

Arkansas Development Finance Authority

2006 Multi-Family Housing Application



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INSTRUCTIONS FOR SUBMITTING APPLICATIONS

All multi-family housing program applicants must use the following instructions for submitting an Application. All applications must be submitted in the required format.

1. Applicants applying for a particular program must also follow the rules and regulations for that program. Please see the following program guides for more information and requirements:

For all Low-Income Housing Tax Credit (“LIHTC”) Applicants:

- 2006 Qualified Allocation Plan
- LIHTC Compliance Monitoring and Procedure Manual
- ADFA Approved Market Firm List
- ADFA Market Study Guidelines

For all HOME Program Applicants:

- HOME Program Policy and Operations Manual
- HOME Compliance Monitoring & Procedure Manual

For all Tax-Exempt Bond Applicants:

- 2006 Guidelines for Allocating Tax-Exempt Multi-Family Private Activity Volume Cap
- ADFA Rules & Regulations for Allocation of the State Volume Cap for Private Activity Bonds
- 2006 Qualified Allocation Plan

2. **SUBMIT ONE (1) SIGNED ORIGINAL AND ALL EXHIBITS.**

- **HOME PROGRAM APPLICANTS MUST ALSO SUBMIT ONE (1) COMPLETE COPY OF THE APPLICATION AND ALL EXHIBITS).**

ALL APPLICATIONS MUST BE SUBMITTED BY THE PROGRAM DEADLINE.

APPLYING FOR LIHTC/TAX-EXEMPT BONDS	APPLYING FOR HOME FUNDS ONLY
<p>Submit Complete Application to:</p> <p>Multi-Family Housing Department Arkansas Development Finance Authority P.O. Box 8023 Little Rock, Arkansas 72203</p> <p>Physical delivery to: 423 Main Street, Suite 500 Little Rock, Rock Arkansas 72201</p>	<p>Submit Complete Application to:</p> <p>HOME Department Arkansas Development Finance Authority P.O. Box 8023 Little Rock, Arkansas 72203</p> <p>Physical delivery to: 423 Main Street, Suite 500 Little Rock, Rock Arkansas 72201</p>

3. **ALSO SUBMIT THE APPLICATION ELECTRONICALLY ONLINE AS PROVIDED BY ADFA.**
4. Answer **all** questions. If not applicable to your application, mark N/A.
5. Only materials submitted on the standard forms included in the application packets (or copies of the forms) will be accepted for review. Use only forms provided and additional sheets if necessary.
6. **REQUIRED FORMAT:** Place the original and, if applicable, copy of the application and exhibits in a sufficiently sized 3-ring binder. Do not otherwise bind, staple or use Acco fasteners. Arrange the application as follows:

TAB #1 should include the Application Checklist, Self-Scoring Sheet (LIHTC) and complete Application.

All other exhibits/forms should be behind the corresponding numbered TAB on the Application Checklist. DO NOT SKIP TAB NUMBERS. If an exhibit does not apply to your application place a sheet of paper with “N/A” behind the TAB.

If you have extra exhibits that do not fall under a specific TAB listed in the checklist, attach additional TABs starting with number 49.

IF YOUR APPLICATION DOES NOT COMPLY WITH THE REQUIRED FORMAT, THE APPLICATION WILL BE CONSIDERED AS INCOMPLETE AND WILL NOT BE PROCESSED.

ADDITIONAL REQUIREMENTS FOR HOME PROGRAM APPLICANTS

Standard Form 424 must be submitted with your application to the State Clearinghouse, if you have not done so.

If the applicant is not a state agency, a copy of this same information must be submitted to the appropriate area-wide Clearinghouse. The state address is:

State Clearinghouse
1515 W. 7th Street
1515 Building, Room 417
Little Rock, AR 72201

RETAIN A COPY OF THE FULL APPLICATION AND EXHIBITS/FORMS FOR YOUR FILES.

APPLICATION CHECKLIST

2006 Multi-Family Housing Application. Submit one (1) original and, if also a HOME applicant, one (1) copy of the following. Place a check by each item included in the application. Put N/A next to each item that does not apply to your application. DO NOT LEAVE ANY ITEM UNMARKED.

Tab No.

1. _____ Complete Application (signed and dated), including application checklist and self-scoring sheet (self-scoring for LIHTC applicants only)
2. _____ Application Fee: (select one) (Place a copy of the check behind TAB #2)
LIHTC:
 _____ Non-Profit Owner: \$300.00
 _____ For Profit Owner with four (4) or less units: \$300.00
 _____ For Profit Owner with more than four (4) units: \$500.00
Tax-Exempt Bonds:
 _____ All developments: \$500.00
3. _____ Narrative description of the development
4. _____ Financial commitment letter from each funding source
5. _____ Utility allowance calculation
6. _____ Site control information
Deed: _____ Option: _____ Purchase Contract: _____
Other (specify): _____
Verification of Arm's Length Transaction
7. _____ Zoning information
8. _____ Independent Market Study & Additional Site Maps, including a street map to exact location of site
9. _____ Letter of support from highest elected local official. Letters of support from other sources
10. _____ Letter to Public Housing Authority for use by Persons on Waiting List
11. _____ Letter of Participation and Resume of Development Team Members
12. _____ Criminal Background and Disclosure Form - Housing (Attachment A)
13. _____ Articles of Incorporation, IRS Documentation and Non-Profit Determination Statement (for all Non-profit Applicants)
14. _____ Plans & Specifications

15. _____ Environmental Checklist and Environmental Assessment (Attachment B)
16. _____ Capital Needs Assessment (For Rehab Only)
17. _____ Tenant Income Audit (For Rehab Only)
18. _____ Pro Forma (Attachment C)
19. _____ Section 106 Clearance Letter from AR Dept. of Heritage (Attachment D)
20. _____ Form RD 1924-13 (Attachment E)
21. _____ Letter from Architect regarding energy efficiencies and that the development will comply with all federal and state accessibility laws
22. _____ By-Laws and Charter for Local Tax-Exempt Organization from supportive service provider
23. _____ Applicant statements regarding:
 - _____ a. Election to extend affordability period to 30 years for HOME units
 - _____ b. Election to serve very low-income households
 - _____ c. Election to extend affordability period beyond 30 years.
24. _____ Copy of census tract and community revitalization plan (if applicable)
25. _____ Certificate of Need or Permit of Approval (Assisted Living Developments Only)
26. _____ Conflict of Interest Acknowledgement (Attachment F)
27. _____ Amenities
28. _____ Form 8609 and Land Use Restriction Agreement
29. _____ Rental Assistance Contract

Additional requirements for Applicants also applying for HOME Program Funds:

30. _____ Cover sheet with applicant name
31. _____ Standard Form 424 (Attachment H)
32. _____ Certification Page (signed and dated)
33. _____ Appraisal (Land and Improvements)
34. _____ Copy of Contractor's License

35. _____ Copy of bid proposals or the results of bid proposals (if applicable for multi-family developments)
36. _____ Copy of general contracts, estimates or sworn statements supporting proposed budget
37. _____ Copy of “NOTICE TO BID” advertisement, as applicable
38. _____ Copy of Contractor Agreement, if negotiated
39. _____ Copy of the Affirmative Marketing Plan (Attachment I)
40. _____ Copy of City’s Adopted Fair Housing Ordinance
41. _____ Completed and signed Minority and Women Business Plan (Attachment J)
42. _____ Financial Statements of Development Owner(s)
 - _____ a. New Applicant-Balance Sheet, Profit and Loss Statement for past two years
 - _____ b. Prior or Current Applicant-Balance Sheet, Profit/Loss Statement for past year
43. _____ Plan for Section 3 (http://www.access.gpo.gov/nara/cfr/waisidx_02/24cfr135_02.html)
44. _____ Cooperative Agreement, if joint application
45. _____ Request for Taxpayer Identification Number and Certification (Form W-9) (Attachment K)
46. _____ Contract and Grant Disclosure and Certification Form (Attachment L)
47. _____ Phase I Environmental Site Assessment
48. _____ HOME Program Match Requirements (Attachment M)

Start with TAB #49 for attachments not specified above.

