

ATTACHMENT 1

SAMPLE TAX CREDIT CALCULATION METHODS

Qualified Basis Method

	<u>4% Credit Eligible</u>	<u>9% Credit Eligible</u>
Eligible Basis	\$7,200,000	\$6,800,000
Eligible Basis (If 1.3 Boost)	\$7,245,000	\$8,840,000
x Applicable Fraction	100.0%	100.0%
= Qualified Basis	\$7,245,000	\$8,840,000
x Applicable Credit Rate	3.50%	9.00%
=Tax Credit Amount	\$253,575	\$795,600
=Tax Credit Amount	\$1,049,175	

Equity Gap Method

Total Project Cost	\$16,000,000
- Debt Financing	-\$6,800,000
- Equity Financing (Including Grants)	-\$1,750,000
- Deferred Developer Fee	-\$350,000
= Tax Credit Equity Needed	\$7,100,000
/ Net Cent Raise	\$0.79
= Tax Credits Needed	\$8,987,342
/10 Years	\$898,734
=Tax Credit Amount	\$898,734

Recommended Annual Tax Credit Amount:	\$898,734
(Lesser of Qualified Basis or Equity Gap Method)	

ATTACHMENT 2

2010 IRS SECTION 42(d)(5)(B) QUALIFIED CENSUS TRACTS BY ILLINOIS COUNTY
 (2000 Census Data; OMB Metropolitan Area Definitions, November 20, 2007)

Adams

4 7 8

Alexander

9578 9579

Champaign

1 2 3 4 51 52 53 58 59 60

Coles

7 8

Cook

101	105	108	306	312	313	315	316	514	607	707	804
805	808	819	1401	1402	1407	2005	2006	2102	2105	2106	2207
2209	2210	2211	2213	2214	2215	2223	2224	2226	2227	2228	2229
2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312
2313	2315	2316	2317	2318	2401	2406	2407	2408	2409	2410	2411
2420	2425	2426	2427	2501	2510	2511	2513	2514	2515	2516	2517
2518	2519	2520	2521	2522	2523	2601	2602	2603	2604	2605	2606
2607	2608	2609	2610	2701	2702	2703	2704	2705	2706	2707	2708
2709	2710	2711	2712	2713	2714	2716	2717	2718	2719	2804	2805
2806	2807	2808	2809	2810	2811	2813	2814	2815	2816	2817	2818
2822	2824	2826	2827	2830	2831	2832	2835	2836	2838	2839	2840
2841	2842	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911
2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923
2924	2925	2926	3001	3002	3003	3004	3006	3007	3008	3009	3010
3011	3012	3013	3014	3015	3016	3017	3104	3105	3106	3107	3108
3109	3110	3111	3112	3113	3114	3206	3302	3303	3304	3401	3402
3404	3405	3406	3502	3504	3506	3507	3511	3512	3514	3515	3601
3602	3603	3604	3605	3701	3702	3703	3704	3801	3802	3803	3804
3805	3806	3807	3808	3809	3810	3812	3813	3814	3815	3816	3817
3818	3819	3820	3902	3903	3904	4001	4002	4003	4004	4005	4006
4007	4008	4106	4113	4201	4202	4203	4204	4205	4206	4207	4208
4209	4210	4211	4212	4302	4303	4304	4305	4307	4309	4313	4314
4401	4408	4409	4601	4602	4603	4605	4606	4607	4608	4609	4610
4701	4902	4910	4912	4913	4914	5002	5105	5202	5301	5302	5306
5401	5602	5802	5803	5807	5907	6001	6002	6003	6009	6014	6102
6103	6104	6105	6109	6110	6111	6112	6113	6114	6115	6116	6117
6118	6119	6120	6121	6122	6301	6305	6308	6601	6606	6607	6608
6609	6701	6702	6703	6704	6705	6706	6707	6708	6709	6710	6711
6712	6713	6714	6715	6716	6717	6718	6719	6720	6801	6802	6803
6804	6805	6806	6807	6808	6809	6810	6811	6812	6813	6814	6901
6902	6903	6904	6905	6906	6907	6908	6909	6911	6912	6915	7101
7102	7103	7106	7107	7109	7609	8087.02	8093	8133	8141	8142	8175
8215	8236.03	8243	8260	8268	8269.01	8269.02	8273	8274	8290	8291	8294.01
8297											

DeKalb

10 11 12

Jackson

ATTACHMENT 2

107 108 109 111 112 113 114 115

Jefferson

509 510

Kane

8509 8515 8536 8537

Kankakee

110 114 115 116 123

Knox

8 9 0 0 0

Lake

8623 8624.01 8624.02 8626.05 8627 8628 8629.02

McDonough

104 105 106 0 0 0 0

McLean

1.04 2 4 5.01 15 16 0

Mason

1 3 5 6 7 8 9

Madison

4003 4005 4006 4007 4009.01 4013 4021 4024

Peoria

1 2 3 5 6 7 8 9 12 13 16 18
19

Pulaski

9711

Richland

9780

Rock Island

206 223 226 227 235 236 244

St. Clair

5004 5005 5006 5009 5011 5013 5014 5021 5022 5024.01 5025 5026.03
5027 5028 5029 5042.01 5045

Saline

9555

Sangamon

8 9 13 14 15 16 17 23 24

Vermilion

1 4 6 11

Will

8813 8819 8820 8821 8824 8825

Winnebago

10 11 12 20 24 25 26 27 28 29 31 32

ATTACHMENT 3

Municipalities Subject to or at Risk of being Subject to AHPPA

Municipalities with less than 10% housing affordable are subject to the Affordable Housing Planning and Appeals Act (AHPPA). Municipalities with less than 20% housing affordable are at risk of being subject to the AHPPA.

Boone		Franklin		McHenry	
Timberlane	2.7%	Hanaford	0.0%	Algonquin	9.8%
Cook		Kane		Bull Valley	0.7%
Arlington Heights	15.9%	Balance of Kane	18.8%	Cary	15.5%
Barrington	11.1%	Batavia	19.6%	Crystal Lake	19.4%
Barrington Hills	2.4%	East Dundee	16.1%	Fox River Grove	16.2%
Elk Grove	18.9%	Geneva	11.2%	Fox River Valley Gardens	13.8%
Flossmoor	11.2%	Gilberts	7.9%	Huntley	15.3%
Glencoe	3.4%	Lily Lake	15.1%	Johnsburg	13.8%
Glensview	12.4%	Sleepy Hollow	6.1%	Lake in the Hills	18.5%
Golf	3.2%	St. Charles	16.3%	Lakewood	2.4%
Indian Head Park	13.5%	Sugar Grove	9.4%	Oakwood Hills	15.7%
Inverness	2.5%	Kendall		Prairie Grove	9.3%
Kenilworth	0.4%	Oswego	16.2%	Ringwood	19.3%
La Grange Park	18.8%	Lake		Spring Grove	7.1%
Lemont	18.6%	Bannockburn	17.3%	Trout Valley	0.5%
Lincolnwood	3.6%	Buffalo Grove	12.7%	Sangamon	
Morton Grove	9.5%	Deer Park	2.0%	Leland Grove	17.2%
Norridge	17.2%	Deerfield	3.5%	Will	
Northbrook	5.3%	Grayslake	16.9%	Frankfort	7.1%
Northfield	4.5%	Green Oaks	0.4%	Mokena	17.3%
Olympia Fields	5.8%	Hainesville	6.5%	New Lenox	20.0%
Orland Park	15.9%	Hawthorn Woods	0.8%	Plainfield	14.3%
Palos Heights	5.3%	Highland Park	7.6%		
Palos Park	2.2%	Indian Creek	0.0%		
Park Ridge	7.9%	Kildeer	0.6%		
River Forest	19.3%	Lake Barrington	1.2%		
Riverside	19.7%	Lake Bluff	4.7%		
Skokie	17.3%	Lake Forest	5.1%		
South Barrington	1.0%	Lake Villa	15.7%		
Westchester	11.2%	Lake Zurich	7.7%		
Western Springs	3.2%	Libertyville	12.9%		
Wilmette	5.5%	Lincolnshire	1.8%		
Winnetka	4.1%	Lindenhurst	9.3%		
DuPage		Long Grove	2.8%		
Balance of DuPage	17.2%	Mettawa	3.3%		
Bartlett	14.2%	North Barrington	2.2%		
Bloomington	16.6%	Old Mill Creek	14.7%		
Burr Ridge	2.9%	Riverwoods	1.9%		
Clarendon Hills	13.3%	Third Lake	6.3%		
Darien	14.1%	Tower Lakes	1.1%		
Elmhurst	13.8%	Wadsworth	8.4%		
Hinsdale	8.4%				
Itasca	14.9%				
Lisle	19.8%				
Naperville	9.4%				
Oak Brook	1.6%				
Oakbrook Terrace	8.8%				
Roselle	15.0%				
Wayne	2.0%				
Wheaton	16.8%				
Winfield	9.6%				
Wood Dale	18.7%				

ATTACHMENT 4

OTHER METRO MUNICIPALITIES

BLOOMINGTON NORMAL

Bloomington	64,808
Normal	45,386

CHAMPAIGN URBANA

Bondville	455
Champaign	67,518
Savoy	4,476
Urbana	36,395

DANVILLE

Danville	33,904
Tilton	2,976

DECATUR

Decatur	81,860
Forsyth	2,434
Harristown	1,338
Long Creek	1,364
Mount Zion	4,845
Oreana	892

DEKALB

Cortland	2,066
Dekalb	39,018
Sycamore	12,020

FREEPORT

Freeport	26,443
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GALESBURG

East Galesbu	839
Galesburg	33,706
Henderson	319
Knoxville	3,183

KANKAKEE

Aroma Park	821
Bourbonnais	15,256
Bradley	12,784
Kankakee	27,491

PEORIA

Bartonville	6,310
Bellevue	1,887
Creve Coeur	5,448
East Peoria	22,638
Marquette Heights	2,794
North Pekin	1,574
Pekin	33,837
Peoria	112,936
Peoria Heights	6,635
South Pekin	1,152
Spring Bay	436
West Peoria	4,762

QUAD CITIES

Carbon Cliff	1,689
Coal Valley	3,606
Coyne Center	906
East Moline	20,333
Milan	5,348
Moline	43,768
Oak Grove	1,318
Rock Island	39,684
Rock Island Arsenal	145
Silvis	7,269

QUINCY

Quincy	40,366
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ROCKFORD

Belvidere	20,820
Cherry Valley	2,191
Davis Junction	491
Loves Park	20,044
Machesney Park	20,759
New Millford	541
Rockford	150,115

SPRINGFIELD

Chatham	8,583
Clear Lake	267
Grandview	1,537
Jerome	1,414
Leland Grove	1,592
Riverton	3,048
Rochester	2,893
Sherman	2,871
Southern View	1,695
Spaulding	559
Springfield	111,454

ST. LOUIS

Alorton	2,749
Alton	30,496
Belleville	41,410
Bethalto	9,454
Brooklyn	676
Cahokia	16,391
Caseyville	4,310
Centreville	5,951
Collinsville	24,707
East Alton	6,830
East St. Louis	31,542
Edwardsville	21,491
Fairmont City	2,436
Fairview Heights	15,034
Freeburg	3,872
Godfrey	16,286
Granite City	31,301
Hartford	1,545
Madison	4,545
Pontoon Beach	5,620
Rosewood Heights	4,262
Sauget	249
Shiloh	7,643
Smithton	2,248
South Roxana	1,888
Swansea	10,579
Venice	2,528
Washington Park	5,345
Wood River	11,296

Note: Other Metro consists of Illinois municipalities with populations of 25,000 or more plus all municipalities within a 2-mile radius as determined by IHDA and listed above. Projects located in unincorporated areas within a 2-mile radius of a municipality of 25,000 or more will be evaluated on a case by case basis.



2010 QAP Application Checklist

The Application Checklist is currently under construction, however, the QAP details all information and documentation that will be requested.

Certification

The Owner signing this Certification for any purpose, hereby acknowledges, consents and agrees that the Authority and any individual or entity on behalf of the Authority shall have the right at any time without any further consent from or notice to Owner, or any other party, to discuss or communicate and disseminate any information concerning the Owner or the Project with any third party, including, without limitation, any general or limited partner, member, or shareholder of Owner or any entity or individual comprising any part of Owner's ownership structure, or any party providing any funds to or on behalf of the Owner or Project, any matter relating to the Application, Project, Owner any other matter relating thereto. The Owner hereby releases and indemnifies the Authority from any and all liabilities arising from or relating to the disclosure of information by the Authority as described herein or any communication the Authority, or anyone acting on behalf of the Authority may have with any other person or entity relating to the Owner or Project.

The undersigned Owner agrees that the Project in connection with which this Application is made shall be affirmatively marketed and available for occupancy by all persons regardless of race, color, creed, national origin, ancestry, religion, sex, age, handicap, marital or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The undersigned Owner agrees that the implementation of the Project shall minimize the involuntary displacement of Low Income households. The undersigned agrees to conform to this policy in every phase of planning, implementation, and operation of the Project.

The undersigned Owner further agrees to indemnify and hold harmless the Authority and its Members, officers, employees and agents against any and all losses, costs, damages, expenses and liabilities of whatever nature or kind (including, without limitation, attorneys' fees, liquidation and court costs, amounts paid in settlement, amounts paid to discharge judgments, and in the case of Tax Credits, any loss arising out of a judgment by the IRS) directly or indirectly arising out of or in connection with the acceptance, consideration, and approval or disapproval of the funding request in this Application.

ATTACHMENT 5

The undersigned Owner certifies that the information set forth in this Application and in any attachments to it is, to the best of his or her knowledge, true, complete, and accurate; and the Authority may rely on this information, representations, and covenants to award Tax Credits to the Owner.

The undersigned Owner understands that supplying false information or misrepresentation of any kind in this Application may be grounds for denial or loss of Tax Credits, notification to the IRS, disqualification the Project from receipt of funds under any Authority loan program, and may affect future participation in the Tax Credit program. The information given by the undersigned may be subject to verification by the Authority.

The undersigned Owner certifies that the Project will include all mandatory requirements set forth in Section VIII of the QAP.

The undersigned Owner certifies that the Project will include of all elements and performance obligations for which points were awarded in the scoring categories set forth in Section IX of the QAP.

The undersigned Owner certifies that the Project consists or will consist of qualified Low Income buildings(s), as defined in Section 42 and will satisfy all applicable requirements of federal tax law in connection with the acquisition, construction or rehabilitation, and operation of the Project so that the Project is eligible to receive an Allocation of Tax Credits.

The undersigned Owner understands that the amount of a Reservation and Allocation of Tax Credits for the Project is calculated from the eligible basis and a qualified basis of the Project (and each building in the Project), and is responsible for all calculations and figures related to the determination of the eligible basis and qualified basis, of the Project.

In Witness Whereof, the undersigned has caused this document to be duly executed by its authorized representative this ___ day of _____, 20__.

Legal Name of Owner

By: _____ Title: _____

ATTACHMENT 5

Print Name _____



IHDA Multifamily Fee Schedule

When paying any Multifamily Fees, this fee schedule **must** be included along with a check to the IHDA Lockbox:
IHDA, P.O. Box 93397, Chicago, IL 60673.

Send a copy of this fee schedule and copy of the check to:
The Illinois Housing Development Authority, Attn: Kimberly Assarian, 401 N. Michigan Ave. Suite 700, Chicago, IL 60611

Project Name: _____
Project Address: _____
Owner: _____
Contact Person: _____
Telephone Number: _____
IHDA Project ID Number (if assigned): _____

Please X
below

Please indicate
amount below

Low Income Housing Tax Credits		Total
Application Fees		
Pre-Application Fee	\$1,000	
Application Fee for Projects seeking 9% Tax Credits	\$2,500	
Application Fee for Projects seeking 4% Determination	\$2,500	
Resource Commitment Fees		
Reservation Fee	1% of the 10 year credit amount	
Green Monitoring Fee	\$1,500	
Subsidy Layering Review	\$1,500	
4% Determination Letter	1% of the 10 year credit amount	
8609 Issuance Fee	\$1,000 per 8609 with a \$3,000 maximum per project	
Modification Fees		
Change of Ownership	\$1,500	
Reservation Letter Extension	\$1,500	
Changes to Project Characteristics	\$1,500	
Amended IRS Form 8609	\$1,500	
Amended Carryover Allocation	\$1,500	
Carryover Letter Late Fee	\$1,500 + \$100 per day late	
Increase Request	\$1,500 + Increased Reservation/Determination Fee	
8609 Request Late Fee	\$1,500 + \$500 per month late	
Illinois Affordable Housing Tax Credits		
Application Fee	\$500	
Resource Commitment Fee	3% of credit amount	
Annual Fees		
Compliance	\$7.50/affordable unit/year	
Illinois Affordable Housing Trust Fund		
Application Fee	\$1,500	
HOME		
Application Fee	\$1,500	
Resource Commitment Fee		
Legal Fee	Up to \$20,000	
Mortgage Participation Certificates and FHA/MAP		
Application Fee	\$2,500; .3% MAP	
Resource Commitment Fee		
Origination Fee	To be determined based on lender requirements	
IHDA Legal Fee	Up to \$20,000	
Construction Inspection	.5% MAP	
Annual Fees		
Credit Enhancement	≤ .5% of remaining loan	
Servicing Fee	≤ .25% of remaining loan	

ATTACHMENT 6

Other IHDA Financing		
Application Fee	\$2,500	
Resource Commitment Fee		
Origination Fee	Up to 2% of loan amount	
IHDA Legal Fee	Up to \$20,000	
Annual Fees		
Servicing Fee	≤ .25% of remaining loan	
IHDA General Obligation Bond Issue		
IHDA Legal Fees		
IHDA Issuer Counsel	To be determined based on actual expenses	
IHDA Legal Counsel (Real Estate)	\$15,000	
Bond Counsel	Up to \$70,000	
Underwriter's Counsel	To be determined based on actual expenses	
Litigation Counsel	To be determined based on actual expenses	
Special Counsel	To be determined based on actual expenses	
Annual Fees		
IHDA Credit Enhancement	.50% of the mortgage amount	
IHDA Servicing	.25% of the remaining mortgage balance	
Trustee, Master Paying Agent	To be determined based on actual expenses	
Bond Insurance Escrow Fee	\$1,500	
IHDA Conduit Bond Issue		
IHDA Legal Fees		
IHDA Issuer Counsel	To be determined based on actual expenses	
IHDA Legal Counsel (Real Estate)	N/A	
Bond Counsel	To be determined based on actual expenses	
Underwriter's Counsel	To be determined based on actual expenses	
Annual Fees		
Trustee, Master Paying Agent	To be determined based on actual expenses	
Grand Total		\$ -



Illinois Housing Development Authority Environmental Checklist

Project Name: _____
Project Location or Address: _____
Owner: _____
Number of Units: _____
Number of buildings: _____
New Construction Rehabilitation

1. Flood Management

Is the project located within a 100-year floodplain or Special Flood Hazard Area as designated on a current FEMA Flood Hazard Boundary Map or Flood Insurance Rat Map?
Yes No **Please attach the FEMA map used to make this finding.**

Comments:

2. Protection of Wetlands

Are there drainage ways, streams, rivers, or coastlines on or near the site?
Yes No
Are there ponds, marshes, bogs, swamps or other wetlands on or near the site?
Yes No
Is the project located within a wetland designated on a National Wetlands Inventory map of the U.S Fish and Wildlife Service?
Yes No **Please attach the Wetlands Inventory map used to make this finding.**

Comments:

3. Mining Hazards (see <http://www.isgs.uiuc.edu/maps-data-pub/coal-maps.shtml>)

Is the project located in a county affected by mining?
Yes No
Is the project located on or near a mine?
Yes No
If Yes, please submit a quadrangle map from the Illinois State Geological Survey for the project area. If a quadrangle study has not been completed for the area in which the project is located, the county mine map must be submitted.

Comments:

4. Noise Abatement

Is the project locate near a major noise source, i.e., civil airports (within 5 miles), military airfields (within 15 miles), major highways or busy roads (within 1000 feet), or railroads (within 3000 feet)?
Yes No

Comments:

ATTACHMENT 7

5. Hazardous Industrial Operations

Are industrial facilities handling explosive or fire-prone materials such as liquid propane, gasoline or other storage tanks adjacent to or visible from the project site?

Yes No

Comments:

6. Airport Hazards

Is the project within 30 feet from the end of a runway at a civil airport?

Yes No

Is the project within 2 ½ miles from the end of a runway at a military airfield?

Yes No

Comments:

7. Endangered Species

Has the U.S Fish and Wildlife Service Federal list of Endangered Species and Critical Habitats been reviewed?

Yes No

Has the Illinois Department of Natural Resources list of Endangered and Threatened Species been reviewed?

Yes No

Is the proposed project likely to affect any listed or proposed endangered or threatened species or critical habitats?

Yes No

Comments:

8. Farmlands Protection

Is the site or area is presently being farmed, forested, or being used as cropland?

Yes No

Comments:

9. Environmental Justice

Is the project located in a predominantly minority or low-income neighborhood?

Yes No

Does the project site or neighborhood suffer from disproportionately adverse environmental effects on minority or low-income populations relative to the community-at-large?

Yes No

Comments:

ATTACHMENT 7

10. Unique Natural Features Area

Is the site near unique natural features (i.e., bluffs or cliffs) or near public or private scenic areas?

Yes No

Are other unique natural resources visible on site or in vicinity? Will any such resources be adversely affected or will they adversely affect the project?

Yes No

Comments:

11. Site Suitability, Access and Compatibility with Surrounding Development

Has the site been used as a dump, sanitary landfill or mine waste disposal area?

Yes No

Is there paved access to the site?

Yes No

Are there other unusual conditions on the site?

Yes No

Is there indication of:

- distressed vegetation: Yes No
- waste material/container: Yes No
- soil staining, pools of liquid: Yes No
- loose/empty drums, barrels: Yes No
- oil/chemical spills: Yes No
- abandoned machinery, cars refrigerators, etc.:
Yes No
- transformers, fill/vent pipes, pipelines, drainage structures:
Yes No

Is the project compatible with surrounding area in terms of:

- Land use Yes No
- Height, bulk, mass Yes No
- Building Type (low/high-rise) Yes No
- Building density Yes No

Will the project be unduly influenced by:

- Obsolete public facilities Yes No
- Transition of land uses Yes No
- Incompatible land uses Yes No

Are there air pollution generators nearby which would adversely affect the site:

- Heavy industry Yes No
- Incinerators Yes No
- Power generating plants Yes No
- Cement plants Yes No
- Large parking facilities Yes No
- Heavy travelled highway Yes No
- Oil refinery Yes No
- Other (specify) Yes No

Comments:

ATTACHMENT 7

12. Soil Stability, Erosion, and Drainage

Slopes: Not Applicable Steep Moderate Slight

Is there evidence of slope erosion or unstable slope conditions on or near the site?

Yes No

Is there evidence of ground subsidence, high water table, or other unusual conditions on the site?

Yes No

Is there any visible evidence of soil problems (foundations cracking or settling, basement flooding, etc.) in the neighborhood of the site?

Yes No

Is there indication of cross-lot runoff, swales, drainage flows on the property?

Yes No

Are there visual indications of filled ground?

Yes No

Are there active rills and gullies on the site?

Yes No

Comments:

13. Nuisances and Hazards

Will the project be affected by natural hazards:

Faults, fracture	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cliffs, bluffs, crevices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slope-failure from rains	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unprotected water bodies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wind/sand storm concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Poisonous plants, insects, animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous terrain	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Will the project be affect by built hazards:

Hazardous street	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dangerous intersection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Through traffic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quarries or other excavation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dumps, landfills, mining	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Railroad crossing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inadequate street lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazards in vacant lots	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical tank-car terminals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other hazardous chemical storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High pressure gas or petroleum transmission lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overhead transmission lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous cargo transportation routes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oil or gas wells	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Industrial Operations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's play area located next to high traffic way	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Will the project be affected by nuisances:

Gas, smoke, fumes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Odors	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ATTACHMENT 7

Vibration	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vacant buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unightly land uses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Industrial nuisances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

14. Water, Supply, Sanitary Sewers, and Solid Waste Disposal

Is the site served by adequate and acceptable:

Water supply

Yes No Municipal Private

Sanitary sewers and waste water disposal system

Yes No Municipal Private

Trash collection and solid waste disposal

Yes No Municipal Private

Comments:

15. Conditions and Requirements for Approval

Are any environmental mitigation measures required?

Yes No

Are there any unresolved conflicts regarding the use of the site?

Yes No Not Applicable

Comments:

I hereby certify that the information contained herein is accurate and complete, to the best of my knowledge, and that there are no material misrepresentations.

Owner: _____

By: _____ Date _____
Signature

Name: _____

Its: _____

ATTACHMENT 8



**Illinois Housing Development Authority
Public Housing Preference Certification**

Project Name: _____
Project Location or Address: _____
Owner: _____

The undersigned, acknowledges the commitment to :

- Give preferential treatment to persons on PHA waiting list(s), and
- Make on-going efforts to request that the PHA make referrals to the project, or request that the PHA include relevant information about the project on any listing the PHA makes available to persons on its waiting list(s).

Owner: _____

By: _____ Date _____
Signature

Name: _____

Its: _____
Title

Municipalities and Counties with Local Consolidated Plans

Municipalities

Arlington Heights	Moline
Aurora	Mount Prospect
Belleville	Naperville
Berwyn	Normal
Bloomington	North Chicago
Bolingbrook	Oak Lawn
Champaign	Oak Park
Chicago	Palatine
Chicago Heights	Pekin
Cicero	Peoria
Danville	Rantoul
Decatur	Rockford
DeKalb	Rock Island
Des Plaines	Schaumburg
Downers Grove	Skokie
East St. Louis	Springfield
Elgin	Tinley Park
Evanston	Urbana
Hoffman Estates	Waukegan
Joliet	Wheaton
Kankakee	

Counties

Cook County	Madison County
Champaign County	McHenry County
DuPage County	St. Clair County
Kane County	Will County
Lake County	



**Illinois Housing Development Authority
Historic Preservation Checklist A**

The Authority requests the following information which will be submitted to the Illinois Historic Preservation Agency ("IHPA"). Please complete this form and submit **two copies** of this form and all supporting documentation with the Application.

Project Name: _____
Project Location or Address: _____
Owner: _____
Previous IHPA log number (if applicable): _____
New Construction **Rehabilitation**

A. Describe the existing site conditions:

B. Provide the names of all funding, licensing and permitting agencies involved in the Project (i.e., Illinois Environmental Protection Agency, HUD, Army Corps of Engineers):

<u>Agency</u>	<u>Involvement</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

C. Describe all the elements of the proposed undertaking including demolition, construction, and site work.

D. Total acreage of site: _____

E. Possible date of original construction (if applicable): _____

F. Any known historical information about the site/buildings: _____

G. Please include the following documentation in your application file:

- Legal Description
- Any relevant permits (if applicable)
- HAARGIS map clearly indicating project location (<http://www.state.il.us/hpa/PS/haargis.htm>)
- Site photos, 35mm or digital printed on 8 ½" by 11" paper no smaller than 4"X4" each. Photos should include any standing structure on the site.
- If any existing structures will be impacted by the Project please include Interior photos.
- Include any relevant permits that have been issued to the project.

