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| **APPLICATION**  **for**  **2020 HOUSING TAX CREDIT PROGRAM** |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **DEVELOPMENT NAME AND ADDRESS**: Complete the information listed below. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name(s) |  | | | | Census Tract | | |  | | | |
|  | | | | | | | | | | | |
| Address |  | | | | County | | |  | | | |
|  | | | | | | | | | | | |
| City |  | | | | State | |  | | Zip Code | - | |
|  | | | | | | | | | | | |
| Metropolitan Statistical Area (MSA), if applicable | | | |  | | Congressional District | | | | |  |
|  | | | | | | | | | | | |
| State Senate District | |  |  | | | State House District | | | | |  |
|  | | | | | | | | | | | |

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| **DEVELOPER/APPLICANT INFORMATION**: | | | | | | | | | |
|  | | | | | | | | | |
| For-Profit | | | Nonprofit (Complete information on page 4)\* | | | | | | |
|  | | | | | | | | | |
| Name(s) |  | | | | | | | | |
|  |  | | | | | | | | |
| Address |  | | | | | | | | |
|  |  | | | | | | | | |
| City |  | | | State | |  | | Zip Code | - |
|  | | | | | | | | | |
| Telephone Number | | (   )     - | | | | | Fax Number | | (   )     - |
|  | |  | | | | |  | |  |
| Developer Contact Person | |  | | | E-mail | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **PARTNERSHIP INFORMATION**: | | | | |
|  | |  | | |
| For-Profit | | Nonprofit (Complete information on page 4) | | |
|  | | | | |
| Name |  | | Federal ID No. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name(s) of General Partner(s)**: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  | | Telephone | | | (   )    - |  | | Ownership | |  | % |
|  |  | | Telephone | | | (   )    - |  | | Ownership | |  | % |
|  |  | | Telephone | | | (   )    - |  | | Ownership | |  | % |
|  |  | | Telephone | | | (   )    - |  | | Ownership | |  | % |
|  |  | | Telephone | | | (   )    - |  | | Ownership | |  | % |
|  | | | | | | | | | | | | |
| Tax credits are requested from the nonprofit set-aside?  Yes  No | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **PREVIOUS PARTICIPATION OF GENERAL PARTNER OR DEVELOPER**: List all properties in which the developer(s) or general partner(s) have requested an allocation of housing tax credits or sold a property which received an allocation of housing tax credits. Use additional sheets if necessary. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name of Project/Location | |  | | | Date of Application | | |  | | Status of Project | | |
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| **DEVELOPMENT TEAM INFORMATION**: Each member of the development team must submit a resume which lists qualifications, address, and telephone number. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name of Developer | | | |  | | | | | | | | |
| Name of General Partner | | | |  | | | | | | | | |
| Name of Contractor | | | |  | | | | | | | | |
| Name of Management Company | | | |  | | | | | | | | |
| Name of Applicant/Sponsor | | | |  | | | | | | | | |
| Name of Consultant | | | |  | | | | | | | | |
| Name of Tax Attorney | | | |  | | | | | | | | |
| Name of Accountant | | | |  | | | | | | | | |
| Name of Architect | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| List any direct or indirect, financial, or other interests a member of the development team may have with another member of the team. List "none" if there are no identities of interests. Use a separate sheet if needed. | | | | | | | | | | | | |
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| **SYNDICATION INFORMATION**: Provide information below concerning syndication and estimated proceeds from sale of tax credits. | | | | | | | | | | |
|  | | | | | | | | | | |
| Housing Tax Credits | | | | | Historic Rehabilitation Tax Credits | | | | | |
|  | | | | | | | | | | |
| When are these funds paid? | | | |  | | | | | | |
|  | | | | | | | | | | |
| Amount of estimated proceeds | | | |  | | | | | | |
|  | | | |  | | | | | | |
| Type of Offering | | | | Public  Private | | | | | | |
|  | | | | | | | | | | |
| Type of Investors | | | | Individuals  Corporations | | | | | | |
|  | | | | | | | | | | |
| Name of Fund | |  | | | | | | | | |
|  | | | |  | | | | | | |
| Name of Syndicator | |  | | | | | | | | |
|  |  | | | | | | | | | |
| Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| City |  | | | | | State |  | | Zip Code | - |
|  | | | | | | | | | | |
| Telephone Number | | (   )     - | | | | | | Fax Number | | (   )     - |
|  | | | | | | | | | | |
| **NOTIFICATION OF LOCAL OFFICIALS**: Provide the name of the local political jurisdiction (governing body) in which the development shall be located and include the name and address of the mayor of the political jurisdiction. | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Political Jurisdiction | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Name of Mayor | |  | | | | | | | | |
|  | | | | | | | | | | |
| Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| City |  | | | | | State |  | | Zip Code | - |
|  | | | | | | | | | | |
| Telephone Number | | (   )     - | | | | | |  | |  |
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| **NONPROFIT DETERMINATION**: If this development is to be considered for the nonprofit set-aside, the following information must be completed. | | | | | | | | | | |
|  | | | | | | | | | | |
| **NOTE**: **Articles of Incorporation and IRS documentation of status must be attached with application**. | | | | | | | | | | |
|  | | | | | | | | | | |
| To qualify for the nonprofit set-aside, the applicant must materially participate in the development and operation of the development throughout the compliance period on a regular, continuous, and substantial basis, as defined in Section 469(h) of the Internal Revenue Code. | | | | | | | | | | |

