



CITY OF BEND

Affordable Housing Developer Incentives Program Expedited Permitting Application

Primary Contact: _____

Company name (Legal Owner): _____

Mailing address: _____

Phone: _____ Email: _____

Project name and Location: _____

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
- Shelter
- Rental
- 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
Lmccconnell@bendoregon.gov or mail to Housing Department PO Box 431, Bend, OR 97709**