

NEW YORK STATE
Division of Housing
and
Community Renewal

NEW YORK STATE
Housing Trust Fund
Corporation



Low-Income Housing Credit Program
New York State Housing Trust Fund
New York State HOME Program
Homes for Working Families Program
NYS Low-Income Housing Tax Credit Program
Urban Initiatives
Rural Area Revitalization Program

Office of Community Development
www.dhcr.state.ny.us
CDInfo@dhcr.state.ny.us
38-40 State Street/Hampton Plaza
Albany, NY 12207

Eliot Spitzer, Governor

Unified Funding 2007

Applicant Name:

For HTFC use only:

Date Received: ____ / ____ / ____

SHARS ID Number: _____

PROJECT APPLICATION

UNIFIED FUNDING

Section I

Application Instructions

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**New York State
Division of Housing and Community Renewal
Unified Funding Application
for
Capital Project Funding**

INTRODUCTION

This Section contains the following parts:

- I. General Instructions
- II. Exhibit Instructions
- III. Attachment Instructions

I. GENERAL INSTRUCTIONS

Applicants are reminded that there are five applications for funding this round. Four of these applications are for those applicants who are requesting locally administered (HOME Local Program, RESTORE Program, New York Main Street Program and Access to Home Program) funding. The remaining application available (Capital Projects) is for those requesting site specific Project funding. Applicants are responsible for obtaining the proper application for funding.

Applicants requesting HOME funds to develop single family (1-4 unit) homeownership projects or condominiums must utilize the HOME Local Program application to apply for funds. **HTF or HOME project applications proposing these activities will not be accepted.**

This application is for **CAPITAL PROJECT FUNDING ONLY**. Applicants preparing an application for project funding must observe the following points:

- All applications are to be submitted to the:

New York State Division of Housing and Community Renewal
Office of Community Development
Hampton Plaza
38-40 State Street
Albany, New York 12207

- For HTF, HWF and HOME (**site-specific**) projects, provide one original and three copies of the complete application (exhibits and attachments) with two sets of plans (a CD Rom of the preliminary plan submission may be submitted in lieu of one set of preliminary plans) -- as specified in the **Unified Funding Capital Project Application Checklists**. No additional copies are required when LIHC and/or SLIHC is requested under the same application.

- Unless otherwise noted in these instructions, LIHC shall refer to the federal Low-Income Housing Credit program and SLIHC shall refer to the New York State Low-Income Housing Tax Credit program.
- For projects requesting Urban Initiative (UI) or Rural Area Revitalization Program (RARP) funding only (no other Unified Funding program funds requested), provide one original and two copies of the complete application submission.
- For stand-alone LIHC/SLIHC projects, provide one original and three copies of the complete application submission with two sets of the preliminary plans (a CD Rom of the preliminary plan submission may be submitted in lieu of one set of preliminary plans) and submit them to the above address.
- For HTF and HOME Seed Money Applications provide one original and three copies of **Exhibits 1-4, 7, 8, Attachment A1, Evidence of Site Control, Attachment B6, Flood Plain letter, Attachment C1, Community Needs Support Documentation, and, if applicable, Attachment F3, Non-Profit Applicant's Certificate of Incorporation.**
- **If a proposal is to be reviewed under the provisions of more than one program, submit the appropriate Exhibits and Attachments for each program which show how the provisions of that program will affect the substance and structure of the proposal.**
- All information should be typed, or completed using word processing software/equipment, onto each **Exhibit**, as requested, and each **Attachment** must be titled, dated, and have the applicant's and project's name and site address located at the top right corner of every first page. **Handwritten exhibits are strongly discouraged to minimize misinterpretation due to illegibility.**
- All **Exhibits** and **Attachments** must be separated by tabs and bound, as directed below, and in the order listed in the **Unified Funding Capital Project Application Checklists**. Permanent binding methods, or those which mutilate the edges of the pages, should be avoided. It is recommended that applicants use three-ring binders.
- The application pages must be numbered consecutively.
- Architectural plans should be bound within the submission package. Plans which are not bound must be clearly marked with the applicant's name, the project name, the site address and date submitted. On the cover of the application copies which include the plans, indicate "Design Documents Included", if all copies do not include this material. A CD Rom of the preliminary plan submission, in AutoCAD or compatible format, may be submitted in lieu of one of the two required sets of paper preliminary plans.
- Applicants are expected to complete each **Exhibit** in accordance with the Unified Funding Capital Project Exhibit Instructions found in Part II of this Section.
- Failure to complete Exhibits or answer questions may affect the applicant's chances for receiving an award.

