

**MONTGOMERY COUNTY, MARYLAND  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**

**MULTIFAMILY INTAKE FORM**

<b>APPLICANT INFORMATION:</b>			<b>Today's Date:</b>		/ / (mm/dd/yyyy)	
First Name:		Last Name:		Title:		
Organization Name (if applicable):						
Organization's Tax ID Number:						
Confirmation of 501(c)(3) status		<input type="checkbox"/> (check box to confirm)				
Address:				Suite / Floor:		
City:		State:		Zip Code:		-
Contact Email:		Contact Phone:	( ) -	Fax:		( ) -
<b>PROJECT DATA:</b>						
Project Name:						
Address:			City:		Zip Code:	-
Project Type:		<input type="checkbox"/> Acquisition		<input type="checkbox"/> Rehabilitation		
(Check all that apply)		<input type="checkbox"/> Single Family (Detached)		<input type="checkbox"/> Townhouse		
		<input type="checkbox"/> Low-Rise/Garden Apartment (4 stories or fewer)		<input type="checkbox"/> Mid-rise (5-7 stories)		<input type="checkbox"/> High-rise (8+ stories)
Project Description:						
<b>COST DESCRIPTION*:</b>						
Total Anticipated Project Cost:						
Total Contributions from Owner:						
Other Sources				Rate and Term:		%    Years
Project Costs:		Per Unit:				Total:
Acquisition						
Construction/Rehab Costs						
Indirect/Soft Costs						
Fees to Developer/Sponsor						
Total						
<b>EXISTING UNIT/RENT DESCRIPTION:</b>						
Total Number of Units Proposed:						
Project Unit Mix:	Market Rate	Affordable Units			MPDU?	Total

		%AMI	# Units	%AMI	# Units	Y / N	
Efficiency							
One-Bedroom							
Two Bedroom							
Three Bedroom							
Four Bedroom							
Five Bedroom							
Total							
<b>PROPOSED RENT DESCRIPTION (if different than table above):</b>							
Project Unit Mix:	Market Rate	Affordable Units				MPDU?	Total
		%AMI	# Units	%AMI	# Units	Y / N	
Efficiency							
One-Bedroom							
Two Bedroom							
Three Bedroom							
Four Bedroom							
Five Bedroom							
Total							
<b>LAND DESCRIPTION:</b>							
Existing Land Use:							
Total Land Area:		Existing Zoning (specify)					
Is a zoning map amendment or conditional use approval needed?	<input type="checkbox"/> Yes				<input type="checkbox"/> No		
	If yes, what is the application number and status of the zoning application?						
	Other Zoning Issues to be Addressed (parking, etc.)						
Existing Land Control:	<input type="checkbox"/> Deed	<input type="checkbox"/> Purchase Option	<input type="checkbox"/> Under Contract	<input type="checkbox"/> Other			
	Specify Other:						
Is demolition of an existing structure required?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If so, is the structure occupied?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the building <i>historically designated or located in a historic preservation area</i> as identified by the county?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>FOR ACQUISITION AND/OR REHABILITATION PROJECTS ONLY:</b>							
	Specify the construction materials to be used in the proposed rehabilitation? (brick, frame, reinforced concrete, etc.)						
What year was the building constructed?							

What type of heating system does the building have?						
Is this building registered with MDE for Lead Paint?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	MDE #:		
Are any units owner-occupied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, indicate which apartment:						
Complete and attach a Tenant Housing Report, include all current tenants <input type="checkbox"/> (Attached)						
<b><u>Pre-Redevelopment Rents</u></b>						
Project Mix:		Number of Units:	Rent (range)			
Efficiency						
One-Bedroom						
Two Bedroom						
Three Bedroom						
Four Bedroom						
Five Bedroom						
Building Square Footage:						
Parking Spaces Per Unit						
Site Amenities						
<b>DEVELOPMENT HISTORY:</b>						
<i>(Complete if different from applicant information)</i>						
<b><u>DEVELOPER INFORMATION:</u></b>						
Developer's Firm:						
First Name:		Last Name:				
Address:				Suite / Floor:		
City:		State:		Zip Code:	-	
<b><u>DEVELOPER EXPERIENCE:</u></b>						
Prior Development Experience:		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List other properties developed below:						
Property Name	Type	Contact	No. Units	Affordable Housing?		Phone:
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	( ) -
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	( ) -
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	( ) -
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	( ) -
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	( ) -

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit to: LAWRENCE C. CAGER, MANAGER  
MULTIFAMILY SECTION  
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
1401 ROCKVILLE PIKE, 4th FLOOR  
ROCKVILLE, MD 20852