

Housing Accelerator Fund Grant Program ■

A P P L I C A T I O N F O R M

1.0 APPLICANT INFORMATION

Applicant Name: _____

Email Address: _____

Phone: _____

Mailing Address: _____

Postal Code: _____

Preferred Method of Contact: Email Phone

Are you the legal owner of the property? Yes No – Please indicate the legal owner's contact information below

Owner: _____

Mailing Address: _____

Postal Code: _____

2.0 TO BE COMPLETED BY PROPERTY OWNER

Are you currently in good standing with the City of Saint John, meaning you have no unpaid taxes, water/sewage fees, or outstanding property-related by-law violations? Yes No

Owner's printed name

Owner's signature

DD/MM/YYYY

3.0 PROJECT DESCRIPTION

Civic Address: _____

Property ID (PID): _____

Number of Units: _____

Building Permit submission date (actual or estimated): _____

Please note that a building permit must be submitted within 6 months of the date of application.

Building Permit Number: _____

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APPLICATION FORM

Briefly describe your project and details as applicable on energy efficiency (e.g. will the development meet 2017 NEC), accessibility (# of barrier free units), amenity space, affordability, and any innovative practices that will advance the commercial real estate/construction industry (sustainable building practices, climate resiliency, affordable housing initiatives). Include reference to any past projects completed. This information will be used to score your application. You may attach additional pages to this application form.

Grants applied for:

- Construction Challenges Grant
- Missing Middle Housing Grant
- Revitalizing Rental Stock Grant

Estimated Construction Cost: _____

Estimated Construction Challenge Cost (if applicable): _____

Construction Start Date: _____

Estimated date of foundation completion (if applicable): _____

Construction Completion date: _____

Targeted average rent: _____

Targeted sale price: _____

4.0 SIGNATURES

I hereby request that this application be considered under the *HAF Grant Program Policy* of the Growth & Community Services Department of The City of Saint John.

By signing below, I certify that all information included on this application form is truthful and accurate.

Applicant's printed name

Applicant's signature

DD/MM/YY

General Collection Statement

This information is being collected in order for the City of Saint John to deliver an existing program/service; the collection is limited to that which is necessary to deliver the program/service. Unless required to do so by law, the City of Saint John will not share your personal information with any third party without your express consent.

The legal authority for collecting this information is to be found in the Municipalities Act and the Right to Information and Protection of Privacy Act.

For further information or questions regarding the collection of personal information, please contact the Access & Privacy Officer.

City Hall
15 Market Square
Saint John, NB E2L 1E8
commonclerk@saintjohn.ca (506) 658-2862

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ATTACHMENTS

Please be sure to include the following attachments to your application:

Construction Challenges Grant/Missing Middle Housing Grant

- Site plan, building elevations and floor plans drawn to scale**
- Project schedule including key milestones:** start date, date of building permit submission, estimated date of completion of foundation, estimated project completion date
- Evidenced construction cost estimates** by a professional engineer, architect or project accountant (construction challenges grant only)

Revitalizing Rental Grant

- Floor plans drawn to scale**
- Project schedule including key milestones:** start date, date of building permit submission, estimated date of completion of foundation, estimated project completion date
- Letter of support for Residential Rehabilitation Assistance Program (RRAP), as applicable**

Grant Application Process Summary