- Unless applicants are instructed to add information to an **Exhibit**, all support documentation should be provided in the appropriate **Attachment**.
- Applications for Technical Assistance must include only **Exhibits 1, 2 & 7** and are submitted to the Regional Office where the proposed project is to be located. NOTE: Technical Assistance requests may be submitted at any time.
- All responses to questions and all documentation requested in the application instructions must be inserted in an applicant's submission in the location prescribed by the instructions.
- Documentation of any approved waiver(s) must be included with the attachment to which the waiver applies.
- Applications are logged into the **Statewide Housing Activity Reporting System (SHARS)**, according to the date they are received by the Housing Trust Fund Corporation (HTFC)/Division of Housing and Community Renewal (DHCR), and are assigned identifying Project Numbers.

The following additional instructions are provided:

- This year's fillable application requires Microsoft Word and Excel.
- In order to access Excel spread sheets inserted into a Word form, you need to double click on the spread sheet. Once open continue like you would with a normal Excel spread sheet. To close the spread sheet, click on an area outside the spread sheet. This will put you back into the Word form. If you accidentally close the spread sheet, just double click on it again to re-open it.
- For those portions of the application that require calculations and are not in Excel, calculations will need to be done by the applicant.
- Use the TAB key for moving between the fillable fields in Exhibits and Attachments.
- In instances where an Exhibit or Attachment needs to be completed more than once because of multiple team members, sites, buildings, etc., save the Exhibit or Attachment under a different name each time, then re-use the original for additional pages as needed. To help in these instances, Exhibit 8, Site and Building Information, has been divided into Sections A and B, and Exhibit 9, LIHC/SLIHC Qualified Building Information, has been divided into Sections A-D and section E.
- Questions concerning information required by an Exhibit or Attachment should be directed to the Regional Office responsible for the county where the project is located.
- This application was developed and tested for use with most capital projects. If you are experiencing problems in completing the application, check the DHCR website to see if an updated version of the application is available. If you continue to experience problems please call (212) 480-2862 for problems involving Exhibits 3 – 5 or (518) 474-5323 for assistance with all other Exhibits and Attachments.

The following Sections give detailed accounts of all the information that must be entered onto each **Exhibit** page and **Attachment** of the **Application**.

II. Unified Funding Capital Project Exhibit Instructions

Listed below are the instructions for completing the Application Exhibits. The applicant should refer to the **Unified Funding Capital Project Application Exhibits Checklist** on page 62 to determine which exhibits are required for each program.

As stated in the General Instructions, applicants requesting funding from more than one program must submit documents appropriate to each program. Applicants requesting funding for the same project under different funding scenarios, e.g. HTF and/or HOME with LIHC, HTF and/or HOME without LIHC, or LIHC only, must submit a separate application for each funding scenario.

Exhibit 1 - Application Summary

A. Applicant Information

1. Enter the applicant's legal name. Note: Only **one** entity may be entered as applicant. For applications where the ownership entity is to be formed or involving a joint venture, the parties involved need to determine who will be representing the ownership entity/joint venture when applying for funding.

2. Enter the applicant's Federal Employer Identification Number (EIN).

3. If applicable, enter the applicant's Department of State (DOS) Charities Registration Number.

4. Enter the month and day of the applicant's fiscal year end date (for example: 12/31).

5a. Select each applicable applicant type.

5b. If applicable, select the applicant's IRS tax-exempt category. If Other is selected, specify in the space provided.

5c. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner.

5d. If applicable, enter the date of the non-profit applicant's legal incorporation.

5e. Indicate whether or not the applicant is a Minority- and/or Women-Owned Business Enterprise (M/WBE) which has been certified by the NYS Department of Economic Development's Division of Minority and Women's Business Development. If you select yes, indicate the applicable type of M/WBE.

6. Enter the applicant's mailing address for correspondence related to this application.

7. Enter the applicant's telephone and fax numbers, e-mail address and URL.

8. Enter the name, title, phone number, extension, fax number, and e-mail address for the person who is the primary contact for correspondence related to this application. This person must have the authority to legally represent the applicant. If the primary contact person is not an employee or officer who is an authorized signatory for the applicant, complete question 9.

