

INCLUSIONARY HOUSING PROGRAM (IHP) PLAN

PART 1 – PROPERTY INFORMATION

1. Project Name or Principal Address: _____

2. Applicant Information

Person(s) or legal entity that will own property upon issuance of building permits.

Name of owner: _____

Principal contact person for this plan: _____

Mailing address: _____

Phone: _____ Fax: _____

Email: _____

Check and fill in all that apply to the Applicant:

- a. Current owner _____ Proposed purchaser _____
- b. Individual(s) _____ Partnership _____ LLC _____ Stock corporation _____
Nonprofit corporation _____
- c. Registered _____ To be formed and registered _____ State of registry: _____

Name/Contact information for owner's counsel: _____

3. Information about Property

Describe the parcel(s) to be developed that are subject to IHP.

- a. Address(es): _____
- b. Lot number(s): _____
- c. Lot area of parcel(s): _____
- d. Parcel 1: _____ Parcel 2: _____ Parcel 3: _____ Total: _____
- e. Zoning District(s): _____
- f. Number of existing dwelling units on the property: _____
- g. Total Gross Floor Area of proposed building, including residential and non-residential uses: _____
- h. Date, type, and case number of special permit, variance, or other permitting decision: _____

PART 2 – PROJECT and UNIT INFORMATION

4. Phased Project

IHP applies to any adjoining parcel(s) that have been under common ownership or under common control at any time within five years following the first date of an application for a special or building permit on the lot(s) or at any time within the 12 months preceding the first date for an application for any special or building permit as per Section 2.00 of the Cambridge Zoning Ordinance (definition of Inclusionary Housing Project). If this applies to your project, it is considered a phased project.

- a. Is this a phased project? yes___ no___
- b. If yes, provide the details of the phasing: the development parcels, number of buildings, units per phase, and timing.

5. Number of Proposed Dwelling Units

- a. The total number of new dwelling units to be built: _____
- b. The total number of existing dwelling units to remain residential: _____
- c. The total number of dwelling units converted or to be converted: _____
- d. Add the three lines above and put the result here: _____

6. Gross Floor Area of Proposed Dwelling Units

- a. Residential gross floor area of new units to be built on property: _____
- b. Residential gross floor area of existing dwelling units which have not been used for any residential use for a period of at least two (2) years to remain residential: _____
- c. Residential gross floor area of units converted or to be converted: _____
- d. Add the three lines above and put the result here: _____

7. Threshold Criteria

If the answer to either of these questions is “yes,” IHP applies to your project. If the answer is “no”, IHP is not required for your project and you do not have to complete this form.

- a. Does the total number of proposed dwelling units equal 10 or more (from line 5.d.)? yes___ no___
- b. Does the total gross residential square feet equal 10,000 or more (from line 6.d.)? yes___ no___

8. Calculation of Required Amount of Square Feet for Affordable Units

- a. Total amount of Dwelling Unit Net Floor Area _____
(Dwelling Unit Net Floor Area defined as in Article 2.00 of the Cambridge Zoning Ordinance: the floor area within a dwelling unit excluding common areas, exterior walls, walls dividing units from each other or from the common area, and unenclosed spaces, such as open air porches, balconies, or decks.)
- b. Multiply by .20. _____
(This is the required amount of net residential square feet required for affordable dwelling units.)

9. Calculation of Number of Required Family Sized Units

Method 1

- a. Total number of all (affordable and market rate) family sized units (3 bedroom Units or larger) in the project. _____
- b. The ratio of the total number of family sized units (line 9.a.) to the total number of all units (line 5.d.) _____
- c. The number of affordable 3 bedroom units must equal or exceed the ratio of all family sized units to all units. _____

Method 2

Complete this step only if the total amount of dwelling unit net floor area is 30,000 square feet or greater (line 8.a.). For these projects, an affordable 3 BR unit is required for every 6000 square feet of affordable floor area.

- d. Divide the required amount of Affordable Dwelling Unit Net Floor Area (line 8.b.) by 6000. _____
- e. Round to the nearest whole number (round up for fractions .5 or more and down for fractions less than .5). _____

Result

- f. The number of required affordable family sized units is the greater of the result of Methods 1 or 2. _____

10. Fractional Unit Contribution

- a. Required amount of affordable dwelling unit net floor area (line 8.b.). _____
- b. Actual total of net dwelling unit floor area of affordable units (from part 11 below). _____
- c. Subtract line 10b from 10a. _____
A per square foot monetary contribution is required for the required affordable dwelling unit net floor area not provided in the total net floor area of the affordable units.