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| **NONPROFIT DETERMINATION (Continued)**: | | | |
|  | | | |
| 501 (c) (3) Organization | | | 501 (c) (4) Organization |
|  | | |  |
| Exempt purposes include fostering of Low-Income Housing | | | Exempt from tax under Section 501(a) |
|  | | |  |
| Other: |  | | |
|  | | | |
| Describe the nonprofit's participation in the development and operation of the property. | | | |
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| List the names of board members for the nonprofit organization. | | | |
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| Describe the past experience in managing a low-income project. | | | |
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| Identify all paid, full-time staff and sources of funds for annual operating expenses and current programs. | | | |
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| **TYPE OF HOUSING TAX CREDIT REQUESTED**: | | | |
|  | | | |
| New Construction without   federal subsidies | | New Construction with federal subsidies | |
|  | |  | |
| Acquisition/Rehabilitation without   federal subsidies | | Acquisition/Rehabilitation with federal subsidies | |
|  | |  | |
| Acquisition with 10-year waiver from   federal agency | | Development is in a QCT or High-Cost Area | |
|  | |  | |

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| Development is in a New Market Tax  Credit Census Tract | Development is in an Opportunity Zone |
|  |  |

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| **RENTAL ASSISTANCE INFORMATION**: | | | | | | | | | |
|  | | | | | | | | | |
| Do any low-income units receive or will receive rental assistance?  Yes  No | | | | | | | | | |
|  | | | | | | | | | |
| If yes, check the type of rental assistance: | | | | | | | | | |
|  | | | | | | | | | |
| Section 8 New Construction Substantial Rehabilitation | | | | | | | Section 8 Project Based Assistance | | |
|  | | | | | | |  | | |
| State Assistance | | | | | | | RD 515 Rental Assistance | | |
|  | | | | | | |  | | |
| Section 8 Certificates | | | | | | | Section 8 Vouchers | | |
|  | | | | | | |  | | |
| Number of units receiving assistance | | | | |  | | |
|  | | | | |  | | | | |
| Number of years in the rental assistance contract | | | | | |  | | |
|  | | | | | | | | | |
| **NOTE**: **If any type of assistance is to be received, documentation from the appropriate agency must be included with the application.** | | | | | | | | | |
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| **MINIMUM SET-ASIDE ELECTION**: **NOTE: The owner irrevocably elects one of the Minimum Set-Aside requirements (check one only).** | | | | | | | | | |
|  | | | | | | | | | |
| At least 20% of the rental residential units in this development are rent-restricted and to be occupied by   individuals whose income is 50% or less of area median income. | | | | | | | | | |
|  | | | | | | | | | |
| At least 40% of the rental residential units in this development are rent-restricted and to be occupied by  individuals whose income is 60% or less of area median income. | | | | | | | | | |
|  | | | | | | | | | |
| Deep-rent skewing option is elected, as defined in Section 42 of the Internal Revenue Code.  At least 40% or more of the residential units in the Development are both rent-restricted and occupied by households whose income is designated in 10% increments between 20% and 80% that on average are 60% or less of area gross median income. | | | | | | | | | |
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|  | | | | | | | | | |
| **TARGETING OF UNITS**: **--** The development has: | | | | | | | | | |
|  | | | | | | | | | |
| # Units |  | % Units |  |  | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Units exclusively set-aside to provide temporary, transitional, or single room occupancy (SRO) units for the homeless. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Units exclusively set-aside for persons who are age 55 or older. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Units exclusively set-aside for persons with disabilities. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Maintains a \_\_\_\_\_\_\_ targeting within the minimum set-aside elected above. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Maintains a \_\_\_\_\_\_\_ targeting within the minimum set-aside elected above. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Maintains a \_\_\_\_\_\_\_ targeting within the minimum set-aside elected above. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Maintains a \_\_\_\_\_\_\_ targeting within the minimum set-aside elected above. | | | | | |
|  |  |  |  |  | | | | | |
|  |  |  |  | Unit set aside for manager or maintenance personnel. | | | | | |

