



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 4**  
 Insert at TAB 4

**Form 4**  
 Insert at Tab 4

**Project Schedule**

**Project Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant Name:**  ("Applicant")

|   | START DATE | END DATE | Duration (Days) | ADOH Use ONLY |
|---|------------|----------|-----------------|---------------|
| <b>A. Site</b>  |            |          |                 |               |
| Options/Contract                                      |            |          | 0               |               |
| Site Acquisition                                      |            |          | 0               |               |
| Zoning Approval                                       |            |          | 0               |               |
| Site Analysis   |            |          | 0               |               |
| <b>B. Financing</b>                                   |            |          |                 |               |
| <b>1 Construction Loan</b>                            |            |          |                 |               |
| Loan Application                                      |            |          | 0               |               |
| Conditional Commitment                                |            |          | 0               |               |
| Firm Commitment                                       |            |          | 0               |               |
| <b>2 Permanent Loan</b>                               |            |          |                 |               |
| Loan Application                                      |            |          | 0               |               |
| Conditional Commitment                                |            |          | 0               |               |
| Firm Commitment                                       |            |          | 0               |               |
| <b>3 Other</b> ▼                                      |            |          |                 |               |
| Application   |            |          | 0               |               |
| Firm Commitment/Award                                 |            |          | 0               |               |
| Type Source here:                                     |            |          | 0               |               |
| <b>4 Other</b> ▼                                      |            |          |                 |               |
| Application   |            |          | 0               |               |
| Firm Commitment/Award                                 |            |          | 0               |               |
| Type Source here:                                     |            |          | 0               |               |
| <b>5 Other</b> ▼                                      |            |          |                 |               |
| Application   |            |          | 0               |               |
| Firm Commitment/Award                                 |            |          | 0               |               |
| Type Source here:                                     |            |          | 0               |               |
| <b>C. Plans/Specifications &amp; Working Drawings</b> |            |          | 0               |               |
| <b>D. Construction Document Approval</b>              |            |          | 0               |               |
| <b>E. Building Permits Drawn</b>                      |            |          | 0               |               |
| <b>F. Site Work</b>                                   |            |          | 0               |               |
| <b>G. Framing Completion</b>                          |            |          | 0               |               |
| <b>H. Completion of Construction</b>                  |            |          | 0               |               |
| <b>I. Estimated Placed-in-Service Date</b>            |            |          | 0               |               |



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**FORM 7**  
Insert at TAB 7

**Form 7**  
Insert at Tab 7

*Certification of Qualified Non Profit Participation*

**Name of Applicant:**

**Name of Nonprofit Entity:**

**Name of Project:**

For purposes of IRC Section 42, with respect for the application for the allocation of Low Income Housing Tax Credits for the \_\_\_\_\_ project (the "Project"), the \_\_\_\_\_ an Arizona Nonprofit Organization, (the "Company") makes the following representations and certifications:

- 1) The company is exempt from federal taxation under IRC Section 501(a) as an organization described in IRC Section 501(c)(3).
- 2) One of the purposes of the Company stated in its Articles of Incorporation is the fostering of low income housing.
- 3) The Company owns an interest in the Project (directly or through a partnership or limited liability company).
- 4) The Company will materially participate (within the meaning of IRC Section 469(h)) in the development and operations of the Project throughout the Project compliance period.
- 5) The Company is not affiliated with, or controlled by, a for-profit organization.
- 6) The Company maintains a business office in the State of Arizona staffed by at least one full time employee.

IN WITNESS WHEREOF, the Applicant has caused this document to be duly executed in its name as of this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Type or Print Name of Applicant

Type or Print Name of Co-Applicant

By:

Type or Print Name of General Partner

By:

Type or Print Name of General Partner

By:

Signature of General Partner or Officer  
if General Partner is a Corporation

By:

Signature of General Partner or Officer  
if General Partner is a Corporation

Type or Print Name of Signer

Type or Print Name of Signer

Its:

Type or Print Title of Signer

Its:

Type or Print Title of Signer



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 8**  
 Insert at Tab 8

**Form 8**  
 Insert at Tab 8

*Development Team Experience*

1. Provide a narrative describing the experience of the development team as it relates to the development of the proposed project.
  - a. For the following roles, describe the function each individual of the development team will perform during the construction of the project.
  - b. Discuss the extent to which individuals of the development team developed/managed/assisted projects of comparable size and complexity.
  - c. Explain the process for soliciting bids and selecting a contractor. Note that only licensed general contractors that are able to obtain payment and performance bonds will be allowed responsibility over construction.
2. For the Developer and Management Company, provide the following:
  - a. Written agreements between the applicant outlining the responsibilities between parties
  - b. Resumes
  - c. Documentation of successful projects completed within the past five years. (Form 8-1)
3. Complete the following:

**Applicant**

|                |  |              |  |            |                       |  |   |
|----------------|--|--------------|--|------------|-----------------------|--|---|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  |   |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  |   |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  |   |
|                |  |              |  |            |                       |  |   |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|       |       |
|-------|-------|
| 0.00% | 0.00% |
| 0.00% | 0.00% |
| 0.00% | 0.00% |

**Owner**

|                |  |              |  |            |                       |  |   |
|----------------|--|--------------|--|------------|-----------------------|--|---|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  |   |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  |   |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  |   |
|                |  |              |  |            |                       |  |   |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|       |       |
|-------|-------|
| 0.00% | 0.00% |
| 0.00% | 0.00% |
| 0.00% | 0.00% |

**General Partner or Managing Member**

|                |  |              |  |            |                       |  |   |
|----------------|--|--------------|--|------------|-----------------------|--|---|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  |   |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  |   |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  |   |
|                |  |              |  |            |                       |  |   |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|       |       |
|-------|-------|
| 0.00% | 0.00% |
| 0.00% | 0.00% |
| 0.00% | 0.00% |



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 8**  
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**Form 8**  
 Insert at Tab 8

*Development Team Experience*

**Developer**

|                |  |              |  |            |                       |  |  |
|----------------|--|--------------|--|------------|-----------------------|--|--|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual                |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  | <input type="checkbox"/> Corporation               |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  | <input type="checkbox"/> Limited Partnership       |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  | <input type="checkbox"/> Limited Liability Company |
|                |  |              |  |            |                       |  | <input type="checkbox"/> Other                     |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|  |       |  |       |
|--|-------|--|-------|
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |

- Attach copies of current financial statements, audited when available, at TAB 8.
- Complete **Form 8-1** indicating the name, location, number of low-income housing tax credit units developed, behind Form 8 at Tab 8.

