

**AFFORDABLE HOUSING EXEMPTION REQUEST FOR IMPACT FEES
Polk County, FL**

- 1. Owner name: _____
- 2. Owner address & phone number: _____
- 3. Builder name: _____
- 4. Builder address & phone number: _____
- 5. Site location (physical address) _____
- 6. Section: _____ Township: _____ Range: _____
- Parcel # (s): _____

**A COMPLETE LEGAL DESCRIPTION OF THE PROPERTY IS REQUIRED TO
BE ATTACHED TO THIS APPLICATION**

- 7. (Please circle) Project will be: **SOLD** **RENTED**
- 8. Proposed selling price or rental price for each unit: _____
- 9. Is this project the recipient of any governmental grant or subsidy which will fund the construction: **YES** **NO**

If YES, please attach copy of terms, restrictions, and conditions of the grant or subsidy.
FMHA applicants need to attach a Conditional Commitment.

10. Evidence that the residential construction shall be occupied by low income persons or very low income persons.
(Please complete a Resident Income Certification application).

11. Evidence that the Residential Construction is part of a multi-family project, which is funded by a governmental affordable housing program, if applicable.

For residential construction to receive an Affordable Housing Exemption, it must meet all the restrictions of Affordable Housing as provided in Polk County Ordinance 07-018 and these restrictions must continue for a period of at least seven (7) years from the date of issuance of a Certificate of Occupancy. Such restriction must either be contained within the deed for the residential construction; the terms, restrictions and conditions of a direct government grant or subsidy that will fund the residential construction; or within the terms of a development agreement between the County and the Owner.

CERTIFICATION FROM PROPERTY OWNER OR AUTHORIZED REPRESENTATIVE

I, _____, certify that the above information is correct and complete to the best of my knowledge. I, the undersigned, also certify that I have read and understand Section 2.06, item 7, Affordable Housing Exemption, as contained in the Polk County, Florida, Amended, Restated and Consolidated Comprehensive Impact Fee Ordinance #07-018.

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

NOTARY PUBLIC _____

Transportation, EMS, Correctional, School, **APPROVED** _____ **DENIED** _____
Library, Parks, Fire Rescue & Law Enforcement Fees

County Management signature: _____ Date: _____

Return completed form to: Polk County Growth Management Department
Drawer GM 01, P. O. Box 9005
Bartow, FL 33831-9005

POLK COUNTY IMPACT FEE WAIVER REQUEST FORM
RESIDENT INCOME CERTIFICATION - HOME BUYER - RENTAL HOUSING

Effective Date: _____

Affordable Housing shall mean a Dwelling Unit which is offered for sale or rent to Low-Income Persons or Very-Low-Income Persons and which monthly rent or monthly mortgage payments, including taxes and insurance, do not exceed 30 percent of that amount which represents the percentage of the median adjusted gross income for **Low-Income Persons and Very-Low-Income Persons**.

A. Recipient Information (select one)

a. Home Buyer: Monthly PITI: _____ Rent Monthly: _____

B. Subsidy Use New Construction
 Affordable Housing Funds Committed by: _____

| |
|----------------------------|
| Name of Home Buyer/Renter: |
| Address of Property: |
| |

C. Household Information

| Member | Name(s) - All Household Members | Relationship | Age |
|--------|---------------------------------|--------------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

D. Assets: All household members including minors

| Member | Asset Description | Cash Value | Income from Assets |
|---|-------------------|------------|--------------------|
| 1 | | \$ | |
| 2 | | \$ | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Total Cash Value of Assets D(a) | | \$ | |
| Total Income from Assets | | D(b) | \$ |
| If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate 2.0%) and enter results in D(c), otherwise leave blank. D(c) | | | \$ |

E. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

| Member | Wages/ Salaries (Include tips, commission, bonuses, etc.) | Benefits/Pensions | Public Assistance | Other Income | Asset Income (Enter the greater of box D(b) or box D(c) above in box E(e) below: |
|--------|--|-------------------|-------------------|--------------|---|
| 1 | \$ | \$ | \$ | \$ | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | (a) | (b) | (c) | (d) | (e) |
| Totals | \$ | \$ | \$ | \$ | \$ |

| | |
|--|----|
| Enter total of items E(a) through E(e). This amount is the ANNUAL ANTICIPATED HOUSEHOLD INCOME | \$ |
|--|----|