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Documentation of any prior non-agricultural disturbance of the project in the form of photos or soils reports.



**Illinois Housing Development Authority
Historic Preservation Checklist B**

Project Name: _____
Project Location or Address: _____
Owner: _____
Previous IHPA log number (if applicable): _____
New Construction **Rehabilitation**

Is this property

Listed on the National Register: Yes No
Within a Local Historic District: Yes No
Local Landmark: Yes No

Survey ranking, if not designated: _____



**Illinois Housing Development Authority
Required Project Amenities Certification**

Project Name: _____
Project Location or Address: _____
Owner: _____

I, _____ (name), of _____ (Architectural Firm), hereby certify that to the best of my knowledge the following features will be incorporated into the Project:

- Secured building features, such as security staff, cameras, alarm systems, secure common hallways and entrances, etc.
Comments:
- The capability for each unit to access high-speed internet through a hard-wire connection, such as coaxial or Cat-5 cable.
Comments:
- Window Treatments for each unit, such as mini blinds or curtains.
Comments:
- On-site laundry facilities that will include, at a minimum, one of the following: a.) one washer for every four apartments with one dryer for every two washers b.) washers and dryers installed and maintained in every unit.
Comments:

If the Project has three-bedroom units:

- The units must contain one full bathroom and a three-quarters bathroom consisting of a toilet, sink and shower.
Comments:

If the Project has four or more bedroom units:

- The units must contain at least two full bathrooms.
Comments:

Recreation space:

- Elderly Projects, Supportive Housing Projects and SLF Project, must provide a furnished multipurpose or activity room appropriately sized for the development.
- All other projects must provide a fully equipped playground or tot lot.

Comments:

Signature: _____ Date: _____
Name: _____
Firm: _____
Address: _____
Telephone: _____
Illinois License No: _____



**Illinois Housing Development Authority
Green Design Requirements Certification**

Project Name: _____
Project Location or Address: _____
Owner: _____
New Construction Rehabilitation

All Projects must comply with the following criteria from the Enterprise Green Communities Criteria 2008 found at:

<http://www.greencommunitiesonline.org/tools/criteria/GreenCriteria.pdf>

I, _____ (name), of _____ (Architectural Firm), hereby certify that to the best of my knowledge the following features will be incorporated into the Project:

- **3.3 Landscaping**
A tree or plan list will be provided by the architect or landscape architect that the selection of new trees and plants are appropriate to the site's soils and microclimate and do not include invasive species. Locate plants to provide shading in the summer and allow for heat gain in the winter.
Comments:

- **4.1a Water-Conserving Appliances and Fixtures: New Construction**
Water-conserving fixtures with the following minimum specifications will be installed: toilets – 1.3 GPF; showerheads – 2.1 GPM; kitchen faucets – 2.0 GPM; bathroom faucets – 2.0 GPM.
Comments:

- **4.1b Water-Conserving Appliances and Fixtures: Moderate Rehabilitation**
Water-conserving fixtures with the following minimum specifications will be installed: for toilets and shower heads and follow requirements for other fixtures wherever and whenever they are replaced: toilets – 1.3 GPF; showerheads – 2.0 GPF; kitchen faucets – 2.0 GPM; bathroom faucets – 2.0 GPM.
Comments:

- **5.1 Efficient Energy Use: New Construction**
Meet Energy Star standards (single family and low rise residential); residential structures four stories and above must exceed ASHRAE 90.1-2004 by 15 percent;
Comments:

- **5.2 Efficient Energy Star Appliances**
Energy Star clothes washers, dishwashers and refrigerators will be installed.
Comments:

- **5.3a Efficient Lighting: Interior**
Energy Star Advanced Lighting Package will be installed in all interior units and Energy Star or high-efficiency commercial grade fixtures will be installed in all common areas and outdoors.
Comments:

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- **5.3b Efficient Lighting: Exterior**

Daylight sensors or timers will be installed on all outdoor lighting, including front and rear porch lights in single family homes.

Comments:

- **8.1 Building Maintenance Manual**

A manual will be provided that includes the following: a routine maintenance plan; instructions for all appliances, HVAC operation, water-system turnoffs, lighting equipment, paving materials and landscaping, pest control and other systems that are part of each occupancy unit; an occupancy turnover plan that describes the process of educating the tenant about proper use and maintenance of all building systems.

Comments:

Signature: _____ Date: _____

Name: _____

Firm: _____

Address: _____

Telephone: _____

Illinois License No: _____



**Illinois Housing Development Authority
Accessibility Requirements Certification**

Project Name: _____
Project Location or Address: _____
Owner: _____
New Construction **Rehabilitation**

I, _____ (name), of _____ (Architectural Firm), hereby certify that to the best of my knowledge the Project will be designed and constructed in compliance with all applicable laws, statues and regulations regarding accessibility including:

New Construction Projects

- The Fair Housing Amendment Act of 1988
- The Illinois Accessibility Code
- The Americans with Disability Act (common areas only)
- Section 504 of the 1973 Rehabilitation Act (only projects with federal financial assistance)

Rehabilitation Projects

- The Illinois Accessibility Code
- The Americans with Disabilities Act (common areas only)
- Section 504 of the 1973 Rehabilitation Act (only projects with federal financial assistance)
- If the Project's building permits were issued after June 15, 1990, and first occupancy of the buildings was after March 13, 1991, the entire Project must comply with the requirements set forth in Section 100.205 of the regulations promulgated under the Fair Housing Act, codified at 24 CFR 100.205.

Signature: _____ Date: _____
Name: _____
Firm: _____
Address: _____
Telephone: _____
Illinois License No: _____



Illinois Housing Development Authority
Application Cost Certification

Project Name: _____

Project Location or Address: _____

Owner: _____

Construction Type: _____

Building Gross Area: 0 s.f.

No. of Dwelling Units: 0

Line	Div	Description	Total Cost	Sq. Ft. Cost	Unit Cost
1	2	Earth Work	\$0.00	#DIV/0!	#DIV/0!
2	2	Site Utilities	\$0.00	#DIV/0!	#DIV/0!
3	2	Roads & Walks	\$0.00	#DIV/0!	#DIV/0!
4	2	Site Improvements	\$0.00	#DIV/0!	#DIV/0!
5	2	Lawns & Plantings	\$0.00	#DIV/0!	#DIV/0!
6	2	Unusual Site Condition	\$0.00	#DIV/0!	#DIV/0!
7	3	Concrete	\$0.00	#DIV/0!	#DIV/0!
8	4	Masonry	\$0.00	#DIV/0!	#DIV/0!
9	5	Metals	\$0.00	#DIV/0!	#DIV/0!
10	6	Rough Carpentry	\$0.00	#DIV/0!	#DIV/0!
11	8	Exterior Doors, Windows, Glass	\$0.00	#DIV/0!	#DIV/0!
12	7	Waterproofing	\$0.00	#DIV/0!	#DIV/0!
13	7	Insulation	\$0.00	#DIV/0!	#DIV/0!
14	7	Roofing & Sheet Metal	\$0.00	#DIV/0!	#DIV/0!
15	7	Siding	\$0.00	#DIV/0!	#DIV/0!
16	6	Finish Carpentry	\$0.00	#DIV/0!	#DIV/0!
17	6	Cabinets, Vanities & Countertops	\$0.00	#DIV/0!	#DIV/0!
18	8	Interior Doors & Frames	\$0.00	#DIV/0!	#DIV/0!
19	9	Lath & Plaster	\$0.00	#DIV/0!	#DIV/0!
20	9	Drywall	\$0.00	#DIV/0!	#DIV/0!
21	9	Tile Work	\$0.00	#DIV/0!	#DIV/0!
22	9	Acoustical	\$0.00	#DIV/0!	#DIV/0!
23	9	Carpeting	\$0.00	#DIV/0!	#DIV/0!
24	9	Resilient Flooring	\$0.00	#DIV/0!	#DIV/0!
25	9	Painting & Decorating	\$0.00	#DIV/0!	#DIV/0!
26	10	Specialties & Furnishings	\$0.00	#DIV/0!	#DIV/0!
27	11	Special Equipment	\$0.00	#DIV/0!	#DIV/0!
28	11	Appliances	\$0.00	#DIV/0!	#DIV/0!
29	13	Special Construction	\$0.00	#DIV/0!	#DIV/0!
30	14	Elevators	\$0.00	#DIV/0!	#DIV/0!
31	15	Plumbing	\$0.00	#DIV/0!	#DIV/0!
32	15	Heat & Ventilation	\$0.00	#DIV/0!	#DIV/0!
33	15	Air Conditioning	\$0.00	#DIV/0!	#DIV/0!
34	15	Fire Protection	\$0.00	#DIV/0!	#DIV/0!
35	16	Electrical	\$0.00	#DIV/0!	#DIV/0!
36		Accessory Buildings & Garages	\$0.00	#DIV/0!	#DIV/0!
37		Other:	\$0.00	#DIV/0!	#DIV/0!
38		Other:	\$0.00	#DIV/0!	#DIV/0!
39		Other:	\$0.00	#DIV/0!	#DIV/0!
40		Other:	\$0.00	#DIV/0!	#DIV/0!
41		Other:	\$0.00	#DIV/0!	#DIV/0!
42		Other:	\$0.00	#DIV/0!	#DIV/0!

43	Other:	\$0.00	#DIV/0!	#DIV/0!
44	Total Construction Cost	\$0.00	#DIV/0!	#DIV/0!
45	GENERAL REQUIREMENTS	\$0.00	#DIV/0!	#DIV/0!
46	OVERHEAD	\$0.00	#DIV/0!	#DIV/0!
47	PROFIT	\$0.00	#DIV/0!	#DIV/0!
50	Total	\$0.00	#DIV/0!	#DIV/0!

Contractor: _____

By: _____ Date: _____

Its: _____

(This format should be utilized for studies being performed after August 1,2009)

*****This form is not to be utilized for Supportive Living Facilities for the Elderly*****

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
Site and Market Study Format
For Properties 12 Units or Less,
OR
Acquisition/Rehab (with more than 80% occupancy)**

I. PROPOSED DEVELOPMENT

A. Developer

Provide the name and address of developer or sponsor.

B. General Description

Describe the proposed project in terms of project type (*e.g. moderate rehabilitation or new construction; congregate, elderly, family*) and Parking: Provide the number and type of parking spaces proposed. Evaluate the source of IHDA financing (*Low-Income Housing Tax Credit, Risk share, HOME, Affordable Housing Trust Fund*).

C. General Location

Provide the name of city or community in which the site is located, street address (*if available*), nearest major intersection, distance from downtown Chicago (*if site is located in the Chicago metropolitan area*) or distance from downtown of closest major city (*if other than Chicago*).

D. Description of Site Improvements

1. Buildings: Describe the number of buildings, stories and type (*highrise with elevator, walk-up, townhome, etc.*). Evaluate the appropriateness of the building design for the market and the intended tenant base.
2. Development Amenities: Describe the development amenities proposed for the property. Determine whether or not the amenities are appropriate and sufficient for the market and the intended tenant base.
3. Construction/Rehab: Describe the construction type of the buildings or in the case of Acquisition/Rehab projects list the rehabilitation to be performed (*e.g.*

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brick, vinyl sided, concrete). Note any problems the proposed construction type or façade, or the planned rehabilitation may have with market acceptance.

E. Apartment Details

Describe the proposed project at the unit level including: unit types, number of units, square footage and proposed rents for both market rate and income restricted/affordable units. It should be noted if the proposed rents do or do not include tenant paid heating, cooling, cooking expenses. Describe the unit amenities. Evaluate the appropriateness of the proposed unit mix, unit size, rents and amenities for the market and the targeted tenant population.

F. Existing Occupancy and Tenant Displacement (for Acquisition/Rehab projects only)

Describe the existing tenant base in terms of percent of occupancy. Explain the reason for any vacancies at the existing property. Evaluate and explain whether vacancies are market driven. Evaluate the current tenant households to determine the extent to which any or all may be displaced due to the planned acquisition/rehab. Discuss your evaluation.

II. FIELD OBSERVATIONS

A. Site (for Acquisition/Rehab projects only)

1. Access to Site: Note the street(s) which will provide access to the site and evaluate the accessibility of the site in terms of local public transportation, parking and major thoroughfares.
2. Site Marketability: Describe and evaluate the location of the site in terms of its visibility and marketability.

B. Adjacent Land

1. Adjacent Land Use: Detail the use of land located directly north, south, west and east of the site. Possible environmental problems and objectionable adjacent land use should be noted.
2. Neighborhood Description: Describe the neighborhood in which the development will be located and evaluate the appropriateness of the proposed project within that setting.

C. Area Crime

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If in your opinion, there is an issue with crime in the area that will negatively impact the marketing of the proposed project discuss the issue and provide statistical data.

III. MARKET AREA CHARACTERISTICS:

A. Market Area

Define the primary and any secondary market area for the property. Include a description of how the market was determined (*ex. geographic boundaries, population surveys, etc.*).

B. Area Services

Describe and evaluate the availability of area services as related to the intended tenant base. Listed below are general categories that should be addressed. This list is not intended to be all-inclusive. Additional services may be applicable, while some of those listed may not.

Site and Market Studies performed for Tax Credit applications must address those Surrounding Site Amenities for which the developer expects to receive points, as listed under the Scoring Categories in the most current QAP. The discussion of each item must indicate the distance from the subject site (see requirements as outlined in the QAP).

1. Shopping and Related Services: Location and distance from the site of the nearest grocery, drugstore, convenience store, pharmacy and other essential services and retail shopping (*including neighborhood shopping malls and regional shopping centers*).
2. Transportation: Access and proximity to major roads and highways, bus service, transit centers, commuter rail stations and airport(s).
3. Educational Facilities: (*For properties serving families with children*) Name, location and distance from the site to schools in the local school district. Availability of bus service provided by the school district. Number of students and percent of capacity filled for each school.
4. Recreation: A list (*including location and distance from the site*) of outdoor and indoor recreational facilities such as parks, forest preserves, golf courses and movie theaters in the area.
5. Health Care: Location and distance from the site to the nearest hospital(s).

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6. Senior Services/Center: (*For properties intended to serve elderly tenants*) The location and distance from the site of the area's senior center. List the services available through the center or through various organizations in the area serving the senior population.

C. Population/Demographic Characteristics (Not required of projects with 12 units or less)

Include the most current population/household data (*typically from the Census*) for both the defined primary and secondary market areas. Provide the percentage increase or decrease from the previous Census and any future projections.

The following data should be included in this demographic analysis: general population, number of households, and population and households by age (for elderly projects).

D. Employment

General employment base information is not required for this format. However, if the study is being prepared for a developer who is applying for Tax Credits, and who anticipates being awarded points for the "Live Near Work" category (see the most current QAP), the study must delineate the distance of the employers, identified by the developer, from the subject site. Acceptable distances are five-miles for non-rural areas and ten-miles for rural areas. (See the most current QAP for the list of non-rural areas).

In addition, the study must also document the existence and availability, or lack of, decent affordable rental housing within the primary market area. This documentation must be provided in Exhibits 1 and 2 found at the back of this format.

In particular, the development condition, number of units and occupancy must be denoted on the Exhibits in order for us to make our evaluation. If this information is not provided, the developer will not receive points under the "Live Near Work" category.

IV. HOUSING MARKET CHARACTERISTICS

A. Comparable Analysis

1. Comparable Properties: Present a narrative description of each comparable in the rental market. Include information regarding the unit and development amenities offered, the condition of the property and occupancy information when available. A detailed summary of these developments in table format (*as*

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shown in Attachment 1) should also be included.

2. Comparison of Market Area Rental Market: Provide a comparison summary of the proposed development and the competing market-area rental developments detailed above. The summary is to include rent, square footage and unit composition comparisons. If no comparable developments exist within the market area, the mean gross rent for the area and the census tract in which the site is located should be examined. A final statement of the proposed property's position in the rental market compared to the current rental market should be made. This statement should also indicate whether this position is acceptable and give reasons for the proposed developments acceptability.
3. Proposed Project and Market Rate Property Data (For projects with deep subsidy only i.e. Section 8 or Section 515): Provide data pertaining to the proposed project's current contract rents by unit type. Additionally, provide both a narrative and table discussion of comparable market-rate properties in terms of location, development size, amenities, and current rent levels by unit type.

Obtain and provide historical market rate rental trends (preferably 5 years back) for all properties utilized above. Utilize this same data to estimate market rate rents in the area over a future five year period. Detail/explain this analysis in both a numeric and narrative format.

4. Other Affordable Properties: Provide a summary description of affordable housing in the primary market area. Include information on the condition of each property and the overall attitude in the market regarding these non-IHDA affordable housing options. Further detail on each property is provided in Exhibit 2.

V. AFFORDABILITY/DEMAND (This section is not required for occupied projects with deep subsidies i.e. Section 8)

A. Affordable Rent Analysis

Calculate what percentage of a household's monthly income will be required for rent, utilizing maximum income limits and proposed rents. Provide a range of affordability, based on annual income by calculating the minimum monthly income a household can make and still afford the proposed rent. Please indicate the percentage of household income used to determine the minimum annual income affordability. Note: historically the Authority has considered 35% of monthly household income for family households, 45% of monthly income for elderly households, and 30% of Permanent Supportive Housing Project households as a reasonable threshold for

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affordability. This data should be presented in table format, using the following example.

<u>1 Person Household</u>	<u>2 Person Household</u>	<u>3 Person Household</u>	<u>4 Person Household</u>
-------------------------------	-------------------------------	-------------------------------	-------------------------------

Very Low Income Units

(X% median income)

1 BR Units

Maximum Income Limit for Household Size

Proposed Monthly Rent Plus Utilities

Rent as % of Maximum Monthly Income

Minimum Income Needed for Affordability

(Based on X % of Monthly Income)

2 BR Units

Maximum Income Limit for Household Size

Proposed Monthly Rent Plus Utilities

Rent as % of Maximum Monthly Income

Minimum Income Needed for Affordability

(Based on X % of Monthly Income)

Low Income Limits

(X% median income)

1 BR Units

Maximum Income Limit for Household Size

Proposed Monthly Rent Plus Utilities

Rent as % of Maximum Monthly Income

Minimum Income Needed for Affordability

(Based on X % of Monthly Income)

2 BR Units

Maximum Income Limit for Household Size

Proposed Monthly Rent Plus Utilities

Rent as % of Maximum Monthly Income

Minimum Income Needed for Affordability

(Based on X % of Monthly Income)

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B. Housing Need (This section need only be performed for those projects that will serve a supportive housing population)

Discuss the demand/need for a project targeting supportive housing populations. This should include, but not be limited to, information garnered from area service providers, which assist the proposed project's target population(s).

VI. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Provide strengths and weakness of the proposed property in terms of the area's rental market and the income restricted population to be served. Assess the demand for housing based on the current absorption rates and vacancy figures of existing developments. In addition, provide an evaluation of how the proposed property is positioned in the marketplace taking into consideration unit mix, bedroom size, square footage and rents to the market average and to the most comparable existing development(s).

B. Recommendations

Based on the findings summarized in the conclusion, provide a recommendation regarding whether to accept the property as proposed, accept the property with changes or to decline the property. If a change is recommended, state the reason for the change and provide an alternative that would fit the market. If the recommendation is to decline a property, provide justification for this conclusion.

(Generally, recommended changes involve a reconfiguration of the proposed amenities, unit mix, unit type, square footage or rents. Most recommendations to decline a property occur when the recommended changes are too numerous or the market conditions do not support the property).

VII. APPENDIX

Include both a site map and a map of the primary and secondary market areas denoting the subject property and comps. Also include: color photographs of the site and comparable developments; the market area comparable survey (*see Exhibit 1*); and other affordable housing list (*see Exhibit 2*).

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EXHIBIT 1

Comparable Properties

Development Name/Address	Year Built	Total Units	Unit Type	Units By Type	Rent Range	Sq. Ft. Range	Rent/Sq. Ft. Range
Main Street Apts. 123 Main Street Your Town, IL	1999	99	1 BR	33	\$693	650	\$1.06
			2 BR	33	\$836	857	\$0.97
			3 BR	33	\$970	1,026	\$0.95

**Phone
Number:** 123-
1234

Occupancy: 100%

Utilities: Incl.

Amenities: Pool

**Development
Condition:** Good
Cond.

**Weighted
Average
Rent/Sq. Ft.:**

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EXHIBIT 2

Sample format for the Summary of Market Area Affordable Housing

Development Name/Address City/Zip Code	County	Phone Number	Tenant Base	Bedroom Types	Affordable Housing Program	Total Number of Units	Low Income Units	Development Condition	Overall Occupancy	Tenant Demographics	Comments (distance from subject)
City Apartments	McLean	123-1234	Elderly	1	Section 8	100	100	Adequate	100%	50% of median	none

(This format should be utilized for studies being performed after August 1,2009)

*****This form is not to be utilized for Supportive Housing Set-Aside Projects*****

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
Site and Market Study Format
For Supportive Living Facilities for the Elderly**

I. PROPOSED DEVELOPMENT

A. Developer

Provide the name and address of developer or sponsor.

B. General Description

Describe the proposed project in terms of project type (*e.g. moderate rehabilitation or new construction*) and source of IHDA participation (*Low-Income Housing Tax Credit, Risk share, HOME, Affordable Housing Trust Fund*).

C. General Location

Provide the name of city or community in which the site is located, street address (*if available*), nearest major intersection, distance from downtown Chicago (*if site is located in the Chicago metropolitan area*) or distance from downtown of closest major city (*if other than Chicago*).

D. Site Description

Describe the site in terms of size (*square feet or number of acres*), topography and vegetation covering of site. Evaluate the proposed project's layout in relation to the site's physical attributes and the appropriateness of the site's location for the intended tenant base.

E. Description of Site Improvements

1. Buildings: Describe the number of buildings, stories and type (*highrise, midrise, etc.*). Evaluate the appropriateness of the building design for the intended tenant base.

2. Development Amenities: Describe the development's amenities. Determine

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whether or not these are appropriate and sufficient for the intended tenant base.

3. Supportive Services: Describe the supportive services to be offered at the development. Determine whether these services are appropriate and sufficient for the intended tenant base.

F. Apartment Details

Describe the proposed project at the unit level including: unit types, number of units, square footage and proposed rents for both market rate and income restricted/affordable units.

II. FIELD OBSERVATIONS

A. Site

1. Access to Site: Note the street(s) which will provide access to the site and evaluate the accessibility of the site in terms of local public transportation, parking and major thoroughfares.
2. Site Marketability: Describe and evaluate the location of the site in terms of its visibility and marketability.

B. Area Crime

If in your opinion there is an issue with crime in the area that will negatively impact the marketing of the proposed project discuss the issue and provide statistical data.

III. MARKET AREA CHARACTERISTICS:

A. Market Area

Define the primary and any secondary market area for the property. Include a description of how the market was determined (*ex. geographic boundaries, population surveys, etc.*).

B. Area Services

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Describe and evaluate the availability of area services as related to the intended tenant base. Listed below are general categories that should be addressed. This list is not intended to be all-inclusive. Additional services may be applicable, while some of those listed may not.

Site and Market Studies performed for Tax Credit applications must address those Surrounding Site Amenities for which the developer expects to receive points, as listed under the Scoring Categories in the most current QAP. The discussion of each item must indicate the distance from the subject site (see requirements as outlined in the QAP).

1. Shopping and Related Services: Location and distance from the site of the nearest grocery, drugstore, convenience store, pharmacy and other essential services and retail shopping (*including neighborhood shopping malls and regional shopping centers*).
2. Transportation: Access and proximity to major roads and highways, bus service, transit centers, commuter rail stations and airport(s).
3. Senior Services/Center: (*For properties intended to serve elderly tenants*) The location and distance from the site of the area's senior center. List the services available through the center or through various organizations in the area serving the senior population.
4. Recreation: A list (*including location and distance from the site*) of outdoor and indoor recreational facilities such as parks, forest preserves, golf courses and movie theaters in the area.
5. Health Care: Location and distance from the site to the nearest hospital(s).

C. Population/Demographic Characteristics

Include the most current demographic data (*typically from the Census*) for both the defined primary and secondary market areas for the intended tenant base (*typically those 75 years old or older*). Provide the percentage increase or decrease from the previous Census and any future projections.

The following data should be included in this demographic analysis: general population, number of households, population and households over age 75, frailty estimates and distribution of households by income. Indicate the source of the demographic data.

IV. HOUSING MARKET CHARACTERISTICS

A. Comparable Analysis

1. Comparable Properties: Present a narrative description of each supportive living facility in the market area. Include information regarding the unit and development amenities/services offered, the condition of the property and occupancy information when available. A detailed summary of these developments in table format should also be included.
2. Comparison of Market Area Rental Market: Provide a comparison summary of the proposed development and the competing market-area developments detailed above. The summary is to include rent, square footage and unit composition comparisons. If no comparable developments exist within the market area, the mean gross rent for the area should be examined. A final statement of the proposed property's position in the market compared to the current available options should be made. This statement should also indicate whether this position is acceptable and give reasons for the proposed developments acceptability.

V. POTENTIAL MARKET

A. Capture and Penetration Rate

Calculate the capture rate for each income strata (*market rate, 80%, 60%, 50%, etc.*) proposed. IHDA's methodology for calculating a capture rate is as follows: divide the number of the proposed units, within each income strata, by the total number of frail, income/age eligible households. The number of households should be based on those households at the minimum annual income as determined above, in Section A, up to the maximum income level for a given income strata. Also calculate an overall capture rate for the property based on the total number of proposed units. Indicate if the capture rates are at acceptable percentages and why. Note: historically the Authority has considered a 5% – 7% capture rate, utilizing IHDA's methodology, to be a reasonable maximum capture rate for a given income strata/property.

In addition to presenting IHDA's capture rate analysis explained above, differing methodologies of capture rate analysis may be utilized and presented at this point; however, IHDA's methodology must be presented. Please thoroughly explain any other methodology used and any benchmark figures utilized.

Provide an overall affordable unit penetration rate analysis of the market area. This

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is calculated by dividing the total number of affordable units (including the proposed and **all** other affordable properties) by the total number of income and/or age qualifying households. Please note: An acceptable overall penetration rate of affordable units in a market area should generally be under 25%.

B. Absorption Rate

Project the amount of time expected to achieve stabilized occupancy (95%) at the proposed development based on the average number of units leased per month at comparable supportive living properties. If this information is not available explain why the data was not available.