**Co-Developer**

|                |  |              |  |            |                       |  |  |
|----------------|--|--------------|--|------------|-----------------------|--|--|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual                |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  | <input type="checkbox"/> Corporation               |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  | <input type="checkbox"/> Limited Partnership       |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  | <input type="checkbox"/> Limited Liability Company |
|                |  |              |  |            |                       |  | <input type="checkbox"/> Other                     |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|  |       |  |       |
|--|-------|--|-------|
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |

- Attach copies of current financial statements, audited when available, at TAB 8.
- Complete **Form 8-1** indicating the name, location, number of low-income housing tax credit units developed, behind Form 8 at Tab 8.

**Consultant**

|                |  |              |  |            |                       |  |  |
|----------------|--|--------------|--|------------|-----------------------|--|--|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual                |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  | <input type="checkbox"/> Corporation               |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  | <input type="checkbox"/> Limited Partnership       |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  | <input type="checkbox"/> Limited Liability Company |
|                |  |              |  |            |                       |  | <input type="checkbox"/> Other                     |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|  |       |  |       |
|--|-------|--|-------|
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |

**Contractor**

|                |  |              |  |            |                       |  |  |
|----------------|--|--------------|--|------------|-----------------------|--|--|
| <b>Name</b>    |  |              |  |            | <b>Phone</b>          |  | <input type="checkbox"/> Individual                |
| <b>Agency</b>  |  |              |  |            | <b>Fax</b>            |  | <input type="checkbox"/> Corporation               |
| <b>Address</b> |  |              |  |            | <b>Email Address:</b> |  | <input type="checkbox"/> Limited Partnership       |
| <b>City</b>    |  | <b>State</b> |  | <b>Zip</b> |                       |  | <input type="checkbox"/> Limited Liability Company |
|                |  |              |  |            |                       |  | <input type="checkbox"/> Other                     |

List below all owners, officers and affiliates of the **Applicant**, with Controlling Interest or percentages of equity. Include the percent of ownership or interest by each person listed below.  
 If more space is required, a list that clearly indicates the above request may be attached at TAB 8.

|  |       |  |       |
|--|-------|--|-------|
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |
|  | 0.00% |  | 0.00% |



Arizona Department of Housing
Low Income Housing Tax Credit Application

FORM 8

Insert at Tab 8

Form 8

Insert at Tab 8

Development Team Experience

Architect

Form fields for Architect: Name, Agency, Address, City, State, Zip, Phone, Fax, Email Address, and checkboxes for Individual, Corporation, Limited Partnership, Limited Liability Company, Other.

Management Company

Form fields for Management Company: Name, Agency, Address, City, State, Zip, Phone, Fax, Email Address, and checkboxes for Individual, Corporation, Limited Partnership, Limited Liability Company, Other.

- Complete Form 8-1 indicating the name, location, number of low-income housing tax credit units developed, behind Form 8 at Tab 8.
Behind Form 8-1, insert a resume of the Management Company which includes years of property management experience and a list of properties that it is or has managed.

Accountant

Form fields for Accountant: Name, Agency, Address, City, State, Zip, Phone, Fax, Email Address, and checkboxes for Individual, Corporation, Limited Partnership, Limited Liability Company, Other.

Syndicator

Form fields for Syndicator: Name, Agency, Address, City, State, Zip, Phone, Fax, Email Address, and checkboxes for Individual, Corporation, Limited Partnership, Limited Liability Company, Other.

Does the ownership entity or any member of the development team have a direct or indirect financing or other interest with any of the other project team members?

- No
Yes If yes, provide a written explanation



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 8-1**  
 Insert at Tab 8 behind Form 8

**Form 8-1**  
 Insert at Tab 8

*Developer Project Experience*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Developer Name

*Use this page to indicate the Developer's experience with the following types of Affordable Housing Projects  
 (DO NOT list more than one type per FORM 8-1):*

- New Construction    
  Rehabilitation    
  HUD    
  LIHTC    
  RD

|   | Project Name | State Location | No. of Affordable Units | LIHTC Allocation Date | Placed in Service Date | Multi Family             | Single Family            |
|---|--------------|----------------|-------------------------|-----------------------|------------------------|--------------------------|--------------------------|
| 1                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 8                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9                                       |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 12                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 14                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 15                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 16                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 17                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 18                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 19                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 20                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 21                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 22                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 23                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 24                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 25                                      |              |                |                         |                       |                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TOTAL NUMBER OF AFFORDABLE UNITS</b> |              |                | <b>0</b>                |                       |                        |                          |                          |

Check this box if multiple sheets are attached.



Arizona Department of Housing  
Low Income Housing Tax Credit Application

**FORM 8-2**

Insert at Tab 8 behind Form 8-1

*Authorization for Release of Information*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please duplicate this form and submit one for each state in which any developer listed in this tax credit application has an ownership interest in a tax credit assisted project, and one for the management company that is listed in this tax credit application that has management experience of a tax credit assisted development. Forms should also be filled out for project owners or management companies who have done business under a different name or names.

Project Ownership Entity:

Project Management Company:

LIHTC Compliance Administrator

Housing Credit Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

We hereby request and authorize you to release to the Arizona Department of Housing (the "ADOH") any information regarding the Project Ownership Entity or Project Management Company listed above, as it relates to the curing of or failure to cure any project non-compliance, and an formal/informal action by your agency as it relates to the aforementioned entities participation in the Low Income Housing Tax Credit Program. Other data that would be relevant to ADOH in its assessment of their development experience and compliance record would be appreciated.

