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**BREVARD COUNTY HOUSING FINANCE AUTHORITY**

**MULTIFAMILY MORTGAGE REVENUE BOND**

**PROGRAM**

**APPLICATION**

SUBMIT ORIGINAL (WITH FEES) AND 7 COPIES TO:

ANGELA ABBOTT, ADMINISTRATOR & COUNSEL  
4420 S. Washington Avenue  
Titusville, FL 32780  
(877) 264-0334 PHONE

SUBMIT TWO (2) COPIES TO:

MARIANNE EDMONDS  
Public Resources Advisory Group  
150 Second Avenue North, Suite 400  
St. Petersburg, FL 33701  
(727) 822-3339

**GENERAL INFORMATION**

Tax Exempt Bond Amount Requested: \$ \_\_\_\_\_

Taxable Bond Amount Requested: \$ \_\_\_\_\_

Total Bond Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Development Name: \_\_\_\_\_

**Note: After Final Board Approval, Development name MAY NOT BE CHANGED OR ALTERED WITHOUT CONSENT OF THE AUTHORITY. If available, provide the actual trade, “marketing” or d/b/a name.**

Development Street Address/Zip Code (if new construction, give closest street names, city and zip code):

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

Legal description is attached as Exhibit A-1. The Project must be located in Brevard County.

## SUMMARY OF PROPOSED DEVELOPMENT

	NAME OF PROJECT				
<b>Developer and Address (City and State)</b>					
<b>Development Location</b>	Name	Address	Buildings	Set-Aside Units	Total Units
<b>Type NC/Rehab</b>					
<b>#Units/Bedroom Size</b>	_____ Efficiency _____ bedroom _____ 2 bedrooms _____ 3 bedrooms				
<b>Total Square Feet</b>					
<b>Bonds Requested Total and per unit</b>					
<b>Total Cost</b>					
<b>Cost per unit</b>					
<b>Land Cost</b>					
<b>Acquisition of Building Cost if applicable</b>					
<b>Hard Rehab Cost or Construction Cost</b>					
<b>General Contractor</b>					
<b>Credit Enhancement if utilizing Bonds</b>					
<b>Set Aside Period</b>					
<b>Set Aside Levels</b>					
<b>Development Design Type</b>	_____ High-rise _____ Garden _____ Quadruplex _____ Mid-rise _____ Townhouses _____ Other explain) _____				

**DEVELOPMENT SUMMARY AND TIMELINE**

- A. Provide a short narrative description of the Development, including all amenities, unit features and scope of work to be performed. MAJOR Development AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT AND/OR THE LOW INCOME HOUSING AGREEMENT, IF APPLICABLE. Also attach as Exhibit A-2 a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

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- B. **TO BE CONSIDERED COMPLETE**, the Application must include a map showing the Development’s location, and the location, age, number of units and current occupancy of competing bond and HC developments within a five mile radius (info on age, number of units and occupancy can be shown on chart attached to the map). The map should also include any bond or HC developments within the same radius that are under construction or in credit underwriting either at the HFA of Brevard County and FHFC. Additionally, the map should show the Development’s proximity to community services, medical facilities, schools, shopping, major business and employment centers, and availability of public transportation. Attach as Exhibit A-3.

**I. APPLICANT INFORMATION**

A. Applicant Name: \_\_\_\_\_

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application. Include a copy of the certificate of good standing from the Florida Secretary of State. If the Applicant is a general partnership or joint venture, provide a copy of the partnership/joint venture agreement. Attach documentation as Exhibit I-1.

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

B. Applicant's Federal Taxpayer Identification Number: \_\_\_\_\_

C. If partnership, name of general partner(s): \_\_\_\_\_

\_\_\_\_\_

If corporation, name and title of executive officer: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

D. Designated Contact Person: Person with decision making authority with whom the Authority will correspond concerning the Application and Development for Applicant/Borrowing Entity (not a consultant). Who is the Designated Contact Person for this Development?

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

E. Nonprofit Status

1. Is the Applicant a 501(c)(3) non-profit organization pursuant to the Internal Revenue Code?

No \_\_\_\_\_ Yes \_\_\_\_\_ If "yes" provide the following items:

a. Attach evidence of non-profit status as Exhibit I-2.

