

EVALUATION FORM HAF
- HOUSING ACCELERATOR FUND -
(to be completed by the evaluation committee only)

A. INCENTIVE PROGRAMS

| | |
|---|---|
| Program Categories: Under which incentive program is the application being made? Check 1 only | <input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Conversion of a non-residential building into a residential building <input type="checkbox"/> Density/missing links (duplex, triplex, quadruplex, 4 stories or less) <input type="checkbox"/> Pre-approved plans, or modular <input type="checkbox"/> Affordable Housing – Inclusive (mix of affordable and non-affordable) <input type="checkbox"/> Affordable Housing – Partnerships (with Province of NB) |
| Date Received | |

B. EVALUATION CRITERIA

| Mandatory Criteria | | |
|---|--|----|
| 1. The application form is complete | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Copy of permit is included | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Copy of proof of ownership is included | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. The property is in the Campbellton Regional Community | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. The property for which this application is filed does not contravene municipal by-laws | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. The owner or property is not in arrears of property or other taxes/fees and is not subject to any open work orders | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Does the start and end dates of the work meet the requirements of the program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other criteria | | |
| 8. How many additional rental units will the project create? | # | \$ |
| For conversion only | | |
| 8a. Studio (\$10,000) | # | \$ |
| 8.b 1 bedroom (\$15,000) | | |
| 8.c 2 bedrooms and up (\$20,000) | | |
| 9. Additional accessory dwelling units only. Amount 50% up to \$10,000 | # | \$ |
| 10. How many of these additional units will be affordable? | # | \$ |
| 11. Other information (If required) | | |



C. APPROVAL AND FOLLOW-UP

| | |
|------------------------|--|
| Request Number: | |
| Committee Approval | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved Amount | \$ |
| Number of Installments | |
| Payment condition(s) | |
| Date | |
| Names and Signatures | 1. 2. 3. |

| <u>Follow-Up</u> | <u>Responsible</u> | <u>Date Completed</u> |
|--|-------------------------------------|-----------------------|
| 1. Send the approved or unapproved application to the Project Coordinator who will follow up with the applicant. | Evaluation Committee | |
| 2. Communicate the decision (agreement) to the applicant. | Project Coordinator | |
| 3. Agreement received with signature from applicant. | Project Coordinator | |
| 4. Send a copy to the Finance Department to reserve the funds | Project Coordinator | |
| 5. Send a copy to the Restigouche RSC for inspection. | Project Coordinator | |
| 6. Inspections (Check applicable ones for follow-up) | Applicant | |
| 6.1. Preliminary <input type="checkbox"/> | | |
| 6.2. Inspection 1 <input type="checkbox"/> | | |
| 6.3. Inspection 2 <input type="checkbox"/> | | |
| 7. Copies of receipts/proof of payment sent to the Project Coordinator. (If applicable) | Applicant (If applicable) | |
| 8. Verification of receipts and confirmation of total costs. (If applicable) | Project Coordinator | |
| 9. Send the payment request to the Finance Department (Check applicable ones for follow-up) | Project Coordinator | |
| 9.1. Payment Request 1 <input type="checkbox"/> | | |
| 9.2. Payment Request 2 <input type="checkbox"/> | | |
| 10. Disburse funds to applicant (Check applicable ones for follow-up) | Department of Finance - Campbellton | |
| 10.1. Payment 1 <input type="checkbox"/> | | |
| 10.2. Payment 2 <input type="checkbox"/> | | |