



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

AFFORDABLE-WORKFORCE HOUSING FOR
ESSENTIAL SERVICES PERSONNEL
APPLICATION FOR EXEMPTION OF EDUCATIONAL SYSTEM IMPACT FEES

Part I and II to be Completed by Owner/Applicant

PART I

Name of Owner/Applicant: _____

Owner/Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

E-mail: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records available to the public and media upon request. Your e-mail address and communications may be subject to public disclosure.

IF AN OWNER/APPLICANT IS REPRESENTED BY AN AGENT, A SIGNED AND NOTARIZED LETTER OF AUTHORIZATION MUST BE ATTACHED TO THIS APPLICATION.

Name of Owner/Applicant's Agent: _____

Agent's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

E-mail: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records available to the public and media upon request. Your e-mail address and communications may be subject to public disclosure.

Parcel ID
Number(s): _____

Site Address of the Residential Construction _____

This is This is not a residential construction which consists of a mobile home.

Number of Acres: _____

Number of Lots/Units in Residential Construction: _____

Total Number of Bedrooms in the Residential Construction: _____

Proposed Selling Price or the Proposed Rental Price, as applicable: \$ _____



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PART II - Items to Attach to Application

1. Copy of Deed; and
2. Copy of legal description and Map; and
3. Evidence that the residential construction shall be occupied by persons employed in occupations and professions in which they are considered Essential Services Personnel, as consistent with Section 420.9075, Florida Statutes, and any applicable local housing assistance plan; and
4. Evidence that the Lessee's income will not exceed 120% of AMI, as updated annually by the Florida Housing Finance Corporation and adjusted for family size; and
5. A Certified original and three (3) copies of the recorded Declaration of Covenants and Restrictions (the "Declaration") that runs with the land, cannot be revoked or amended for a period of at least thirty (30) years from recording. **Please Do not record the Declaration until School district staff has reviewed and approved Declarations with the assistance of Counsel; and**
6. A check in the amount of \$ 2,000.00 made payable to The School District of Osceola County; and
7. Authorization letter from owner (if applicable); and
8. Attach any other documents or information which would be helpful to understanding your development and the requested exemption; and
9. Four (4) signed copies of the completed Application.

I/We certify that the above information is true and correct and that I/we understand that incorrect information may lead to a denial of this Application for an exemption, a loss of exemption from Educational System Impact Fees, if granted, and other legal action by the County and/or The School Board of Osceola County, Florida, to the extent permitted by law.

Signature(s)	Owner/Applicant/Agent	Date

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

SEAL or STAMP

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary Public

SEAL or STAMP



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PART III - School District Staff to Complete

The above application meets the requirements for exemption of Educational System Impact Fees.

Staff member name: _____

Staff signature: _____

Date: _____

Exemption of Educational System Impact Fees is approved or denied.

The School Board of Osceola County, Florida:

Signature: _____ Date: _____

Superintendent

Printed Name

**INSTRUCTIONS: AFFORDABLE WORKFORCE HOUSING FOR
ESSENTIAL SERVICES PERSONNEL
APPLICATION FOR EXEMPTION OF EDUCATIONAL SYSTEM IMPACT FEES**

Please review the following instructions carefully prior to the submission of the Affordable Workforce Housing for Essential Services Personnel (“AWHESP”) Application for Exemption of Educational System Impact Fees (the “Application”).

Part I

Processing of Application: The Application will not be processed unless:

1. The Application is submitted by the Owner, as defined by Section 24-2 of the Osceola County Code of Ordinances, or the Owner is the signatory on the Agent Authorization Form;
2. All information, as requested in Part I for the Owner/Applicant, and where applicable, Owner/Applicant’s Agent, must be provided with the exception of the fax number, which is optional.
3. The Parcel ID Number(s) and site address (if there is a site address) provided by the Applicant must match the information contained in the Osceola County Property Appraiser’s website.
4. Must submit check in the amount of \$2,000.00 made payable to The School District of Osceola County Florida. Must reference AWHESP and name of community.
5. The School District shall within ten (10) business days following receipt of the Application provide written notification (letter or email) to the Applicant, either declaring the Application complete or providing a list of the deficiencies in the Application. The Applicant shall within ten (10) business days following receipt of the School District’s written communication (letter or email) submit a written response (letter or email) to the School District. The School District shall within ten (10) business days following receipt of the Applicant’s written response (letter or email) provide written communication (letter or email) to the Applicant, either declaring the Application complete or providing a list of the deficiencies in the Application. The Applicant shall within ten (10) business days following receipt of the School District’s written communication (letter or email) submit a written response (letter or email) to the School District. The Application shall be considered null/void if the Applicant does not submit its responses by the required due dates. Additionally, if the Application is not approved within forty-five (45) business days of receipt through no delay of the School District, the Application will need to be resubmitted with **ALL** supporting documents along with a new check in the amount of \$2,000.
6. No application is complete for processing until **ALL** requested information is provided. Upon completion, the District will process the Application within forty-five (45) days.
7. The Checklist must be signed and dated to acknowledge ALL requested information has been submitted.

