

Individually, or as the general partner(s) or officers of the applicant entity, I (we) am (are) familiar with the provisions which are applicable to this application: the Tax Reform Act of 1986, Section 42 of the Internal Revenue Code, Title II of the National Affordable Housing Act of 1990, and their subsequent revisions, with respect to the HOME Investments Partnership Program, the Low-Income Housing Tax Credit Program, and the Multifamily Bond Program (hereinafter referred to collectively as the "Programs"). To the best of my (our) knowledge and belief, the applicant entity has complied or will comply with all of the requirements applicable to this application which are prerequisite to issuance of HOME Funds, the Low-Income Housing Tax Credits, and/or the issuance of Alabama Housing Finance Authority (the "AHFA") Multifamily Housing Revenue Bonds (hereinafter referred to collectively as "Funds") by AHFA. I (We) understand the Programs will be governed and controlled by rules and regulations to be issued by the United States Department of the Treasury, Internal Revenue Service or any other government entity given jurisdiction with respect to them. I (We) further understand that any final allocation of Funds will be further governed and controlled by AHFA's policies, guidelines, procedures and/or criteria in place when the project is placed in service (the "Applicable Criteria"), and that the use of the Applicable Criteria might result in my (our) receiving a smaller amount of Funds than may be initially reserved for the project.

To the best of my (our) knowledge and belief, no information contained in this application or in the listed attachments is in any way false or incorrect; they are truly descriptive of the project or property for which the Funds are being applied; and the proposed construction will not violate zoning ordinances or deed restrictions. The estimates of income, expenses, and costs set forth in the application are true and correct as computed by me and/or given to me by consultants, contractors or payees for the development. The estimates were determined from factual data in the market in which the project is located.

I (We) hereby make application to AHFA in order to induce AHFA to perform all acts necessary, proper, and appropriate to proceed toward providing financing of the Project proposed by this application. I (We) agree that AHFA and its directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or investors relating to the Programs. I (We) also understand and agree that my (our) application for Funds, all attachments thereto, and all correspondence relating to my (our) application in particular or the Funds in general may be subject to disclosure and I (We) expressly consent to such disclosure. I (We) understand that I (we) may request that specific items in the application be treated in confidence (to the extent permitted by applicable law), but absent such a request, I (we) further understand and agree that any and all correspondence to me (us) from AHFA or other AHFA-generated documents relating to my (our) application may be subject to disclosure, and I (we) expressly consent to such disclosure. I (We) assume the risk of all damages, losses, costs, and expenses related thereto and agree to indemnify and save harmless AHFA and its directors, officers, employees, and agents against any and all claims, suits, losses, damages, costs and expenses of any kind (including, but not limited to, attorney's fees, litigation, and court costs) and of any nature that AHFA hereinafter suffer, incur, or pay arising out of its decision concerning the application for Funds or the use of the information concerning the Programs and/or directly or indirectly resulting from or arising out of the release of information pertaining to my (our) application pursuant to a request for disclosure. I (We) further waive, with regard to such application, correspondence or other documents, any applicable rights of confidentiality that I (we) may have under section 6103 of the U.S. Internal Revenue Code or other provisions of federal law.

I (We) also agree that AHFA has made no representations about the effect of the proposed Funds upon my (our) taxes or that of any other person connected with this project. A copy of the application and other materials submitted, will be available for public review under the AHFA Open Records Policy and may be posted on AHFA's website. I (We) request that the financial statements contained in the application be treated in confidence in accordance with applicable law. I (We) understand further that the application and all other materials submitted become the property of the Alabama Housing Finance Authority, and will not be returned. I (We) have copied all materials and will retain them for my (our) records. Once the Application is submitted to AHFA, even though it may be prior to the application deadline, the Applicant may not add or detract information unless requested by AHFA.

I (We) agree that AHFA may publish at its discretion information concerning the allocation of Funds to this project. Information released may include, but not be limited to, the name of the owner, project name, location, phone number and the amount of Funds committed/reserved.

I (We) agree that AHFA may request additional information in order to evaluate this application, including but not limited to credit and other information on all entities (a) owned in whole or in part by any owner(s) of the applicant entity or (b) in which any owner of the applicant entity has any involvement as a developer, contractor, or otherwise. I (We) also agree that AHFA may at its discretion, place a sign acknowledging the issuance of Funds to this project during the rehabilitation/construction period.

I (We) certify that no federal appropriated funds have been paid or will be paid by or on behalf of the owner, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal funds, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, or an officer or employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement.

I (We) certify that I (we) will adhere to and comply with all applicable Federal Civil Rights legislation inclusive of the Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act, 2010 Americans With Disabilities Act Accessibility Guidelines, Uniform Federal Accessibility Standards any State and local Civil Rights legislation, as well as any required related codes and laws.

I (we) certify that I (we) will adhere to and comply with all applicable federal, state, and or local bid laws.

I (We) certify that I (we) will or will continue to further Equal Opportunity and Fair Housing by:

- (1) Establishing affirmative marketing procedures to be utilized so that no person shall on the grounds of race, color, national origin, religion, or sex be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity funded in whole or part as with Funds made available through AHFA,
- (2) Complying with the requirements of the Fair Housing Act and the Age Discrimination Act of 1975,
- (3) Displaying the fair housing logo on its advertisements for those units pertaining to this application and at the leasing or sales office,
- (4) Submitting in writing to AHFA its plans to solicit applications from persons in the community who are unlikely to apply without special outreach
- (5) Maintaining a list of the characteristics of the tenants renting assisted units and assessing and reporting annually the results of these efforts to AHFA and
- (6) Providing adequate documentation to AHFA evidencing my (our) compliance with applicable Equal Opportunity and Fair Housing Laws.

I (We) accept all terms, conditions and requirements of the Housing Credit Qualified Allocation Plan and/or the HOME Action Plan, Design Quality Standards, Construction Manual, application instructions, and bond policy. I (We) understand that my(our) proposal will become part of the HOME Commitment/Written Agreement or Tax Credit Reservation, whichever may be applicable, in the event that I(we) are awarded program funds. I (We) agree to be bound by what is submitted in the proposal, unless otherwise approved in writing by the Alabama Housing Finance Authority.

I (We) hereby certify that all reasonable steps have been taken to minimize the displacement of persons (families, individuals, businesses, non-profit organizations and farms). If applying for HOME funds, the owner must provide relocation assistance at the levels described in, and in accordance with the requirements of 24 CFR Part 92 and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24; and Advise all displaced persons of their rights under the Fair Housing Act (42 U.S.C. 3601-19).

I (We) hereby agree to conduct electronic commerce with respect to this application, and to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

I (We) hereby certify that the above information is true and accurate under the penalties for perjury. I (We) understand that any misrepresentations or falsifications in this application or supporting documentation may result in a withdrawal of the Written Agreement and/or Housing Credit reservation of by AHFA, my (our) (and related parties) being barred from future participation in AHFA administered programs, and notification of the Department of Housing and Urban Development ("HUD") and the Internal Revenue Service. I (We) also understand that this application will not be considered if for any reason I (we) or related parties are not in good standing with HUD, USDA Rural Development (formerly FmHA), other housing finance agencies/authorities, and AHFA.

FOR APPLICANTS/OWNERS WHO ARE INDIVIDUALS:

Date: _____ Name of Applicant/Owner: _____

By: _____
Signature

Date: _____ Name of Applicant/Owner: _____

By: _____
Signature

State of _____
County of _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose name(s) _____ signed to the foregoing instrument, and who _____ known to me, acknowledged before me on this day, being informed of the contents of such document, _____ executed the same voluntarily.

Given under my hand and official seal this _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

FOR ALL OTHER APPLICANTS/OWNERS:

Name of Applicant/Ownership Entity: _____ By: _____
Signature

Date: _____ Its: _____

State of _____
County of _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose name(s) _____ signed to the foregoing instrument, and who _____ known to me, acknowledged before me on this day, being informed of the contents of such document, _____ executed the same voluntarily.

Given under my hand and official seal this _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

Application was prepared by: _____ (Name of Preparer)

In his/her capacity as (check one) Owner Consultant Other: _____ for this project.

All owners must certify that any General Contractor selected by the applicant/owner is licensed by the State of Alabama and certify their compliance with the applicable bid laws. The applicant/owner must acknowledge their compliance with the applicable bid laws by completing and signing the certification of bid law compliance.

Project Name: _____

Project Address: _____

Owner: _____

General Contractor information must be submitted at time of application and the selection of the General Contractor must have been in accordance with applicable competitive bid laws of the State of Alabama and/or federal and local jurisdictions.

By completing this certification (*select all that apply*):

- I (we) certify that the General Contractor listed in this application is licensed by the State of Alabama.
- I (we) certify that the General Contractor listed in this application was selected in accordance with the State of Alabama (or other applicable federal or local jurisdiction) competitive bid laws.
- I (we) certify that the General Contractor listed in this application is not required to comply with State of Alabama and/or federal and local jurisdiction competitive bid laws.

Print Name: _____

Date

By: _____
(Signature)

Its: _____

Signature Authorization 2017

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the project's Ownership Entity.