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| **DEVELOPMENT INFORMATION**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| New Construction | | | | | | | | | | | | | | | | | | | Historic Rehabilitation | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Acquisition & Rehabilitation | | | | | | | | | | | | | | | | | | | Rehabilitation | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | |
| Total Number of Units | | | | | | |  | | | | | | | | | | | Number of Low-Income Units: | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percent of Low-Income Units: | | | | | | | |  | | | | | | | | | | % | | | | | | | | | |  | | |
| *(total number of units/number of Low-Income Units)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | Row House/Townhouse | | | | | |  | | | |  | | Detached Single Family | | | | | | | | |  |  | | Detached 2 Family | |
|  | | |  | |  | | | | | |  | | | |  | |  | | | | | | | | |  |  | |  | |
|  | | |  | | Garden Apartments | | | | | |  | |  | | Elevator | | | | |  |  | Stories | |  | |  | | Slab on Grade | |
|  | | |  | |  | | | | | |  | | | |  | |  | | | | | | | | |  |  | |  | |
|  | | |  | | Crawl Space | | | | | |  | | | |  | | Partial Basement | | | | | | | | |  |  | | Full Basement | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amenities provided include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Services provided include: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Accessory Building(s) & Area | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List Recreation Facilities, if any | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Facilities, if any | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Number of Buildings (Do not include office/clubhouse unless it has residential units) | | | | | | | | | | |  | | | | | |  | Total Number of Parking Spaces | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | Gross Floor Area of All Buildings | | | | | | | | | | |  | | | | | |  | (square feet) | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | Non-residential Floor Area: | | | | | | | | | | |  | | | | | |  | (square feet) | | | | | | | | | |  |
|  | |  | | | | | | | | | | |  | | | | | |  |  | | | | | | | | | |  |
|  | | Residential Floor Area: | | | | | | | | | | |  | | | | | |  | (square feet) | | | | | | | | | |  |
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|  |  | Development will provide a ERI rating of 75 or less. |
|  |  |  |
|  |  | Development will exceed 2012 IECC. |
|  |  |  |
|  |  | Development is located in a Neighborhood Revitalization Area. |
|  |  |  |
|  |  | Development is eligible for a real estate tax exemption. |

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| **SITE INFORMATION**: Provide information concerning the proposed site(s) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Control is the form of: | | |  | | Deed | |  |  | | | | Option | |  | | |  | | | | Purchase Contract | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | Other | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Expiration date of contract or option | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Total Cost of Land | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Exact Area of Site in Acres | | | |  | | | | |  | and Square Feet | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Name of Seller | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | State | |  | | | Zip Code | | | - | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | | (   )     - | | | | | | | | | | | | | Fax Number | | | | (   )     - | | | |