- b. Attach attorney's opinions as required by the Code as Exhibit I-3, and
- c. Attach evidence that the nonprofit has not exceeded its allocation cap as Exhibit I-4.

**II. DEVELOPMENT INFORMATION**

A. Development Location:

1. Address: \_\_\_\_\_

(If new construction give closest street names, city and zip code):

2. Is the development located in a HUD-designated DDA ZCTA or QCT?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. City Council Member District and name of Council Member for this Development's location:

District \_\_\_\_\_

Council Member \_\_\_\_\_

County Commissioner \_\_\_\_\_

B. Development Category and Population:

1. a. Choose all that apply:

New Construction       Acquisition\*       Remarketing

Rehabilitation       Refunding       Acquisition/Rehab

b. If acquisition, rehabilitation, or acquisition/rehab was selected, is the development occupied?

No \_\_\_\_\_ Yes \_\_\_\_\_

**Note: If an acquired Development is occupied, it must be in compliance with program rules at the time of the Bond Closing.**

c. If acquisition, rehabilitation, or acquisition/rehab was selected, does the project have expiring Section 8 rental assistance contracts or expiring affordable housing land use restrictions?

No \_\_\_\_\_ Yes \_\_\_\_\_

**Note: If yes, evidence from the appropriate financing entity will be required during credit underwriting**

2. Choose the category that describes the population to be served:

Family       Elderly       Other: \_\_\_\_\_

C. Has construction begun? No \_\_\_\_\_ Yes \_\_\_\_\_ Date permits issued: \_\_\_\_\_

Is the development complete? No \_\_\_\_\_ Yes \_\_\_\_\_ Date CO issued: \_\_\_\_\_

**If certificates of occupancy were issued on more than one date, attach a listing of issue-dates for each building as Exhibit II-1.**

If not, what is the anticipated placed-in-service date? \_\_\_\_\_

D. Number of Units:

Total Number of Units \_\_\_\_\_ (Market rate, Set-aside, and manager units)  
 Number of Residential Units \_\_\_\_\_ (Market rate units plus Set-Aside units)  
 Number of Set-Aside Units: \_\_\_\_\_  
 Percent of Set-Aside Units: \_\_\_\_\_ (# Set-Aside Units/#Residential Units)

E. Manager/Employee Units: Are there one or more manager or employee units in the Development?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Unit type(s) \_\_\_\_\_

If so, will each unit be occupied by an income-eligible manager/employee and included in the number of units set aside? If included in set-aside, it must be used in all calculations for number of units, e.g. in rent charts, pro formas, etc. NOTE: If manager//employee unit(s) is exempt from HC rent restrictions, the unit rent should be calculated as if it were a market rate unit.

No \_\_\_\_\_ Yes \_\_\_\_\_

F. Breakdown of units by square footage and monthly rent charged. All units in the development must be listed INCLUDING all manager/employee units. Indicate manager/employee units with an asterisk.

# Of Bedrooms/ Unit	# Of Baths Per Unit	Square Feet Per Unit	# Of Units Per Bedroom type	% Of Area Median Income	Monthly Gross Rent for Set-Aside Units*	Less Utility Allowance (for HC Developments)	Net Rent for Set-Aside Units	Monthly Market Rent+

\* NOTE: For any Development anticipating the use of tax credits, gross rents include the rent *plus* the allowance for resident-paid utilities for set-aside units. These rents may not exceed the allowable rents for the chosen set-aside as shown on the applicable rent charts included in the Tax Credit Application Package. Rents will be capped based on set-aside chosen.

+ NOTE: Answer for market rate units only.

G. Minimum Set-aside required for Tax Exempt Bond Financing.

**CHOOSE ONLY ONE:**

20% of units at 50% of area median income       40% of units at 60% of area median income

H. Development Design. Check the one design that best describes this Development:

Garden Apartments       High Rise       Mid-Rise with elevator  
 Townhouses       Quadra-plexes       Other: \_\_\_\_\_

I. Development Size. Identify acreage or lot size of entire Development: \_\_\_\_\_  
 (NOTE: If Development is a phased Development, include only the acreage for this phase.)