9. Provide the requested information for an employee or officer of the applicant who is authorized to sign documents on behalf of the applicant.

B. Owner Information

1. Indicate whether or not the applicant will transfer title to another entity upon completion. If you check yes, complete the rest of Section B. If you check no, go on to Section C.

2. Enter the legal name of the eventual project owner. Indicate whether the entity is proposed or existing (incorporated).

3. Enter the owner's federal employer identification number. If pending, enter "Pending" in the space following the hyphen.

4. Enter the month and day (mm/dd) of the owner's fiscal year end date.

5a. Select each applicable organization type.

5b. Indicate whether or not the owner is a 501(c)(3) corporation (non-profit IRS tax-exempt category).

5c. If the owner is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or partners. Continue to apply these instructions to all managing member or general partner LLCs or LPs until the names of all members or partners (i.e. individual persons or corporations) have been identified.

6. Enter the owner's mailing address, phone and fax numbers, primary contact person and title.

C. General Project Information

1a. Select the appropriate box to indicate whether or not **this project** has previously received any capital funding from DHCR/HTFC, including seed money.

1b. If you answer yes to Question 1a, enter the DHCR-issued SHARS ID number assigned to the project.

2. Enter the name of the proposed project.

3. Enter the name of the county in which the project is to be located.

4. Enter the municipality in which the project is to be located.

5. Enter the requested information for the chief elected official of the municipality in which the project is to be located.

D. Program Funding

1a. Select the appropriate box to indicate whether this is an application requesting seed money **only**. **Please note that you may not request both seed money and project funding in the same application.**

1b. If you answered yes to question 1a, select the applicable program, NYS HOME Program Seed Money or HTF Program Seed Money, from the drop-down list and enter the amount of funds you are requesting in the space provided.

2a. Capital Project Funding Requests. Select each program from which you are requesting non-seed money funds, and enter the total amount of funds requested in the corresponding space provided.

- If you are requesting Housing Trust Fund (HTF) Program funds, select box 1, and enter the amount requested.

- If you are requesting HOME Program funds, select box 2, and enter the amount requested.

- If you are requesting Homes for Working Families (HWF) Program funds in box 3, you must also select box 4, and enter the **annual amount** of As-of-Right 4% Low-Income Housing Credit (LIHC) anticipated. **Do not enter the ten-year amount of credit.**

- If you are requesting As-of-Right 4% LIHC, but are **NOT** also requesting HWF Program funds, select box 5, and enter the **annual amount** of credit requested. **Do not enter the ten-year amount of credit.**

- If you are requesting State Low Income Housing Credit (SLIHC), select box 6, and enter the **annual amount** of credit requested. **Do not enter the ten-year amount of credit.**

- If you are requesting 9% LIHC, select box 7, and enter the **annual amount** of credit requested. **Do not enter the ten-year amount of credit.**

- If you are requesting Urban Initiatives (UI) Program funds, select box 8, and enter the amount requested.

- If you are requesting Rural Area Revitalization Program (RARP) funds, select box 9, and enter the amount requested.

- If you are requesting Housing Development Fund (HDF) Program funds, select box 10, and enter the amount requested. Please note that you must also request NYS HOME Program funds (box 2) to request HDF Program funds. HDF Program funds may only be used for construction.

2b. If you have entered funding requests from both the HTF and HOME Programs, check the appropriate box to indicate whether the request is for **EITHER HTF or HOME** funding or for **BOTH HTF and HOME** funding.

E. Project Initiatives and Program-Specific Application Designations

For detailed information on all special project initiatives, LIHC special project designations, and non-profit application designations, please refer to the Unified Funding 2007 Request For Proposals (RFP), the Capital Programs Manual (CPM), and the LIHC Qualified Allocation Plan (QAP).

1. Special DHCR/HTFC Project Initiatives

Select each type of initiative that you are requesting that this application be reviewed as.

- In order to select the Green Building or Mixed-Income Family Rental Housing Initiatives, you must have requested funds from either the HOME or HTF Program Section D, 2a of this Exhibit.

- The Small Project Initiative (SPI) may not be selected unless you have requested HTF or HOME funds in Section D, 2a of this Exhibit; further, you may **not** have requested LIHC or SLIHC funds in Section D, 2a above. The **APPLICANT** must be a non-profit organization in order to select the SPI.

