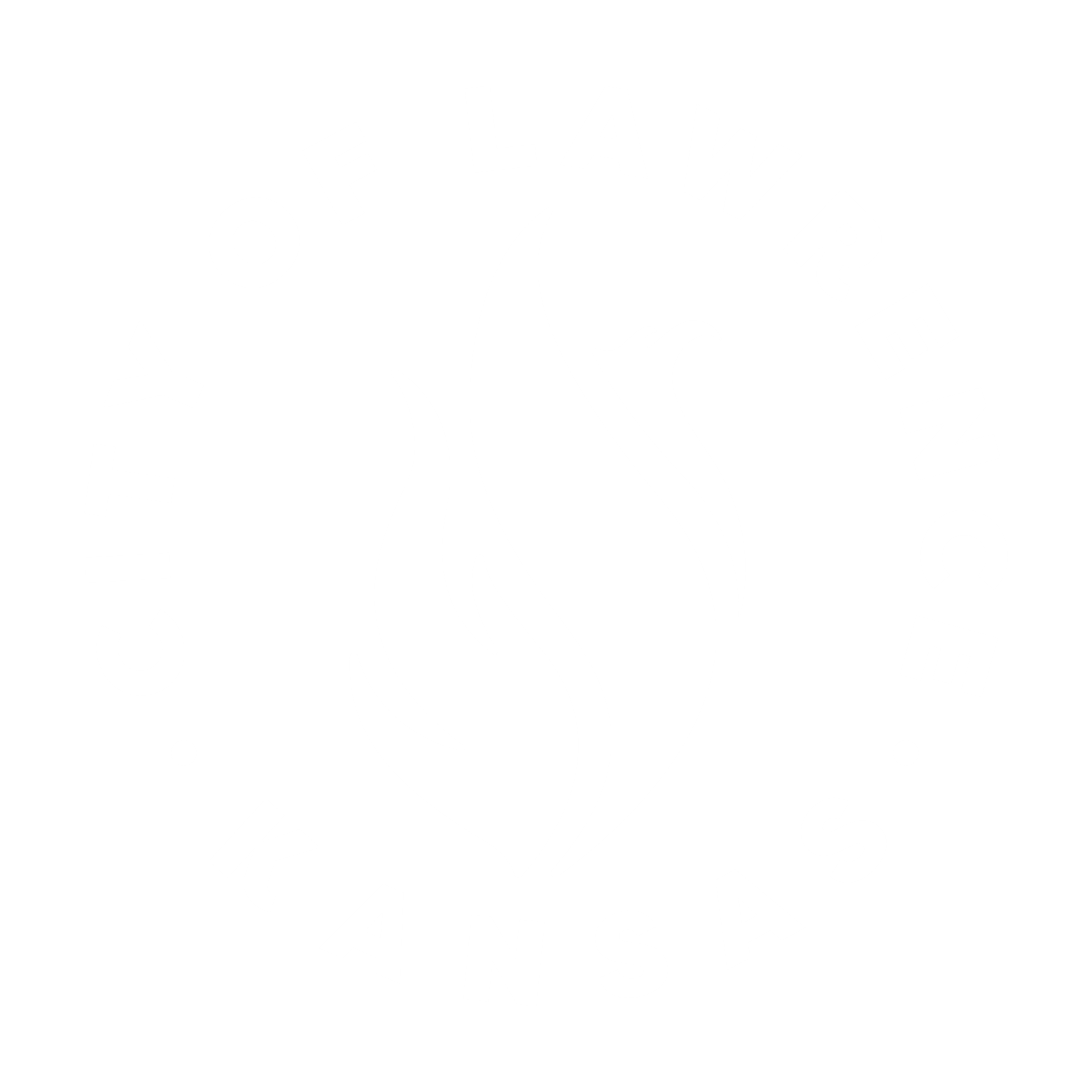
**2026 AFFORDABLE HOUSING TRUST FUND APPLICATION**



**new development & rehab**

## APPLICATION DEADLINE & CHECKLIST

**The application deadline is 5:00 p.m. on Friday, September 1, 2025**

**SUBMISSION INSTRUCTIONS:**

* Submit application and all supplemental materials via email by 5:00p.m. on Monday, September 1, 2025, to: Lea Roselyn, [lroselyn@lawrenceks.gov](mailto:lroselyn@lawrenceks.gov)
* Applications are accepted in either Word or a PDF saved directly from the Word application. Scanned PDFs are not accepted and will be returned to the applicant.
* The subject line of the email should include the agency’s name and project name.
* A complete application is defined as all of the necessary documents completed in the Affordable Housing Trust Fund Application. Incomplete applications will be returned to the applicant. An applicant will be given seven calendar days to provide missing information for applications that are substantially complete but have minor omissions.
* Late applications will not be accepted.

