

**THE CITY OF NEW YORK**  
**DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT**  
OFFICE OF DEVELOPMENT  
DIVISION OF HOUSING INCENTIVES  
100 GOLD STREET, NINTH FLOOR  
NEW YORK, NEW YORK 10038

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**INCLUSIONARY HOUSING PROGRAM**  
**AFFORDABLE HOUSING PLAN (AHP) APPLICATION CHECKLIST**

**Please ensure that your application includes all of the following items.**

- Completed Affordable Housing Plan Application (attached)
- Building Plans and Scope of Work, if applicable
  - If new construction:
    - Schematic building plans, in 1/8<sup>th</sup> inch scale or on CD-ROM (in AutoCAD) of Department of Buildings (DOB) filing quality, indicating a site plan of the building, total size of the building, and the size and configuration of the dwelling units to be contained in the building. For specific submission requirements please go to:  
For new construction: <http://www.nyc.gov/html/hpd/downloads/pdf/new-constr-guidelines.pdf>  
For supportive housing: <http://www.nyc.gov/html/hpd/downloads/pdf/sro-constr-guidelines.pdf>
  - If Preservation:
    - Existing DOB approved building plans, indicating the site plan of the building containing Affordable Housing, total size of the building, and the size and configuration of the dwelling units to be contained in the building. If no existing building plans are on record, please submit newly-drawn building plans.
    - Provide a scope of work or capital needs assessment indicating the extent of rehabilitation work proposed.
  - If Substantial Rehabilitation:
    - Schematic building plans, in 1/8<sup>th</sup> inch scale or on CD-ROM (in AutoCAD) of DOB filing quality, indicating a site plan of the building, total size of the building, and the size and configuration of the dwelling units to be contained in the building. For specific submission requirements please go to:  
For substantial rehabilitation: <http://www.nyc.gov/html/hpd/downloads/pdf/rehab-guidelines.pdf>  
For supportive housing projects: <http://www.nyc.gov/html/hpd/downloads/pdf/sro-constr-guidelines.pdf>
    - Provide a scope of work or capital needs assessment indicating the extent of rehabilitation work proposed.
- Chart depicting the ownership structure, including addresses of all entities and identification of all principals and their respective ownership stakes.
- Completed sponsor review forms for all required entities and individuals.
- Development budget and operating budget pro-formas.
- Proposed rent roll or for homeownership, Initial Prices for Affordable Housing Units
- Select if the building containing the Affordable Housing Units will be converted to condominiums and when available submit, to HPD, the condominium declaration and by-laws.
- If project is receiving grants, loans, or subsidies by any federal, state, or local agency pursuant to a program for the development of affordable housing, documentation of programmatic requirements, including approved rents.
- If requesting a declaratory ruling of eligibility for real property tax benefits, a copy of such request.
- Proof of notification to applicable Community Board at least 45 days prior to execution of the Regulatory Agreement.
- Certified check for \$100 application fee made payable to NYC Department of Finance.

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**AFFORDABLE HOUSING PLAN APPLICATION  
PURSUANT TO THE INCLUSIONARY HOUSING PROGRAM**

**1. Name of Applicant:** \_\_\_\_\_

List all principals: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**2. Name of Owner (if different):** \_\_\_\_\_

List all principals: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**3. Name of Administering Agent:** \_\_\_\_\_

List all principals: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**4. Name of General Contractor:** \_\_\_\_\_

List all principals: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**5. Address of the Affordable Housing Units:**

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Borough: \_\_\_\_\_

Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

**6. Project Location:**

R10 Inclusionary     IH Designated Area (insert name): \_\_\_\_\_  
*(eg West Chelsea, Hudson Yards, 125<sup>th</sup> Street, etc.)*

*If R10 Inclusionary, is project privately financed?*

Yes     No

**7. If publicly financed, list all sources of governmental assistance, including lower income housing tax credits, bond financing, and land disposition programs:**

\_\_\_\_\_  
\_\_\_\_\_

**8. Type of Project (check all that apply):**

<input type="checkbox"/> NEW CONSTRUCTION
<input type="checkbox"/> PRESERVATION
<input type="checkbox"/> SUBSTANTIAL REHABILITATION

TOTAL # OF UNITS: _____
TOTAL # OF IH UNITS: _____ <i>(exclude super's unit)</i>

<input type="checkbox"/> RENTAL
<input type="checkbox"/> HOMEOWNERSHIP

<input type="checkbox"/> ON-SITE
<input type="checkbox"/> OFF-SITE

**9. Income distribution of Affordable Housing Units**

\_\_\_\_\_ Number of low-income units (equal to or less than 80% AMI)  
\_\_\_\_\_ Number of moderate-income units (equal to or less than 125% AMI), if any  
\_\_\_\_\_ Number of middle-income units (equal to or less than 175% AMI), if any

**10. Tax Exemption To Be Requested: \_\_\_\_\_**