- The Senior Housing Initiative (SHI) may only be selected if you have requested either HTF or HOME in Section D, 2a above. **Both the project Applicant and eventual Owner, if different,** must be 501(c)(3) corporations in order to select the Senior Housing Initiative. In addition, you may not have requested LIHC or SLIHC in Section D, 2a above.

- The Rural Housing Initiative may only be selected if you have requested HTF or HOME funds, in addition to 9% LIHC, in Section D2a above.

- The Housing Choice Voucher Project-Based Assistance Initiative may be selected if you have requested funds from any of the Programs listed in Section D, 2a above.

2. New York/New York III Supportive Housing Agreement

- This Agreement is a commitment by the State and City to increase the supportive housing capacity within New York City targeted to homeless persons. Under this Agreement, supportive housing is defined as a pairing of rental assistance and supportive services in either a building constructed or renovated for this purpose (defined as congregate) or in scattered site apartments (defined as scattered-site) acquired for the purposes of housing. Applicants whose projects will be located within Bronx, Kings, Queens, New York or Richmond Counties and which will include units which will serve one or more of the NY/NYIII Special Populations shown under J, Project Occupants, of this Exhibit should select "Yes".

3. 9% LIHC Program Set-Aside Designations

If applicable, select the type of LIHC special designation that you are requesting that the application be reviewed as. **These designations are applicable to 9% LIHC only.**

- Preservation Projects and Redevelopment of Public Housing Projects will be ranked, reviewed and selected on a Statewide basis as a separate LIHC sub-group pursuant to a LIHC set-aside as set forth in the Unified Funding RFP. (See CPM Sub-Section 2.04, Low-Income Housing Credit Program, for project descriptions.)

4. 9% LIHC Project Amenities

If applicable, indicate whether improved access to high speed internet service will be provided for **all** LIHC-assisted units in the project and whether or not the project will provide for all LIHC-assisted units to have central air conditioning.

5. Non-Profit Application Designations

If applicable, select the non-profit designation that you are requesting that this application be reviewed as. Carefully review the information below before selecting any of the designations.

CHDO Application Review

Check this box **only** if the applicant is a qualified CHDO in good standing, which acts as an owner, developer or sponsor as set forth below.

- **The CHDO is an "owner"** when it holds valid legal title to or has a long-term (99-year minimum) leasehold interest in a rental property. CHDO may be an owner with one or more individuals, corporations, partnerships or other legal entities.

- **The CHDO is "developer"** when it either owns a property and develops a project, or has a contractual obligation to a property owner to develop a project.

- **The CHDO is "sponsor"** when it develops a project that it solely or partially owns and agrees to convey ownership to a second non-profit organization at a predetermined time. Conveyance may take place prior to, during or upon completion of the development phase.

● **Do not check the CHDO Application Review box if the applicant is a CHDO, but is not proposing one of the activities listed above.**

● If you have checked yes, but your HTFC-issued CHDO Determination Letter is more than one year old, the applicant's authorized signatory will be required to certify that no organizational changes have been made which would effect the CHDO determination.

9% LIHC Non-Profit Set-Aside Application Review

A scoring preference is given to local tax-exempt organizations that meet the qualifications set forth in the UF 2007 RFP and LIHC QAP. Do not check the 9% LIHC non-profit set-aside designation if your application does not demonstrate the following:

● The non-profit 501(c)(3) or its wholly owned subsidiary has had a service presence in the community in which the project is located; and,

● The non-profit 501(c)(3) or its wholly-owned subsidiary will own an interest in the project and materially participate in the development and operation of the project throughout the compliance period, meeting the State ceiling set-aside for "projects involving qualified nonprofit organizations" according to Section 42(h)(5)(B) of the Internal Revenue Code (IRC).

HTF Non-Profit Application Review

To be considered a non-profit project under the HTF Program requirements, a non-profit or its wholly owned subsidiary must have an ownership interest in the project ownership entity and have a defined role in project management, evidenced by an equal say in the selection, hiring and firing of the management agent for the project, and in other decisions regarding the management of the project. The non-profit must also have an equal say in the management of the partnership as demonstrated by the partnership agreement.

F. Project Political Districts

Enter the Assembly Member(s), Senator(s), and Member(s) of Congress who represents the project site(s).

