**LOCAL INITIATIVE PROGRAM APPLICATION FOR**

**Accessory Apartments**

**Introduction**

The Local Initiative Program (LIP) is a state housing initiative administered by the Department of Housing and Community Development (DHCD) to encourage communities to produce low- and moderate-income housing. The program provides technical and other non-financial assistance to cities or towns seeking to increase the supply of housing for households at or below 80% of the area median income. LIP-approved units are entered into the subsidized housing inventory pursuant to Chapter 40B.

The Department shall certify units submitted as LIP Accessory Apartments if they meet the requirements of 760 CMR 56.00 and the Local Initiative Program Guidelines, which are part of the Comprehensive Permit Guidelines and can be found on the DHCD website at www.mass.gov/dhcd.

To apply, a community must submit a complete copy of this application to:

**Department of Housing and Community Development**

**100 Cambridge Street, Suite 300**

**Boston, MA 02114**

**Attention: Alana Murphy**

 **Deputy Associate Director**

 **(617) 573-1301**

 **Alana.murphy@mass.gov**

**Community Support Narrative, Project Description, and Documentation**

Please provide a description of the project, including a summary of the project’s history and the ways in which the community fulfilled the Local Action requirement.

**Signatures of Support for the Local Action Units Application**

**Chief Executive Officer:** Signature:

*defined as the mayor in a city and the board*

*of selectmen in a town, unless some other* Print Name:

*municipal office is designated to be the*

*chief executive officer under the provisions* Date:

*of a local charter*

**Chair, Local Housing Partnership:** Signature

(as applicable)

 Print Name:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Municipal Contact Information**

Chief Elected Official: Name

 Address

 Phone

 Email

Town Administrator/Manager: Name

 Address

 Phone

 Email

City/Town Planner (if any): Name

 Address

 Phone

 Email

Town Counsel: Name

 Address

 Phone

 Email

Chairman, Local Housing Name

Partnership (if any):

 Address

 Phone

 Email

Local Project Administrator: Name

 Address

 Phone

 Email

**The Project – Please submit one copy of this page for each Accessory Apartment**

Project Site:

Address:

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Accessory Apartment is (check one):

Detached

Attached

**Unit Description**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # of BR | # of BA | Square Footage | Proposed Rent | Are utilities Separately Metered? (Y/N) | If utilities are separately metered, what is utility allowance (from Local Housing Authority?) |
|  |  |  |  |  |  |

**Attachments:**

1. Long-Term Use Restriction

 Please attach the LIP model Regulatory Agreement for Accessory Apartments *redlined to reflect any proposed changes*.

2. Affirmative Fair Marketing and Lottery Plan.

 This should consist of (1) *an affirmative fair marketing plan*, (2) *a sample advertisement/flyer*, (3) *the application form* that prospective tenants will complete to determine eligibility, and (4) *two separate information packets*, one for the owners of the accessory apartments explaining their responsibilities as owners of LIP-approved accessory apartments and one for prospective tenants explaining the annual recertification process, how and when a lease can be terminated, etc.

 The marketing materials should identify the qualifications of the individual who will serve as Local Project Administrator and the process to be used to establish and maintain a Ready Renters list.

3. Documentation of Town Action. (e.g. copy of special permit)