

Private Sector Application

1. Contact Information

Name of Organization:	Contact Person:
Mailing Address:	
Phone Number:	Fax Number:
E-Mail:	Date of Incorporation:

Include a copy of the Certificate of Incorporation or a Certificate of Good Standing from the provincial Department of Service NL dated 2023

Name of Company Owner:
How many other residential rental properties are currently owned and operated by the proponent? Number of Properties: <input style="width: 50px; height: 20px;" type="text"/>

OVERVIEW OF RENTAL PROPERTIES CURRENTLY OWNED BY PROPONENT

Location	Number of Units	Target Population		
		Indicate if:		
		Individual	Family	Other

Does the proponent have any previous experience in the construction of a multi-unit housing project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide location of project and number of units constructed:	
Location:	Number of Units Constructed: <input style="width: 50px; height: 20px;" type="text"/>

Need and Demand

1. Overview of Existing Affordable Housing

Please refer to the most current NLHC rental housing portfolio (Rental-Housing-Portfolio-March-2023.pdf nlhc.nl.ca) for an overview of existing affordable housing by community within the province.																	
Name of Community for Location of Proposed Project:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Existing Affordable Housing Units</th> <th style="width: 50%;">Number of Units</th> </tr> </thead> <tbody> <tr> <td>NLHC Portfolio</td> <td></td> </tr> <tr> <td>Rent Supplement</td> <td></td> </tr> <tr> <td>Affordable Housing Approved</td> <td></td> </tr> <tr> <td>Community Based Housing</td> <td></td> </tr> <tr> <td>Co-op Housing</td> <td></td> </tr> <tr> <td>TOTAL:</td> <td></td> </tr> </tbody> </table>		Existing Affordable Housing Units	Number of Units	NLHC Portfolio		Rent Supplement		Affordable Housing Approved		Community Based Housing		Co-op Housing		TOTAL:		What is the vacancy rate within this existing housing? Identify the geographic area or communities to be served by this proposed project:	
Existing Affordable Housing Units	Number of Units																
NLHC Portfolio																	
Rent Supplement																	
Affordable Housing Approved																	
Community Based Housing																	
Co-op Housing																	
TOTAL:																	
Indicate the target populations to be served by the proposed projects. If more than one, please check all that apply.																	
Seniors Young Adults	Indigenous Peoples People with Disabilities	Newcomers People Experiencing Homelessness	Women Fleeing Domestic Violence Other														
The Maximum Income Limit for any households served under this program is \$42,000																	

2. Existing Rental Rates in Your Community

Identify the current market rent for rental accommodations by size of unit*			
Bachelor	1 Bedroom	2 Bedroom	3 Bedroom
Source of Information: _____			
Contact Name: _____ Telephone: _____			
Website: _____			

*in order to obtain this information you may need to contact local real estate agents or landlords in your community.

3. Demographics

For an Overview of Demographic Information outlined in Community Accounts,
Refer to www.communityaccounts.ca

Population	Male	Female	Non-binary Person	Total
All Ages				
Target Group				

Dwelling Type	Number
Detached House	
Apartment Building	
Other	
Total:	

Dwelling Type	Number
Detached House	
Apartment Building	
Other	
Total:	

Provide a brief description of the rental housing market in your community:

Additional information to support the current or future need for this project may be found at:

- a) Statistics Canada @ www.statcan.gc.ca
- b) Government of Newfoundland and Labrador Division of Economics
<https://www.gov.nl.ca/fin/economics/>
- c) CMHC Publications and reports, Housing Market Information, Rental Markets Reports @ www.cmhc-schl.gc.ca
- d) Newfoundland and Labrador Housing and Homelessness Network @ www.nlhn.org

What other factors are to be considered to support the need for additional rental housing in your community? Please attach information that supports the current or future need for the type of housing in the proposed project. List and submit copies of any recent studies, surveys or other relevant information including a waiting list of names for proposed project.

Financial Considerations

1. Preliminary Capital Cost Estimate

Item	Cost
Land: Current Appraised value of land	
Appraisal/Legal Fee	
Environmental	
Survey/Title/Recording Fees	
Other (Specify)	
Total Estimated Land Costs:	
Building(s): Construction Contract/Services	
Appliances/Equipment	
Other (Specify)	
Total Estimated Building Costs:	
Site Improvements: On Site Servicing	
Landscaping	
Other (Special)	
Total Estimated Site Improvements Costs	
Administration: Architects Fees	
Audit/Legal Fees	
Consultant/Inspection Fees	
Contingency	
Interest Incurred During Construction	
Municipal Fees	
Other (Specify)	
Total Estimated Administration Costs:	
Subtotal:	
Net HST Paid (less any rebate)	
Total Estimated Capital Cost:	
Do you own land for this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has this land been zoned for residential development?	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Capital Financing/Funding Sources

Permanent Loans/Mortgages	Total Financing/ Funding	Interest Rate	Term/Amorti- zation	Annual Debt Service	Commitment Date
1.	\$	%	/ yrs	\$	
2.	\$	%	/ yrs	\$	
3.	\$	%	/ yrs	\$	
4.	\$	%	/ yrs	\$	
Owner's Equity					
5. Cash	\$				
6. Land	\$				
7. Property	\$				
Other Financing/Funding					
8. Other NL Govt./Agency	\$				
9. Federal Govt./Agency	\$				
10. Municipality	\$				
11. Grants	\$				
12. Other	\$				
Subtotal	\$				
Affordable Housing Program Forgivable Grant	\$				
Totals	\$ *				
<p><i>Note:</i> If approved, the disbursement of Affordable Housing forgivable loan funds is conditional on all other funding sources being confirmed and in place.</p> <p><i>*Should equal Total Estimated Capital Cost on previous Page 27</i></p>					

