

SUBSIDIZED HOUSING INVENTORY: Requesting New Units Form

Name of Development _____
Address _____
Total Acreage _____

Subsidizing Agency – List All (i.e., MassHousing, DHCD)

Subsidy Program – List All (i.e., Housing Starts, NEF, LIP, HOME)

	Rental	Ownership
Total Units in Development		
Total Affordable Units		
Restricted at 80% of AMI		
Restricted at 50% of AMI		
Restricted at 30% of AMI		

Date of Building Permit(s) _____
(Provide a listing of issued building permit numbers and corresponding unit numbers and addresses. Please note that foundation permits are not to be included as building permits)

Date of Occupancy Permit(s) _____ (Provide a listing of issued occupancy permit numbers and corresponding unit numbers and addresses)

For Comprehensive Permit Projects, Zoning Approvals under M.G.L. c.40A, and Completed Plan Reviews under M.G.L. c.40R (provide copy of applicable permit, approval, or plan review):

- Date comprehensive permit application was filed with the ZBA: _____
- Date comprehensive permit, zoning approval under M.G.L. c.40A, or completed plan review under M.G.L. c.40R was filed with the town clerk: _____
- Was an appeal filed? YES or NO
Was an appeal filed by the Zoning Board of Appeals? YES or NO
- Date the last appeal was fully resolved: _____
(Provide documentation)

Documentation* evidencing the following must be submitted with this form:

1. The zoning or permitting mechanism under which the housing development is authorized
2. The units are subsidized by an eligible state or federal program
3. The units are subject to a long term use restriction limiting occupancy to income eligible households for a specified period of time (at least thirty years or longer for newly created affordable units, and at least fifteen years for rehabilitated units)
4. The units are subject to an Affirmative Fair Housing Marketing Plan

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5. The last appeal has been fully resolved (where applicable)

Submit form and documentation to: **DHCD Office of the General Counsel
Attn: Subsidized Housing Inventory
100 Cambridge Street, Suite 300
Boston, MA 02114**

Submitted by: Name & Title: _____
Mailing Address: _____
Phone and email: _____

*Please review Section II of the DHCD Comprehensive Permit Guidelines, "Measuring Progress Towards Local Goals," available at: <https://www.mass.gov/service-details/comprehensive-permit-information> for more information about the required criteria for inclusion on the Subsidized Housing Inventory.