# APPLICATION CHECKLIST:

***Each item listed below must be included for the application to be considered complete. Please note that a complete application packet must be submitted for each proposed project.***

Affordable Housing Trust Fund application fully completed with budget and signatures

Signed Disclosures

Affidavit of Financial Interest

Equal Opportunity Agreement

Copy of the Application submitted to Kansas Housing Resources Corporation (if applicable)

Copy of the Housing Needs Study submitted to Kansas Housing Resources Corporation (if applicable)

Commitment Letters on Revenue Sources (if applicable)

IRS Form 990 (nonprofits)

Most Recent Financial Audit

Supporting Documents (may include Copy of the Application submitted to Kansas Housing Resources Corporation, site documents or blueprints, letters of support, client intake forms, and any other documentation that supports the strength of the project)

## APPLICATION SECTION 1: APPLICANT INFORMATION

|  |  |
| --- | --- |
| **Name of Applicant:** |  |

|  |  |
| --- | --- |
| **Project Name:** |  |

**Project Type:**

New construction of affordable housing

Rehabilitation of permanently affordable housing

Land purchase for future affordable housing (must be placed in Community Land Trust)

**Primary Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |

**President/CEO/Executive Director Information (if different than above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |

**Has the applicant or co-applicant completed a project or projects similar in scope to the proposed project described above in the last five years?** **If yes, list applicable project(s) below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |
|  |  |  |  |  |  |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |
|  |  |  |  |  |  |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |

**List the key staff for this project and their years of experience in similar projects:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |
| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
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| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
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**If applicant has received funding from the AHTF previously, please list all awards below, starting with the most recent:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
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## SECTION 2. REQUEST INFORMATION

**Total Amount of Funds requested from the Affordable Housing Trust Fund:**

**$ requested**

**If fully awarded, Affordable Housing Trust Funds would represent what percentage of overall revenue:**

**Percent of revenue** **%**

## SECTION 3. PROJECT INFORMATION

1. **Project Summary**

*Please provide a thorough overview of the proposed project, including project type, target population, timeline, expected outputs and outcomes. The summary provided here will be used to describe the project to the public and Governing Body.*

|  |
| --- |
| Click or tap here to enter text. The box will expand with the text) |

1. **Will the project support rental housing or homeownership?**

Ownership  Rental

Both (specify the percentage of each type) \_\_\_\_\_\_\_\_% rentals & \_\_\_\_\_\_\_\_% ownership

1. **Planned Units**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **# of Units** | | | | | | | | | **# of Bedrooms** | | | | | | | | | | | | | | | | | | **Target AMI** | | | | | | | | | | | | | | | | | | | **Monthly rent/mortg. per unit** | | | | | | | | | | | | | | | | | | | | | | | | |
|
|  | |  | | | | | |  | | | |  | | |  | | | | | | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | per month | | | | | | | | | | |  | | | | |  | | |  | | |  |
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|  | |  | |  | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | | | |  |  | |  | |  | |  | |  | |  | | | |  | | | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  |  | | | | |  | | |  | | |
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|  | |  | |  | |  | | |  | | | |  | | |  | |  | |  | |  | |  | | |  | | | |  |  | |  | |  | |  | |  | |  | | | |  | | | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  |  | | | | |  | | |  | | |
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|  | | |  | |  | |  | | | |  | | |  | | |  | |  | |  | |  | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |

1. **Building type**

Detached Single family  Row House/Townhouse  Multifamily

|  |  |
| --- | --- |
| 1. **How long will the proposed project remain affordable?** |  |