PART 3 – DESCRIPTION OF UNITS

11. Description of Proposed IHP Units

PROPOSED IHP UNITS:

	Studio	1-BR	2-BR	3-BR	4-BR+	Total
Number of IHP units:	_____	_____	_____	_____	_____	_____
Net floor area, smallest IHP unit:	_____	_____	_____	_____	_____	_____
Net floor area, largest IHP unit:	_____	_____	_____	_____	_____	_____
Total net dwelling unit floor area, IHP units:	_____	_____	_____	_____	_____	_____

12. Parking

One parking space is required for each IHP unit. If there are fewer parking spaces than total units in the proposed development, then the number of parking spaces provided for the IHP units shall be in the same proportion as the number provided for the non-IHP units. If there is a parking fee being charged, then the fee for the IHP units is the will be calculated per Section 11.203.4.c(vi) of the Cambridge Zoning Ordinance.

Number of garage parking spaces	_____
Number of covered parking spaces	_____
Number of outdoor parking spaces	_____
Total # of parking spaces	_____
Total # of units	_____
Number of compact spaces	_____
Number of full size spaces	_____
Other spaces	_____

13. Finishes

a. Will all units be identical with respect to materials and materials?

___ yes, all units will be identical ___ no, units will vary

If no, please describe how units will be finished, including finish selection options for renters/buyers. Note that the IHP units will need to mirror the market units.

b. Describe amenities for all units. If not all units will have the same amenities, identify the units and describe how the amenities will differ:

14. Schedule of Units

Describe each of the proposed dwelling units using the attached chart as a guide. If there are variations in finishes or amenities among the units, add columns to this chart to identify the variations per unit. Add any other additional columns as necessary. Provide this chart in Excel via email.

PART 4 – APPLICATION REQUIREMENTS

15. Submission Checklist

I have attached the following items to this submission:

- Copy of Deed showing current ownership
- Floor plans and elevations for all proposed structures.
Please provide final building permit set of plans, if available; CDD will need a copy of the final building permit set to finalize the IHP documents. Include architectural drawings, including floor plans indicating residential unit numbers, site plans, elevations, and individual unit type plans.
- Schedule of Dwelling Units Proposed - Use the attached form
Please also e-mail the Schedule of Units form in Excel.

16. Representations Regarding Marketing and Resident Selection

- I agree to use the City of Cambridge Community Development Department’s (CDD) marketing and tenant selection procedures that are in effect at the time units are marketed.
- I will not enter into any agreements to sell or lease IHP Units, unless the units are marketed and residents selected according to the guidelines of the Plan.
- I hereby agree that the City or its agent will certify the eligibility of prospective buyers or renters of my IHP Units prior to a sales contract or lease agreement being executed.
- I agree to comply with the City’s Inclusionary Housing Program regulations and procedures.

17. Signature and Certifications

I hereby certify (check off):

- I am the Applicant or authorized to make this submission for the Applicant(s);
- All statements of fact herein are true and correct to the best of my knowledge;
- All descriptions herein of proposed activities reflect the intent of the Applicant(s);
- The Applicant(s) agrees to the following:
 - The Applicant(s) understand that they will read, understand, execute and record an Inclusionary Zoning Affordable Housing Covenant consistent with this plan, as a senior interest in the title, prior to building permits being issued.
 - The Applicant(s) understand that they will comply with the city’s marketing and residential selection procedures prior to entering into any agreements to sell or lease the units.
 - The Applicant will provide a written certification by the architect of the Dwelling Unit Net Floor Area (as defined in the Section 2.00 of the Cambridge Zoning Ordinance) of all units.

___ The Applicant(s) understand that, for ownership housing, condominium documents will be reviewed and approved by the City prior to recording.

___ The Applicant(s) understand the long-term price restrictions, monitoring requirements, and reporting requirements regarding IHP Units.

___ The Applicant will comply with all regulations and procedures established by the City for the Inclusionary Housing Program.

For: _____
Name(s) of Applicant(s)

Signature

Date

By: _____
Signature

Date: _____

(Relationship of Signer to Applicant)