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

**CONSOLIDATED BUILDING IDENTIFICATION­­**

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

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| **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.

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| **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, | | | | | | |

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| **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](mailto:Inclusionary-Housing@portlandoregon.gov)