

Inclusionary Housing Plan Template

Section 2B-22 of Ordinance 24-308, Inclusionary Housing for Baltimore City requires that developers who are required to make inclusionary units available submit this Inclusionary Housing Plan at the time an application for a building permit is submitted.

Building permit applications that fail to include this form will not be reviewed. No building permit application will be released without an approved Inclusionary Housing Plan. Inclusionary Housing Plans can only be submitted prior to receiving a building permit.

Additional information about the City's Inclusionary Housing requirements can be found : [22-0195 Completed Ordinance 24-308 \(6\).pdf](#)

General Project Information

Section	Question
NAME OF PROJECT	Development Name
	Marketing Name (if different)
	Apartment or House Name (if applicable)
PROPERTY OWNER	Name of Company
	Contact Name
	Contact Title/Role
	Contact Email
	Contact Phone
	Mailing Address



PROJECT INFORMATION	Legal Address
	Street Known-As Address (if applicable)
	Zoning District
	Description (must include list of amenities and services that will be available, description of neighborhood)
SUBSIDY INFORMATION Includes all subsidies applied for (including those not yet awarded) and intended to be applied for	I am currently or contemplating requesting the following for this project (Select all that apply): <ul style="list-style-type: none"><input type="checkbox"/> Grants or loans that equal or exceed 15% of total projected project costs<input type="checkbox"/> Payment in Lieu of Taxes (PILOT) (not affordable housing)<input type="checkbox"/> Tax Increment Financing (TIF)

Section	Question
SUBSIDY INFORMATION (cont.)	<p><input type="checkbox"/> Sale or transfer of City-owned land substantially below its appraised value. Please include a copy of a Land Disposition Agreement, appraisal or other document establishing the below value purchase price</p> <p><input type="checkbox"/> Tax Credit(s) please identify (please attach a separate sheet if there are more than 3):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Affordable Housing Projects</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please attach the total number of units, breakdown by AMI, and a list of all sources. <input type="checkbox"/> Please indicate if you are planning to request or have a received an Affordable Housing PILOT and provide a copy of the application, underwriting memo and/or approval. <p><input type="checkbox"/> I am not applying for any of the following (please note that if you check this box you cannot apply for any additional tax credits or subsidies related to this project in the future)</p>
UNIT INFORMATION <p><input type="checkbox"/> ONLY FOR AFFORDABLE HOUSING PROJECTS: Please check if you attached table with information. If checked, you do not have to fill out this information.</p>	<p>Total Number of Units in the Project:</p> <p>_____</p> <p>Total Number of Penthouse Units in the Project:</p> <p>_____</p> <p>Total Number of Eligible Units (<i>Total Units – Total Penthouse Units</i>):</p> <p>_____</p> <p>Required Number of Inclusionary Units (10% of Total Number of Eligible Units):</p> <p>_____</p>

	Required Number of Units Available to Very Low Income Households (50% of Area Median Income):
	Required Number of Units Available to Low Income Households (60% of Area Median Income):
	Cost Per Unit:
UNIT AVAILABILITY	Please complete Exhibit C. Unit Information
CONTRACTED COMPANIES: PROPERTY MANAGEMENT Not required for Tax Credit/Affordable Housing Properties	Name of Company
	Contact Name
	Contact Title/Role
	Contact Email
	Contact Phone
	Leasing Agent Name
	Leasing Agent Email
	Leasing Agent Phone
CONTRACTED COMPANIES: TENANT SELECTION (optional)	Name of Company

Not required for Tax Credit/Affordable Housing Properties	Contact Name
	Contact Title/Role
	Contact Email
	Contact Phone
BUILDING PERMIT APPLICATION INFORMATION (to be completed by DHCD)	Permit Application Number
	Date Submitted
	Date Building Permit Approved for Issuance
	Building Permit Number

Proposed Project Schedule

Status	Start Date	Completion Date
Pre-Development		
Financing		
Permitting		
Construction		
Use and Occupancy Permit		
Marketing		
Leasing		
Occupancy		

Required Exhibits

ALL EXHIBITS MUST BE COMPLETE PRIOR TO SUBMITTING THIS INCLUSIONARY HOUSING PLAN. INCOMPLETE PLANS WILL BE NOT REVIEWED AND COULD DELAY THE ISSUANCE OF A BUILDING PERMIT.

Check if attached	Exhibits	Type	DHCD Staff Only
<input type="checkbox"/>	A	Acknowledgement and Certification	<input type="checkbox"/>
<input type="checkbox"/>	B	Declaration of Covenants	<input type="checkbox"/>
<input type="checkbox"/>	C	Unit Information	<input type="checkbox"/>
<input type="checkbox"/>	D	Site Plan	<input type="checkbox"/>
<input type="checkbox"/>	E	Front Elevation or Block Face	<input type="checkbox"/>
<input type="checkbox"/>	F	Residential Floor Plans	<input type="checkbox"/>
<input type="checkbox"/>	G	Affirmative Marketing Plan	<input type="checkbox"/>



EXHIBIT A:

Inclusionary Housing Plan Acknowledgement and Certification

The undersigned hereby certifies that they understand the information being requested by this form and the importance of such to the validity of any building permit and that post-permit issuance revisions to the construction plans that change the number of dwelling units to be constructed on the Project property, the net residential area, or that materially affects the design/unit comparability standards in the City’s Inclusionary Housing Law will require the submission of an updated Inclusionary Housing Plan.

