



## APPLICATION FOR HOUSING FOR THE TOWN’S WORKFORCE, DISABLED OR SENIORS

### Part 1: Applicant/Application Information

\*Applicant Name: \_\_\_\_\_

\*Applicant Mailing Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Is the applicant a Village? (Check One)  YES  NO

If yes, please enter the request date or anticipated date of the Request for Proposals (RFP) \_\_\_\_\_

\*Property Location: \_\_\_\_\_

Property Objective: \_\_\_\_\_

Property Description: \_\_\_\_\_

Beneficiaries of Project: \_\_\_\_\_

Anticipated Project Timeline:

Begin Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

\*Do you own the Property or are you purchasing it? \_\_\_\_\_

- If you are purchasing the property:

Date of Contract: \_\_\_\_\_ Sales Price \_\_\_\_\_ Closing Date: \_\_\_\_\_

- If you own the property:

Is there an outstanding mortgage or other liens (Check One)  YES  NO

If yes, Please list lienholder(s) and approximate balance of liens:

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

### Part 2: Project Information

\*PROJECT DESCRIPTION: (Please attach any additional narrative and any available photos, survey, deed)

\_\_\_\_\_

**MULTI-OCCUPANCY DEED RESTRICTION**

\_\_\_ Workforce \_\_\_ Disabled \_\_\_ Senior

<b>Unit Breakdown:</b>	<b># of Units</b>	<b>% of Total Project</b>	<b>Avg. SF/Unit</b>
Studio			
1 Br			
2 Br			
3 Br			
# Bathrooms			

<b>Area Median Income (AMI) of Occupants</b>	<b># Units</b>	<b>% of Total Project</b>	<b>Avg. SF /Unit</b>
60%			
80%			
100%			
130%			

**2B - Use of Property:**

Will the property be rental units or homeownership units? \_\_\_\_\_

*If the property will be for rental units, please complete this section:*

<b>Unit Breakdown:</b>	<b>Proposed Monthly Rent</b>	<b>Approximate Monthly Market Rate Rent</b>	<b>Notes</b>
Studio			
1 Br			
2 Br			
3 Br			

*If for homeownership units, please complete this section:*

<b>Unit Breakdown:</b>	<b>Proposed Sales Price</b>	<b>Approximate Market Rate Sales Price</b>	<b>Notes</b>
Studio			
1 Br			
2 Br			
3 Br			

**If applying for multi-occupancy deed restriction, please complete:**

**Monthly Costs**

Mortgage Payment	
Property Taxes	
Insurance	
Management Fees	
Recurring Costs	
Capital Improvements	
<b>TOTAL:</b>	

**Part 3: Project Funding Sources**

**If purchasing the property provide Financial Sources for the Acquisition and/or Construction:**

<b>Source</b>	<b>Total Amount</b>	<b>Per Unit</b>	<b>___ % of Total</b>
Personal Funds			
Mortgage Financing/Construction			
Community Housing Fund (CHF)			
Other Sources:			

**Part 4: Attestation**

**\*ATTESTATION:**

Allocation of Community Housing funds will not be used for any purpose other than those specifically permitted by the adopted Local Law 28-2022, Chapter 140 of the Southampton Town Code and the Peconic Bay Region Community Housing Fund.

Check box to certify that funds will not be used for any purpose other than those specifically permitted by the adopted Local Law 28-2022, Chapter 140 of the Southampton Town Code and the Peconic Bay Region Community Housing Fund.

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

**\*Part 5: Property Owner Certification**

**Public Property:**

Property is owned by a municipality and a **resolution** from the appropriate agency or board specifically allowing the completion of this project in its entirety has been obtained and is attached to this application.

**Private Property:**

The applicant is the property owner and certifies that the project will be completed as described. *Or* The property owner has provided an **attached letter** or **completed the below certification** allowing the access to the premises for the purposes of planning, designing, constructing, and completing the proposed project as described.

**PRIVATE PROPERTY OWNER CERTIFICATION:**

I, \_\_\_\_\_ the owner of the property located at: \_\_\_\_\_ (SCTM# \_\_\_\_\_) hereby certify that the applicant proposing the above-mentioned project has my permission to access the premises for the purposes of planning, designing, constructing, and completing the proposed project as described. I understand that at any time that I may revoke my permission to access the property the applicant may forfeit funding or be responsible to reimburse the Town for work that was not completed due to access restrictions.

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

**ACKNOWLEDGMENT**

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF SUFFOLK )

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC

**CORPORATE ACKNOWLEDGMENT**

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF SUFFOLK )

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me personally came \_\_\_\_\_ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_; that he/she/they is (are) the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.

\_\_\_\_\_  
NOTARY PUBLIC