



City of Ocala  
 GROWTH MANAGEMENT DEPARTMENT  
 DEVELOPMENT SERVICES  
 201 SE 3<sup>rd</sup> Street, Second Floor, Ocala, FL 34471  
 Phone: (352) 629-8404 Fax: (352) 629-8242  
 Email: [gmd@ocalafl.org](mailto:gmd@ocalafl.org) Website: [www.ocalafl.org](http://www.ocalafl.org)

**Affordable Housing Incentive Fund Request**

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1. Name of Petitioner(s): Carrfour Supportive Housing, Inc./ Mercy Village, LLLP
- Address of Petitioner(s): 1398 SW 1st Street, 12th Fl
- City Miami State FL Zip Code 33135 Phone # (305) 775-4132
- Fax # (305) 371-1376 Email address proman@carrfour.org
2. a. Parcel account number(s) [from tax roll]: 22817-000-00
- b. Section 14 Township 15 Range 21 Size of Property 9.27 acres (net 2.58 acres)
- c. Legal Description: (Please attach) (attached, in the land lease agreement)
- NOTE: It shall be the applicant's responsibility to provide the correct legal description for the subject property. The application will not be processed until a correct legal description is provided. An electronic file of the legal description in Word format must be submitted with the application.
3. Street address of the property (if the property has no street address the Planning & Zoning Division will complete this section):  
3601 W. Silver Springs Blvd Ocala, FL 34475-5639
4. Description of the work: New Construction of 2 story, 59 Unit Apartments for residents at or below  
60 % Area Medium Income and persons coming out of homelessness.
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5. The following items are required. The application will not be processed if these items do not accompany the application:

- Deed or other proof of ownership (Long term Ground Lease attached)
- Notarized signature of the current property owner(s) & the agent's signature, if applicable (below)
- Written description of work (above)

6. The following items are required prior to the approval of the application:

- At least two quotes from eligible contractors detailing costs (for rehabilitation) N/A
- Evidence that the proposed work is addressing HUD or building code violations and that completion of the proposed work will result in full code compliance (for rehabilitation) N/A
- Floor plans and architectural elevations (for new units) (forthcoming)
- The number of proposed owner-occupied and renter-occupied units along with those units' associated prices, number of bedrooms, and area in square feet (for new units) (see unit mix attached)
- Amenities and unit finishes available for residents of the affordable housing units (for new units) (attached)

I, Elizabeth Ramos, being first duly sworn, affirm and say that I am the owner of the property described above, and I agree to have a lien placed on my property and to pay back housing incentive fund distributions for any units intended to be affordable housing units that do not meet the definition of affordable housing units in section 106-102 of the City of Ocala Code of Ordinances any time in the 10 years after issuance of a certificate of occupancy or after subsidized work is complete, whichever is later.

[Signature] Interim Executive Director  
Owner's Signature

3601 W Silver Springs Blvd  
Address (Street)

352-362-9401  
Phone Number

OCALA FL 34415  
City, State, Zip Code

State of Florida

County of Marion

The foregoing instrument was acknowledged before me this 17, day of October, 2023.

by Elizabeth Ramos, who is personally known to me or has produced Drivers License as identification and who did / did not take an oath.

[Signature]  
NOTARY PUBLIC

Commission No.: \_\_\_\_\_

Commission Expires: May 11, 2026



Case No. \_\_\_\_\_

I, \_\_\_\_\_, am the legal representative of the owner and I am authorized to speak in his/her behalf for the subject matter.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

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**INTERNAL REVIEW BOARD USE ONLY:**

- a. Date received: \_\_\_\_\_
- |  |   |   |                       |
|--|---|---|-----------------------|
| b. Petition contains all required information:             | Y | N |                       |
| c. The petition is consistent with the zoning code:        | Y | N |                       |
| d. The petition is consistent with the comprehensive plan: | Y | N |                       |
| e. Petition rejected:                                      | Y | N | (see attached reason) |
| f. Petition accepted:                                      | Y | N | Case #: _____         |