



DEPARTMENT OF HEALTH AND HUMAN SERVICES

621 W. JEFFERSON STREET • BROOKSVILLE, FLORIDA 34601

P 352.540.4338 F 352.540.4339 W www.hernandocounty.us/healthandhumanservices

**SHIP/Non-Profit /Developer
Affordable Housing/Special Needs Application**

Request Date: _____

Per County's Request

Meeting Date: _____

Per County's Request

Applicant (Contact Person):

Name: Richard Sanvenero Sr. Organization Type: Non-Profit
Firm/Owner: Mid Florida Community Services Inc, House to Home Program
Address: 19450 Cortez Blvd Brooksville FL 34601
Email: Richard@mfc.s.us.com Phone: 352-754-1159 Fax: 352-754-6044

Project Information

Project Name: Single Family Affordable Housing
Project Location (Key Number): 00321342
Project Location (Address): 13333 Kane Rd. Spring Hill, FL 34609
Legal Description of Property: Spring Hill Unit 24 Blk 11660 Lot 1

Rental _____ Homeownership X multi-Family _____
Single-Family X Supportive/Special Needs _____ Other (Explain) _____
Proposed Rental Rate _____ Proposed Sales Price Appraisal less SHIP payment
Zoning Designation: Residential Homeownership Land Use: Residential Homeownership Intended Use: Residential Homeownership
Total Acreage/Lot Size: .20
Total Dwelling Units: 1 Total Buildings 1
1 bdrm _____ # 2 Bdrm _____ # 3 Bdrms X # 4 Bdrms _____
Percentage up to 30% AMI _____ Percentage up to 60% AMI _____
Percentage up to 80% AMI X Percentage up to 120% AMI _____
Percentage > 120% AMI _____

Land Use Restriction/Term of Affordability: Purchase for Appraised price less SHIP payment
99 Year Lease _____ 50 Year Lease _____ 30 Year Lease _____

Description/Narrative (Please provide architectural drawing, photos and other documents to verify project, cost estimates, funding sources, and explain why you think project qualify as affordable): Use additional sheet as needed.

Our project qualifies as affordable housing with our partnership with SHIP for first-time homebuyers assistance for up to \$30,000. - per low-income families. AS a non-profit building affordable housing, we also qualify for
I hereby certify to the best of my knowledge and belief that all data included, and information submitted with this application is true and accurate. I further authorize Hernando County to undertake the necessary actions to verify the information provided.

\$50,000 to \$75,000.- to continue building housing that is affordable for Hernand County residents.

THE AMELIA



hds
Holmes Drafting Services, LLC
www.HolmesDraftingServices.com

SCALE: 1/8"=1'-0" (8.5X11)

Signature: _____ Date: _____
Printed Name: _____ Date: _____

Additional Required Information

Identify prior work including both successful and unsuccessful projects. How many units have you produced?

over 40 units

Describe past or present litigation involving any partners in the project, including outcome(s), if applicable. No litigation involving any partners in the project including ourselves.

Outline Project readiness (site control; zoning; construction timeline):

1 month start - finish 4 months

Identify any leveraged investments and/or collaborative ventures:

Tangerine Estates, Labella St Brooksville FL 3 Houses

Services and Programs offered to residents. If single family, list amenities:

Energy efficient appliances, Green building technologies, handicap accessible

Other information: We are honored to partner with the county, for the need for affordable housing.

Please fill out completely. The application will not be accepted without a complete application package.
