



ARLINGTON AFFORDABLE HOUSING TRUST

APPLICATION FOR ACQUISITION, CREATION, AND CONVERSION PROGRAM

It is highly recommended you have a pre-application meeting with the staff prior to submitting your application. Applicants should submit a copy of the completed application, along with any supporting documents to the Trust via email at ssuarez@town.arlington.ma.us. If you have already provided the requested information in a funding request to another entity (e.g. EOHLC, CPAC, FHLB, etc.), please feel free to note that in the space provided below and attach a copy of the other application.

APPLICANT/ORGANIZATION NAME: _____

Primary Contact Person: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

PROJECT NAME: _____

PROJECT LOCATION/ADDRESS: _____

PROJECT SUMMARY: Provide a brief description of the proposed project.

TYPE OF PROJECT: Circle or underline the type of project being developed.

Acquisition New Construction – Multifamily New Construction – ADU
 Rehabilitation /Renovation Conversion Other: _____

TYPE OF HOUSING: Circle or underline the type of housing being developed.

Rental Homeownership SRO/Group Residence
 Permanent Supportive Housing Shelter Other: _____

TARGET POPULATION: Circle or underline the target population.

Individual/Family Age-Restricted Homeless/At Risk of Homelessness
 Special Needs/Disabilities Other: _____

UNIT MIX: Please indicate the anticipated number of units at each target income level for the proposed deed restricted units.

	0-30% AMI	30-50% AMI	50-60% AMI	60-80% AMI	80-100% AMI	100-120% AMI
SRO						
1 Bedroom						
2 Bedroom						
3 Bedroom						
4+ Bedroom						
Total						

AFFORDABILITY PERIOD: How long will the units remain affordable? The minimum requirement is 20 years; however, the Affordable Housing Trust favors a term of 30 years or longer.

DEVELOPMENT TEAM: List all engaged development team members for the project, including but not limited to the Applicant, development consultant, architect, attorney, and general contractor. For the Applicant, include information on experience developing affordable housing, including number of units, location of units, and over what time period.

Applicant:

Other member of the development team:

PROJECT STATUS: What level of planning has already been undertaken to evaluate the potential development opportunity?

SITE INFORMATION: Provide a brief description of the current site. Note status of site control as well as any zoning relief or permitting needed.

COMMUNITY OUTREACH/SUPPORT: If new construction is anticipated, provide a description of any current or planned efforts to engage the community or other tenants in the building through outreach, neighborhood meetings, etc.

DEVELOPMENT SCHEDULE: Describe the anticipated timeline for your proposed project keeping in mind that any ARPA funds MUST be spent by December 31, 2026.

FUNDING REQUEST: Provide a description of how Trust funds will be used, and any other funds anticipated

BUDGET: Please attach a development budget. Note the status of any funding requests.

Signature _____
Name:

Date _____