G. Tenure & Construction Type

1. Residential Tenure Type of Project

From the drop-down list, select the tenure type for this project. (Rental Only, Mixed Rental & Condominium/Cooperative, Condominium/Cooperative Only, or N/A – Non-Residential Only)

2a. Indicate whether or not the project involves residential construction only. If you check no, complete 2b.

2b. Non-Residential Construction Type(s)

Check **each** type of non-residential construction included in the project. To be designated as a LIHC/SLIHC community service facility (CSF), the facility has to meet specific criteria. Please carefully review the information below on CSF requirements before checking the LIHC/SLIHC CSF indicator.

1. Commercial: If the project includes commercial space, check box 1.

2. **Civic:** If the project includes civic space, check box 2. Civic space includes non-residential, non-commercial space used for activities engaged in by the local community for conducting municipal affairs or for general public use. **A community room or separate community building that is for the exclusive use of the tenants should be included as part of the residential budget.** Construction costs for civic space is not an eligible cost under the HTF, HOME or LIHC Programs. The operating costs of civic space must be paid from sources other than residential rental income or tenant fees.

3a. **LIHC/SLIHC Community Service Facility (CSF):** This term applies only to projects requesting LIHC and/or SLIHC from DHCR, the New York State Housing Finance Agency (HFA), the New York City Department of Housing Preservation & Development (HPD), or the Development Authority of the North Country (DANC). A CSF is a facility that is intended for use by members of the community-at-large with incomes at or below 60% of area median for civic gatherings such as Head Start Programs, child care, job training, or senior centers. It is **NOT** for the exclusive use of the project tenants. **A community room or separate community building that is for the exclusive use of the tenants should be included as part of the residential budget.** The CSF portion of the project is eligible for Credit up to an amount not greater than ten percent of the total eligible basis in the project. In addition, to be eligible, the subject project must be located in a Qualified Census Tract (QCT). **Please be aware that DHCR does not accept applications for funding from NYS HFA, NYC HPD or DANC Programs.**

If the project meets all of the conditions specified in the paragraph above for a CSF:

- check box 3a;
- enter the QCT (county and tract number) in which the project is located in 3b;
- check the applicable box in 3c to indicate which agency you are requesting credit from (DHCR, HFA, HPD or DANC). **Please be aware that DHCR does not accept applications requesting credit from NYS HFA, NYC HPD or DANC;** and,
- indicate in 3d whether or not, you will include a portion of the expenses associated with the CSF as eligible basis for the purpose of calculating tax credits.

H. Units Assisted

1. Total Units in Projects - All Sources

Complete Table H1 by entering the total units of each type which will exist upon completion of the project, including those units which will not be financed by DHCR/HTFC programs. See the definitions for community service facility (CSF) and civic units in Section G, 2b above, before completing this Table.

2. Units in Project - by Permanent Funding Source

Complete Table H2 by entering each project permanent funding source, the source's regulatory term (select years, months, or NA (not applicable) from the drop down menu), and the total number of units of each type that will be assisted by that source. First list each DHCR/HTFC source from which you requested funds in Section D, 2a of this Exhibit, then add each additional non-DHCR/HTFC permanent funding source. Be sure to list here the same permanent funding sources that you will list in Exhibit 3, Section A2 – Permanent Funding Sources.

I. Income Targets

If this project is funded by HTFC/DHCR, the income target groups that you enter in this Section will be used as the basis for the project's Regulatory Agreement.

1. Indicate whether or not the proposed project will include a **non-rent bearing** unit for a resident manager/superintendent. **Please note** that this unit will not be counted as an HTF/HOME-assisted unit unless it will remain affordable to income-eligible households. Projects receiving LIHC and/or SLIHC may elect to have the resident manager unit be considered as common space for the project.

2. Income Target Groups

In the "Total Units" column, list the total number of units in the project, including those not being funded by DHCR/HTFC, which are targeted to each income-range category. In the DHCR/HTFC column, list only those units that are to be funded by DHCR/HTFC. If the project will include a **rent-bearing** unit for a resident manager/superintendent, include that unit in the appropriate income-category range. If the project contains a non-rent-bearing unit for an employee, enter the unit on the line: "non-rent-bearing unit for resident manager/superintendent". The total units in this Table must equal the total residential units entered in Table H1 above. See the following example:

Example: A 20-unit project is proposed. Only 15 of the units are to be funded by DHCR/HTFC programs. Ten units will be occupied by those at 50% of median income, five units will be occupied by those at 60% of median income, four units will be occupied by those with incomes more than 90% of median, and one unit will be occupied rent-free by a building superintendent.

