

Adobe Reader 8.0+ is required to complete this application form.

If you are using an earlier version, you will not be able to save any information you enter into the form.

Adobe Reader is a free download available at: <http://www.adobe.com/products/acrobat/readstep2.html>



+ Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.

1. Applicant Profile

Local government:

2. Primary Contact Information

Primary contact (for this application):	Position/title:
Telephone:	Email:

3. Overview

Provide a description of the housing development(s) the community wishes to incentivize:

Outline how the housing development aligns with your community's housing needs assessment:

Provide a description of how the community plans to market and promote the program:

Outline how your housing incentive program policy has been customized to meet the community's housing needs/goals:

4. Development Plan

Project address:		
Type of project:		
New construction	Conversion to residential from:	
Identify the housing type:		
Condominiums	Townhouses	Triplex
Apartments	Duplex	Quadplex (or more)
Tenure:		
Ownership	Rental	Mixed

5. Unit Type

Unit type:	# of Units:	Unit size (square foot):
Bachelor		
1 Bedroom		
2 Bedroom		
3 Bedroom		
Total number of housing units:		

6. Project Milestones

Stage of project:	Scheduled date: (dd-mmm-yyyy)	Describe the current stage of the project:
1) Project start date		
2)		
3)		
4)		
5)		
6) Project completion date		

7. Economic Impact

Nature of positions:	Number of new positions to be created:	Hours of employment per week (average):	Total person months of employment to be created (average):	Position(s)/title(s):
Direct permanent jobs:		hours/week	months/year	
Direct temporary jobs (construction):		hours/week	months/year	
TOTAL PROPOSED FULL-TIME EQUIVALENT (FTE) JOB CREATION:				
† Full-time equivalent (FTE) job creation is aggregated from information provided above. 1.0 FTE is equal to 1 new position working 35 hours/week for 12 months/year.				

Expected total project cost (attach proposed budget):	Expected sale price or monthly rental revenue/unit:
\$	\$
Current property's tax revenue:	Expected property's tax revenue at completion:
\$	\$

8. Funding Request

Number of applicable units	x	Amount per unit (max \$10,000)	=	Grant Request (max \$200,000)
	x		=	

9. Attachments

Document name:
1) Required: Local government resolution of support
2) Required: Draft copy of local government's Housing Incentive Program policy and associated documents
3) Required: Copy of adopted housing needs assessment (completed/adopted within the last 5 years)
4) Required: Copy of board or council minutes adopting housing needs assessment
5)
6)
7)

10. Authorization

I have read and understand the [Northern Housing Incentive Application Guide](#) including the eligible and ineligible costs.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.

I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development Initiative Trust (Northern Development).

I also agree to submit reporting materials as required by Northern Development, and where required, financial accounting for evaluation of the activity funded by Northern Development.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I agree to publicly acknowledge funding and assistance by Northern Development.

I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.

I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, and consultants.

Name (organization signing authority): ✦ Please type name.	Position/title:	Date:

11. Submitting Your Application

Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email. ✦ *Do not scan this form.*

Email: info@northerndevelopment.bc.ca