

**INCLUSIONARY HOUSING PROGRAM (IHP)  
PLAN SUMMARY  
(Form IHP-1)**

**1. Project Name or Principal Address:** \_\_\_\_\_

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**2. Applicant Information**

*Person(s) or legal entity that will own property upon issuance of building permits.*

Name of owner: \_\_\_\_\_

Principal contact person for this plan: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Check and fill in all that apply to the Applicant:

current owner     proposed purchaser  
 individual(s)     partnership     LLC     stock corporation     nonprofit corporation  
 registered     to be formed and registered.    State of registry: \_\_\_\_\_

Please attach copy of deed showing current ownership.

Name/Contact information for owner's counsel: \_\_\_\_\_

**3. Information about Subject Property**

*Describe the parcel(s) to be developed that are subject to IHP. Applicants should note that IHP can apply to any adjoining parcel(s) that have been developed (for residential or mixed use) by the Applicant or an entity controlled by the Applicant during the 12 months prior to any current filing for any permit from the City for the subject property. IHP can also apply prospectively or retroactively to any adjoining parcels that are developed by the Applicant in the 60 months following any such filing for a permit. Provide descriptions of any such parcel(s):*

a. Address(es): \_\_\_\_\_

b. Lot number(s): \_\_\_\_\_

c. Lot area of parcel(s):  
Parcel 1: \_\_\_\_\_ Parcel 2: \_\_\_\_\_ Parcel 3: \_\_\_\_\_ Total: \_\_\_\_\_

d. Number of existing dwelling units on the property: \_\_\_\_\_

e. Zoning District: \_\_\_\_\_

f. Minimum Lot Area per Dwelling Unit Required: \_\_\_\_\_ square feet

g. Total Number of Units Allowed as of Right: \_\_\_\_\_

h. Date, type, and case number of zoning decision authorizing residential use: \_\_\_\_\_

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**4. Number of Proposed Dwelling Units**

*Answer the following questions about construction subject to IHP, as defined in Item 3.*

a. The total number of new dwelling units built or to be built: \_\_\_\_\_

b. The total number of dwelling units converted or to be converted: \_\_\_\_\_

c. Add the two lines above and put the result here: \_\_\_\_\_



**9. Calculation of Bonus Floor Area Ratio (FAR)**

Use this calculation if the IHP project will be located in only one zoning district. If it is located in two or more districts with different FARs, complete this calculation for each district.

	<b>District 1</b>	<b>District 2</b>
a. Bonus FAR factor	.30	.30
b. Maximum FAR allowed, per base zoning for parcel(s):	_____	_____
c. Bonus added to FAR (multiply lines 9a and 9b):	_____	_____
d. Maximum FAR allowed, per IHP (add lines 9b and 9c):	_____	_____

**10. Calculation of Maximum Gross Floor Area**

	<b>District 1</b>	<b>District 2</b>
a. Lot area in square feet:	_____	_____
b. Maximum gross floor area per IHP (9d times 10a):	_____	_____
c. IHP bonus floor area (9c times 10a):	_____	_____
d. Minimum bonus area reserved for IHP Units (50% of 10c):	_____	_____

The remainder of the bonus floor area may be used only for residential units, exclusive of any hotel or motel units.

**11. Description of Proposed IHP Units**

PROPOSED IHP UNITS:

	Studio	1-BR	2-BR	3-BR	4-BR	5+	Total
Number of IHP units:	_____	_____	_____	_____	_____	_____	_____
Floor area, smallest IHP unit:	_____	_____	_____	_____	_____	_____	_____
Floor area, largest IHP unit:	_____	_____	_____	_____	_____	_____	_____
Average floor area, IHP units:	_____	_____	_____	_____	_____	_____	_____

**Parking**

One parking space is required for each IHP unit. If there are fewer parking spaces than total units in the proposed development, then the number of parking spaces provided for the IHP units shall be in the same proportion as the number provided for the non-IHP units. If there is a parking fee being charged, then the fee for the IHP units is the lesser of: a) that fee which is in the same proportion of parking fee to rent payment as for those market units of equivalent size to the IHP units and having the lowest rents in the proposed development **OR** b) that fee which when combined with the maximum rent payment permitted for the IHP unit as defined in Section 11.201 of the Inclusionary Zoning Ordinance, does not exceed 33% of the IHP Unit's occupant.

Total # of parking spaces	_____	Parking Fee	\$ _____/mo.
Total # of units	_____		
# of IHP Units	_____		
# of parking spaces available for IHP units	_____	IHP Parking Fee	\$ _____/mo.

**12. Representations Regarding Marketing and Resident Selection**

\_\_\_\_\_ I agree to use the City of Cambridge Community Development Department's (CDD) Marketing and Resident Selection Plan that is in effect at the time units are marketed.

\_\_\_\_\_ I will not enter into any agreements to sell or lease IHP Units, unless the units are marketed and residents selected according to the guidelines of the Plan.

\_\_\_\_\_ I hereby agree that the City or its agent will certify the eligibility of prospective buyers or renters of my IHP Units prior to a sales contract or lease agreement being executed.

### 13. Submission Checklist

I have attached the following items to this submission:

- Copy of Deed showing current ownership
- Floor plans and elevations for all proposed structures, indicating IHP units.  
*Please provide final building permit set of plans, if available; CDD will need a copy of the final building permit set to finalize the IHP documents.*
- Description of Dwelling Units Proposed (Form IHP-2)  
*Please also provide an electronic version of Form IHP-2 via email or disk.*
- Summary description of construction materials

### 14. Signature and Certifications

I hereby certify (check off):

- I am the Applicant or authorized to make this submission for the Applicant(s);
- All statements of fact herein are true and correct to the best of my knowledge;
- All descriptions herein of proposed activities reflect the intent of the Applicant(s);
- The Applicant(s) have read and understood the following IHP Guidelines:
  - The Applicant(s) understand that they must read, understand, execute and record an Inclusionary Zoning Affordable Housing Covenant consistent with this plan, as a senior interest in the title, prior to building permits being issued.
  - The Applicant(s) understand that a Marketing and Resident Selection Plan must be approved by the City prior to receiving a Certificate of Occupancy or prior to my/our entering into any agreements to sell or lease the units.
  - The Applicant(s) understand that, for ownership housing, condominium documents must be reviewed and approved by the City prior to recording.
  - The Applicant(s) understand the long-term price restrictions, monitoring requirements, and reporting requirements regarding IHP Units.

For: \_\_\_\_\_  
*Name(s) of Applicant(s)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
(Relationship of Signer to Applicant)



If no, please describe how units will be finished, including finish selection options for renters/buyers. Note that the IHP units will need to mirror the market units.

Describe amenities for all units. If not all units will have the same amenities, identify the units and describe how the amenities will differ:

**REQUIRED ATTACHEMENTS:**

- 1) Copy of deed showing current ownership
- 2) Copy of building permit set of plans, including floor plans and elevation, and indicating residential unit numbers
- 3) Electronic copy of IHP Form - 2, list of all proposed dwelling units.