

**Please read carefully before submitting Applications  
This Application only addresses the Allocation of Units;  
other Development Approvals may be required**

**Workforce Housing Unit Application**

Please print or type a response to the following:

1. Site Address \_\_\_\_\_

2. Name of Applicant \_\_\_\_\_

3. Applicant is: Owner \_\_\_\_\_ Authorized Representative \_\_\_\_\_  
(attached Authorization Form must be completed)

4. Address of Applicant \_\_\_\_\_  
\_\_\_\_\_

5. Phone # of Applicant \_\_\_\_\_ Mobile# \_\_\_\_\_ Fax# \_\_\_\_\_

6. Name of Owner, if different than above \_\_\_\_\_

7. Address of Owner \_\_\_\_\_  
\_\_\_\_\_

8. Phone Number of Owner \_\_\_\_\_ Fax# \_\_\_\_\_

9. Zoning District of Parcel \_\_\_\_\_ RE# \_\_\_\_\_

10. Description of Requested Workforce Housing Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure for applying for and receiving a Workforce Housing Unit:**

1. The applicant shall submit a complete application (see below) to the Planning Department.
2. The application will be reviewed to determine whether the subject property will comply with the LDRs regarding required setbacks, lot and building coverage.
3. The Planning Department will issue a Conditional Workforce Unit Allocation.
4. The applicant will coordinate with the City Attorney to draft a deed restriction and subordination. The deed restriction and subordination will then be filed with the Monroe County Clerk of the Courts.
5. Proof of the filing will be provided to the Building Department in the form of a copy of the recorded document and recorded receipt.
6. The applicant will not receive building permits until verification of the deed restriction is in place.
7. If the allocation is part of a Development Plan or Conditional Use Approval, that approval shall dictate the terms of the allocation.

**The following must be included with this application:**

1. Copy of a recorded warranty deed showing the current ownership and a legal description of the property. (This is usually the description of the property without the easement .) Please call if you have questions about this.
2. Two (2) original signed and sealed site surveys (**8½ x 11**) illustrating buildings and structures existing on the property, site plans and floor plans as of the date of the request and as proposed.
3. Color photographs from different perspectives showing the location of any trees or other vegetation that may be effected by the addition of the affordable unit.
4. Application Fee by check payable to the City of Key West.
5. Notarized Verification Form
6. Notarized Authorization Form (if applicable, where a representative is applying on behalf of the owner)

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**Verification Form**

This form should be completed by the applicant. Where appropriate, please indicate whether applicant is the owner or a legal representative. If a legal representative, please have the owner(s) complete the following page, "Authorization Form."

I, \_\_\_\_\_, being duly sworn, depose and say  
Name(s) of Applicant(s)  
that: I am (check one) the \_\_\_\_\_ Owner \_\_\_\_\_ Owner's Legal Representative  
for the property identified as:

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Street Address and Commonly Used Name if any

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Signature of Owner/Legal Representative

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Signature of Joint/Co-owner

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_(date) by

\_\_\_\_\_(name). He/She is personally known to me or has  
presented \_\_\_\_\_ as identification.

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**Notary's Signature and Seal**

\_\_\_\_\_ Name printed or stamped

\_\_\_\_\_ Title or Rank

\_\_\_\_\_ Commission Number, if any

## Authorization Form

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, \_\_\_\_\_ authorize  
Please Print Name(s) of Owner(s)

\_\_\_\_\_  
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the City Commission and any other body reviewing the application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_(date) by

\_\_\_\_\_  
Please Print Name of Affiant(s)

He/She is personally known to me or has presented \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary's Signature and Seal

\_\_\_\_\_  
Name of Acknowledger printed or stamped

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Commission Number, if any