**III. PROPOSED DEVELOPMENT FINANCING AND STRUCTURE**

A. Proposed Finance Summary (The applicant is required to complete the pro forma found in Attachment 1. The Pro Forma should be attached as Exhibit III-1.

	Check, if Applicable	Amount	% Of Development Cost	\$ Per Unit
		\$	%	\$
Tax-exempt Bonds*	<input type="checkbox"/>	\$	%	\$
Tax-exempt Bonds**	<input type="checkbox"/>	\$	%	\$
Taxable Bonds	<input type="checkbox"/>	\$	%	\$
Conventional	<input type="checkbox"/>	\$	%	\$
SAIL (Previous Cycle)	<input type="checkbox"/>	\$	%	\$
SAIL (Anticipated Funds)	<input type="checkbox"/>	\$	%	\$
SAIL ELI (Anticipate Funds)	<input type="checkbox"/>	\$	%	\$
HOME (State Funds)***	<input type="checkbox"/>	\$	%	\$
HOME (Local Funds)***	<input type="checkbox"/>	\$	%	\$
CDBG***	<input type="checkbox"/>	\$	%	\$
SHIP***	<input type="checkbox"/>	\$	%	\$
HC Equity (4% credits)	<input type="checkbox"/>	\$	%	\$
Other (Explain below:	<input type="checkbox"/>	\$	%	\$
<b>Total</b>		<b>\$</b>	<b>%</b>	<b>\$</b>

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

\* Subject to state bond cap pursuant to Section 42(h)(4)(B). IRS, as amended.  
 \*\* Not subject to the state bond cap pursuant to Section 42(h)(4)(B), IRC, as amended.  
 \*\*\* Explain below whether the funds have been committed, or are being sought in a future funding cycle.

Explanation of SAIL, HOME, CDBG and/or SHIP funding: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If SAIL, HOME, CDBG and/or SHIP funding is shown as already committed, **attach a letter from the appropriate governmental entity detailing the commitment**, including the dollar amount, source of funding, conditions of funding (including income and/or rent restrictions), whether the funding is a loan or a grant, and if a loan, the interest rate, loan term, amortization, and payback schedule. Attach the letter(s) as Exhibit III-2.

B. If SAIL, HOME, CDBG and/or SHIP funding is shown and is not firmly committed; attach an explanation of how the development will be completed without those funds. Attach the explanation as Exhibit III-3



#### IV. PUBLIC POLICY ISSUES

1. Describe in detail all design and other physical amenities that provide enhanced quality of life, energy efficiency, increased security, handicapped accessibility, or other features. Developments that include a mix of elderly and non-elderly units must provide design features for both elderly and non-elderly units must provide design features for both elderly and non-elderly developments. The design and amenity features to be provided are:

a. **In addition to meeting all building code, Fair Housing Act, and Americans with Disabilities Act Requirements, the following items are required:**

- **Air conditioning** (window units are not allowed), in all units
- **Dishwasher**, in all new construction units
- **Garbage Disposal**, in all new construction units
- **Cable TV Hook-Up**, in all units
- **At least two full bathrooms** in all **3 bedroom or larger** new construction units
- **At least 1 and ½ bathrooms** (one full bath and one with at least a toilet and sink) in all new construction **2 bedroom units**
- **Minimum square footage requirements** for all new construction units of 700 square feet (one bedroom), 925 square feet (two bedroom), 1100 square feet (three bedroom), and 1300 square feet (four bedroom or greater)
- **Full sized appliances** in all units
- **Bathtub** in at least one bathroom in new construction non-elderly units
- **Exterior Lighting** for all buildings and parking areas
- **Window Treatments** (mini-blinds, curtains, vertical blinds) inside each unit- Identify treatment: \_\_\_\_\_

b. **For New Construction Units**, the applicant must include the following list.

- 30 Year Expected Life Roofing on all Buildings
- Gated community with “carded” entry or security guard, or if mid-or-high-rise; “carded” secure entry to building
- Microwave Oven
- Garbage Disposals
- Steel entry door frames
- Double compartment kitchen sink
- Laundry Hook-ups and space for washer/dryer inside each unit

c. For **Rehabilitation of Existing Development**.

