

APPLICATION FOR NON-PROFIT AGENCY FOR CITY OF MADISON CERTIFICATION AS AN ELIGIBLE FAMILY UNDER THE INCLUSIONARY DWELLING UNIT PROGRAM

AGENCY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

NON-PROFIT TAX STATUS: _____

Attach a copy of your registration with the State of Wisconsin as a non-profit organization and a copy of your Federal Letter Granting tax-exempt status.

Attach a copy of your most recent audit or public financial statement.

BRIEFLY DESCRIBE THE MISSION AND EXPERIENCE OF YOUR AGENCY IN PROVIDING AFFORDABLE HOUSING:

- Attach verification of at least 2 years of continuous operation in housing development, property management or housing counseling.

THE CITY OF MADISON WILL LIST CERTIFIED AGENCIES ON THE CITY'S IZ WEB SITE. WHICH OF THE FOLLOWING DESCRIPTIVE ROLES OR SERVICES WOULD YOUR AGENCY BE WILLING AND ABLE TO OFFER:

- Market IZ units to target population
- Co-develop affordable units with other developer
- Buy IZ lots and develop affordable housing that would help meet developer IZ requirement
- Purchase condo unit that would help meet IZ requirements
- Other role: _____

Authorized Signature

Date

Print Name