|  |  |  |
| --- | --- | --- |
| Is site properly zoned for the proposed development?  Yes  No | | |
|  | | |
| Are all utilities presently available to the site?  Yes  No | | |
|  | | |
| **PLEASE NOTE**: **The following information must be included with the application: proof of site control, proper zoning or application for proper zoning, a sketch plan and a legal description of site. (Proof of proper zoning must include legal description.)** | | |
|  | | |
| **ACQUISITION OF EXISTING BUILDINGS**: | | |
|  | | |
| How many buildings will be acquired for the development? |  | |
|  |  | |
| Are buildings currently under control for the development? |  | |
|  |  | |
| If no, how many buildings are under control for the development? |  | |
|  |  | |
| What date will the rest of the buildings be under control for acquisition? | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List Buildings Under Control of the Development Address(es) of Buildings |  | Type of  Control Document |  | Expiration Date of Control Document |  | Number  of Units |  | Acquisition  Cost of Building |
|  |  |  |  |  |  |  |  |  |
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| **Acquisition Information**: | | | | | | | | |
|  | | | | | | | | |
| Provide the information listed below concerning the acquisition of building(s) for the development. | | | | | | | | |
|  | | | | | | | | |
| Building(s) acquired or to be acquired from related party?  No  Yes | | | | | | | | |
|  | | | | | | | | |
| Building(s) acquired or to be acquired with Buyer's Basis: | | | | | | | | |
|  | | | | | | | | |
| Determined with reference to Seller's Basis  Not Determined with reference to Seller's Basis | | | | | | | | |
|  | | | | | | | | |
| List below, by building address, the date the building was placed in service, date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and date of acquisition. | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address of Building(s) |  | Place in Service Date of Building by the most recent owner |  | Proposed Date of Acquisition by Applicant |  | Number of years between placed in Service and Acquisition |
|  |  |  |  |  |  |  |
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| **Relocation Information**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does this development involve any relocation of tenants?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe the proposed relocation assistance, if any. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENERGY & EQUIPMENT INFORMATION**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment Included with Unit (Low-Income Units)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Range  Refrigerator  Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dishwasher  Air Conditioner  Kitchen Exhaust Fan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On-Site Laundry  Washer/Dryer Hook-up  Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment Included with Unit (Market Rate Units)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Range  Refrigerator  Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dishwasher  Air Conditioner  Kitchen Exhaust Fan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On-Site Laundry  Washer/Dryer Hook-up  Other | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Unit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family  Elderly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single Family  Single Room Occupancy Housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MONTHLY UTILITY ALLOWANCE CALCULATIONS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utilities |  | | | Type of Utility | |  | Utilities Paid By | |  | | | | Enter Allowances by Bedroom Size 0-Bdr 1-Bdr 2-Bdr 3-Bdr    Bdr | | | | | | | | | | | | | | | | | | |
|  |  | | | (Gas/Electric) | |  |  | |  | | | |  | | | | | | | | | | | | | | | | | | |
| Heating | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| A/C | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Cooking | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Lighting | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Hot Water | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Water | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Sewer | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| Trash | |  | | |  |  | Owner  Tenant |  | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |
| **Total Utility Allowance for Units** | | | | | | | | | |  |  | | |  | | |  | |  | |  | | |  | |  | |  |  |
| **NOTE:** Documentation of all utility calculations must be included with application. Sources of documentation **must** be from HUD, RD, PHA or utility company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| HUD | RD | |
| Utility Company | Name |  |
| Local PHA | Name |  |

**SOURCE OF FUNDS (Construction & Permanent Financing):**

**Construction --** List individually the source of construction financing.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Funds |  | Amount of Funds |  | Name and Telephone Number of Contact Person |
|  |  |  |  |  |
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| Total Construction Funds | |  |  |  |

**Permanent --** List Total Source of funds for the Development at Closing (Do not include construction financing).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Lender or Source of Funds |  | Amount of Funds |  | Annual Debt Service |  | Interest Rate of Loan |  | Amortization Period |  | Term of Loan |
|  |  |  |  |  |  |  |  |  |  |  |
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| Total Permanent Funds | |  |  |  |  | Total Annual Debt Service | | | | |
|  | | | | | | | | | | |
| \***Must** equal total development costs (page 15). | | | | | | | | | | |

**Source of Funds -- Commitments:** List all Source of Funds provided for the development. Commitment letters must be included with application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Lender of Source of Funds |  | Date of Commitment |  | Name and Telephone Number of Contact Person |
|  |  |  |  |  |
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**SOURCE OF FUNDS (GRANTS & OTHER MONIES):**

Is any portion of the Source of Funds for the development financed directly or indirectly with federal, state, or local government funds?  Yes  No

If yes, then check the type and list the amount of the monies involved.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Tax-Exempt Financing | $ |  |  | CDBG Financing | $ |  |
| CDBG Grant | $ |  |  | RD 515 Financing | $ |  |
| State Grant | $ |  |  | Local Grant | $ |  |
| National Housing Trust Fund | $ |  |  | Other | $ |  |

If Tax-Exempt financing is used, show the percentage of the Tax-Exempt financing to the total cost of the development:       %.

