

Private Sector Application

1. Contact Information					
Name of Organization:	Contact Pers	son:			
Mailing Address:					
Phone Number:	Company Re	egistratio	on Number	:	
E-Mail:	Date of Inco	poration	1:		
Name of Company Owner:					
Number of residential rental properties cur owned and operated by the proponent?	rrently				
OVERVIEW OF R		ONENT			
	Target Number Population of Units Indicate if:				
		Po	pulation		
	of Units	Po	pulation	Other	
	of Units	Po Inc	pulation licate if:	Other	
	of Units	Po Inc	pulation licate if:	Other	
	of Units	Po Inc	pulation licate if:	Other	
	of Units Indiv	Po Inc	pulation licate if: Family	Other	
	of Units Indiv	Po Inc	pulation licate if: Family	Other	
Does the proponent have any previous ex	perience in the	ridual	pulation dicate if: Family	Other	
Does the proponent have any previous ex multi-unit housing project? ☐ Yes ☐ No	perience in the	ridual construc	pulation dicate if: Family ction of a	Other Constructed:	

Overview of the existing services and amenities as well as aspects that contribute to an age-friendly community. (Medical services (document distance), financial institutions retail & recreation facilities etc.)

Need and Demand

 Overview of Exist 	ting Affordable Hous	ing	
Please refer to the mo	ost current NLHC renta	al housing portfolio	
		<u>/2025/06/Rental-Housin</u>	
2025.pdf) for an overv	view of existing afforda	able housing by commu	nity within the
province.			
Name of Community f	or Location of Propose	ed Project:	
		Taran arang	
Existing Affordab Housing Units	le Number of Units	1	ate within this existing
NLHC Portfolio	Units	housing?	
Rent Supplement			
Affordable Housing			
Approved			
Community Based			
Housing		Identify the geographi	
Co-op Housing		communities to be se	rved by this proposed
TOTAL:		project:	
TOTAL.			
Indicate the target por	oulations to be served	⊥ by the proposed projec	ts. If more than one
please check all that a		by the proposed project	is. Il filore triali orie,
	appiy. □ Indigenous	□ Newcomers	□ Women Fleeing
Seniors	Peoples	□ People	Domestic Violence
	□ People with	l <u> </u>	□ Other
	Disabilities	Homelessness	
The Maximum Incom		nolds served under this	nrogram is \$42,000
THE MAXIMUM MOON	C Little for arry flouser	lolus scrvcu unuci unis	program is ψ+2,000
		•4	
	ates in Your Commu		C '14
•		commodations by size of	
Bachelor	1 Bedroom	2 Bedroom	3 Bedroom
0 (1.6 (1			
Source of Informatio	on:		
Contact Name:	Tolo	nhono:	
Contact Name.	1 ete	ephone:	
Website:			
*	information values	need to contact lead re	al actota aganta ar

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

3. Demographics

Other

Total:

For information on demographics, please see references found at:

Community Accounts: www.communityaccounts.ca

Stats Canada https://www12.statcan.gc.ca/census-recensement/index-eng.cfm

State Sariada Ittps://www.iz.statear	1.90.00/0011	odo rodoni	Jointon Ging.	OIIII
Population	Male	Female	Non-binary Person	Total
All Ages				
Target Group				
Dwelling Type			Number	
Detached House				
Apartment Building				

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.nlhhn.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

			Cost	
Land:	Current Appraised value of land			
	Appraisal/Legal Fee			
	Environmental			
	Survey/Title/Recording Fees			
	Other (Specify)			
Total Estin	nated Land Costs:			
Building:	Construction Contract/Services			
	Appliances/Equipment			
	Other (Specify)			
Total Estin	nated Building Costs:			
Site Impro	vements: On Site Servicing			
	Landscaping			
	Other (Special)			
Total Estin	nated Site Improvements Costs			
Administra	ation: Architects Fees			
	Audit/Legal Fees			
	Consultant/Inspection Fees			
	Contingency			
	Interest Incurred During Construction			
	Municipal Fees			
	Other (Specify)			
Total Estin	nated Administration Costs:			
Subtotal:				
Net HST Pa	aid (less any rebate)			
Total Estin	nated Capital Cost:			
	n land for this project?	YES	□ NO	
Has this la developme	nd been zoned for residential nt?	YES	□ NO	
Developme	ent Location Civic Address			

2. Capital Financing/Funding Sources

Permanent Loans/Mortgages	Total Financing/ Funding	Interest Rate	Term/ Amortization		Annual Debt Service	Commitment Date
1.	\$	%	1	yrs	\$	
2.	\$	%	1	yrs	\$	
3.	\$	%	1	yrs	\$	
4.	\$	%	1	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 *	\$					

Note:

If approved, the disbursement of Affordable Housing forgivable loan funds is conditional on all other funding sources being confirmed and in place.