**All critical repair items as identified by the CNA report that threaten the health and safety of the residents, as well as items identified as being in violation of recorded building and/or fire codes is required.** In addition to those items the applicant must include items from the following list.

- 30-Year Expected Life Roofing on all Buildings
- Gated community with “carded” entry or security guard, or if mid-or-high rise, “carded” secure entry to building
- Microwave Oven
- Dishwasher inside each unit
- Garbage disposals inside each unit

- Steel entry door frames
- Termite prevention/detection system
- Double compartment kitchen sink

- d. For **Elderly Developments** or developments with elderly units, please describe the amenities you will provide in Exhibit IV-1.
- e. For **Non-Elderly Developments**, or developments with non-elderly units, please describe the amenities you will provide in Exhibit IV-2.
- f. **Energy Conservation Feature** – For all developments, please describe the amenities you will provide in Exhibit IV-3.

## V. ABILITY TO PROCEED

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

### A. Site Control:

Site Control must be demonstrated by the APPLICANT. At a minimum, a Contract for Purchase and Sale must be held by the Applicant for the proposed site. The contract may not expire before 7 months from date the Bond Application was submitted to HFA of Brevard County and the remedy for default on the part of the seller must include or be specific performance, and the buyer **MUST** be the Applicant. Site is controlled by:

\_\_\_\_\_ Contract for Purchase & Sale,

\_\_\_\_\_ Recorded Deed,

\_\_\_\_\_ Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of Bond Financing

**IMPORTANT:** If site control is not held by the Applicant, a fully executed, enforceable **contract for purchase and sale or assignment of contract** must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent **ONLY** upon the award of Bond Financing. If site control is evidenced by contract for purchase and sale, the Authority may give preference to those contracts that evidence ability to extend through December 31, (after the initial 7 month site control requirement). Evidence of Site Control should be included as Exhibit V-1.

### B. Zoning and Land Development Regulations

1. a. Is the site appropriately zoned for the proposed Development: No \_\_\_\_\_ Yes \_\_\_\_\_
- b. Indicate zoning designation (s) \_\_\_\_\_
- c. Current zoning permits \_\_\_\_\_ units per acre, or \_\_\_\_\_ for the site (PUD).
- d. Total Number of Units in Development: \_\_\_\_\_

**Note: at a minimum, the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions must permit the proposed Development.**

2. New Construction Zoning and Land Development Regulation Development Requirements:
  - a. Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verify that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.**

3. Rehabilitation Zoning and Land Development Regulation Development Requirements:

Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verifies that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter should be attached as Exhibit V-2.

4. Site Plan

- 1. New Construction: Evidence must be provided on the status of Site Plan approval. **To meet minimum requirements, attach a letter from the appropriate local government official verifying the status of Site Plan approval. The letter must be development specific and must state if Site Plan has been approved or if the plan has been through a conceptual or preliminary review. Evidence is attached as Exhibit V-3.**
- 2. Rehabilitation: Was site plan approval required by local governmental authorities at the time this Development was originally placed in service?

Yes \_\_\_\_\_ No \_\_\_\_\_

**A COPY OF THE SITE PLAN OR “AS BUILT” SURVEY WILL BE REQUIRED PRIOR TO BEING INVITED INTO CREDIT UNDERWRITING**

D. Environmental Safety:

**A COPY OF A PHASE I ENVIRONMENTAL REPORT AND IF REQUIRED A PHASE II AND REMEDIAL ACTION REPORT WILL BE REQUIRED DURING CREDIT UNDERWRITING**

E. Experience of the Development Team-

The past performance record of the development team (which consists of Developer, Management Agent, General Contractor, Architect/Engineer, Attorney, and Accountant) will be carefully reviewed. **IF THERE ARE ANY MEMBERS OF THE TEAM THAT WERE A PART OF THE TEAM ON AN HFA OF BREVARD COUNTY BOND TRANSACTION THAT CLOSED IN THE LAST TWO YEARS, YOU ONLY NEED TO COMPLETE THE INFORMATION ASKED BELOW FOR EACH MEMBER THAT MEETS THIS REQUIREMENT AND AN EXPERIENCE CHART DOES NOT NEED TO BE PROVIDED.**

- 1. Experience of Developer: Name: \_\_\_\_\_  
Principal(s): \_\_\_\_\_  
\_\_\_\_\_

a. Provide the Experience Chart as Exhibit V-4, including the following information:

- b. Has the Developer, or any of the principals of the Developer been associated with any development that has gone into default or given “troubled development” status?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-4.
- c. Has the Developer or any principal of the Developer been associated with any development that has been found in non-compliance with program requirements; i.e. an incurred 8823?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-4.