ADFA MULTI-FAMILY HOUSING 2006 LIHTC APPLICANT SELF-SCORING
For Low-Income Housing Tax Credit Applicants Only

<u>QAP SELECTION CRITERIA</u>	<u>POINTS</u>
--------------------------------------	----------------------

- | | | | |
|------|--|-------------------|-------|
| #1. | Location/USDA/HUD | (15 pts.) | _____ |
| #2. | Development of Special Needs | (Maximum 15 pts.) | _____ |
| #3. | Involves rehabilitation of existing structures | (10 pts.) | _____ |
| #4. | Involves preservation or rehabilitation of <u>existing</u> affordable housing program | (Maximum 10 pts.) | _____ |
| #5. | Lowering of developer and consultant fees | (5 pts.) | _____ |
| #6. | A minimum of 20% of the total housing units in the development are market rate units | (5 pts.) | _____ |
| #7. | Development provides additional amenities | (Maximum 10 pts.) | _____ |
| #8. | Development promotes energy efficiencies | (Maximum 15 pts.) | _____ |
| #9. | Participation of Local Tax Exempt Organization | (5 pts.) | _____ |
| #10. | Site Visit | (Maximum 10 pts.) | _____ |
| #11. | Market Feasibility Study | (Maximum 15 pts.) | _____ |
| #12. | Applicant requesting HOME Funds and electing to extend affordability period | (Maximum 10 pts.) | _____ |

QAP LEGISLATED PRIORITIES

- | | | | |
|-----|--|----------|-------|
| #1. | Serves the lowest group possible | (3 pts.) | _____ |
| #2. | Extends the duration of Low-Income use | (4 pts.) | _____ |
| #3. | QCT and Community Revitalization Plan | (3 pts.) | _____ |

TOTAL POINTS	(Maximum 135 pts.)	_____
---------------------	---------------------------	-------

Refer to Selection Criteria section of the 2006 Qualified Allocation Plan (QAP) for instructions on submission of scoring and supporting documentation.

2006 MULTI-FAMILY HOUSING APPLICATION
ARKANSAS DEVELOPMENT FINANCE AUTHORITY

423 Main Street, Suite 500
Little Rock, Arkansas 72201

Phone: (501) 682-5900

Fax: (501) 682-5859

Application Date: _____

Received by: _____

Date Stamp: _____

Applicant is applying for: (check only one)

_____ 2006 Low-Income Housing Tax Credits (only) _____ HOME Program (only)

_____ 2006 Low-Income Housing Tax Credits & HOME Program Funds

_____ Tax-Exempt Multi-Family Volume Cap with 4% LIHTC

I. DEVELOPMENT NAME & ADDRESS

(List name under which development will do business. i.e. XYZ Apartments)

Name of Development: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Census Tract No.: _____ Is this a Qualified Census Tract: Yes _____ No _____

Is the Development Located in: Metropolitan Statistical Area: Yes _____ No _____

Difficult to Develop Area: Yes _____ No _____

(As defined by the U.S. Department of Housing and Urban Development)

U.S. Congressional District: _____ State Senate District: _____ State House District: _____

II. APPLICANT INFORMATION

(NAME UNDER WHICH APPLICANT DOES BUSINESS. (IF APPLICANT IS THE PARTNERSHIP/OWNER, ALSO COMPLETE PARTNERSHIP INFORMATION IN SECTION "III. PARTNERSHIP INFORMATION" BELOW.)

_____ For Profit _____ Non-Profit (Non-Profits must complete Section XXVI.)

Name: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

*Contact person for all ADFA correspondence and contact regarding this development.

Is the Applicant also the Developer? Yes _____ No _____

If not, please complete the following information:

Developer (If different than the Applicant):

Development Company: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

*Contact person for all ADFA correspondence and contact regarding this development.

III. PARTNERSHIP INFORMATION: (Please note: ADFA reserves tax credits to the Partnership or its General Partner(s). Reservations are non-transferable. Any changes in General Partner Status requires a new application)

_____ For Profit _____ Non-Profit (Non-Profits must complete Section XXVI.)

LIMITED PARTNERSHIP: _____

Federal Tax Identification Number: _____

<u>NAME OF GENERAL PARTNER(S)</u>	<u>ADDRESS/ PHONE NO.</u>	<u>% OF OWNERSHIP</u>
TOTAL		100%

<u>NAME OF LIMITED PARTNER(S)</u>	<u>ADDRESS/PHONE NO.</u>	<u>% OF OWNERSHIP</u>
TOTAL		100%

IV. SPECIAL HOUSING NEEDS SET-ASIDES

(LIHTC Applicants only) Applicant must meet Set-Aside Requirements. Please mark all that are applicable.

Will a qualified non-profit organization, as defined in IRC § 501(c)(3) or § 501(c)(4), materially participate in the development and operation of the development throughout the compliance period ?

_____ Yes _____ No

Is the applicant requesting HOME Program funds for the development or has the applicant received a commitment for funding to the development from Rural Development?

_____ Yes _____ No

Will the development be an Assisted Living Development?

_____ Yes _____ No

V. PREVIOUS PARTICIPATION OF APPLICANT/DEVELOPER/CONSULTANT

Separately list all previous participation of the applicant, developer, and consultant in any development which received an allocation of federal low-income housing tax credits from ADFA. (Attach separate listing if necessary).

**For developments requesting HOME funds, identify the past five years of participation by the applicant, developer, and consultant in HOME program funds developments.

<u>NAME OF PARTICIPANT AND DEVELOPMENT</u>	<u>LOCATION</u>	<u>DATE OF LIHTC RESERVATION AND STATUS OF DEVELOPMENT</u>

VI. DEVELOPMENT TYPE

_____ New Construction
without Federal Subsidies

_____ New Construction
with Federal Subsidies

_____ Acquisition/Rehabilitation
without Federal Subsidies

_____ Acquisition/Rehabilitation
with Federal Subsidies

_____ Acquisition with 10-year waiver from Federal Agency

VII. DEVELOPMENT INFORMATION

TOTAL No. of Units: _____ No. of LIHTC Units: _____ Percentage of LIHTC Units: _____

Number of units designated for Manager(s)/Employee(s) per IRS REVENUE RULE 92-61: _____

--Included in No. of LIHTC Units: Yes _____ No _____ (If yes, include in
TOTAL units numbered
above. If no, do not
include above.)

--Included in No. of Market Rate Units: Yes _____ No _____ (If yes, include only in
TOTAL units numbered
above. If no, do not
include above.)

Type of Construction:

_____ Row/Townhouse	Elevator	Yes _____	No _____
_____ Detached Single Family	Slab on Grade	Yes _____	No _____
_____ Garden Apartments	Full Basement	Yes _____	No _____
	Crawl Space	Yes _____	No _____

Total No. of Buildings: _____ Total No. of Stories: _____
 Total No. of Parking Spaces: _____ Total No. of Handicap Parking Spaces: _____
 Total Gross Floor Area for all Buildings: _____ (Sq. Feet)
 Total Residential Floor Area: _____ Total LIHTC Residential Floor Area: _____
 (Sq. Feet) (Sq. Feet)

Recreation Facilities/Common Space: _____
Commercial Facilities: _____

Type of Units:

_____ Multi-Family Housing	_____ Single Room Occupancy
_____ Transient Housing	_____ Assisted Living
_____ Elderly Housing	_____ Other: _____

Targeting of Units: (If proposed development is elderly, all units must be designated elderly)

Elderly No. of Units: _____ Family No. of Units (3 & 4 bedrooms) _____
Handicapped No. of Units: _____ Other: _____ No of Units: _____

(For HOME Applicants) Number of Units that are 504 accessible: _____

UNIT SIZE BREAKDOWN	NO. OF UNITS	UNIT SQ. FOOTAGE	AVERAGE COST PER SQ. FT
Efficiency			\$ _____
___ Bedroom(s)			AVERAGE COST PER UNIT
___ Bedroom(s)			
___ Bedroom(s)			
___ Bedroom(s)			

VIII. SITE INFORMATION

(Site Control Documentation must be submitted at TAB #6)

Is site currently under control for the development? Yes _____ No _____

If yes, control is in the form of:

Deed Option
 Purchase Contract Other: _____

Expiration Date of Contract or Option: _____ (Month/Year)

Has an appraisal been completed on the property? Yes _____ No _____

Appraised Value of the Land and Improvements: \$ _____

Total Cost of Land: \$ _____ Exact Area of Site: _____ (acres or sq.ft)

Name of Seller: _____

Address: _____

City: _____ State & Zip: _____ Phone: (____) _____

Is site properly zoned for your development? Yes _____ No _____

If no, is site currently in the process of rezoning? Yes _____ No _____

When will the zoning issue be resolved? _____ (Month/Year)

(Proper zoning documentation or application for proper zoning must be submitted at TAB #7.)