The undersigned understands that failure to indicate the subsidy(ies) that the undersigned is receiving or contemplating receiving for the project may lead to ineligibility to apply for a tax credit or subsidy following the approval of a building permit for the project.

The information provided to the City of Baltimore in this Inclusionary Housing Plan is true and accurate and the undersigned has the authority to bind any corporate entity identified as Property Owner herein and understands that this form will be considered binding on all successors and assigns of Property Owner with respect to the Project property. The undersigned further understands and agrees that the provision of any false or inaccurate information shall render the building permit and all other City approvals null and void.

Property Owner Signature

Date

Printed Name and Title

Project Name



EXHIBIT B:

*TO BE RECORDED IN THE LAND RECORDS
OF BALTIMORE CITY UPON ISSUANCE OF A
CERTIFICATE OF USE AND OCCUPANCY*

[FORM OF]

**DECLARATION OF APPLICABILITY
OF
INCLUSIONARY HOUSING REQUIREMENTS**

THIS DECLARATION OF APPLICABILITY OF INCLUSIONARY HOUSING REQUIREMENTS (“Declaration”), is made this ___ day of _____, 202_, by and between [NAME] (“Declarant”), in favor of the MAYOR AND CITY COUNCIL OF BALTIMORE, a municipal corporation in the State of Maryland (“City”), acting by and through its DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (“HCD”).

EXPLANATORY STATEMENT

A. The Baltimore City Inclusionary Housing Requirements, set forth in Article 13, Subtitle 2B of the Baltimore City Code, require developers of multifamily, market-rate residential projects which certain criteria to make affordable housing units within their projects available to households with limited incomes at reduced rates for a period of 30 years commencing on the date the City issues a Certificate of Occupancy for the residential project.

B. Declarant has received a major public subsidy or a significant land use authorization from the City to benefit the multifamily, market-rate residential project which it owns in Baltimore City, Maryland located at _____ which is more fully described in Appendix 1 attached to and made a part hereof (the “Project”).

C. Declarant acknowledges and agrees that the Inclusionary Housing Requirements are applicable to the Property because Developer has received a major public subsidy or a significant land use authorization from the City.

NOW, THEREFORE, in consideration of the premises set forth in the Explanatory Statement and for other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the Declarant agree as follows:

1. Declarant acknowledges and agrees that the Inclusionary Housing Requirements are applicable to the Project.



2. Declarant acknowledges and agrees that the Inclusionary Housing Requirements are applicable to the Project commencing _____, the date that the Certificate of Use and Occupancy is issued, for a period of 30 years from such date.

[signatures appear on the next page]



IN WITNESS WHEREOF, Declarant has executed this Declaration the day and year above written.

DECLARANT

_____]

Attest: _____

By: _____ (SEAL)

Name:

Title:

STATE OF MARYLAND:

CITY OF BALTIMORE:

I HEREBY CERTIFY that on this ___ day of _____, 202_, before me, the Subscriber, a Notary Public of the State of Maryland in and for the City of Baltimore, personally appeared _____, who acknowledged himself/herself to be the duly serving authorized _____ of _____, who acknowledged the foregoing Declaration of Covenant to be the corporate act of _____, and being duly authorized to do so, in my presence signed and sealed the same.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____

Acknowledged:

Inclusionary Housing Program Manager
Department of Housing and Community Development
Mayor and City Council of Baltimore

Approved for form and legal sufficiency on _____:

_____, [Deputy/Chief Solicitor]



BALTIMORE CITY
DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT

Appendix 1

PROPERTY DESCRIPTION



EXHIBIT C.

Inclusionary Unit (IH) Information

Unit Type	Total Square Footage	Number of IH Units - 50% AMI	Number of IH Units - 60% AMI	Number of Market Rate Units	Monthly Rent: IH - 50%	Monthly Rent: IH - 60%	Monthly Rent: Market Rate

EXHIBIT D.

Site Plan

Upload/Attach

EXHIBIT E.

Floor Plans

Upload/Attach

EXHIBIT F.

Front Elevation or Block Face

Upload/Attach



Exhibit G.

Affirmative Marketing Plan

To the extent possible, Inclusionary Units should be marketed to prospective tenants who would not otherwise be aware that they could lease units in your project. Affirmative Marketing Plans identify how you will market Inclusionary Units to these prospective tenants.

