

FOR STAFF USE

Application/Submittal deemed complete:

Applicant notified of decision:

By: _____ Date: _____

By: _____ Date: _____

Required Submittal Components

- | | |
|--|--|
| <input type="checkbox"/> This application form | <input type="checkbox"/> Documentation showing the cost(s) of the project, by line item (separated by trade, or building/project components) |
| <input type="checkbox"/> Project plans, including: <ul style="list-style-type: none">▶ Site plan showing tax lots, project boundaries, building dimensions▶ Space/floor plan for each floor, showing square footage/dimensions of space utilization (residential, nonresidential, common, etc.) | <input type="checkbox"/> Copy of the most current year's county tax statement for subject property/properties. |
| | <input type="checkbox"/> Paid pre-certification fee |
| | <input type="checkbox"/> Digital copy of the "Exemption Calculator" (.xlsx file) |

APPLICANT OR AUTHORIZED PROJECT REPRESENTATIVE

Name: _____ Title/Role: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____ Title/Role: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROPOSED PROJECT

Project/Property Name: _____ Year built (if applicable): _____

Project/Property Address: _____

Tax Lot Number(s): _____ Type of Project: New Construction Rehabilitation

Will any existing residential tenants be displaced or relocated due to this project? Yes No

How many buildings comprise this project? _____ For how many buildings are you seeking VHDZ certification? _____

of residential units in the project: _____ First floor(s) primary street frontage, at least 50% nonresidential use? Yes No

Will any residential units be offered for sale? Yes No If yes, how many? _____

of units offered at market rates: _____ # of units offered as "low-income" (\leq 80% AMI): _____

If units will be offered as "low-income", for how many years will they be offered at such rates? _____

PROPOSED PROJECT (CONT'D)

Unit Mix/Size

	Total # of units	# of low-income units	Average size (sf)	Actual Totals (sf)
Studio				
1 bedroom				
2 bedroom				
3 bedroom				
4 bedroom				
Total Residential Units				
Residential Common Area				
Total Residential Area				
Nonresidential/Community Area				
Gross Building Area				
Gross Land Area				

PROJECT TIMELINE

Complete the timetable below with either the actual or estimated dates:

Start of Project: _____

Project Completion: _____

Certificate of Occupancy: _____

Exemption Certificate submitted to Assessor: _____

First Tax Year of Exemption: July 1, _____

NARRATIVE PROJECT SUMMARY

Please provide a project summary in narrative format, addressing the questions below in a separate document of your creation, attached to this form. Replies should be succinct, but still provide adequate detail to fully describe the project.

- Describe the existing state of the property** (and building if a rehabilitation project).
- Describe the proposed project.** Describe the design of the construction or rehabilitation, the number of floors and residential units that will be constructed or rehabilitated, the location, amenities, and target population.
- Describe the residential and non-residential uses by building, by floor.** Describe the proportion of total square footage that will be used for both residential and non-residential uses. Describe the number and nature of low-income residential units and the proportion of total square footage of the project proposed for low-income residential housing uses.
- Describe how the project meets or exceeds the requirement for 50 percent of the ground floor that fronts on the primary public street to be committed to nonresidential use.** (See criteria at www.ci.wilsonville.or.us/vhdz, if needed)
- How will the project be maintained and operated over the 10-year exemption period to ensure the project use and square footage remains consistent with the original VHDZ application requesting the exemption?** Describe how designated low-income units will remain affordable over the entire period of the exemption (if applicable).

DECLARATION BY APPLICANT

The undersigned is duly authorized to submit this application and all other required submittal components on behalf of the named Owner. The information provided herein is true, correct, and complete in describing an eligible project located entirely inside a designated vertical housing development zone. The undersigned further authorizes the City of Wilsonville to request further documentation or undertake any investigation deemed necessary to verify application information to complete its due diligence. The undersigned therefore requests certification, so that the project property may be partially exempt from taxation under ORS 307.864, and understands that receipt of the ten-year partial exemption depends on the City's and the county assessor's satisfaction that the actual project meets and continues to meet applicable requirements. The undersigned understands that a non-refundable certification fee of \$1,000.00 is due at the time of application.

APPLICANT

Printed Name: _____

Signature: _____ Date: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

Printed Name: _____

Signature: _____ Date: _____

Complete and Submit to:

City of Wilsonville

Attn: Community Development - VHDZ

29799 SW Town Center Loop E

Wilsonville, OR 97070