



# Affordable Housing Fund

## Application for Funding

Please review the guidelines and eligible uses at [\(link\)](#) prior to filling out this application. If you have any questions please contact the Office of Affordable Housing at [\(phone\)](#) or [\(email\)](#).

### General Information

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**Applicant Name:**

**MWBE Status:** N/A

**Tax Status:** Non-Profit (CHDO)

**Type of Entity:** General Partnership

**Development Name:**

**Development Location:**

**Contact Person:**

**Contact Title:**

**Mailing Address:**

**City:**            **State:**            **Zip:**

**Phone:**

**Fax:**

**Email Address:**

**Funds Requested:**

**Other Funding (Specify on Pro-Forma):**

**Total Development Cost:**

## Development Information

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**Development Type (Check all that apply):**

New Construction:

Rehabilitation:

Adaptive Re-Use:

Rental (11 Units or Less):

Rental (12 Units or More):

Single Site:

Scattered Site:

Historic Property:

**Total Number of Units:**

**Total Number of Buildings:**

**Square Feet of Units by Bedroom Size:**

Unit Size:            Square Footage:

**Monthly Rents by Bedroom Size:**

Unit Size:            Monthly Rent:

**Target Area Median Income (AMI):**

**Amenities (Check all that apply):**

Stove:

Refrigerator:

Dishwasher:

Garbage Disposal:

- Dishwasher:
- Wash/Dryer Hookup:
- Help/Call System:
- Community Room:
- Playground:
- Other (Please specify):

**Location Amenities (Check all that apply):**

- |                                                 |                                                    |              |
|-------------------------------------------------|----------------------------------------------------|--------------|
| Public Transportation: <input type="checkbox"/> | Proximity to Development: <input type="checkbox"/> | Description: |
| Shopping: <input type="checkbox"/>              | Proximity to Development: <input type="checkbox"/> | Description: |
| Restaurants: <input type="checkbox"/>           | Proximity to Development: <input type="checkbox"/> | Description: |
| Medical Facilities: <input type="checkbox"/>    | Proximity to Development: <input type="checkbox"/> | Description: |
| Banks: <input type="checkbox"/>                 | Proximity to Development: <input type="checkbox"/> | Description: |
| Other: <input type="checkbox"/>                 | Proximity to Development: <input type="checkbox"/> | Description: |

**Populations to be Served (Check all that apply):**

- Elderly:
- Single Parent:
- Homeless:
- Victims of Domestic Violence:
- Physically Disabled:
- Acquired Traumatic Brain Injury:
- Aging out of Foster Care:
- Veterans:
- Severe Mental Illness:
- Drug/Alcohol Addiction:

**Description of services to be provided, service providers, and how services will be paid:**

## **Application for Funding Agreement**

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The applicant certifies that the information submitted in this application is accurate and consistent with the applications submitted to other funding sources. The applicant commits to keeping the staff and board of the Affordable Housing Fund of Lexington, KY updated with changes in the project structure, funding, and development team. The applicant and any other borrower consents to a possible credit check as part of the underwriting process.

**I have read the above agreement and consent to its terms:**

**Name:**

**Title:**

**Date:**