**AFFORDABLE HOUSING FEE DEFERRAL AND WAIVER PROGRAM**

The Affordable Housing Fee Deferral and Waiver Program is administered by the

County of Sacramento Department of Finance

in coordination with the Sacramento Housing and Redevelopment Agency.

**APPLICATION**

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| Date of Application:       |

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| APPLICATION FOR *(check one box)*: [ ]  DEFERRAL [ ]  WAIVER [ ]  COMBINATION DEFERRAL AND WAIVER  | *Check each jurisdiction for which deferral/waiver is requested:* [ ]  County of Sacramento[ ]  Sacramento Area Sewer District – SacSewer (Sewer Collection)[ ]  Sacramento Area Sewer District – SacSewer (Sewer Treatment) Previously Regional San[ ]  Sacramento County Water Agency (SCWA) |

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| **PROJECT** |
| Project Name:       | Assessor’s Parcel Number:       |
| Site Address:       | Site Acreage:       |
| Located in[ ]  Unincorporated Area, County of Sacramento [ ]  City of       | Project Description (e.g., 20-unit apartment complex; 100-unit single-family subdivision, etc.)       |
| Percentage (or number of units) Low Income Housing:       | Percentage (or number of units) Very Low Income Housing:       |
| **Record/Permit Number (s):**  |

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| **APPLICANT** |
| Company Name:       | Contact Person and Title:       |
| Mailing Address:       | Telephone & Fax Numbers:             |

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| **PROPERTY OWNER** |
| Company Name:       | Contact Person and Title:       |
| Mailing Address:       | Telephone & Fax Numbers:             |
| Legal Structure: (e.g., corporation, partnership, limited partnership, limited liability company, etc.)       |
| If property owner is a partnership, list or attach a list of all general and limited partners:       |
| Provide a sample signature block for the deferral and waiver agreement, promissory note and deed of trust.  |

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| **TITLE COMPANY**  |
| Company Name:       | Contact Person and Title:       |
| Mailing Address:       | Telephone & Fax Numbers:             |
| Escrow Number:       | Estimated Closing Date:       |

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| **ADDITIONAL INFORMATION** |
| 1. List all existing liens, assessments, special taxes and other secured interests on the property that are unpaid as of the date of application. (Reference may be made to Preliminary Title Report to be attached.)       |
| 2. Indicate whether a fee deferral application has been previously denied for this project or site.  [ ]  Yes [ ]  No If yes, please explain:       |
| 3. Do you foresee any unusual requirements, unique circumstances, etc. that may exist which would interfere with the ability to pay the deferred fees when due?  [ ]  Yes [ ]  No If yes, please explain:       |

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| **THE FOLLOWING MUST BE SUBMITTED BEFORE THIS APPLICATION IS COMPLETE** |
| 1. Application fee in the amount of **$1,000** for the first governmental agency checked, above, and **$275** for each additional agency included in the application. Check is to be made payable to the County of Sacramento.  |
| 2. Certification from Sacramento Housing & Redevelopment Agency (SHRA).  |
| 3. Preliminary Title Report.  |
| 4. Evidence of legal authority for signatory of Application and Agreement (copy of Limited Partnership document, incorporation document, etc.) filed with State of California; other legal documentation.  |
| 5. If applying under the single-family category, with plans to sell both market rate and low income units, a tentative or final parcel/subdivision map identifying all units for which a deferral and/or waiver is sought must be submitted.  |
| 6. Submittal to the appropriate building permitting agency of a set of building plans in sufficient detail to calculate the amount of impact fees. |

I certify under penalty of perjury under the laws of the State of California that the information stated above is true and that I am duly authorized on behalf of the Applicant to execute this application as of the date above stated.

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit Application Package to: Fee Deferral Program Administrator

 County of Sacramento, Department of Finance, Fiscal Services

 700 H Street, Room 3650

 Sacramento, CA 95814

For questions or more information: **Phone:** 916-874-7037 **|** **E-Mail**: feedeferraladmin@saccounty.gov

References: Sacramento County Code16.100

 Sacramento Area Sewer District, Sewer Ordinance 4.5

 Sacramento Regional County Sanitation District, Sewer Ordinance 5.2 and 5.3

 Sacramento County Water Agency, SCWA Code 2.70 and 4.75

Application Form, Fee Deferral/Waiver, Affordable Housing Rev 2014-08-18