VI. IMPACT ON OTHER AFFORDABLE HOUSING AND MARKET RATE HOUSING

A. Impact on Other IHDA Independent Elderly or Supportive Living Properties

Evaluate the impact the proposed property will have on the occupancy of existing IHDA elderly or supportive living properties in the market area. Discuss whether or not the proposed property will significantly reduce the tenancy of established IHDA properties and provide attributing factors for your conclusion. **Data is available on the IHDA web page @ www.ihda.org. To access this information choose Forms and Downloads on the home page, then checkmark the box next to Market and Research Related Topics. The document is titled Multifamily Production.**

VII. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Provide strengths and weakness of the proposed property in terms of the area's market and the income restricted population to be served. Assess the demand for housing based on the current absorption rates and vacancy figures of existing developments. In addition, provide an evaluation of how the proposed property is positioned in the marketplace.

B. Recommendations

Based on the findings summarized in the conclusion, provide a recommendation regarding whether to accept the property as proposed, accept the property with changes or to decline the property. If a change is recommended, state the reason for

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the change and provide an alternative that would fit the market. If the recommendation is to decline a property, provide justification for this conclusion.

(Generally, recommended changes involve a reconfiguration of the proposed amenities, unit mix, unit type, square footage or rents. Most recommendations to decline a property occur when the recommended changes are too numerous or the market conditions do not support the property).

VIII. APPENDIX

Include a map of the primary and secondary market areas denoting the subject property and comps, a site map, color photographs of the site and comparable developments, the market area comparable survey.

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Comparable Properties

Development Name/Address	Year Built	Total Units	Unit Type	Units By Type	Rent Range	Sq. Ft. Range	Rent/Sq. Ft. Range
Greenview SLF. 123 Main Street Your Town, IL	1999	100	1 BR 2 BR	95 5	\$ \$		
Phone Number:	123- 1234						
Occupancy:	100%						
Services:	3 Meals						
Development Condition:	Good Cond.						
Weighted Average Rent/Sq. Ft.:							

(This format should be utilized for studies being performed after August 1,2009)

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
Site and Market Study Format**

I. PROPOSED DEVELOPMENT

A. Developer

Provide the name and address of developer or sponsor.

B. General Description

Describe the proposed project in terms of project type (*e.g. moderate rehabilitation or new construction; congregate, elderly, family*) and source of IHDA financing (*Low-Income Housing Tax Credit, Risk share, HOME, Affordable Housing Trust Fund*).

C. General Location

Provide the name of city or community in which the site is located, street address (*if available*), nearest major intersection, distance from downtown Chicago (*if site is located in the Chicago metropolitan area*) or distance from downtown of closest major city (*if other than Chicago*).

D. Site Description

Describe the site in terms of size (*square feet or number of acres*), topography and vegetation covering of site. Evaluate the proposed project's layout in relation to the site's physical attributes and the appropriateness of the site's location for the intended tenant base.

E. Description of Site Improvements

1. Buildings: Describe the number of buildings, stories and type (*highrise with elevator, walk-up, townhome, etc.*). Evaluate the appropriateness of the building design for the market and the intended tenant base.

2. Development Amenities: Describe the development amenities proposed for the property. Determine whether or not the amenities are appropriate and sufficient for the market and the intended tenant base.

3. Construction: Describe the construction type of the buildings (*e.g. brick, vinyl*

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sided, concrete). Note any problems the proposed construction type or façade may have with market acceptance.

4. Parking: Provide the number and type of parking spaces proposed. Evaluate the parking-to-unit ratio and indicate whether the proposed parking will be sufficient for the property. If there is an additional fee to be charged to the tenants for parking, evaluate the charge in regards to the market.
5. Density: Provide the number of units per acre. Indicate whether the proposed density is appropriate for the market.
6. Zoning: Present zoning of the site and any applicable restrictions.
7. Other: Describe any other separate structures located at the development (*e.g. maintenance shed, separate clubhouse, etc.*).

F. Apartment Details

Describe the proposed project at the unit level including: unit types, number of units, square footage and proposed rents for both market rate and income restricted/affordable units. It should be noted if the proposed rents do or do not include tenant paid heating, cooling, cooking expenses. Describe the unit amenities. Evaluate the appropriateness of the proposed unit mix, unit size, rents and amenities for the market and the targeted tenant population.

G. Existing Occupancy/Tenant Displacement (for Acquisition/Rehab projects only)

Describe the existing tenant base in terms of percent of occupancy. Explain the reason for any vacancies at the existing property. Evaluate and explain whether vacancies are market driven. Evaluate the current tenant households to determine the extent to which any or all may be displaced due to the planned acquisition/rehab. Discuss your evaluation.

II. FIELD OBSERVATIONS

A. Site

1. Access to Site: Note the street(s) which will provide access to the site and evaluate the accessibility of the site in terms of local public transportation, parking and major thoroughfares.

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2. Site Marketability: Describe and evaluate the location of the site in terms of its visibility and marketability.

B. Adjacent Land

1. Adjacent Land Use: Detail the use of land located directly north, south, west and east of the site. Possible environmental problems and objectionable adjacent land use should be noted.

2. Neighborhood Description: Describe the neighborhood in which the development will be located and evaluate the appropriateness of the proposed project within that setting.

C. Area Crime

If in your opinion, there is an issue with crime in the area that will negatively impact the marketing of the proposed project discuss the issue and provide statistical data.

III. MARKET AREA CHARACTERISTICS:

A. Market Area

Define the primary and any secondary market area for the property. Include a description of how the market was determined (*ex. geographic boundaries, population surveys, etc.*).

B. Area Services

Describe and evaluate the availability of area services as related to the intended tenant base. Listed below are general categories that should be addressed. This list is not intended to be all-inclusive. Additional services may be applicable, while some of those listed may not.

Site and Market Studies performed for Tax Credit applications must address the Surrounding Site Amenities for which the developer expects to receive points, as listed under the Scoring Categories in the most current QAP. The discussion of each item must indicate the distance from the subject site (see requirements as outlined in the QAP).

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1. Shopping and Related Services: Location and distance from the site of the nearest grocery, drugstore, convenience store, pharmacy and other essential services and retail shopping (*including neighborhood shopping malls and regional shopping centers*).
2. Transportation: Access and proximity to major roads and highways, bus service, transit centers, commuter rail stations and airport(s).
3. Educational Facilities: (*For properties serving families with children*) Name, location and distance from the site to schools in the local school district. Availability of bus service provided by the school district. Number of students and percent of capacity filled for each school.
4. Recreation: A list (*including location and distance from the site*) of outdoor and indoor recreational facilities such as parks, forest preserves, golf courses and movie theaters in the area.
5. Health Care: Location and distance from the site to the nearest hospital(s).
6. Senior Services/Center: (*For properties intended to serve elderly tenants*) The location and distance from the site of the area's senior center. List the services available through the center or through various organizations in the area serving the senior population.

C. Population/Demographic Characteristics

Include the most current demographic data (*typically from the Census*) for both the defined primary and secondary market areas. Provide the percentage increase or decrease from the previous Census and any future projections.

The following data should be included in this demographic analysis: general population, number of households, population and households by age, households by size, and distribution of households by income. In addition the analysis should indicate the median age, median household size and median household income and show any trends. Indicate the source of demographic data.

D. Employment

Present information on the employment base and recent or predicted growth in the area. Note any local employment declines or losses of major area employers. Indicate the source of the above information.

If the study is being prepared for a developer who is applying for Tax Credits, and who anticipates being awarded points for the "Live Near Work" category (see the

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most current QAP), the study must delineate the distance of the employers, identified by the developer, from the subject site. Acceptable distances are five-miles for non-rural areas, and ten-miles for rural areas. (See the most current QAP for the list of non-rural areas).

In addition, the study must also document the existence and availability, or lack of, decent affordable rental housing within the primary market area. This documentation must be provided in Exhibits 1 and 2 found at the back of this format. In particular, the development condition, number of units and occupancy must be denoted on the Exhibits in order for us to make our evaluation. If this information is not provided, the developer will not receive points under the “Live Near Work” category.

IV. HOUSING MARKET CHARACTERISTICS

A. General Housing Characteristics

Provide the tenure (*owner vs. renter*) of the area housing stock. Include the age of the housing stock, the total number of year-round housing units, and the number and percent of occupied units. Indicate the source of this information.

Discuss the affordability of single-family housing alternatives for the targeted population in the primary market area.

B. Housing Activity

Indicate the number of building permits issued from 2000 to the present for both single family and multifamily units. Indicate the source of this data.

C. Consolidated Plan

Determine whether the municipality has a local Consolidated Plan. If so, explain how the proposed project addresses the priorities stated in the local Consolidated Plan. Provide sources for the information presented.

D. Comparable Analysis

1. Comparable Properties: Present a narrative description of each comparable in the rental market. Include information regarding the unit and development amenities offered, the condition of the property and occupancy information when available. A detailed summary of these developments in table format (*as shown in Exhibit 1*) should also be included.

2. Comparison of Market Area Rental Market: Provide a comparison summary of

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the proposed development and the competing market-area rental developments detailed above. The summary is to include rent, square footage and unit composition comparisons. If no comparable developments exist within the market area, the mean gross rent for the area and the census tract in which the site is located should be examined. A final statement of the proposed property's position in the rental market compared to the current rental market should be made. This statement should also indicate whether this position is acceptable and give reasons for the proposed developments acceptability.

3. Project and Market Rate Property Data (Only complete this section for projects with deep subsidy only i.e. Section 8 or Section 515): Provide data pertaining to the proposed project's current contract rents by unit type. Additionally, provide both a narrative and table discussion of comparable market-rate properties in terms of location, development size, amenities, and current rent levels by unit type.

Obtain and provide historical market rate rental trends (preferably 5 years back) for all properties utilized above. Utilize this same data to estimate market rate rents in the area over a future five year period. Detail/explain this analysis in both a numeric and narrative format.

- E. Other Affordable Housing Properties (not listed as comps above)

Provide a summary description of affordable housing in the primary market area. Include information on the condition of each property and the overall attitude in the market regarding these non-IHDA affordable housing options. Further detail on each property is provided in Exhibit 2.

V. AFFORDABILITY/DEMAND

- A. Affordable Rent Analysis

Calculate what percentage of a household's monthly income will be required for rent, utilizing maximum income limits and proposed rents. Provide a range of affordability, based on annual income by calculating the minimum monthly income a household can make and still afford the proposed rent. Please indicate the percentage of household income used to determine the minimum annual income affordability. Note: historically the Authority has considered 35% of monthly household income for family households and 45% of monthly income for elderly households as a reasonable threshold for affordability. This data should be presented in table format, using the following example.

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<u>1 Person Household</u>	<u>2 Person Household</u>	<u>3 Person Household</u>	<u>4 Person Household</u>
-------------------------------	-------------------------------	-------------------------------	-------------------------------

Very Low Income Units

(X% median income)

1 BR Units

Maximum Income Limit for Household Size
Proposed Monthly Rent Plus Utilities
Rent as % of Maximum Monthly Income
Minimum Income Needed for Affordability
(Based on X % of Monthly Income)

2 BR Units

Maximum Income Limit for Household Size
Proposed Monthly Rent Plus Utilities
Rent as % of Maximum Monthly Income
Minimum Income Needed for Affordability
(Based on X % of Monthly Income)

Low Income Limits

(X% median income)

1 BR Units

Maximum Income Limit for Household Size
Proposed Monthly Rent Plus Utilities
Rent as % of Maximum Monthly Income
Minimum Income Needed for Affordability
(Based on X % of Monthly Income)

2 BR Units

Maximum Income Limit for Household Size
Proposed Monthly Rent Plus Utilities
Rent as % of Maximum Monthly Income
Minimum Income Needed for Affordability
(Based on X % of Monthly Income)

B. Capture and Penetration Rate

Calculate the capture rate for each income strata (*market rate, 80%, 60%, 50%, etc.*) proposed. IHDA's methodology for calculating a capture rate is as follows: divide the number of the proposed units, within each income strata, by the total number of income/age eligible households. The number of households should be based on those households at the minimum annual income as determined above, in Section A, up to the maximum income level for a given income strata. Also calculate an overall capture rate for the property based on the total number of proposed units. Indicate if the capture rates are at acceptable percentages and why. Note: historically the Authority has considered a 5% – 7% capture rate, utilizing IHDA's methodology, to be a reasonable maximum capture rate for a given income strata/property.

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In addition to presenting IHDA's capture rate analysis explained above, differing methodologies of capture rate analysis may be utilized and presented at this point; however, IHDA's methodology must be presented. Please thoroughly explain any other methodology used and any benchmark figures utilized.

Provide an overall affordable unit penetration rate analysis of the market area. This is calculated by dividing the total number of affordable units (including the proposed and **all** other affordable properties) by the total number of income and/or age qualifying households. Please note: An acceptable overall penetration rate of affordable units in a market area should generally be under 25%.

C. Absorption Rate

Project the amount of time expected to achieve stabilized occupancy (95%) at the proposed development based on the average number of units leased per month at comparable new construction or substantially rehabilitated properties. If this information is not available explain why the data was not available.

D. Housing Need

Determine the need for additional affordable housing units by analyzing, at a minimum, the following data:

1. Compare the number of other affordable housing units in the area to the number of income/age eligible households in the market area.
2. Discuss how vacancy rates, type of housing provided and quality of the affordable housing stock impact the existing supply of affordable housing.
3. Look at the cost of homeownership and estimate the number of renters versus homeowners within the income/age eligible household population.
4. Compare the household sizes of income/age eligible families to the unit sizes provided in the affordable housing stock and the proposed property.

VI. IMPACT ON OTHER AFFORDABLE HOUSING AND MARKET RATE HOUSING

A. Impact on Other IHDA Properties

Evaluate the impact the proposed property will have on the occupancy of existing IHDA properties in the market area. Discuss whether or not the proposed property

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will significantly reduce the tenancy of established IHDA properties and provide attributing factors for your conclusion. **Data is available on the IHDA web page @ www.ihda.org. To access this information choose Forms and Downloads on the home page and checkmark the box next to Market and Research Related Topics. The document is titled Multifamily Production.**

B. Impact on Other Assisted/Affordable Housing (non-IHDA properties)

Evaluate the impact the proposed property will have on the occupancy of other affordable housing properties in the market area. Discuss whether or not the proposed property will significantly reduce the tenancy of established affordable housing properties and provide the attributing factors for your conclusion.

C. Impact on Market Rate Housing

If the rents of the proposed property are comparable to market rate units, evaluate the impact the proposed property will have on the occupancy level of existing market rate properties in the area. Discuss whether or not the proposed property will significantly reduce the tenancy of established market rate properties and provide attributing factors for your conclusion.

VII. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

Provide strengths and weakness of the proposed property in terms of the area's rental market and the income restricted population to be served. Assess the demand for housing based on the current absorption rates and vacancy figures of existing developments. In addition, provide an evaluation of how the proposed property is positioned in the marketplace taking into consideration unit mix, bedroom size, square footage and rents to the market average and to the most comparable existing development(s).

B. Recommendations

Based on the findings summarized in the conclusion, provide a recommendation regarding whether to accept the property as proposed, accept the property with changes or to decline the property. If a change is recommended, state the reason for the change and provide an alternative that would fit the market. If the recommendation is to decline a property, provide justification for this conclusion.

(Generally, recommended changes involve a reconfiguration of the proposed amenities, unit mix, unit type, square footage or rents. Most recommendations to

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decline a property occur when the recommended changes are too numerous or the market conditions do not support the property).

VIII. APPENDIX

Include a map of the primary and secondary market areas denoting the subject property and comps, a site map, color photographs of the site and comparable developments, the market area comparable survey (*see Exhibit 1*), population and housing characteristics (*if not provided in the body of the study*), building permit data (*if not provided in the body of the study*), and the affordable housing data as described below (*illustrated in Exhibit 2*).

A. Affordable Housing Table (*non-IHDA properties*)

Using the table format shown in Exhibit 2, provide data on affordable housing developments within the primary Market Area. This data is to include:

- The type of affordable housing - public housing, HOME, Tax Credits, etc.
- Tenant type - family, elderly, mixed (*family and elderly*)
- Development condition - poor, adequate, good, excellent
- Tenant demographics - general income levels, single parents, etc. (*information garnered from Management*)
- Other general characteristics - total number of units, number of income restricted units, occupancy rate, etc.

B. Affordable Housing Map

Include in the Appendix, a separate map denoting the subject property and each of the affordable housing developments. This map should present as much detail as possible.

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EXHIBIT 1

Comparable Properties

Development Name/Address	Year Built	Total Units	Unit Type	Units By Type	Rent Range	Sq. Ft. Range	Rent/Sq. Ft. Range
Main Street Apts. 123 Main Street Your Town, IL	1999	99	1 BR	33	\$693	650	\$1.06
			2 BR	33	\$836	857	\$0.97
			3 BR	33	\$970	1,026	\$0.95

Phone Number: 123-1234

Occupancy: 100%

Utilities: Incl.

Amenities: Pool

Development Condition: Good Cond.

Weighted Average Rent/Sq. Ft.:

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EXHIBIT 2

Sample format for the Summary of Market Area Affordable Housing

Development Name/Address City/Zip Code	County	Phone Number	Tenant Base	Bedroom Types	Affordable Housing Program	Total Number of Units	Low Income Units	Development Condition	Overall Occupancy	Tenant Demographics	Comments (distance from subject)
City Apartments	McLean	123-1234	Elderly	1	Section 8	100	100	Adequate	100%	50% of median	none



**Illinois Housing Development Authority
Affirmative Fair Housing Marketing Plan**

11/2006

Project Name: _____
Project Location or Address: _____
Owner: _____
IHDA #: _____

I. INTRODUCTION

The Illinois Housing Development Authority (“the Authority”) requires that each multifamily development carry out a marketing program to attract prospective tenants of all minority and non-minority groups within the housing market area regardless of race, color, religion, sex, disability, familial status or national origin. In addition to any general marketing activities, each development must carry out an affirmative marketing program. These affirmative marketing efforts are to be directed toward the group(s) that, because of the development’s location or other factors, is considered to be the ‘least likely’ to apply for housing at the development. The marketing program must also include outreach efforts to all persons with disabilities. In addition, those developments with accessible or adaptable apartments are to include, in their marketing program, specific outreach efforts to persons with physical disabilities. The specifics of this marketing program are detailed below.

II. OWNER AND DEVELOPMENT INFORMATION

A. OWNER

Company Name	Contact Person		
Address	City	State	Zip
Telephone Number	E-mail Address		

B. PROPERTY MANAGEMENT COMPANY

Firm Name	Contact Person		
Address	City	State	Zip
Telephone Number	E-mail Address		

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C. DEVELOPMENT DATA

Name

Street Address

City

Zip

County

Census Tract

Telephone Number

E-mail Address

Number of Apartments

Rental Range: From \$ to \$

Development Type: (Check One) Elderly Family

Special Needs (describe) Other (describe)

Approximate Starting Dates: General Advertising Occupancy

Describe the Market Area

III. DIRECTION OF SPECIAL MARKETING ACTIVITIES

A. MINORITY GROUP(S)

Indicate below, the racial or ethnic group(s) found in the development's primary market area that, because of the development's location or other factors, is least likely to apply for the housing without special outreach efforts.

White (non-Hispanic)

Black/African American

American Indian/Alaskan Native

Asian

Hispanic/Latino

Native Hawaiian/Pacific Islander

B. OTHER POPULATION GROUP(S)

Indicate below, population group(s) that, because of the availability of accessible or adaptable designed apartments and/or apartments with more than two bedrooms, will be the focus of special outreach efforts.

Persons with Physical Disabilities

Families with Children (if applicable)

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IV. MARKETING PROGRAM

Indicate the means to be used in advertising the general availability of this housing as well as special outreach efforts.

A. COMMERCIAL MEDIA

Newspaper(s)/Publication(s) Radio T.V. Billboards

Other (specify)

*(The fair housing logo or slogan **and** the wheelchair logo must be used in all newspaper ads, publications and signage.)*

Names of Newspapers, Radio or T.V. Stations	Reader / Audience	Size and Duration of Advertising
--	----------------------	-------------------------------------

B. COMMUNITY CONTACTS

If a community group/organization is to be used as part of the general or special outreach marketing efforts, it is expected that contact with the group/organization listed below will be established and maintained throughout the initial marketing campaign and subsequent marketing efforts. Provide the following information for each contact, if more space is needed, attach an additional sheet.

1. Name of Group/Organization
2. Street Address
3. City, State & Zip Code
4. Identification of Audience to be Reached
5. Approximate Date of Contact or Proposed Contact

Group I

Group II

C. MARKETING ACCESSIBLE AND ADAPTABLE APARTMENTS

Those developments with accessible or adaptable apartments are to indicate below what specific outreach efforts will be employed to attract persons with physical disabilities, within the development's targeted population, to the accessible or adaptable apartments.

Specify:

D. ADDITIONAL MARKETING ACTIVITIES

1. BROCHURES AND SIGNS

a. Will brochures, leaflets, or handouts be used to advertise?

Yes No

Please attach a copy of all printed materials to be used as part of marketing program or submit when available. (The fair housing logo must be present in all printed material.)

b. Will there be a project site sign? Yes No

If yes, will the development's logo be present? Yes No

(If a development logo will be displayed, the fair housing logo, of equal size, must also be present.)

c. Will the project have any of the following: Rental Office Model

(The Fair Housing Poster must be conspicuously displayed in all areas where rentals and showings take place.)

2. Other Activities

(specify)

V. EXPERIENCE AND STAFF TRAINING

A. EXPERIENCE

Have the on-site staff had any experience in marketing housing to the minority group(s) and/or other population group(s) indicated above in Section III? Yes No

If yes, please provide the following information on the two most recent examples:

Development Name; Date of Marketing Effort; Population Group

Example #1

Example #2

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B. TRAINING

Staff training is to include: Fair housing laws and regulations, outreach and Affirmative Fair Housing Marketing Plan implementation. Please indicate below how this is to be accomplished.

VI. SIGNATURES AND APPROVAL

OWNER

Name

Title

Signature

Date

**MANAGING/
MARKETING
AGENT**

Name

Title

Signature

Date

IHDA APPROVAL

Name

Title

Signature

Date

INSTRUCTIONS FOR THE AFFIRMATIVE MARKETING PLAN

I. INTRODUCTION AND GENERAL INSTRUCTIONS

The Illinois Housing Development Authority requires that each multifamily development carry out a marketing program to attract prospective tenants of all minority and non-minority groups within the development's market area regardless of race, color, religion, sex, disability, familial status or national origin. Describe, on this form, the marketing activities proposed to be carried out both during advance marketing, initial rent-up and on-going marketing.

Complete Form and Submit To:

**Affirmative Marketing Officer
Illinois Housing Development Authority
401 N. Michigan Avenue, Suite 700
Chicago, Illinois 60611**

In addition to any general marketing activities, each development must develop and implement an affirmative marketing program. These affirmative marketing efforts are to be directed toward the group(s) that, because of the development's location or other factors, is considered to be the 'least likely' to apply for housing at the development. These groups include Whites (non-Hispanic), Blacks (non-Hispanic), American Indians/Alaskan Natives, Hispanic, Asian and Native Hawaiian/Pacific Islanders. The affirmative marketing efforts should assure that any group(s) of persons, not likely to apply for the housing without special outreach efforts, is aware of the housing, feels welcome to apply and will have the opportunity to rent.

The affirmative marketing program must also include outreach efforts to persons with disabilities. In addition, those developments with accessible or adaptable apartments are to include specific outreach efforts to persons with physical disabilities. All of the special outreach efforts are to be described in this document. If a development meets the HUD definition of a group home, affirmative marketing requirements may be waived. If a group home is being proposed, it is recommended that the assigned IHDA Loan Officer be contacted regarding affirmative marketing requirements.

Affirmative marketing activities must begin at least **30 days** prior to general marketing efforts. Therefore, all newly constructed or rehabilitated developments are requested to notify the Authority of their intent to begin their marketing activities. The notification, see attached Exhibit 'A', is to be received at least 60 days prior to the initiation of the general marketing activities and should be submitted to the IHDA's Affirmative Marketing Officer. IHDA may at any time monitor the implementation of the plan and request modification in its format or content, where the Authority deems necessary.

Special outreach efforts do not stop with initial occupancy but are ongoing. Outreach activities are to be undertaken as long as the waiting list remains open. Should the waiting list be closed at any time, special outreach efforts may be discontinued until such time as the waiting list is re-opened.

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II. OWNER, AGENT AND PROJECT IDENTIFICATION

PARTS A & B – Self-explanatory

PART C – Development Name, Address, Number of Apartments & Rental Range(s) are self explanatory.

Census tract information may be obtained from local planning agencies, public libraries and other sources of census data. It is also typically provided by the developer in the loan application.

Telephone Number: This should be the number at the rental office, located at the development. If there is not an office at the development, the number should represent where the general public can obtain rental information about the development.

E-mail address: If there is not an E-mail address at the property, please indicate 'N/A'.

Development Type:

1) If the development is to serve exclusively, tenants who have special needs such as, homeless, aids victims, mentally ill, battered women, etc, please select the Special Needs box and describe the population to be housed.

2) If the development is housing Families and has some apartments exclusively set-a-side for individuals with special needs, please select the "Other" designation and describe the special needs population for which the apartments are reserved.

3) Those developments that have their apartments exclusively designated for elderly families, either 55 or 62 years of age, should utilize the "Elderly" box.

4) Developments that are participating in either the HUD Section 236 or Section 8 programs and house Families **and** have apartments that have been set-a-side exclusively for the Elderly, are to utilize the "Other" category and describe the situation.

Dates: Specify approximate starting date of general marketing activities and the anticipated date of initial occupancy.

Market Area: Provide general geographic boundaries of the development's primary market area.

III. DIRECTION OF MARKETING ACTIVITY

PART A – Minority Groups

Considering factors such as cost of the housing, the racial/ethnic characteristics of the neighborhood in which the housing is (or is to be) located, the population within the housing market area, and public transportation routes, etc. indicate which group(s) you believe are least likely to apply without special outreach.

PART B – Other Population Groups

Indicate other segments of the population that, because of the design of the development, will be the focus of special outreach efforts.

IV. MARKETING PROGRAM

Describe the marketing program to be used to attract all segments of the eligible population; especially those groups designated in Section III of the plan as least likely to apply. The following are suggestions for your marketing program. Please complete those portions that you plan to use. If none of the suggestions fits your marketing needs, please attach your own marketing program.

PART A – Commercial Media:

Provide:

1. The type of media to be used (indicate all that apply)
2. The names of newspapers and the call letters of the radio and T.V. stations.
3. Reader / Audience Identification: Identify the audience of the media. For example, White (non-Hispanic), Black (non-Hispanic), Hispanic, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native. For any media where identification with more than one group is likely, insert MIXED.
4. The size and duration of newspaper advertising or the length and frequency broadcast advertising.

The Fair Housing logo or slogan and the wheelchair logo must be used in ALL newspaper ads and publications.

PART B -- Community Contacts

Provide the requested information regarding individuals or organizations that are well known in the market area or locality that can influence persons within either those groups considered least likely to apply or groups of individuals with a special need for the housing. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, Centers for Independent Living (CILS), churches, labor unions, employers, public and private agencies.

ATTACHMENT 19

PART C – Accessible & Adaptable Apartments

Explain what efforts will be made to attract applicants with physical disabilities to the development. Include any publications or organizations utilized. Please indicate N/A if the development has no accessible or adaptable apartments.

PART D – Additional Marketing Activities

Provide information regarding any additional printed materials and signage to be used as marketing tools.

V. EXPERIENCE AND STAFF TRAINING

PART A – Experience

Indicate whether the marketing staff has previous experience in marketing housing to group(s) identified in Section III. Provide basic information about the previous experience.

PART B – Training

Describe the instructions and training given to or to be given to rental staff. This guidance must include information regarding Federal, State and local fair housing laws and this Affirmative Fair Housing Marketing Plan. Indicate the organization providing the training. Copies of any written materials used should be submitted with the plan.

ATTACHMENT 20



**Illinois Housing Development Authority
Ownership Structure and Organizational Document Checklist**

Project Name: _____
Owner: _____

Please submit all of the organizational documents listed under the “Required with Application” section below. Copies of these documents are acceptable at the time of application. However, Owners will be required to submit certified copies or original organizational documents to the Authority before initial closing or prior to executing the Extended Use Agreement. If available at the time of application, please submit any additional organizational documents required before initial closing or prior to executing the Extended Use Agreement.

All entities comprising the owner must be formed prior to Application submission.

Ownership Structure Certificate examples are attached to this form for your reference.

Item No.	Document Name	Required with Application	Required prior to EUA, initial closing	Attached	Comments
1	Ownership Structure Certificate	X	X	<input type="checkbox"/>	
	Organizational Documents for Limited Partnerships				
2a	Certified Copy of Certificate of Limited Partnership (Secretary of State)	X	X	<input type="checkbox"/>	
2b	Certified Copy of Limited Partnership Agreement		X	<input type="checkbox"/>	
2c	Original Certificate of Valid Existence (Secretary of State)	X	X	<input type="checkbox"/>	
2d	Original Certificate of Good Standing (Secretary of State)	X	X	<input type="checkbox"/>	
	Organizational Documents for Limited Liability Companies				
3a	Articles of Organization for LLC (Secretary of State)	X	X	<input type="checkbox"/>	
3b	Certified Copy of Operating Agreement (Certified by Member of LLC)		X	<input type="checkbox"/>	
3c	Original Certificate of Good Standing (Secretary of State)	X	X	<input type="checkbox"/>	
3d	Certified Copy of Resolution (Certified by Member of LLC)		X	<input type="checkbox"/>	

ATTACHMENT 20

3e	Certified Copy of Certificate of Incumbency with Speciman Signatures (Certified by Member of LLC)		X	<input type="checkbox"/>	
3f	Member's Certificate		X	<input type="checkbox"/>	
	Organizational Documents for Corporations				
4a	Original Certificate of Valid Existence (Secretary of State)	X	X	<input type="checkbox"/>	
4b	Certified Copy of Articles of Incorporation (Secretary of State)	X	X	<input type="checkbox"/>	
4c	Certified Copy of By-Laws	X	X	<input type="checkbox"/>	
4d	Original Certificate of Good Standing (Secretary of State)	X	X	<input type="checkbox"/>	
4e	Certified Copy of Resolution (Certified by Officer of Company)		X	<input type="checkbox"/>	
4f	Certified Copy of Certificate of Incumbency with Speciman Signatures (Certified by Officer of Company)		X	<input type="checkbox"/>	
	Organization Documents for Trusts				
5a	Certified Copy of Letter of Direction to Trustee (land trust)		X	<input type="checkbox"/>	
5b	Pay Proceeds Letter (land trust)		X	<input type="checkbox"/>	
5c	Certified Copy of Trust Agreement	X	X	<input type="checkbox"/>	

OWNERSHIP STRUCTURE CERTIFICATION EXAMPLE

We, the undersigned, certify that the following statements are true and correct:

1. The ownership structure of the Owner is as follows:

ABC Limited Partnership, an Illinois limited partnership

GENERAL PARTNERS:

Chicago Corporation, an Illinois corporation, Managing General Partner, 1% of ownership

Suburban LLC, an Illinois limited liability company, 1% of ownership

MEMBERS OF SUBURBAN LLC:

Jane Smith, an individual

DEF Corporation, an Illinois not-for-profit corporation

2. Chicago Corporation and Suburban LLC are the only general partners of the Owner. Jane Smith and DEF Corporation are the only members of Suburban LLC.
3. The following is a list of the names, ownership relationship, and percentage interest of (i) all of the shareholders with greater than or equal to a ten percent (10%) ownership interest in Chicago Corporation or DEF Corporation; and (ii) all of the members of Suburban LLC:

Name; Ownership Relationship; Percent Interest

a. _____; shareholder of Chicago Corporation; 30%

b. _____; member of Suburban LLC; 40%

c. _____; shareholder of DEF Corporation; 10%

4. The Borrower will notify the Authority of (i) any changes in the ownership structure of ABC Limited Partnership; or (ii) the sale of greater than or equal to ten percent (10%) ownership interest in Chicago Corporation or DEF Corporation; or (iii) the members of Suburban LLC.

Signatures are required of all shareholders and/or members listed above.

ABC Limited Partnership, an Illinois limited partnership

By: _____ Printed Name: _____

Title: _____ Date: _____

Chicago Corporation, an Illinois corporation, Managing Partner

By: _____ Printed Name: _____

Title: _____ Date: _____

Suburban LLC, an Illinois corporation

ATTACHMENT 20

By: _____ Printed Name: _____

Title: _____ Date: _____

Shareholder of DEF Corporation; _____

Printed Name: : _____ Date: _____

OWNERSHIP STRUCTURE CERTIFICATION EXAMPLE

I, John Doe, the Secretary of ABC Corporation (the "Owner"), certify that the following statements are true and correct:

1. The ownership structure of the Owner is as follows:

ABC Corporation is a not for profit corporation in the state of Illinois.

There are no general partners or members of ABC Corporation. There are no shareholders of ABC Corporation.

Attached hereto as Exhibit A is a list of all the board members to ABC Corporation.

The Owner will notify the Authority of (i) any changes in the ownership structure of ABC Corporation; or (ii) the sale of greater than or equal to ten percent (10%) ownership interest in ABC Corporation; or (iii) the members of ABC Corporation.

ABC Corporation, a not for profit corporation

By: _____ Printed Name: _____
Title: _____ Date: _____

ATTACHMENT 21



**Illinois Housing Development Authority
Owner
Experience Certification**

Full Legal Name of Owner	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Owner (Individual, Corp. Partnership, etc)	
Owner was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Owner authorized to do business in Illinois?	

Please list below principals of the Owner, names and addresses of partners, officers, directors, and those who hold or control 10% or more of any class of stock directly or indirectly.

Name:	Residence Address:	Title:	Interest Percentage:

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Has the Owner (including any affiliates) been cited for material and/or continuing, but curable, noncompliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Has the Owner (including any affiliates) experienced any events of foreclosure or failed to perform under the terms of a workout agreement over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Has the Owner (including any affiliates) declared bankruptcy over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Has the Owner (including any affiliates) experienced a mortgage default or arrearage of three months or more within the last three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Has the Owner (including any affiliates) been involved in any Project awarded Tax Credits where there has been a change in general partners or managing members during the last three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Has the Owner (including any affiliates) participated in a development that has been monitored and determined to have uncorrected noncompliance more than three months from the date of notification in the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ATTACHMENT 21

g.	Has the Owner (including any affiliates) failed to pay any fee or expense due to the Authority or any other state allocating agency, including outstanding compliance monitoring fees in the past three (3) years?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
h.	Has the Owner (including any affiliates) been involved in any development awarded Tax Credits by the Authority or any other state allocating agency in 2007 or earlier for which either the permanent financing or equity investment has not closed?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
i.	Has the Owner (including any affiliates) been involved in any development awarded Tax Credits in 2006 or earlier for which all requirements for Authority issuance of 8609s, or any other state allocating agency issuance of 8609s, have not been met?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
j.	Are there any unsatisfied liens or claims against the Owner (including any affiliates) or property owned by the Owner (including any affiliates)?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
k.	Has the Owner (including any affiliates) been debarred or received a limited denial of participation in the past three (3) years by any federal or state agency from participating in any development program?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
l.	Has the Owner (including any affiliates) materially misrepresented facts on any Application to participate in a Program?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
m.	Has the Owner (including any affiliates) received negative results on any physical inspection performed by a Program administrator?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
n.	Has the Owner (including any affiliates) failed to provide and maintain amenities or services as represented in a Program application?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
o.	Has the Owner (including any affiliates) failed to rehabilitate or construct a development according to the governing architectural and construction guidelines?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
p.	Has the Owner (including any affiliates) participated in a development where an 8823 has been filed?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No
q.	Has the Owner (including any affiliates) participated in a development that involved the involuntary termination of a Tax Credit reservation?	<input type="checkbox"/>	Yes		<input type="checkbox"/>	No

Please attach the Experience Spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Owner: _____

By: _____

Signature: _____ Date _____

ATTACHMENT 21

Please continue to page 3, make additional copies as needed.

ATTACHMENT 22



**Illinois Housing Development Authority
General Contractor
Experience Certification**

Full Legal Name of General Contractor	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of General Contractor (Individual, Corp. Partnership, etc)	
General Contractor was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the General Contractor authorized to do business in Illinois?	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- | | | | | | | |
|----|--|--------------------------|-----|--|--------------------------|----|
| a. | Has the General Contractor (including any affiliates) declared bankruptcy over the past three (3) years? | <input type="checkbox"/> | Yes | | <input type="checkbox"/> | No |
| b. | Has the General Contractor (including any affiliates) failed to construct or rehabilitate a development according to the governing architectural and construction guidelines or codes? | <input type="checkbox"/> | Yes | | <input type="checkbox"/> | No |
| c. | Has the General Contractor (including any affiliates) failed to construct or rehabilitate a development as represented in a Program application? | | | | | |
| d. | Are there any unsatisfied judgments against the General Contractor (including any affiliates)? | <input type="checkbox"/> | Yes | | <input type="checkbox"/> | No |
| e. | Has the General Contractor (including any affiliates) materially misrepresented facts on any Application to participate in a Program? | <input type="checkbox"/> | Yes | | <input type="checkbox"/> | No |
| f. | Has the General Contractor (including any affiliates) ever started a construction job which was completed by another General Contractor? | <input type="checkbox"/> | Yes | | <input type="checkbox"/> | No |

Please attach the Experience Spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

General Contractor: _____

By: _____

ATTACHMENT 22

Signature: _____ Date _____

Please continue to page 3, make additional copies as needed.

ATTACHMENT 23



**Illinois Housing Development Authority
Property Manager
Experience Certification**

Full Legal Name of Property Manager	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Property Manager (Individual, Corp. Partnership, etc)	
Property Manager was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Property Manager authorized to do business in Illinois?	
Please list any licenses, certificates, accreditations, professional memberships and/or associations of the Property Manager.	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- | | | |
|---|------------------------------|-----------------------------|
| a. Has the Property Manager (including any affiliates) participated in a development that was cited for material and/or continuing, but curable, noncompliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has the Property Manager (including any affiliates) declared bankruptcy over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Property Manager (including any affiliates) participated in a development that has been monitored and determined to have uncorrected noncompliance more than three months from the date of notification in the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are there any unsatisfied liens or claims against the Property Manager (including any affiliates) or property owned by the Property Manager (including any affiliates)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Property Manager (including any affiliates) materially misrepresented facts on any Application to participate in a Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Has the Property Manager (including any affiliates) received negative results on any physical inspection performed by a Program administrator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Has the Property Manager (including any affiliates) failed to provide and maintain amenities or services as represented in a Program application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Has the Property Manager (including any affiliates) participated in a development where an 8823 has been filed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Has the Property Manager (including any affiliates) failed to perform under the terms of a workout agreement over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

ATTACHMENT 23

j.	Has the Property Manager (including any affiliates) ever had any licenses, certificates, or accreditations revoked, suspended, restricted, or in any manner limited or terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Has the Property Manager (including any affiliates) ever been the subject of a housing discrimination complaint and/or housing discrimination lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Has the Property Manager (including any affiliates) ever been involved in a governmental and/or judicial "Fair Housing" law violation action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach the Experience Spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Property Manager: _____

By: _____

Signature: _____ Date _____

ATTACHMENT 24



**Illinois Housing Development Authority
Consultant
Experience Certification**

Full Legal Name of Consultant	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Consultant (Individual, Corp. Partnership, etc)	
Consultant was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Consultant authorized to do business in Illinois?	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- | | | |
|---|------------------------------|-----------------------------|
| a. Has the Consultant (including any affiliates) declared bankruptcy over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has the Consultant (including any affiliates) been involved in any development awarded Tax Credits by the Authority or any other state allocating agency in 2007 or earlier for which either the permanent financing or equity investment has not closed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Consultant (including any affiliates) been involved in any development awarded Tax Credits in 2006 or earlier for which all requirements for Authority issuance of 8609s, or any other state allocating agency issuance of 8609s, have not been met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are there any unsatisfied liens or claims against the Consultant (including any affiliates) or property owned by the Consultant (including any affiliates)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Consultant (including any affiliates) materially misrepresented facts on any Application to participate in a Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Has the Consultant (including any affiliates) participated in a development that involved the involuntary termination of a Tax Credit reservation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach the Experience Spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

ATTACHMENT 24

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Consultant: _____

By: _____

Signature: _____ Date _____

Please continue to page 3, make additional copies as needed.

ATTACHMENT 25



**Illinois Housing Development Authority
Architect
Experience Certification**

Full Legal Name of Architect	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Architect (Individual, Corp. Partnership, etc)	
Architect was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Architect authorized to do business in Illinois?	
Illinois License Number	
Please list any licenses, certificates, accreditations, professional memberships and/or associations of the Architect	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- | | | |
|---|------------------------------|-----------------------------|
| a. Has the Architect (including any affiliates) declared bankruptcy over the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there any unsatisfied liens or claims against the Architect (including any affiliates) or property owned by the Architect (including any affiliates)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Architect (including any affiliates) materially misrepresented facts on any Application to participate in a Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has the Architect (including any affiliates) failed to provide amenities as represented in a Program application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Architect (including any affiliates) failed to design a development according to the governing architectural and construction guidelines or codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach the Experience Spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

ATTACHMENT 25

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Architect: _____

By: _____

Signature: _____ Date _____

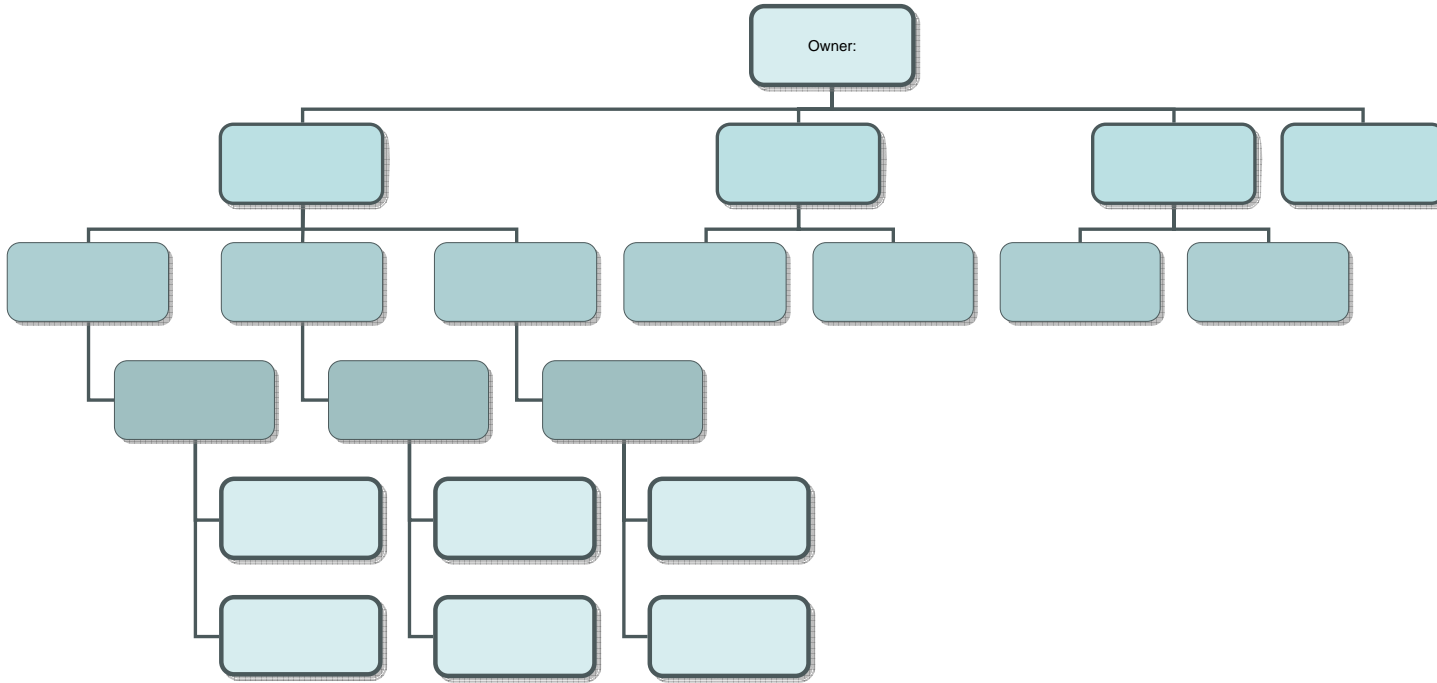
Please continue to page 3, make additional copies as needed.



Project Name: _____
Project Address: _____
Owner: _____

INSTRUCTIONS:

1. Complete all boxes applicable to the organizational chart for the Project Ownership Entity.
2. Provide entity names, and principals and indicate actual percentage of ownership or general partnership in each box.
3. Use Applicant Comments boxes below chart to provide any additional information not adequately captured here.
4. Insert boxes as needed using the organizational chart toolbar (go to view, toolbars, customize, and check the box for organization charts). Delete boxes as needed.
5. For NFPs, please list Board of Directors in the Notes section below.
6. For LLCs, please list indicate which member is the managing member.



Notes: _____

I hereby certify that the information contained herein is accurate and complete, to the best of my knowledge, and that there are no material misrepresentations.

Owner: _____
By: _____
Name: _____
Its: _____
Date: _____

Tax Information Authorization

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1165
For IRS Use Only

Received by:
 Name _____
 Telephone () _____
 Function _____
 Date / / _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) _____ _____ _____	Employer identification number _____ _____
	Daytime telephone number () _____	Plan number (if applicable) _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
------------------	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. ▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- b** If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box ▶

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

- ▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**
- ▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date	Signature	Date
-----------	------	-----------	------

Print Name	Title (if applicable)	Print Name	Title (if applicable)
------------	-----------------------	------------	-----------------------

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature
--	--

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information in any office of the IRS for the type of tax and the years or periods you list on Form 8821. You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to advocate your position with respect to the federal tax laws; to execute waivers, consents, or closing agreements; or to otherwise represent you before the IRS. If you want to authorize an individual to represent you, use Form 2848, Power of Attorney and Declaration of Representative.

Use Form 4506, Request for Copy of Tax Return, to get a copy of your tax return.

Use Form 4506-T, Request for Transcript of Tax Return, to order: (a) transcript of tax account information and (b) Form W-2 and Form 1099 series information.

Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file Form 8821. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the fiduciary, Form 8821 must be filed and signed by the fiduciary acting in the position of the taxpayer.

When To File

Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

Where To File Chart

IF you live in . . .	THEN use this address . . .	Fax Number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center PO Box 268, Stop 8423 Memphis, TN 38101-0268	901-546-4115
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service 1973 N. Rulon White Blvd. MS 6737 Ogden, UT 84404	801-620-4249
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the Virgin Islands**, Puerto Rico (or if excluding income under section 933), a foreign country, U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service International CAF DP: SW-311 11601 Roosevelt Blvd. Philadelphia, PA 19255	215-516-1017

*These numbers may change without notice.

**Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the Virgin Islands should use: V.I. Bureau of Internal Revenue, 9601 Estate Thomas Charlotte Amalie, St. Thomas, V.I. 00802.

Where To File

Generally, mail or fax Form 8821 directly to the IRS. See the *Where To File Chart* on page 2. Exceptions are listed below.

If Form 8821 is for a specific tax matter, mail or fax it to the office handling that matter. For more information, see the instructions for line 4.

Your representative may be able to file Form 8821 electronically with the IRS from the IRS website. For more information, go to www.irs.gov. Under the *Tax Professionals* tab, click on *e-services—Online Tools for Tax Professionals*. If you complete Form 8821 for electronic signature authorization, do not file a Form 8821 with the IRS. Instead, give it to your appointee, who will retain the document.

Revocation of an Existing Tax Information Authorization

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to the IRS, using the *Where To File Chart* on page 2. The copy of the tax information authorization must have a current signature and date of the taxpayer under the original signature on line 7. Write "REVOKE" across the top of Form 8821. If you do not have a copy of the tax information authorization you want to revoke, send a statement to the IRS. The statement of revocation or withdrawal must indicate that the authority of the appointee is revoked, list the tax matters and periods, and must be signed and dated by the taxpayer or representative. If the taxpayer is revoking, list the name and address of each recognized appointee whose authority is revoked. When the taxpayer is completely revoking authority, the form should state "remove all years/periods" instead of listing the specific tax matters, years, or periods. If the appointee is withdrawing, list the name, TIN, and address (if known) of the taxpayer.

To revoke a specific use tax information authorization, send the tax information authorization or statement of revocation to the IRS office handling your case, using the above instructions.

Taxpayer Identification Numbers (TINs)

TINs are used to identify taxpayer information with corresponding tax returns. It is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) so that the IRS can respond to your request.

Partnership Items

Sections 6221-6234 authorize a Tax Matters Partner to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of these sections.

Representative Address Change

If the representative's address has changed, a new Form 8821 is not required. The representative can send a written notification that includes the new information and their signature to the location where the Form 8821 was filed.

Specific Instructions

Line 1. Taxpayer Information

Individuals. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's address or post office box. If a joint return is used, also enter your spouse's name and TIN. Also enter your EIN if applicable.

Corporations, partnerships, or associations. Enter the name, EIN, and business address.

Employee plan or exempt organization. Enter the name, address, and EIN of the plan sponsor or exempt organization, and the plan name and three-digit plan number.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's TIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, indicate so on this line and attach a list of appointees to Form 8821.

Check the appropriate box to indicate if either the address, telephone number, or fax number is new since a CAF number was assigned.

Line 3. Tax Matters

Enter the type of tax, the tax form number, the years or periods, and the specific tax matter. Enter "Not applicable," in any of the columns that do not apply.

For example, you may list "Income, 1040" for calendar year "2006" and "Excise, 720" for "2006" (this covers all quarters in 2006). For multiple years or a series of inclusive periods, including quarterly periods, you may list 2004 through (thru or a hyphen) 2006. For example, "2004 thru 2006" or "2nd 2005-3rd 2006." For fiscal years, enter the ending year and month, using the YYYYMM format. Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list the current year or period and any tax years or periods that have already ended as of the date you sign the tax information authorization. However, you may include on a tax information authorization only future tax periods that end no later than 3 years after the date the tax information authorization is received by the IRS. The 3 future periods are determined starting after December 31 of the year the tax information authorization is received by the IRS. You must enter the type of tax, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period.

In **column (d)**, enter any specific information you want the IRS to provide. Examples of column (d) information are: lien information, a balance due amount, a specific tax schedule, or a tax liability.

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific use box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Note. If the taxpayer is subject to penalties related to an individual retirement account (IRA) account (for example, a penalty for excess contributions) enter, "IRA civil penalty" on line 3, column a.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to a specific issue are not recorded.

Check the box on line 4 if Form 8821 is filed for any of the following reasons: (a) requests to disclose information to loan companies or educational institutions, (b) requests to disclose information to federal or state agency investigators for background checks, (c) application for EIN, or (d) claims filed on Form 843, Claim for Refund and Request for Abatement. If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 6. Retention/Revocation of Tax Information Authorizations

Check the box on this line and attach a copy of the tax information authorization you do not want to revoke. The filing of Form 8821 will not revoke any Form 2848 that is in effect.

Line 7. Signature of Taxpayer(s)

Individuals. You must sign and date the authorization. Either husband or wife must sign if Form 8821 applies to a joint return.

Corporations. Generally, Form 8821 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and (d) any other person authorized to access information under section 6103(e).

Partnerships. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See *Partnership Items* on page 3.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information, you are required by section 6103(c) to provide the information requested on Form 8821. Under section 6109, you must disclose your social security number (SSN), employer identification number (EIN), or individual taxpayer identification number (ITIN). If you do not provide all the information requested on this form, we may not be able to honor the authorization.

The IRS may provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8821 to this address. Instead, see the *Where To File Chart* on page 2.



**Illinois Housing Development Authority
Reference**

Project Name: _____
Project Location or Address: _____
Owner: _____

Please provide three business references with whom the Owner has conducted business in the past five years.

1. Name:
 Address:
 Contact Person:
 Telephone Number:
 Fax Number:
 Email:

2. Name:
 Address:
 Contact Person:
 Telephone Number:
 Fax Number:
 Email:

3. Name:
 Address:
 Contact Person:
 Telephone Number:
 Fax Number:
 Email:

I hereby authorize the Illinois Housing Development Authority to contact the references above regarding the Owner's ability to develop and oversee the proposed Project.

Owner: _____

By: _____ Date _____
 Signature

Name: _____

Its: _____



**Illinois Housing Development Authority
Authorization for Release of Information**

Project Name: _____
Project Location or Address: _____
Owner: _____

Provide the Project Names and Addresses where Owner or Property Manager (please duplicate for each entity) has previously utilized tax credits or managed a Tax Credit Property (please duplicate for each State):

State:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
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Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:
Project Name: Address:

I hereby authorize the Illinois Housing Development Authority to obtain any and all information regarding Project Compliance or any formal or informal action taken by any state agency with respect to the LIHTC projects listed above.

Owner: _____

By: _____ Date _____
Signature

Name: _____

Its: _____



**Illinois Housing Development Authority
Referral and Support Agreement**

ABC Apartments

Street Address or Intersection
_____ County, _____, IL

All projects (except SLFs) that receive a conditional approval of the award of Tax Credits must submit and receive Authority approval of a Referral and Support Agreement within six (6) months of the date conditional approval.

Contact Information for Units Targeted to Supportive Housing Populations			
	Owner	Management Agent	Lead Referral Agency
Organization			
Primary Contact			
Phone			
Email			
Street Address			
City, State, Zip			

	Total number of units in project
	Number of units targeted to Supportive Housing Populations (“Targeted Units”)
	Number of units adaptable under Illinois Accessibility Code
	Number of units fully accessible to persons with mobility impairments
	Number of units accessible to persons with visual and/or hearing impairments
	New Construction (NEW) or Rehabilitation (REHAB)
	Rent to Ownership (RO) or Family (F) or Elderly (E). If elderly, specify ages 55+ or 62+

**Referral and Support Agreement for Units Targeted to Supportive Housing Populations
ABC Apartments, _____, Illinois**

I. **Unit Mix** – residential rent schedule by unit size and status. This information can be copied and pasted from the Residential Rent Schedule found in the project's full application. **Please note:** The actual unit mix for the Targeted Units will depend on the needs of referred households.

# Bedrooms	# Bathrooms	Unit Size (sq ft)	%AMI Target	Total Units	Monthly Rent
<i>Ex: 1</i>	<i>Ex: 1</i>	<i>Ex: 800</i>	<i>Ex: 60%</i>	<i>Ex: 10</i>	<i>Ex: \$500</i>

II. **Affordability** – how targeted units will be made affordable to households earning at or below 30% AMI:

Rents in the **targeted units** will be made affordable through (check one of the following):

<input type="checkbox"/>	30% AMI rents with no additional rental or operating subsidy
<input type="checkbox"/>	Long-Term Operating Support (via Rental Housing Support Program)
<input type="checkbox"/>	HUD Project-based (Section 8) Rental Assistance – see below
<input type="checkbox"/>	Public Housing
<input type="checkbox"/>	USDA Project-based (Section 515) Rental Assistance
<input type="checkbox"/>	Other (please specify):

Properties with a commitment of project based rental assistance can use this assistance to ensure affordability in the targeted units. To ensure compliance with Referral and Support Agreement requirements, Lead Referral Agency referrals can access the targeted units if 1) Management creates its own site-based preference for the targeted units and 2) the local Public Housing Authority (PHA) agrees to a preference for persons with disabilities and homeless households in the project's tenant selection plan.

If the project will utilize Project Based Rental Assistance in the Targeted Units, please describe here how the project will ensure that Lead Referral Agency referrals will receive priority for those units.

If the project is Rent to Homeownership, please describe here how residents of the Targeted Units will be prepared to purchase at the end of the rental period.

III. Agreement Among Partners

WHEREAS **INSERT OWNER NAME** was awarded Low-Income Housing Tax Credits (LIHTC) from Illinois Housing Development Authority (IHDA) to finance and build **XX** housing units, known as **INSERT HOUSING COMPLEX NAME** in **INSERT CITY NAME**, Illinois; and

IHDA's 2010 Qualified Allocation Plan requires LIHTC properties to target ten percent (10%) of the total units to households at or below 30% of Area Median Income (AMI) that are homeless, at-risk of homelessness and/or headed by persons with disabilities (Supportive Housing Populations); and

INSERT LEAD REFERRAL AGENCY NAME provides, coordinates, or represents agencies that provide direct community-based services in the **INSERT CITY NAME** area to Supportive Housing Populations; and

INSERT LEAD REFERRAL AGENCY NAME seeks to expand and support affordable housing opportunities for Supportive Housing Populations in their communities;

THEREFORE, **INSERT OWNER NAME**, **INSERT LEAD REFERRAL AGENCY NAME** and **INSERT PROPERTY MANAGEMENT NAME** agree to the following supportive housing partnership to target **XX** apartment units (the "Targeted Units") within the **INSERT HOUSING COMPLEX NAME** apartment complex for persons referred by human services agencies through the referral process coordinated by **INSERT LEAD REFERRAL AGENCY NAME**.

INSERT OWNER NAME shall:

- Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
- Assure that the Targeted Units remain available to eligible households referred through the process coordinated by **INSERT LEAD REFERRAL AGENCY NAME**, and that the purposes and spirit of this agreement are maintained through the compliance period.

INSERT LEAD REFERRAL AGENCY NAME shall:

- Coordinate with local human services agencies (the "Referral Network") to refer applicants to **INSERT PROPERTY MANAGEMENT NAME**, at initial rent up and in the event of vacancies, for the duration of the compliance period.
- Maintain a waiting list of referrals in the event of vacancies in the Targeted Units.
- Provide a standard referral form for each household referred to a Targeted Unit, to help **INSERT PROPERTY MANAGEMENT NAME** differentiate referrals for Targeted Units from general referrals made by agencies not involved in the Referral Network.
- Act as liaison between **INSERT PROPERTY MANAGEMENT NAME** and Targeted Unit residents' referral agencies to address issues with the application process and tenancy, should they arise. This includes contacting the appropriate member of the Referral Network, so that agency can make direct contact with a household they have referred. This will ensure that households in Targeted Units will have the opportunity to maintain contact with the agency that initially identified them as a potential referral, protect household confidentiality, and ensure that **INSERT PROPERTY MANAGEMENT NAME** has one primary contact for Targeted households.
- Facilitate access to an array of supportive services for Targeted Unit tenants offered by human services agencies participating in the Referral Network. These services shall be available to said tenants on an as-needed basis, and receipt of these or any other services shall not be a condition of tenancy.

- Facilitate communication with **INSERT PROPERTY MANAGEMENT NAME** and the Referral Network by designating, and maintaining in the event of staff turnover, named individuals as the primary contact and as the back-up contact on matters related to Targeted Units.
- Monitor the status of the local Housing Choice Voucher (Section 8) waiting list and alert the Referral Network when the list is open, so that households referred to Targeted Units can apply for such assistance.

INSERT PROPERTY MANAGEMENT NAME shall:

- Notify **INSERT LEAD REFERRAL AGENCY NAME** of initial lease-up 3 months prior to anticipated occupancy certification or when marketing begins, whichever comes first.
- Share tenant eligibility and screening criteria with **INSERT LEAD REFERRAL AGENCY NAME** so that the Referral Network will be prepared to refer qualified tenants and assist them with requests for Reasonable Accommodations or Modifications when necessary.
- Educate initial and subsequent on-site property managers on the Referral and Support Agreement, and provide contact information for **INSERT LEAD REFERRAL AGENCY NAME**.
- Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
- Screen all referred applicants using screening criteria established for all applicants at the apartment community, according to State and Federal Fair Housing Law.
- In the event a referred applicant is denied housing, (1) notify the applicant and **INSERT LEAD REFERRAL AGENCY NAME** of reason for denial, (2) accept and consider requests for Reasonable Accommodations in accordance with State and Federal Fair Housing Law, and (3) hold unit open until the request process is complete.
- For a period of 90 days from the date of the first certificate of occupancy, establish a preferential leasing opportunity for the **XX** Targeted Units specified in this agreement for Supportive Housing Populations, prioritizing households referred via **INSERT LEAD REFERRAL AGENCY NAME** for the Targeted Units.
- In the event a vacancy occurs at the property and not all **XX** Targeted Units are filled with referred persons, notify **INSERT LEAD REFERRAL AGENCY NAME** and hold the unit open for a period no less than 30 days from the date **INSERT LEAD REFERRAL AGENCY NAME** is made aware of the vacancy. If no eligible applicant is referred within 30 days, the unit may be rented to any eligible applicant. This process is repeated until **XX** Targeted Units are occupied by referred persons.
- Communicate tenancy issues with the **INSERT LEAD REFERRAL AGENCY NAME** in a timely manner.
- Facilitate communication with **INSERT LEAD REFERRAL AGENCY NAME** by designating, and maintaining in the event of staff turnover, a named individual as the primary contact on matters related to the Targeted Units.

All parties to this Agreement shall:

- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for meeting compliance requirements established by the IRS and IHDA.
- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for maintaining the property for the benefit of all the tenants.
- Agree that the provisions and the spirit of this agreement notwithstanding, decisions on the admittance and/or retention of tenants according to Fair Housing and IL Landlord Tenant Law are the responsibility of **INSERT PROPERTY MANAGEMENT NAME**.
- Agree that tenant participation in supportive services will not be a condition of tenancy.
- Agree to return one another's phone calls and emails promptly to minimize vacancies in Targeted Units and ensure that residents in Targeted Units are offered the supports they may need to maintain their tenancy.
- Agree that in the event that disagreements or difficulties arise that they are unable to resolve through open and cooperative dialogue, they will seek assistance in resolving these conflicts from IHDA.
- Agree that the terms of the Referral and Support Agreement for **INSERT HOUSING COMPLEX NAME** prepared jointly by **INSERT OWNER NAME**, **INSERT PROPERTY MANAGEMENT NAME** and **INSERT LEAD REFERRAL AGENCY NAME** are hereby incorporated by reference.
- Understand that **INSERT LEAD REFERRAL AGENCY NAME** activities of providing, coordinating, or representing agencies that provide direct community-based services does not indicate any fiscal funding commitment herein.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

INSERT OWNER CONTACT, TITLE
INSERT OWNER NAME
INSERT PHONE NUMBER

Date

INSERT PROPERTY MANAGEMENT CONTACT, TITLE
INSERT PROPERTY MANAGEMENT NAME
INSERT PHONE NUMBER

Date

INSERT LEAD REFERRAL AGENCY CONTACT, TITLE
INSERT LEAD REFERRAL AGENCY NAME
INSERT PHONE NUMBER

Date

PHYSICAL NEEDS ASSESSMENT

GUIDANCE TO THE PROPERTY EVALUATOR

SAMPLE REPORT MASTER 8-09-07

PROPERTY NEEDS ASSESSMENT

FOR

**NAME OF PROJECT
ADDRESS OF PROJECT
CITY, ILLINOIS ZIP**

DATE:

PREPARED FOR

**NAME OF CLIENT
ADDRESS OF CLIENT
CITY, STATE**

PREPARED BY:

**NAME
ADDRESS
CITY, STATE, ZIP**

Date:

Client Name
Address

Property Needs Assessment
PROPERTY NAME
STREET NUMBER & NAME
CITY, STATE ZIP

Dear Mr. or Ms.:

We are pleased to provide the results of the Property Needs Assessment of the PROPERTY NAME in ANY CITY, STATE. This assessment was authorized on Date.

We appreciate the opportunity to provide engineering services to name of client. If you have any questions concerning this report, or if we can assist you in any other manner, please call our office.

Sincerely,

(Your Name)

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APPENDIX B – PHOTOGRAPHS

1.0 EXECUTIVE SUMMARY

Property Name:	Savoy Apartments		
Location:	123 Main Street, Tri-City, Illinois 60198		
Date of Assessment	March 20, 2003		
Site Information	6.5 Acres		
Buildings and Amenities:	Apartment Buildings	Five, 3-stories	
	Club house/ rental office.	One, 1-story	
	Swimming pool	One, Heated	
	Maintenance Building	One, 1-story	
	Garages	N/A	
	Carports	N/A	
	Other	N/A	
Number of Apartments:	<i>Leased:</i>	95	
	<i>Vacant:</i>	5	
	<i>Total:</i>	100	
Number of Parking Spaces:	<i>Standard:</i>	98	
	<i>Disabled:</i>	2	
	<i>Total:</i>	100	
Number of Parking Spaces Required:	<i>Standard:</i>	96	
	<i>Disabled:</i>	4	
	<i>Total:</i>	100	
Construction Date:	1991		
First Occupancy Date:	1992		

Generally, the building appears to be in fair to good physical condition. Both the exterior and interior appear to be well maintained. Based on the site observations, there are recommended capital expenditures that should be accomplished during the evaluation period.

The following table presents recommended expenditures categorized as Critical Repair (All deficiencies of health and safety, violation of Section 8 housing quality standards, FHA's regulatory agreement standards that require immediate remediation, and building and fire code violations). Immediate Repair and Replacement Items (All items of significant deferred and other maintenance items that will need to be addressed within 12 months of closing including accessibility requirements), Long Term Physical Needs (All items that require repair and replacement over the evaluation period)

Capital Expenditures – 10-year Term Period PROPERTY NAME - ANY CITY, Illinois						
Item	Property Condition			Critical Repair	Immediate Repair & Replacement	Long Term Repair
	POOR	FAIR	GOOD			
<i>4.01 Site Development</i>				\$	\$	\$
<i>4.02 Building Structure</i>				\$	\$	\$
<i>4.03 Building Structure</i>				\$	\$	\$
<i>4.04 Building Interior</i>				\$	\$	\$
<i>4.05 Mechanical Systems</i>				\$	\$	\$
<i>4.06 Electrical Systems</i>				\$	\$	\$
<i>4.07 Building Plumbing Systems</i>				\$	\$	\$
<i>4.08 Conveyance Systems</i>				\$	\$	\$
<i>4.09 Life Safety/Fire Protection</i>				\$	\$	\$
<i>4.10 Amenities</i>				\$	\$	\$
<i>4.11 Other Structures</i>				\$	\$	\$
Sub Totals				\$	\$	\$
TOTAL FACILITY CAPITAL EXPENDITURES (Accessibility compliance costs and environmental remediation costs are not included)						\$

2.0 INTRODUCTION

2.01 PURPOSE AND SCOPE OF SERVICES

RAH & Associates conducted a walk-through observation of the Savoy Apartments, located at 123 main Street, in Tri city, Illinois on March 15, 2003. This assessment was authorized on March 5, 2007, and performed in general accordance with the proposal dated March 2, 2007.

The purpose of this Property Condition Report is to observe and document readily visible materials and building system defects, which might significantly affect the value of the property, and determine if conditions exist which may have a significant impact on the continued operation of the facility during the evaluation period. **This assessment shall not be used by the developer as his scope of work. It should be viewed as an addendum to the scope of work prepared by the developer's design architect.**

The assessment included a site visit, interviews with property management personnel; inquiries to the local building department, zoning department and fire department; a review of readily available construction documents (drawings and specifications) provided by the property owner; and visual observations of the following systems components: site development, building exterior and interior, building structure, mechanical, electrical and plumbing systems; conveyance systems, life safety/fire protection, and general accessibility compliance.

This report is intended to provide a general overview of the building systems and their overall condition. It has been performed using that degree of skill and care normally exercised by reputable consultants performing similar work. The activities of this assessment included observations of visible and readily accessible areas. The observations were performed without removing or damaging components of the existing building systems. Consequently, certain assumptions have been made regarding conditions and operating performance. Comprehensive studies to identify, document, and evaluate every existing defect or deficiency, were not conducted. In some cases, additional studies may be warranted to fully evaluate concerns noted. In addition, system checks or testing of the equipment in the operating mode is beyond the scope of this assessment.

The observations, findings, and conclusions within this report are based on our professional judgment and information obtained during the course of this assessment. The opinions and recommendations presented herein are based on our observations, evaluation of the information provided, and interviews with personnel familiar with the property and should not be considered design solutions. No calculations have been performed to determine the adequacy of the

facility's original design. It is possible that defects and/or deficiencies exist that were not readily accessible or visible. Problems may develop with time, which were not evident at the time of this assessment. The opinions and recommendations in this report should not be construed in anyway to constitute a warranty or guarantee regarding the current or future performance of any system identified.

The representations regarding the status of accessibility requirements is based on visual observation and some physical measuring and, thus, are intended to be a good faith effort to assist the Client by noting nonconforming conditions along with estimates of costs to correct and are not to be considered to be based on a detailed study.

This Report does not confirm the presence or absence of asbestos, PCB's, lead base paints or toxic soils on this property.

The preparer of this report shall at all times be an independent observer and cannot be connected in any other fashion to the project such as the design architect or construction observer.

RELIANCE

This report was prepared for the use of **Ace Development Company** and the Illinois Housing Development Authority, 401 North Michigan Avenue, Suite 900, Chicago, IL, its successors and/or assigns. This report is expressly and exclusively for the sole use and benefit of the client and the Illinois Housing Development Authority and is not for the use or benefit of, nor may any other person or entity rely upon this report without the advanced written consent of RAH & Associates.

EVALUATION DEFINITIONS

- Good:** Average to above-average condition for the building system or material assessed, with consideration of its age, design and geographical location. Generally, other than normal maintenance, no work is recommended or required.
- Fair:** Average condition for the building system evaluated. Some work is required or recommended, primarily due to the normal aging and wear of the building system, to return to a good condition.
- Poor:** Below average condition for the building system evaluated. Significant work anticipated returning the building system or material to an acceptable condition.

OPINION OF COST

The opinion of costs presented is for the repair/replacement of readily visible materials and building system defects that might significantly affect the value of the property during the evaluation period. These opinions are based on approximate quantities and values. They do not constitute a warranty that all items, which may require repair or replacement, are included.

Estimated cost opinions presented in this report are from a combination of sources. The primary sources are from Means Repair and Remodeling Cost Data and Means Facilities Maintenance and Repair Cost Data; past invoices or bid documents provided by site management; as well as the report preparer's experience with costs for similar projects and city cost indexes.

Replacement and Repair Cost estimates are based on approximate quantities. Information furnished by site personnel or the property management, if presented, is assumed by this report preparer to be reliable. A detailed inventory of quantities for cost estimating is not a part of the scope of this Report.

Actual costs may vary depending on such matters as type and design of remedy; quality of materials and installation; manufacturer of the equipment or system selected; field conditions; whether a physical deficiency is repaired or replaced in whole; phasing of the work; quality of the contractor(s); project management exercised; and the availability of time to thoroughly solicit competitive pricing. In view of these limitations, the costs presented herein should be considered "order of magnitude" and used for budgeting purposes only. Detailed design and contractor bidding is recommended to determine actual cost.

These opinions should not be interpreted a design solution, construction bid, an offer to perform the work, or the entire scope of work to be performed. All costs are stated in present value. The recommendations and opinions of cost provided herein are based on the understanding that the facility will continue operating in its present occupancy classification and general quality level unless otherwise stated.

COMMON ABBREVIATIONS

ALEC: Aluminized Emulsion Coating (Roofing)	HP: Horsepower
A/V: Audio Visual Device	HVAC: Heating, Ventilation & Air Conditioning
BLDG: Building	IN: Inches
BOCA: Building Officials & Code Administrators International, Inc.	KVA: Kilo-volt amp
BUR: Built-Up Roof	LF: Linear Feet
CF: Cubic Feet	MEP: Mechanical, Electrical and Plumbing
CIP: Cast Iron Pipe	MP: Manual Pull Station
CMP: Corrugated Metal Pipe	NRA: Net Rentable Area
CMU: Concrete Masonry Units	NO: Number
CY: Cubic Yard	PB: Polybutylene
DX: Direct Expansion	PVC: Poly Vinyl Chloride
EIFS: Exterior Insulating Finish System	RCP: Reinforced Concrete Pipe
EMT: Electrical Metallic Tubing (Conduit)	SBC: Standard Building Code
EPD Ethylene Propylene Diene Monomer	SD: Smoke Detector
M:	SF: Square Feet
F: Fahrenheit	SY: Square Yard
FT: Feet	UBC: Uniform Building Code
GBA: Gross Building Area	VAT: Vinyl Asbestos Tile
HC: Handicap	VAV: Variable Air Volume
HID: High-Intensity Discharge (Lighting)	VWC: Vinyl Wall Covering

3.0 GENERAL INFORMATION

GENERAL

The Savoy Apartments is a 3-story, multi-tenant, apartment complex consisting of five, 3-story buildings, each containing 15, one-bedroom units and 15, two-bedroom units for grand total of 150-units. There is a one, 1-story clubhouse/rental office building and a one, 1-story maintenance building. Parking consists of asphalt-pavement. The architectural treatments of the buildings include face brick exterior walls, with a combination of a concrete-tile pitched roof shingles surrounding a low-sloped elastomeric rubber membrane roof area. The facility appears to be in generally good to fair overall condition for its age, use, and design.

INTERVIEWS

The following individuals were interviewed:

Name	Title	Phone Number
Laura Smith	On-site Property Manager	309-674-8927
Proctor Jones	Maintenance Supervisor	309-674-8927
Ralph Pulley	Building & Zoning Department Officer	309-674-9200
Captain Robert Lee	Fire Prevention Bureau	309-674-7290

PROPERTY INFORMATION

The site visit portion of this property condition assessment was performed on March 20, 2003, by RAH & Associates. The weather at the time of our observation was clear with temperatures near 60 degrees° Fahrenheit.

<i>Property Name and Address:</i>		
	Savoy Apartments	
	123 Main Street	
	Tri-City, Illinois	
<i>Site Information:</i>		
<i>Surrounding Area:</i>	<i>North:</i>	Commercial/Multi-family Residential

	<i>South:</i>	Single/Multi-family Residential		
	<i>East:</i>	Commercial/Multi-family Residential		
	<i>West:</i>	Commercial/Multi-family Residential		
Land Area:	6.5 Acres			
Number of Entry Drives:	2			
Parking Spaces:				
	<i>Standard</i>	98		
	<i>Handicap</i>	2		
	<i>Garage Parking</i>	N/A		
	<i>Total</i>	100		
	<i>Required</i>	Per current Zoning 150		
Building Classification Information:				
Building Code:	<i>Original Construction:</i>	BOCA - 1984		
	<i>Present:</i>	International Building Code - 2000		
	<i>Code Violations:</i>	None		
Zoning:	R-5			
Compliance with current Zoning Ordinance:	Legal nonconforming use. The R-5 Zoning parking and density regulations have changed. The Zoning Officer reported that if 50% or less of the buildings were destroyed by a disaster, the property could be rebuilt to original configuration. If more than 50% of the buildings are destroyed then the rebuilding of the property would have to comply with the newest ordinance.			
Total Building Area: (SF)	81,000 SF			
Building Coverage:	Approximately 29 percent			
Number of Apartments	<i>Leased</i>	<i>Vacant</i>	<i>Total</i>	
	95	5	100	
Financial Assisted Programs (Section 8, 236 Housing, etc)	50 - 236 Housing Units and 25 - Section 8 Units			

Geographic Information:	
Seismic Zone:	<u>Zone 2B</u> : Moderate probability of damaging ground motion (UBC 1997)
Proximity to Flood Plain:	<u>Zone B</u> : Area between the 100-year and 500-year flood plain (per FEMA, Panel 1600020011E, August 2, 1996)
Utility Suppliers:	
Electric:	Illinois Power Company
Water:	City of Tri-City
Storm Sewer	City of Tri-City
Sanitary Sewer:	City of Tri-City
Gas:	NICOR
Telephone:	SBC

BUILDING HISTORY

Date of Completion:	1992	
Date(s) of Major Improvements:	1996, 1999, & 2002 Seal coated and re-stripped the parking lot. 2000 Up-graded fire alarm system to meet accessibility standards. 2001 Replaced all appliances & replaced 50% of the roofs	
Status of Occupancy Certificate:	On file with the City	
Current Owner(s):	Tri-City Development, LLC	
Architects:	Unknown	
Structural Engineers:	Unknown	
Mechanical/Electrical Engineers:	Unknown	
Civil Engineers	Unknown	
Building Documents Reviewed:	<i>Drawing(s)</i>	<i>Date</i>
Architectural Drawings	Not available	
MEP Drawings	Not available	
Civil Engineering Drawings	Not available	
Fire protection Drawings	Not available	

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	<i>A/E Specifications:</i>	Not available	
	<i>Geotechnical Soils Report:</i>	Not available	

4.0 PROJECT ASSESSMENT

4.01 Site Development

401.1 Signage	
<i>Description</i>	<i>Observation/Comments</i>
<p>A monument sign at the main entrance provides property identification signage. The sign is suspended between two brick piers and is constructed of wood with painted raised letters.</p> <p>Numbers mounted on the face of building identifies each building.</p>	<p>The site signage appeared to be generally in good condition anticipated to require only routine maintenance over the evaluation period.</p>
401.2 Pavement	
<i>Description</i>	<i>Observation/Comments</i>
<p>The roadways and parking lot pavement consist of asphaltic concrete. The drawings indicate pavement specifications to be 2-½ inch asphalt over 8 inch compacted (¾ inch minus) gravel, compacted to 95% maximum density.</p>	<ul style="list-style-type: none"> • The pavement is approximately 17-years old and appeared in good to fair condition, with some cracking observed, primarily along the roadway. The property manager reported that no seal coating has been applied in recent years. It is recommended that crack-sealing, as well as bituminous seal coating and re-applications of pavement markings be completed. Short Term • Additional bituminous seal coating and re-applications of pavement marking will also be required over the evaluation period. Long Term
4.01.3 Curbs	
<i>Description</i>	<i>Observation/Comments</i>
<p>The curbs consist of cast-in-place concrete.</p>	<p>The curbs appear to be in generally good condition, requiring only routine maintenance over the evaluation period.</p>
4.01.4 Sidewalks	
<i>Description</i>	<i>Observation/Comments</i>
<p>The sidewalks from the parking areas to the building entries and along the pedestrian</p>	<p>The sidewalks appear to be in generally good condition, with no significant cracking</p>

<p>paths are constructed of cast-in-place concrete.</p>	<p>observed, requiring only routine maintenance.</p>
<p>4.01.5 Retaining Walls</p>	
<p><i>Description</i></p>	<p><i>Observation/Comments</i></p> <p>Not applicable for this site.</p>
<p>4.01.6 Fencing</p>	
<p><i>Description</i></p> <p>There is a 6-foot high ornamental iron fence spanning between masonry piers along the north and west side of the property.</p> <p>There is a 4-foot high ornamental iron fence and gate surrounding the swimming pool.</p>	<p><i>Observation/Comments</i></p> <ul style="list-style-type: none"> • The fence and masonry piers appear to be in good condition. Painting will be required over the evaluation period. The cost for this item is minimal and considered to be part of routine maintenance. • The swimming pool fence and gate appear to be in good condition. Painting will be required over the evaluation period. The cost for this item is minimal and considered to be part of routine maintenance.
<p>4.01.7 Dumpster Areas</p>	
<p><i>Description</i></p> <p>The dumpsters are located in 4 areas and sit on a concrete pad within a wood board fence enclosure with a metal gate.</p>	<p><i>Observation/Comments</i></p> <ul style="list-style-type: none"> • The refuse contractor owns the dumpsters. • The wood enclosures appear to be in fair condition. Replacement should be anticipated over the evaluation period. Long Term
<p>4.01.8 Site Lighting</p>	
<p><i>Description</i></p> <p>Pole-mounted HID fixtures located along the driving lanes and in the parking area provide site lighting. Building mounted HID fixtures are spaced along the perimeter walls of the building. Wall mounted incandescent fixtures are mounted at the entrance doors to each building and along side the sliding doors to the patios and balconies.</p>	<p><i>Observation/Comments</i></p> <ul style="list-style-type: none"> • Lighting was not observed at night, however, based on the amount of fixtures provided and their location, the lighting appeared to be adequate. • The exterior site lighting appears to be in generally good condition requiring only routine maintenance over the evaluation period • The building lighting HID and incandescent lighting appears to be in generally good condition requiring only routine maintenance over the evaluation period
<p>4.01.9 Landscaping</p>	

<i>Description</i>	<i>Observation/Comments</i>
<p>The landscaping consists of mature trees, shrubs, and lawns. The lawn and planting areas have an underground irrigation system.</p>	<ul style="list-style-type: none"> • The landscaping appears to be in good condition. Plantings that have died due to winter dye-off will requirement replacement. The cost for this item is minimal and is considered to be part of routine maintenance. • The irrigation system was reported to be in good condition requiring only routine maintenance over the evaluation period.
<p>4.01.10 Site Drainage</p>	
<p><i>Description</i></p> <p>Site storm water from lawns and paved areas appears to drain overland into catch basins located in the parking lots and lawn areas. These catch basins flow via underground piping into an on-site storm water retention area located on the north side of the property.</p>	<p><i>Observation/Comments</i></p> <p>The drainage system appears to be adequate and is reported to be in good condition requiring only routine maintenance over the evaluation period.</p>
<p>4.01.11 Sanitary Sewer</p>	
<p><i>Description</i></p> <p>The site sanitary sewer discharges into a municipal sewer main located in Main Street. The civil engineering drawings indicate that the piping material is reinforced concrete. The sanitary sewer service to each building is 4-inch vitrified clay entering the front of the building.</p>	<p><i>Observation/Comments</i></p> <p>Due to hidden conditions the site sanitary sewer system could not be viewed. The Maintenance Supervisor reported that the system appears to be in good condition and no major problems have been experienced.</p>
<p>4.01.12 Lift Stations</p>	
<p><i>Description</i></p>	<p><i>Observation/Comments</i></p>
	<p>Not applicable to this project.</p>
<p>4.01.13 Domestic Water</p>	
<p><i>Description</i></p> <p>The 8-inch municipal water main located in Main Street supplies the on-site water lines. The property’s water distribution system consists of 6-inch ductile iron pipe located in the main roadways on the property. The system is looped. The water service to each building consists</p>	<p><i>Observation/Comments</i></p> <ul style="list-style-type: none"> • Due to hidden conditions the site domestic water system could not be viewed. The Maintenance Supervisor reported that the system appears to be in good condition and no major problems have been experienced.

of 1.5-inch copper entering the building in the front The water meters are located in a concrete vault adjacent to each building.	
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4.02 BUILDING STRUCTURE

4.02.1 Geotechnical

<i>Description</i>	<i>Observation/Comments</i>
	Geotechnical information was not provided for review.

4.02.2 Foundation

<i>Description</i>	<i>Observation/Comments</i>
The foundation system is indicated on the drawings to consist of cast-in-place concrete perimeter stem wall bearing on reinforced concrete spread footings around the exterior walls, and individual cast-in-place reinforced concrete pads at exterior and interior column locations.	Due to hidden conditions, the footings could not be evaluated. The foundation walls were open for limited evaluation. No cracking or other instability of the system was observed.

4.02.3 Slab

<i>Description</i>	<i>Observation/Comments</i>
The first floor typically consists of a four-inch poured-in-place, reinforced concrete slab bearing on two-inch leveling sand over 6-mill vapor barrier and six-inch compacted gravel.	Observed floors appeared to be level and stable. No significant sign of deflection or movement was observed.

4.02.4 Superstructure

<i>Description</i>	<i>Observation/Comments</i>
The exterior walls consist of load-bearing wood stud framing with interior steel columns and wood floor trusses supporting the upper floor. The roof framing consists of manufactured wood trusses and OSB sheathing.	The superstructure appeared to be in generally good condition. No evidence of structural instability was observed.

4.02.5 Floor Framing

<i>Description</i>	<i>Observation/Comments</i>

<p>The upper floor is constructed with manufactured wood truss joists supporting the plywood floor deck and lightweight concrete floor fill.</p>	<p>Sign of deflection and movement in the floors were not observed indicating that the floor framing was stable.</p>
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4.02.6 Roof Framing

<i>Description</i>	<i>Observation/Comments</i>
<p>The roof is constructed with manufactured wood truss spaced at approximately 24-inches center-to-center supporting the plywood floor deck and lightweight concrete floor fill.</p>	<ul style="list-style-type: none"> • Sign of deflection and movement in the roof framing were not observed indicating that the roof framing was stable. • Fire retardant plywood sheathing was not observed.

4.03 BUILDING EXTERIOR

4.03.1 Wall Assembly/Finish

<i>Description</i>	<i>Observation/Comments</i>
<p>The exterior walls are constructed of brick veneer over CDX plywood sheathing and 2 x 4 wood stud framing with R-11 fiberglass batt insulation.</p> <p>T-1-11 spandrel panels are located above and below the bedroom windows on all four sides of the building.</p>	<ul style="list-style-type: none"> • The exterior brick walls appeared to be in good condition. No evidence of spalling, cracking, or efflorescence was observed. • The T-1-11 wood siding is in fair condition. Replacement of damaged areas and painting will be required within the first year. Short Term

4.03.2 Windows; Glass/Glazing

<i>Description</i>	<i>Observation/Comments</i>
<p>The building's windows consist of double-glazed sliding units, set in anodized aluminum frames.</p>	<ul style="list-style-type: none"> • The windows appear to be in fair to poor condition. Thirty widows require immediate replacement required. Critical Repair. • The double pane glass appeared to be in generally good condition. The seals in fourteen units appear to be broken requiring immediate replacement. Critical Repair

4.03.3 Exterior Doors

<i>Description</i>	<i>Observation/Comments</i>
<p>The main entrance doors to each building consist of full-glass panels set in aluminum frame.</p> <p>The rear exterior doors are insulated metal doors with a 10-inch x 10-inch vision panel. The exterior service doors are insulated metal doors</p>	<ul style="list-style-type: none"> • The exterior main entrance doors appeared to be in generally good condition. • The exterior insulated metal service doors appear to be in good condition. Scraping and painting will be required over the evaluation period. The cost for this item is minimal and is considered to be part of routine maintenance.

4.03.4 Sealant

<i>Description</i>	<i>Observation/Comments</i>
<p>Elastomeric type sealant material is applied around areas around windows, doors, and expansion joints.</p>	<p>Observed sealant appears to be dried-out and in poor condition requiring immediate replacement. Critical Repair</p>

4.03.5 Exterior Stairs

<i>Description</i>	<i>Observation/Comments</i>
<p>The exterior stairs are constructed of concrete fill metal pans with steel stringers and metal handrails.</p>	<p>The exterior stairs appear to be in good condition. Scraping and painting will be required over the evaluation period. Long Term</p>

4.03.6 Roofing

<i>Description</i>	<i>Observation/Comments</i>
<p>The building has a pitched roofing system consisting of asphalt shingles over roofing felts. The roof drainage consists of metal gutters and downspouts emptying on concrete splash blocks.</p>	<ul style="list-style-type: none"> • The asphalt shingle roofing is 7-years old and appears to be in good condition Based on its EUL of 15 to 20 years, roof replacement is not anticipated over the evaluation period. • A roof warranty was not available. • The roof drainage appears to be adequate and in good condition requiring only routine maintenance over the evaluation period.

4.03.7 Skylights

<i>Description</i>	<i>Observation/Comments</i>
	<p>Not applicable for this project.</p>

4.03.8 Patios & Balconies

<i>Description</i>	<i>Observation/Comments</i>

<p>The ground-level patios are cast-in-place reinforced concrete slabs-on-grade.</p>	<ul style="list-style-type: none"> • The ground-level patio slabs appear to be in good condition with limited signs of movement and minor cracking. Repairs are minor and considered to be routine maintenance.
<p>The upper level balcony framing consists of pressure-treated wood joists cantilevered off of the building framing. The balcony decks are 2-inch x 6-inch pressure-treated wood open slat boards.</p>	<ul style="list-style-type: none"> • The upper level balconies appeared to be in good condition. Painting will be required over the evaluation period. Long Term
<p>The balcony guardrails are metal.</p>	

4.04 BUILDING INTERIOR

4.04.1 Dwelling Units

To establish a representative sample and gain a clear understanding of the overall property condition, Approximately ten percent of the apartment units were observed in order n. The property has a total of 100 units.

Unit Type	Total
One-bedroom, one-bath	25
Two-bedroom, one-bath	50
Two-bedroom, two-baths	0
Three-bedroom, two-baths	25
Three-bedroom, two and one-half-baths	0
Total number of units	100

The following apartments were observed while on-site:

Unit Number	Unit Type	Status
123	One-bedroom, one-bath	Vacant
156	Two-bedroom, one-bath	Occupied
289	Two-bedroom, two-bath	Occupied
345	Three-bedroom, two-bath	Occupied
456	Three-bedroom, two-bath	Vacant – Handicapped Accessible

4.04.2 Common Area Interior Finishes

Common Area Stairs	
<i>Description</i>	<i>Observation/Comments</i>
<p>The Interior stairs consist of closed risers, wood tread units with carpet finish.</p> <p>The handrails are constructed of ornamental iron with wood top rails.</p>	<ul style="list-style-type: none"> • The interior stairs appear to be in generally good condition and are anticipated to require only routine maintenance over the evaluation period. • The interior stair carpet is three years old and appears to be in fair condition. The EUL of the carpet indicates that replacement will be anticipated during the evaluation period. <p>Long Term</p>

Common Area Doors		
<i>Description</i>		<i>Observation/Comments</i>
The Interior common area doors and apartment entrance doors are typically solid-core doors set in metal frames.		The common area doors appear to be in good condition. Replacement, if required, is considered to be part of routine maintenance.
Corridors		
<i>Floor</i>	Carpet	The carpeting is 9-years old and appears to be in poor condition requiring immediate replacement. Critical Need
<i>Walls</i>	Painted Drywall	The walls appear to be in poor condition. Immediate repair and painting is required. Critical Need
<i>Ceiling</i>	Painted drywall	The walls appear to be in poor condition. Immediate repair and painting is required. Critical Need
Clubhouse/Rental Office		
Foyer		
<i>Floor</i>	Ceramic tile	The ceramic tile original and appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Painted drywall	The walls appear to be in good condition. Painting is recommended over the evaluation period. Long Term

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<i>Ceiling</i>	2X4 suspended ceiling panels	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
Clubroom		
<i>Floor</i>	Carpet	The carpeting is 5-years old and appears to be in fair condition requiring replacement over the evaluation period. Long Term
<i>Walls</i>	Painted drywall	The walls appear to be in good condition. Painting is recommended over the evaluation period. Long Term
<i>Ceiling</i>	Painted drywall	The ceiling appears to be in good condition. Painting is recommended over the evaluation period. Long Term

Rental Office		
<i>Floor</i>	Carpet	The carpeting is 5-years old and appears to be in fair condition requiring replacement over the evaluation period. Long Term
<i>Walls</i>	Painted drywall/Wall covering	The walls appear to be in good condition. Painting is recommended over the evaluation period. Long Term The walls that are covered with wall covering appear to be in poor condition requiring immediate replacement. Critical need
<i>Ceiling</i>	2X4 suspended ceiling panels	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.

Health Club		
<i>Floor</i>	Carpet	The carpeting is 5-years old and appears to be in fair condition requiring replacement over the evaluation period. Long Term
<i>Walls</i>	Painted drywall	The walls appear to be in good condition. Painting is recommended over the evaluation period. Long Term
<i>Ceiling</i>	2X4 suspended ceiling panels	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.

Washrooms		
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<i>Floor</i>	Vinyl tile	The flooring is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Ceramic tile/Painted drywall	The ceramic tile is original and appears to be in good requiring only routine maintenance over the evaluation period. The drywall walls appear to be in good condition. Painting is recommended over the evaluation period. Long Term
<i>Ceiling</i>	Painted drywall	The ceiling appears to be in good condition. Painting is recommended over the evaluation period. Long Term

Kitchen		
<i>Floor</i>	Quarry tile	The flooring is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Washable wall covering	The walls appear to be in good condition requiring only routine maintenance over the evaluation period
<i>Ceiling</i>	2X4 suspended washable ceiling panels	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
Laundry		
<i>Floor</i>	Vinyl tile	The flooring is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Painted drywall	The walls appear to be in good condition requiring only routine maintenance over the evaluation period
<i>Ceiling</i>	2X4 suspended ceiling panels	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
Pool Equipment Room		
<i>Floor</i>	Exposed concrete	The flooring is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Drywall	The walls appear to be in good condition requiring only routine maintenance over the evaluation period
<i>Ceiling</i>	Drywall	The ceiling is original and appears to be in good condition requiring only routine maintenance over the evaluation period.
4.04.3 Apartment Building Finishes		
<i>Description</i>		<i>Observation/Comment</i>
Living Room/Dining Room		
<i>Floor</i>	Carpet	The EUL of the carpet indicates that replacement will be anticipated during the evaluation period. Critical Need, Immediate Need & Long term
<i>Walls</i>	Painted drywall	The walls and ceiling appear to be in good condition. Painting is done at tenant turnover and is considered part of routine maintenance.
<i>Ceiling</i>	Painted drywall	

Kitchen		
<i>Floor</i>	Vinyl tile	The EUL of the vinyl tile indicates that replacement will be anticipated during the evaluation period. Long Term.
<i>Walls</i>	Painted drywall	The walls and ceiling appear to be in good condition. Painting is done at tenant turnover and is considered part of routine maintenance.
<i>Ceiling</i>	Painted drywall	
<i>Cabinets:</i>	Wood	The cabinets are original and appear to be in good to fair condition requiring some replacement during the evaluation period. Critical Need & Immediate Need.
<i>Countertop</i>	Laminated Plastic	The countertops are original and appear to be in good to fair condition requiring some replacement during the evaluation period. Critical Need & Immediate Need.
Bathroom		
<i>Floor</i>	Vinyl Tile	The EUL of the vinyl tile indicates that replacement will be anticipated during the evaluation period. Long Term.
<i>Walls</i>	Painted drywall	The walls and ceiling appear to be in good condition. Painting is done at tenant turnover and is considered part of routine maintenance.
<i>Ceiling</i>	Painted drywall	
<i>Tub/Shower:</i>	Ceramic tile	The tub surrounds appear to be in fair condition requiring some replacement, Critical need & Immediate Need.
<i>Vanity</i>	Wood	The cabinets are original and appear to be in good to fair condition requiring some replacement during the evaluation period. Critical Need & Immediate Need.

Bedroom		
<i>Floor</i>	Carpet	The EUL of the carpet indicates that replacement will be anticipated during the evaluation period. Critical Need, Immediate Need & Long term

<i>Walls</i>	Painted drywall	The walls and ceiling appear to be in good condition. Painting is done at tenant turnover and is considered part of routine maintenance.
<i>Ceiling</i>	Painted drywall	

Utility Room		
<i>Floor</i>	Vinyl tile	The flooring appears to be in good condition requiring only routine maintenance over the evaluation period.
<i>Walls</i>	Painted drywall	The walls and ceiling appear to be in good condition. Painting is done at tenant turnover and is considered part of routine maintenance.
<i>Ceiling</i>	Painted drywall	

4.04.4 Appliances

<i>Description</i>			<i>Observation/Comment</i>
<i>Appliance</i>	<i>Age Range</i>	<i>Number of Replacements Required</i>	The appliances are generally original but some replacement has occurred. They appear to be in generally good condition. The remaining useful life indicates that replacement of some of these units will be anticipated during the evaluation period. Critical Need, Immediate Need & Long Term
<i>Refrigerator</i>	1 to 18	23	
<i>Appliance</i>	<i>Age Range</i>	<i>Number of Replacements Required</i>	The appliances are generally original but some replacement has occurred. They appear to be in generally good condition. The remaining useful life indicates that replacement of some of these units will be anticipated during the evaluation period. Critical Need, Immediate Need & Long Term
<i>Refrigerator</i>	1 to 18	23	
<i>Range</i>	2 to 20	35	
<i>Hood</i>	2 to 20	35	
<i>Dishwasher</i>	1 to 15	26	
<i>Microwave</i>	N/A		

4.04.5 Doors

<i>Description</i>	<i>Observation/Comments</i>
<p>The apartment entrance doors are typically solid-core doors set in metal frames.</p> <p>The interior doors within the apartments are typically hollow-core doors set in wood frames.</p>	<ul style="list-style-type: none"> • The common area doors and the apartment entrance doors appear to be in good condition. Replacement, if required, is considered to be part of routine maintenance. • The hollow-core doors within the apartment appear to be in good condition. Replacement, if required, is considered to be part of routine maintenance.

4.04.6 Interior Stairs	
<i>Description</i>	<i>Observation/Comments</i>
<p>The common area interior stairs consist of closed risers, wood tread units with carpet finish.</p> <p>The handrails are constructed of ornamental iron with wood top rails.</p>	<ul style="list-style-type: none"> • The common area interior stairs appear to be in generally good condition and are anticipated to require only routine maintenance over the evaluation period. • The common area interior stair carpet is three years old and appears to be in fair condition. The EUL of the carpet indicates that replacement will be anticipated during the evaluation period. Long Term
4.04.7 Corridors	
<i>Description</i>	<i>Observation/Comments</i>
<p>The Interior common corridor finish consists of carpet floors, painted drywall walls and ceilings.</p>	<ul style="list-style-type: none"> • The interior common corridor carpet is three years old and appears to be in fair condition. The EUL of common area corridor carpet indicates that replacement of the common corridor and stair carpet will be required. Long Term • The interior corridor and stairway walls and ceilings appear to be in fair condition and will require painting during the evaluation period. Long Term

4.05 MECHANICAL SYSTEM

4.05.1 Heating/Cooling	
<i>Description</i>	<i>Observation/Comments</i>
<p>Heating and cooling for the typical apartment is provided individual, gas-fired, furnaces with split air-conditioning. The furnace is located in the utility closet along with the water heater. The condensing unit is located on a concrete pad on the exterior of the building. The cooling capacity of the units ranges from 1 Ton to 2½ Tons.</p>	<ul style="list-style-type: none"> • The furnaces are reported to be original and in operating condition. The EUL for these units is approximately 15-years. Replacement of these units will be anticipated over the evaluation period. Long Term • The condensing units are reported to range in age from 1-year to 12-years. Approximately 20% of the units are less than 5-years old. The EUL for these units is approximately 15-years. Replacement of 80% units will be

	anticipated over the evaluation period. Long Term
4.05.2 Ductwork	
<i>Description</i>	<i>Observation/Comments</i>
Supply air distribution is provided through sheet metal ductwork. Return air is through a wall grille at the base of the utility closet. Electric wall-mounted thermostats control the temperature in each unit.	<ul style="list-style-type: none"> • Observation of the ductwork was limited to the furnace closet. It was reported by the Maintenance Supervisor that the ductwork is in good condition and no problems have been experienced with the system • Electric wall-mounted thermostats were reported to be in good condition. Replacement is anticipated on an as needed basis. The cost for this item is minimal and considered to be part of routine maintenance.
4.05.3 Ventilation	
<i>Description</i>	<i>Observation/Comments</i>
<p>Powered exhaust fans that discharges typically through the roof exhaust the bathrooms.</p> <p>Air from the typical kitchen is exhausted to the exterior by ductwork from the range hood.</p>	<ul style="list-style-type: none"> • The bathroom exhaust system appears to be operational and in good condition. Fan replacement is done on an as needed basis and is considered to be part of routine maintenance • The kitchen exhaust system appears to be operational and in good condition. Fan replacement is done on an as needed basis and is considered to be part of routine maintenance.
4.05.4 Energy Management	
<i>Description</i>	<i>Observation/Comments</i>
	Not applicable to this project.

4.06 ELECTRICAL SYSTEM

4.06.1 Distribution	
<i>Description</i>	<i>Observation/Comments</i>
The electric service to the building is run underground from a pad-mounted utility company transformer located on the exterior of the building. The electrical service is rated at 600 Amps, 120/208 volt, three-phase, four-wire. The electric service to	<ul style="list-style-type: none"> • The electric service to the building and to each apartment appears to be adequate. • The main distribution panels, meter banks, and circuit breaker panels appear to be in good condition requiring only routine

<p>each apartment circuit breaker panel is rated at 100 amps. Branch distribution wiring was observed to be copper in metal raceway.</p> <p>The main distribution panel with the electric meters and disconnect switches, are located on the exterior wall of the building. Each apartment is metered separately.</p>	<p>maintenance.</p> <ul style="list-style-type: none"> • The copper wiring was reported to be in good condition and no major problems have occurred.
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4.06.2 Transformer

<i>Description</i>	<i>Observation/Comments</i>
There are four pad mounted at this site.	The pad-mounted transformer is owned and maintained by the local power company.

4.06.3 Emergency Generator

<i>Description</i>	<i>Observation/Comments</i>
	Not applicable for this property.

4.06.4 Lighting

<i>Description</i>	<i>Observation/Comments</i>
Interior lighting in the apartments and the common areas are standard incandescent residential grade fixtures commonly used for this type of building.	The lighting appears to be in good condition. Replacement is done on an as needed basis and is considered part of routine maintenance.

4.07 BUILDING PLUMBING SYSTEM

4.07.1 Sanitary System

<i>Description</i>	<i>Observation/Comments</i>
The soil, waste, and vent system within the building is reported to be cast iron.	The Maintenance Supervisor reported that the plumbing system is in good operating condition. Minor problems such as clogged drains are anticipated over the evaluation period and are considered part of routine maintenance.

4.07.2 Water Supply

<i>Description</i>	<i>Observation/Comments</i>
<p>The domestic water service to the building is observed to be 1-1/2-inch copper entering the building on the ground floor. The water piping within the building is observed to be copper.</p> <p>The water meter for each building is located</p>	<ul style="list-style-type: none"> • The building’s water distribution systems appears to be well maintained and in generally good condition. The Maintenance Supervisor reported no major problems. Minor problems with the system. Minor problems, such as the repair of leaking

<p>in an exterior concrete vault located adjacent the building.</p>	<p>faucets, are considered to be part of routine maintenance.</p> <ul style="list-style-type: none"> • The Maintenance Supervisor reported that the water pressure and quantity appears to be adequate.
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3.07.3 Water Heaters

<i>Description</i>	<i>Observation/Comments</i>
<p>A 40-gallon gas-fired water heater located in the utility closet in each apartment supplies the hot water needs for that apartment</p> <p>There is an 80-gallon, gas-fired, water heater located in the closet of the laundry that supplies the hot water needs for the laundry.</p>	<ul style="list-style-type: none"> • Sixty percent of the 40-gallon water heaters were reported to be original and in good working condition. However, based on their EUL of 15 years, replacement of these units will be anticipated during the evaluation period. Long Term • The 80-gallon water heater located in the laundry is 2-years old and appears to be in good operating condition.

4.07.4 Fixtures

<i>Description</i>	<i>Observation/Comments</i>
<p>The plumbing fixtures are standard type for this type of application.</p>	<p>The plumbing fixtures are reported to be in good condition. Replacement is done on an as needed basis and considered to be part of routine maintenance.</p>

4.07.5 Natural Gas

<i>Description</i>	<i>Observation/Comments</i>
<p>The building’s gas service is a steel pipe service entering the front of the building. The gas piping within the building is reported to be steel. The gas meter is located on the exterior wall of the building.</p>	<p>The gas pressure and quantity was reported to be adequate.</p>

4.08 CONVEYANCE SYSTEM

4.08.1 Elevators

<i>Description</i>	<i>Observation/Comments</i>
<p>The property has two hydraulic passenger elevator, providing access to all floors of the building. The elevator was manufactured by Dover Elevator Company and is serviced by ABC Elevator Company. The elevator has a</p>	<ul style="list-style-type: none"> • The elevator is the original installation. ADA up-grades were completed in May of 1996. The elevator was last serviced in August 2001. • The number of elevators and the

<p>rated capacity of 2,500 pounds.</p> <p>The elevator machinery is located in a room under the stairs.</p> <p>The cab finish consists of a vinyl tile floor, plastic laminate wall panel walls, and incandescent recessed lighting in a drywall ceiling.</p>	<p>responsiveness was reported to provide adequate service for the building.</p> <ul style="list-style-type: none"> • The elevator service contractor reported that the machine unit for both elevators are original and appear to be in good condition. • The cab finish is 5 years old and appears to be in good condition. Cab refinishing should be anticipated within the next 7-years. Long Term
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4.09 LIFE SAFETY/FIRE PROTECTION

4.09.1 Sprinklers/Siamese/Standpipes

<i>Description</i>	<i>Observation/Comments</i>
<p>The sprinkler system consists of a wet-pipe sprinkler system and a wet standpipe with fire department hose valves and connections on the floor landings in each stair tower. There is a Siamese connection on the exterior of the building, and</p> <p>The firewater service enters the building in the fire protection equipment room on the first floor along with the domestic water main.</p> <p>There is a fire pump rated at XXX gpm and a back flow preventer for the system.</p>	<ul style="list-style-type: none"> • The sprinkler system is serviced and inspected periodically by the sprinkler service contractor. The last inspection September 2001. The inspection reports indicate that the system appears to be functional and in good condition. • The fire pump and backflow preventer are tested and inspected at the time the sprinkler system is inspected and the records indicate that the fire pump and the backflow preventer are functional and in good condition.

4.09.2 Fire Hydrants

<i>Description</i>	<i>Observation/Comments</i>
<p>On-site fire hydrants located along the roadways and on islands in the various parking lots.</p>	<p>The fire hydrants are serviced annually by the local fire department.</p>

4.09.3 Emergency & Exit Lighting

<i>Description</i>	<i>Observation/Comments</i>
<p>The building is equipped with battery-pack emergency lights along the corridors and in the stairways.</p> <p>Battery back-up exit lights are located above all required exit doors.</p>	<p>The exit lights and emergency lights appear to be in good condition. The EUL indicates that replacement should be anticipated over the evaluation period. The cost for fixture and battery replacement is minimal and considered</p>

	to be part of routine maintenance.
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4.09.4 Fire Alarm System	
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<i>Description</i>	<i>Observation/Comments</i>
The typical building is equipped with a fire alarm consisting of a control panel located in the sprinkler equipment, room pull stations and horns with strobes located along the path of exit travel, one enunciator panel located in the main lobby, and smoke detectors located in the common areas	<ul style="list-style-type: none"> • A fire alarm service contractor inspects services the fire alarm system periodically. The system was last inspected and tested in August 2001 and the no deficiencies were cited. The results were forwarded to the local fire department .The system appears to be functional and in good condition requiring only routine maintenance over the evaluation period. • ADT monitors the fire alarm system and notifies the local fire department in the event of an incident.

4.09.5 Smoke detectors	
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<i>Description</i>	<i>Observation/Comments</i>
Smoke detectors were observed in each apartment and in the common areas.	<ul style="list-style-type: none"> • The apartment smoke detectors located in the apartments are wired into the apartment's electrical panel and sounds the alarm in the apartment only. • The common area smoke detectors are wired into the building's fire alarm system. They sound the alarm in the building and notify ADT when activated.

4.09.6 Fire Extinguishers	
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<i>Description</i>	<i>Observation/Comments</i>
Type ABC fire extinguishers are located in various areas within the tenant spaces.	A fire extinguisher contractor services the fire extinguishers. The tag indicates that they were last serviced in August 2001.

4.09.7 Smoke Evacuation	
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<i>Description</i>	<i>Observation/Comments</i>
	Not applicable to this site.

4.10 AMENITIES

4.10.1 Swimming Pool	
<i>Description</i>	<i>Observation/Comments</i>
<p>The property has one in-ground outdoor pool swimming pool adjacent to the clubhouse/rental office. The swimming pool is constructed of concrete with ceramic tile at the water line. It has a concrete coping and a concrete walking surface surrounding the pool.</p>	<ul style="list-style-type: none"> • The swimming pool appeared to be in good condition, anticipated to require only routine maintenance such as preparing and painting the pool interior surface. Relining should not be expected over the evaluation period. • The concrete walking surface surrounding appears to be in good condition. Minor cracking was observed. Repairs are minor and considered to be part of routine maintenance.

4.10.2 Swimming Pool Equipment

<i>Description</i>	<i>Observation/Comments</i>
The swimming pool equipment is located in the clubhouse building adjacent to the pool. The equipment consists of water filters and circulating pumps. The pool water is heated. The pool water heater is gas-fired and located in the same room as the balance of the pool equipment.	<ul style="list-style-type: none"> • The pool equipment appeared to be in good to fair condition. According to its EUL, the pool equipment will need to be replaced during the evaluation period. • The water is new and appears to be in good condition anticipated to require only routine maintenance over the evaluation period.

4.10.3 Children’s Play Area

<i>Description</i>	<i>Observation/Comments</i>
There is a children’s play area located in the northeast corner of the property. The equipment consists wood climbing apparatus, one slide, three swings, and a sand box.	The play equipment is reported to be 3-years old and appears to be well maintained and in good condition requiring only routine maintenance over the evaluation period.

4.11 OTHER STRUCTURES

4.11.1 Clubhouse/Rental Office

<i>Description</i>	<i>Observation/Comments</i>
The clubhouse building, which houses the rental office, public restrooms with showers and lockers, health club, pool equipment, club room and kitchen, is constructed of materials similar to the apartment buildings. See Section 7.0, Building Architectural and Structural Systems for details.	The clubhouse appears to be in good condition. Interior floor and wall finish replacement will be required over the evaluation period as well as exterior wall finish. The cost of this work is included in the common area carpet and wall finish replacement costs.

4.11.2 Carports

<i>Description</i>	<i>Observation/Comments</i>
	There are no carports at this site,

4.11.3 Garages

<i>Description</i>	<i>Observation/Comments</i>
The 20 single-car garages are constructed with vinyl siding attached to 2-inch x 4-inch wood stud walls. The roofs are constructed with manufactured wood trusses and covered asphalt shingles attached and OSB sheathing. There is one, 8-foot x 7-foot	<ul style="list-style-type: none"> • The garages are original and appear to be in fair condition. Sections of damaged siding were observed requiring replacement. Short term • The roofs are reported to be 3-years old and

<p>vinyl overhead door with an electronic opener. There is one incandescent overhead light fixture in the unit.</p>	<p>appear to be in good condition requiring only routine maintenance over the evaluation period.</p> <ul style="list-style-type: none">• The overhead doors appear to be original and in fair condition. Three have been replaced within the last three years. It should be anticipated that the balance would require replacement over the evaluation period. <p>Long Term</p>
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5.0 TERMITE CONSIDERATIONS

To the best knowledge of the property manager, termite activity has not been reported at the property; however, no inspections have been performed. The foundation walls of the building are constructed with materials not conducive to termite infiltration. However, exterior walls are constructed of materials that may be conducive to termite infiltration. The facility is located in a region where termites are known to exist. Consequently, the risk of termite activity is considered moderate to high; therefore, a termite inspection is recommended.

6.0 ACCESSIBILITY CODE COMPLIANCE

One or more of the following accessibility codes may be applicable to the development:

6.01 THE ILLINOIS ACCESSIBILITY CODE

The purpose of this Illinois Accessibility Code (IAC or Code) is to implement the Environmental Barriers Act (EBA) [410 ILCS 25] as amended to date, and to replace the former version of the Code (71 Ill. Adm. Code 400) effective May 1, 1988. This Code is intended to ensure that the built environment, including all spaces and elements of all applicable buildings and facilities in the State of Illinois are so designed, constructed, and/or altered to assure the safety and welfare of all members of society and to be readily accessible to, and usable by, environmentally limited persons.

This Code is also intended to resolve areas of difference between the federal accessibility standards, Americans with Disabilities Act Accessibility Guidelines (ADAAG), which are applicable to buildings and facilities covered by the Americans with Disabilities Act (ADA), and the Illinois accessibility standards, IAC, which are applicable to buildings and facilities in the State of Illinois covered by the EBA. The drafters of this Code compared and adopted the stricter of State or federal accessible design standards.

This Code, together with the Environmental Barriers Act (EBA) and the standards incorporated by reference identified in Section 400.120, has the force of a building code and as such is law in the State of Illinois.

Applicability

- Buildings and facilities covered: This Code applies to all **“public facilities”** and **“Multi-story housing units”** as defined and governed by the EBA and located, in whole or in part, within the legal geographic boundaries of the State of Illinois, unless specifically exempted herein. **It also applies to all buildings financed whole or in part or guaranteed by a governmental unit such as the Illinois Housing Development Authority.**
- The fact that a building or facility governed by the EBA is also a facility financed by federal funds is no bar to the application of this Code.
- This Code is applicable when work involving new construction, alterations, additions, historic preservation, restoration, or reconstruction in whole or in part begins after the effective date of this Code. The Code becomes enforceable with the signing of a construction contract, issuance of an official authorization or permit for construction, or the start of construction, whichever occurs first.

This report generally defines the non-compliant elements and physical barriers observed and the estimated costs for modification to provide compliance. This review is not considered to be a full accessibility survey, nor does it likely cover all aspects of non-compliance.

Definitions

"Alteration": Any modification or renovation that affects or could affect the usability of the building or facility or part of the building or facility. Alteration includes, but is not limited to, remodeling, renovation, rehabilitation, reconstruction, historic preservation, historic reconstruction, historic restoration (as separately required in Section 400.610), changes or rearrangement of the structural parts or elements, extraordinary repairs (as defined herein), changes to or replacement of plumbing fixtures or controls, changes or rearrangement in the plan configuration of walls and full-height partitions, and changes or improvements to parking lots (as separately required in Section 400.510 (e) 10) (C)). **The following work is not considered to be an alteration unless it affects the usability of the building or facility: normal maintenance, re-roofing, interior or exterior redecoration, changes to mechanical and electrical systems, replacement of plumbing, piping or valves, asbestos removal, or installation of fire sprinkler systems. (Section 3, EBA).**

"Public Facility": *Any building, structure, or site improvement which is: owned by or on behalf of a governmental unit; leased, rented or used, in whole or in part, by a governmental unit, or financed, in whole or in part, by a grant or a loan made or guaranteed by a governmental unit; or any building, structure, or site improvement used or held out for use or intended for use by the public or by employees for one or more of, but not limited to, the following: the purpose of gathering, recreation, transient lodging, education, employment, institutional care, or the purchase, rental, sale or acquisition of any goods, personal property or services; places of public display or collection; social service establishments; and stations used for specified public transportation. (Section 3, EBA).*

"Technically Infeasible": With respect to an alteration of a building or a facility, a change that has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member, which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modification or addition of elements, spaces or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility. (ADAAG 4.1.6)

Alteration Work

Section 400.510a) of the Illinois Accessibility Code requires Alterations (as defined in Section 400.210(b)(11)) to existing public facilities to which the Environmental Barriers Act and this Code apply shall be accessible as provided in this Section.

The preparer of this report shall use the developers scope of work and the contractor's or architect's detailed cost estimate to determine which of the following applications apply in determining the level of accessibility required. See the example below.

Example: The **Contractor's Sworn Statement** indicates that total cost of the construction work will be \$1,500,000.00. The work **not** considered as alternation work as defined in the Code, such as roofing, new carpeting, and painting and decorating, totals \$100,000.00. The alternation cost is \$1,500,000.00 - \$100,000.00 = \$1,400,000.00. The reproduction cost of the project is determined to be \$5,000,000.00 (\$130.00/SF)

The percentage is $\$1,400,000.00 \div \$5,000,000.00 = 28\%$.

If the alteration costs more than 15% but less than 50% of the reproduction cost of the public facility, and more than \$100,000, the following shall comply with the applicable requirements for new construction (see Sections 400.310 and 400.320):

A) the element or space being altered;

B) an entrance and a means of egress intended for use by the general public;

C) all spaces and elements necessary to provide horizontal and vertical accessible routes between an accessible entrance and means of egress and the element or space being altered. VERTICAL ACCESS EXCEPTION: However, privately owned

public facilities are not required to provide vertical access in a building with two levels of occupiable space where the cost of providing such vertical access is more than 20% of the reproduction cost of the public facility;

D) at least one accessible toilet room for each sex or a unisex toilet, when permitted, if toilets are provided or required (see subsection (e)(1) of this Section);

E) accessible parking spaces, where parking is provided; and

F) an accessible route from public sidewalks or from the accessible parking spaces, if provided, to an accessible entrance. (Section 5, EBA).

Section 400.510 b) of the Illinois Accessibility Code, **Scope** is as follows:

All Public Facilities - Alteration Costs 15% or Less:

If the alteration costs 15% or less of the reproduction cost of the public facility, the element or space being altered shall comply with the applicable requirements for new construction (Section 5, EBA) (see Sections 400.310 and 400.320). (See also subsection (b)(6) of this Section for treatment of alterations to Specific categories of public facilities.)

All Public Facilities Other Than State-Owned - Alteration Costs 15% to 50% and less than \$100,000:

If the alteration costs more than 15% but less than 50% of the reproduction cost of the public facility, and less than \$100,000, the following shall comply with the applicable requirements for new construction (see Sections 400.310 and 400.320):

- A) the element or space being altered; and
- B) an entrance and a means of egress intended for use by the general public. (Section 5, EBA).

All Public Facilities Other Than State-Owned - Alteration Costs 15% to 50% and More than \$100,000:

If the alteration costs more than 15% but less than 50% of the reproduction cost of the public facility, and more than \$100,000, the following shall comply with the applicable requirements for new construction (see Sections 400.310 and 400.320):

- A) the element or space being altered;
- B) an entrance and a means of egress intended for use by the general public;
- C) all spaces and elements necessary to provide horizontal and vertical accessible routes between an accessible entrance and means of egress and the element or space being altered. VERTICAL ACCESS EXCEPTION: However, privately owned public facilities are not required to provide vertical access in a building with two levels of occupiable space where the cost of providing such vertical access is more than 20% of the reproduction cost of the public facility;
- D) at least one accessible toilet room for each sex or a unisex toilet, when permitted, if toilets are provided or required (see subsection (e)(1) of this Section);
- E) accessible parking spaces, where parking is provided; and
- F) an accessible route from public sidewalks or from the accessible parking spaces, if provided, to an accessible entrance. (Section 5, EBA).

All Public Facilities - Alteration Costs 50% or More:

If the alteration costs 50% or more of the reproduction cost of the public facility, the entire public facility shall comply with the applicable requirements for new construction (see Sections 400.310 and 400.320).

Alterations to Specific Categories of Public Facilities:

For religious entities, private clubs, and owner-occupied transient lodging facilities of five units, compliance with the standards adopted by the Capital Development Board is not mandatory if the alteration costs 15% or less of the reproduction cost of the public facility. However, if the cost of the alteration exceeds \$100,000, the element or space being altered must comply with the applicable requirements for new construction (Section 5, EBA) (see Sections 400.310 and 400.320). If the alteration costs more than 15% of the reproduction cost, subsections (b)(3), (4) and (5) above, as applicable, govern.

Section 400.510d of the Illinois Accessibility Code: Housing

Scope: Alterations to housing that is owned, financed or guaranteed by a governmental unit is subject to the applicable requirements of subsection (b) of this Section. Privately

financed alterations to housing are not covered by the Environmental Barriers Act or this Code. NOTE: All housing, including new construction and some alterations may be subject to federal law. See Fair Housing Amendments Act, 42 U.S.C. 3601 et seq.

Section 400.520d of the Illinois Accessibility Codes, Exemptions to the Alterations Requirements: *Parts of buildings which it would be technically infeasible to make conform to the strict requirements of the Code for new construction, with the approval of the administrative authority.*

Conclusion

Every Rehab loan will require a certain degree of accessibility. The level of accessibility work required will depend on the total cost of the alteration construction minus items not considered as alternation work, divided by the replacement cost of the project. The resulting percentage will determine the accessibility work required by the Illinois Accessibility Code that must be included in the alteration project.

A full Accessibility Compliance Survey, which is beyond the scope of this report, may reveal further aspects of the facility, which are not in compliance with other accessibility requirements. Since compliance may have legal consequences, we recommend that the developer consult with his architect to insure that all accessibility requirements have been met.

6.02 SECTION 504 OF THE REHABILITATION ACT (1973)

Under Section 504 of the Rehabilitation Act of 1973 as amended, no otherwise qualified individual with a disability may be discriminated against in any program or activity receiving federal financial assistance. The purpose of Section 504 is to eliminate discriminatory behavior toward people with disabilities and to provide physical accessibility, thus ensuring that people with disabilities will have the same opportunities in federally funded programs as do people without disabilities. Program accessibility may be achieved by modifying an existing facility, or by moving the program to an accessible location, or by making other accommodations, including construction of new buildings. HUD's final regulation for Section 504 may be found at 24 CFR Part 8. Rehabilitation

Substantial alterations - Section 504 requires that if alterations are undertaken to a housing project that has 15 or more units, and the rehabilitation costs will be 75 percent or more of the replacement cost of the completed facility, then such developments are considered to have undergone "substantial alterations" (24 CFR 8.23 (a)). For substantial alterations of multifamily rental housing, the accessibility requirements contained in 24 CFR 8.22 must be followed -- a minimum of 5 percent of the dwelling units in the project (but not less than one unit) must be accessible to individuals with mobility impairments, and an additional 2 percent, at a minimum (but not less than one unit), must be accessible to individuals with sensory impairments.

Other alterations -- When **other alterations** that do not meet the regulatory definition of substantial alterations are undertaken in multifamily rental housing projects of any size, these alterations must, to the maximum extent feasible, make the dwelling units accessible to and usable by individuals with disabilities, until a minimum of 5 percent of the dwelling units (but not less than one unit) are accessible to people with mobility impairments, unless HUD prescribes a higher number pursuant to 24 CFR 8.23(b)(2). If alterations of single elements or spaces of a dwelling unit, when considered together, amount to an alteration of a dwelling unit, then the entire dwelling unit shall be made accessible. For this category of rehabilitation the additional 2 percent of the dwelling units requirement for individuals with sensory impairments does not apply. Alterations to common spaces must, to the maximum extent feasible, make those areas accessible. A recipient is not required to make a dwelling unit, common area, facility or element accessible, if doing so would impose undue financial and administrative burdens on the operation of the multifamily housing project (24 CFR 8.23(b)). Therefore, with regards to covered alterations, recipients are only required to provide access up to the point of being an undue financial and administrative burden.

Accessibility Standards

Dwelling units designed and constructed in accordance with the Uniform Federal Accessibility Standards (UFAS) will be deemed to comply with the Section 504 regulation. For copies of UFAS, contact the HUD Distribution Center at 1-800-767-7468; hearing or speech-impaired persons may access this number via TTY by calling the Federal Information Relay Service at 1-800-877-8339. Accessible units must be, to the maximum extent feasible, distributed throughout the projects and sites, and must be available in a sufficient range of sizes and amenities so as not to limit choice.

Generally, the UFAS is the design standard for providing physical accessibility, although other standards that provides equivalent or greater accessibility may be used.

6.03 THE AMERICANS WITH DISABILITIES ACT (1990)

This act is a broad civil rights law guaranteeing equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications.

Title II of the ADA applies to all programs, services, and activities provided or made available by public entities. With respect to housing, this includes, for example, public housing and housing provided for state colleges and universities.

Title III of the Act covers all private establishments and facilities considered “public accommodations,” such as restaurants, hotels, retail establishments, doctors’ offices, theaters, the rental office and related toilets, and access to and through the project from the point of arrival in a multi-family development. People with disabilities must have equal opportunity in these establishments, both in terms of physical access and in the enjoyment of services.

ATTACHMENT 31

Note: For Capital Expenditure Analysis for IHDA Projects only see Supplemental Document 6.

For Systems & Conditions Table see Supplemental Document 7.



**Illinois Housing Development Authority
Self Scoring Form**

Project Name: _____

Owner: _____

SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded			
A. ARCHITECTURAL DESIGN AND PROJECT AMENITIES							
<p>1. Development Amenities</p> <p>In order to qualify for points in this category, Owners MUST choose at least two (2) items from each Authority-approved amenity list in Section IX(A) as their minimum threshold amenities. Projects will be awarded three (3) points for each item they choose from the lists in addition to the minimum threshold amenities. Up to twelve (12) points will be awarded in this category.</p> <p>Please list selected amenities below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">Required Exterior Amenities</p> <p>1. _____</p> <p>2. _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">Required Interior Amenities</p> <p>1. _____</p> <p>2. _____</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; vertical-align: top;"> <p style="text-align: center;">Optional Amenities for Points</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> </td> </tr> </table>	<p style="text-align: center;">Required Exterior Amenities</p> <p>1. _____</p> <p>2. _____</p>	<p style="text-align: center;">Required Interior Amenities</p> <p>1. _____</p> <p>2. _____</p>	<p style="text-align: center;">Optional Amenities for Points</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>		<p>3</p> <p>3</p> <p>3</p> <p>3</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Required Exterior Amenities</p> <p>1. _____</p> <p>2. _____</p>	<p style="text-align: center;">Required Interior Amenities</p> <p>1. _____</p> <p>2. _____</p>						
<p style="text-align: center;">Optional Amenities for Points</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>							
<p>2. Green Initiatives</p> <p>Points are not cumulative in this category.</p> <p>a. Comply with all MANDATORY criteria described in Section 7: Healthy Living Environment of the Enterprise Green Communities Criteria 2008.</p> <p>b. Commit to obtaining a sustainable building certification from one of the following entities:</p> <p>_____ Enterprise Green Communities certification</p> <p>_____ U.S. Green Building Council's LEED for Homes certification</p>	<p>4</p> <p>8</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>				

SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded
<p>3. Enhanced Accessibility Projects must comply with both of the following requirements:</p> <p>a. At least 10% of the total units in the Project are designed for persons with mobility impairments, as defined in ICC/ANSI 117.1-2003.</p> <p>AND</p> <p>b. At least 2% of the total units in the Project are designed for persons with sensory impairments (not less than one unit), as defined in ICC/ANSI 117.1-2003.</p> <p>The units designed for persons with sensory impairments must be exclusive of the units designed for persons with mobility impairments. In calculating the number of accessible units that must be made available, Owners must ALWAYS round up to the next unit (i.e. 51 x 10% = 5.1, round up to 6 accessible units).</p> <p>_____ Units for Persons with Mobility Impairments _____ Units for Persons with Sensory Impairments _____ Total Units _____ Total Units _____ % of Total Units _____ % of Total Units</p>	8	_____	_____	
	<p>4. Unit Mix Points are not cumulative in this category.</p> <p>a. Project contains two unit types, with each unit type making up at least 20% of total units.</p> <p>OR</p> <p>b. Project contains three or more unit types, with each unit type making up at least 10% of total units.</p> <p>_____ 1BR Units = _____ % of Total Units _____ 2BR Units = _____ % of Total Units _____ 3BR Units = _____ % of Total Units _____ 4BR Units = _____ % of Total Units</p>	4 6	_____ _____	_____ _____
<p>5. Large Units Points will be awarded if the Project contains units with three or more bedrooms.</p> <p style="text-align: center;">% of Units with 3+ BRs</p> <p>_____ 3+ BR Units a. 31% - 50% _____ Total Units b. 20% - 30% _____ % of Total Units c. 10 - 19%</p>	4 6 4	_____ _____ _____	_____ _____ _____	

SCORING CATEGORY	Points Possible	Self Score	IHDA Awarded																						
B. SITE SUITABILITY AND MARKETABILITY																									
<p>1. Market Study Evaluation</p> <p>The Authority will review the submitted site and market study in order to award points in this category. In determining how many points to award a Project, the Authority may take into account such factors including, but not limited to, the following: development attributes; primary market area; existing rental market; market demand.</p>	12	_____	_____																						
<p>2. Neighborhood Characteristics and Amenities</p> <p>One (1) point(s) will be awarded for each desirable activity/characteristic category that is near a proposed Project up to a maximum of ten (10) points. One (1) point(s) will be deducted from the total desirable activities score for each undesirable activity/characteristic category that is near a proposed Project. The total points awarded will be determined by calculating the sum of the total desirable activity points less the total undesirable activity points. A negative total in this category will be awarded zero (0) points.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Desirable Activities</td> <td style="text-align: center; width: 50%;">Undesirable Activities</td> </tr> <tr> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> <tr> <td>4. _____</td> <td>4. _____</td> </tr> <tr> <td>5. _____</td> <td>5. _____</td> </tr> <tr> <td>6. _____</td> <td>6. _____</td> </tr> <tr> <td>7. _____</td> <td>7. _____</td> </tr> <tr> <td>8. _____</td> <td>8. _____</td> </tr> <tr> <td>9. _____</td> <td>9. _____</td> </tr> <tr> <td>10. _____</td> <td>10. _____</td> </tr> </table>	Desirable Activities	Undesirable Activities	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	4. _____	4. _____	5. _____	5. _____	6. _____	6. _____	7. _____	7. _____	8. _____	8. _____	9. _____	9. _____	10. _____	10. _____	10	_____	_____
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10. _____	10. _____																								
<p>3. Community Impact</p> <p>a. <u>Local Revitalization or Redevelopment Plan</u></p> <p>Points will be awarded to Projects whose Application demonstrates that the Project is part of a local revitalization or redevelopment plan, including empowerment zones and Tax Incremental Financing districts, Enterprise communities, or other locally designated and approved plans which contain housing policy goals. Projects covered exclusively by Consolidated Plans and Planned Unit Developments will not receive any points in this scoring category. The following evidence must be submitted to receive points under this section:</p> <p>_____ A copy of the Project area's revitalization plan. The Project site must be included in the plan's target area. A map clearly delineating the Project site within the target area must be included.</p> <p>_____ A currently effective binding resolution evidencing formal adoption by a local government of the revitalization or redevelopment plan prior to September 1, 2009. If available, any development agreement related to this Project should be included.</p> <p>_____ A detailed description of how the Project supports at least one goal of the revitalization or redevelopment plan.</p> <p>_____ A letter from the local elected official affirming that the Project will contribute to the goals outlined in the revitalization or redevelopment plan.</p>	4	_____	_____																						

SCORING CATEGORY	Points Possible	Self Score	IHDA Awarded
<p>b. <u>Local Revitalization or Redevelopment Plan and QCT</u> Six (6) points will be awarded to Projects that demonstrate all the requirements as part of a Revitalization Plan listed above AND are located in a Qualified Census Tract as listed in Attachment X. _____ Census Tract Number</p> <p>c. <u>Areas targeted by the Governor's Team Illinois Program</u> Projects proposed in the following Governor's Team Illinois Program targeted areas will receive six (6) points: _____ Alexander County _____ Eastern portion of City of Aurora (as served by TEAM Illinois) _____ Englewood (as defined by the City of Chicago community area map) _____ Pembroke Township (in Kankakee County) _____ Savanna (in Carroll County) _____ Venice (in Madison County)</p>	6	_____	_____
C. INCOME TARGETING			
<p>1. Deeper Targeting Points will be awarded to Projects whose Owners commit to set aside 15% or more of the Tax Credit eligible units for households with incomes and Project unit rents at or below 30% of Area Median Income. _____ Units at 30% AMI or below _____ Total Units _____ % of Total Units</p>	10	_____	_____
<p>2. Unrestricted Units Points will be awarded to Projects that include units which are neither income nor rent restricted by any funding source. Points will be awarded in this category only if the site and market study presented by the Owner supports the proposed mix of unrestricted and Tax Credit eligible units. <div style="text-align: right;">% of Unrestricted Units</div> _____ Unrestricted Units a. 5% - 15% _____ Total Units b. Greater than 15% _____ % of Total Units</p>	6 4	_____ _____	_____ _____

SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded
D. DEVELOPMENT TEAM CHARACTERISTICS				
<p>1. Minority-, Female-, or Persons with Disabilities-Owned Business Participation in Project</p> <p>Projects will be awarded points if a participating development team member is a qualified minority-, female-, or persons with disabilities-owned business. In order to qualify, the team member must comply with the following requirements:</p> <p><u>For-profit Business:</u> The team member must be currently certified under Illinois Business Enterprise Program for Minorities, Females, and Persons with Disabilities ("MAFBE") or equivalent state program if based outside of Illinois.</p> <p><u>Non-profit Organization:</u> The team member qualifies as minority-, female-, or persons with disabilities-owned if a minimum of 51% of the members of the Board of Directors of the non-profit are minorities, females, or persons with disabilities.</p> <p>Points are not cumulative in this category.</p> <p>a. If a qualified minority-, female-, or persons with disabilities-owned business acts as the GENERAL CONTRACTOR, OWNER, OR PROPERTY MANAGER.</p> <p>b. If a qualified minority-, female-, or persons with disabilities-owned business acts as the ARCHITECT, CONSULTANT, ATTORNEY, ACCOUNTANT, OR SYNDICATOR.</p> <p style="text-align: right;">Name of Organization: _____ Role in Development Team: _____</p>	<p>6</p> <p>4</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	
<p>2. Non-Profit Organization Participation</p> <p>Points are not cumulative in this category.</p> <p>a. To qualify for points under this category, a qualified non-profit organization must have a managing interest in the ownership entity that includes a commensurate distribution of financial benefits as evidenced in the operating agreement. The non-profit organization must remain in the Project throughout the Extended Use Period. A qualified nonprofit organization, as defined in Section 42, is an organization which is not affiliated with or controlled by a for-profit organization, has an ownership interest in the Project either directly or through a wholly-owned subsidiary, and has as one of its exempt purposes the fostering of low income housing within the meaning of Section 42(h)(5)(C).</p> <p>b. Points will be awarded to projects where a qualified non-profit organization, as defined in Section 42, has a Material Participation in the development and operating of the Project throughout the Extended Use Period. Applicants must submit a written narrative detailing Material Participation including the number of hours and corresponding activities the qualified non-profit organization will undertake on a quarterly basis.</p> <p style="text-align: right;">Non-Profit Organization: _____ Role in Ownership Entity: _____</p>	<p>15</p> <p>2</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	

SCORING CATEGORY	Points Possible	Self Score	IHDA Awarded
<p>3. Illinois-Based Organization Participation</p> <p>Projects will be awarded points if a participating Development Team member is a qualified Illinois-based organization. In order to qualify, the team member must be an Illinois-based organization whose place of business has been located in the State of Illinois for a minimum of 2 years.</p> <p>Points are not cumulative in this category.</p> <p>a. If a qualified Illinois-based organization acts as the GENERAL CONTRACTOR, OWNER, OR PROPERTY MANAGER</p> <p>b. If a qualified Illinois-based organization acts as the ARCHITECT, CONSULTANT, ATTORNEY, ACCOUNTANT, OR SYNDICATOR</p> <p>Name of Organization: _____ Role in Development Team: _____ Address: _____ _____ Number of years in Illinois: _____</p>	<p>6</p> <p>4</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>4. Unacceptable Practices</p> <p>The Authority may deduct points based on any Participants who have failed to demonstrate proficiency with the Tax Credit program or other government-sponsored housing programs ("Program"). Applications will be awarded up to twelve (12) points and points may be deducted based on the criteria described below. A negative total in this category will be awarded zero (0) points.</p> <ul style="list-style-type: none"> • Record of unsatisfactory prior performance in any Program • Negative results on any physical inspection performed by a Program administrator • Failure to provide and maintain amenities as represented in a Program application • Failure to provide and maintain services as represented in a Program application • Failure to build a development according to the governing architectural and construction guidelines • Failure to comply with any representations made in any application to participate in a Program • Failure to make satisfactory progress on an earlier development in a Program • Involuntarily termination of a Tax Credit reservation • Participation in a development that has been monitored and determined to have uncorrected noncompliance • Participation in a development where an 8823 has been filed • Failure to pay any fee or expense 	<p>12</p>	<p>_____</p>	<p>_____</p>

SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded
E. FINANCIAL CHARACTERISTICS				
<p>1. Rental Assistance Projects that provide project-based rental assistance will be awarded points based on the incomes of assisted tenants, number of units assisted, and the length of committed assistance.</p> <p>a. For Projects where the term of the Rental Assistance contract is LESS than 5 years:</p> <p style="text-align: center;">% of Units Assisted</p> <p style="margin-left: 40px;">a. 10% - 25% 4</p> <p style="margin-left: 40px;">b. 25.1% - 50% 6</p> <p style="margin-left: 40px;">c. Greater than 50% 8</p> <p>b. For Projects where the term of the Rental Assistance contract is GREATER than 5 years:</p> <p style="text-align: center;">% of Units Assisted</p> <p style="margin-left: 40px;">a. 10% - 25% 6</p> <p style="margin-left: 40px;">b. 25.1% - 50% 8</p> <p style="margin-left: 40px;">c. Greater than 50% 10</p> <p>Type of Assistance: _____</p> <p>Term of Assistance: _____</p> <p style="margin-left: 100px;">Assisted Units _____</p> <p style="margin-left: 100px;">Total Units _____</p> <p style="margin-left: 100px;">% of Total _____</p>				
<p>2. Real Estate Tax Abatement Projects that demonstrate a reduction in a Project's real estate taxes will be awarded points based on the percentage reduction and the term of the reduction. Owners seeking points in this category must detail all assumptions associated with the abatement including the calculation of real estate taxes before, during, and after the abatement, the anticipated date the abatement becomes effective, and the length of the abatement.</p> <p>a. For Projects where the term of the tax abatement is LESS than 5 years:</p> <p style="text-align: center;">% Reduction of Real Estate Taxes</p> <p style="margin-left: 40px;">a. 10% - 15% 4</p> <p style="margin-left: 40px;">b. 15.1% - 20% 6</p> <p style="margin-left: 40px;">c. Greater than 20% 8</p> <p>b. For Projects where the term of the tax abatement is GREATER than 5 years:</p> <p style="text-align: center;">% Reduction of Real Estate Taxes</p> <p style="margin-left: 40px;">a. 10% - 15% 6</p> <p style="margin-left: 40px;">b. 15.1% - 20% 8</p> <p style="margin-left: 40px;">c. Greater than 20% 10</p> <p>Type of Assistance: _____</p> <p>Term of Assistance: _____</p> <p style="margin-left: 100px;">Estimated Taxes without Abatement: _____</p> <p style="margin-left: 100px;">Estimated Taxes with Abatement: _____</p> <p style="margin-left: 100px;">Percent Reduction in Taxes: _____</p>				

SCORING CATEGORY	Points Possible	Self Score	IHDA Awarded																																								
<p>3. Financial Leveraging</p> <p>Projects that leverage scarce Authority resources will be awarded points based on the percentage of resources in the development budget that come from sources other than the Authority's HOME funds, Affordable Housing Trust Fund, and the equity generated from the sale of Authority allocated low-income housing, and state donation Tax Credits. In Projects where the acquisition is financed in whole or in part through a seller's note, the amount of the seller's financing will not be considered for financial leveraging.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Leveraged Sources (type, amt)</th> <th style="width: 30%; text-align: left;">Leveraged Sources as % of Project Sources</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>a. 5% - 10%</td> <td>4</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>b. 10.1% - 20%</td> <td>6</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>c. Greater than 20%</td> <td>8</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 50px;">Total Leveraged Sources: _____ Total Project Sources: _____ Leveraged Sources as % of Total Sources: _____</p>	Leveraged Sources (type, amt)	Leveraged Sources as % of Project Sources				1. _____	a. 5% - 10%	4	_____	_____	2. _____	b. 10.1% - 20%	6	_____	_____	3. _____	c. Greater than 20%	8	_____	_____	4. _____					5. _____					6. _____					7. _____							
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<p>4. Low Soft Costs</p> <p>Projects will be awarded points based on minimizing soft costs as a percentage of the total development budget. For purposes of this calculation soft costs will be determined as follows: The total development budget less acquisition costs, construction costs, construction contingency, reserves, construction period interest, and developer fee.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: left;">Soft Costs as % of Total Development Budget</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td>a. 10.1% - 15%</td> <td>4</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>b. 5.1% - 10%</td> <td>6</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>c. 5% or Less</td> <td>8</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 50px;">Total Soft Costs: _____ Total Development Budget: _____ Soft Costs as % of Total Budget: _____</p>		Soft Costs as % of Total Development Budget					a. 10.1% - 15%	4	_____	_____		b. 5.1% - 10%	6	_____	_____		c. 5% or Less	8	_____	_____																							
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<p>5. Developer Fee less than Maximum Allowed</p> <p>Projects that reflect a developer fee that is less than the maximum allowed will be awarded points.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: left;">Developer Fee as % of Developer Fee Basis</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td>a. 8.1% - 10%</td> <td>4</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>b. 6.1% - 8%</td> <td>6</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>c. 6% or Less</td> <td>8</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 50px;">Total Developer Fee: _____ Developer Fee Basis: _____ Developer Fee as % of Developer Fee Basis: _____</p>		Developer Fee as % of Developer Fee Basis					a. 8.1% - 10%	4	_____	_____		b. 6.1% - 8%	6	_____	_____		c. 6% or Less	8	_____	_____																							
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SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded																								
4. Historic Preservation Points are not cumulative in this category.	a. Points will be awarded if building(s) on the Project site are listed individually in the National Register of Historic Places and will be preserved in accordance with SHPO requirements.	6	_____	_____																								
	b. Points will be awarded if building(s) on the Project site are potentially eligible to be listed because they are located in a "registered historic district" or buildings are located in a potentially eligible district that contributes to the significance of the district and will be preserved. Project must have a State SHPO nomination/approval letter.	4	_____	_____																								
5. AHPAA Projects Points are not cumulative in this category.	a. Points will be awarded if the proposed Project is not eligible for the Chicago Metro AHPAA Set-Aside, but is located in an AHPAA community or a community at-risk of being subject to AHPAA, and will be serving Elderly populations.	4	_____	_____																								
	b. Points will be awarded if the proposed Project is located in an AHPAA community or a community at-risk of being subject to AHPAA (including projects in the Chicago Metro AHPAA Set-Aside), and will be serving non-Elderly populations.	6	_____	_____																								
6. Employer Direct Assistance Projects that receive financial assistance from area employers that are otherwise not participating in the development of the Project will be awarded points. The assistance must be in the form of a financial contribution that will be available during the Project's construction period to pay for expenses reflected in the development budget.																												
<p style="text-align: center;">Assistance as % of Total Development Budget</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left;">Employer Assistance (name, amt)</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>a. .25% - .49%</td> <td>4</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>b. .50% - .99%</td> <td>6</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>c. 1% or Greater</td> <td>8</td> <td>_____</td> </tr> <tr> <td>4. _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 50px;">Total Employer Assistance: _____</p> <p style="text-align: right; margin-right: 50px;">Total Development Budget: _____</p> <p style="text-align: right; margin-right: 50px;">Employer Assistance as % of Total Budget: _____</p>		Employer Assistance (name, amt)				1. _____	a. .25% - .49%	4	_____	2. _____	b. .50% - .99%	6	_____	3. _____	c. 1% or Greater	8	_____	4. _____				5. _____						
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5. _____																												

SCORING CATEGORY		Points Possible	Self Score	IHDA Awarded
7.	Live Near Work and Transit-Oriented Development Points may be cumulative in this category.			
	<p>a. Points will be awarded if employment data for the defined primary market area for the Project shows a sufficient percentage of private sector employment to be within various low wage industries. These low wage industries must account for 20% or more of the total private sector employment to receive points. For Elderly Projects, points will be awarded if activities and services for seniors are located in the Project's primary market area. Points will not be awarded for services provided on-site by the Owner.</p> <p>b. Points will be awarded if the proposed Project is located in close proximity to fixed-route public transportation, excluding inter-city transportation. "Close proximity" for this category will vary by Set-Aside and will be defined in the following manner: Chicago (6 blocks); Chicago Metro (1 mile); Other Metro (1.5 miles); Non-Metro (2 miles).</p>	6 6	_____ _____	_____ _____
8.	Extended Term of Affordability The Authority will award points to projects that commit to an affordability term that extends beyond the Extended Use period. Two (2) points will be awarded for every five (5) years that an applicant adds on to the 30-year Extended Use period.			
	_____ period	Five Years	2	_____
	_____ Year Total Affordability Period	Ten Years	4	_____
	(30 years + extension)	Fifteen Years	6	_____
		Twenty Years	8	_____
TOTAL				

I, _____ hereby certify that the information set forth herein, and in any attachments in support thereof, is true, correct, and complete to the best of my knowledge and belief.

Owner: _____

By: _____

Signature: _____

Date: _____



**Illinois Housing Development Authority
Supportive Housing Plan**

ABC Apartments

Street Address or Intersection
_____ County, _____, IL

All Projects that seek twenty (20) points to target 50% or more of the total units for supportive housing populations, excluding SLFs, must submit a Supportive Housing Plan at Application.

Contact Information			
	Owner	Management Agent	Services Partner*
Organization			
Primary Contact			
Phone			
Email			
Street Address			
City, State, Zip			

* Agency supplying on-site Support Coordination

	Total number of units in project
	Number of units set-aside for Supportive Housing Populations (minimum 50% of total)
	Number of units adaptable under Illinois Accessibility Code
	Number of units fully accessible to persons with mobility impairments
	Number of units accessible to persons with visual and/or hearing impairments
	New Construction (NEW) or Rehabilitation (REHAB)
	Family/not age-restricted (F) or Single Room Occupancy (SRO)

**Supportive Housing Plan
ABC Apartments, _____, Illinois**

I. Site Suitability – how the property will meet the needs of tenants in targeted units, including:

A. Unit Mix and Accessibility Features

1. **Unit Mix** – residential rent schedule by unit size and status. This information can be copied and pasted from the Residential Rent Schedule found in the project’s full application.

# Bedrooms	# Bathrooms	Unit Size (sq ft)	%AMI Target	Total Units	Monthly Rent
<i>Ex: 1</i>	<i>Ex: 1</i>	<i>Ex: 800</i>	<i>Ex: 60%</i>	<i>Ex: 10</i>	<i>Ex: \$500</i>

2. Describe any adaptability or accessibility features and/or assistive technology beyond the minimum required by local, state or federal codes or laws, if applicable. For example, the project may contain extra fully accessible units, roll-in showers or lever-style door handles.

B. Access to Community Amenities and Transportation

1. Estimate distance of the project from community services and amenities including nearest schools, parks, grocery stores, medical services, etc.

2. Describe the nearest public transit stop and availability of accessible public transportation, Describe any paratransit services available specifically for persons with disabilities: name of service, phone number, hours of operation, cost, who is eligible and for what types of trips.

II. Affordability – methods to ensure that tenants pay no more than 30% of income for rent:

Rents in the **Supportive Housing units** will be made affordable through:

	30% AMI rents with no additional rental or operating subsidy
	Long-Term Operating Support (via Rental Housing Support Program)
	HUD Project-based (Section 8) Rental Assistance – see below
	Public Housing
	USDA Project-based (Section 515) Rental Assistance
	Other (please specify):

Properties with a commitment of project based rental assistance can use this assistance to ensure affordability in the Supportive Housing units. To ensure compliance with the Supportive Housing Plan requirements, the local Public Housing Authority (PHA) could agree to a preference for persons with disabilities and homeless households in the project’s tenant selection plan. This approach will help ensure Supportive Housing Populations end up in the units. Compliance will be more complicated if the PHA holds the waiting list for rent-assisted units, because it will process applications according to the first in time rule. There will be no guarantee that households referred from the PHA’s waiting list are working with a supportive services agency that will provide follow-up services.

If the project will utilize Project Based Rental Assistance in the Supportive Housing Units, please describe here how the project will ensure that Supportive Housing Populations will receive priority for those units.

III. Support Coordination - qualifications of the agency providing the on-site Support Coordinator including:

- A. Agency name, who it typically serves and where.
- B. Number of hours it will provide on-site support coordination.
- C. Capacity to provide access to supportive services, and to maintain relationships with the management agent and community service providers for the duration of the compliance period
- D. A history of engagement with other community agencies through the local Continuum of Care and/or other cross-agency efforts.

The Services Partner agency will provide this information.

Insert Qualifications of Services Partner Agency

IV. Access to Services –

Briefly describe how an array of services, including those aimed at housing retention, will be made available both on- and off-site for all Supportive Housing tenants to access according to their needs, including a budget for any services funding sources that have been secured or will be sought.

Insert Plan for Access to Services

V. Referral, Screening and Communication Plan

Briefly describe the tenant referral and screening process, including steps followed by all parties to negotiate Requests for Reasonable Accommodations and Modifications under Fair Housing Laws to facilitate the admittance of persons with disabilities into the project. Explain how the rights of tenants will be protected through the delineation of separate functions of services provision and property management. Address how project management and the agency providing the on-site support coordinator will communicate, accommodate staff turnover and assure continuing linkages between the Project and the agency providing the on-site support coordinator for the duration of the compliance period.

Insert Referral, Screening, Communication Plan

VI. Agreement among Partners

WHEREAS **INSERT OWNER NAME** is seeking Low-Income Housing Tax Credits (LIHTC) from Illinois Housing Development Authority (IHDA) to finance and build **XX** housing units, known as **INSERT HOUSING COMPLEX NAME** in **INSERT CITY NAME**, Illinois; and

IHDA's 2010 Qualified Allocation Plan provides points-based incentives for properties to set aside a minimum of fifty percent (50%) of the total units to households that are homeless, at-risk of homelessness and/or headed by persons with disabilities (Supportive Housing Populations); and

INSERT SERVICES PARTNER AGENCY NAME provides, coordinates, or represents agencies that provide direct community-based services in the **INSERT CITY NAME** area to Supportive Housing Populations; and

INSERT SERVICES PARTNER AGENCY NAME seeks to expand and support affordable housing opportunities for Supportive Housing Populations in their communities;

THEREFORE, **INSERT OWNER NAME, INSERT SERVICES PARTNER AGENCY NAME** and **INSERT PROPERTY MANAGEMENT NAME** agree to the following supportive housing partnership to target **XX** apartment units (the “Supportive Housing Units”) within the **INSERT HOUSING COMPLEX NAME** apartment complex to Supportive Housing Populations as defined by the 2010 Qualified Allocation Plan.

INSERT OWNER NAME shall:

- Agree that the **XX** Supportive Housing Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-Supportive Housing units.
- Assure that the Supportive Housing Units remain available to Supportive Housing Populations, and that the purposes and spirit of this agreement are maintained through the compliance period.
- Assure that any special arrangements (*rent adjustments, unit subsidies, arrangement for transportation services, etc.*) outlined in the Supportive Housing Plan are maintained through the compliance period.

INSERT SERVICES PARTNER AGENCY NAME shall:

- Provide an on-site Support Coordinator(s) for **XX** hours per week to offer services/support coordination as needed, requested and accepted by tenants.
- Assist Supportive Housing applicants in the application process, including requesting and negotiating Reasonable Accommodations and Modifications, if applicable, and as needed and accepted.
- Facilitate access to community-based supportive services offered by **INSERT SERVICES PARTNER AGENCY NAME** and other area human services agencies for tenants. It is understood and agreed that these services shall be available to said tenants on an as-needed basis, and that receipt of these or any other services shall not be a condition of tenancy.
- Facilitate communication with **INSERT PROPERTY MANAGEMENT NAME** by designating, and maintaining in the event of staff turnover, a named individual as the primary contact on matters related to Supportive Housing Units.
- Protect the confidentiality of tenants by sharing with **INSERT PROPERTY MANAGEMENT NAME** only that information which is related to tenancy.

INSERT PROPERTY MANAGEMENT NAME shall:

- Notify **INSERT SERVICES PARTNER AGENCY NAME** of initial lease-up 6 months prior to anticipated occupancy certification or when marketing begins, whichever comes first.
- Share tenant eligibility and screening criteria with **INSERT SERVICES PARTNER AGENCY NAME** so that the on-site Support Coordinator will be prepared to refer qualified tenants and assist them with requests for Reasonable Accommodations or Modifications when necessary.
- Educate initial and subsequent on-site property managers on the Supportive Housing Plan.
- Agree that the **XX** Supportive Housing Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-Supportive Housing units.
- Affirmatively market to persons with all types of disabilities, as may be described in the **INSERT HOUSING COMPLEX NAME** apartment complex’s Affirmative Fair Housing Marketing Plan. Projects may advertise

as offering services for people with particular types of disabilities but must admit other persons with disabilities who may benefit from the services.

- Screen all referred applicants using screening criteria established for all applicants at the apartment community, according to State and Federal Fair Housing Law.
- In the event a referred applicant is denied housing, (1) notify the applicant and **INSERT SERVICES PARTNER AGENCY NAME** of reason for denial, (2) accept and consider requests for Reasonable Accommodations in accordance with State and Federal Fair Housing Law, and (3) hold unit open until the request process is complete.
- Maintain a separate waiting list for referrals or applicants to Supportive Housing Units and prioritize these households for any Supportive Housing Units that may become vacant after the initial rent-up period, based upon the minimum number of units specified in the application.
- Communicate tenancy issues with the **INSERT SERVICES PARTNER AGENCY NAME** in a timely manner.
- Facilitate communication with **INSERT SERVICES PARTNER AGENCY NAME** by designating, and maintaining in the event of staff turnover, a named individual as the primary contact on matters related to the Supportive Housing Units.

All parties to this Agreement shall:

- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for meeting compliance requirements established by the IRS and IHDA.
- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for maintaining the property for the benefit of all the tenants.
- Agree that **INSERT SERVICES PARTNER AGENCY NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for communicating as needed to assist with housing retention of Supportive Housing tenants, to the extent that such assistance is accepted by the tenants.
- Agree that the provisions and the spirit of this agreement notwithstanding, decisions on the admittance and/or retention of tenants according to Fair Housing and IL Landlord Tenant Law are the responsibility of **INSERT PROPERTY MANAGEMENT NAME**.
- Agree that the terms of the Supportive Housing Plan for **INSERT HOUSING COMPLEX NAME** prepared jointly by **INSERT OWNER NAME**, **INSERT PROPERTY MANAGEMENT NAME** and **INSERT SERVICES PARTNER AGENCY NAME**, including maintenance of a clear separation of property management and supportive service provision functions within or among partner organizations to assure confidentiality of tenant information, are hereby incorporated by reference.
- Agree that tenant participation in supportive services will not be a condition of tenancy.
- Agree that in the event that disagreements or difficulties arise that they are unable to resolve through open and cooperative dialogue, they will seek assistance in resolving these conflicts from IHDA.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

INSERT OWNER CONTACT, TITLE
INSERT OWNER NAME
INSERT PHONE NUMBER

Date

INSERT PROPERTY MANAGEMENT CONTACT, TITLE
INSERT PROPERTY MANAGEMENT NAME
INSERT PHONE NUMBER

Date

INSERT SERVICES PARTNER AGENCY CONTACT, TITLE
INSERT SERVICES PARTNER AGENCY NAME
INSERT PHONE NUMBER

Date



**Illinois Housing Development Authority
Tenant Homeownership Plan**

The tenant ownership plan must demonstrate how the Project will convert from affordable rental housing to affordable homeownership by, at a minimum, addressing all of the following:

- 1) Timeline for conversion
- 2) Repayment of any outstanding debt
- 3) Payment of any taxes due
- 4) Tax Credit investor's exit
- 5) Completion of a property needs assessment
- 6) Budget to address any needed repairs identified in the property needs assessment
- 7) An estimated sales price for all unit types and income restrictions (For example what are the estimated sales prices of a 2BR 30% AMI unit, 2BR 60% AMI unit, 1BR 50% AMI unit and 1 BR 60% AMI unit)
- 8) An estimated tenant financing plan for all unit types and income restrictions such that the monthly principal, interest, taxes, and insurance payment will not exceed the unit's maximum LIHTC rent at the time of conversion¹
- 9) Homeownership counseling
- 10) Treatment of any common areas

¹ The following assumptions should be utilized for this calculation: The home will be financed with a 30-year fixed rate loan at 6.0%. Taxes, insurance, and maximum LIHTC rents at the time of conversion are calculated utilizing 5%, 4%, and 2% annual increases respectively for each year prior to homeownership conversion. Any assumptions regarding owners equity must be detailed.



**Illinois Housing Development Authority
Notice of Intent to Transfer Ownership**

Project Name: _____

Project ID Number (PID): _____

Legal Name of project owner or ownership entity to whom credits were allocated:

Legal name of current owner or ownership entity (if different than above):

Current owner Federal Tax ID#: _____

Contact Person: _____

Phone: _____

Type of Change Requested:

- Change in Owner Name/Status
- Transfer of Ownership
- Transfer of Partnership Interest
- Date of Purchase Agreement
- Expiration date of Contract for deed
- Anticipated/Actual closing date

New/Updated Owner Information

Name: _____

Address: _____

Partners Names and Percentage of Ownership:

New/Updated Management Information

Name of Management Company: _____

Address: _____

Tax ID #: _____

Contact Person: _____

Phone: _____

ATTACHMENT 35

Attach all that apply:

- Copy of amended or new partnership agreement
- Copy of Articles of Incorporation and By-Laws
- Copy of Organization Documents
- Copy of the Certificate of Good Standing
- Copy of purchase agreement
- Copy of the recorded contract for deed or warranty deed transferring the benefits and burdens of ownership of the buildings to the purchaser, or title policy indication ownership
- Copy of the closing statement showing the sources and uses of funding
- The Authority's Multifamily Fee Payment Form and \$1,500.

Transferring Owner:

Print Name of Ownership Entity: _____

By (Signature): _____ Print Name: _____

Its: _____ Date: _____

New Owner:

Print Name of Ownership Entity: _____

By (Signature): _____ Print Name: _____

Its: _____ Date: _____



IHDA Multifamily Fee Schedule

Low Income Housing Tax Credits

Application Fees	
Pre-Application Fee	\$1,000
Application Fee for Projects seeking 9% Tax Credits	\$2,500
Application Fee for Projects seeking 4% Determination	\$2,500
Resource Commitment Fees	
Reservation Fee	1% of the 10 year credit amount
Green Monitoring Fee	\$1,500
Subsidy Layering Review	\$1,500
4% Determination Letter	1% of the 10 year credit amount
8609 Issuance Fee	\$1,000 per 8609 with a \$3,000 maximum per project
Modification Fees	
Change of Ownership	\$1,500
Reservation Letter Extension	\$1,500
Changes to Project Characteristics	\$1,500
Amended IRS Form 8609	\$1,500
Amended Carryover Allocation	\$1,500
Carryover Letter Late Fee	\$1,500 + \$100 per day late
Increase Request	\$1,500 + Increased Reservation/Determination Fee
8609 Request Late Fee	\$1,500 + \$500 per month late
Annual Fees	
Compliance Projects with 1-10 units	\$75/year
Compliance Projects with 11-19 units	\$150/year
Compliance Projects with more than 20 units	\$25/affordable unit/year

Illinois Affordable Housing Tax Credits

Application Fee	\$500
Resource Commitment Fee	3% of credit amount
Annual Fees	
Compliance	\$7.50/affordable unit/year

Illinois Affordable Housing Trust Fund

Application Fee	\$1,500
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HOME

Application Fee	\$1,500
Resource Commitment Fee	
Legal Fee	Up to \$20,000

Mortgage Participation Certificates and FHA/MAP

Application Fee	\$2,500; .3% MAP
Resource Commitment Fee	
Origination Fee	To be determined based on lender requirements
IHDA Legal Fee	Up to \$20,000
Construction Inspection	.5% MAP
Annual Fees	
Credit Enhancement	≤ .5% of remaining loan
Servicing Fee	≤ .25% of remaining loan

Other IHDA Financing

Application Fee	\$2,500
Resource Commitment Fee	
Origination Fee	Up to 2% of loan amount
IHDA Legal Fee	Up to \$20,000
Annual Fees	
Servicing Fee	≤ .25% of remaining loan

IHDA General Obligation Bond Issue

IHDA Legal Fees	
IHDA Issuer Counsel	To be determined based on actual expenses
IHDA Legal Counsel (Real Estate)	\$15,000

Bond Counsel	Up to \$70,000
Underwriter's Counsel	To be determined based on actual expenses
Litigation Counsel	To be determined based on actual expenses
Special Counsel	To be determined based on actual expenses
Annual Fees	
IHDA Credit Enhancement	.50% of the mortgage amount
IHDA Servicing	.25% of the remaining mortgage balance
Trustee, Master Paying Agent	To be determined based on actual expenses
Bond Insurance Escrow Fee	\$1,500

IHDA Conduit Bond Issue

IHDA Legal Fees	
IHDA Issuer Counsel	To be determined based on actual expenses
IHDA Legal Counsel (Real Estate)	N/A
Bond Counsel	To be determined based on actual expenses
Underwriter's Counsel	To be determined based on actual expenses
Annual Fees	
Trustee, Master Paying Agent	To be determined based on actual expenses