Type or Print Name of Entity/Company

By:

Signature

Type or Print Name of Signer

Its:

Type or Print Title of Signer

Identify below the name(s) of the project(s) you have an ownership interest in and/or manage in the above identified state:

- |          |          |
|----------|----------|
| 1 _____  | 11 _____ |
| 2 _____  | 12 _____ |
| 3 _____  | 13 _____ |
| 4 _____  | 14 _____ |
| 5 _____  | 15 _____ |
| 6 _____  | 16 _____ |
| 7 _____  | 17 _____ |
| 8 _____  | 18 _____ |
| 9 _____  | 19 _____ |
| 10 _____ | 20 _____ |



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**FORM 10**  
Insert at TAB 10

**Form 10**  
Insert at Tab 10

*Project Zoning Certification*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ ("Applicant")

**Governmental Unit:** \_\_\_\_\_

The undersigned certifies that:

- 1) The undersigned is authorized by the Governmental Unit to make representations as to the status of zoning for the property subject to the Governmental Unit's zoning jurisdiction.
- 2) The project is within the Governmental Unit's zoning jurisdiction.
- 3) The current zoning status is:
  - The land upon which the above-named Applicant intends to construct the project is, as of the date of this certification, zoned \_\_\_\_\_, which is a zoning classification that permits construction of the Project.
  - The zoning has been conditionally approved and attached is documentation of the specific conditions which must be satisfied by  the current land owner ~or~  the applicant  
The conditional approval will expire on: \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Official Date: \_\_\_\_\_

Please enter below the name of the signing official, his/her title, address, telephone number and email address:

|                |  |                      |  |
|----------------|--|----------------------|--|
| <b>Name</b>    |  | <b>Phone</b>         |  |
| <b>Title</b>   |  | <b>Fax</b>           |  |
| <b>Address</b> |  |                      |  |
| <b>City</b>    |  | <b>Zip Code</b>      |  |
|                |  | <b>Email Address</b> |  |





**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 13**  
 Insert at TAB 13

**Form 13**  
 Insert at Tab 13

**Commitment to Set-Aside Units for Special Needs Population(s)**

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ ("Applicant")

**Developer/Owner:** \_\_\_\_\_ ("Owner")

The Applicant commits to set-aside 5% , or \_\_\_\_\_ total rentable residential units in the project **exclusively** to members of the following Special Needs Population(s) as that term is defined in the Qualified Allocation Plan (Section 9):

Check the box for the population to be served and list the number of units to be set-aside for that population:

- |   |   |
|---|---|
| <input type="checkbox"/> Homeless Individuals or Families _____ | <input type="checkbox"/> Victims of AIDS/HIV _____                |
| <input type="checkbox"/> Seriously Mentally Ill _____           | <input type="checkbox"/> Victims of Domestic Violence _____       |
| <input type="checkbox"/> Seriously Emotionally Disturbed _____  | <input type="checkbox"/> Victims of Chronic Substance Abuse _____ |
| <input type="checkbox"/> Developmentally Disabled _____         | <input type="checkbox"/> Physically Disabled _____                |

The Applicant further promises to set-aside such units for the entire Extended Use Period (as that term is defined in the Internal Revenue Code Section 42(h)(6)(D)) for the project.

The Applicant represents that, if setting aside units for any of the Special Needs categories described in Section 9, the Applicant has included with its low-income housing tax credit application, a completed Form 14 for each entity that has agreed with the Applicant to provide services to the particular special needs group. The Applicant must include at least one Form 14 for each Special Needs category for which it will be setting aside units.

*The Applicant acknowledges that its failure to include in its low-income housing tax-credit application any additional documents or supporting documentation required may result in the Applicant being ineligible to receive points for the special needs set-aside.*

\_\_\_\_\_  
 Type or Print Name of Applicant

\_\_\_\_\_  
 Type or Print Name of Co-Applicant

By: \_\_\_\_\_  
 Type or Print Name of General Partner

By: \_\_\_\_\_  
 Type or Print Name of General Partner

By: \_\_\_\_\_  
 Signature of General Partner or Officer  
 if General Partner is a Corporation

By: \_\_\_\_\_  
 Signature of General Partner or Officer  
 if General Partner is a Corporation

\_\_\_\_\_  
 Type or Print Name of Signer

\_\_\_\_\_  
 Type or Print Name of Signer

Its: \_\_\_\_\_  
 Type or Print Title of Signer

Its: \_\_\_\_\_  
 Type or Print Title of Signer



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**FORM 14**  
Insert at TAB 14

**Form 14**  
Insert at Tab 14

*Commitment of Service Provider*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ ("Applicant")

**Service Provider** \_\_\_\_\_ ("Service Provider")

The Service Provider acknowledges that the Applicant has committed to set-aside a certain number of units in the Project for rental **exclusively** to the following special needs populations:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Homeless Individuals or Families | <input type="checkbox"/> Victims of AIDS/HIV                | <input type="checkbox"/> Elderly: 80% of the project is 55 yrs or older          |
| <input type="checkbox"/> Seriously Mentally Ill           | <input type="checkbox"/> Victims of Domestic Violence       | <input type="checkbox"/> Senior: 100% of the project is 62 years of age or older |
| <input type="checkbox"/> Seriously Emotionally Disturbed  | <input type="checkbox"/> Victims of Chronic Substance Abuse |  |
| <input type="checkbox"/> Developmentally Disabled         | <input type="checkbox"/> Physically Disabled                |  |

Provide a narrative description of the services to be provided to the above selected population(s):

Describe any fees that will be charged for providing such services:

The Service Provider further represents that, as of the date indicated below, the Service Provider is qualified to carry out the plan described above, based on its experience in providing such services. The Service Provider also represents that, as of the date indicated below, the Service Provider is financially capable of providing the above described services to those tenants.

Type or Print Name of Company

By:

Signature

Type or Print Name of Signer

Its:

Type or Print Title of Signer



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**FORM 15**  
Insert at TAB 15

**Form 15**  
Insert at Tab 15

*Commitment to Set-Aside Units for the Senior Population*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Developer/Owner:** \_\_\_\_\_

The Applicant commits to set-aside \_\_\_\_\_ units in the project, which represents \_\_\_\_\_ residential units **exclusively** to members of the following population:

- 80% or more of the Project will serve Elderly individuals where the household contains one individual who is 55 years or older.
- 100% of the units in the Project will serve Senior Individuals where the household contains one individual who is 62 years or older or is handicapped.

The Applicant further promises to set-aside such units for the entire Extended Use Period (as that term is defined in the Internal Revenue Code Section 42(h)(6)(D)) for the project.

