**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** |
| **[x]  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:**  | [x]  New Construction | [ ]  Adding Additional Units to Existing Structure |
| **Type of Building:** | [ ]  Residential Only | [x]  Mixed-Use |
| **Intent of Units:** | [x]  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.comContact 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\*[x]  | 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 [x]  No |
| \*If choosing Option 1 or 2, is this property providing more the minimum number of required IH Units?  | [ ]  Yes [x]  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?  | [x]  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 Sheet2. Attachment (02)- IH MULTE Application3. Attachment (03)- Affordable Housing CET Exemption Application | 1. Inclusionary Housing Unit & Square Footage Calculation Sheet 2. Attachment (02)- IH MULTE Application3. Attachment (03)- Affordable Housing CET Exemption Application4. Attachment (04)- SDC Exemption Application | 1. Inclusionary Housing Unit & Square Footage Calculation Sheet 2. Attachment (05)- IH Receiving Site Identification Intake3. 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 [x]  Other Manager of Nights Watch Enterprises LLC  | Date: 5/29/2019 |
| Address: 7901 N Westeros DriveCity, 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