2. Experience of General Partner. Name: \_\_\_\_\_  
If entity, name of principal(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. Fill out the attached chart. Provide the Experience Chart as Exhibit V-5.
- b. Has the General Partner, or any of the principals of the General Partner been associated with any development that has gone into default or given “troubled development” status?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-6.
- c. Has the General Partner or any principal of the General Partner been associated with any development that has been found in non-compliance with program requirements?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-6.

3. Experience of Management Agent. Name: \_\_\_\_\_  
Principal(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. Fill out the attached chart and provide as Exhibit V-6.
- b. Has the Management Agent, or any of the principals of the Management Agent been associated with any development that has gone into default or given “troubled development” status?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-5.
- c. Has the Management Agent or any principal of the Management Agent been associated with any development that has been found in non-compliance with program requirements?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”, attach a detailed explanation of the situation(s) and resolution in Exhibit V-5.

4. Experience of General Contractor. Name: \_\_\_\_\_

- d. Fill out the attached chart and provide as Exhibit V-7.
- 5. Experience of Architect. Name: \_\_\_\_\_
  - a. Fill out the appropriate attached chart and provide as Exhibit V-8.
- 6. Experience of Engineer. Firm Name: \_\_\_\_\_
  - a. Fill out the appropriate attached chart and provide as Exhibit V-9.
- 7. Experience of Attorney. Name: \_\_\_\_\_
  - a. Fill out the attached chart and provide as Exhibit V-10.
- 8. Experience of Accountant. Name: \_\_\_\_\_
  - a. Fill out the attached chart and provide as Exhibit V-11.



**EXPERIENCE OF DEVELOPER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	New Construction Or Rehab	Design Type	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.)

The Applicant must provide, as Exhibit V-4, a prior experience chart for each Principal intending to meet the Developer Experience reflecting the required information listed in chart above.

**EXPERIENCE OF GENERAL PARTNER**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	New Construction. Or Rehab	Design Type	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.)

The Applicant must provide, as Exhibit V-5, a prior experience chart for each Principal intending to meet the General Partner Experience reflecting the required information listed in chart above.

### EXPERIENCE OF MANAGEMENT AGENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Contact \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	Management Status (Current or Former)	# Of Years Managed	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/SHIP/Conventional, etc.)

The Applicant must provide, as Exhibit V-6, a prior experience chart for the Management Agent reflecting the required information listed in chart above.

### EXPERIENCE OF GENERAL CONTRACTOR

Company Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	New Construction. Or Rehab	Design Type	Year Completed

The Applicant must provide, as Exhibit V-7, a prior experience chart for the General Contractor the reflecting required information listed in chart above.

### EXPERIENCE OF ARCHITECT

Company Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	New Construction. Or Rehab	Design Type	Year Completed

The Applicant must provide, as Exhibit V-8, a prior experience chart for the Architect reflecting the required information listed in chart above.

### EXPERIENCE OF CIVIL ENGINEER

Company Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	# Of Units	New Construction. Or Rehab	Design Type	Year Completed

The Applicant must provide, as Exhibit V-9, a prior experience chart for the General Engineer reflecting the required information listed in chart above.

### EXPERIENCE OF ATTORNEY

Name of Firm: \_\_\_\_\_  
 Name of Attorney(s): \_\_\_\_\_  
 Address of Attorney: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Development Name	Location (City, State)	Role (Bond, Real Estate, Other)	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/ SHIP/Conventional, etc.	If Bonds, Name of Issuer

The Applicant must provide, as Exhibit V-10, a prior experience chart for the Attorney reflecting the required information listed in chart above.

