CITY OF BEND

Affordable Housing
Developer Incentives Program
Expedited Permitting Worksheet

Primary Contact: _____

Company name (Legal Owner): _____

Mailing address: _____

Phone: _____ **Email**: _____

Project name and Address: _____

Stage of development requesting to be expedited: _____

Development description:

- ☐ Single family detached
- ☐ Duplex/Triplex
- ☐ Multi-family
- ☐ Mixed use
- ☐ Other (describe): _____

Total # of residential units: _____

# of affordable residential units: _____

Units are intended for:

- ☐ Individual ownership
- ☐ Rental
- ☐ Shelter
- ☐ Combination(describe): _____

Target AMI: ☐ 80% or less ☐ 60% or less ☐ 50% or less ☐Other (describe): _____

☐ Combination (describe): _____

Developer Characteristics: ☐ For Profit ☐ Non-profit ☐ Other (describe): _____

What agencies are funding your project and the approximate amount?

Agency	Funding Amount

Please attach a copy of the completed funding applications and award letter(s) or other proof of funding.

Please submit application to the Housing Director, Lynne McConnell at Lmcconnell@bendoregon.gov or mail to Housing Department PO Box 431, Bend, OR 97709