*The Applicant acknowledges that its failure to include in its low-income housing tax-credit application any additional documents or supporting documentation, may result in the Applicant being ineligible to receive points for the senior set-aside.*

\_\_\_\_\_

Type or Print Name of Applicant

\_\_\_\_\_

Type or Print Name of Co-Applicant

By: \_\_\_\_\_

Type or Print Name of General Partner

By: \_\_\_\_\_

Type or Print Name of General Partner

By: \_\_\_\_\_

Signature of General Partner or Officer  
if General Partner is a Corporation

By: \_\_\_\_\_

Signature of General Partner or Officer  
if General Partner is a Corporation

\_\_\_\_\_

Type or Print Name of Signer

\_\_\_\_\_

Type or Print Name of Signer

Its: \_\_\_\_\_

Type or Print Title of Signer

Its: \_\_\_\_\_

Type or Print Title of Signer



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 16**  
 Insert at TAB 16

**Form 16**  
 Insert at Tab 16

*Commitment to Lower Income Set-Asides*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ ("Applicant")  
**Developer/Owner:** \_\_\_\_\_ ("Developer")

The Applicant pledges to set-aside \_\_\_\_\_ units in the Project, which represents \_\_\_\_\_ % of the total units in the project (\_\_\_\_\_), for rental **exclusively** for tenants of the following low-income population(s).

*See QAP Section 2.9(D)(7) for additional information and the amount of points available for this election.*

Indicate in the spaces provided below, the **number of units** to be set-aside for each low-income group,

| <u>No. of Units</u> | <u>% of LI Units</u> |   |
|---------------------|----------------------|---|
| _____               | _____                | Persons with income at or below <b>50%</b> of the Adjusted Gross Median Income (AMGI), after the adjustment for size of family. |
| _____               | _____                | Persons with income at or below <b>40%</b> of the Adjusted Gross Median Income (AMGI), after the adjustment for family size.    |

The Applicant further pledges to set-aside such units for the entire extended use period (as that term is defined in the Internal Revenue Code section 42 (h)(6)(D)) for the Project, or until sold to a qualified lease-holding tenant under conditions approved by the Arizona Department of Housing.

\_\_\_\_\_  
 Type or Print Name of Applicant

\_\_\_\_\_  
 Type or Print Name of Co-Applicant

By: \_\_\_\_\_  
 Type or Print Name of General Partner

By: \_\_\_\_\_  
 Type or Print Name of General Partner

By: \_\_\_\_\_  
 Signature of General Partner or Officer  
 if General Partner is a Corporation

By: \_\_\_\_\_  
 Signature of General Partner or Officer  
 if General Partner is a Corporation

\_\_\_\_\_  
 Type or Print Name of Signer

\_\_\_\_\_  
 Type or Print Name of Signer

Its: \_\_\_\_\_  
 Type or Print Title of Signer

Its: \_\_\_\_\_  
 Type or Print Title of Signer



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**FORM 23**  
 Insert at TAB 23

**Form 23**  
 Insert at Tab 23

*Priority Location Certification - Redevelopment Area*

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:**  ("Applicant")

**Developer/Owner:**  ("Developer")

**Site Address:**   
 City  State  Zip Code

The undersigned certifies that the proposed project is located within a geographic area or on a parcel of property for which a specific housing or economic development objective has been established by the local, federal or state government. The proposed project is within:

- A Federal Empowerment Zone or Enterprise Community
- An established HUD Neighborhood Revitalization Strategy Area
- Established Colonia as designated by the United States Department of Agriculture or HUD
- A geographic area or parcel of property that is established by the local government as part of a comprehensive affordable housing plan.
- Revitalization area designated by the Local Government

Include at Tab 23 of the Application: (i) Local Government ordinance or resolution, correspondence, planning document excerpts; (ii) a map showing boundaries of the housing priority area or designated redevelopment area and the location of the Project within that area. The map must clearly show the names of the roads, streets or other boundaries of the housing priority area or designated redevelopment area and also clearly reflect the location of the Project on such roads or streets.

\_\_\_\_\_  
 Signature of Official Date: \_\_\_\_\_

Please enter below the name of the signing official, his/her title, address, telephone number and email address:

|                |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|
| <b>Name</b>    | <input type="text"/> | <b>Phone</b>         | <input type="text"/> |
| <b>Title</b>   | <input type="text"/> | <b>Fax</b>           | <input type="text"/> |
| <b>Address</b> | <input type="text"/> |                      |                      |
| <b>City</b>    | <input type="text"/> | <b>State</b>         | <input type="text"/> |
|                | <b>Zip Code</b>      | <input type="text"/> |                      |
|                |                      | <b>Email Address</b> | <input type="text"/> |



**Arizona Department of Housing  
Low Income Housing Tax Credit Application  
Exhibit C**

**Exhibit C**

**Year 2010 Qualified Census Tracts & Difficult Development Areas**

The following locations are considered "Metropolitan Difficult Development Areas" in Arizona (subject to annual revision by the ADOH as updated by the Department of Housing and Urban Development).

**Metropolitan Difficult Development Areas:**

|                   |                 |              |
|-------------------|-----------------|--------------|
| Flagstaff, AZ MSA | Coconino County | Yuma, AZ MSA |
| Prescott, AZ MSA  | Yavapai County  | Yuma County  |