1. **Describe how the project will be maintained for long-term affordability:**

|  |
| --- |
| Click or tap here to enter text. |

1. **What Percentage of Area Median Income (AMI) will be served? Please indicate the percentage of units that will serve each AMI category.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0-30% |  | 30-60% |  | 60-80% |  |
| 80-120% |  | Market Rate |  |  |  |

1. **Populations Served***Please indicate populations this proposed project is being designed**to serve, specifically those low-income populations that are disproportionately impacted by homelessness, housing stress and housing insecurity. Also explain how the project is being designed to serve those populations.*

|  |
| --- |
| Click or tap here to enter text. |

1. **Equal Opportunity to Housing Access***Please describe how all eligible populations will be provided equal opportunity to access housing through the project, and outline if any income-eligible populations will be prohibited from accessing housing through the proposed project.*

|  |
| --- |
| Click or tap here to enter text. |

**10. Please describe how project will meet targeted community housing needs by housing type, population, or location, based on data in the** [**2018 Lawrence Housing Market Report**](https://assets.lawrenceks.org/assets/boards/ahab/documents/housing%20study/2018-Lawrence-Housing-Market-Analysis-Final-Report.pdf)

|  |
| --- |
| Click or tap here to enter text. |

**11. Planned amenities and recreational facilities**

|  |
| --- |
| Click or tap here to enter text. |

**12. Support services offered**

|  |
| --- |
| Click or tap here to enter text. |

1. **Detail the timeline for completing the project:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Location of Project**

*Please attach a PDF of a Google Map that displays the driving distance from the proposed development to the amenity.*

|  |  |  |  |
| --- | --- | --- | --- |
| a. Street Address | Click or tap here to enter text. | | |
| b. Neighborhood | Click or tap here to enter text. | Zip: | Click or tap here to enter text. |
| c. Nearest Bus Stop | Click or tap here to enter text. | Distance from Site: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| d. Nearest Grocer | Click or tap here to enter text. | Distance from Site: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| e. Nearest Park | Click or tap here to enter text. | Distance from Site: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| f. Nearest Public School | Click or tap here to enter text. | Distance from Site: | Click or tap here to enter text. |

1. **Property Owner Information (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner Name | Click or tap here to enter text. |  |  | |
| Phone Number | Click or tap here to enter text. | Email | | Click or tap here to enter text. |

1. **Will the project provide** [**infill development**](https://assets.lawrenceks.org/pds/planning/documents/Lawrence-LDC-April-1-Clean-040125.pdf)**?**

Yes  No

1. **Is the proposal conceptual, in process, or shovel ready?**

Conceptual  In Process  Shovel Ready

1. **Is the property zoned for proposed use?**

Yes  No

1. **Does applicant have site control?**

Yes  No

1. **Does applicant have deed in hand?**

Yes  No

1. **Does applicant have site plans?** *If yes, please submit plans as attachment.*

Yes  No

1. **Does applicant have unit design plans?**  *If yes, please include as attachment.*

Yes  No

1. **Check the anticipated steps the proposal must go through before construction can begin:**

Platting  Historic Resources Commission

Zoning  Building Permits

Text Amendment  HUD Environmental Review

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Will the project incorporate additional energy efficiency or sustainability elements above those required in the Lawrence Building Codes?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

*If yes to the above question*, check all the following sustainability elements that will be incorporated:

Cool roof  Green insulation  Biodegradable materials

Solar power  Smart appliances  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Click or tap here to enter text. |

1. **Percentage of fully ADA accessible units**
2. **Will the project incorporate elements of universal design or allow for accessibility access?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

If yes to the above question, what percentage of units incorporate universal design elements?Click or tap here to enter text.

1. **If yes to the above question, check all the following elements of universal design that will be incorporated:**

At least one no-step, accessible entrance to the dwelling on an accessible route

Min. 36” interior and exterior doors

Min. 42” hallways

Min. 67”-72” turning space

Min.  32” x 54” clear space in front of appliances, switches, plumbing elements, etc.