Is Taxable Bond Financing used?  Yes  No

|  |  |  |
| --- | --- | --- |
| If yes, indicate total amount: | $ |  |
|  | | |

**CREDIT ENHANCEMENTS**:

Will permanent financing have any type of credit enhancement?  Yes  No

If yes, list type of enhancement.

|  |
| --- |
|  |

**EXISTING SUBSIDIES WITH ACQUISITION DEVELOPMENTS**:

Section 221(d) (3) BMIR  Section 221 (d)(4)  Section 236

Section 8 Rent Supplement or Rental Assistance payment

HUD approval for Transfer of Physical Asset required?  Yes  No

If yes, has the approval been received?  Yes  No

If yes, is copy of approval included with this application?  Yes  No

**PROJECTED INCOME INFORMATION FOR LOW-INCOME UNITS ONLY:**

|  |  |
| --- | --- |
| Total Number of Low-Income Units: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Number of Units |  | Monthly Rent Per Unit |  | Total Monthly Rent By  Unit Type |  | Utility Allowance  Per Unit |  | Gross Rent Per Unit |  | Square Feet Per Unit |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total monthly rental income: | | | | $ |  |
|  | | | |  | | |
| Other Income: |  | | | $ |  |
|  |  | | |  |  |
| Less Vacancy Allowance | |  | % | $ | (     ) |
|  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total monthly income: | $ |  | X 12 = | $ |  |

|  |  |  |
| --- | --- | --- |
| What is the estimated annual percentage increase in annual income: |  | % |

**PROJECTED INCOME FOR MARKET RATE UNITS:**

|  |  |
| --- | --- |
| Total Number of Market Rate Units: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Number of Units |  | Monthly Rent Per Unit |  | Total Monthly Rent By  Unit Type |  | Utility Allowance  Per Unit |  | Gross Rent Per Unit |  | Square Feet Per Unit |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |
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|  | BR |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | BR |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total monthly rental income: | | | | $ |  |
|  | | | |  | | |
| Other Income: |  | | | $ |  |
|  |  | | |  |  |
| Less Vacancy Allowance | |  | % | $ | (     ) |
|  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total monthly income: | $ |  | X 12 = | $ |  |

|  |  |  |
| --- | --- | --- |
| What is the estimated annual percentage increase in annual income: |  | % |
|  | | |

**ANNUAL EXPENSE INFORMATION**: Complete this section listing the annual operating expenses for all the units.

**Administrative** **Operating**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Advertising |  |  |  | Elevator |  |  |
| Management |  |  |  | Fuel (Heating & Hot Water) |  |  |
| Legal/Partnership |  |  |  | Lighting & Misc. Power |  |  |
| Accounting/Audit |  |  |  | Gas |  |  |
| Other |  |  |  | Trash Removal |  |  |
|  |  |  |  | Payroll, including taxes |  |  |
| **TOTAL ADMIN. COST** |  |  |  | Insurance |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **TOTAL OPERATING COST** |  |  |

**Maintenance** **Taxes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Decorating |  |  |  | Real Estate Taxes |  |  |
| Repairs |  |  |  |  |  |  |
| Exterminating |  |  |  | **TOTAL REAL ESTATE TAXES** |  |  |
| Ground Expense |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL MAINTENANCE COST** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL ANNUAL OPERATING EXPENSES** |  |  |
|  |  |  |
| **ANNUAL REPLACEMENT RESERVE FOR UNITS** |  |  |
|  |  |  |
| What is the estimated annual percentage increase in annual expenses? |  | % |

The following two pages should be completed **in full detail**. If, in the opinion of the KHRC, any costs are omitted which could change the number of points allowed in the overall rating system of the State Allocation Plan, **the application will be considered incomplete.** Incomplete applications **may be automatically rejected.**