**Metropolitan Qualified Census Tracts:**

|                         |                                     |         |         |         |         |         |         |
|-------------------------|-------------------------------------|---------|---------|---------|---------|---------|---------|
| <b>Coconino County:</b> | 8.00                                | 10.00   | 18.00   | 9411.00 | 9445.00 | 9446.00 |         |
| <b>Mohave County:</b>   | 9404.00                             | 9501.00 |         |         |         |         |         |
| <b>Maricopa County:</b> | Phoenix - Mesa - Scottsdale, AZ MSA |         |         |         |         |         |         |
| 202.02                  | 506.03                              | 608.00  | 614.00  | 716.00  | 822.02  | 926.00  | 927.04  |
| 927.05                  | 927.11                              | 928.00  | 929.00  | 931.04  | 1033.04 | 1033.05 | 1033.06 |
| 1045.01                 | 1046.00                             | 1071.02 | 1072.01 | 1086.01 | 1090.00 | 1091.00 | 1092.00 |
| 1096.04                 | 1098.01                             | 1101.00 | 1102.00 | 1103.00 | 1107.01 | 1112.02 | 1112.03 |
| 1114.01                 | 1115.01                             | 1116.02 | 1121.00 | 1122.01 | 1122.02 | 1123.01 | 1123.02 |
| 1125.02                 | 1125.07                             | 1126.01 | 1126.02 | 1127.00 | 1128.00 | 1129.00 | 1131.00 |
| 1132.01                 | 1132.02                             | 1132.03 | 1133.00 | 1134.00 | 1135.00 | 1136.01 | 1136.02 |
| 1137.00                 | 1138.00                             | 1139.00 | 1140.00 | 1141.00 | 1142.00 | 1143.00 | 1143.02 |
| 1144.01                 | 1144.02                             | 1145.00 | 1146.00 | 1147.01 | 1147.02 | 1147.03 | 1148.00 |
| 1149.00                 | 1151.00                             | 1152.00 | 1153.00 | 1154.00 | 1155.00 | 1156.00 | 1158.01 |
| 1158.02                 | 1159.00                             | 1160.00 | 1161.00 | 1162.03 | 1166.02 | 3187.00 | 3191.01 |
| 3191.02                 | 3192.00                             | 3200.02 | 4213.02 | 4214.00 | 4216.00 | 4220.01 | 9407.00 |
| 9410.00                 | 9411.00                             |         |         |         |         |         |         |
| <b>Pima County:</b>     | 1.00                                | 3.00    | 4.00    | 5.00    | 9.00    | 10.00   | 13.01   |
|                         | 13.02                               | 14.00   | 15.00   | 21.00   | 22.00   | 23.00   | 24.00   |
|                         | 25.03                               | 26.01   | 27.01   | 28.01   | 28.02   | 31.01   | 37.01   |
|                         | 37.02                               | 38.01   | 38.02   | 39.02   | 41.04   | 41.11   | 43.20   |
|                         | 45.09                               | 54.00   | 9406.00 | 9407.00 | 9408.00 |         |         |
| <b>Pinal County:</b>    | 4.00                                | 10.00   | 12.00   | 15.00   | 19.00   | 20.00   | 9406.00 |
|                         | 9410.00                             | 9411.00 | 9412.00 |         |         |         |         |
| <b>Yuma County:</b>     | 1.00                                | 3.02    | 4.01    | 106.00  | 114.01  | 115.01  | 116.00  |

**Non-Metropolitan Difficult Development Areas:**

|               |                |                   |               |
|---------------|----------------|-------------------|---------------|
| Apache County | Cochise County | Gila County       | Graham County |
| La Paz County | Navajo County  | Santa Cruz County |               |

**Non-Metropolitan Qualified Census Tracts**

|                           |         |         |         |         |         |         |         |
|---------------------------|---------|---------|---------|---------|---------|---------|---------|
| <b>Apache County:</b>     | 9401.00 | 9426.00 | 9427.00 | 9441.00 | 9442.00 | 9443.00 |         |
| <b>Cochise County:</b>    | 9.00    |         |         |         |         |         |         |
| <b>Gila County:</b>       | 9402.00 | 9404.00 |         |         |         |         |         |
| <b>Graham County:</b>     | 9405.00 |         |         |         |         |         |         |
| <b>Navajo County:</b>     | 9401.00 | 9403.00 | 9410.00 | 9411.00 | 9424.00 | 9444.00 | 9445.00 |
|                           | 9447.00 |         |         |         |         |         |         |
| <b>Santa Cruz County:</b> | 9964.02 |         |         |         |         |         |         |



Arizona Department of Housing
Low Income Housing Tax Credit Application

Exhibit E
Insert at TAB 4

Exhibit E
Insert at TAB 4

Sample Legal Opinion

THIS EXHIBIT IS TO BE PRESENTED ON PROFESSIONAL LETTERHEAD

Date:

Rental Programs Administrator
Arizona Department of Housing
1110 W. Washington, Suite 310
Phoenix, Arizona 85007

Dear Administrator:

This opinion letter is required on behalf of \_\_\_\_\_ in connection with the application of \_\_\_\_\_ (the "Applicant") for an allocation of low-income housing credits pursuant to Section 42 of the Internal Revenue Code of 1986 as amended (the "Code"), by the Arizona Department of Housing (the "ADOH").

We have reviewed the following:

- 1) Organizational documents (as applicable, the articles of incorporation, bylaws, operating agreement or partnership agreement) of the Applicant;
2) Proposed or actual organizational documents (as applicable, the articles of incorporation, bylaws, operating agreement or partnership agreement) if available, of the proposed owner and operator (the "Owner") of the project located at \_\_\_\_\_ (the "Project");
3) The ADOH's 2010 Qualified Allocation Plan (the "QAP") and the required form of the Declaration of Affirmative Land Use and Restrictive Covenants Agreement (the "LURA") which is an extended low-income housing commitment agreement with the ADOH, which, when recorded, will contain certain restrictive covenants running with the Project as specified in Section 42 (h)(6) of the Code; and
4) Such other documents as necessary to render the opinions set forth below.

As to questions of fact material to our opinion, we have relied upon and assumed due and continuing compliance with the provisions of the documents, and have relied on certifications, covenants, and presentations by the Applicant or Owner furnished to us without undertaking to verify these items by independent investigation. We are not aware of any facts that are inconsistent with these assumptions.

At the time of allocation for low-income housing credits, the Owner is required to enter into the LURA. For the purpose of this opinion, we have assumed the execution, delivery, and the recording of the LURA and continuing compliance with the terms of the LURA.

