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

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| **APPLICANT/OWNER** | | **CONTACT INFORMATION** |
| **Contact Name:** | **Jon A.T. Snow** | **Work:** **(503)000-0000** |
| **Ownership Entity:** | **Night's Watch Enterprises LLC** | **Mobile:** **(503)111-1111** |
| **For Profit**  **Non-Profit**  **Public Entity**  **Other:** |
| **Mailing Address:** | **7901 N Westeros Drive, Portland, OR 97218** | **E-mail:** **jon@kingofthenorth.com** |

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| **PROJECT INFORMATION** | | | | | |
| **Project Name:** | Wolfswood Village | | **Permit #:** | | 19-201377 |
| **Address:** | 125 N Wall Avenue | | **Property Tax Account #s:** | | R614875 |
| **Description of Work:** | | Mixed-use apartment building for the living w/ 103 units above ground floor retail. | | | |
| **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: 5/1/2020 | | Estimated Final Permit Date: 4/30/2021 | |
| **Property Management Contact or Contact During Construction:** **Samwell Tarly** | | | Contact Email: STarly@WolfswoodVillagePM.com  Contact Phone: (503)222-2222 | | |

**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 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? 15 total bedrooms in 6 two bedroom units, & one 3BR unit | | | | | | | |

**ADDITIONAL DOCUMENTATION REQUIRED**

All Intakes must submit Inclusionary Housing Unit & Square Footage Calculation Sheet with this form.

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| **Based on the Regulatory Option selected above, please complete and submit the following additional documentation:** |

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| Option 1:  80% AMI Units | Option 2:  60% AMI Units | Option 3: Build Off-site Units  & Option 4:  Designate Existing Off-site Units |
| 1. Inclusionary Housing Unit & Square Footage Calculation Sheet  2. Attachment (02)- IH MULTE Application  3. Attachment (03)- Affordable Housing CET Exemption Application | 1. Inclusionary Housing Unit & Square Footage Calculation Sheet  2. Attachment (02)- IH MULTE Application  3. Attachment (03)- Affordable Housing CET Exemption Application  4. Attachment (04)- SDC Exemption Application | 1. Inclusionary Housing Unit & Square Footage Calculation Sheet  2. Attachment (05)- IH Receiving Site Identification Intake  3. Receiving Site’s development schedule |
| If utilizing On-Site Consolidation Attachment (06)- IH Consolidated Site Identification Form must be attached. | |  |

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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: Jon A.T. Snow | Property Owner  Other Manager of Nights Watch Enterprises LLC | Date: 5/29/2019 |
| Address: 7901 N Westeros Drive  City, State & Zip: Portland, OR 97218 | Phone: (503)111-1111 | Email: jon@kingofthenorth.com |

**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)