Part II

A. Evidence of Compliance: With its Application, the Applicant must submit at least one item for Category A, at least two items for Category B, and two items for Category C.

1. **Category A (Must submit at least one item.)-** Evidence that this is a housing facility or community (collectively “Community”). A housing facility or community is any dwelling or group of dwelling units governed by a common set of rules, regulations or restrictions. Examples of evidence satisfying Category A include, without limitation, documents governing:
 - a. A condominium association (i.e. Conditions, Covenants, and Restrictions for Condo Association);
 - b. A cooperative;
 - c. A homeowners’ or residential association (i.e. Declaration for the Homeowners’ Association);
 - d. Leased property under common private ownership (i.e. lease and rental application);
 - e. A mobile home park; and
 - f. A manufactured housing community.

2. **Category B (Must submit at least two items.)-** Evidence of intent to operate as an Affordable Workforce Housing for Essential Services Personnel community. Examples of evidence satisfying Category B include, without limitation, the following:
 - a. Documentation demonstrating how the Community is advertised to prospective residents or designed to attract prospective residents that are Essential Services Personnel;
 - b. Statements posted in common areas of the Community describing the Community as housing for Essential Services Personnel;
 - c. Policies and procedures demonstrating the actual practices of the Community; and

3. **Category C (Must submit at least two items.) -** Evidence of the Community’s verification of Essential Services Personnel per F.A.C. Chapter 67-37.002(11) and 420.9075(3)(a) F.S., and defined by the county or eligible municipality within its respective local housing assistance plan including teachers and educators; other school district and university employees; police and fire personnel; health care personnel; construction industry personnel; Federal, State, County, and local government personnel; and retail personnel, tourism industry personnel, and food service personnel.

A Community must annually monitor and determine tenant eligibility and be able to produce, in response to a complaint filed, verification of compliance through reliable surveys and affidavits. Examples of Evidence satisfying Category C include, without limitation, the following:

- a. Procedures the Community uses to determine the “occupancy of each unit,” such as rental applications or purchase contracts;
 - b. Surveys of the Community’s residents; and
 - c. Affidavits signed and notarized by the Community’s residents.
 - d. Certification as Lessee’s income does not exceed 120% of AMI, as updated annually by the Florida Housing Finance Corporation and adjusted for family size.
- B. Recorded Declaration of Covenants and Restrictions (Declaration):** Attached to these Instructions is a sample Declaration which contains example language that would satisfy the requirements of federal and local law. ***Please do not record the Declaration until School District staff has reviewed and approved the Declaration with the assistance of counsel.***

**PLEASE CONTACT SCHOOL DISTRICT STAFF WITH ANY QUESTIONS REGARDING
THESE INSTRUCTIONS OR THE APPLICATION.**

Planning Services Department
Director of Planning Services
(407) 518-2964

**CHECKLIST: AFFORDABLE WORKFORCE HOUSING FOR
ESSENTIAL SERVICES PERSONNEL
APPLICATION FOR EXEMPTION OF EDUCATIONAL SYSTEM IMPACT FEES**

Please initial that all items have been completed, sign, date, and return the Checklist with the Affordable Workforce Housing for Essential Services Personnel (“AWHESP”) Application for Exemption of Educational System Impact Fees (the “Application”).

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B. Recorded Declaration of Covenants and Restrictions (Declaration): Attached to these Instructions is a sample Declaration which contains example language that would satisfy the requirements of federal and local law. *Please **do not** record the Declaration until School District staff has reviewed and approved the Declaration with the assistance of counsel.*

PLEASE CONTACT SCHOOL DISTRICT STAFF WITH ANY QUESTIONS REGARDING THESE INSTRUCTIONS OR THE APPLICATION.

Planning Services Department
Director of Planning Services
(407) 518-2964

Signature of Applicant

Printed Name

Date

Signature acknowledges that the Application has been completed in accordance with the instructions and that all supporting documentation is enclosed.

**DECLARATION OF COVENANTS AND RESTRICTIONS
REGARDING EDUCATIONAL SYSTEM IMPACT FEES**

This Declaration of Covenants and Restrictions (the “Declaration”) is made and executed this ___ day of Month, Year, by _____, a Type of Entity, whose address is _____ (the “Declarant”).