***Development Cost*** List Total Development Cost and Indicate Adjusted Basis by Credit Type.

(Residential Portion Only)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Itemized Cost** |  | **Development Cost** |  | **DO NOT USE THIS SPACE** |  | **Approximately 3.2% Adjusted Basis** |  | **Approximately 9% Adjusted Basis** |
|  |  | **To Purchase Land and Buildings** |  |  |  |  |  |  |  |  |
|  |  | Land |  |  |  |  |  | N/A |  | N/A |
|  |  | Existing Structures |  |  |  |  |  |  |  | N/A |
|  |  | Demolition |  |  |  |  |  |  |  |  |
|  |  | Other |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Site Work** |  |  |  |  |  |  |  |  |
|  |  | Site Work |  |  |  |  |  |  |  |  |
|  |  | Off-Site Improvement |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Rehabilitation & New Construction** |  |  |  |  |  |  |  |  |
|  |  | New Building |  |  |  |  |  |  |  |  |
|  |  | Rehabilitation |  |  |  |  |  |  |  |  |
|  |  | Accessory Building |  |  |  |  |  |  |  |  |
|  |  | General Requirements |  |  |  |  |  |  |  |  |
|  |  | Contractor Overhead |  |  |  |  |  |  |  |  |
|  |  | Contractor Profit |  |  |  |  |  |  |  |  |
|  |  | Building Permit Fee |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Contingency** |  |  |  |  |  |  |  |  |
|  |  | Construction Contingency |  |  |  |  |  |  |  |  |
|  |  | Other |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Architectural & Engineering Fees** |  |  |  |  |  |  |  |  |
|  | **\*\*** | Architect Fee-Design |  |  |  |  |  |  |  |  |
|  | **\*\*** | Architect Fee-Supervision |  |  |  |  |  |  |  |  |
|  | **\*\*** | Real Estate Attorney |  |  |  |  |  |  |  |  |
|  | **\*\*** | Consultant or Processing Agent |  |  |  |  |  |  |  |  |
|  | **\*\*** | Property/Survey Fee |  |  |  |  |  |  |  |  |
|  | **\*\*** | Engineering Fees |  |  |  |  |  |  |  |  |
|  | **\*\*** | Other |  |  |  |  |  |  |  |  |
|  | **\*\*** | Other |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Interim Costs** |  |  |  |  |  |  |  |  |
|  |  | Construction Insurance |  |  |  |  |  |  |  |  |
|  |  | Construction Interest |  |  |  |  |  |  |  |  |
|  |  | Construction Loan Origination Fee |  |  |  |  |  |  |  |  |
|  |  | Construction Loan Credit Enhancement |  |  |  |  |  |  |  |  |
|  |  | Taxes |  |  |  |  |  |  |  |  |
|  | **\*\*** | Construction Loan Title & Recording |  |  |  |  |  |  |  |  |
|  |  | **For Financing Fees and Expenses** |  |  |  |  |  | N/A |  | N/A |
|  |  | Bond Premium |  |  |  |  |  | N/A |  | N/A |
|  |  | Credit Report |  |  |  |  |  | N/A |  | N/A |
|  |  | Permanent Loan Origination Fee |  |  |  |  |  | N/A |  | N/A |
|  |  | Permanent Loan Credit Enhancement |  |  |  |  |  | N/A |  | N/A |
|  |  | Cost of Iss./Underwriters Discount |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Title and Recording |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Counsel's Fee |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Cost Certification Fee |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Other |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Other |  |  |  |  |  | N/A |  | N/A |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SUBTOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

***Development Cost*** List Total Development Cost and Indicate Adjusted Basis by Credit Type.

(Residential Portion Only)(Continued)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Itemized Cost** |  | **Development Cost** |  | **DO NOT USE THIS SPACE** |  | **Approximately 3.2% Adjusted Basis** |  | **Approximately 9% Adjusted Basis** |
|  |  | **For Soft Cost** |  |  |  |  |  |  |  |  |
|  | **\*\*** | Property Appraisal (Feasibility) |  |  |  |  |  |  |  |  |
|  | **\*\*** | Market Study |  |  |  |  |  |  |  |  |
|  | **\*\*** | Environmental Report |  |  |  |  |  |  |  |  |
|  | **\*\*** | Tax Credit Fees |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Rent-Up |  |  |  |  |  | N/A |  | N/A |
|  | **\*\*** | Consultants |  |  |  |  |  |  |  |  |
|  | **\*\*** | Other |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Syndication Costs** |  |  |  |  |  |  |  |  |
|  |  | Organizational (Partnership) |  |  |  |  |  | N/A |  | N/A |
|  |  | Bridge Loan Fees and Expenses |  |  |  |  |  | N/A |  | N/A |
|  |  | Tax Opinion |  |  |  |  |  | N/A |  | N/A |
|  |  | Other |  |  |  |  |  | N/A |  | N/A |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Developer's Fees** |  |  |  |  |  |  |  |  |
|  |  | Developer's Overhead |  |  |  |  |  |  |  |  |
|  |  | Developer's Fees |  |  |  |  |  |  |  |  |
|  |  | Other |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **For Development Reserves** |  |  |  |  |  |  |  |  |
|  |  | Rent-Up Reserve |  |  |  |  |  | N/A |  | N/A |
|  |  | Operating Reserve |  |  |  |  |  | N/A |  | N/A |
|  |  | Other |  |  |  |  |  | N/A |  | N/A |
|  |  | Other |  |  |  |  |  | N/A |  | N/A |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SUBTOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SUBTOTAL FROM PREVIOUS PAGE** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | **TOTAL** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Less portion of federal grant used to finance qualifying development costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List Grants |  |  | (     ) |  | (     ) |
| Less amount of non-qualified non-recourse financing | |  | (     ) |  | (     ) |
| Less non-qualifying units of higher quality | |  | (     ) |  | (     ) |
| Less non-qualifying excess portion of higher units | |  | (     ) |  | (     ) |
| Less Historic Tax Credit (Residential Portion Only) | |  | (     ) |  | (     ) |
| Total Eligible Basis | |  | (     ) |  | (     ) |
| Multiplied by the Applicable Fraction | |  | % |  | % |
| Total Qualified Basis | |  | (     ) |  | (     ) |
|  | |  |  |  |  |
| Multiplied by the Applicable Percentage | |  | **%** |  | **9%** |
|  | |  |  |  |  |
| **TOTAL AMOUNT OF TAX CREDIT REQUESTED:** | |  |  |  |  |