You will be required to provide a documentation of your affirmative marketing efforts as part of the required Annual Report that must be submitted annually for each year of your required 30-year affordability period. Failure to comply may affect the ability to qualify for the High-Performance Inclusionary Housing Tax Credit.

This Plan may be updated and/or modified at the Housing Commissioner’s discretion. DHCD will provide notification of any updates on its Inclusionary Housing webpage.

ALL 9 SECTIONS MUST BE COMPLETED.

Section 1. Project Information

Project/Property Name	
Property Address (please list all that are applicable and include zip code)	
Neighborhood	

Section 2. Leasing Information

Anticipated Opening Date	
Contact Information: Leasing representative	
Company:	
Name:	
Email:	
Phone:	



Section 3. Advertising Start Date

Advertising must begin at least 90 days prior to initial occupancy.

Date advertising will begin: _____

Section 4. Unit Information

Unit Type (please list each unit individually) *	Square Feet	Number available to 50% of AMI	Number available to 60% of AMI	Date Available

*Attach if more rows are needed.

Section 5: Advertising and Marketing Inclusionary Units

Please indicate what types of media will be used to market Inclusionary Units. Please check all that apply. You will be required to provide documentation of each type of advertising as part of your Annual Report. This should also include marketing information specific to your project and how you will include information to help reach potential tenants who would be least likely to know about or rent inclusionary units. Please provide copies of any available information, even if in draft form. You will be required to provide final copies as part of your Annual Report.

Name of Newspaper/, Radio TV Station/Other	Potential Market/Audience	Size/Duration of Advertising



Name of Newspaper/, Radio TV Station/Other	Potential Market/Audience	Size/Duration of Advertising

Section 6. Tenant Selection Criteria (attach additional sheets as needed)

What criteria will be used to screen prospective tenants and what are the minimum standards that will need to be met to be eligible to rent an Inclusionary Unit

What information or documentation will be required to determine eligibility

What alternatives are available for prospective applicants who may be unable to complete an online application



Section 7. Community Contacts

To help further reach and inform prospective tenants who would be least likely to apply for Inclusionary Units, please indicate any organizations you might reach out to help lease units. A list of potential community contacts are provided in the Inclusionary Housing Program Guide. Alternatively, you can identify and work with organizations not included on the list.

Target Population(s)	Community Contact(s) include organization name, website, contact, date contacted and result. You will be provided to require documentation of both outreach and results as part your required Annual Report.

Section 8. Future Marketing Activities

Please describe how units will be marketed as they become vacant following initial occupancy. You will be required to provide documentation as part of your Annual Report.

Method	Target Population(s)



Section 9. Signage

Brochures, Signs and the HUD Fair Housing Poster are considered to be integral parts of affirmative marketing. Your Affirmative Marketing Plan should HUD-provided logos and signage.

Please check all boxes that apply

Type	Description	Location(s)
Fair Housing Poster	The Fair Housing Poster must be prominently displayed in all offices in which rental activity takes place. Select the locations where the Poster will be displayed.	Checkbox/Check all that apply: <input type="checkbox"/> Rental Office <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Model Unit <input type="checkbox"/> Other (specify)
Affirmative Marketing Plan	The Affirmative Marketing Plan must be available for public inspection at the rental office. Select the locations where the AMP will be made available. If your project does not include a dedicated rental office, please describe how copies will be made available.	Checkbox/Check all that apply: <input type="checkbox"/> Rental Office <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Model Unit <input type="checkbox"/> Other (specify)
Project Site Sign	Project Site Signs, if any, must display in a conspicuous position the HUD approved Equal Housing opportunity logo, slogan or statement. Select the locations where the Project Site Sign(s) will be displayed.	Checkbox/Check all that apply: <input type="checkbox"/> Rental Office <input type="checkbox"/> Real Estate Office <input type="checkbox"/> Model Unit <input type="checkbox"/> Website Other (specify)



DHCD Compliance and Checklist

FOR USE BY DHCD STAFF ONLY

ITEM	DHCD APPROVAL		COMMENTS
	Date	Program Manager Initials	
Date Plan Received			
INITIAL THRESHOLD REVIEW			
Project Information <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Subsidy Information <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Unit Information <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Unit Availability <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Contracted Companies <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Proposed Project Schedule <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit A. Acknowledgement and Certification <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit B. Declaration of Covenants <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			



ITEM	Date	Program Manager Initials	COMMENTS
Exhibit C. Unit Information <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit D. Site Plan <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit E. Front Elevation or Block Face <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit F. Residential Floor Plans <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
Exhibit G. Affirmative Marketing Plan <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
INCLUSIONARY HOUSING BOARD			
Project Summary Completed			
Date Presented to the Board			
APPROVALS			
Date of Approval			
Date of Approval Provided to Property Owner			
Date of Approved Plan Provided to Department of Finance			
Date of Approved Plan Provided to Permits Division			