RECITALS

WHEREAS, the Declarant holds fee simple title to and is the current owner of certain real property located in Osceola County, Florida (the “Property”), as further described in Exhibit “A”, which is incorporated herein and made a part of this Declaration by reference; and

WHEREAS, the Declarant intends to construct a residential community or facility on the Property consisting of approximately # (Type) residential dwelling units (the “Community”); and

WHEREAS, pursuant to the Osceola County Code of Ordinances, Chapter 24 (the “Impact Fee Ordinance”), The School Board of Osceola County, Florida (the “School Board”) is entitled to the collection of educational system impact fees to require residential construction to contribute its fair share of the cost of improvements and additions to the educational system necessary to accommodate such growth; and

WHEREAS, Section 24-42 of the Impact Fee Ordinance #2015-26, provides for certain exemptions to the educational system impact fee, including, without limitation, an exemption for residential development that qualifies and is intended to be operated as “affordable workforce housing,” as that term is defined in the Impact Fee Ordinance and by applicable federal law; and

WHEREAS, it is the intent of the Declarant that the Community be designated and operated as “affordable workforce housing” in compliance with the terms and provisions of the Federal Fair Housing Act, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 and F.S. 420.9075 Local Housing Assistance Plans; Partnerships (collectively, the “Acts”).

NOW, THEREFORE, the Declarant does hereby declare that the Community is restricted as follows, and all of which restrictions and limitations are intended to be and shall be taken as consideration for any lease or deed conveyance hereafter made, and as one of the express conditions thereof, and that the restrictions and limitations are intended to be, and shall be taken as, covenants that run with and bind the land, and shall be as follows:

1. Recitals. The above recitals are true and correct and are hereby incorporated into and made a part of this Declaration by reference.

2. Affordable Workforce Housing. The Community is operated as affordable workforce housing in compliance with the terms and provisions of the Federal Fair Housing Act, Title VIII of the Civil Rights Acts of 1968, as amended by the Fair Housing Amendments Act of 1988 and F.S. 420.9075 Local Housing Assistance Plans; Partnerships (collectively, the “Acts”), or its statutory successor in function, and the Community will continue to qualify and be operated as an affordable workforce housing for Essential Services Personnel development pursuant to applicable federal, state, and local law for a period of no less than thirty (30) years from the date of the recording of the Declaration.

3. Income Restriction. Declarant, for a period of no less than thirty (30) years from the date of the recording of this Declaration, shall income restrict any persons who reside as permanent residents in any dwelling unit within the Community.

4. Non-Compliance. If, within the thirty (30) year period from the date of the recording of the Declaration, the Community is no longer being operated as affordable workforce housing, in compliance with applicable federal, state, and local law, then the Declarant, or its successors and assigns (including any property management company and any homeowners, condominium or other community association, as applicable), shall lose its impact fee exemption and shall pay the educational system impact fee in effect at the time of the change or non-compliance for all dwelling units within the Community.

5. Enforcement. The School Board retains all enforcement rights and remedies available to it pursuant to law, including, without limitation, all enforcement rights set forth in the Impact Fee Ordinance, against the Declarant, and its successors and assigns (including any homeowners, condominium or other community association, as applicable), for any violation of the Impact Fee Ordinance and the restrictive covenants provided in this Declaration, and all such rights and remedies shall be cumulative.

6. Binding Effect. This Declaration shall be binding on Declarant, and its successors and assigns (including any property management company and any homeowners, condominium or other community association, as applicable), shall bind the Community and Property and run with the land, and the restrictions contained in this Declaration shall not be annulled, waived, revoked, amended, rescinded or modified for a period of no less than thirty (30) years from the date of the recording of this Declaration. At the end of each thirty (30) year period, the Declarant must obtain approval from the School Board to remove, amend, rescind, or modify this Declaration otherwise the Declarant shall be binding for an additional thirty (30) years.

7. Governing Law. This Declaration shall be governed by the laws of the State of Florida and, except for a suit in federal court, exclusive venue shall be in Osceola County, Florida. For any federal action, exclusive venue shall be in the United States District Court for the Middle District of Florida, Orlando Division.

8. Severability. If any of the restrictions or covenants contained in this Declaration is determined to be unlawful, invalid, or unenforceable by a court of competent jurisdiction, then the unlawful, invalid, and unenforceable restriction or covenant shall be severed from this Declaration and shall not affect any of the other provisions. The non-severed provisions shall remain in full force and effect. However, if any material restriction or covenant is determined to be unlawful, invalid, or unenforceable, then the School Board shall be entitled to revoke any approval of an impact fee exemption predicated upon the unlawful, invalid, or unenforceable restriction or covenant, and the Declarant shall pay the educational system impact fee in effect at the time of the change for all dwelling units within the Community.

9. Recording. This Declaration shall be recorded in the Public Records of Osceola County, Florida, at Declarant's cost and expense.

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

WITNESSES

_____,
a Type of Entity

Typed or Printed Name

By: _____
Name: _____
Title: _____

Typed or Printed Name

STATE OF FLORIDA)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 2016
by _____ as _____
of _____, a Type of Entity, on behalf of the company, who is () personally known to me or () has
produced _____ as identification.
(NOTARY SEAL)

Notary Public, State of Florida
Print Name: _____

My Commission Expires: _____

EXHIBIT "A"

LEGAL DESCRIPTION AND MAP DEPICTING LOCATION

SAMPLE