F. **Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and completed to the best of my/our knowledge and belief and are given under penalty of perjury. **WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

Signature of Head of Household

Date _____

Signature of Spouse or Co-Head of Household

Date _____

G. **Administrator Statement:** Based on the income information provided by the household and upon proofs and documentation submitted, the household is eligible for Polk County Impact Fee Waivers, the family or individual(s) constitute(s) a: (check one)

_____ **Low Income (LI) Persons** shall mean one or more natural persons, the total adjusted gross household income of which does not exceed **80% of the median adjusted gross income for households** within the Lakeland-Winter Haven, Florida, metropolitan statistical area as reported by the U.S. Department of Housing and Urban Development or its governmental successor in function. **Maximum income limit* \$** _____

_____ **Very Low Income (VLI) Persons** shall mean one or more natural persons, the total adjusted gross household income of which does not exceed **50% of the median adjusted gross income for households** within the Lakeland-Winter Haven, Florida, metropolitan statistical area as reported by the U.S. Department of Housing and Urban Development or its governmental successor in function. **Maximum income limit* \$** _____

*Based upon the 2007 (year) income limits for Lakeland-Winter Haven Metropolitan Statistical Area (MSA) or Polk County, Florida.

Program Administrator or His/Her Designated Representative:

(Signature)

Date _____

Name _____
(Print or type name)

Title _____

4. The issuance of a tie-down permit for a Mobile Home on which Impact Fees have previously been paid for the lot upon which the Mobile Home is to be situated.

5. Government-owned Residential Construction and Government-owned Buildings.

6. The construction, alteration or expansion of any structure within a core improvement area that is formally recognized and designated by an interlocal agreement between the County and a City, provided the City has waived the imposition of Impact Fees within such area, excluding water and sewer utility impact fees. Before this exemption shall apply, the City and the County shall enter into an interlocal agreement recognizing the affected area along with a legal description.

7. Any Residential Construction that qualifies as Affordable Housing and meets the following requirements:

a. Any Person seeking an Affordable Housing exemption shall file with the County Manager an Application for Exemption prior to the Impact Fee payment date pursuant to Section 2.01 for the proposed Residential Construction. The Application for Exemption shall contain the following:

- i. The name and address of the Owner;
- ii. The legal description of the Residential Construction;
- iii. The proposed selling price or the proposed rental price, as applicable;

- iv. Evidence that the Residential Construction shall be occupied by Low Income Persons or Very-Low-Income Persons; and
- v. Evidence that the Residential Construction is part of a multi-family project, which is funded by a governmental affordable housing program, if applicable.

b. For Residential Construction to receive an Affordable Housing exemption, it must meet all the restrictions of Affordable Housing as provided herein and these restrictions must continue for a period of at least seven (7) years from the date of issuance of a Certificate of Occupancy. Such restrictions must either be contained within the deed for the Residential Construction; the terms, restrictions and conditions of a direct government grant or subsidy that will fund the Residential Construction; or within the terms of a development agreement between the County and the Owner.

c. If the Residential Construction meets the requirements for an Affordable Housing exemption, the County Manager shall issue an exemption. The exemption shall be presented in lieu of payment of the Impact Fees.

d. The amount of the Impact Fees shall not be increased to replace any revenue lost due to the Affordable Housing Exemption.

e. In the event the Residential Dwelling Unit fails to meet the restrictions of Affordable Housing as provided herein within the 7-year period following the issuance of the Certificate of Occupancy such that the property no longer qualifies as Affordable Housing and is no longer occupied by Low-Income Persons or Very-Low-Income Persons, the Impact Fees in effect at the time of the change in circumstances shall be immediately due.

8. The construction, alteration or expansion of a Dwelling Unit for the purpose of providing living quarters for one or more natural or adoptive parents or grandparents of the Owner or the Owner's spouse which satisfies the requirements of Article VII, Section 4 of the Constitution of the State of Florida, Section 193.703, Florida Statutes and Ordinance No. 06-083 and meets the following requirements:

a. Any Person seeking an exemption pursuant to this subsection shall file with the County Manager an Application for Exemption prior to the Impact Fee payment date pursuant to Section 2.01 for the proposed construction. The Application for Exemption shall contain the following:

- i. The name and address of the Owner;
- ii. The legal description of the Residential property;
- iii. Evidence that the Residential property is the legal homestead of the Owner;