### EXPERIENCE OF ACCOUNTANT

Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Development Name	Location (City, State)	Sources of Financing/Gov't. Programs (Bonds/9% HC/SAIL/HOME/ SHIP/Conventional, etc.	If Bonds, Name of Issuer

The Applicant must provide, as Exhibit V-11, a prior experience chart for the Accountant reflecting the required information listed in chart above.

## **VI. FORM OF EXPENSE AND INDEMNITY AGREEMENT**

Attach as Exhibit VI-1 the “Form of Expense and Indemnity agreement found as Attachment 3 of the Application and Exhibit B within the “Application Procedures and Program Guidelines” handbook. An ORIGINAL SIGNATURE must be included on the form contained within the original application. Photocopies of the executed form may be utilized within the copies of the application.

## **VII. REHABILITATION APPLICANTS ONLY SECTION**

Attach as Exhibit VII-1, a detailed description of the rehabilitation activities and the status and plans for existing residents. At a minimum, the attachment should describe (i) a detail of all rehabilitation, including the rehabilitation cost per unit and the cost for each item, (ii) the current rents at the development compared to the proposed rents, (iii) the plans for the existing residents, both during and after rehabilitation, (iv) the income levels of the current residents, and whether the current residents will qualify as residents after rehabilitation, (v) a copy of any third party physical needs assessment, or explanation for why the document is not available.



## **ATTACHMENT 1**

**Attached in PDF format is the FHFC Pro Forma that must be used in this application and attached as Exhibit III-1**

## **ATTACHMENT 2**

### **FORM OF EXPENSE AND INDEMNITY AGREEMENT**

Brevard County Housing Finance Authority

RE: BREVARD COUNTY HOUSING FINANCE AUTHORITY  
MULTI-FAMILY HOUSING REVENUE BONDS

Ladies and Gentlemen:

The undersigned (the “Applicant”) has requested the Brevard County Housing Finance Authority (the “Authority”) consider its application for the issuance of bonds by the Authority for the benefit of the Applicant, and as an inducement to such consideration hereby agrees with the Authority as follows:

Section 1. PAYMENT OF EXPENSES. Whether or not the Bonds are offered, sold or issued, the Applicant agrees to pay and be liable for, and to hold you harmless against the payment of, any and all fees, costs and expenses in connection with, arising out of, or relating to the proposed bond issue. This includes, without limitation all fees, costs and expenses of the Authority=s financing team and any and all outlays of funds by the Authority for any matter arising out of or in connection with the proposed bond issue. The application fee is a separate fee that is non-refundable and shall be used for the payment of administrative expenses of the Authority.

Section 2. INDEMNITY. Whether or not the Bonds are offered, sold or issued, the Applicant agrees to indemnify and hold harmless you, and each of your members, officers, agents, attorneys and employees against any and all claims and liability whatsoever arising out of the Bonds issued, including, without limitation, alleged tortuous conduct or breach of contractual relationships, whether predicated upon federal or state statutes, common law, principles of equity or otherwise, excepting only claims based upon willful misfeasance or nonfeasance of the Authority. In furtherance of the foregoing, the Applicant agrees to pay any and all attorney’s= fees and court costs, including those relating to appeals, incurred in the defense of any of the claims herein above enumerated upon your written demand thereof.

It is further understood and agreed that you or any of the persons herein above indemnified shall be entitled to retain counsel acceptable to you or them to defend any such claim, but that neither



you nor any such person will enter into any settlement of the same without the prior written approval of the Applicant.

Section 3. SURVIVAL OF AGREEMENT. This Agreement shall survive the closing of the Bond issue and shall not merge into or be superseded by any other agreement other than by a written amendment hereto specifically denominated as such and executed by you and the Applicant.

DATED: \_\_\_\_\_

NAME OF APPLICANT

\_\_\_\_\_  
(Signature of Applicant)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

X AN ORIGINAL SIGNATURE IS REQUIRED ON THIS FORM-ATTACH AN EXECUTED VERSION OF THIS FORM WITH AN ORIGINAL SIGNATURE TO THE ORIGINAL BOND APPLICATION.

X PHOTOCOPIES OF THIS EXECUTED FORM MAY BE ATTACHED WITHIN THE 9 COPIES OF THE APPLICATION.