



Affordable Housing Reserve Fund Application Form

Applicant Information:

PLEASE PRINT

Applicant Name*: _____

Applicant Contact Information: _____

Organization: _____

Legal Signing Officers:

Title _____ Name _____

Phone _____ Signature _____

Title _____ Name _____

Phone _____ Signature _____

Title _____ Name _____

Phone _____ Signature _____

Mailing Address: _____

Phone number: _____ Email _____

When was your organization established? _____

***This will be the primary contact for City staff**

What other projects have you completed in Cambridge or elsewhere? (address & number of units)

Project Partners:

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Project Property Address : _____

Legal Description: _____

How Much Money Are You Seeking from the Fund? _____

Is This The First Time Receiving Funds from the Fund? _____ Yes _____ No

If No, Please List Project Address and Funds Received _____

Description of Project Property and Proposed Work (photos &/or drawings can be attached). Please include the following information: number and size of units; rental rates and what is included in the rent; number of units designed to be accessible; and describe how this project is integrated into the neighbourhood.

Has the Project received approval of all City of Cambridge planning applications?

Does the Project require GRCA and/or Region approval?

Provide a timeline for the Project. When you hope to start the Project? When do you hope to complete the Project?

Total estimated budget for the Project_____

Have any funds been requested/received from other sources? ____yes ____no

If yes, provide details of amount received and for what part of the project.

How will the funds be used?_____

How will the units be maintained as affordable rental units?_____

Are you prepared to provide yearly statements to the City of Cambridge , indicating the units remains affordable based on current CMHC data?_____

Names and Contact Information of all Professionals associated with the Project:

Architect(s): _____

Contact Information:

Company: _____

Phone: _____ Email: _____

Engineer(s): _____

Contact Information:

Company: _____

Phone: _____ Email: _____

Planner(s): _____

Contact Information

Company: _____

Phone: _____ Email: _____

Builder(s): _____

Contact Information

Company: _____

Phone: _____ Email _____

Signature: _____ Date Submitted _____

I have the authority to bind the organization