

# Defining Affordable Housing Project Concept

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## PART 1: DEFINING THE TARGET POPULATION(S)

1. *Who is your target population? Who are you proposing to serve?* (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Homeless Persons                         | <input type="checkbox"/> Frail Elderly                               |
| <input type="checkbox"/> Long-term / Chronically Homeless Persons | <input type="checkbox"/> Frequent Users of Emergency Systems of Care |
| <input type="checkbox"/> Persons At-risk of Homelessness          | <input type="checkbox"/> Survivors of Trauma                         |
| <input type="checkbox"/> Persons with Disabilities                | <input type="checkbox"/> Survivors of Domestic Violence              |
| <input type="checkbox"/> Persons with Mental Illnesses            | <input type="checkbox"/> Veterans                                    |
| <input type="checkbox"/> Persons with Chemical Dependency Issues  | <input type="checkbox"/> Rural Populations                           |
| <input type="checkbox"/> Persons with HIV/AIDS                    | <input type="checkbox"/> Tribal Communities                          |
| <input type="checkbox"/> Persons with Co-occurring Disorders      | <input type="checkbox"/> Individuals                                 |
| <input type="checkbox"/> Families with Children                   | <input type="checkbox"/> Moderate Income Populations                 |
| <input type="checkbox"/> Youth/Young Adults                       | <input type="checkbox"/> Large Families (4+)                         |
| <input type="checkbox"/> Re-Entry Populations                     | <input type="checkbox"/> Low Wage Workers                            |
| <input type="checkbox"/> Artists                                  | <input type="checkbox"/> Other: _____                                |

Brief Narrative Description of who you intend to serve with your project:

2. *Define the housing need in your community for your target population(s)?* How does your project meet this need? What data supports this need?

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**PART 2: PLANNED GOALS AND OUTCOMES**

1. *What are the planned goals and outcomes for the project and tenants?*

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**PART 3: DEVELOPMENT STRATEGY AND TYPE**

1. *Tenure*

Rental

Ownership

Self-Help

Community Land Trust

Mixed tenure

Commercial/Mixed Use

2. *Development strategy:*

New Construction

Acquisition / Rehabilitation

Master-Leasing (Non-Development)

3. *Housing type:*

Apartment Units

Townhomes

Single Family Homes

4. *Site type:*

Single-Site

Scattered-Site

Clustered







3. *What service needs do you anticipate for your target population(s)?* (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Case Management / Service Coordination | <input type="checkbox"/> Employment Services        |
| <input type="checkbox"/> Health Care Services                   | <input type="checkbox"/> Educational Services       |
| <input type="checkbox"/> Mental Health Services                 | <input type="checkbox"/> Domestic Violence Services |
| <input type="checkbox"/> Substance Abuse Services               | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> HIV/AIDS Services                      | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Independent Living Skills Services     | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Support Groups                         | <input type="checkbox"/> Other: _____               |

4. *How will you meet the services staffing needs?* Will additional staff need to be hired?

**PART 6: ORGANIZATIONAL ROLE AND PARTNERSHIPS**

1. *What organizations will take on essential project roles?*

- |  |       |
|--|-------|
| <input type="checkbox"/> Property Owner:   | _____ |
| <input type="checkbox"/> Developer:        | _____ |
| <input type="checkbox"/> Service Provider: | _____ |
| <input type="checkbox"/> Property Manager: | _____ |
| <input type="checkbox"/> Asset Manager:    | _____ |
| <input type="checkbox"/> Other: _____ :    | _____ |
| <input type="checkbox"/> Other:            | _____ |

**PART 7: INITIAL FINANCING PLANS**

1. *What financing sources do you plan on accessing for your project?*

Funding Type	Planned Sources
Pre-Development Financing	(e.g. intermediaries, local government sources)
Capital Financing	(e.g. Local and/or State Trust Fund, Low-Income Housing Tax Credits, tax exempt

	bonds, HUD's Supportive Housing Program, etc...)
<b>Operating Financing</b>	(e.g. rent subsidies such as HUD's Shelter Plus Care or Project-Based Section 8, local sources, etc...)
<b>Services Financing</b>	(e.g. mental health funding, substance abuse funding, HUD's Supportive Housing Program, etc...)

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**PART 7: INITIAL COMMUNITY SUPPORT ASSESSMENT**

1. ***What approval processes will be needed for your project?*** (e.g., neighborhood groups, elected officials, City Council, Zoning Board, Design Review Board, Planning Commission, Continuum of Care)

2. ***What community support do you anticipate for your project?*** (e.g., neighborhood groups, elected officials, City Council, Zoning Board, Design Review Board, Planning Commission, Continuum of Care)

3. ***What community opposition do you anticipate against your project?*** (e.g., neighborhood groups, elected officials, City Council, Zoning Board, Design Review Board, Planning Commission, Continuum of Care)