<u>Income Target Group</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>
Public Assistance Households or < 30% of Median Income		
<= 50% of Median Income	10	10
>50% through 60% of Median Income	5	4
>60% through 80% of Median Income		
>80% through 90% of Median Income		
>90% of Median Income	4	
Non-Rent Bearing unit for resident manager/superintendent	1	1
Totals:	20	15

J. Project Occupants

Table J1 is used to record the project units that will be occupied by any of the special population household categories listed below. Table J2 is used to record those project units which will be occupied by households that are not included in any of the special population categories listed in J1, including non-frail elderly households.

The total units entered in Column B, Table J2, Total Table J1 and J2, must equal the total number of residential units entered in Table H1 of this Exhibit. The total units in Column C, Table J2, Total Table J1 and J2, must equal the highest sum of existing and new units for a DHCR/HTFC funding source shown on Table H2. See the example on page 13 for guidance in completing these Tables.

Table J1 - Special Population Households

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following special populations AND which include a supportive service component (service contract, referral system, commitment by other State agency) will be considered a Special Population Project. **(NOTE: Projects that would like to include multiple special populations in a “pool”, for example Homeless Families, Homeless Persons and Victims of Domestic Violence, without a target number for each Special Population, may do so by following the instructions for Table J1, then, in Attachment E2, Plan for Projects Serving Special Needs Tenants, clearly describe how you will meet the 15% set aside.)**

Special Population Categories

Alcohol Abusers	Persons with AIDS/HIV-Related Illness
Frail Elderly Persons*	Persons w/ Physical Disabilities/Traumatic Brain Injury
Homeless Families	Persons w/ Psychiatric Disabilities
Homeless Persons	Substance Abusers
Mentally Retarded/Developmentally-Disabled Persons	Victims of Domestic Violence

* DHCR/HTFC encourages the targeting of units for occupancy by frail elderly persons only in those projects where all occupants are elderly.

NY/NYIII Supportive Housing Agreement Special Populations (Bronx, Kings, Queens, New York and Richmond Counties Only)

Capital funding is available for the following chronically homeless, or at serious risk of becoming chronically homeless, populations:

Persons who suffer from serious and persistent mental illness (SPMI)
 Single adults with substance abuse disorder – Office of Alcohol and Substance Services (OASAS)
 Persons living with HIV/AIDS
 Young adults (aged 25 or younger) leaving or having recently left foster care
 Families in which the head of the household suffers from substance abuse disorder, a disabling medical condition, or HIV/AIDS

In Column A, enter each special population category that you are proposing to target for project occupancy. Enter only one special population per line. In Column B, enter the total number of units in the project that are being targeted for occupancy by that population; and, in Column C, enter the total number of DHCR/HTFC-assisted units that are targeted to that population. **Please Note: Households to be occupied by non-frail elderly persons should be recorded in Table J2 (Other Households). Only frail elderly households are to be recorded in Table J1.** See the example below.

Table J2 - Other Households

In Column B, enter the total number of units in the project that will be occupied by non-frail elderly households and/or by households not included in the Special Populations Codes listed in J1 above. In Column C, enter the total number of DHCR/HTFC-assisted units for each applicable category.

Example:

Your 20-unit project will be targeted for occupancy as follows: Six units will be occupied by homeless families. Four units will be occupied by non-frail elderly households. Ten units, including a unit to be occupied by a resident manager, do not have a special population category. DHCR/HTFC programs will fund only 15 of the units; the other five will be funded by other sources. Record the units as follows:

1. <u>Special Population</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>
Homeless Families	6	6
2. <u>Other Households</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>
Elderly Households (non-frail)	4	4
Households with no Special Population	10	5
Total Households (J1 & J2):	20	15

All units must be identified. If all or any of the units in the project will not be targeted for occupancy by a special population or non-frail elderly household, you must identify these units in Table J2 as households with no special population.

3. Elderly Population Targeted

If applicable, select the age structure of the targeted project occupants.

