



Charlotte HOME
(Housing Opportunities Made Easier)
State Housing Initiatives Partnership (SHIP) Application

Office Use Only:

Request Date: _____ Scoping Meeting Date: _____

- RENTAL SPECIAL NEEDS/SUPPORTED LIVING
- Multi-family Single Family Other

An officer, owner, partner or sole proprietor of the Company applying must sign this form

Applicant Name/Address: _____

Property Name/Address: _____

Applicant phone: : _____ Email: _____

Is the applicant a: Non-profit [attach current IRS designation as 501(c)(3)]
 Community Land Trust

Subject Property Tax ID Number: _____

Property Acreage: _____

Legal Description of proposed property: _____

Total number of units on property _____ Number of units proposed for rehab _____

Average resident income: 60-80% AMI <60% AMI <30% AMI

Proposed rental rates: _____

Existing Land Use Restriction Agreement (LURA) on property Yes No

Term of Affordability: Perpetuity 50 years 21-49 years 20 years

Incentives Requested (check only those that apply):

Expedited Permitting Impact Fee Waiver Utility Fees Density Other

Signature: _____ Date: _____

Funding/incentive awards subject to availability.

See page 2 for additional required information.

**State Housing Initiatives Partnership (SHIP) Application – Additional Required Information
(attach additional pages as necessary)**

Describe the scope of the project:

Outline project readiness (site control; zoning; construction timeline; etc.):

Identify other funding sources for project:

Disclose any existing liens, mortgages, or other encumbrances attached to subject property:

Describe property development/management experience:

Describe any past or present litigation involving any properties managed, including outcome(s), if applicable:

Services and programs offered to residents, if applicable:

Describe plan for tenant relocation during rehab/construction or plan for timely lease-up of vacant unit(s):

Other information (including special needs criteria, if applicable):