Bedroom, bathroom & kitchen on main floor (for multistory units)

Pedestrian walkways are 4’-0” minimum in width

Automatic door opener on primary building entrance (multifamily)

Hard surface flooring material rather than carpet

Textured, non-slip surfaces on bathroom floors & in bathtubs/showers

Accessible showers

Handheld shower head with controls operable from a seated position

Lever door handles and lever or blade faucets throughout dwelling unit

Appliances have high-contrast buttons and dials that are logical and direct, rather than touch pads and screens

Architectural features distinguish all primary entrances and exits from other entrances and exits (e.g., prominent signs, graphics, architectural features, landmarks, etc.) (for multifamily)

1. **Please outline plans for community and neighborhood engagement, including the timeline, and how impacted communities will be informed or involved in the project design.**

|  |
| --- |
| Click or tap here to enter text. |

## SECTION 4. BUDGET

Fill out the revenue form with the proposed project budget for which you are seeking City funds. If there are multiple revenues from one source, please itemize where the funds are anticipated to come from.

1. **REVENUE**

Please provide all sources of funding for this program. For each line item, please note whether it is projected (revenue you hope to raise to support program) or committed (already secured funding).

|  |  |  |
| --- | --- | --- |
| **Revenue Source** | **Status** | **Amount** |
| Affordable Housing Trust Fund | Requested | $ |
| City of Lawrence Non-AHTF Funds | Click or tap here to enter text. | $ |
| Douglas County | Click or tap here to enter text. | $ |
| Grants (local, state, federal, private) | Click or tap here to enter text. | $ |
| Fees for services or rent | Click or tap here to enter text. | $ |
| Donations | Click or tap here to enter text. | $ |
| Fundraising/Events | Click or tap here to enter text. | $ |
| Loans | Click or tap here to enter text. | $ |
| Tax Credit Equity | Click or tap here to enter text. | $ |
| Other:Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other: Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other:Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other: Click or tap here to enter text. | Click or tap here to enter text. | $ |
| **Total Revenue** | | **$** |

**Additional Leverage (e.g. agency match, in-kind services provided, etc.)**

|  |
| --- |
| Click or tap here to enter text. |

1. **EXPENSES**

***Please list all expected expenses, grouped into categories***. You are welcome to change or add categories listed on the table as needed and appropriate. Please Attach additional pages as necessary.

|  |  |  |
| --- | --- | --- |
| **Expense** | **Explanation/Details** | **Amount** |
| **PERSONNEL** |  |  |
| Developer Fees | Click or tap here to enter text. | $ |
| Administrative Fee | Click or tap here to enter text. | $ |
| Project Director | Click or tap here to enter text. | $ |
| Other Personnel (specify) | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
|  |  |  |
| **DEVELOPMENT COSTS** |  |  |
| Property Acquisition | Click or tap here to enter text. | $ |
| Infrastructure Costs | Click or tap here to enter text. | $ |
| Permits, Inspections, Insurance, Fees | Click or tap here to enter text. | $ |
| Financing Fees | Click or tap here to enter text. | $ |
| Other (specify) | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
|  |  |  |
| **CONSTRUCTION/REHAB COSTS** |  |  |
| Hard Construction Costs | Click or tap here to enter text. | $ |
| Contractor Fees | Click or tap here to enter text. | $ |
| Other (specify) | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
|  |  |  |
| **OTHER COSTS** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| **Total Expense** | | **$** |

1. **If you have Loans, Tax Credit Equity, or Other sources, detail below. Include the funding source, number of tax credits, credit pricing, amortization period, term, interest rate, etc. as applicable.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Detail how proposal will proceed if applicant is awarded partial AHTF funding.**

|  |
| --- |
| Click or tap here to enter text. |

**5. Optional Budget Narrative**

|  |
| --- |
| Click or tap here to enter text. |

## SECTION 5. EQUAL OPPORTUNITY AGREEMENT

Upon selection of a project for grant funding, the City of Lawrence will begin contract negotiations based on the project requirements, applicant’s qualifications, the proposed timeline, and any additional constraints. Any applicant selected for Affordable Housing Trust Funding shall agree to the following the language:

*The applicant and any contractor thereof agrees that it will observe the provisions of the Kansas Act Against Discrimination and shall not discriminate against any person in the performance of work under the contract because of race, religion, color, sex, disability, national origin, or ancestry. The applicant or its contractor shall, in all solicitations or advertisements for employees, include the phrase, “equal opportunity employer.” The applicant or its contractor agrees that if it fails to comply with the manner in which it reports to the Kansas Human Rights Commission in accordance with the provisions of K.S.A. 44-1031 and amendments thereto, the applicant or contractor shall be deemed to have breached the contract and it may be canceled, terminated, or suspended, in whole or in part, by the City. If the applicant or its contractor is found guilty of a violation of the Kansas Act Against Discrimination under a decision or order of the Commission, which decision has become final, the applicant or its contractor shall be deemed to have breached the contract and it may be canceled, terminated, or suspended, in whole or in part, by the City.*

