



CITY OF BEND

# Affordable Housing Systems Development Charges Exemption Application

PrimaryContact: \_\_\_\_\_

Company name (Legal Owner): \_\_\_\_\_

Company mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Project name: \_\_\_\_\_

Project location (tax lot or address): \_\_\_\_\_

Are you receiving City of Bend affordable housing funding for this project?

Yes  No Type: Affordable Housing Fund CDBG Surplus Lot

Target AMI:  80% or less  60% or less  50% or less  Combination (please describe below)

Are you willing to permanently deed restrict the development as affordable?  Yes  No  Partial

**Development Description:**

Type	Affordable Units	Total units
Residential (please indicate type: duplex, SF, MF, etc.)		
Commercial (type)		
Other		

Brief description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated Timeline:**

Pre-app Meeting Date: \_\_\_\_\_ Expected construction start date: \_\_\_\_\_ Expected COO: \_\_\_\_\_

Assigned City of Bend planning staff: \_\_\_\_\_ Building Permit Number: \_\_\_\_\_

**Please submit completed application and estimated recording fee to  
Affordable Housing Staff  
710 Wall Street, Bend, OR 97703**

**For office use:**

Committee Recommendation:    Yes      No

Date of Committee hearing: \_\_\_\_\_

Loan Terms:

Total exempted:	_____	Water	_____	Sewer	_____	Transportation	_____	Total
Total due (not exempted):	_____	Water	_____	Sewer	_____	Transportation	_____	Total
Loan closing date:				Recording fee included	_____	(Estimated at \$200)		
Department approval:		AH		CDD		Finance		