- Aged 55 or older (At least 80% of the units will be occupied by at least one person aged 55 or older).
- Aged 62 or older (All units will be occupied by persons aged 62 or older).
- Aged 62 or older and/or physically or mentally handicapped persons of any age, **and** project is to be jointly financed by the US Department of Agriculture Rural Housing Development **and** HTFC.

K. Development Team Members

Enter the names, titles, employers, e-mail addresses, phone and fax numbers for all known development team members for each category. If there are additional development team members who do not fit into any of the categories listed in items 1 through 7, or if there is more than one team member with the same title, use lines 8 - 18 to specify these persons. It is required that you identify the following team members: developer, owner and architect. If you do not yet know the identity of the members listed in items 4 through 8, enter “unknown” under Staff Name.

L. Disclosure of Identities of Interest

Disclose and describe any identities of interest between the members of the development team and members of the development team and the seller of the property on which the project will be developed. This disclosure must include the nature of their fiduciary and financial relationships, past, present and future, to the project and to each other. Refer to the definition of identity of interest in the Capital Programs Manual (CPM) Glossary for guidance. If there are no identities of interest to disclose, enter “none.” **DO NOT LEAVE BLANK.**

M. Applicant/Owner Certifications

An authorized representative of the applicant (and the owner if different), must certify that all the information in the application is true and accurate, that the representative is authorized to file this submission, and the performance of the applicant and its principals on prior government-assisted projects has been satisfactory. The applicant certification must be signed by any individual who is an applicant, all general partners of a limited partnership, all individuals with an ownership interest of 10% or more in the applicant, all officers of a corporation which is an applicant, or the authorized representative of a not-for-profit or government entity which is an applicant.

Exhibit 2 - Community Needs Strategy

A. Documentation of Community/Housing Needs

In this section, you will reference all existing planning documents that identify community renewal and/or housing needs for the locality in which the proposed project is located.

1. New York State Consolidated Plan Objectives/Priorities

This section must be completed by all applicants requesting New York State HOME Program funds. Applicants with projects located in areas where no other documents identifying community renewal and/or housing needs exist must also complete this section. All other applicants may choose to complete this section, but are not required to.

1a. NYS Consolidated Plan Objectives Addressed by this Project

Select each objective that the project addresses.

1b. Table 1b - NYS Consolidated Plan Priority Need Level by Household Type & Income Group

For each household category listed in Column A which will be served by the project, locate the income range(s) that will be served in Column B, and select the corresponding box in Column D. Column C displays the priority need level for that category of housing identified in the NYS Consolidated Plan. Under household category, Small Related is defined as 2-4 people while Large Related is defined as 5 or more people.

2a. Existing Documentation of Local Need

Complete Table 2a for each of the existing planning documents listed in Column A that addresses the community renewal and/or housing needs of the project locality. See the following instructions for guidance on completing this Table. **IF THE PROJECT IS IN A MUNICIPALITY WITH A LOCAL CONSOLIDATED PLAN, YOU MUST REFERENCE IT IN THIS SECTION.**

Column A - Document – Enter the name of the document from the list provided at the top of the Table, the name of the entity for which it was prepared, the geography referenced (statewide, county, city, town, village, neighborhood), and the date the document was published.

Column B – Needs Identified – Answer each of the three questions pertaining to the needs identified in the corresponding document listed in Column A.

1. Indicate whether or not the document identifies the proposed project (either specifically or by site/location, size and population served, etc.) as the type needed for community revitalization. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

2. Indicate whether or not the document identifies the project’s targeted income groups and household types as specific needs. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

3. Indicate whether the document specifically mentions need for the proposed project. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

2b. Indicate whether or not the project has received a HOUSE-NY award from the NYS DHCR.

3. Table 3 – Local Housing Needs for Proposed Households to be Assisted

This Table is intended to demonstrate that the proposed project meets identified local housing needs. The source of data may be one of the planning documents cited in Table 2a of this Exhibit, the market study for this project, or housing needs data from HUD’s Comprehensive Housing Assistance Strategy (CHAS) Housing Needs Table, available online at: <http://socds.huduser.org/chas/index.html>. HUD defines housing need as households with “any housing problem” which includes households with cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Housing needs data is provided by special Census 2000 tabulations specifically

designed for HUD and includes all NYS localities. Towns and cities are included under the category of “Minor Civil Divisions.” Villages and hamlets are under “Census Designated Places.”