The City reserves the right to reject any proposal not complying with the requirements outlined in this application and may, at its discretion, opt not to select any proposal for an award of Affordable Housing Trust Funds at this time. The selected project(s) may be required to enter into a performance agreement with the City to ensure the project’s completion and performance.

**The undersigned hereby agrees with the Equal Opportunity language described herein.**

Click or tap here to enter text.

Agency Representative (PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## SECTION 6. AFFIDAVIT OF FINANCIAL INTEREST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | THE STATE OF: |  |  | ) |  |  |
|  |  |  |  | ) | SS: | Click or tap here to enter text. |
|  | THE COUNTY OF: |  |  | ) |  |  |

I,Click or tap here to enter text. , being of lawful age, and having been first fully sworn upon my oath, do hereby state:

1. I am a resident of Click or tap here to enter text., Click or tap here to enter text.
2. As of the date set forth below, I have no financial interest and no entity in which I have any interest has any financial interest in any real property, located anywhere in the state of Kansas, that is delinquent on any special assessments, delinquent on any ad valorem taxes, or the subject of any federal, state, or local tax lien.
3. As of the date set forth below, I am not currently delinquent or in default and no entity in which I have any interest is currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City of Lawrence, Kansas.

Click or tap here to enter text.

Name (PRINT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## SECTION 7. DISCLOSURES FOR-PROFIT

It is the policy of the city that no financial support will be granted to any applicant or petitioner who owns any financial interest in any real property, anywhere within the state of Kansas, with delinquent special assessments, delinquent ad valorem taxes, or federal or state tax liens, or who is currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City.

**List the full name(s) of each principal (partner or member) who owns (or will own) 5% or more capital of the company.** In the case of businesses owning another business (such as an umbrella LLC that is the owner of several other LLCs), the actual partners' names need to be listed, not just the registrant's name with the Secretary of State.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |
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| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |
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| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |

**Are any above listed principals currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City?**

Yes  No

**If delinquent or in default, provide details on property owner name, property address, current property tax status, special assessment status, and outstanding obligations owed to the City, and why delinquent or in default.**

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| **Click or tap here to enter text.** |

**List all subsidiaries or affiliates and details of ownership:**

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|  | Subsidiary: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Principals: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Has Company or any of its Directors/Officers been involved in or is the Company presently involved in any type of litigation?**

Yes  No

**Has the Company, developer or any affiliated party declared bankruptcy?**

Yes  No

**Has the Company, developer, or any affiliated party defaulted on a real estate obligation?**

Yes  No

**Has the Company, developer or any affiliated party been the defendant in any legal suit or action?**

Yes  No

**Has the Company, developer or any affiliated party had judgements recorded against them?**

Yes  No

**If the answer to any of the above questions is "yes," explain below.**

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| Click or tap here to enter text. |

## SECTION 7. DISCLOSURES NONPROFIT

It is the practice of the City to partner with applicants that are financially responsible. Fill out the following questions regarding your agency's financial standing. In the event there are multiple agencies involved, please complete for each agency.

**Has your agency completed a financial audit?**

Yes  No

*If yes, indicate when your last financial audit was completed and attach the last completed audit to application.***Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a financial audit was completed, indicate if there were any significant findings below:**

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| **Click or tap here to enter text.** |

**Has your agency or any of its Director Officers been involve in or is your agency presently involved in any type of litigation?**

Yes  No

**Has your agency or any affiliated party declared bankruptcy?**

Yes  No

**Has your agency or any affiliated party defaulted on a real estate obligation?**

Yes  No

**Has your agency or any affiliated party been the defendant in any legal suite or action?**

Yes  No

**Has your agency or any affiliated party had judgments recorded against them?**

Yes  No

**If the answer to any of the above questions is "yes," explain below.**

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| Click or tap here to enter text. |