Affordable Housing Verification Request

Hillsborough County Florida
Development Services

Important Instructions to All Applicants:

- Please submit this form and required documents to ZoningIntake-DSD@HCFL.gov.
- All documents must be submitted as separate PDFs. Each PDF document must be named according to its contents. All of the PDF documents must be submitted in a single e-mail.
- Payment instructions will be sent to you after receipt of the complete application.
- Please allow a minimum of 30 business days for review and response.
- We cannot accept phone, fax or email requests that are not submitted pursuant to these instructions.
- If you are seeking an Affordable Housing Verification for a site under the Live Local Act, subsection (7) in Section 125.01055, Florida Statutes, the site must have a *Live Local Act (LLA) Zoning Verification* letter issued by the Development Services Department and shall have an executed Land Use Restriction Agreement (LURA) with Affordable Housing Services. For more information, visit the Live Local Act webpage.

Official Use Only

Application No:_____Intake Date:_____Intake Staff Signature:_____

Applicant Name:_____

Mailing Address:_____

City: _____State: _____Zip:_____

Phone: _____Fax:_____ Email:_____

Address(es) of the parcel(s) of interest:

_____

Folio number(s) of the parcel(s) of interest:

_____

Please visit www.HCPAFL.org to obtain the folio number(s) of the parcel(s).

Please submit the following documents with this application:

1. Written narrative explaining what information is requested (Required)
2. Legal description and/or deeds of parcel(s) of interest (Optional)
3. Current site plan (If applicable)
4. Florida Housing Finance Corporation Verification Forms (check those forms included with this application)
   - ☐ Verification that Development is Consistent with Zoning and Land Use Regulations
   - ☐ Verification of Availability of Infrastructure – Roads
   - ☐ Verification of Availability of Infrastructure – Water
   - ☐ Verification of Availability of Infrastructure – Sewer Capacity, Package Treatment or Septic Tank
5. The attached Sensitive Information Acknowledgment Form (Required)

I hereby swear or affirm that all the information provided in the submitted application is true and accurate, to the best of my knowledge.

_____ _____

Signature of the Applicant Type or print name

Hillsborough County Florida
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Identification of Sensitive/Protected Information and Acknowledgement of Public Records

Pursuant to Chapter 119 Florida Statutes, all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact Hillsborough County Development Services to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under Florida Statutes §119.071(4) will need to contact Hillsborough County Development Services to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? ◯ Yes ◯ No

I hereby confirm that the material submitted with this application

◯ Includes sensitive and/or protected information.

Type of information included and location

_____

◯ Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the application can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____

(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____