|  |
| --- |
| **PLEASE NOTE: The actual amount of credit for the development is determined by the housing credit agency.**  **\*\* Intermediary costs.** |

**PROJECTED SCHEDULE:**

|  |  |  |
| --- | --- | --- |
|  |  | **Month/Year** |
| Site Option/Contract |  |  |
| Site Acquisition |  |  |
| Zoning Approval |  |  |
| Site Analysis |  |  |
|  |  |  |
| Construction Loan Application |  |  |
| Conditional Commitment |  |  |
| Firm Commitment |  |  |
|  |  |  |
| Permanent Loan Application |  |  |
| Condition Commitment |  |  |
| Firm Commitment |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Plans and Specifications |  |  |
|  |  |  |
| Working Drawing |  |  |
|  |  |  |
| Closing and Transfers of Property |  |  |
|  |  |  |
| Construction Start |  |  |
|  |  |  |
| Completion of Construction |  |  |
|  |  |  |
| Lease-up |  |  |
|  |  |  |
| Credit Placed In Service Date |  |  |

|  |
| --- |
| **KANSAS HOUSING** RESOURCES CORPORATION |
| APPLICATION CHECKLIST **for** 2020 HOUSING TAX CREDIT PROGRAM |

The following is a checklist of materials for submission with the application and items required before a reservation of credits may be awarded. Please check each item that is included in the application package or indicate when it will be provided. Please note that some items, marked as **(MANDATORY)**, are required at the time the application is submitted. The inclusion of other materials are optional but not required. If KHRC needs more information in order to fully evaluate an application it will be requested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please check | |  | | | | Date to be completed: | |
|  | 1. | Completed application package **(MANDATORY)** | |  |  | |
|  | 2. | Preliminary plans, specifications, site plan **(MANDATORY)** | |  |  | |
|  | 3. | Rehabilitation work write-up, if applicable **(MANDATORY)** | |  |  | |
|  | 4. | Site location maps **(MANDATORY)** | |  |  | |
|  | 5. | Evidence of site control or ownership **(MANDATORY)** | |  |  | |
|  | 6. | Information on previous project participation **(MANDATORY)** | |  |  | |
|  | a. | Name of each principal | | | | |
|  | b. | Previous project name, address, # units | | | | |
|  | c. | Principal's participation | | | | |
|  | d. | Month participation began and ended | | | | |
|  | e. | Disclosure of defaults, mortgage relief assignments - indicate if none | | | | |
|  | 7. | Sponsor's/Applicant's Financial Statement **(MANDATORY)** | |  |  | |
|  | 8. | Relocation plans, if applicable | |  |  | |
|  | 9. | Descriptive photos of project site | |  |  | |
|  | 10. | Articles/Incorporation/Partnership Agreement | |  |  | |
|  | 11. | Attorney's Opinion | |  |  | |
|  | 12. | Accountant's Opinion | |  |  | |
|  | 13. | Housing Needs Study **(MANDATORY)** | |  |  | |
|  | 14. | Architect’s Energy Efficiency Certificate | |  |  | |
|  | 15. | RD AD622 commitment | |  |  | |
|  | 16. | Referral Agreement with PHA | |  |  | |
|  | 17. | Referral Agreement with local government authority | |  |  | |
|  | 18. | Resolution of support from city | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 19. | Estimate of interim costs showing method of calculation |  |  |
|  | 20. | Bank letter backing developer showing fees and rates including insurance and city tax calculations |  |  |
|  | 21. | Developer's Agreement |  |  |
|  | 22. | Statement on reserves showing amount, how determined, control, final distribution |  |  |
|  | 23. | A fifteen (15) year Pro Forma **(MANDATORY)** |  |  |
|  | 24. | Documentation of utility calculations **(MANDATORY)** |  |  |
|  | 25. | Documentation of proper zoning or application **(MANDATORY)** |  |  |
|  | 26. | Documentation of receipt of rental assistance from any source, including Section 8, RD etc. |  |  |
|  | 27. | Commitment letters on sources of funds **(MANDATORY)** |  |  |
|  | 28. | Complete breakdown of eligible basis for Historic Tax Credit, if applicable |  |  |
|  | 29. | Any direct, or indirect, financial or other interest between members of the development team |  |  |
|  | 30. | HUD approval for Transfer of Physical Asset |  |  |
|  | 31. | Documentation of Availability of Utilities at Site **(MANDATORY)** |  |  |
|  | 32. | Certificate of compliance with Americans With Disabilities Act and ANSI 117.1 (1986) **(MANDATORY)** |  |  |
|  | 33. | Environmental Report |  |  |
|  | 34. | Appraisal |  |  |

