



Affordable Housing Fund

Application for funding

Thank you for your interest in the City of Lexington’s Affordable Housing Fund (AHF) for construction, acquisition and preservation of affordable housing developments. Please complete this required form to initiate the application for an AHF award.

Please review the guidelines and eligible uses prior to filling out this application. If you have any questions please contact the Office of Affordable Housing at (859) 280-8044 or rballard@lexingtonky.gov.

General Information

Applicant Name/Title: _____

MWBE Status: _____

Tax Status: _____

Non-Profit (CHDO) Type of Entity: _____

General Partnership Development Name: _____

Development Location: _____

Contact Person/Title (if different than applicant name): _____

Contact Title: _____

Mailing Address (including city/state/zip): _____

Telephone (office/direct): _____

Email Address: _____

Amount of Funds Requested from LFUCG: _____

Other Funding (specify on pro-forma): _____

Total Development Cost: _____

Development Information

Development Type (Choose 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: _____ Unit Size: _____ Square Footage: _____

Unit Size: _____ Square Footage: _____ Unit Size: _____ Square Footage: _____





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Monthly Rents by Bedroom Size:

Unit Size: _____ Monthly Rent: _____ Unit Size: _____ Monthly Rent: _____

Unit Size: _____ Monthly Rent: _____ Unit Size: _____ Monthly Rent: _____

Target Area Median Income (AMI): _____

Community Features (Choose all that apply):

Community Room Playground Pet Play Area Courtyard Fitness Center

Key Fob Entry Laundry Facilities Community Garden Business Center

Other (Please Specify): _____

Floorplan Amenities (Choose all that apply):

Stove Refrigerator Dishwasher Garbage Disposal Dishwasher Microwave

Ceiling Fans Wash/Dryer Connection In-Unit Washer/Dryer Emergency Call System

High Speed Internet Access Other (Please specify): _____

Location Amenities (Choose all that apply):

Public Transportation Description: _____

Proximity to Development: _____

Shopping Description: _____

Proximity to Development: _____

Restaurants Description: _____

Proximity to Development: _____

Medical Facilities Description: _____

Proximity to Development: _____

Banks Description: _____

Proximity to Development: _____

Other Description: _____

Proximity to Development: _____

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 Other (Please Specify): _____

Services Provided:

Type/Description/Funded by: _____

Type/Description/Funded by: _____

Type/Description/Funded by: _____





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Please use the space below to provide additional services that will be provided.

Application for Funding Agreement

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 LFUCG Office of Affordable Housing staff and board updated with changes in the project structure, funding, development team, and any information provided in this application. 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: _____

Signature: _____ Date: _____

