than myself, I have been authorized to sign on their behalf.
3. I understand that this is an application and does not guarantee program participation until final approval of this application has been made.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