Are all utilities presently available to the site? Yes _____ No _____

If no, which utilities need to be brought to the site?

Electric Water Phone
 Sewer Gas Other: _____

IX. ACQUISITION OF EXISTING BUILDINGS

(Complete for all rehabilitation developments)

How many buildings will be acquired for the development? _____

Are all the buildings currently under control for the development? Yes _____ No _____

If no, how many buildings are under control for the development? _____

When will the rest of the buildings be under control for acquisition? _____
(Month / Year)

	<u>LIST BUILDINGS UNDER CONTROL ADDRESS(ES) OF BUILDINGS</u>	<u>TYPE OF CONTROL OWNERSHIP, OPTION, PURCHASE CONTRACT</u>	<u>EXPIRATION DATE OF CONTROL DOCUMENT</u>	<u>NO. OF UNITS</u>	<u>ACQUISITION COST OF BUILDING</u>
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$

(Attach Needed Additional Pages)

X. ACQUISITION INFORMATION

Building(s) acquired or to be acquired from: Related Party Unrelated Party

Building(s) acquired or to be acquired with Buyer's Basis
 Determined with reference to Seller's Basis
 Not Determined with reference to Seller's Basis

List below by Building Address, the date the building was placed in service, date the building was or is planned for acquisition and the number of years between the date the building was placed in service and the date of acquisition.

	<u>ADDRESS/BIN OF BUILDINGS</u>	<u>PRIOR LIHTC ALLOCATION *YES* OR NO</u>	<u>LAST YEAR OF PRIOR COMPLIANCE PERIOD</u>	<u>DATE OF ACQUISITION BY THE APPLICANT</u>	<u>PLACED-IN-SERVICE DATE (PIS) BY THE PREVIOUS OWNER</u>	<u>NUMBER OF YEARS BETWEEN, ACQUISITION AND PREVIOUS PIS OR MOST RECENT NONQUALIFIED SUBSTANTIAL IMPROVEMENT</u>
1.						
2.						
3.						
4.						
5.						
6.						

(Attach Needed Additional Pages)

If YES, attach all previously issued IRS Forms 8609 and previously recorded "LAND USE RESTRICTION AGREEMENT" on any building that is a part of the development at TAB #28.

XI. RELOCATION INFORMATION

Are the units currently occupied by tenants? Yes _____ No _____

Does this development involve any relocation of tenants within the development? Yes _____ No _____

Does this development involve any relocation of tenants outside the development? Yes _____ No _____

If yes, please describe the proposed relocation assistance, if any.

(Complete tenant audit is required for all rehab developments – attach at TAB #17)

XII. EXISTING SUBSIDIES WITH ACQUISITION DEVELOPMENTS

_____ Section 221(d)(3) BMIR
 _____ Section 521 Rental Assistance
 _____ Section 236
 _____ Section 8 Rent Supplement or Rental Assistance payment

Is HUD Approval for Transfer of Physical Asset Required? Yes _____ No _____

XIII. ENERGY AND EQUIPMENT INFORMATION

<u>ENERGY EQUIPMENT</u>	<u>TYPE SYSTEM (FORCED AIR, HOT WATER, ETC.)</u>	<u>EFFICIENCY RATING</u>
Heating		
Air Conditioner		
Domestic Hot Water		

Equipment Included with Unit (Low-Income Units)

_____ Range _____ Refrigerator _____ Disposal _____ Air Conditioning Units
 _____ Microwave _____ Dishwasher _____ Central Heat _____ Washer/Dryer Hookups
 _____ Laundry Facilities _____ Kitchen Exhaust _____ Central Air _____ Window Treatments
 _____ Ceiling Fans Other: _____

Equipment Included with Unit (Market Rate Units)

_____ Range _____ Refrigerator _____ Disposal _____ Air Conditioning Units
 _____ Microwave _____ Dishwasher _____ Central Heat _____ Washer/Dryer Hookups
 _____ Laundry Facilities _____ Kitchen Exhaust _____ Central Air _____ Window Treatments
 _____ Ceiling Fans Other: _____

XIV. MONTHLY UTILITY ALLOWANCE CALCULATIONS

UTILITIES	Type of Utility (Gas, Electric)	Utilities Paid By (Tenant or Owner)	Utility Allowance/Month					
			Eff	1BR	2BR	3BR	4BR	5BR
Cooking								
Heating								
Hot Water								
Lighting								
Air Conditioning								
Water								
Sewer								
Trash								
Other								
Total tenant paid utility allowance								

Source of Utility Allowance Calculation (Documentation must be included at TAB #5)

- Public Housing Authority (PHA) Housing & Urban Development (HUD)
 Utility Company Rural Development (USDA RD)

XV. MINIMUM SET-ASIDE ELECTION

The Owner irrevocably elects on the Minimum Set-Aside Requirements (Check only one)

- At least 20% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 50% or less of area median income.
 At least 40% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 60% or less of area median income.
 Deep Rent skewing Options as defined in Section 42.

HOME APPLICANTS ONLY COMPLETE THE FOLLOWING:

Low-Income Affordability and Rent Control Period (check one)

- 5 Years HOME Assistance/Unit <\$15,000/unit
 10 Years HOME Assistance/Unit \$15,000-\$40,000/unit
 15 Years HOME Assistance/Unit >\$40,000/unit
 20 Years New Construction
 ___ Years FHA Insured
 ___ Years (Other)

XVI. RENTAL ASSISTANCE:

Are any low-income units receiving or will receive Rental Assistance? Yes _____ No _____

If yes, identify the type of Rental Assistance: _____

No. of units receiving Assistance: _____ Rental Assistance Contract Expires: _____

A copy of the Rental Assistance Contract must be submitted at TAB #29.

XVII. DEVELOPMENT TAX CREDIT RENTS:

List the maximum applicable affordable housing tax credit rents for the development location:

	<u>0-BDR.</u>	<u>1-BDR.</u>	<u>2-BDR.</u>	<u>3-BDR.</u>	<u>4-BDR</u>
30% of Area Median Income					
50% of Area Median Income					
60% of Area Median Income					

Development Affordability: Describe the procedures that will be used to ensure that the units remain affordable and occupied by low-income households for at least the required term of LIHTC or HOME Program Affordability.

XVII. DEVELOPMENT INCOME

Tax Credit Units Not Supported by HOME Funds Total Number of Tax Credit Units: _____

(DO NOT INCLUDE HOME ASSISTED UNITS – USE NEXT PAGE FOR HOME ASSISTED UNITS)

# of Bedrooms	# of Units	% Area Median Income (30/50/60)	Proposed Monthly Net Rent Per Unit	Monthly Utility Allowance	Monthly Gross Rent Per Unit	Total Monthly Income By Unit Type	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
						Total Monthly Rental Income	\$
						Total Annual Rental Income	\$

Units Receiving Project Based Rental Assistance: Separately indicate those units receiving project based rental assistance which increases rents beyond LIHTC limits.

What is the estimated annual percentage increase in annual income? _____%

Market Rate Units Only

Total Number of Market Rate Units: _____

# of Bedrooms	# of Units	Proposed Monthly Rent	Total Monthly Rent By Unit Type
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Total Monthly Rental Income	\$
		Total Annual Rental Income	\$

What is the estimated annual percentage increase in annual income? _____%

HOME Assisted Units (Fill out Low HOME Rents and High HOME Rents Sections)

Low HOME Rents: Low HOME Rents - at least 20% of the rental units assisted with HOME funds must have rents no greater than the established Low HOME Rents. These are very low-income families. **Low HOME Rents are defined as rents that are not greater than 30% of the adjusted gross income of a family whose income is 50% of the median income for the area (AMI), adjusted for unit size.** Your Proposed Rents plus the HUD Utility Allowance for the unit cannot be greater than these rent limits for each bedroom size. Please click on the following website to obtain HUD maximum rent limits <http://www.hud.gov/cpd/home/limits/rent/rentlimt.html> and <http://www.hud.gov/cpd/home/limits/income/income.html> for HUD income limits.

(a) # of Bedrooms	(b) # of Units	(c) % Area Median Income (30/50)	(d) Utility Allowance	(e) Proposed Monthly Rents	(f) Maximum Low HOME Rent* (d + e cannot exceed HUD max low rent)	(g) Monthly Income (b x e)
0			\$	\$	\$	\$
1			\$	\$	\$	\$
2			\$	\$	\$	\$
3			\$	\$	\$	\$
4			\$	\$	\$	\$
5			\$	\$	\$	\$
Units Receiving Project Based Rental Assistance: Separately indicate those units receiving project based rental assistance which increases rents beyond HOME/LIHTC limits.					Total Monthly Rental Income (add column g)	(h) \$
					Total Annual Rental Income (h x 12)	(i) \$

High HOME Rents: High HOME Rents - up to 80% of HOME-assisted rental units may have High HOME Rents. Higher HOME rents are defined as units with rents the lesser of (1) the existing Section 8 Fair Market Rents (FMR) or (2) 30% of the annual gross income of a family whose income equals 65% of the median income for the area, adjusted for unit size.

Refer to the Rent Limits for your area provided in the [website](#) listed above and compare the FMR number and the 65% figure. Write the lower of these two numbers in the last column above for each bedroom size. Your Proposed Rent plus the Utility Allowance for the unit cannot be greater than this rent limit for each bedroom size.

(j) # of Bedrooms	(k) # of units	(l) Utility Allowance	(m) Proposed Monthly Rents	(n) Max High HOME rent (l + m cannot exceed HUD max high rents)	(o) monthly income (k x m)
0		\$	\$	\$	\$
1		\$	\$	\$	\$
2		\$	\$	\$	\$
3		\$	\$	\$	\$
4		\$	\$	\$	\$
5		\$	\$	\$	\$
Total Monthly Rental Income (add column o)					(p) \$
Total Annual Rental Income (p x 12)					(q) \$

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

Total Annual Gross Rent Income:

Tax Credit Rent Annual Gross Income	\$
Fair Market Rent Annual Gross Income	\$
Low HOME Rent Annual Gross Income	\$
High HOME Rent Annual Gross Income	\$
TOTAL RENTAL INCOME	\$

XIX. ANNUAL EXPENSE INFORMATION

Annual Expenses (Complete this section listing the annual operating expenses for all the units).

Annual Development Income

1. Annual Gross Rental Income	\$	
2. Vacancy Factor of ___% (5-10%)	\$	
3. Annual Effective Gross Residential Income (1 - 2)		\$
4. Annual Laundry Income	\$	
5. Annual Vending Income	\$	
6. Annual Late Fees	\$	
7. Annual Interest Income	\$	
8. Annual Non-refundable Pet Fee	\$	
9. Interest Income-reserve	\$	
10. Lease Cancellation Fee	\$	
11. Deposit Forfeitures	\$	
12. Application Fee Income	\$	
13. Annual Other Income	\$	
14. Annual Effective Other Income (4 + 5 + 6 + 7 + 8 + 9 + 10 + 11+12+13)		\$
Total Annual Effective Income (3+14)		\$

Operating Expense Budget - Yearly Estimate

1. General and Administrative	
Advertising & Marketing	_____
Management Fee	_____
Percent of Effective Gross Income	_____ %
Administrative	_____
Legal	_____
Accounting	_____
Office Supplies	_____
Credit Investigations	_____
Leasing Fees	_____
Other	_____
TOTAL ADMINISTRATIVE COSTS	\$ _____

2. Payroll Related		
Administrative Payroll		_____
Maintenance Payroll		_____
Workman's Compensation		_____
Health Insurance		_____
Payroll Taxes		_____
Other Fringe benefits		_____
TOTAL PAYROLL		\$ _____
3. Maintenance		
Decorating		_____
Pool		_____
Exterminating		_____
Repairs		_____
Security		_____
Ground Expenses		_____
Building Supplies		_____
Other		_____
TOTAL MAINTENANCE COSTS		\$ _____
4. Operating		
Fuel (heating and hot water)		_____
Lighting & Misc. Power		_____
Water/Sewer		_____
Trash Removal		_____
Janitorial		_____
Telephone		_____
Other		_____
TOTAL OPERATING COSTS		\$ _____
5. Taxes and Insurance		
Real Estate Taxes		_____
Insurance		_____
Other Taxes, Licenses, Fees		_____
TOTAL TAXES AND INSURANCE		\$ _____
6. TOTAL Annual Expenses:		
	Total \$ _____	Per Unit \$ _____
7. Total Annual Effective Income		\$ _____
8. Replacement Reserves		\$ _____ *
9. Net Operating Income(NOI)		\$ _____
10. 1 st Mortgage Debt Service: (Source)	_____	\$ _____

- 11. 2nd Mortgage Debt Service: (Source) _____ \$ _____
- 12. Other Debt Service: (Source) _____ \$ _____
- 13. Total Debt Service _____ \$ _____
- 14. Cash Flow _____ \$ _____
- 15. Total HOME Loan Amount _____ \$ _____
- 16. Owner Equity _____ \$ _____

Ratios

- Debt Coverage Ratio(DCR) _____
(cannot be less than 1.10)
- HOME Loan to Value Ratio _____ %

Formulas

- Net Operating Income (Item 9 above) divided by Total Debt Service (Item 13 above) = **Debt Coverage Ratio (DCR)**
- HOME Loan percent of development appraised value = **HOME Loan to Value Ratio**
- Net Operating Income less Total Debt Service = **Cash Flow**

Operating Reserves..... \$ _____ *

(No less than 4 months of the sum of:
 (a) projected annual operating expenses,
 (b) annual debt service payments and
 (c) annual replacement reserve deposits)

* _____

 (Name and Address of Financial Institution Where Held)

Annual Expense/Income Information Verification

 CERTIFIED CORRECT (*Applicant or Authorized Representative*) DATE

 ADFA APPROVAL (*ADFA Approval Official*) DATE

_____ Check if all commitment letters are enclosed from lending/financing sources

All Applicants must complete the Pro Forma, Attachment C, and attach at TAB #18.

XX. SOURCE OF FUNDS (GRANTS AND OTHER FUNDS)

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

If yes, then check the type and list the amount.

_____ Tax-Exempt Bond Estimated Net Proceeds	\$ _____	_____ HOME Funds Match (see below)	\$ _____
_____ CDBG Financing	\$ _____	_____ CDBG Grant	\$ _____
_____ Federal Home Loan Bank*	\$ _____	_____ UDAG Grant/ Financing	\$ _____
_____ HODAG Financing	\$ _____	_____ HODAG Grant	\$ _____
_____ USDA 515 Financing	\$ _____	_____ State Grant	\$ _____
_____ Rental Rehabilitation Grant Funding	\$ _____	_____ Local Grant	\$ _____
_____ HOME Funds	\$ _____	_____ Other	\$ _____

*Not a federal subsidy if from Affordable Housing Program

Each applicant for HOME funds will be required to meet a 12.5% non-federal matching requirement. Applicants must structure their proposals based on the 12.5% matching requirement and submit Attachment M, which is an itemization of all proposed match requirements and include in TAB #48.

XXI. CREDIT ENHANCEMENT OR PRIVATE PLACEMENT

(For Tax-Exempt Bond Applicants Only)

Principal Amount of Bonds Requested for Reservation \$ _____

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

If yes, list type of enhancement(s): _____

If not, attach an Investor Letter from the Qualified Investor as defined in IX(F) of the 2006 Guidelines for Allocating Tax-Exempt Multi-Family Private Activity Volume Cap.

If Tax-Exempt financing is used, list the percentage of the tax-exempt financing to the total cost of development: _____%

XXII. NOTIFICATION OF LOCAL OFFICIAL

(Provide a letter from the highest elected official in which the development shall be located stating that he or she approves of the development and include in TAB #9.)

Name of Jurisdiction: _____

Name of Highest Elected Official: _____

Title: _____

Address: _____

City, State & Zip: _____

Telephone: (_____) _____

XXIII. SOURCE OF FUNDS (CONSTRUCTION AND PERMANENT FINANCING)

Construction Financing Information:

SOURCE OF FUNDS, CONTACT PERSON AND TELEPHONE NUMBER	AMOUNT OF FUNDS
1.	\$
2.	\$
3.	\$
TOTAL SOURCE OF FUNDS FOR CONSTRUCTION	\$

Permanent Financing Information:

NAME OF LENDER OR SOURCE, CONTACT PERSON AND TELEPHONE NUMBER	AMOUNT OF FUNDS	INTEREST RATE	AMORT. PERIOD (MONTHS)	LOAN TERM (MONTHS)	ANNUAL DEBT SERVICE
First Mortgage	\$				\$
HOME (Second Mortgage)	\$				\$
Third Mortgage	\$				\$
Proceeds from Federal Low-Income Housing Tax Credits	\$				\$
Proceeds from State Low-Income Housing Tax Credits	\$				\$
Proceeds from Historic Tax Credits	\$				\$
Deferred Developer Fee/Equity (describe)	\$				\$
Other	\$				\$
Totals	\$				\$

Attach copies of financing commitment letters or letters of interest from each funding source at TAB #4.

XXIV. DEVELOPMENT COSTS**

<u>ITEMIZED COST</u>	<u>COSTS*** SUPPORTED BY HOME FUNDS</u>	<u>OTHER COSTS</u>	<u>TOTAL ACTUAL COST</u>	<u>Eligible Basis by Credit Type</u>	
				<u>4% LIHTC 30% PV ELIGIBLE BASIS</u>	<u>9% LIHTC 70% PV ELIGIBLE BASIS</u>
<u>To Purchase Land & Buildings</u>					
Purchase of Land					
Purchase of Existing Structures					
Other:					
<u>For Site Work</u>					
Site Work					
Off Site Improvement					
Demolition					
Other:					
<u>For Rehabilitation & New Construction</u>					
New Building					
Rehabilitation					
Accessory Building					
General Requirements					
Contractor Overhead					
Contractor Profit					
Other:					
<u>For Contingency</u>					
Construction Contingency					
Other:					
<u>For Architectural & Engineering Fees</u>					
Architect Fee – Design					
Architect Fee – Supervision					
Legal Attorney					
Consultant or Processing Agent					
Engineering Fees					
Other Fees:					
Other Fees:					
Other Fees:					
<u>For Interim Costs</u>					
Construction Insurance					
Construction Interest					
Construction Loan Origin. Fee					
Construction Loan Credit Enhancement					
Real Estate Taxes					
<u>For Financing Fees and Expenses</u>					
Bond Premium					
Credit Report					
Permanent Loan Origin. Fee					
Permanent Loan Credit Enhancement					
Cost of Issue/Underwriters Discount					
Title and Recording					
Bond Counsel's Fee					
Other:					
Other:					
Subtotal					

** Complete Form RD 1924-13, found at Attachment E, and submit at TAB #20.

*** Break out HOME Fund assistance from Total Actual Cost.

<u>ITEMIZED COST</u>	<u>COSTS*** SUPPORTED BY HOME FUNDS</u>	<u>OTHER COSTS</u>	<u>TOTAL ACTUAL COST</u>	<u>Eligible Basis by Credit Type</u>	
				<u>4% LIHTC 30% PV ELIGIBLE BASIS</u>	<u>9% LIHTC 70% PV ELIGIBLE BASIS</u>
For Soft Cost					
Property Appraisal (Feasibility)					
Market Study					
Environmental Report					
Tax Credit Fees					
Compliance/Monitoring Fee					
Lease-Up Expense & Marketing					
Other:					
For Syndication Costs					
Organizational (Partnership)					
Bridge Loan Fees & Expenses					
Tax Opinion					
Other:					
For Developer/Consultant Fees					
Developer's Overhead					
Dev Fee ____% Cons Fee ____%					
Total ____%					
Other:					
For Development Reserves					
Lease-Up Reserve					
Replacement Reserve					
Operating Reserve					
Other:					
Subtotal					
Subtotal from previous page					
Total					
Less portion of federal grant used to finance qualifying development cost. List grants _____					
Less amount of non-qualified non-recourse financing					
Less amount of non-qualified units of higher quality					
Less non-qualifying excess portion of higher quality units					
Less Historic Tax Credit (Residential Portion Only)					
Net Eligible Basis					
30% Adjustment for high cost area (QCTs and DDAs)					
Total Eligible Basis					
Multiplied by the Applicable Fraction					
Total Qualified Basis					
Multiplied by Applicable Percentage					
TOTAL AMOUNT OF TAX CREDITS REQUESTED					
TOTAL AMOUNT OF STATE TAX CREDITS REQUESTED (20% OF FEDERAL)					

PLEASE NOTE: The actual amount of credit for the development is determined by the Housing Credit Agency. If the development is eligible for Historic Tax Credit, include a complete breakdown of the determination of eligible basis for the Historic Credit with the application.

(For HOME Applicants)

Submit the following to support this proposed budget: copies of general contracts, estimates or sworn statements at TAB #36.

*When used for new construction, HOME funds may be used to fund an initial operating deficit reserve, which is a reserve to meet any shortfall in development income during the period of development rent-up (not to exceed 18 months) and which may only be used to pay operating expenses, reserve for replacement payments and debt service. Any HOME funds placed in an operating deficit reserve that remain unexpended when the reserve terminates must be returned to the Authority.

XXV. SYNDICATION INFORMATION (Provide information below concerning syndication and estimated proceeds from sale of Housing Credits and State Housing Credits if utilizing as source of funds)

Annual allocation amounts for:

Federal Low-Income Housing Credits \$ _____
 State Low-Income Housing Credits \$ _____
 Historic Rehabilitation Tax Credits \$ _____

Total Tax Credit Equity expected to be raised: \$ _____

Type of Offering: Type of Investor:
 _____ Public _____ Individuals
 _____ Private _____ Corporations

Name of Tax Credit Fund: _____

Equity/Syndicator Entity:

Name: _____
 Contact: _____
 Address: _____
 City, State, Zip Code: _____
 Phone/Fax #: _____

Describe when equity will be paid into the development (i.e. at time of what events) and how much will be paid in at each event:

EVENT	AMOUNT OF TAX CREDIT EQUITY PAID TO THE DEVELOPMENT
	\$
	\$
	\$
	\$

XXVI. NON-PROFIT DETERMINATION

Articles of Incorporation and IRS documentation of status must be attached with Application.

Pursuant to Section 42(h)(5) of the Internal Revenue Code, the non-profit organization involved in the development must: (1) own an interest in the development; (2) must materially participate in the development and operation of the development throughout the compliance period; and (3) not be affiliated with or controlled by a for-profit organization. Within the meaning of IRC 469(h), "a (nonprofit) shall be treated as materially participating in an activity only if the (nonprofit) is involved in the operations of the activity on a basis which is regular, continuous, and substantial."

501(c)(3) Organization 501(c)(4) Organization Exempt purposes
includes fostering of
Low-Income Housing

Exempt from tax under Section 501(a) Other: _____

(1) Identify the ownership interest in the development by the non-profit organization involved:

(2) **Submit at TAB #13**, an original, signed statement from an authorized official of the non-profit organization stating that the non-profit organization is not affiliated with or controlled by a for-profit organization.

(3) **Submit at TAB #13**, an original, signed statement from an authorized official of the non-profit organization that details the non-profit organization's participation in the development and operation of the development, how that participation will be "regular, continuous, and substantial" and how it will be maintained throughout the compliance period.

(4) **Submit at TAB #13**, a list the names of Board Members for the non-profit organization.

(5) **Submit at TAB #13**, a list of all paid, full time staff and sources of funds for annual operating expenses and current programs.

(HOME APPLICANTS COMPLETE THE FOLLOWING)

Federal Labor Standards (Davis-Bacon):

If the development to be constructed/rehabilitated contains 12 or more HOME assisted units, the federal labor standards provisions regarding the payment of prevailing wage rates as determined by the Department of Labor apply.

Contractor Licensing:

Must have contractor licensed by State for developments over twenty thousand dollars (\$20,000). (Copy of License must be included at TAB #34)

Does the general contractor have experience? Yes No

Special Needs Populations:

Identify any development features designed to serve populations with special housing needs, including persons with disabilities, the elderly, or large families (units with 3 or more bedrooms). This could include design features, occupancy preferences, etc.

Building and Energy Standards:

Describe the construction and energy standards that will be used for the development. Upon completion, all units must meet Section 8 Housing Quality Standards or local codes, if applicable. Development costs greater than \$25,000/unit must meet all local codes, rehabilitation standards, zoning ordinances, and the Cost Effective Energy Standards (24 CFR Part 39). New construction developments must meet all local codes, building standards, zoning ordinances, and the Model Energy Code published by the Council of American Building Officials and the State Energy Code.

XXVII. DEVELOPMENT TEAM INFORMATION

Each development team member must submit a cover letter describing its participation in the development along with a copy of its resume listing qualifications, experience, previous experience with the low-income housing tax credit program, address and telephone number. The development team member with the requisite minimum experience must identify the development and describe its role in achieving the minimum experience. In addition, the applicant, consultant, and each development member must separately identify any existing contract or indebtedness it has with ADFA and any prior delinquent, defaulted, or foreclosed upon contract, loan, or other indebtedness it has with ADFA.

For HOME Applicants: The Owner's financial statements, including income statements and balance sheets, must be provided. (NOTE: If the development contains a small number of units to be rehabilitated, several of the following team members may not be applicable.)

DEVELOPER: _____

***Contact Person:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

CONSULTANT: _____

***Contact Person:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

ARCHITECT: _____

***Contact Person:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

CONTRACTOR: _____

***Contact Person:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Email Address:** _____

Phone Number: _____ **Fax Number:** _____

MANAGEMENT COMPANY: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

TAX ATTORNEY: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

BOND ATTORNEY: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

ACCOUNTING/CPA CONSULTANT: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

ENERGY CONSULTANT/AUDIT FIRM: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

APPLICATION PREPARER: _____

*Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

*Contact person for all ADFA correspondence and contact regarding this development.

Please list any direct or indirect, financial or other interest a member of the development team may have with another member of the development team. List "NONE" if there are no identity of interest.

XXVIII. DEVELOPMENT TIMELINE

Fill in completion or anticipated completion dates for all development tasks listed. Make sure the dates are realistic.

Task	Completion Date
SITE/DEVELOPMENT START UP	
Option/Contract	
Site Acquisition	
Zoning Approval	
Plans and Bid Specs	
Site Analysis	
Initial Closing (HOME Applicants)	
Closing and Transfer of Property	
FINANCING	
Construction Loan	
Loan Application	
Conditional Commitment	
Firm Commitment	
Permanent Loan	
Loan Application	
Conditional Commitment	
Firm Commitment	
Other Loans and Grants (Type/Source)	
Application	
Award	
CONSTRUCTION/IMPLEMENTATION	

Construction Contract Awarded	
Pre-Construction Conference (HOME Applicants)	
Construction starts	
Stage 1 completed (HOME Applicants)	
Stage 2 completed (HOME Applicants)	
Stage 3 completed (HOME Applicants)	
Marketing Begins	
Construction Completed	
Occupancy/Rent-up Begins	
Full Occupancy Obtained	
Tax Credit Placed in Service Date	
EXPENDITURE OF FUNDS (HOME Applicants)	
25%	
50%	
75%	
100%	

XXIX. APPLICATION & OTHER FEES

Regardless of the funding decisions, the application fees are non-refundable. The Application fee must be included with the Application.

Make all checks payable to: ARKANSAS DEVELOPMENT FINANCE AUTHORITY

LIHTC Applicants Only:

_____ Developments, four (4) units or less	\$300.00
_____ Non-Profit Sponsor [more than four(4) units]	\$300.00
_____ For Profit Sponsor [more than four (4) units]	\$500.00

Reservation Fee A Reservation Fee equal to \$100.00 per unit will be required at time of reservation.

Allocation Fee An Allocation Fee equal to \$100.00 per unit will be required at time of allocation of credits.

Monitoring Fee A one-time fee of six percent (6%) of the total annual allocation will be required at the time of the allocation of the Housing Credits only.

Tax-Exempt Multi-Family Volume Cap

_____ All Developments	\$500.00
------------------------	-----------------

See additional fees outlined in the 2006 Guidelines for Allocating Multi-Family Tax-Exempt Private Activity Volume Cap

XXX. SIGNATURE PAGE
LIHTC/Tax Exempt Bond Applicants

The undersigned is responsible for ensuring that the development consists or will consist of a qualified Low-Income building or buildings as defined in the Internal Revenue Code, Section 42, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation or construction and operation of the development to receive the Low-Income housing credit.

The undersigned is responsible for calculations and figures relating to the determination of the eligible basis for the building and understands and agrees that the amount of the credit is calculated by reference to the figure submitted with this application, as to the eligible basis and qualified basis of the development and individual buildings.

The undersigned hereby makes application to the Authority for reservation, carryover allocation or allocation of housing credit dollar amounts as listed in the application. The undersigned agrees that the Arkansas Development Finance Authority will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement and amounts paid to discharge judgment, any loss from judgment from Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such allocation request.

The undersigned agrees the taxpayer/owner will not apply for relief pursuant to Section 42(h)(6)(I) of the Internal Revenue Code, in that, the Authority will have no duty or obligation to present a "qualified contract" to the taxpayer/owner as contemplated in Sections 42(h)(6)(E)(i)(II) and 42(h)(6)(F) of the Internal Revenue Code.

The undersigned, **if applying for tax-exempt private activity volume cap bonds to be issued by the Authority for the benefit of the development**, covenants that the borrower/user of the bonds' proceeds will, by the earlier of:

- 1) within six months after the date on which the development is placed in service; or
- 2) at the time of submission of the development's cost certification for the issuance of IRS Form 8609

execute and submit to the Authority a certificate that designates the manner in which the proceeds of the bonds were applied to expenditures. The undersigned certifies that the borrower/user of the bonds' proceeds will execute a separate document at bond closing which declares this covenant.

THE UNDERSIGNED BEING DULY AUTHORIZED, hereby represents and certifies that the foregoing statements and information, to the best of his/her knowledge, is true, complete and accurately describes the proposed development.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on the _____ day of _____, 20 _____.

(Legal Name of Owner – Printed)

By: _____
(Name)

(Title)



XXXI. CERTIFICATION

HOME Program Applicants

The undersigned is responsible for ensuring that the development complies with Title II of the National Affordable Housing Act of 1990, and the HOME Investment Partnerships Program regulations at 24 CFR Part 92. The undersigned is also responsible for ensuring that the development or program complies with administrative rules that the Arkansas Development Finance Authority (the "Authority") may promulgate to govern the Program.

The undersigned hereby agrees that, to the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any development under any program of the Authority shall be given to minority individuals and women.

The undersigned hereby agrees that, to the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any development funded by the Authority shall be made available and awarded to businesses, including but not limited to those in the fields of finance, consulting, design, architecture, marketing, construction, property management or maintenance, which are owned, in whole or in part, by minority individuals and/or women.

The undersigned hereby agrees that any development under any program of the Authority shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The undersigned hereby agrees that the implementation of any development under any program of the Authority shall minimize the involuntary displacement of low-income households. Your signature on this application indicates your receipt of this statement and your agreement to comply with the Authority's non-displacement in housing policy. The undersigned further agrees to conform to the policy in every phase of the planning, implementation and operation.

Your signature will indicate your receipt of this statement and agreement to comply with the Authority's equal employment opportunity and non-discrimination policies.

Your signature will also indicate your understanding that the Authority's willingness to issue a commitment to you for HOME Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as an essential part of the application for allocation for HOME Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the development for HOME Program funds. The information given by the undersigned may be subject to verification by the Authority.

The undersigned hereby agrees that the undersigned is legally able to operate in the State of Arkansas and that the undersigned is in good standing with the Arkansas Secretary of State.

The undersigned has caused this document to be duly executed in its name on this _____ day of _____, 20____.

Legal Name of Applicant

By: _____
Name

Title

REQUIRED FORMS

FORMS FOR ALL APPLICANTS TO COMPLETE:

Criminal Background and Disclosure Form - Housing	A
Environmental Checklist.....	B
Pro Forma.....	C
Section 106 Clearance Letter Instructions	D
Form RD 1924-13	E
Conflict of Interest Acknowledgement.....	F
Determining Qualified Basis by Building	G

FORMS FOR HOME PROGRAM APPLICANTS:

Standard Form 424.....	H
Affirmative Fair Housing Marketing Plan.....	I
Minority & Women Business Enterprises Plan.....	J
Request for Taxpayer ID Number & Certification (W-9)	K
Contract and Grant Disclosure and Certification Form.....	L
HOME Program Match Requirements.....	M
ADFA Form 4000-98.....	N
Homeownership Assistance/ Rental Housing Development Set-Up.....	O
HOME Unit Breakdown.....	P

ATTACHMENT A
CRIMINAL BACKGROUND and DISCLOSURE FORM – HOUSING

In connection with the 2006 Multi-Family Housing Application submitted to the Arkansas Development Finance Authority by _____ requesting a reservation of 2006 Low-Income Housing
 (Name of Applicant)

Tax Credits or 2006 Private Activity Volume Cap for the development of _____,
 (Name of Development)

I, _____, on behalf of _____,
 (Name) (Name of Development Team Member)

being duly sworn, hereby certify that I or any principal¹ of _____:
 (Name of Development Team Member)

1. have not been convicted by any state or federal jurisdiction of any felony.
 or

have been convicted by a state or federal jurisdiction of a felony and the following details are provided:

Jurisdiction	Date	Offense	Punishment	Details

2. have not been fined, suspended, or debarred as a result of any financial, performance or housing activity by any state or federal agency.
 or

have been fined, suspended, or debarred as a result of any financial, performance or housing activity by a state or federal agency and the following details are provided:

Agency	Date	Details

3. have not filed for bankruptcy or reorganization.
 or

have filed for bankruptcy or reorganization and the following details are provided:

Jurisdiction	Date	Details

¹ If the development team member is a partnership, association, limited liability company, or corporation, “principal” shall include: it general partner(s), managing member(s), or any person who has at least a ten percent (10%) ownership interest in any ownership entity of such partnership, association, limited liability company or corporation.

ATTACHMENT A
DEVELOPMENT TEAM MEMBER DISCLOSURE FORM
 (continued)

4. do not have any outstanding, uncorrected noncompliance issues with any state or federal housing program or agency.

or

do have outstanding, uncorrected noncompliance issues with a state or federal housing program or agency and the following details are provided:

Agency	Date	Details

5. do not have any existing contracts or indebtednesses with the Arkansas Development Finance Authority.

or

do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:

Date	Borrower	Details

6. do not have any prior delinquent, defaulted or foreclosed upon contract, loan or indebtedness with the Arkansas Development Finance Authority:

or

do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:

Date	Borrower	Details

I, _____, in my capacity as _____,
(Name) (Title/Position with Development Team Member)

further certify that I have the authority and knowledge to make the representations contained herein.

Date: _____

(Signature)

(Printed/Typed Name)

(Title/Position with Development Team Member)

ATTACHMENT A
DEVELOPMENT TEAM MEMBER DISCLOSURE FORM
(continued)

STATE OF _____)
))
COUNTY OF _____)

Before me, _____, a Notary Public of the state and county stated above, personally appeared _____, with whom I have personal knowledge, and who, upon oath, acknowledged that he executed the forgoing instrument for the purposes stated therein.

Witness my hand and seal this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

ATTACHMENT B
ENVIRONMENTAL CHECKLIST
ENVIRONMENTAL ASSESSMENT CHECKLIST

These Forms are available on ADFA's website at:

http://www.arkansas.gov/adfa/New_Folder/authority_publications.htm

ATTACHMENT C

PRO FORMA

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

(Applicant may attach a similar Pro Forma as long as all information from this form is included)

1. Percentage of annual effective income increase ____% 2. Percentage of annual expense increase ____%

	1	2	3	4	5	6	7	8	9	10
Annual Effective Income ¹										
less Annual Expenses ²										
less Replacement Reserves										
Net Operating Income (NOI)										
less 1 st Mortgage Debt Service										
less 2 nd Mortgage Debt Service										
less Other Debt Service										
less Other Debt Service										
Cash Flow After Debt Service										
less Deferred Developer Fee										
Underwriting Cash Flow										

	11	12	13	14	15	16	17	18	19	20
Annual Effective Income ¹										
less Annual Expenses ²										
less Replacement Reserves										
Net Operating Income (NOI)										
less 1 st Mortgage Debt Service										
less 2 nd Mortgage Debt Service										
less Other Debt Service										
less Other Debt Service										
Cash Flow After Debt Service										
less Deferred Developer Fee										
Underwriting Cash Flow										

ATTACHMENT D
INSTRUCTIONS FOR OBTAINING A
SECTION 106 CLEARANCE LETTER

You must include a Section 106 Clearance Letter regarding the proposed development site to ADFA at the time you submit your application. The purpose of the clearance letter is to ensure the proposed site does not have architectural, historical or archeological significance that could delay or interfere with the proposed development.

The letter should be addressed to:

Mr. George McCluskey
Senior Archeologist
The Department of Arkansas Heritage
1500 Tower Building
323 Center Street
Little Rock, Arkansas 72201

The letter must include the following information:

1. A 7.5 minute 1:24,000 scale U.S.G.S. topographic map clearly delineating the development area.
2. Description of the Development detailing all aspects of the proposed development.
3. The location, age, and photographs of structures (if any) to be renovated, removed, demolished, or abandoned as a result of this development.
4. Photographs of any structures 50 years old or older on property directly adjacent to the development area.

The review will take approximately four (4) weeks. If you have any questions, you may contact Bruce Bokony at ADFA at 501.682.5927 or George McCluskey at Dept. AR Heritage at 501.324.9880.

ATTACHMENT E
FORM RD 1924-13

This Form is available at:

<http://www.rurdev.usda.gov/regs/forms/1924-13.pdf>

ATTACHMENT F
CONFLICT OF INTEREST ACKNOWLEDGMENT

Arkansas Development Finance Authority has adopted the following conflict of interest policy:

1. The conflict of interest provisions apply to any person(s) who is an employee, agent or officer of ADFA. Persons listed here, during their tenure or for two (2) years thereafter, are prohibited from the following:

Self-dealings to get a development funded and completed.
Gaining a financial interest or benefit from the participant development.
Gaining a financial interest in a contract, subcontract or agreement.

2. No officer or employee of ADFA may occupy a participating development unit.

It is the policy of ADFA to prohibit the lending of ADFA allocated funds as well as the participation in the Single Family HomeToOwn program to ADFA employees or appointed officials.

If a conflict of interest arises or is in effect as of the date of adoption of this policy, immediately disclosure by the owner, developer, sponsor, ADFA employee, agent, officer, elected/appointed official to ADFA's President is required so that the conflict can be discussed and possibly resolved.

As the owner/developer of a participant development funded by any program administered by ADFA, I hereby agree to comply with ADFA's Conflict of Interest Policy as stated above.

Development Name: _____

Owner/Developer

Date

ATTACHMENT G

DETERMINING QUALIFIED BASIS ON A BUILDING-BY-BUILDING BASIS

(For LIHTC Applicants Only) Qualified basis must be determined on a building-by-building basis. Complete the section below.

Building Addresses are required.

<u>Address</u> (Must be completed)	<u>Eligible Basis</u> <u>30% PV</u>	<u>Applicable</u> <u>Fraction</u>	<u>Qualified</u> <u>Basis</u>	<u>Eligible Basis</u> <u>70% PV</u>	<u>Applicable</u> <u>Fraction</u>	<u>Qualified</u> <u>Basis</u>	<u>High Cost</u> <u>Credit</u> <u>Area</u>	<u>Placed in</u> <u>Service Date</u>
1.							__ Yes __ No	
2.							__ Yes __ No	
3.							__ Yes __ No	
4.							__ Yes __ No	
5.							__ Yes __ No	
6.							__ Yes __ No	
7.							__ Yes __ No	
8.							__ Yes __ No	
9.							__ Yes __ No	
10.							__ Yes __ No	
Totals								

ATTACHMENT H
STANDARD FORM 424

This form is available on ADFA's website at:

http://www.arkansas.gov/adfa/New_Folder/authority_publications.htm

ATTACHMENT I
AFFIRMATIVE FAIR HOUSING MARKETING PLAN

This form is available on ADFA's website at:

http://www.arkansas.gov/adfa/New_Folder/authority_publications.htm

ATTACHMENT J
MINORITY & WOMEN BUSINESS ENTERPRISES PLAN

Name of Agency or Organization: _____

Mailing Address: _____ Street Address: _____

 City ST Zip

Telephone: _____ FAX: _____

Policy Statement: The above agency (organization) is committed to fully support all possible participation of firms owned and operated by Arkansas Minority Business and Women Business Enterprises by establishing a goal to procure contracted goods and services from Arkansas Minority Business and Women Business Enterprises when expending HOME funds each fiscal year.

_____ is the Procurement Officer to be responsible for administering this compliance plan.
 Name (please print)

Name of highest elected official (mayor, county judge or chairman of the board of a non-profit)

 Name Title

 Signature Date

Supervisor of Procurement Officer Name - (person with oversight responsibility)

Telephone: _____ Fax: _____

E-mail: _____

Strategies and Procedures to Comply with MBE & WBE

Procedures and initiatives that you should consider are as follows: (We are not suggesting that this form be followed verbatim because you may already had a system in place which accomplished the same thing. However, it is required that you implement these procedures and document initiatives to interact with MBE and WBE businesses.)

Projected Date Procedures or Initiatives are to be Implemented	Actual Date Implemented		
_____	_____	(1)	Utilize Office of State Purchasing of the Department of Finance and Administration and Minority Business Development/AIDC, MBE & WBE Directories and develop a local list of MBEs/WBEs to use in specific communities.
_____	_____	(2)	Attend and/or participate in local Economic Development Meetings at least once annually during the fiscal year in which HOME funds are used used to seek minority vendors.
_____	_____	(3)	Provide names and addresses of local minority business to Minority Business Development Division/AIDC and the Office of State Purchasing Purchasing, which are not on their lists.
_____	_____	(4)	Work with local organizations to seek MBE and WBE to purchase, products, services, i.e., churches, NAACP, Business and Professional Women's Association, Chamber of Commerce, related organization, etc.

ATTACHMENT K
REQUEST FOR TAXPAYER ID NUMBER & CERTIFICATION
(IRS FORM W-9)

This form is available on ADFA's website at:

http://www.arkansas.gov/adfa/New_Folder/authority_publications.htm

ATTACHMENT L

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER	SUBCONTRACTOR:	SUBCONTRACTOR NAME:
TAXPAYER ID #: --- --- OR ---		<input type="checkbox"/> Yes <input type="checkbox"/> No	

IS THIS FOR:

TAXPAYER ID NAME: Goods? Services? Both?

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F o r I n d i v i d u a l s *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

F o r a n E n t i t y (B u s i n e s s) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. **Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.**

2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Vendor Contact Person _____ Title _____ Phone No. _____

Agency use only

Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____	Contract or Grant No. _____
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ATTACHMENT M
HOME PROGRAM MATCH FORM

Part I: Participant Information

Organization Name:

Organization Address:

Person Completing Form:

Telephone Number:

Reporting Period:

Starting:

Ending:

Date Submitted:

Part II: Match Contribution

1. HOME Project No.	2. Date of Contribution	3. Cash (nonfederal) (sources)	4. Foregone Taxes, Fees, Charges	5. Appraisal Land/Real Property	6. Required Infrastructure	7. Site Preparation, Construction Materials, Donated Labor	8. Bond Financing	9. Total Match

GRAND TOTAL MATCH:

ATTACHMENT N
ADFA FORM 4000-98

**ALL BLOCKS MUST BE COMPLETED OR YOUR APPLICATION
WILL BE RETURNED AND SUBJECT TO REJECTION**

HOME ASSISTANCE

1. Applicant: _____

2. Planning & Development District: _____

3. HOME Program Request \$ _____
(Maximum Amount \$400,000 per application)

4. HOME \$'s/unit: \$ _____
(Maximum Amount per unit \$40,000.00)

5. Area median income: \$ _____

6. Total Development Budget:		%
a. HOME	\$ _____	_____
b. State	\$ _____	_____
c. Local	\$ _____	_____
d. Federal	\$ _____	_____
e. Private	\$ _____	_____
f. Total	\$ _____	_____

8. Rental activity type
____ New Construction
____ Rehabilitation
____ Reconstruction

9. Income of Population Served
____ 30% of area median income or below
____ 31% to 51% of area median income
____ 51% to 80% of area median income
____ Above 80% of area median income

7. County(ies) Served _____

10. Certification of Chief Elected Local Official or Chairman of the Board

To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification.

Signature: _____ Title: _____

Name: _____ Date: _____

*All joint applications must be accompanied by cooperative agreements between all the jurisdictions applying for funds in the application and included in TAB #44. **ADFA Form 4000-98**

ATTACHMENT O
HOMEOWNERSHIP ASSISTANCE/RENTAL HOUSING
DEVELOPMENT SET-UP

This form is available on ADFA's website at:

http://www.arkansas.gov/adfa/New_Folder/authority_publications.htm

ATTACHMENT P
HOME UNIT BREAKDOWN

For All HOME Applicants

Describe the proposed development including number, size, and if applicable, age and condition of units. Other development amenities should also be described. Describe the role of each activity undertaken by the developer, owner, applicant, etc. (**Attach extra sheet**)

TYPE OF UNIT	NUMBER UNITS CURRENTLY	NUMBER UNITS AFTER COMPLETION	NUMBER HOME ASSISTED UNITS
Number of units reserved for households equal to or less than 50% of the county median income, adjusted for family size. (At least 20% of the HOME-assisted units must be reserved tenants at 50% county median income.)			
Number of units initially reserved for households between 50%-60% of the county median income, adjusted for family size.			
Number of market rate units for households.			
Total Residential Units			

Summary: Total number of units _____ Total number of HOME assisted units _____
Floating _____ or Fixed _____