*Should equal Total Estimated Capital Cost on previous Page 29

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					
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

T . Design bir	
Technical Require	
Please complete the f	following by providing a description of the components, as per the examples provided.
Components	Description
Site Work:	•
	(e.g. access roads, water & sewer service, parking and walkways)
Building Architype:	
3 71	
	(o. g. Dove housing, Over/Under, Dunley, Apartment Building, etc.)
Decitation of Face lands	(e.g. Row housing, Over/Under, Duplex, Apartment Building, etc)
Building Envelope:	
	(a.g. exterior wells, reef and foundation)
Woodwork:	(e.g. exterior walls, roof and foundation)
WOODOWOIK.	
	(e.g. kitchen cabinet hardware, including: drawer slides, door pulls, hinges;
	stair and corridor handrails, closet rods and shelves)
Doors/Windows:	Stair and cornact narrana, croset road and sherves)
Boolo, Williaowo.	
	(e.g. doors, door frames, door hardware, windows)
Finishes:	
	(e.g. flooring, including: vinyl, carpet, quarry tile; walls, including: ceramic tile;
	ceilings, including: acoustic ceiling tile)
Manufactured	
Specialties	
-	
	(e.g. appliances, including: domestic kitchen and laundry; washroom
	accessories)
Mechanical	
	(e.g. fire extinguishers, plumbing fixtures, domestic fans, HVAC equipment)

Electrical	
Accessibility Features	
i odidi oo	
	(e.g. bathroom, kitchen, entrances, circulation (hallway) site, etc.) Applies to at least one unit
Universal/Visitable	
Design Features	
	(e.g level no step entrance, accessible bathroom, wide interior doors, etc.) Applies to all other units besides the accessible unit.
Energy Efficiency	
Features	
	(Energy efficiency requirements as per the latest edition of the National Building Code.)

2. Proposed Housing Project

Please complete the following	ng:					
Do you own the		If no, who is the registered owner?				
site/building?	es □No					
Describe the site topography.	ls it a level or slo _l	ping site? Also, ability to accommodate				
Universal Design requirements of a level, no step entrance.						
What is the current zoning des	ignation?	Is rezoning				
		required? □Yes □No				
Are there any engumbrences	liono chargos or	Provide details:				
Are there any encumbrances, assessments currently on title	•	Provide details.				
	application to es □No					
' ' '						
Has an environmental assessi completed?	ment been					
(If yes, provide a copy with y	our proposal	□Yes □No				
submission)	our proposur					
How many affordable rental ho	ousing units are p	lanned for the project?				
Will the project include any ma	rket rental units	How many years will you agree to				
in addition to the proposed affor		maintain affordable rents?				
units? If yes, how many?	or addite rivedening					
		□ 15 years □ 20 years				
□ Yes □ No						
How many accessible affordate	ole housing units	will be included?				
Indicate what type of developn	nent is planned.	What type of building form is being				
□ New construction	·	considered?				
☐ Addition to an existing resid		□ Semi-detached				
☐ Conversion from non-reside	ential to	□ Row Housing				
residential use		□ Apartment Building□ Stand Alone				
☐ Other		☐ MURB (Multi-unit Residential				
		Building- Over/Under configuration)				
Gross area of building:	What is the dista	ance to an acute care hospital or health				
Gross area or ballaring.	care centre?	ance to an acute care <u>mospital of neattr</u>				
	□ Same Community or CMA □ Within 50KM					
☐ Greater than 50KM						
Provide Estimated Size of Units:						
Type of	Number of	Area Per Unit (M²)				
Unit	Units	Alea Fel Ullit (IVI-)				
Bachelor						
One-bedroom						
Two-bedroom						
Three-bedroom						

Estimated construction timeframe in months:	Which thresholds of energy efficiency will your project achieve? □ NBC Minimum □ 10% Improvement				
	□ 20% Improv		mprovo	mont	
2 Frieding Duilding		CITICIT			
3. Existing Building: Please complete the following:	na				
•					
Current or most recent use of	the building:				
If the building was funded thro	ough a past gov	vernment progr	ram for	social housing or	
health purposes, please provi		, emment progr			
Is there an outstanding mortgate existing project? □Yes		What year w	as the b	uilding constructed?	
Construction Type (i.e., wood concrete block, etc.):	frame,	Number of Storey's:		Gross area of the building:	
Provide a Structural Report on the Building (See Technical Standards, Conversion of Existing Buildings, Annex A, Page 18)					

Respondent Capacity

1. Project Experience

i. Froject 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?	If Yes, please provide name of the previous project funded:
□ Yes □ No	