Based upon the foregoing, we are of the opinion, as of this date, that:

- 1) The Applicant and Owner, if currently organized, are duly organized, validly existing and in good standing under the laws of the State of Arizona. Additionally, the Applicant and the Owner have the power under its respective organizational documents to construct, rehabilitate or otherwise acquire and operate the Project, to submit an application to the ADOH for tax credits, to comply with the terms of the LURA, and to perform such other actions as are necessary to comply with the Allocation Plan and Section 42 of the Code.
2) Type of Project:
a. New Construction Project: The Project will be constructed by the Applicant and will constitute new buildings whose original use will commence with the Applicant; or
b. Acquisition/Rehabilitation Project:
i) Based on representations of the Applicant, the Project to be purchased by the Applicant or Owner will be constructed by the Applicant or Owner and contains existing buildings that the Applicant has or will substantially rehabilitate (as that term is defined in the Code) and, as required by Section 42 (d)(2)(b);
ii) The Building was not previously placed in service by the Applicant or the Owner or any person who was a related person, with respect to the Applicant or Owner at the time it was previously placed in service; and
iii) Except as provided in Section 42(f)(5), a credit is allowable under Section 42(a) by reason of Section 42(e) with respect to the building.
3) \_\_\_\_\_percent (\_\_\_\_) or more of the residential units in the project will be rent restricted within the meaning of Section 42(g)(2) of the Code and will be occupied by individuals whose income is \_\_\_\_\_ (\_\_\_\_%) or less of the area median gross income.
4) All residential units of the Project will be suitable for occupancy and will be used on a non-transient basis as that term is defined in Section 42(i)(3) of the Code.
5) The gross rent (as defined in Section 42(g)(2)(B) of the Code) paid by individuals in residential units included in the calculation for qualification as a low-income housing project does not exceed thirty percent (30%) of the income limitations as set forth in the Code.
6) Except as provided in the Code, no other person related to the Applicant or Owner as a partner (as defined in Section 42(d)(2)(D)(iii) of the Code) will occupy a residential unit.
7) Any buildings in the Project will meet the above criteria within twelve (12) months after such building is placed in service and all buildings in the project previously placed in service will meet these criteria at the time any later building in the Project is placed in service.
8) The Applicant or the Owner will comply with these representations for at least fifteen (15) years to include an extended use period as specified in Section 42(h)(6) of the Code.
9) The Project will be eligible for an allocation of low-income housing tax credits under Section 42 of the Code.

Sincerely,

Signature

Type or Print Name



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**Exhibit N**  
Insert at TAB 14

**Exhibit N**  
Insert at TAB 14

*Service Provider Questionnaire*

This form is used by ADOH to determine the capacity of the applicant to meet the needs of residents, as described in the Supportive Services Plan Outline. All applicants requesting consideration for resident services for Special Needs Housing, support to Families in Transition, or Elderly Housing with Supportive Services must submit an Exhibit N that has been completed by the Service Provider with the application.

Name of Proposed Development:

Name of Owner or Agent:

Name of Service Provider:

**Please attach answers to Questions 1 through 11 in narrative form.**

**GENERAL INFORMATION**

1. Summarize the service provider's mission and goals for the current fiscal year.
2. How many years has the service provider been active in delivering social services? If the service provider has no experience in delivering social services, describe the service provider's experience with and knowledge of the community that the service provide will serve. Identify other community agencies with whom the service provider will collaborate.
3. Describe other activities, aside from social services, in which the service provider is engaged.

**EXPERIENCE IN SERVICE-ENRICHED HOUSING**

4. Is the service provider currently involved in service-enriched housing programs? If yes, summarize experience in providing supportive services on-site for residents. Include name of housing development(s), Property Management Company, and type of service provided. If no, please describe methods that will be used to increase your company's knowledge and understanding of providing service-enriched housing.
5. Describe collaborative efforts that demonstrate the service provider's capacity to deliver supportive services. Please identify organizations or companies involved in the collaboration and the nature of the organization's involvement.

**PERSONNEL**

6. How many people are employed by the service provider organization?
7. List the job titles of personnel who will work directly with residents of the proposed property. Attach an organizational chart.
8. Attach resume(s) of key personnel who will be responsible for providing services in this proposed development. If new staff must be hired in order to implement the work at this property, attach job description(s), including qualifications and identify resources to pay for cost of salaries.
9. Are key personnel currently involved in service-enriched housing programs at other properties? If yes, explain how many properties, how many total units, where they are located, and how staff's time will be divided between current responsibilities and responsibilities at the new development.

**STAFF PROFESSIONAL DEVELOPMENT**

10. List the names of the professional training courses/workshops/seminars that staff who will be involved with this project have completed over the past 3 years. (List job title of staff, training attended, and date of training.)
11. Will participation in this service-enriched housing program require additional staff professional development? If yes, describe training and/or skills that will need to be developed or improved.





**Arizona Department of Housing  
Low Income Housing Tax Credit Application**

**Exhibit N**  
Insert at TAB 14

**Exhibit N**  
Insert at TAB 14

**SERVICE PROVIDER'S OFFICE LOCATION(S)**

Address

City  State  Zip Code

Phone  Fax

Service Area (County(s), Neighborhood(s), etc.)

Contact Person Name/Title

Email Address

**Other Offices Close to Proposed Development:**

Address  Phone

City  State  Zip Code  Fax

Address  Phone

City  State  Zip Code  Fax

A. Is the service provider a subsidiary of another organization?  Yes  No

If yes, please provide the name and address of the parent organization and describe the relationship and tax status:

Name  Phone

Address  Fax

City  State  Zip Code

B. Indicate the total number of clients served during the last fiscal year. Identify the amounts and sources of funding:

| <u>Client/Service Type</u> | <u>Number Served</u> | <u>Funding Level</u> | <u>Funding Source</u> |
|----------------------------|----------------------|----------------------|-----------------------|
| Senior/Elderly Services    |                      |                      |                       |
| Adult/Family Services      |                      |                      |                       |
| Children/Youth Services    |                      |                      |                       |
| Additions                  |                      |                      |                       |
| MH/MR                      |                      |                      |                       |
| Education/Job Readiness    |                      |                      |                       |
| Other                      |                      |                      |                       |

C. Has the service provider, or any of its current personnel, every been involved in a governmental investigation or judicial action or settlement concerning charges of a violation of local, state or federal laws or regulations concerning discrimination, fair housing violations or other civil rights laws, or concerning violations of federal, state or local regulations regarding use of funds?  Yes  No

D. Have any service grants or contracts held by the service provider over the past five years been terminated prior to their expiration dates?  Yes  No

E. Have any grants or contracts held by the service provider over the past five years not been renewed upon expiration?  Yes  No

**If the answer to questions C, D, or E is YES, attach an explanation and any supporting documentation necessary to explain the circumstances surrounding these situations.**

I certify that the information contained herein and attached is accurate and complete.