|  |
| --- |
| **FOR NONPROFITS ONLY** To be provided if applicant wants to be considered in the nonprofit set-aside pool. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 35. | Articles of Incorporation **(MANDATORY)** | |  |  |
|  | 36. | IRS documentation of nonprofit status **(MANDATORY)** | |  |  |
|  | 37. | List Board of Directors, officers, directors **(MANDATORY)** | |  |  |
|  | 38. | Description of previous housing participation **(MANDATORY)** | |  |  |
|  | 39. | Proof of ownership interest in the project **(MANDATORY)** | |  |  |
|  | 40. | Evidence of regular, continuous, and substantial participation in the development, operation, and management of the project throughout the entire compliance period, pursuant to Section 469(h) of the Internal Revenue Code **(MANDATORY)** | |  |  |
|  | 41. | Other |  |  |  |
|  | 42. | Other |  |  |  |
|  | 43. | Other |  |  |  |
|  | 44. | Other |  |  |  |

It is understood by the Applicant that U.S. Treasury Regulations for the Housing Tax Credit Program (HTC) are in a continuing state of development. Therefore, the Kansas Housing Resources Corporation (KHRC) reserves the right to amend the HTC at any time, without notice.

|  |  |  |  |
| --- | --- | --- | --- |
| The undersigned Applicant hereby makes application to the KHRC for **a reservation of Housing** | | | |
| **Tax Credits in the annual amount of $** |  | . |

The undersigned Applicant agrees that the KHRC shall not be held responsible, or liable, for representations made to the undersigned, or its investors, relating to the KHRC HTC. Therefore, the undersigned Applicant assumes all the risk of damages, losses, costs, and expenses related thereto, and further agrees to indemnify and hold harmless the KHRC against any and all claims, suits, losses, damages, costs, and expenses of any kind and of any nature, that the KHRC may hereinafter suffer, incur, or pay arising out of the use of the information concerning the HTC on the above referenced project.

The undersigned Applicant hereby certifies that the information set forth in this application form and in any attachments in support thereof is true, correct, and complete to the best of the Applicant's knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IN WITNESS WHEREOF**, the owner has caused this document to be duly executed in its name on the | | | | |
|  | day of | , | 2020. |

|  |  |
| --- | --- |
|  |  |
|  | Legal Name of the Owner |
|  |  |
|  |  |
|  |  |
|  | Signature |
|  |  |
|  |  |
|  | Print Name |
|  |  |
|  |  |
|  | Title |
|  |  |
|  |  |
| STATE OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TO WITNESS: | |
|  | |
| Signed and sworn to before me, the undersigned authority on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020. | |

|  |  |
| --- | --- |
|  |  |
|  | Notary Public |

|  |  |
| --- | --- |
| My Commission Expires: |  |
|  | Date |