Project Name: _____

Project Application Number: _____

Project Owner Entity Name: _____

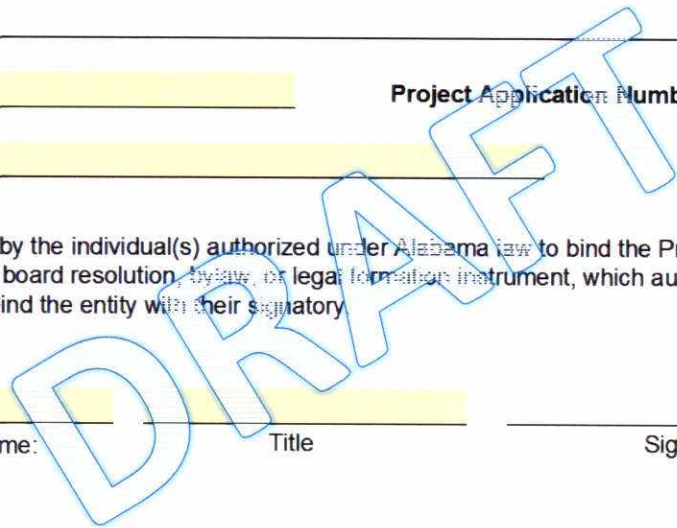
All documents must be signed by the individual(s) authorized under Alabama law to bind the Project Owner entity. You must provide a certified copy of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signatory.

Authorized Signatory Name:

Title

Signature

Date:



New Construction Square Footage and Architect's Certification 2017

Project Name: _____
 # of Units: _____
 City: _____

The project's architect, who is licensed in the State of Alabama, must complete the applicable form. The square footage numbers on this form will be used in determining whether AHFA's square footage requirements listed in the AHFA Design Quality Standards/Construction Manual are met. Complete additional copies of this form as needed.

The following information refers to (check one): Low-Income Units Market Rent Units
 (Duplicate this page for information regarding the type of units not checked above.)

Type:	# of Units:	# of Baths:	Bedroom Sq. Foot:	Heated Area:	Total Heated Area:
			(List the Sq. ft. for each B/R) 1st B/R 2nd B/R 3rd B/R 4th B/R		
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Living Units Total					s.f.

Community/Clubhouse Building				s.f.	s.f.
Office Area				s.f.	s.f.
Community Laundry				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
TOTAL HEATED AREA:					s.f.

Type:	# of Type:	Area:	Total Area:
Covered Porches		s.f.	s.f.
Breezeways		s.f.	s.f.
Outside Storage		s.f.	s.f.
Other (specify):		s.f.	s.f.
Other (specify):			
		TOTAL SQ. FT.:	s.f.

- Will the project include any of the following?
- Storm windows, thermal break insulated windows or extruded vinyl windows and insulated exterior doors. Windows must be Energy Star Rated.
 - Multifamily Units** - A minimum of 40% of each building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. The remaining 60% can be cementitious siding, stucco, or concrete masonry unit (CMU) products. The CMU products must be decorative, textured, patterned, color core, or painted. All entry areas into the apartment including covered breezeways, porches, balconies, and patios must have brick, cementitious siding, stucco, cultured stone or CMU to be considered full brick.
 - Single-family Units** - A minimum of 50% of the building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. Each exterior wall must contain brick up to the bottom of the first floor windows on a two-story unit or the window sill of a one-story unit. The remaining 50% can be cementitious siding, stucco, cultured stone or CMU products. The CMU products must be decorative, textured, patterned, color core, or painted.

Amenities

Amenities elected below will be used to determine whether or not the project receives additional points under the point scoring system. Indicate which of the following amenities will be provided to all low-income and/or market rent units:

Required Amenities

- Range
- Refrigerator
- Heater
- Air Conditioner
- Dishwasher
- Ice Maker
- Microwave
- W/D connections
- Ceiling Fans

EXTRA AMENITIES

- Clubhouse/Community Building
- Washer/Dryer Provided
- Exterior Security Package
- Unit Security Package
- Storm Shelter
- Playground
- Outdoor Fitness Activity Area
- Covered Picnic Pavilion

- Computer Center
- Splash Center
- Exercise/Fitness Room
- Covered Bus Stop Shelter
- Gazebo
- Access Gate
- Walking Trail with Benches
- Basketball Court
- Picnic Area with grills
- Storm Doors
- Emergency Pull Cord/Call Button
- Car Wash Station

Elected amenities are required in all project units

Project Name: _____
 # of Units: _____
 City: _____

Energy Conservation and Healthy Living Environment

Indicate which of the following will be provided:

- HVAC of 15 SEER (HSPF 9.0) or above
- Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.
- EPA's Partnership Program "WaterSense" labeled water closet, faucets (bathroom and kitchen) and showerheads.
- Energy Star rated "cool roof" shingles or metal roof with a fifty (50) year warranty.

Section 504 Election (Required for AHFA HOME Projects)

Indicate if applicable:

- At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below.

Total number of Sensory Impaired Units: _____

Total number of Handicapped units: _____

The project's architect, who is licensed in the state of Alabama, must provide a listing of the building codes which are applicable to the project in the space provided below. (all enter to move to next line)

DRAFT

Architect's Certification: The undersigned certifies to the Alabama Housing Finance Authority (AHFA) that (1) the above information is true and correct; (2) the project will be designed in accordance with the applicable requirements of the 2010 Americans with Disabilities Act, Section 504 requirements, Fair Housing, and 2009 or 2012 International Building Code-International Residential Code and any more restrictive local building code requirements; (3) the plans and specifications for the construction of the project will not require any toxic waste or hazardous substance prohibited by any applicable federal or state law or regulation (including, without limitation, asbestos) to be or become a part of the project; and (4) the project will be designed in accordance with AHFA's Design Quality Standards and Construction Manual. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's making financial decisions.

Architectural Firm: _____

Address: _____

City: _____

State, ZIP Code: _____

Phone Number: _____

Email Address: _____

Name of Designing Architect (type or Print):

Print Name: _____

By: _____
(Signature)

Rehabilitation Square Footage and Architect's Certification 2017

Project Name: _____
 # of Units: _____
 City: _____

The project's architect, who is licensed in the State of Alabama, must complete the applicable form. The square footage numbers on this form will be used in determining whether AHFA's square footage requirements listed in the AHFA Design Quality Standards/Construction Manual are met. Complete additional copies of this form as needed.

The following information refers to (check one): Low-Income Units Market Rent Units
 (Duplicate this page for information regarding the type of units not checked above.)

Type:	# of Units:	# of Baths:	Bedroom Sq. Foot:	Heated Area:	Total Heated Area:
			(List the Sq. ft. for each B/R) 1st B/R 2nd B/R 3rd B/R 4th B/R		
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Bedroom				s.f.	s.f.
Living Units Total					s.f.

Community/Clubhouse Building				s.f.	s.f.
Office Area				s.f.	s.f.
Community Laundry				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
TOTAL HEATED AREA:					s.f.

Type:	# of Type:	Area:	Total Area:
Covered Porches		s.f.	s.f.
Breezeways		s.f.	s.f.
Outside Storage		s.f.	s.f.
Other (specify):		s.f.	s.f.
Other (specify):			
		TOTAL SQ. FT.:	s.f.

- Will the project include any of the following?
- Thermal break insulated windows or extruded vinyl windows and insulated exterior doors. Windows must be Energy Star Rated.
 - All kitchen cabinets and countertops replaced.
 - All HVAC equipment replaced.
 - All plumbing fixtures replaced.

Amenities

Amenities elected below will be used to determine whether or not the project receives additional points under the point scoring system. Indicate which of the following amenities will be provided to all low-income and/or market rent units:

Required Amenities

- Range
- Refrigerator
- Heater
- Air Conditioner
- Dishwasher
- Ice Maker
- Microwave
- W/D connections
- Ceiling Fans

EXTRA AMENITIES

- Clubhouse/Community Building
- Washer/Dryer Provided
- Exterior Security Package
- Unit Security Package
- Storm Shelter
- Playground
- Outdoor Fitness Activity Area
- Covered Picnic Pavilion

- Computer Center
- Splash Center
- Exercise/Fitness Room
- Covered Bus Stop Shelter
- Gazebo
- Access Gate
- Walking Trail with Benches
- Basketball Court
- Picnic Area with grills
- Storm Doors
- Emergency Pull Cord/Call Button
- Car Wash Station

Elected amenities are required in all project units

Project Name: _____
 # of Units: _____
 City: _____

Energy Conservation and Healthy Living Environment

Indicate which of the following will be provided:

- HVAC of 15 SEER (HSPF 9.0) or above
- Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.
- EPA's Partnership Program "WaterSense" labeled water closet, faucets (bathroom and kitchen) and showerheads.
- Energy Star rated "cool roof" shingles or metal roof with a fifty (50) year warranty.

Section 504 Election (Required for AHFA HOME Projects)

Indicate if applicable:

- At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below.

Total number of Sensory Impaired Units: _____

Total number of Handicapped units: _____

The project's architect, who is licensed in the state of Alabama, must provide a listing of the building codes which are applicable to the project in the space provided below. (alt enter to move to next line)

DRAFT

Architect's Certification: The undersigned certifies to the Alabama Housing Finance Authority (AHFA) that (1) the above information is true and correct; (2) the project will be designed in accordance with the applicable requirements of the 2010 Americans with Disabilities Act, Section 504 requirements, Fair Housing, and 2009 or 2012 International Building Code-International Residential Code and any more restrictive local building code requirements; (3) the plans and specifications for the construction of the project will not require any toxic waste or hazardous substance prohibited by any applicable federal or state law or regulation (including, without limitation, asbestos) to be or become a part of the project; and (4) the project will be designed in accordance with AHFA's Design Quality Standards. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's making financial decisions.

Architectural Firm: _____

Address: _____

City: _____

State, ZIP Code: _____

Phone Number: _____

Email Address: _____

Name of Designing Architect (type or Print): _____

Print Name: _____

By: _____
(Signature)

Previous Participation Certification 2017

Name of Organization or Individual: _____

Address: _____

City, State, ZIP: _____

- Owner (Ltd, Corp, LLC, Trust)
- General Partners, Shareholders, Members and/or Beneficiaries
- Developer General Contractor

List names of all known principals/entities of the referenced organization providing assistance to the proposed project.	Title/Role	% Interest in Ownership of Organization (must total 100%)

Certification and Authorization

I (individual, partner, shareholder, member, beneficiary, or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Schedule of Real Estate Owned and/or Relevant Experience forms, under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the Schedule of Real Estate Owned Relevant Experience forms, and or AHFA 2017 Ownership Verification Form contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

- a) No mortgage on a project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
- b) I have not experienced defaults or uncorrected non-compliances on any HUD, USDA RD, AHFA and other state and local government housing finance project(s);
- c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my projects nor have I had one or more public (federal, state or local) projects terminated for cause or default;
- d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- e) I have not been convicted of or had a civil judgment rendered against me for commission for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in this paragraph;
- f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction projects involving the use of federal funds or the Low-Income Housing Tax Credit program;
- g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this project in which I proposed to participate, are listed above.

I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Schedule of Real Estate Owned and/or Relevant Experience forms.

For general partners or project owners only: I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, as applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

Type or Print

Name of Principal	Signature of Principal	Date	Telephone Number with Area Code and E-mail Address

Relevant Experience Form 2017

Developer

DMS Organization Code _____

23a.

Name of Organization/or Individual _____

Complete the information below for projects your organization developed and placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. **Do not include projects approved but not yet placed in service.**

Total number of units developed	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low- Income Units	Date Placed in Service	Total Development Costs	Funding Source(s) (Name of Financing Entity, Contact Person and Phone Number)
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							
Project Name: _____ Project Contact: _____							

I, the undersigned, certify that I developed the above-listed projects and the information provided is true and correct. I further acknowledge that AHFA may request additional information for purposes of evaluating this application.

Print Name: _____ By: _____ (Signature)
Date: _____ Its: _____

Relevant Experience Form ²⁰¹⁷

23b.

Name of Organization/or Individual

General Contractor

Alabama General Contractor's License Number: _____

DMS Organization Code: _____

Complete the information below for projects your organization has served as the General Contractor and are currently placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. **Do not include projects approved but not yet placed in service.** (Attach copies of this form as needed)

Total number of units constructed or rehabilitated	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	Total Development Costs	Funding Source(s) (Name of Financing Entity, Contact Person and Phone Number)
Project Name: _____							
Project Contact: _____							
Project Name: _____							
Project Contact: _____							
Project Name: _____							
Project Contact: _____							
Project Name: _____							
Project Contact: _____							
Project Name: _____							
Project Contact: _____							

I, the undersigned, certify that I served as the General Contractor for the above-listed projects and the information provided is true and correct. I further acknowledge that AHFA may request additional information for purposes of evaluating this application.

Print Name: _____

By: _____
(Signature)

Date: _____

Its: _____

Submit This Form Only (Attachments will not be accepted)

Name of Organization: _____
 Name of Individual (full legal name): _____
 Title / Role: _____
 Address: _____
 City, State, ZIP: _____
 Phone #: _____
 Email Address: _____

Consultant (if applicable)
 Architect
 Attorney
 Accountant

DMS Organization Code: _____

List all projects in the current application cycle associated with each organization or individual.

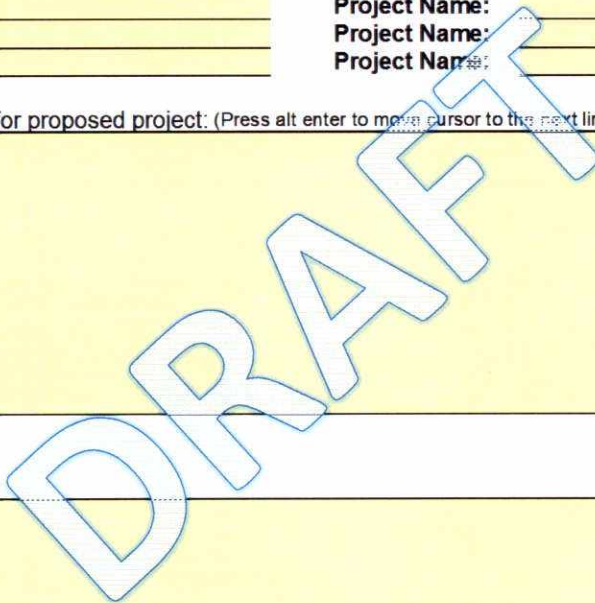
Project Name: _____
 Project Name: _____
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 Project Name: _____

Project Name: _____
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 Project Name: _____
 Project Name: _____

Describe primary responsibilities for proposed project. (Press alt enter to move cursor to the next line)

Education:

List relevant multifamily experience:



Submit This Form Only (Attachments will not be accepted)

An "Identity of Interest" shall be construed to exist if:

1. Individual persons are considered related to each other
 - (a.) if they have any of the following direct relationships: parent, child, brother, sister, spouse, son-in-law, daughter-in-law, father-in-law, and mother-in-law, including any such direct relationship created by marriage, remarriage, adoption, or any other legally recognized status, or
 - (b.) if one individual is an employer, by common law or otherwise, of the other.
2. Entities are considered related to each other
 - (a.) if any director, shareholder, partner, member or any other type of owner of any entity would be considered a related individual (under item a. above) to any director, shareholder, partner, member or any other type of owner of another entity,
 - (b.) if the entity has the ability to control another entity, or
 - (c.) if the entity owns a material interest in another entity. An entity will be presumed to control another entity if it has a percentage of ownership in the other entity or the ability to appoint a percentage of the members of the other entity's governing body (i.e., board of directors, board of trustees, partners, managers, etc...) that would permit it to control the other entity either by operation of law or by agreement.

A material interest means any ownership interest in excess of 20% of the stock, partnership interests, membership interests or other forms of ownership of any entity; provided, however, that ownership interests held by housing credit investors, housing credit syndicators or special administrative partners or members shall be disregarded for purposes of 20% the test.
3. Without limiting the above, a trust will be considered related to any individual or entity if any trustee, trustor, grantor, settlor, beneficiary, permissible distributee, any person or entity serving a role similar to the foregoing, or any person holding power of appointment (general or limited) over trust property would be considered related to the individual or entity under items 1a. or 1b, 2a or 2b. above.
4. Any other relationship which, while not specifically listed above, is determined to constitute an identity of interest because it is a relationship at least as close as an identity of interest described above or because it would permit an allocation that violates the intent of the Owner/Project Cap.

Parties that have an identity of interest are presumed to be sufficiently related for them to be treated as single applicant for purposes of the ceilings. AHFA may in its discretion identify other parties whose relationship is sufficiently close to cause them to be treated as a single applicant for purposes of calculating the Owner/Project Cap. A significant factor in AHFA's evaluation will be whether, based on the facts and circumstances, a primary purpose of a party's involvement in a project appears to be avoidance of the ceilings.

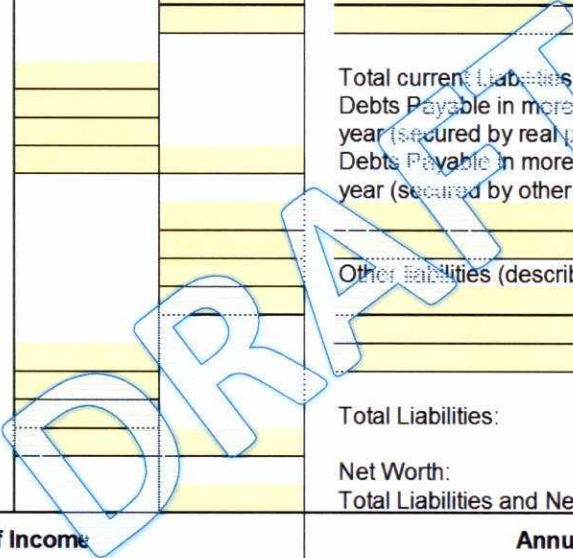
Is there an identity of interest that meets the criteria above between any of the development team members listed in the application?

Yes No

If yes, disclose the identity of interest below (press ALT Enter to skip to next line):

Statement of: _____ As of (M/D/Y): _____
 Address, City, Zip: _____
 Email Address: _____

Assets		Liabilities and Net Worth	
Cash on hand and in banks (Name of Depository)	(Balance)	Accounts Payable:	
_____	_____	Notes Payable:	_____
_____	_____	Debts Payable in less than one year (secured by real property):	_____
_____	_____	Debts Payable in less than one year (secured by other assets):	_____
Accounts Receivable	_____	_____	_____
Net of Doubtful Accounts:	_____	Other current Liabilities (describe):	_____
Notes Receivable	_____	_____	_____
Net of Doubtful Notes:	_____	_____	_____
Stocks and Bonds (from next page):	_____	Total current Liabilities:	_____
Other current Assets (describe):	_____	Debts Payable in more than one year (secured by real property):	_____
_____	_____	Debts Payable in more than one year (secured by other assets):	_____
_____	_____	_____	_____
Total Current Assets:	_____	Other liabilities (describe):	_____
Real Property (from next page):	_____	_____	_____
Machinery, Equipment, Fixtures:	_____	Total Liabilities:	_____
Life Ins. (Cash value less loans):	_____	Net Worth:	_____
Other assets (describe):	_____	Total Liabilities and Net Worth:	_____
_____	_____		
_____	_____		
Total Assets:	_____		



Annual Sources of Income		Annual Operating Expenses	
Primary Source of Income:	_____	Administrative:	_____
Other income:	_____	Taxes:	_____
		Insurance:	_____
		Depreciation:	_____
		Other operating expenses:	_____
Total Income:	_____	Total Expenses:	_____
		Net Income:	_____

Accounts and Notes Receivable				Delinquencies		
Specify amounts, if any, due from partners (P), employees (E), or relatives (R):				If any taxes, mortgage payments or other liabilities are past due, specify:		
Type (P/E/R)	Name	Address	Amount	Type Liability	Amount	Circumstances

Insurance		Notes Payable		
Life (face value)	_____ \$ _____	Payable to	Amount	Maturity Date
Beneficiary	_____			

Pledged Assets			Legal Proceedings: If any legal proceedings have been instituted by creditors, or any unsatisfied judgements remain on record, give full details on an attached sheet(s).
Type Pledged	Amount	Offsetting Liability	

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
TOTAL:			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page

The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holder

References

Bank: _____

 Trade: _____

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: _____ By: _____
 (Signature)
 Date: _____ Its: _____

Instructions:

All applicable sections of the financial statement (F/S) must be completed. Any newly formed entities should provide required form and document that they are "Newly Formed." For the Applicant/Owner who is an individual and for each individual listed on Forms LP, CORP, LLC, GP,LLP, and Trust, Personal F/S is required. The F/S form must be completed in its entirety. **Please include your personal residence. If you do not own a personal residence, indicate so on the F/S form.**

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with "See Attached" and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

A current financial statement is a statement dated less than 12 months old from the time of application submission from the year-end date of the statement. The year-end is defined as the end of the accounting period of the statement. The accounting may be on a calendar year or fiscal year.

Organizational F/S are required of the Owner, the Developer (if different from the Owner), the General Contractor and the Management Company. If any entity has a current F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with "See Attached" and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.

ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED.

Statement of: _____ As of (M/D/Y): _____
 Personal Address: _____
 Email Address: _____

Assets

Liabilities and Net Worth

Cash on hand and in banks
 (Name of Depository) _____

(Balance)

Accounts Receivable
 Net of Doubtful Accounts: _____
 Notes Receivable
 Net of Doubtful Notes: _____
 Stocks and Bonds (from next page): _____
 Other current Assets (describe): _____

Total Current Assets:
 Real Property (from next page): _____
 Machinery, Equipment, Fixtures: _____
 Life Ins. (Cash value less loans): _____
 Other assets (describe): _____

Total Assets:

Accounts Payable: _____
 Notes Payable: _____
 Debts Payable in less than
 one year (secured by real property): _____
 Debts Payable in less than
 one year (secured by other assets): _____

Other current Liabilities (describe): _____

Total current Liabilities:
 Debts Payable in more than one
 year (secured by real property): _____
 Debts Payable in more than one
 year (secured by other assets): _____

Other liabilities (describe): _____

Total Liabilities:

Net Worth:
 Total Liabilities and Net Worth:

Annual Sources of Income

Annual Expenditures

Salary: _____
 Bonuses and Commissions: _____
 Dividends: _____
 Rental Income(net of expensives and
 debt service): _____
 Other income: _____

Total Income:

Mortgage/Rent: _____
 Insurance: _____
 Car Payments: _____
 Installment Notes: _____
 Alimony: _____

Total Expenses:

Accounts and Notes Receivable

Delinquencies

Specify amounts, if any, due from partners (P), employees (E),
 or relatives (R):

Type (P/E/R)	Name	Address	Amount

If any taxes, mortgage payments or other liabilities are past
 due, specify:

Type Liability	Amount	Circumstances

Insurance

Notes Payable

Life (face value) _____ \$ _____
 Beneficiary _____

Payable to	Amount	Maturity Date

Pledged Assets

Type Pledged	Amount	Offsetting Liability

Legal Proceedings: If any legal proceedings have been
 instituted by creditors, or any unsatisfied judgements remain
 on record, give full details on an attached sheet(s).

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
TOTAL:			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page

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Location of Real Property	Name of Title Holder

References

Bank: _____

 Trade: _____

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: _____ By: _____
(Signature)
 Date: _____ Its: _____

Instructions:

All applicable sections of the financial statement (F/S) must be completed. Any newly formed entities should provide required form and document that they are "Newly Formed." For the Applicant/Owner who is an individual and for each individual listed on Forms LP, CORP, LLC, GP, LLP, and trust, Personal F/S is required. The F/S form must be completed in its entirety. **Please include your personal residence. If you do not own a personal residence, indicate so on the F/S form.**

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with "See Attached" and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

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Organizational F/S are required of the Owner, the Developer (if different from the Owner), the General Contractor and the Management Company. If any entity has a current F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with "See Attached" and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.

ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED.

General Contractor's Other State Activities Form

(Exclude Alabama Properties) 2017

List all projects currently under construction and any new projects applied for:

Project Name		State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low- Income Units	Anticipated Place in Service Date	Date of Application or Allocation	Total Project Cost									

Has any staff or development team member listed in application previously or currently been involved in litigation against another housing credit allocating agency? Yes No **(Indication is required: If yes, please attach an explanation)**

I, the undersigned, certify that the information given is true and correct. I hereby further acknowledge that in reviewing and considering this application, AHFA may request information from other state agencies/authorities for purposes of evaluating this application.

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

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Owner/Developer Responsibilities Form 2017

Project Name: _____
City: _____

If the Owner and the Developer are *two different entities*, this form must be completed and signed by all parties. A written agreement outlining each party's responsibilities must be provided.

Owner has/will have:

- Valid legal title to or a long-term (Equal to or longer than the compliance period and extended use period combined) leasehold in the subject property.

Note: Long-term leasehold is ineligible on HOME-funded projects.

Developer has/will have:

- Valid legal title to or a long-term leasehold in the subject property.
- A contractual obligation to the property owner:
 - To obtain financing
 - To rehabilitate or construct the project
 - To maintain/manage the project
 - To materially participate during the construction through completion

Please provide a copy of the written agreement between the Owner and the Developer(s) regarding each party's respective obligations. Applicants may joint venture as a co-developer on a project with no ownership interest in the project and the allocation will not count toward the owner and project cap.

(Name of Owner) By: _____

Date: _____ Its: _____

State of _____

County of _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____, whose name as _____ of _____, a _____ is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said _____.

Given under my hand and official seal this _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

(Name of Developer) By: _____

Date: _____ Its: _____

State of _____

County of _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____, whose name as _____ of _____, a _____ is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said _____.

Given under my hand and official seal this _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

AHFA 2017 Management Verification Form

The projects provided on this verification form will be counted for management experience in the 2017 application cycle for the Management Company listed below

Management companies should provide copies of the completed verification form to any/all 2017 project applicant(s) with whom they will be affiliated.

To qualify for maximum points, Management Companies with fewer than 10 AHFA properties or 1000 units will need to provide this form (if applicable) along with the AHFA Management Relevant Experience Form to any/all 2017 project applicant(s) with whom they will be affiliated.

Date:

Application Project Name:

Application Project Number (if available):

Management Company Name:

Management DMS Organization Code:

Management Company Address:

Contact:

Phone:

Email:

Number of Projects	AHFA Project Number	Project Name	Apartment City	Number of Units
1				
2				
Total Units:				

Management Previous Participation Certification 2017

Name of Management Organization or Individual:

Address:

City, State, ZIP:

Email Address:

List names of all known principals of the referenced organization providing assistance to the proposed project.	Title/Role	% Interest in Ownership of Organization (must total 100%)

Certification and Authorization

I (individual, partner, shareholder, member, or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Management Relevant Experience form(s), under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the AHFA 2016 Management Verification Form and/or Management Relevant Experience form(s) contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

- a) No mortgage on a project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
 - b) I have not experienced defaults or uncorrected non-compliance on any HUD, USDA RD, AHFA and other state and local government housing finance project(s);
 - c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my projects nor have I had one or more public (federal, state or local) projects terminated for cause or default;
 - d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
 - e) I have not been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offenses in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offense enumerated in this paragraph;
 - f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction projects involving the use of federal funds or the Low-Income Housing Tax Credit program;
 - g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
- I certify that all the names of the parties, known to me to be principals in this project in which I proposed to participate, are listed above.
I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Management Relevant Experience form(s).

I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

Name of Principal	Signature of Principal	Date	Telephone Number with Area Code and E-mail Address

Management Relevant Experience Form 2017

To qualify for maximum management points, the Management Relevant Experience Form is to be completed **Only** by management organizations who; (1) have fewer than 10 AHFA projects or 1,000 units verified by AHFA; (2) did not receive an AHFA 2017 Management Verification Form from AHFA or (3) need to list non-AHFA funded projects to obtain maximum points. Complete the information below for each development project your organization currently manages. List only those HOME/Housing Credit, HUD, USDA RD projects which have activities, features, and/or are similar in size or scope to the proposed project. **Do not include projects approved but not yet placed in service.** Attach copies of this form as needed to qualify for the maximum number of points.

Management Firm: _____ Contact Person: _____ Contact Phone: _____

DMS Organization Code: _____

Project Name:	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	# Years Managed
Project Contact:						
Project Name:						
Project Contact:						
Project Name:						
Project Contact:						
Project Name:						
Project Contact:						

Number of affordable units currently managing. _____

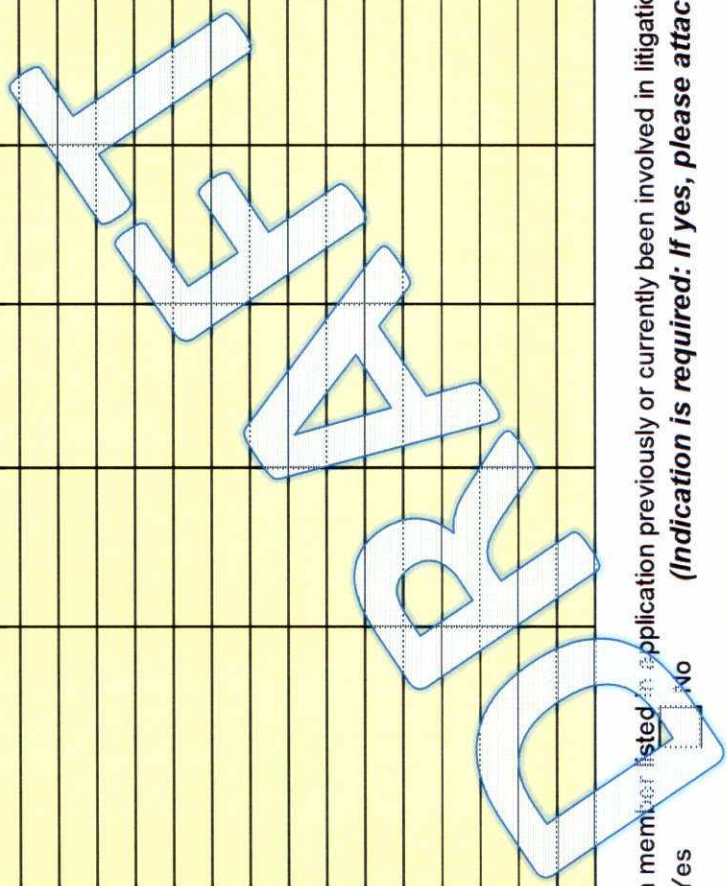
I, the undersigned, certify that the information provided is true and correct. I further acknowledge that AHFA may request additional information for purposes of evaluating this application.

Print Name: _____ By: _____ (Signature)
 Date: _____ Its: _____

Management's State Compliance Form 2017

Compliance history of Housing Tax Credit projects. List all projects for which an 8823 has been filed by AHFA or other Housing Credit Allocating Agency and has not been corrected. List any 8823's filed within the last three (3) years by AHFA or other Housing Credit Allocating Agency.

Project Name and State Location	Project Type (NC, REHAB, or ACQ/REHAB)	# Low-Income Units	Date Placed in Service	# of 8823s Filed	Nature of Noncompliance	Corrected? (YES or NO)



Has any staff or management team member listed on application previously or currently been involved in litigation against another housing credit allocating agency? Yes No **(Indication is required: If yes, please attach an explanation)**

I, the undersigned, certify that the information given is true and correct. I hereby further acknowledge that in reviewing and considering my application, AHFA may request information from other Housing Credit Allocating Agencies for purposes of evaluating my application.

Print Name: _____ By: _____ (Signature)
Date: _____ Its: _____

Project Name: _____

Address: _____

TO ENSURE AHFA STAFF OR ITS DESIGNEE CAN IDENTIFY THE CORRECT PROPERTY: ALL PROPERTY CORNERS MUST BE CLEARLY MARKED (with stakes, survey tape, or other markings particular to the site) AND A SIGN AT LEAST 12" X 24" MUST BE PLACED AT THE PROPOSED ENTRANCE. (Do not indicate financed by AHFA or future AHFA development on the sign).

- a. Provide driving instructions to the project site from Montgomery.
(Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)

Empty text box for driving instructions.

- b. Provide a city location map containing street names. Indicate site and all services on map.
- c. Describe the neighborhood where the site is located, noting other types of developments in the immediate area, i.e., residential, commercial, industrial. Discuss the suitability of the site for the proposed/existing development.

Empty text box for neighborhood description and map reference.

- d. Describe any existing structures (shack, schoolhouse, mobile home, barn, etc) or improvements on the site. Describe the site sign and the specific site markings.

Empty text box for existing structures and site markings.

Provide Color Photos of the following or indicate (type N/A) if not applicable:

- e. Proposed site, the properties adjacent to the site, and the services.
(Aerial photos are not to be submitted in lieu of these, however they may be submitted in addition to the color photos)
- f. Existing structures (shack, schoolhouse, mobile home, barn, etc) or improvements on the site.
- g. The site sign and the specific site markings
- h. Any above ground storage tanks storing 100 gallons or more of explosive or flammable liquids within 1 mile of site
- i. Any structure on or adjacent to the proposed project over 50 years old

Site/Project Information Form 2017
(Neighborhood Services)

Project Name: _____
Address: _____

Neighborhood Services: When listing services, begin with the service located closest to the site grouping them by similar direction. Provide detailed directions from the site to the service(s) located within two (2) miles or less of the proposed site. List only those services documented in the Allocation Plan eligible for points. Attach and number color photos of each service.

Note: Only those services listed on this form will be eligible for points. The service must be open and operating at time of AHFA site visit to be eligible for points, excludes exemptions listed above. Duplicate services will not be eligible for additional points.

Example: Name of Service: Walgreens Type of Service: Pharmacy
Distance from Site: 1.2 miles Photo # 1 Street Address: 22 Weis Way

#1 1) Name of Service: _____ 2) Type of Service: _____
3) Distance from Site: _____ Photo # _____ 4) Street Address: _____

Directions from the site to the service: (Press Alt Enter to skip to the next line)

#2 1) Name of Service: _____ 2) Type of Service: _____
3) Distance from Site: _____ Photo # _____ 4) Street Address: _____

Directions from the site to the service:

#3 1) Name of Service: _____ 2) Type of Service: _____
3) Distance from Site: _____ Photo # _____ 4) Street Address: _____

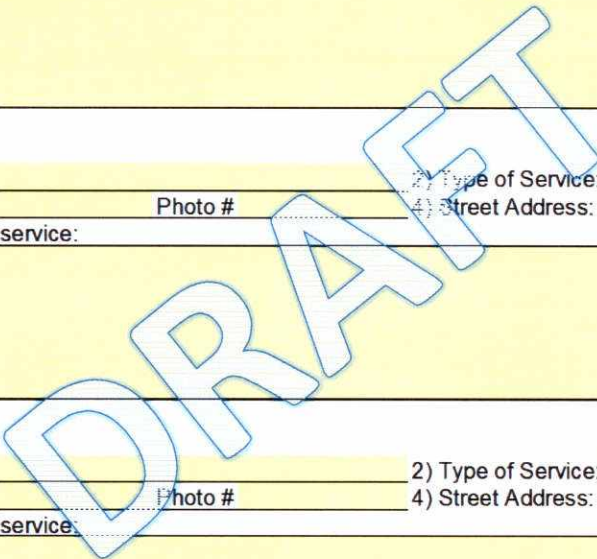
Directions from the site to the service:

#4 1) Name of Service: _____ 2) Type of Service: _____
3) Distance from Site: _____ Photo # _____ 4) Street Address: _____

Directions from the site to the service:

#5 1) Name of Service: _____ 2) Type of Service: _____
3) Distance from Site: _____ Photo # _____ 4) Street Address: _____

Directions from the site to the service:



Neighborhood Service Instructions and Definitions

The Applicant/Owner must provide detailed turn-by-turn directions from the automobile entrance of an existing development or entrance sign at the proposed site entrance to the closest automobile entrance to the parking lot of the proposed service. If AHFA cannot locate a service due to incorrect directions, the applicant will not receive points for the services. AHFA will not award points for services not listed on the form. The service must be open and operating at time of AHFA site visit to be eligible for points. Duplicate services will not be eligible for additional points.

The following are general definitions for the services eligible for points:

Grocery Store: A store that retails food including but not limited to fresh meats (prepackaged sandwich meats are not eligible), fresh fruits, and vegetables. (I.E. Winn Dixie, Piggly Wiggly, Publix, Walmart Supercenter, Sam's Club and Costco will not count as a grocery store due to membership fees.

Hospital: A hospital is an institution that provides medical and surgical treatment for the sick or the injured, **or**

Doctor's Office: The Doctor must be a "Primary Care" physician trained in general, internal, pediatric, or geriatric medicine. Applicant should ensure that this service is suitable for the target population. **Walk in/Convenient Care Medical Clinic:** A licensed and accredited care setting staffed with doctors, nurse practitioners, and/or physician's assistants. May handle medical problems that need immediate attention but are not life threatening. (I.E. Urgent Care Center, Primed, American Family Care Center.) It is the applicant's responsibility to provide documentation regarding the extent of verifiable primary care medical service available and by whom.

Pharmacy/Drug Store: The branch of the health sciences dealing with the preparation, dispensing, and proper utilization of drugs. A store where prescriptions are filled and drugs and other articles are sold. Walgreens, CVS, Rite Aid, or other similar type stores can count as both a drug store and convenience store.

Convenience Store: A small retail store that typically sells staple groceries, snacks and sometimes gasoline. Tom Thumb, 7-eleven, Dollar Tree, Fred's, Walgreens, CVS, Rite Aid, and Dollar General or other similar type stores will count as a convenience store, but not a grocery store.

Bank/Credit Union: A financial institution that provides services, such as business, auto, and mortgage loans, and basic investment products such as, savings accounts and certificates of deposit. Check cashing and pawn for title establishments are not considered a bank or credit union.

Note: If there is any doubt as to the validity of the service, it is the applicant's responsibility to provide documentation regarding the extent of verifiable services available and by whom.

Site/Project Information Form 2017
(Negative Neighborhood Services)

Project Name: _____
Address: _____

Neighborhood Services:

Provide detailed directions from the site entrance of an existing development or entrance sign of the proposed site entrance to any negative neighborhood service(s) which are located within .3 mile of the site. Attach color photos of each negative service. General definitions of negative neighborhood services are listed on the following page.

If there are no Negative Services within .3 mile of site, please indicate by marking the following box. None

AHFA will deduct points for negative neighborhood services found during site visits (even if the negative service is not listed in the applicant's application) or if it is listed in other documentation submitted with the application, such as environmental reports, market studies, etc.

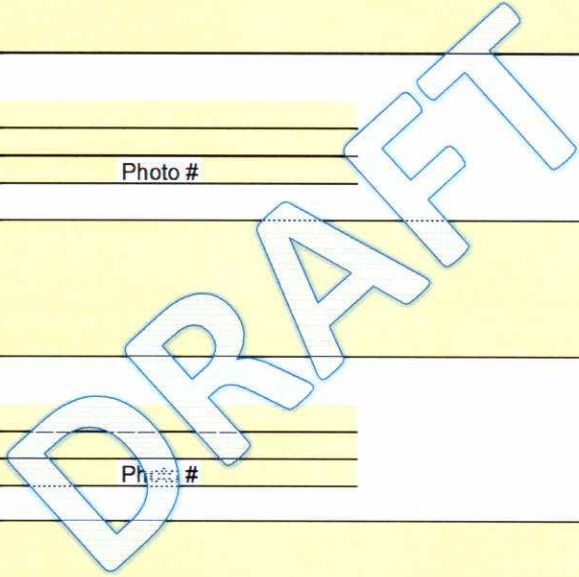
- 1) Name of Negative Service: _____
- 2) Address: _____
- 3) Distance from Site: _____ Photo # _____
- 4) Directions from the site to the service:

- 1) Name of Negative Service: _____
- 2) Address: _____
- 3) Distance from Site: _____ Photo # _____
- 4) Directions from the site to the service:

- 1) Name of Negative Service: _____
- 2) Address: _____
- 3) Distance from Site: _____ Photo # _____
- 4) Directions from the site to the service:

- 1) Name of Negative Service: _____
- 2) Address: _____
- 3) Distance from Site: _____ Photo # _____
- 4) Directions from the site to the service:

- 1) Name of Negative Service: _____
- 2) Address: _____
- 3) Distance from Site: _____ Photo # _____
- 4) Directions from the site to the service:



The following are general definitions of Negative Neighborhood services:

Note: It is the responsibility of the applicant to provide AHFA with an explanation of any cited negative characteristics listed below.

Junk Yard/Salvage Yard: An establishment or place of business which is maintained, operated, or used for storing, keeping, buying, or selling old or scrap copper, brass, batteries, paper trash, rubber debris: junked, dismantled or wrecked automobiles, or parts thereof, iron, steel, and other old or scrap ferrous or nonferrous material or for the maintenance or operation of an automobile graveyard. May also be attached to a body shop or repair facility for the rebuilding, repair or restoration of vehicles.

Dump: A defined area that is used for the collection, retention and/or processing of waste materials including but not limited to the following:

- 1.) Hazardous waste - As defined by EPA.gov
- 2.) Medical waste - Solid waste from medical research, medical procedures, or pathological, industrial, or medical laboratories;
- 3.) Solid waste - Combustible or incombustible refuse. Solid waste includes dirt, sand, sawdust, gravel, clay, loam, stone, rocks, rubble, building rubbish, shavings, trade or household waste, refuse, ashes, manure, vegetable matter, paper, dead animals, garbage or debris of any kind, any other organic or inorganic material or thing, or any other offensive matter;
- 4.) Construction and demolition waste - Building materials and rubble resulting from construction, remodeling, repair, and demolition operation(s) on houses, commercial buildings, pavements, and other structures;
- 5.) Yard waste - Any organic material, wood, mulch, leaves, or plants.

Wastewater Treatment Facility: An open or enclosed, single or multiple structure area with equipment that receives the discharge of a sanitary drainage system. Designed to bring about a reduction in the organic and bacterial content of the waste to render it less offensive or dangerous.

Distribution Facility: A place for holding products (finished goods) where the emphasis is on processing and moving goods to wholesalers, retailers, or consumers either by truck, rail, air or pipeline.

Electrical Utility Substation: A defined area that involves activities such as receiving electric energy from the transmission system, reducing it by transformation to distribution voltages, and delivering it to the ultimate consumers.

Railroad: A permanent road laid with rails, commonly in one or more pairs of continuous lines forming a track or tracks, on which locomotives and cars are run for the transportation of passengers, freight, and mail. *Please note: An exception may be allowed for rehabilitation of existing multifamily units, replacement of public housing authority owned units with new construction or historic properties located near a railroad, provided a noise mitigation plan (subject to HUD standards) is presented at the time of application. The findings of the study must be acceptable to AHFA in all respects.*

Adult video/ theater/ live entertainment: An age-restricted establishment having a substantial or portion of its stock in trade, videos, movies, or other mature merchandise which are distinguished or characterized by their emphasis depicting, describing, or relating to sexual conduct.

Pig Farm: A farm where pigs are raised or kept.

Chicken Farm: A farm where chickens are raised for eggs or for sale.

Processing Plant: A factory or facility where raw materials or foods are treated or prepared before they are used or sold. (examples: meat, poultry, food, gas, milk processing etc...)

Industrial: Anything having to do with the business of manufacturing products.

Airport: A tract of land or water with facilities for the landing, takeoff, shelter, supply, and repair of aircraft, especially one used for receiving or discharging passengers and cargo at regularly scheduled times.

Prisons/Jails – A place for the confinement of people accused or convicted of a crime. *Points will not be deducted for a prison, jail, or detention facility if it is co-located with a law enforcement office.*

Solid Waste Disposal – Management and monitoring of the collection, transport, & disposal of solid waste (example – Landfill).

Unsatisfactory Conditions of streets – Streets in need of being repaved, major repair work, or are too narrow to be accessible by two vehicles;

(FOR HOME and National Housing Trust Fund APPLICATIONS ONLY) In order to comply with certain regulations stated in the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), all applicants for HOME and National Housing Trust funds must have the proposed seller and purchasers sign this form.

This is a Voluntary, Arm's length Purchase Offer and a Disclosure to the Seller:

This pre-contract agreement is for the property located at the following address:

[Redacted address lines]

in [Redacted] , [Redacted] County, Alabama, between the following parties:

Purchaser: [Redacted] Address: [Redacted]

Seller: [Redacted] Address: [Redacted]

Agreement Conditions:

The Purchaser is seeking federal funds through the State of Alabama's HOME Investment Partnership Program (HOME) or National Housing Trust Fund to acquire property owned by the Seller to construct a multifamily rental project. In accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970, as amended, and all rules and/or regulations implemented or promulgated thereunder, the seller of said property is hereby notified that:

-Voluntary Sale -

- 1 The Purchaser does not have the right of eminent domain, or, if the Purchaser has the power of eminent domain, the Purchaser will not exercise this power.
- 2 Because this is a voluntary transaction, the Purchaser will not be able to acquire the property offered for sale if negotiations fail to result in an amicable agreement.
- 3 The Purchaser has informed the Seller of the property that the estimated fair market value of the property is \$ [Redacted].
- 4 Even though federal funds will be used in the acquisition of the Seller's property, the Seller WILL NOT be entitled to any relocation benefits.
- 5 Any tenant legally occupying the property is eligible to receive relocation assistance and benefits as identified in the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) of 1970, as amended.

-Timely Notices-

- 1 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide to each resident the notices required by HUD's instructions found in HUD Handbook 1378.
- 2 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide, or permit to be provided, a notice of denial to any person who wishes to make application to become a tenant. Before signing a lease and commencing occupancy, the person must be informed of the following:

- A If the application is funded, the person may be displaced; and,
- B The person would not qualify as a "displaced person" as a result of the project and therefore would not be eligible to receive any assistance or benefits.

-Recordkeeping-

- 1 The Seller agrees to provide the Purchaser, the funding agency, or a designated representative, the names and addresses of the residents residing in the property.
- 2 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to survey the residents to determine the relocation costs and housing needs.

According to the Real Properties Acquisition Policies Act of 1970 with HOME funds, an activity or series of activities in a HOME assisted project that are integrally related, each essential to the others, whether or not all of the component activities receive HUD financial assistance, are subject to HUD's implementing instructions.

Agreement Acceptance:

The Purchaser and Seller understand that if the conditions of this Agreement are not complied with, either party may terminate the real property option to purchase by notifying the other party by certified mail, return-receipt requested, that the Contract is terminated. The Purchaser and Seller 1) voluntarily accept these Agreement conditions; and , 2) agree to enter into a Contract for the property identified.

Name of Seller of Property Acquired or To Be Acquired	Signature of Witness
Signature of Seller	
Date: _____	
Name of Purchaser	Name, address and phone number of Witness
Signature of Purchaser	Date: _____
Date: _____	
	Signature of Witness
	Name, address and phone number of Witness
	Date: _____

I, _____ (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items **[Surveyor Must Initial Each Item]:**

- _____ **Survey is drawn in ink on base plat at least 24 inches by 36 inches.**
- _____ Survey indicates North arrow
- _____ Survey Shows graphic scale
- _____ Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.
- _____ Property boundary lines are drawn with a **heavy line** with all monuments marking property corners described in detail. Curved portions of the property boundary contain arc and chord distances as well as a minimum of two (2) of the survey parameters (e.g., Delta and Radius).
- _____ Title block contains surveyor's contact information, including street address, telephone, and if available, e-mail.
- _____ Survey indicates name of current property owner, and if different, the name of the applicant to AHFA for whom the survey was prepared.
- _____ Source of title of current property owner is indicated.
- _____ Area of property in acres is indicated.
- _____ Survey indicates Alabama county and city (if any) in which property is located.
- _____ Survey indicates location, name and governing jurisdiction (if any) for all streets or roads adjacent to, encroaching upon or intended to serve the property.
- _____ Survey contains surveyor's registration seal and signature.
- _____ Survey contains map and panel number of the Flood Insurance Rate Map.
- _____ Survey contains Flood Zone designation.

 Surveyor's Signature, P.L.S.
 Alabama License No. _____

 Date:

Certification of Consistency with Consolidated Plan 2017

The Certification of Consistency with Consolidated Plan (Certification), the Certification should be submitted for Housing Credit applications that have a commitment for local HOME funds from a Participating Jurisdiction. The Certification should not be submitted for applicants applying for AHFA HOME funds (except for an AHFA-approved CHDO applying in a Participating Jurisdiction) or Housing Credits only. If the proposed project is in an area that is covered by a local Consolidated Plan, the applicant must have the Certification completed by an authorized official of the participating jurisdiction. If the area is not covered by a local Consolidated Plan, the project will be governed by the State of Alabama's Consolidated Plan and this Certification is not required. In the event that the Certification of Consistency with Consolidated Plan is signed by someone other than the designated person(s) listed on the Consolidated Plan Coordinators-PJ's 2016 found at www.AHFA.com, it is the responsibility of the Applicant to provide AHFA with evidence that the signer is authorized to execute this certification. The following link contains a listing of the Consolidated Plan Coordinators:

http://www.ahfa.com/multifamily/allocation_application_info/apply_for_funding.aspx

I, _____, Authorized to act on behalf of
(Name of Authorized Official)

_____, certify that the activities proposed by
(Name of City, Town, Village or County)

_____, of _____
(Name of Applicant) (Name of Project)

_____ under the HOME, Housing Credit, and/or National Housing Trust
Programs are consistent with the FFY _____ Consolidated Plan submitted on _____
(Year) (Date)

and approved by the U.S. Department of Housing and Urban Development on _____
(Date)

(Name of Authorized Official) Date: _____

By: _____

Its: _____
(Title of Authorized Official)

ARCHITECT CERTIFICATION OF PROJECT PROGRESS 2017

(This certification is not required if the HOME Loan has closed, 8609's have been issued for the project , or it is a rehab of an existing project)

Project Name: _____

Project Address: _____

Owner: _____

I _____ (Architect) for the above referenced project, which received a Reservation/Binding Commitment for Housing Credits and/or HOME Written Agreement from Alabama Housing Finance Authority in 2014 and/or 2015, hereby certify that all building foundation slabs or crawl spaces are in place.

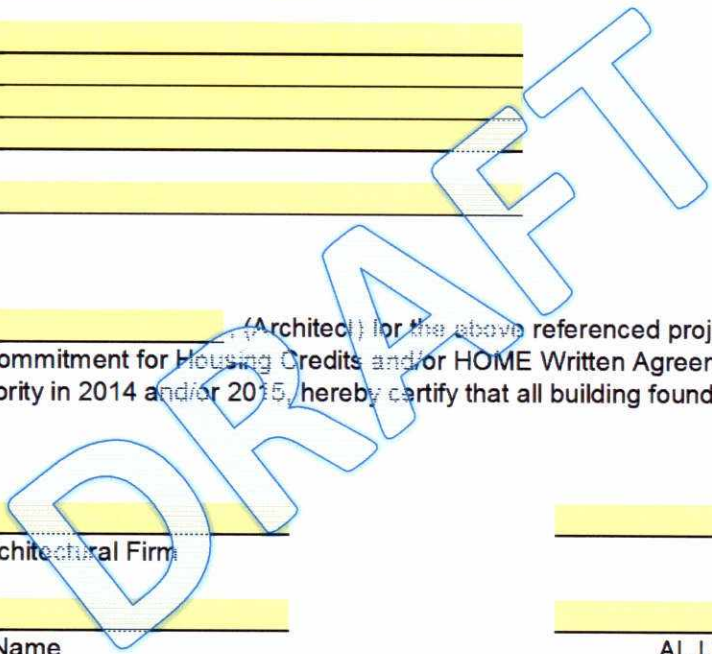
Name of Architectural Firm

Date

By: _____
Print Name

AL License Number

Its: _____



(Use additional pages if necessary) THIS FORM MUST BE COMPLETED WITHIN 30 DAYS OF SUBMISSION TO AHFA.

This form must be completed if you are acquiring or rehabilitating a project which is currently occupied by anyone other than the owner of the project, i.e., occupied by tenants. You must complete this form regardless of whether or not a tenant will actually be temporarily or permanently displaced.

Note: If applying for AHFA HOME funds, a "General Information Notice" must have been delivered to each tenant, via certified mail, return receipt requested, or hand delivered with signature of receipt by the tenant obtained, prior to the submittal of this application. The following link contains sample "Displacement Notices."

http://www.ahfa.com/multifamily/allocation_application_info/apply_for_funding.aspx

Date Prepared:		Current Project Occupancy:							
Unit # (list all units numerically)	Tenant Name	Tenant Mailing Address	# of People	# of bedrooms	Gross Annual Income	Existing Monthly Rental Charge	Tenant Paid Rent	Tenant to be Temporarily Displaced? (Y/N)	Tenant to be Permanently Displaced? (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
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29									
30									

DRAFT

Public Housing Authority Certification 2017

Project Name: _____
City: _____

Public Housing Authority: The Alabama Housing Finance Authority is preparing to accept applications for financing to develop or rehabilitate affordable housing throughout the State of Alabama. In order to ascertain housing needs in your area, please provide the information requested below.

WAITING LISTS

Public Housing Waiting List(s): Number of families on the Public Housing waiting list(s).

Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom	5-Bedroom
_____	_____	_____	_____	_____	_____

Number of Section 8 Vouchers that are available but have not been issued:	_____
Number of families issued Section 8 Vouchers in need of housing:	_____

VACANCIES: Number of Public Housing vacancies for each type of unit:

Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom	5-Bedroom
_____	_____	_____	_____	_____	_____

Please provide a brief synopsis of the current economic and housing conditions in your locality. If there are waiting lists for Public Housing units, vouchers, or housing for tenants with vouchers. Please explain why:

DRAFT

(Name of Public Housing Authority) By: _____ (Signature)

Date: _____ Its: _____

Owner's Certification

In order to receive point(s) in the application cycle, I hereby certify that the proposed project will target the households on the Public Housing Authority's list(s).

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

The Applicant/Owner receives additional points on the point scoring system used in the project selection criteria by using minority or women-owned businesses. In order to receive these points, please provide all the information requested on this form. Note: The developer fee of the minority- or women-owned business will not count toward the 10% of the total building cost of the project awarded to minority- or women-owned businesses.

Project Name: _____

Project Address: _____

Is the owner of the project a minority or women-owned business? Yes No

If yes, provide the name of minority or women-owned business _____

% of ownership

_____ (At least 50% ownership by minority or women-owned business is required for points)

Will the contractor or subcontractor be a minority or women-owned business? Yes No
(If yes, list these below.)

Name of Minority or Women-Owned Company

Address, City, Zip

% of Ownership

Contract Amount

Name of Minority or Women-Owned Company	Address, City, Zip	% of Ownership	Contract Amount
_____	_____	_____	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
_____	_____	_____%	_____
Total			_____

Owner's Certification

I, the undersigned Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information is true and correct. I certify that the owner is a minority or women-owned business or guarantee that at least 10% of the Hard Construction Cost (excluding builder's overhead and profit) will be awarded to minority or women-owned businesses. I further agree that, subsequent to this certification and prior to the final allocation of Low-Income Housing Tax Credits, HOME funds, or Multifamily Bond financing, I will furnish a Minority and Women-Owned Business Report to AHFA.

Print Name: _____

By: _____
(Signature)

Date: _____

Its: _____

The Applicant/Owner can receive a preference for providing a set-aside of of the total units for tenants with disabilities or homeless populations. Please see the requirements below for project owners committing to provide the set-aside units for disability and/or homeless populations.

Project Name: _____

Project Address: _____

- 1) Total # of Units in the Project: _____
- 2) Total # of Set-Aside Units: _____
- 3) Set-Aside % #DIV/0! _____

Targeted Households

- Disability
- Homeless
- Both

Required Documents

Marketing Plan

Preference Plan

List of Local and/or Regional Service Providers Contacted

Executed MOU

Letter of Support from AL HUD Continuum of Care (if targeting Homeless) N/A

Owner's Certification

I, the undersigned Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information and required documents included with this form are true and correct. I certify that as the owner of the above listed project will set-aside the amount stated in item number three (3) above of the total amount of the project's units for tenants with disabilities and/or homeless populations. I further agree that, subsequent to this certification and prior to the final allocation of Low-Income Housing Tax Credits, HOME funds, or Health Family Bond financing, I will furnish AHFA with the rent roll and any other documentation requested by AHFA evidencing the qualifying units.

Print Name: _____

By: _____
(Signature)

Date: _____

Its: _____

The units must be actively marketed and rented to households with at least one tenant with a disability and/or a tenant transitioning from homelessness. An approved marketing and preference plan will be required at the time of the final application.

I. Application Requirements

In order for an applicant to receive points under either the Housing Credit Qualified Allocation Plan or HOME Action Plan, the applicant must provide a marketing and preference plan.

The marketing and preference plan must contain the following items to qualify for the points:

- A. The applicant must provide a project specific marketing and preference plan specifying the special populations (disabled and/or homeless) the applicant will be targeting for the set-aside. Regardless of the population selected, the units must also meet income and age restrictions for the proposed development.
- B. If the applicant is targeting homeless, the applicant must provide a letter of support from the Alabama HUD Continuum of Care covering the region of proposed housing development.
- C. The applicant must provide a list of established local and/or regional service providers that serve the specific targeted population that the owner has contacted prior to submitting the application. The list of local and/or regional service providers contacted must provide at a minimum the following:
 - 1.) Service provider's name
 - 2.) Address
 - 3.) Phone number
 - 4.) Email address
 - 5.) Name of person contacted
 - 6.) Services Provided and Population Served
- D. The applicant must provide an executed Memorandum of Understanding (MOU) between the applicant and at least one (1) local and/or regional service provider or Continuum of Care that specifically serves the targeted population identified in the applicant's marketing plan. To qualify for points, the MOU must include, at a minimum, the following agreed upon terms:
 - 1.) A description of the supportive services that will be available to the targeted households, and any other local and/regional community agencies, including disability and homeless service providers who will be working with the local and/or regional service provider(s) in referring households and making their services available to the households. The service plan should also provide a description of how services will be coordinated among agencies and how households will be linked to these services.
 - 2.) The willingness of all parties to negotiate any reasonable accommodations to facilitate the admittance and retention of persons with disabilities.
 - 3.) A plan between the local and/or regional service provider, the Continuum of Care and owner that will take into consideration any possible future staff turnover and assure continuing availability of services for the duration of the compliance period.

II. Eligible Households

A. Eligibility Requirements for a Unit Occupied by a Household with a Disabled Person

At least one member (adult and/or minor) of the household must have a documented disability as defined by the American with Disabilities Act (ADA) of 1990. A unit can be filled by unrelated adults, as long as one head-of-household has a disability.

B. Eligibility Requirements for a Unit Occupied by a Homeless Household

In order for a household to be eligible for a homeless unit in the development, the unit must be leased to a household that meets at least one of the following described living situations:

- 1.) A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). Certification form signed by the outreach worker or service worker verifying that the person or family is homeless. This could include a letter of certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, or a written statement prepared by the household about the household's previous living place (if unable to verify by outreach worker or service worker). Have the household sign and date.
- 2.) An emergency shelter. The shelter operator should provide a certification that the household has been residing at the emergency shelter (on agency letterhead, signed and dated).
- 3.) A transitional or supportive housing program for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelter situation). Certification (on agency letterhead, signed and dated) if the household is residing at the transitional housing facility as well as written verification that the household was living on the streets or an emergency shelter prior to living in the transitional housing facility.
- 4.) In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution. Certification from institution's staff verifying that the household has been residing in the institution for 30 days or less should be obtained. There should also be written verification that the household was residing on the street or in an emergency shelter prior to the short-term stay in the institution.
- 5.) Is fleeing a domestic violence housing situation, no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. A written statement from the household that he/she is fleeing a domestic violence situation should be prepared. If household is unable to prepare a written statement, staff should prepare the statement about the household's previous living situation and have the household sign and date it.

C. Household Requirements and Obligations

The prospective household member(s) should complete an application for tenancy and any other documentation required by owner's management agent, including information required for the verification of income. Once tenancy has been established, the tenant must fulfill the obligations of tenancy and provide annual information required for verification of income. The tenant is also responsible for their own application fee, security deposit and share of the monthly rent unless otherwise specified in the owner's agreement with the local and/or regional service provider.

D. Owner's Requirements and Obligations

If an owner is unable to rent the targeted disabled and/or homeless housing units to the targeted population within ninety (90) days of the initial lease up, the unit(s) may be rented to an otherwise income-eligible tenant(s). Efforts of locating the target population and advertising availability of units must be documented. Also, the owner will be required to maintain a separate waiting list of eligible (disabled and/or homeless) household(s) and rent set-aside units to all eligible household(s) on the list. However if there are no eligible (disabled and/or homeless) household(s) on the waiting list, the owner must notify the local and/or regional service provider and AHFA. After the owner has notified the local and/or regional service provider and AHFA, the unit may be rented to an otherwise income-eligible household.

In order to qualify for the Homeownership Conversion tiebreaker, the project must consist of single-family homes, duplexes, townhomes or a combination thereof.

The following link contains additional homeownership conversion requirements:

http://www.ahfa.com/multifamily/allocation_application_info/apply_for_funding.aspx

Project Name: _____
Address: _____

List the number of: _____ Single-family Homes
_____ Duplexes
_____ Townhomes

Are the lots currently platted? Yes (attach plot plan)
 No (attach a copy of the proposed plot plan showing how the property will be sub-divided at the end of the compliance period.)

Are the utilities and public streets currently available to the individual platted lots? Yes No

Counseling: Describe the type of counseling to be provided. **Attach a copy of the counseling agreement.**

• Homeownership Counseling

• Financial Counseling

• Maintenance Counseling

Conversion: Describe in detail how the unit will be converted from a rental unit to homeownership at the end of the compliance period.

Affordability: Describe in detail how the unit will be offered and remain affordable to the homeowner.

Describe how the sales price of the unit will be determined and valued at the time of the purchase.

Outline forms of down payment or financial assistance which will enable the tenant to purchase the unit.

Neighborhood Association: Will a neighborhood association be formed? If so, describe the benefits and responsibilities of the neighborhood association.

Print Name: _____

By: _____
(Signature)

Date: _____

Its _____