3. Operating Budget

ESTIMATED ANNUAL REVENUES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
1. Rents (less vacancy rate of 2.5%)					
2. Other (Specify)					
3. Operating Contributions by Others					
Total Estimated Annual Revenues					

ESTIMATED ANNUAL EXPENSES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Administration Expenses					
1. Accounting					
2. Professional Fees					
3. Office Overhead					
4. Salaries/Benefits					
5. Property Management Fees					
6. Other (specify)					
Sub-total: Administration Expenses					
Operating Expenses					
1. Heating, Lighting & Hot Water					
2. Security					
3. Insurance					
4. Municipal Taxes (property & water)					
5. Other (specify)					
Sub-Total: Operating Expenses					
Maintenance Expenses					
1. Building Maintenance (Materials/salaries)					
2. Grounds Maintenance (Materials/salaries)					
3. Service Contract (attach list)					
4. Garbage Removal					
5. Snow Clearing					
6. Other (specify)					
Sub-Total: Maintenance Expenses					
Other Expenses					
1. Debt Servicing					
2. Replacement Reserve					
3. Other (specify)					
Sub-Total: Other Expenses					
Total Estimated Annual Expenses (a)					
Estimated Annual Revenues (b)					
Profit (Loss) (b-a)					

Technical Requirements

1. Design Brief

Please complete the following by providing a description of the components, as per the examples provided	
Components	Description
Site Work:	<i>(e.g. access roads, water & sewer service, parking and walkways)</i>
Building Architype:	<i>(e.g. Row housing, Over/Under, Duplex, Apartment Building, etc..)</i>
Building Envelope:	<i>(e.g. exterior walls, roof and foundation)</i>
Woodwork:	<i>(e.g. kitchen cabinet hardware, including: drawer slides, door pulls, hinges; stair and corridor handrails, closet rods and shelves)</i>
Doors/Windows:	<i>(e.g. doors, door frames, door hardware, windows)</i>
Finishes:	<i>(e.g. flooring, including: vinyl, carpet, quarry tile; walls, including: ceramic tile; ceilings, including: acoustic ceiling tile)</i>
Manufactured Specialties	<i>(e.g. appliances, including: domestic kitchen and laundry; washroom accessories)</i>
Mechanical	<i>(e.g. fire extinguishers, plumbing fixtures, domestic fans, HVAC equipment)</i>
Electrical	
Accessibility Features	<i>(e.g. bathroom, kitchen, entrances, circulation (hallway) site, etc.) Applies to at least one unit</i>
Universal/Visitable Design Features	<i>(e.g level no step entrance, accessible bathroom, wide interior doors, etc.) Applies to all other units besides the accessible unit.</i>
Energy Efficiency Features	<i>(Energy efficiency requirements as per the latest edition of the National Building Code.)</i>

2. Proposed Housing Project

Please complete the following:		
Do you own the site/building? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, who is the registered owner?
Describe the site topography. Is it a level or sloping site? Also, ability to accommodate Universal Design requirements of a level, no step entrance.		
What is the current zoning designation?		Is rezoning required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any encumbrances, liens, charges or assessments currently on title application to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide details:
Has an environmental assessment been completed? <i>(If yes, provide a copy with your proposal submission)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many affordable rental housing units are planned for the project?		
Will the project include any market rental units in addition to the proposed affordable housing units? If yes, how many? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		How many years will you agree to maintain affordable rents? <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years
How many accessible affordable housing units will be included?		
Indicate what type of development is planned. <input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing residential structure <input type="checkbox"/> Conversion from non-residential to residential use <input type="checkbox"/> Other		What type of building form is being considered? <input type="checkbox"/> Semi-detached <input type="checkbox"/> Row Housing <input type="checkbox"/> Apartment Building <input type="checkbox"/> Stand Alone <input type="checkbox"/> MURB (Multi-unit Residential Building-Over/Under configuration)
Gross area of building:	What is the distance to an acute care hospital or health care centre ? <input type="checkbox"/> Same Community or CMA <input type="checkbox"/> Within 50KM <input type="checkbox"/> Greater than 50KM	
Provide Estimated Size of Units:		
Type of Unit	Number of Units	Area Per Unit (M ²)
Bachelor		
One-bedroom		
Two-bedroom		
Three-bedroom		
Estimated construction timeframe in months:		Which thresholds of energy efficiency will your project achieve? <input type="checkbox"/> NBC Minimum <input type="checkbox"/> 10% Improvement <input type="checkbox"/> 20% Improvement

3. Existing Building:

Please complete the following:

Current or most recent use of the building:

If the building was funded through a past government program for social housing or health purposes, please provide details:

Is there an outstanding mortgage on the existing project?

Yes No

What year was the building constructed?

Construction Type (i.e., wood frame, concrete block, etc.):

Number of Storey's:

Gross area of the building:

***Provide a Condition Report on the Building
(See Technical Standards, Conversion of Existing Buildings, Annex A, Page 16)***

Respondent Capacity

1. Project Experience

Please complete the following:

Experience in Operating Housing Projects or constructing multi-unit housing projects:

Description of Partners:

What qualifications/considerations would you like to have considered as part of the application process?:

Have you received AHI project funding previously?

Yes No

If Yes, please provide name of the previous project funded: