

NEVADA'S 2006 LOW-INCOME HOUSING TAX CREDIT PROJECT SPONSOR PREFERENCE POINT SELF-SCORING WORKSHEET
EFFECT. 11/16/05

Project Name _____

Project location _____

Project Owner _____

Part One: Project Scoring (see Secs. 26-31 of QAP) – Choose Project Type (One Category Only) The points are only for the project type selected in Part One and are not inclusive. See Sect. 16 of the QAP. **Max. of 20 pts.**

Individuals, Families w/Children	15 pts <input type="checkbox"/>	Eventual Tenant Ownership	10 pts <input type="checkbox"/>
Senior Housing	10 pts <input type="checkbox"/>	Acquisition/Rehab/Conversion	10 pts <input type="checkbox"/>
Special Needs	20 pts <input type="checkbox"/>	Rehab only	
Mixed Income Residential	10 pts <input type="checkbox"/>		

Part Two: Standard Factors- Max. of 63 pts. (see Secs. 17-25 of QAP)	Maximum Points Available	Points Claimed Yes No	Amount Claimed
Project Location	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Project Readiness	11	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Project Amenities	25	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Nevada Based Applicant	10	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Nevada Projects Out of State Developers	5	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Extended Compliance	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Landscape Water Efficiency	5	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Green Building Design	6	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Negative Compliance Findings	-20	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Point Maximum 63 Points

Part Three: Special Scoring

	Maximum Points Available	Points
Low Rent Targeting	10	_____
Low Income Targeting	10	_____
Lowest Developer Fee	5	_____
Lowest Contractor Fee	5	_____
Supportive Services	10	_____
Public Private Partnership	15	_____

Point Maximum 55

Total Maximum Points Allowed in the 2006 QAP: 138

Application Total _____

NOTICE

This Self-Scoring worksheet must accompany your application if Preference Points are being claimed in any category. Claimed Preference Points that lack sufficient supporting documentation will not be counted. (See Attachment E recommended documentation)

Date _____

Project Owner _____

Name of Authorized Officer _____

Signature _____

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
HOUSING DIVISION**

This is a uniform application package which will be used in conjunction with the various Housing Division multi-unit rental programs: 1) tax-exempt financing, 2) taxable financing, 3) financing through the General Reserve Trust Loan Program and/or 4) allocation of credits from the federal low-income housing tax credit program. All sections applicable to the particular type of program(s) must be completed in full. Failure to complete any section or omission of any documentation pertaining to the application could result in: 1) disqualification of tax credits application for a particular application cycle, or 2) a delay in processing of a bond financing or General Reserve Trust Loan.

NOTE: ALL SECTIONS MUST BE ADDRESSED. IF NOT APPLICABLE, SO STATE.

THE 2006 ALLOCATION PLAN APPLICATION DEADLINE IS 5:00 p.m. May 5, 2006. Please note: Pre-construction energy audits due within 30 days of application (For rehab and acquisition/rehab projects)

Section 1 Project Identification

Project Name _____

Address _____

City _____ County _____ State NV Zip Code _____

== Are Preference Points for Project Location being claimed? Yes No QAP§ 17

Allocation Year **2006** Application Cycle **One** Application Closing Deadline: **May 5, 2006**

Date of Application _____ Real Estate Taxes \$ _____

Amount of Tax Credits Requested \$ _____ Total Project Cost \$ _____

Sub-Section A- Application Type, Governmental Funding Source and Set-Aside/Geographical Apportionment

Application for: 9% LIHTC 4% LIHTC with Federal Funds Tax Exempt Bond/Tax Credit
 New construction Acquisition/Rehab

Governmental Funding: HOME General Revenue Trust Local Authority Other*

Set Aside / Geographical Apportionment: Non-Profit USDA-RD Clark Co. Washoe Co. Other*

Project Redevelopment Area _____

Project Assigned to: (For Division Use Only) _____

Farmers Home Yes No Section 8 Yes No HOME Yes No

Are these funds to be treated as Federal Funds? Yes No

Minimum Set Aside **30 years** Additional Compliance Years _____ Total Restricted Use Years _____

== Are Preference Points for Extended Compliance Period being claimed? Yes No QAP§ 22

RTC Yes No State Tax Credit Yes No Date of Extended Use Agreement _____

Is there an Identity of Interest? Yes No Are State or County Taxes to be abated? Yes No

Sub-Section B Rent Restrictions: Is this a Mixed-Income project? Yes No If yes, Complete Ex. #9 Tax Credit Unit Covenants

_____	Units at rents of _____	% of AAMI or Maximum rents of \$ _____
_____	Units at rents of _____	% of AAMI or Maximum rents of \$ _____
_____	Units at rents of _____	% of AAMI or Maximum rents of \$ _____
_____	Units at rents of _____	% of AAMI or Maximum rents of \$ _____
_____	Units at rents of _____	% of AAMI or Maximum rents of \$ _____

== Are Preference Points for Lower Rent Targeting being claimed? Yes No QAP§32

_____	% of units at Incomes of _____	% of AAMI
_____	% of units at Incomes of _____	% of AAMI
_____	% of units at Incomes of _____	% of AAMI
_____	% of units at Incomes of _____	% of AAMI
_____	% of units at Incomes of _____	% of AAMI

== Are preference Points for Lower Income Targeting being claimed? Yes No QAP§33

Sub-Section C. Description and Site Information

Number of Buildings _____ Tallest Building # of Floors _____ Elevators Yes No How Many? _____

Project Description: Single Building, Multi-Family Row/Townhouse
 Detached Single Family Duplex, Triplex, or Four-plex Garden Apartment
 Slab on Grade Crawl Space Partial Basement Full Basement

Targeting of Units:

_____	Units for Individuals/Families w/Children	_____ %
_____	Senior Housing	_____ %
_____	Special Needs*	_____ %
_____	Eventual Tenant Ownership	_____ %
_____	Mixed Income Projects	_____ %
_____	Acquisition/Rehab, Conversion, etc.	_____ %
_____	.	_____ %

*Special Needs Population(s) Targeted _____

== Preference Points for Above Projects – see QAP§ 26-31

**Number and percentage of:

One bedroom _____ / _____ %, Two bedroom _____ / _____ %,

Three bedroom _____ / _____ %, Four bedroom _____ / _____ %, Other* _____ / _____ %

Commercial Space- Does the project contain any commercial / retail space? Yes No

Census Tract Number _____ QCT? Yes No DDA? Yes No

State Senate District _____ State Assembly District _____ Congressional District _____ City District N/A _____

Metropolitan Statistical Area Number _____ is the project part of an organized plan? Yes No

Does the Sponsor/Owner have ownership of the land? Yes No

Total Cost of Land _____ Size of the Site _____
(Acres or Square Footage)

Date of Purchase _____

Title Insurance Company _____

Title Officer _____

Telephone Number _____ Fax Number _____

Name of vested owner on Preliminary Title Report _____

Name of Seller _____

Address _____

City _____ State _____ Zip Code _____

If the land is not owned by the project sponsor/ owner. Is it under site control Yes No

If yes, control is in the form of: Deed Option Purchase Contract Other* _____

Expiration date of Contract or Option _____

Is site property zoned for the project? Yes No

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

When is the zoning issue to be resolved? _____

Are all utilities presently available to the site? Yes No

If no, which utilities need to be brought to the site and how far? _____

Do you have the required permits? Yes No

Are special use permits required? Yes No

Will support services be provided? Yes No

If yes, are they included in the rent? Yes No

== Are Preference Points for Readiness to Proceed being claimed? Yes No QAP §18

Sub-Section D Ownership Information

Federal Tax ID # _____ (The Federal Tax ID # must be received prior to carryover)

Owner/Sponsor _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____
 Telephone Number _____ Fax Number _____

Type of Ownership _____
 Legal Status _____
 Non-Profit Status _____

Previous Low-Income Housing Experience

	Project Name City/State	Allocating Agency	Amount of Allocation	Date of Allocation	Date Placed In Service
#1					
#2					
#3					
#4					
#5					

*Individual(s) authorized to act in an Official Capacity for the project owner/sponsor

*Developer _____ Telephone number _____
 *General Contractor _____ Telephone number _____
 *Management Company _____ Telephone number _____
 Consultant _____ Telephone number _____
 Tax Attorney _____ Telephone number _____
 Tax Account _____ Telephone number _____

*Resumes must be submitted.

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

Are Preference Points for Nevada based being claimed? Yes No QAP§ 20 and NAC 319.989(4)

Are Preference Points for Nevada based project by out of State applicants being claimed? Yes No QAP§ 21

General Partner # 1 Information

Federal Tax ID# _____ Percent of Ownership _____ %

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

General Partner # 2 Information

Federal Tax ID# _____ Percent of Ownership _____ %

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Limited Partner Information

Federal Tax ID# _____ Percent of Ownership _____ %

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Non-Profit Organization Information

Federal Tax ID# _____ Percent of Ownership _____ %

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Non-Profit Determination (Attach Exhibit Seven.)

Under the Low-Income Housing Tax Credit program to qualify for the nonprofit set-aside, the nonprofit general partner, applicant must materially participate in the development and operation of the project throughout the extended use period. Within the meaning of Internal Revenue Code 469(h), "a Non-Profit shall be treated as materially participating in an activity only if the Non-profit is involved in the operations of the activity on a basis which is regular, continuous, and substantial."

Type of exemption held? _____ Date of determination letter _____

Describe the Non-Profits participation in the development and operation of the project.

List the names and title of the Board Members of the nonprofit organization.

Identify the Non-Profit Organization's contact person responsible for this project.

Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number _____ Fax Number _____

Sub-Section E Applicable Fraction

Project site size in acreage _____ or square footage _____

	Number of Units	Square Footage
Total Number of Buildings	_____	_____
Total Residential and Common Area	_____	_____
Total Commercial	_____	_____
Total Common Area	_____	_____
Employee Occupied Residential	_____	_____
Owner Occupied Residential	_____	_____
Total Residential	_____	_____
Rent Restricted Units	_____	_____
LIHTC Units	_____	_____
HOME Units	_____	_____
Project Based Assistance Units	_____	_____
HUD/FmHA Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Restricted Units	_____	_____
Market Rate Units	_____	_____

Section 2 Tenant Utilities

Tenant Paid Utilities? Yes No

Source of Utility Allowance _____ Effective Date _____
 E= Electric, G= Natural Gas, P= Propane, LNG = Liquefied Natural Gas, O = Oil, S = Solar
 (Use all that apply)

Usage	Energy or Fuel Source	Number of Bedrooms	Monthly Allowance
Heating	_____	_____	_____
Air Conditioning	_____	_____	_____
Cooking	_____	_____	_____
Lighting	_____	_____	_____
Hot Water	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Trash	_____	_____	_____
Range	_____	_____	_____
Refrigerator	_____	_____	_____

Please note PHA or Utility allowance being used _____.

Appliances supplied in the unit. Check all applicable items.

- Range Oven Refrigerator Disposal Dishwasher Air Conditioner
 Kitchen exhaust fan Washer & Dryer Washer & Dryer hook-up Other

If different than in market rate units please explain.

Section 3 Unit Distribution and Rents

Total number of Restricted Units _____ Total number of Market Rate Units _____ Total number of Common Use Units _____

Number of Bedrooms	Unit Count	Square Footage	Contract Rent	Mandatory Charges*	Utility Allowance	Gross Rents
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Mandatory Charges must be identified (Add addendum)

Sub-Section A Income Recap

Rental Income	Monthly Rents	Annualized
Low-Income Housing Tax Credit Units	_____	_____
HOME Units	_____	_____
Project Based Assisted Units	_____	_____
Market Rate Units	_____	_____
Common Use Areas	_____	_____
 Rental Income Sub-Total	_____	_____
 Non-Rental Income	_____	_____
Laundry Facilities	_____	_____
Garage/Parking	_____	_____
Other Income (identify the source)	_____	_____
_____	_____	_____
Non-Rental Income Sub-Total	_____	_____
 Totals	_____	_____

Vacancy Factor % Number of Parking Spaces in the Project

Section 4 Sources of Funds- All Information Needs to be completed

Sub-Section A Construction Financing

Source Number 1

Providers Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____
Interest Rate _____ % Percentage of Construction Funding _____ %
LTC Ratio _____

Source Number 2

Providers Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____
Interest Rate _____ % Percentage of Construction Funding _____ %
LTC Ratio _____

Source Number 3

Providers Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance

Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____
Interest Rate _____ % Percentage of Construction Funding _____ %
LTC Ratio _____

Source Number 4

Providers Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Person _____
Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____
Interest Rate _____ % Percentage of Construction Funding _____ %
LTC Ratio _____

Sub-Section B

Permanent Financing- All information Needs to be Completed

Source Number 1

Market Interest Rate _____ %

Exclude Grants From Basis? Yes No

Exclude Federal Sources From Basis? Yes No

Providers Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____

Interest Rate _____ % Terms in Years _____ Amortization Term _____

LTC Ratio _____

Loan Payment _____

Payment Frequency: monthly quarterly, semi-annual, annual, at maturity
Amortization Begins in year number _____ Interest is paid accrued

Source Number 2

Market Interest Rate _____ %

Exclude Grants From Basis? Yes No

Exclude Federal Sources From Basis? Yes No

Providers Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____

Interest Rate _____ % Terms in Years _____ Amortization Term _____

LTC Ratio _____

Loan Payment _____

Payment Frequency: monthly quarterly, semi-annual, annual, at maturity
Amortization Begins in year number _____ Interest is paid accrued

Source Number 3

Market Interest Rate _____ %

Exclude Grants From Basis? Yes No

Exclude Federal Sources From Basis? Yes No

Providers Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____

Interest Rate _____ % Terms in Years _____ Amortization Term _____

LTC Ratio _____ Loan Payment _____

Payment Frequency: monthly quarterly, semi-annual, annual, at maturity
Amortization Begins in year number _____ Interest is paid accrued

Source Number 4

Market Interest Rate _____ %

Exclude Grants From Basis? Yes No

Exclude Federal Sources From Basis? Yes No

Providers Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Finance Source Bond Financing CDBG Conventional Federal
 HOME Local Government Non-Qual/Non-Recourse Owner Equity
 Private Other (Describe) _____

Finance Type BMIR Loan Balloon Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Insurance
 Amortizing Loan Manual Debt Service Tax Deferral/Increments
 Other (Describe) _____

Commitment Date _____ Principal Amount \$ _____

Interest Rate _____ % Terms in Years _____ Amortization Term _____

LTC Ratio _____ Loan Payment _____

Payment Frequency: monthly quarterly, semi-annual, annual, at maturity
Amortization Begins in year number _____ Interest is paid accrued

Sub-Section C Tax Credits

Provide information below concerning syndication and estimated proceeds from sale of tax credits.

	Estimated Price	Percentage of Tax Credits	Anticipated Proceeds
Historic Rehabilitation Tax Credits:	_____	_____ %	\$ _____
Low-Income Housing Tax Credits:	_____	_____ %	\$ _____
		Total Proceeds	\$ _____

Section 5 Acquisition/Rehabilitation/Conversion of Existing Buildings

== Are Preference Points for Acquisition/Rehabilitation being claimed? Yes No QAP§31

How many buildings will be acquired for the project? _____

Are all the buildings currently under control for the project? Yes No
 If no, how many buildings are under control for the project? _____

When will the rest of the buildings be under control for acquisition? _____

Address of Buildings Under Control	Type of Control	Expiration Date	Number of Units	Acquisition Cost

Attach additional sheet(s) if necessary

Acquisition Projects need energy requirement and cost data completed and submitted with application.

Sub-Section A Acquisition Information

Provide the information listed below concerning the acquisition of building(s) for the project.

Building(s) acquired or to be acquired from Related Party Unrelated Party **(All must pass 10% test)**

Name, address and Identity of Related Party _____

Building(s) acquired or to be acquired with Buyer's Basis:

- Determined with reference to Seller's Basis
- Undetermined with reference to Seller's Basis

List below by building address, the date the building was placed in service, date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and date of acquisition. Attach additional sheet(s) if necessary.

Building Address	Original Placed In Service Date	Proposed Date Of Acquisition	Number of Years Between Placed in Service And Acquisition

Sub-Section B Relocation Information

Provide the following information concerning any relocation plans for the project.

Number of tenants involved _____

The total estimated cost of relocation \$ _____

The estimated date that the relocation will be complete _____

Name of the relocation coordinator _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Other pertinent information _____

Discount Points	_____	Ineligible	Ineligible
Origination Fees	_____	Ineligible	Ineligible
Credit Enhancement	_____	Ineligible	Ineligible
Cost of Issuance	_____	Ineligible	Ineligible
Title and Recording	_____	Ineligible	Ineligible
Legal Fees	_____	Ineligible	Ineligible
Prepaid MIP	_____	Ineligible	Ineligible
Other*	_____	Ineligible	Ineligible

**Permanent Financing
Sub-Total**

Soft Cost

Feasibility Study	_____	_____	_____
Market Study	_____	_____	_____
Environmental Study	_____	_____	_____
Tax Credit Fees	_____	_____	_____
Compliance Fees	_____	_____	_____
Rent-up Expense	_____	_____	_____
Appraisal	_____	_____	_____
Cost Certification	_____	_____	_____
Survey	_____	_____	_____
Other*	_____	_____	_____

Soft-Cost Sub-Total

<u>ITEM</u>	<u>ESTIMATED COST</u>	<u>30% VALUE ELIGIBLE BASIS</u>	<u>70% VALUE ELIGIBLE BASIS</u>
Syndication Cost			
Organization	_____	_____	_____
Bridge Loan	_____	_____	_____
Tax Opinion	_____	_____	_____
PV Adjustment	_____	_____	_____
Other*	_____	_____	_____
Syndication Sub-Total	_____	_____	_____
Developer Fees**			
Overhead	_____	_____	_____
Profit	_____	_____	_____
Consultant	_____	_____	_____
Other*	_____	_____	_____
Developer Sub-Total	_____	_____	_____
Project Reserves			
Lease Up	_____	_____	_____
Operating	_____	_____	_____
Replacement	_____	_____	_____
Escrows	_____	_____	_____
Other*	_____	_____	_____
Reserves Sub-Total	_____	_____	_____
Project totals	_____	_____	_____
High Cost Adjustment	_____	_____	_____
Applicable Tax Credit Percentage	_____	_____	_____
Amount of Tax Credit Requested	_____	_____	_____

****Detail Payment Schedule of Developer Fee:**

Payment Number One	\$ _____	Due _____
Payment Number Two	\$ _____	Due _____
Payment Number Three	\$ _____	Due _____
Others	\$ _____	Due _____

ITEM	COST	30% VALUE ELIGIBLE BASIS	70% VALUE ELIGIBLE BASIS
Adjusted Basis Calculation, Less Exclusions			
Grants			
Federal Subsidies			
Non-Recourse Financing			
Historic Credits			
High Quality Units			
Adjusted Basis Sub-Total			

GAP CALCULATION

Total Project Cost	\$ _____
Less: Mortgages	- _____
Grants	- _____
Owner Investment	- _____
Developer Notes	- _____
Other Items*	- _____
Equity Gap	\$ _____
LIHTC Syndication Pricing (Attach Syndicate Commitment Letter)	_____
LIHTC (10 Years) Required to Meet TEG (GAP ÷ Price)	\$ _____
Annual LIHTC	\$ _____

Section 7 Annual Expenses

Sub-Section A Administrative Expense

Accounting	\$ _____
Advertising	_____
Legal	_____
Leased Equipment	_____
Management Fees	_____
Management Salaries and Payroll Taxes	_____
Model Apartment Rent	_____
Office Supplies and Postage	_____
Telephone	_____
Annual Compliance Fees	_____
Miscellaneous	_____
Other* _____	_____

Administrative Expenses Sub-Total \$ _____

Sub-Section B Operating Expense

Fuel (Heat and Water)	\$ _____
Electrical	_____
Water and Sewer	_____
Gas	_____
Garbage and Trash	_____
Security	_____
Cable Television	_____
Other* _____	_____

Operating Expenses Sub-Total \$ _____

Sub-Section C Maintenance Expense

Elevator	\$ _____
Exterminating	_____
Landscaping	_____
Repairs	_____
Maintenance Salaries and Payroll Taxes	_____
Maintenance Supplies	_____
Swimming Pool or Picnic/Barbecue Area	_____
Snow Removal	_____
Decorating	_____
Other* _____	_____

Maintenance Expenses Sub-Total \$ _____

Sub-Section D Fixed Expense

Real Estate Taxes	\$ _____
In-Lieu Taxes	_____
Insurance	_____
Other* _____	_____

Fixed Expenses Sub-Total \$ _____

*All "other" costs must be identified

Total Annual Expenses \$ _____

Taxes and Annual Expense Breakdown

<u>Unit Size</u>	<u>Monthly Per Unit Expense</u>	<u>Per Unit Tax</u>
Efficiency	\$ _____	\$ _____
One Bedroom	_____	_____
Two Bedroom	_____	_____
Three Bedroom	_____	_____
Four Bedroom	_____	_____
Other* _____	_____	_____
Total _____	_____	_____

Sub-Section E Replacement Reserves and Annual Increase Factors

Reserves	
Per Unit	\$ _____
Other* _____	_____

Reserves Sub-Total \$ _____

Annual Increase Factors

Rent	_____	%
Expenses	_____	%
Replacement	_____	%
Other*	_____	%

Section 8 Syndication

Estimated proceeds from Low-Income Housing Tax Credit Syndication \$ _____

Number of Annual Pay-Ins _____

First Pay-In Year _____

Interest Rate _____ %

Equity Factor _____ %

Historic Tax Credits Received \$ _____

Type of Low-Income Housing Tax Credit offering. Public Private

Type of Investors. Individuals Corporations Others*

Syndicator

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Section 9 Property Management Company Information

Federal Tax ID # _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Administrative Contact Person _____

Telephone Number _____ Fax Number _____

On-Site Contact Name* _____

On-Site Contact Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Telephone Number _____ Fax Number _____

Attach copy of Nevada Housing Division’s Training Certificate or LIHTC Training Cert. from Nationally Recognized Firm (per Section 12 B of QAP)

Minimum Set-Aside Election

The project sponsor irrevocably elects one of the minimum set-aside requirements (check one only)

- At least 20% of the rental residential units in this project are rent-restricted and are to be occupied by individuals whose income is 50 percent or less of area median income (Tax-exempt and/or Tax Credit program).
- At least 40% of the rental residential units in this project are rent restricted and are to be occupied by individuals whose income is 60 percent of less of area median income (Tax-exempt and/or Tax Credit program).
- Deep Rent Skewing Option as defined in Internal Revenue Code Section 42. (Applicable to Tax Credit program only)

Section 12 Project Schedule

The following will be considered a commitment.

Phase: Site-Control (Item)

- Option/Contract in Place
- Carryover
- Record Declaration of Restrictive Covenants
- Acquisition
- Zoning Approval
- Special Use Permit
- Tax Abatement
- Other* _____

Scheduled Completion

Phase: Plans (Item)

- Grading Permit
- Building Permit
- Final Plans & Specifications
- Other* _____

Phase: Closing (Item)

- Property Transfer
- Other* _____

Phase: Construction Financing (Item)

- Loan Application
- Conditional Commitment
- Final Commitment
- Closing
- Other* _____

Phase: Construction (Item)

- Start
- Progress Review (quarterly Beginning
- Completion
- Certificate of Occupancy
- Other* _____

Scheduled Completion

Phase: Permanent Financing (Item)

- Loan Application
- Conditional Commitment
- Final Commitment
- Closing
- Other* _____

Other Loans and Grants (Item)

- Scheduled Completion
- Application
- Award
- Funding Date
- Type and Source _____
- (Add addendum(s) if necessary)

Phase: Lease-Up (Item)

- Start
- Set-Aside requirements satisfied

Low-Income Housing Tax Credits (Item)

Final Cost Certification

Final Application

NHD Inspection and Training

8609s (usually within 60 days)

Section 13 Project Market Area

Sub-Section A Demographics

Primary Type of Zoning Commercial Industrial Residential

Type of Neighborhood Declining Emerging Revitalizing Stable

Prevalent Type of Housing Manufactured Multi-Family Single Family Transient

Average Age of Housing _____ to _____

Average Purchase Price _____ to _____

Average Monthly Rents _____ to _____

Other Low-Income Housing in Area? No Yes Within _____ Miles

Public Housing Authority in Area? No Yes Within _____ Miles

If yes, please identify _____

Estimated Number of Low-Income Units in Area _____

Prevalent Racial/Ethnic Composition

- African American
- Asian/Pacific Islander
- Caucasian
- Chinese American
- Cuban American
- Haitian American
- Hispanic
- Jewish
- Korean American
- Mexican American
- Middle Eastern/Arab
- Native American
- Puerto Rican
- Other

Prevalent Type of Employment

- Agriculture
- Business/Professional
- Clerical/Office
- Government/Public Service
- Industrial/Manufacturing
- Unemployed
- Skilled/Specialized
- Unskilled
- Retired
- Self Employed
- Other
- Full Time Student
- Married Filing Joint Tax Return
- Single Parent with Dependents
- Title IV Assisted
- Enrolled in Job Training

The remainder of this page is intentionally blank.

PLEASE READ THE FOLLOWING IMPORTANT PARAGRAPHS AND ACKNOWLEDGE YOUR UNDERSTANDING BY INITIALING ALL APPLICABLE PARAGRAPHS.

If this is an application for an allocation under the low-income housing tax credit program, the undersigned is responsible for ensuring the project consists or will consist of a qualified low-income building or buildings as defined in Section 42 of the Internal Revenue Code and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the project to receive the low-income housing credit. In addition, the undersigned is responsible for all calculations and figures relating to the determination of the eligible basis for the building and understands and agrees that the amount of the credit is calculated by reference to the figure submitted with this application as to the eligible basis and qualified basis of the project and individual buildings _____Initial

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

If this is an application for bond financing, the undersigned is responsible for ensuring that the project complies or will comply with the requirements of Section _____ of the Internal Revenue Code. The undersigned agrees to indemnify and save and hold the Nevada Housing Division, its agents, officers and employees harmless against all losses, costs, damages, expenses and liabilities, whatsoever the nature and kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to satisfy a judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of this application for bond financing. _____Initial

If this is an application for funding from the Nevada Housing Division's general reserve trust loan program, the undersigned is responsible for ensuring that the project complies or will comply with the requirements of Chapter 319 of the Nevada Revised Statutes and the Nevada Administrative Code, pertaining to the provision of low and moderate income housing. The undersigned agrees to indemnify and save and hold the Nevada Housing Division, its agents, officers and employees harmless against all losses, costs, damages, expenses and liabilities, whatsoever the nature and kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to satisfy a judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of this application for fund from the general reserve trust. _____Initial

In all cases, the undersigned acknowledges and agrees that the project will be regulated in accordance with the terms of a regulatory agreement or declaration of restrictive covenant as a first priority between the project sponsor of the project, the Nevada Housing Division, and in some cases, the Division trustee. _____Initial

The undersigned further acknowledges that a sample of the applicable documentation is available for inspection at the Division's office in Carson City, Nevada, and that a copy of said document may be sent to him/her upon written request following payment of the cost of copy and mailing (if any). _____Initial

EXHIBIT ONE
REQUIRED DOCUMENTATION

The following documentation **must** accompany the application for Low-Income Housing Tax Credits and must be received by 5:00 p.m. May 5, 2006 (the application deadline) in order for the application to be deemed accepted by the Division. See NAC 319.974(3). Deficiencies that cannot be corrected or clarified by the application deadline will result in rejection of the application. Please dedicate one section of your application package to required documents.

1. Index and narrative description of the project.
2. Application fee, as required, payable to the Nevada Housing Division. This fee is non-refundable.
3. Signed, dated application.
4. Preference points work sheet.
5. Copies of the organizational documents of the sponsor, general partner and limited partner of the project, including Articles of Incorporation and/or Partnership Agreements/Limited Partnership Agreements. All entities must provide documentation showing proper registration with the Secretary of State to do business in the State of Nevada.
6. If there is a non-profit or owner/sponsor or partner, a copy of the Internal Revenue Service Document of Non-Profit Status with evidence that one of its except purposes is the provision of providing low-income or affordable housing. Also complete **Exhibit Seven** of application.
7. Preliminary title report vested to the sponsor/owner or copy of the purchase contract/option.
8. Letter of intent from each of the proposed sources of funds, including any grants. Commitment must include specific terms under which the loan or grant will be made; stating the outstanding contingencies for funding; one being that the sponsor receives \$ _____ in tax credits. Projects applying for tax credits that will receive direct financial assistance from HUD will be subject to a subsidy layering review by HUD staff. Evidence of a completed review must be included with application.
9. Resumes of the individual authorized to act in an Official Capacity for the project owner, the Developer, the General Contractor and the Management Company, per Section 1, subsection D of application.
10. Agreement to Commence Construction in 270 days from the date of receiving a reservation of tax credits, complete **Exhibit Five**. See QAP§ 11 (J).
11. Current financial statements of the sponsor or owner as required (within 12 months).
12. Project Signage Agreement. See **Exhibit Four**.
13. An estimated cost breakdown of each building within the project.
14. Sources and Uses of Funds statement.
15. A minimum 15-year pro-forma, operating and expense statement and cash flow statement.
16. Report in accordance with Statements on Standards for Attestation engagements for Agreed Upon Procedures under AICPA Professional Standards by a certified public accountant attesting to the eligibility of construction costs. See **Exhibit Two**.

EXHIBIT ONE
(Continued)

17. A report from an architect or professional engineer who is licensed in the State of Nevada which certifies to the Division that the project costs set forth in the application are within the guidelines established in the QAP § 39. See **Exhibit Three**.
18. An independent third party Market Study. See QAP § 11(E).
19. For acquisition/rehabilitation projects, a Capital Needs Assessment. See QAP § 9 F Key Requirements..
20. Evidence acceptable to the Division supporting the utility allowance figures reported in the application.
21. Notice to Local Housing Authority or other Public Housing Agency. See **Exhibit Eight**.
22. Letter agreeing to a minimum thirty (30) year compliance period if not opting to extend compliance period (excluding projects intended for eventual tenant ownership, frail elderly, assisted housing for seniors, and housing for seniors with Alzheimer's Disease).
23. Project Owner/Architect Certification, **Exhibit Ten**, that the project's architectural plans meet all applicable mandated design standards, such as the Americans with Disabilities Act, Fair Housing and HUD Sec. 504 (as applicable). To be submitted to the Division once a reservation of Tax Credits is awarded and immediately upon approval of the architectural plans by the local building department. See QAP § 14.

Additional Information (if required)

1. Copy of USDA-RD authorization letter.
2. Copy of the Division's approval letter of an amenity not listed in QAP sec. 15 / 19.
3. Copy of the Division's determination letter that a project will be considered as qualifying to serve a particular Special Needs population. See QAP sec. 9 (C) and 28.
4. A statement and accompanying documentation to qualify for the point scoring in QAP sec 37 Private Public Partnership. Statement must include documentation a land donation, combined funding sources and tax credit investment information.
5. For Green Building Design provide documentation and/or statements from a planner, designer, engineer, etc., to verify location information and specifications relating to the absence of volatile organic compounds (VOC)

EXHIBIT ONE A- REQUIRED DOCUMENTATION TO QUALIFY FOR PREFERENCE POINTS

The following documentation must be provided with the application if the project is seeking Preference Points. Failure to provide the proper documentation will result in those Preference Points being disallowed. Please dedicate one section of your application package to the Preference Point support documentation.

1.	Preference Points for Project Location. QAP § 17 Certification from local government if required. Maximum number of Preference Points allowed.	2
2.	Preference Points for Project Amenities. QAP § 19. Attach list of amenities for the project (per section 11) of the application. Maximum number of Preference Points allowed.	25
3.	Preference Points for Project Readiness. QAP§ 18. Attach supporting documentation verifying the points claimed. Maximum number of Preference Points allowed.	11
4.	Preference Points for Nevada Based. QAP§20. Letter certifying project owner/sponsor meets the requirements of QAP§20. Maximum number of Preference Points allowed.	10
5.	Preference Points for Nevada Projects by out of State Developers. QAP § 21 Provide a list of projects developed within the State within the last 10 years	5
6	Preference Points for Extended Affordability. QAP §22 Execute Exhibit Six of the application. Maximum number of Preference Points allowed.	4
7	Preference Points for Landscape Water Efficiency. QAP §23 Attach certification by architect/landscape architect that at least 75% of the total land area of the project is desert/zero landscaped. Maximum number of Preference Points allowed	5
8.	Preference Points for Green Building Design. QAP §24 Attach certification from appropriate source (architect, engineer, market analyst) That properly addresses all issues related to site/location and for VOC compounds	6
9*	Preference points for Projects for Individuals/Families w/Children. QAP§26 To be determined upon review of application Maximum number of Preference Points allowed	15
10*	Preference points for Senior Projects (age 55 and older). QAP§27 To be determined upon review of application. Maximum number of Preference Points allowed.	10
11*	Preference Points for Special Needs Housing. QAP § 28 Attach documentation per QAP § 20 regarding the experience of the organization and the list of housing developed. To be determined upon review of application. Maximum number of Preference Points allowed.	20
12*	Preference Points for Eventual Tenant Ownership. QAP §30 To be determined upon review of application Maximum number of Preference Points allowed	10

EXHIBIT ONE A
(Continued)

- | | | |
|-------|---|----|
| 13. * | Preference Points for Acquisition/Rehab and Rehab Only projects QAP § 31
To be determined upon review of application.
Maximum number of Preference Points allowed | 10 |
| 14. * | Preference Points for Mixed Income Projects. QAP § 29.
Complete Exhibit Nine ; to be determined upon review of application.
Maximum number of Preference Points allowed. | 10 |

(*Project will only be eligible to receive a maximum of 10/20 points in the respective category. Points listed in 9-14 above are not cumulative)

- | | | |
|-----|--|-----|
| 15. | Preference Points for Low Rent Targeting. QAP § 32.
Reproduce the formula on Page 24 of the QAP; to be determined upon review of application.
Maximum number of Preference Points allowed. | 10 |
| 16. | Preference Points for Low Income Targeting. QAP § 33.
Reproduce the formula on Page 25 of the QAP; to be determined upon review of application.
Maximum number of Preference Points allowed. | 10 |
| 17. | Preference Points for Lowest Developer fee. QAP § 35.
To be determined upon review of application.
Maximum number of Preference Points allowed. | 5 |
| 18. | Preference Points for Lowest Contractor fee. QAP § 36.
To be determined upon review of application.
Maximum number of Preference Points allowed. | 5 |
| 19. | Preference Points for Supportive Services. QAP § 34.
To be determined upon review of application.
Maximum number of Preference Points allowed. | 10 |
| 20. | Preference Points for Public Private Partnerships QAP sec 37 outline in Exhibit One of this application. | 15 |
| 21. | Negative compliance will be scored by the Division. | -20 |

**EXHIBIT TWO
CPA CERTIFICATION OF ESTIMATED COST
INCLUDED IN ELIGIBLE BASIS**

Part One Project Information

Project Name _____
 Project Location _____
 Project Owner _____

Project Type
 New Construction Acquisition/Rehabilitation with without Federal Subsidy

Part Two Building Information

	Number	Percentage
Residential Buildings	_____	_____ %
Total Buildings	_____	_____ %
Residential Units	_____	_____ %
Low-Income Housing Tax Credit Units	_____	_____ %
Square Footage of Project Site	_____	_____ %
Square Footage of Restricted Space	_____	_____ %
Square Footage of Common Area(s)	_____	_____ %

Part Three Project Construction Cost

Total Cost
 Less: Grants/Subsidies \$ _____
 Total Eligible Basis _____
 Adjustments _____
 Qualified Basis _____

Part Four ATTESTATION BY CPA:

In accordance with Statements on Standards for Attestation engagements for Agreed Upon Procedures under AICPA Professional Standards, the Certified Public Accountant of the Developer shall provide a report attesting to the eligibility of the estimated construction costs as set forth in Part III above in accordance with Internal Revenue Code Section 42.

Date _____

_____ Firm Name

_____ Accountant

_____ Signature

EXHIBIT THREE
 ARCHITECT OR PROFESSIONAL ENGINEER CERTIFICATION
 OF COST BEING WITHIN THE GUIDE LINES OF NEVADA'S 2006 QAP

Part One Project Information

Project Name _____
 Project Location _____
 Project Owner _____

Project Type New Construction Acquisition/Rehabilitation

Part Two Cost Information

Land, Building and Site Work	\$	
Construction & Contractor Fees		
Contingencies		
Professional Fees		
Construction Interim Cost		
Permanent Financing		
Soft Cost		
Syndication Cost		
Developer Fees		
Project Reserves		

Total \$ _____

Cost Per Residential Building	\$		x		\$	
Cost Per Residential Unit						
Bedroom			x			
Bedroom			x			
Bedroom			x			
Bedroom			x			
Other			x			
Common Area						

PART Three

The estimated construction costs as set forth in Part II above are within the guidelines established as maximums in section 39 of the 2006 Qualified Allocation Plan. Further, I acknowledge that, in awarding tax credits, the Nevada Housing Division, Department of Business and Industry, State of Nevada, may reserve a portion of the annual state ceiling for the project but makes no representation that such credits can be claimed by the project owner.

Date _____

 Firm Name

 Nevada License Number

 Architect/Professional Engineer

 Date Licensed

 Signature

EXHIBIT FOUR
AGREEMENT TO PROMOTE THE
NEVADA HOUSING DIVISION

Project Name _____
Project Location _____
Project Owner _____

We hereby agree to promote the Housing Division's participation in the development of the above named project.

We understand and agree that the Division's Public Relations staff will provide signage for the project. The sign will be designed by the Division's staff, will be 2'x6' in overall size with reflex blue paint on a white background.

The cost of the sign and delivery to the project site will be the responsibility of the Division. Installation and maintenance of the sign or its replacement, prior to the end of the construction phase, will be the responsibility of the project owner.

We further understand and agree that the sign will be displayed during the construction phase of the project. The "Construction Phase" is defined as the period commencing when the project site is graded and "staked out" and ends when the project receives its final certificate of occupancy.

It is the responsibility of the project owner or designated representative to contact the Division at the appropriate time to make arrangements for delivery of the sign.

The project contact person will be;

Name _____

Telephone Number _____ Fax Number _____

Name of Authorized Officer

Signature

Date

EXHIBIT FIVE
AGREEMENT TO COMMENCE CONSTRUCTION
(270 DAY LETTER)
Pursuant to Low Income Housing Tax Credit Qualified Allocation Plan
For the Calendar Year of 2006

A. Parties & Project: This agreement is by and between the parties and involves construction as follows:

- 1. The "Division" Nevada Housing Division
1802 North Carson Street, Suite 154
Carson City, Nevada 89701-1229
- 2. The "Owner" Name _____
Address _____
City _____ State _____ Zip Code _____
- 3. The "Project" Name _____
Location _____
City _____ State _____ Zip Code _____
- 4. Commencement Date _____
(Completed by Division)
within 270 days after tax credits are reserved

2. Recitals:

- 2. The Division is the administrator in Nevada for Federal Low-Income Housing Tax Credit Program established in the Tax Reform Act of 1986, and as such has adopted the above identified allocation Plan for the allocation of tax credits to sponsors based on project and sponsor characteristics.
- 2. Under the Plan, the Division requires that the owner must convey construction of its projects by entering into this binding Agreement to commence construction on the project within 270 days after tax credits have been reserved for allocation. Under the plan, if an owner fails (for any reason) to commence construction within the 270 day period, then the total tax credits awarded are lost.
- 2. In order to induce the Division to award the tax credits to the owner of the above-described Project, owner promises and agrees as follows:

2. Owner Agreement: Owner represents, warrants and agrees as follows:

- 2. That all-organizational approvals have been obtained, and Owner has been duly authorized to enter into this agreement and that the person signing below has the power to and with his or her signature does create this binding Agreement with the Division.
- 2. Owner agrees to commence construction on the Project to the satisfaction of the Division not later than 270 days after tax credits are reserved, and will diligently pursue construction thereafter.

EXHIBIT FIVE
Page Two

In accordance with and pursuant to NAC 319.981, commencement of construction means that (1) all of the "closing indicators," including but not limited to: (e.g. site acquisition, signed construction agreement, signed permanent loan commitment, signed construction financing commitments, and notice to proceed on construction contract) have been satisfied; (2) all governmental approvals and permits have been obtained to commence construction of the buildings; (3) substantial visible and significant acts of construction, including site preparation and grading, have occurred on the Project site by a contractor or subcontractor; and (4) the construction contract provides for an uninterrupted schedule for completion of the construction (the contract may have "force major" provisions in it, but there must not be any scheduled delay between phases of construction).

Owner understands and agrees that this requirement to commence construction by the Commencement Date is absolute, and in consideration for the tax credits awarded by the Division with respect to the Project, agrees to assume the risk of failure to comply for any reason, and therefore waives any defense (including force major, impossibility of performance, frustration of purpose or any other defense in law or equity), discharge, excuse, extenuation, or mitigation to performance.

3. Owner agrees to provide proof of the commencement of construction in a form satisfactory to the Division within ten working days after the Commencement Date.

4. If all of the above requirements are not timely met, Owner and Division mutually agree that the reservation or allocation of all tax credits for the Project is automatically terminated. Notwithstanding NAC 319.981 (2), the Commencement Date is an absolute deadline and may only be extended by 45 days by the Division for "Acts of God." The tax credits reserved will be awarded to the next highest scoring owner as provided in the Plan.

D. In reliance on this Agreement, the Division agrees to award tax credits to the Owner as provided in the Plan, and if tax credits are reserved, the Division agrees to enter the Completion Date above and to return a copy of this Agreement to Owner.

Entered into this _____ day of _____ 2006

Project Owner

Name of Authorized Officer

Signature

EXHIBIT SIX
AGREEMENT TO EXTEND COMPLIANCE PERIOD

Pursuant to the Low Income Housing Tax Credit Allocation Plan For the Calendar Year 2006.

Project Name _____
Project Location _____
Project Owner _____

In consideration of being awarded Preference Points pursuant to provisions of Nevada's 2006 Qualified Allocation Plan in the category of Extended Compliance Period I/we the undersigned hereby commit the above named project to a compliance period of _____ years.

It is understood and agreed that by receiving Preference Points in this category I/we waive the provision of the Internal Revenue Code Section 42 that allows for sale of the property/project at year fifteen (15).

Date _____

Project Owner

Name of Authorized Officer

Signature

EXHIBIT SEVEN
CERTIFICATION OF
MATERIAL PARTICIPATION BY THE
QUALIFIED NON-PROFIT ORGANIZATION

Project Name _____

Project Location _____

Project Owner _____

Project Non-Profit Organization Name _____

The Project Owner is organized as a _____

For purposes of Internal Revenue Code Section 42, and Treasury Regulation 1.42 the above named Non-Profit Organization hereby represent and certifies to the Nevada Housing Division the following:

- A. The Non-Profit Organization owns an equity interest in the above named business entity that is applying for Low-Income Housing Tax Credit under provision of Nevada's 2006 Qualified Allocation Plan.
- B. The Non-Profit Organization is a "Qualified Non-Profit Organization" within the meaning of IRC§42(h)(5)©, for the purpose of this certification the term qualified Non-Profit organization me any organization if;
 - 1. such organization is described in paragraph (3) or (4) of the Internal Revenue Code §501© and is exempt from tax under Internal Revenue Code §501(a),
 - 2. such organization is determined by the state housing credit agency not to be affiliated with or controlled by a for-profit organization and,
 - 3. one of the exempt purposes of such organization includes the fostering of Low-Income Housing,
- C. The Non-Profit will martially participate, within the meaning of Internal Revenue Code §469(h), in the development and operation of the project throughout the entire compliance period. For purposes of the material participation representation, the Non-Profit represent and certifies that it has satisfied one of the conditions under Treasury Regulation 1.469-5T. The condition with which the Non-Profit certifies material participation is item letter _____ of Exhibit Seven A of this application.

Under penalties of perjury, the undersigned hereby certifies that the forgoing is true and correct.

Executed this _____ day of _____ 2006

Non-Profit Organization

Authorized Officer

Title

Signature

EXHIBIT SEVEN

Page Two

- A. The individual participates in the activity for more than 500 hours during such year;
- B. The individual's participation in the activity for the taxable year constitutes substantially all of the participation in such activity of all individuals (including individuals who are not owners of interests in the activity) for such year;
- C. The individual participates in the activity for more than 100 hours during the taxable year, and such individual's participation in the activity for the taxable year is not less than the participation in the activity of any other individual (including individuals who are not owners of interests in the activity) for such year;
- D. The activity is a significant participation activity (within the meaning of paragraph (c) of this section) for the taxable year, and the individual's aggregate participation in all significant participation activities during such year exceeds 500 hours;
- E. The individual materially participated in the activity (determined without regard to this paragraph (a)(5)) for any five taxable years (whether or not consecutive) during the ten taxable years that immediately precede the taxable year;
- F. The activity is a personal service activity (within the meaning of paragraph (d) of this section), and the individual materially participated in the activity for any three taxable years (whether or not consecutive) preceding the taxable year;
or
- G. Based on all of the facts and circumstances (taking into account the rules in paragraph (b) of this section), the individual participates in the activity on a regular, continuous, and substantial basis during such year.

H. Other (Describe) _____

EXHIBIT EIGHT
CERTIFICATION OF
NOTICE TO THE LOCAL HOUSING AUTHORITY
OR
OTHER PUBLIC HOUSING AGENCY

Project Name _____
Project Location _____
Project Owner _____

In accordance with provisions of the Nevada Housing Division's Adopted Regulation §24(3) the above named owner of the above named project hereby certifies that they will give notice to the Local Housing Authority or other Public Housing Agency that the above named project is available for persons who are on a public waiting list.

The owner further agrees to encourage applications, for housing, for such persons and will contact the local housing authority or other public housing agency(s) that administers a public housing program before the final application for Tax Credits and request for issuance of the projects 8609s.

The notification will include the number of affordable units available, the maximum income and rent levels for each type of unit. A copy of the notification must accompany the final application, certification of eligible basis and request for 8609s.

We plan to notify the following Housing Authorities or Public Agencies;

- A. _____
- B. _____
- C. _____

Date _____

Project Owner

Name of Authorized Officer

Signature

**EXHIBIT NINE
Mixed-Income Project Certification**

Name of Project _____

Project Sponsor _____

Total # of Units _____ Total residential sq. ft. _____ New Construction: Y N Acquisition/Rehab: Y N

Projected Eligible Basis \$ _____ Projected Qualified Basis \$ _____

Unit Mix _____
 # studio # 1 bdrm. # 2 bdrms. # 3 bdrms. # Other _____

Total # of restricted T/C units _____ Total of T/C residential sq. ft. _____

% of T/C restricted units _____ % (minimum of 40% required) % of T/C residential sq. ft. _____ %

Project Tax Credit Minimum Set-Aside Election: 20/50 40/60

Anticipated T/C rent per unit/mo.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms.	3 bdrms.	other

Utility Allowance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms.	3 bdrms.	other

Anticipated Market rate rent per unit/mo.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms.	3 bdrms.	other

Please include this information in the applicable sections of the application

The _____ project will set-aside the number and percentage of tax credit restricted units indicated above for the duration of the _____ year compliance period opted by the project.

Signature of project sponsor

Date

Exhibit 10



State of Nevada
DEPARTMENT OF BUSINESS & INDUSTRY
Housing Division

1771 E. Flamingo Rd., Suite 103-B
Las Vegas, NV 89119
Tel.: (702) 486-7220 Fax: (702) 486-7227



Project Certification of Compliance with All Design Standards Mandated by the Americans with Disabilities Act, Fair Housing and HUD Sec. 504 (as applicable)

Project Name: _____

Project Sponsor: _____

Architect: _____

WE, the project owner and architect, do certify that the project architectural plans for the above referenced project have submitted to _____ and approved on _____
(local building dept. or approving jurisdiction)

(date)

Signed and dated this _____ day of _____, 2006

By: _____
(owner)

By: _____
(owner)

By: _____
(architect)

By: _____
(architect)

Exhibit 11

**Energy Efficiency Requirements
Data Collection**

Housing Division Multi-Family Building

Developer _____	Phone _____
Contact _____	Title _____
Email _____	Development _____
Property Address _____	
City/State /Zip _____	
Building # _____	
Type () From Plans () Existing Building Date _____	
Utilities:	
Gas _____	Electric _____
Other _____	
Utility type of service provided: () Residential () Commercial	

Please answer all sections that apply.

The data requested is for one entire building in the complex

Total Building Conditioned* Floor Area _____ sq ft (Common area + all living space)
Volume of Conditioned* Area _____ cu ft (Total floor area x average ceiling height)
Stories () 1 () Multi Year built () New () _____
of Units in Building _____ Total # of Bedrooms _____
Flat Ceiling Height () 8 Ft () Other _____ ft
Vaulted Ceilings () No () Yes Ceiling height @ median pt _____ ft
Floor Area w/vault _____ sq ft
*Conditioned area is heated and /or cooled space

Foundation Type () Crawl () Slab on grade () Other _____
Total Floor area over crawl or on slab foundation _____ sq ft
Floor Area Over Garage () No () Yes _____ Sq Ft & R Value _____
Floor Area Exposed to Outside* () No () Yes _____ Sq Ft & R Value _____
*Such as cantilevered floor

Energy Efficiency Requirements

Data Collection

Crawlspace Foundations Only

If **Crawl Space** Operable vents Unvented Open

Type: Concrete Other _____

Total Crawl Height _____ ft **Height below grade only** _____ ft

Total Perimeter Length _____ ft **Exposed Perimeter** _____ ft

Crawl Wall Insulation No Yes R value _____ Batt Foam bd.

Insulation in Floor over crawl No Yes R value _____

Slab Foundations Only

If **Slab on Grade** Uninsulated Insulated Perimeter R _____

Total Perimeter Length _____ ft **Exposed Perimeter** _____ ft

Ceiling Type & Insulation

Roof Type Tile Asphalt Other _____ **Framing** 2x____; ____oc

Attic Ceiling Area _____ sq ft **% of Ceiling Area** 100 % _____ %

Ceiling Insulation R value R30 R38 Other _____

Describe Type _____

Vault Ceilings* on top floor No Yes **% of Ceiling Area** _____ %

Vault Ceiling Area _____ sq ft (can be determined by ceiling rise per 1 ft length)

Vault Ceiling Insulation R value R30 R38 Other _____

Describe Type _____

Exterior Color Light Medium Dark **Radiant Barrier** Yes No

* A ceiling with no attic above, otherwise include in "Attic" ceiling section

Wall Type & Insulation

Standard Stud Frame Other _____ 2x4 2x6 Other _____

Total Wall Area between Conditioned & Outside _____ sq ft

To determine wall area multiply length of walls x *ceiling height*, don't include band joists, enter them in rim/band joist section.

Wall Insulation R value R13 R 15 Other _____

Describe Type _____

Exterior Color Light Medium Dark

Total Wall Area Adjacent to Garage _____ sq ft

Wall Insulation R value R13 R 15 Other _____

Describe Type _____

Total Wall Area Adjacent to Other Space _____ sq ft

Wall Insulation R value R13 R 15 Other _____

Describe Type _____

Energy Efficiency Requirements

Data Collection

Rim & Band Joists

Rim/Band Joists between Conditioned & Outside:

Gross Area* _____ sq ft **R Value** _____ **Insulation type** _____

Rim/Band Joists between Conditioned & Garage or Other Space

Gross Area* _____ sq ft **R Value** _____ **Insulation type** _____

* Typical rim & band joists are 12" wide so gross area = linear feet x 1.

Opaque Doors Between Conditioned & Outside _____ Do not include sliding glass doors here

Door Type () 1 3/4" Insulated Metal () Other _____

Size () 3' x 7' () Other _____

Mechanical Systems – Living Units

Heating Systems Same system in each unit () Yes () No

If no, please describe each system by copying this page and completing for each different one.

Type () Forced Air () Boiler () Other _____

Manufacturer _____ **Model #** _____

Efficiency () 78% AFUE () Other _____ **Size** _____ kBtu

Fuel Type () Natural gas () Other _____ **Location** _____

Set Back Thermostats () Yes () No **Notes** _____

Cooling Systems Same system in each unit () Yes () No

If no, please describe each system by copying this page and completing for each different one.

Type () Air Conditioner () Heat Pump () Other _____

Fuel () Electric () Other _____

Manufacturer _____ **Model #** _____

Efficiency () 10 SEER () Other _____ **Size** _____ ton

Ventilation () Natural, windows () Whole house fan

Location _____ **Set up Thermostats** () Yes () No

Notes _____

Energy Efficiency Requirements

Data Collection

Hot Water Heaters Same system in each unit () Yes () No

If no, please describe each HW by copying this page and completing for each different one.

Manufacturer _____ **Model #** _____

Energy Factor (if available) _____ **Size** _____ gal

Type () Natural gas () Electric **Location** _____

Mechanical Systems – Common Areas

Heating Systems Common Area System () Yes () No

Type () Forced Air () Boiler () Other _____

Manufacturer _____ **Model #** _____

Efficiency () 78% AFUE () Other _____ **Size** _____ kBtu

Fuel Type () Natural gas () Other _____ **Location** _____

Set Back Thermostats () Yes () No

Cooling Systems Common Area System () Yes () No

Type () Air Conditioner () Heat Pump () Other _____

Fuel () Electric () Other _____

Manufacturer _____ **Model #** _____

Efficiency () 10 SEER () Other _____ **Size** _____ ton

Ventilation () Natural, windows () Whole house fan

Location _____ **Set up Thermostats** () Yes () No

Hot Water Heaters Common Area System () Yes () No

Manufacturer _____ **Model #** _____

Energy Factor (if available) _____ **Size** _____ gal

Type () Natural gas () Electric **Location** _____

Note _____

Energy Efficiency Requirements

Data Collection

Heating and Cooling System Ducts

Supply Ducts Location(s)* _____

Length _____ **ft** **Width** _____ **ft**

Type () Flex duct R4.2 () Other _____ () Combination _____

Return Ducts Location(s)* _____

Length _____ **ft** **Width** _____ **ft**

Type () Flex duct R4.2 () Other _____ () Combination _____

* If more than 1 location indicate % in each.

Indoor Air Quality Ventilation

() No Automatic Ventilation* () Automatic Exhaust () Automatic Supply

*Check this if occupant must turn ventilation fans on and off

Appliances

Oven/range () Gas () Electric () In each apt () Other # _____

Manufacturer _____ **Model #** _____

Refrigerator () In each apt () Other # _____

Manufacturer _____ **Model #** _____

Clothes Washer () In each apt () Other # _____

Manufacturer _____ **Model #** _____

Clothes Dryer () Gas () Electric () In each apt () Other # _____

Manufacturer _____ **Model #** _____

Windows - Please include sliding glass doors as windows.

Type () Dbl pane, vinyl frame () Low E, Dbl pane, vinyl frame

() Other _____

Energy Efficiency Requirements

Data Collection

**List all windows on each side of house. Please include sliding glass doors.
Copy this page for additional windows.**

Number	Rough Opening Size	Side of House	Shading* Winter	Shading* Summer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Shading: N=None, S=Some, M=Most, C=Compete

Please attach a building diagram and number the sides of the house.

