

Affordable Housing Act Project Application

New Mexico Mortgage Finance Authority
344 4th Street SW
Albuquerque, New Mexico 87102
(505) 843-6880



Date of Application: _____

| | |
|----------------|-------|
| For MFA Use: | |
| Project #: | _____ |
| Date Received: | _____ |

SECTION I: Project Address and Identification

| | |
|----------------------------|-------------------------------|
| Project Name: _____ | Census Tract: _____ |
| Project Address: _____ | Congressional District: _____ |
| _____ | State Senate District: _____ |
| City/State/Zip Code: _____ | State House District: _____ |
| County: _____ | |

SECTION II: Description of Project

Subsidy/Use Restriction

Award amount requested \$ _____
The applicant irrevocably commits to a use restriction period of _____ years (5 year minimum)

Income and Rent Restrictions

Overall income and/or rent levels will be as listed below

| # Units | will be rented to clients with incomes at, or below, | % | of the median area income. |
|---------|--|---|----------------------------|
| | will be rented to clients with incomes at, or below, | | of the median area income. |
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| | will be rented to clients with incomes at, or below, | | of the median area income. |
| | will be rented to clients at market rates. | | |
| | Total Units | | |

Site Information

Area of Site: Acres or Square Feet

Please Check All Applicable Items:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Detached Units | <input type="checkbox"/> Highrise (4 stories or more) | <input type="checkbox"/> Midrise (2-3 stories) | <input type="checkbox"/> Slab on grade |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Semi-Detached/Duplex | <input type="checkbox"/> Manufactured | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Townhome | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Walk-up | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Multifamily Rental | <input type="checkbox"/> Single Family Rental | <input type="checkbox"/> Single Family Owner Occupied | <input type="checkbox"/> Group Home | <input type="checkbox"/> Assisted Living |

SECTION III: Developer/Project Contact Information

| | |
|----------------------------|----------------------|
| Name(s): _____ | Fed. Tax ID #: _____ |
| Address: _____ | _____ |
| _____ | Telephone: _____ |
| City/State/Zip Code: _____ | Fax: _____ |
| Project Contact: _____ | Email Address: _____ |

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> For-profit | <input type="checkbox"/> CHDO Non-profit | <input type="checkbox"/> Regional Housing Authority |
| <input type="checkbox"/> Tribal Government | <input type="checkbox"/> Local Housing Authority | <input type="checkbox"/> Other _____ | |

MFA reserves the right to request additional materials as needed or require changes in the information submitted herewith. MFA may adjust any or all figures provided herein for underwriting purposes.

Applicant Certification

The undersigned hereby applies for the item(s) as specified above and represents that the property described herein will not be used for any illegal or restricted purposes. The undersigned certifies that the statements made in this application and all attachments are true, correct and complete. Verification may be obtained from any source necessary. The undersigned agrees to pay applicable fees when due.

Original Signature Required

| | |
|---------------------|--------------|
| Signature: _____ | Title: _____ |
| Organization: _____ | Date: _____ |