Signature:

Printed Name:

Title:

Date:



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**Exhibit N**  
Insert at TAB 14

**Exhibit N**  
Insert at TAB 14

*Supportive Services Plan Outline*

The Supportive Services Plan Outline must be specific to the proposed development. A completed Service Provider Questionnaire must be included at Tab 13.

- 1) Target Population  
Define the target population and demonstrate that a significant number of residents are expected to need and benefit from the planned programs and services.
- 2) Goals/Expected Outcomes
  - a) Describe the service provider's philosophy and guiding principles as they relate to providing services to the elderly residents, families in transition or Special Needs Population.
  - b) Describe the specific goals of the supportive services program and how they related to the anticipated needs of residents.  
Examples: Families in Transition
    - i) To provide necessary supports, such as child-care, after-school care and transportation, to enable residents to maintain significant employment.
    - ii) To maintain health of residents through educational programs, health screenings, and fitness and nutrition programs.
  - c) Describe expected outcomes related to each goal and how impact/success will be measured or identified.
  - d) Describe how the program will identify and respond to the changing needs of residents over time. (Example: regularly scheduled resident meetings, needs assessments, surveys, focus groups, etc.)
- 3) Implementation of Services, Programs and Activities:
  - a) Describe the services and activities planned for residents of the proposed development. These may include (but are not limited to) child-care programs, after-school and summer children and youth programs, counseling programs, parenting skills classes, budget education, pre-vocational training, D&A Programs, family violence prevention, crime prevention, on-site service coordination or goal-oriented case management, health services, screenings and education, housekeeping, on-site meals, transportation, benefits counseling, wellness activities, and social and recreational programming.
    - Identify the party responsible for providing each service.
    - How and where will the service be provided
    - Frequency of program or activity (daily, weekly, monthly, etc.)
    - Eligibility requirements for resident participation.
  - b) Describe service provider's method to encourage resident participation
  - c) Describe the staffing plan and supervision responsibilities. Plans that include a service coordinator position as a primary component should consider the ratio of one hour per week to every five residents as a guideline.
- 4) Budget and Source of Funds: Provide an annual budget that identifies the costs associated with the implementation of the services identified above. Identify the source of funds. Funds must be available for the life of the program.
- 5) Evidence of Coordination with Community Resources: If community service providers are expected to be involved in the delivery of services for the residents, include a letter of intent to provide services that describes their intended involvement.



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**Exhibit Y**  
 Insert at TAB 26

**Exhibit Y**  
 Insert at TAB 26

*Fair Housing Accessibility Checklist*

The following is a checklist of design and construction requirements of the Fair Housing Act (the "Act"). This checklist represents many, but not all, of the requirements to the Act. This checklist is not intended to be exhaustive; rather, it is a helpful guide in determining if the major requirements of the Act have been met in designing and constructing a particular multifamily development.

**PROJECT DESCRIPTION**

|                |  |                      |                 |            |
|----------------|--|----------------------|-----------------|------------|
| <b>Name</b>    |  |                      |                 |            |
| <b>Address</b> |  |                      |                 |            |
| <b>City</b>    |  | <b>County</b> Yuma ▼ | <b>State</b> AZ | <b>Zip</b> |

**OTHER IDENTIFYING INFORMATION:**

**GENERAL REQUIREMENTS**

- Development has buildings containing 4 or more units and was designed and constructed for first occupancy on or after March 13, 1991.
- If it is an elevator building, all units are "covered units."
- All units in buildings with elevators have features required by the Act.
- If it is a non-elevator building, all ground-floor units are covered units.
- All ground-floor units in buildings without elevators have features required by the Act.

NOTE: There is a narrow exception, which provides that a non-elevator building in a development need not meet all of the Act's requirements if it is impractical to have an accessible entrance to the non-elevator building because of hilly terrain or other unusual characteristics of the site.

**ACCESSIBLE BUILDING ENTRANCE ON AN ACCESSIBLE ROUTE**

- The accessible route is a continuous, unobstructed path (no stairs) through the development that connects all buildings containing covered units and all other amenities.
- The accessible route also connects to parking lots, public streets, public sidewalks and public transportation stops.
- All slopes are no steeper than 8.33%.
- All slopes between 5% and 8.33% have handrails.
- Covered units have at least one entrance on an accessible route.
- There are sufficient curb cuts for a person using a wheelchair to reach every building in the development.

**COMMON AND PUBLIC USE AREAS**

- At least two percent of all parking spaces are designated as handicapped parking.
- At least one parking space at each common and public use amenity is designated as handicapped parking.
- All handicapped parking spaces are properly marked.
- All handicapped parking spaces are at least 96" wide with a 60" wide access aisle which can be shared between two spaces.
- The accessible aisle connects to a curb ramp and the accessible route.
- The rental or sales office is readily accessible and usable by persons with disabilities.
- All mailboxes, swimming pools, tennis courts, clubhouses, rest rooms, showers, laundry facilities, trash facilities, drinking fountains, public telephones and other common and public use amenities offered by the development are readily accessible and usable by persons with disabilities.



Arizona Department of Housing
Low Income Housing Tax Credit Application
Exhibit Y
Insert at TAB 26

Exhibit Y
Insert at TAB 26

Fair Housing Accessibility Checklist

USABLE DOORS

- Checklist items for Usable Doors: All doors into and through covered units... All doors leading into common use facilities... Thresholds at doors to common use facilities... All primary entrance doors... Thresholds at primary entrance doors...

ACCESSIBLE ROUTE INTO AND THROUGH THE COVERED UNIT

- Checklist item for Accessible Route: All routes through the covered units are no less than 36" wide.

ACCESSIBLE ENVIRONMENTAL CONTROLS

- Checklist item for Accessible Environmental Controls: All light switches, electrical outlets, thermostats and other environmental controls must be no less than 15" and no greater than 48" from the floor.

REINFORCED BATHROOM WALLS FOR GRAB BARS

- Checklist item for Reinforced Bathroom Walls: Reinforcements are built into the bathroom walls surrounding toilets, showers and bathtubs for the later installation of grab bars.

USABLE KITCHENS AND BATHROOMS

- Checklist items for Usable Kitchens and Bathrooms: At least 30" x 48" of clear floor space at each kitchen fixture... At least 40" between opposing cabinets... At least 60" diameter turning circle in U-shaped kitchens... In bathroom, at least 30" x 48" of clear floor space... Sufficient floor space in front of and around sink, toilet and bathtub...

The undersigned certifies that this Checklist has been completed by the Project Architect, that each of the items checked above is a design and construction requirement for the Project, and that the representations made in this Checklist are all true and correct to the best of my knowledge.

Signature of Architect

Date

Printed Name

Title



Arizona Department of Housing  
Low Income Housing Tax Credit Application  
**Exhibit Z**  
Insert at TAB 26

**Exhibit Z**  
Insert at TAB 26

*Green Building Specifications*

The following is a list of design and construction requirements for Green Building. The project architect is required to list, on Exhibit Z - GREEN CRITERIA CHECKLIST, all of the Green products, building methods and energy systems corresponding to the respective point categories claimed. At Application, the Project Architect shall certify on the Green Building Specification Checklist that the Green Building Products/Systems have or will be incorporated into the Project construction documents and specifications. At 8609, the Project Architect shall certify on the Green Building Specification Checklist that all Green Building products/systems have been installed in the Project.

The project's Green specification list must be submitted at time of application to apply for Green points. Example lines have been included representing the minimum amount of information required at time of application. Product detail should be sufficient enough to allow ADOH to verify the approximate cost of the proposed product/system. At completion of project, supporting details such as contracts, work orders, delivery receipts, are required to certify Green products were incorporated into the Project as planned. Failure to incorporate point scored Green items will result in a loss of basis and points deducted on future applications.

For Solar PV System points, additional financial worksheets showing all of the applicable financial incentives benefiting the project must be provided. In addition, an electrical load calculation worksheet showing how the projects PV system meets the criteria must be included. Supporting document should include, but is not limited to:

- energy tax credits (include syndication agreements or IRC Section 1603 exchange documentation for valuing these credits)
- solar energy Power Purchase Agreements (include PPA's if applicable)
- federal, state and local tax deductions
- enhanced/accelerated depreciation values
- manufacturer's rebates
- property tax assessment exemptions, credits or offsets
- electrical load calculations for project showing how PV system meets or exceeds applicable points claimed



**Arizona Department of Housing**  
**Low Income Housing Tax Credit Application**  
**Exhibit Z**  
 Insert at TAB 26

**Exhibit Z**  
 Insert at TAB 26

**Green Building Specifications**

**Project Name:** #REF!

**Project Address:**

**Architect Name:**

**Firm Name:**

| GREEN BUILDING SPECIFICATION CHECKLIST  |                                  |                          |   |                          |
|---|----------------------------------|--------------------------|---|--------------------------|
| SYSTEM COMPONENT  | Construction U<br>New/Rehab/Both | APP                      | 2010 GREEN CRITERIA   | 8609                     |
| INDOOR AIR QUALITY  | Both                             | <input type="checkbox"/> | All carpets, adhesives and finishes utilize low or zero VOC.<br>LOW VOC = Carpet max VOC: 100 micrograms/sq meter/hr after 24 hrs<br>Adhesives max VOC: 300 g/l<br>Wood Finishes max VOC: 350 g/l<br>Paints max VOC: 150 g/l for nonflat finishes & 100 g/l for flat  | <input type="checkbox"/> |
|   | Both                             | <input type="checkbox"/> | Hard surface flooring materials throughout  | <input type="checkbox"/> |
| WATER EFFICIENCY  | Both                             | <input type="checkbox"/> | Drip irrigation system designed by EPA Water sense certified professional   | <input type="checkbox"/> |
|   |                                  | <input type="checkbox"/> | Dual Flush Toilets - throughout   | <input type="checkbox"/> |
| INSULATION I  | Both                             | <input type="checkbox"/> | Spray Foam Insulation (SPF) - applied to underside of roof substrate - upon completion of all HVAC ducting will be within conditioned space - minimum SPF thickness of 6 inches or application per governing code R value   | <input type="checkbox"/> |
| INSULATION II   | New                              | <input type="checkbox"/> | Use of Structural Insulated Panels (SIP) and/or Insulated Concrete Block (ICF) construction ->75% of exterior/envelope walls  | <input type="checkbox"/> |
| ENERGY EFFICIENCY<br>COOL ROOFS<br>(*NOT Applicable to locations with 4,000 or less Heating Degree Days (HDD) per noaa.gov) | Both*                            | <input type="checkbox"/> | Roofing materials with high reflectivity and high emittance ratings. (Low Slope roof 2:12 or less; minimum initial reflectivity of 0.65 and 0.50 emittance ratings - High Slope roof 2:12 or greater; minimum initial reflectivity of 0.25 and 0.50 emittance ratings.)   | <input type="checkbox"/> |
|   |                                  | <input type="checkbox"/> | Radiant Barrier on all residential roofs - Emissivity rating of 0.35 or lower and product must satisfy the ASTM/IRCCS C1321 criteria for an interior coating intended to reduce radiant heat transfer   | <input type="checkbox"/> |
| PASSIVE SOLAR HEATING (PSH)<br>(*Applicable to locations with more than 4,000 HDD per noaa.gov)                             | New*                             | <input type="checkbox"/> | Optimized site, building shape and orientation, landscape and fenestration design (direct and indirect gain design principals). Cold climates only (>4,000 HDD's per year per noaa.gov). Architect must document that at least 4 PSH elements were utilized in order to earn points (i.e. interior thermal storage materials, clerestories, skylights, window glazing, convection walls, etc) | <input type="checkbox"/> |
| SOLAR PV<br>(PV point sub-categories are mutually exclusive maximum PV points = 8.0)  | Both                             | <input type="checkbox"/> | PV system large enough to offset estimated (annual net) common area load by 75% and maximized use of incentives.  | <input type="checkbox"/> |
|   | Both                             | <input type="checkbox"/> | PV system large enough to offset estimated (annual net) common area load by 40% and maximized use of incentives.  | <input type="checkbox"/> |
| RECYCLED CONCRETE   | New                              | <input type="checkbox"/> | All new concrete building slabs to contain at least 20% flyash or slag.   | <input type="checkbox"/> |

The undersigned certifies that this Checklist has been completed by the Project Architect, that each of the items checked above is a design and construction requirement for the Project, and that the representations made in this Checklist are all true and correct to the best of my knowledge.

Signature of Architect

Date

Printed Name

