**INCLUSIONARY HOUSING (IH) SELECTION FORM –**

**CONSOLIDATED BUILDING IDENTIFICATION­­**

|  |
| --- |
| **APPLICANT/ OWNER CONTACT INFORMATION** |
| **Contact Name:****Ownership Entity:****Mailing Address:** | **[ ]  For Profit** **[ ]  Non-Profit** **[ ]  Public Entity** **[ ]  Other** | **Work:** **Mobile:** **E-mail:**  |

|  |
| --- |
| **PROJECT INFORMATION (CONSOLIDATED BUILDING)** |
| **Project Name:** |       | **Permit #:****(if applicable)** |       |
| **Address:** |       | **Property Tax Account #s:** | R      |
| **Description of Work:** |       |
| **Type of Permit:**  | [ ]  New Construction | [ ]  Adding Additional Units to Existing Structure |
| **Type of Building:** | [ ]  Residential Only | [ ]  Mixed-Use |
| **Intent of Units:** | [ ]  Rental (Apartments) | [ ]  For-Sale (Condos) |
| **Construction Timeline:** | Estimated Start Date:       | Estimated Final Permit Date:       |
| **Property Management Contact or Contact During Construction:**  | Contact Email:      Contact Phone:       |
| **Transferring Building Address(es) & Option(s)** | Transferring Building #1 Address: |       |
| Option: | [ ]  20% @ 80% MFI | [ ]  15% @ 80% MFI | [ ]  10% @ 60% MFI | [ ]  8% @ 60% MFI |
| Transferring Building #2 Address: |       |
| Option: | [ ]  20% @ 80% MFI | [ ]  15% @ 80% MFI | [ ]  10% @ 60% MFI | [ ]  8% @ 60% MFI |
| Transferring Building #3 Address: |       |
| Option: | [ ]  20% @ 80% MFI | [ ]  15% @ 80% MFI | [ ]  10% @ 60% MFI | [ ]  8% @ 60% MFI |

**INCLUSIONARY HOUSING (IH) REGULATORY OPTIONS**

IH requires that all residential buildings proposing 20 or more new units provide a percentage of the new units at restricted rent or sale prices affordable to households at 80% of median family income (MFI) or below. The City has defined additional regulatory options under the umbrella of this requirement, and all subject permit applications must include one of these options.

|  |
| --- |
| **REGULATORY OPTIONS:** Identify the Inclusionary Housing regulation option selected for this project. |
| Option 1: 80% MFI Units\* [ ]  | Option 2: 60% MFI Units\*[ ]  | Option 3: Build Off-Site Units[ ]  | Option 4: Designate Existing Off-Site Units[ ]  | Option 6:Fee-in-Lieu[ ]   |
| \*If selecting Opt. 1 or 2, utilizing On-Site Consolidation by transferring IH Units into another building on-site?  | [ ]  Yes [ ]  No |
| (If yes, submittal of the IH Selection Form- Consolidated Building Identification form is required) |
| \*If choosing Option 1 or 2, is this property providing more the minimum number of required IH Units?  | [ ]  Yes [ ]  No |
| If so, please list the total number of affordable units provided & what MFI level(s) they will be offered at: |       @       MFI,       |
| **RECONFIGURATION (Option 5)** If you are including affordable units on-site (Options 1 &2), will you be reconfiguring the required affordable units to units with two or more bedrooms? [ ]  Yes [ ]  No [ ]  NA |
| If so, what is your proposed Reconfiguration make-up?       total bedrooms in             bedroom units,       |

|  |
| --- |
| **SIGNATURE OF RESPONSIBLE PARTY: (property owner or owner’s agent)****I am the property owner, or an authorized agent thereof, and certify that the information provided is accurate. I understand that the Inclusionary Housing option selected affects incentives that are available to the project.**  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**A wet signature is required**)Name:       | [ ]  Property Owner [ ]  Other        | Date:       |
| Address:      City, State & Zip:       | Phone:       | Email:       |

**This Intake Form is required to be submitted with the permit application.**

Email respective attachments to Inclusionary-Housing@portlandoregon.gov