



CITY OF SARASOTA
DEVELOPMENT APPLICATION

Administrative Regulation No. 039 . A005 . 1298
Impact of Ordinances on Affordable Housing

1. Does the proposed project have any impact on the affordability of housing?

- Yes
No

If yes, complete the following:

2. Describe the impact of the proposed project on the affordability of housing. If this impact can be quantified, include this amount in the narrative below.

The average additional cost per house for New Construction is: \$ _____

The average additional cost per house for Rehabilitation is: \$ _____

3. What alternatives, if any, have been considered or are available that could minimize any negative effect of the proposed project on the affordability of housing?

Prepared by: _____

Date: _____



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Affordable Housing Fee Deferral Program

To be eligible to receive a fee deferral, please submit the following:

1. Amount of Deferral Requested (Applicant responsible for Escrow amount):
2. A tax-exempt ruling from the Internal Revenue Service under Section 501(c)(3) or (4) of the Internal Revenue Code.
3. A "Certificate of Good Standing" from the Florida Division of Corporations.
4. I certify that the incomes of the beneficiaries will meet the eligibility requirements and that the sales price or monthly rent will be less than the amounts listed below:

Sales Price:
Monthly Rent:

Signed this _____ day of _____, _____

Signature of Property Owner, Lessee, Contract Purchaser, or Applicant [Circle One]

Please have the following completed by:

**THE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
FIRST FLOOR, FEDERAL BUILDING
111 SOUTH ORANGE AVENUE – SARASOTA, FLORIDA 34236
Office Number: 941-951-3640 – Fax Number: 941-951-3648
www.sarasotagov.com**

Amount of Deferral Approved:	Date:
Approved by (please print):	Approved by (signature):