At the top of the Table, identify the data source and the date the data was prepared. Enter the geography covered by the data, and check the type(s) of project proposed. If you check “other,” specify the type of housing proposed in the space provided.

Check each approximate proposed project income range in Column A. In Column B, enter the total number of households in the locality at that income range, and in Column C, enter the total number of households at that income range who are in need of affordable housing. In Column D, calculate the percentage of households in need by dividing Column C (number of households in need) by Column B (total number of households) for each income category.

B. Evidence of Local Support

1. Table B1 – Evidence of Local Support

Complete the Table by identifying each source of local support for the proposed project. Enter the local support category from the list provided at the top of the Table in Column A. Enter the name of the source of local support in Column B, a description of the type of support offered in Column C, the approximate value of the support in Column D (or N/A if not applicable), and, using the drop down menu, whether the status is committed, proposed, or N/A in Column E.

C. Special Project Locality Designations

If the project is located within any publicly- or locally-designated area which is eligible for special benefits or attention, enter the special designation category in Column A from the list provided at the top of the Table. Enter the name and/or location of the designation in Column B, and the year the designation was initiated in Column C. If the project locality does not have any of the listed designations, check the N/A box at the top of the Table.

D. Community Needs Narrative

Provide concise but thorough summaries for each of the three narrative questions. Reference the community needs documents identified in Table 2a above. Reference the NYS Consolidated Plan only if no local planning documents that identify need in the project community exist.

1. Describe how the plans and documents referenced in Table 2a of this Exhibit identify the community revitalization and/or housing needs for the locality in which the project is located.

2. Describe the strategy or plan for addressing the identified needs, and explain the relationship between the strategy, the proposed project, and the identified needs. If this project has received technical and/or financial assistance from the House-NY Program, indicate that in your response.

3. Describe any measures that have been taken to implement the community revitalization strategy such as: financial investments in infrastructure and supporting activities, linkages with providers of jobs and/or services, and actions by local government in support of the strategy and/or the project.

E. Communities Under Court-Order/Decision

1. Indicate whether or not the project locality is under a court order/decision or if a court-ordered plan to address desegregation or remedy a violation of law has been issued. If you check yes, complete the rest of this Section.

2. Indicate whether a court monitor has been appointed and has issued a written approval for the project. If a court monitor has not been appointed, check N/A.

3. Summarize the order, decision or plan, and describe how the proposed project is consistent with the goals of the ruling or plan.

Exhibit 3 – Development Budgets/Funding Sources

This Exhibit has been developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected. Please review the following before beginning this exhibit:

- Enter data as outlined in the exhibit instructions in the **yellow** spreadsheet boxes;
- **Green** spreadsheet boxes are automatic calculations and should not be typed in;
- Comments to aid with data entry have been inserted into this sheet. Moving your cursor over cells with a **red** arrow will reveal the comment;
- Drop-down lists are used throughout the spreadsheet. Left clicking inside a comment cell will reveal the drop-down arrow. Click on the arrow, and select the appropriate option.
- **Printing:** This spreadsheet template was developed for use with a color printer. To print using a black and white printer, change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing.
- The print margins have been protected and cannot be adjusted. As a result, your printer may print two pages when the document should print as one.
- **If you are proposing different funding source scenarios for the same project (for example, with HTF and LIHC vs. LIHC alone), you must submit two separate applications.**

This Exhibit consists of three sections. The first two sections are required to be completed; the third is only required if you entered costs in the Development Budget for items labeled, “other”. The sections are:

1. Financing Sources (Tabs 1.1 – through 1.5);
2. Development Budget (Tabs 2.1 through 2.5); and,
3. Detail (Tabs 3.1 through 3.5).

Each section is comprised of five tabs – one for each of the following types of construction: residential, commercial, civic, community service facility, and one project summary. Complete and submit each section of this exhibit for each type of construction that this project encompasses as indicated in Exhibit 1, Section G of this Application. If the project involves only one type of construction, for example, residential, you need only complete the residential budget sections. If the project is mixed-use, you must complete and submit the sections for all types, as well as the summary sections. See the examples below for clarification.

Example 1: Your project involves residential construction only. You must submit Tab 1.1, Tab 2.1, and, if you entered amounts in lines 23, 29, 46, or 47 of Tab 2.1, you must also complete and submit Tab 3.1.

Example 2: Your project involves residential and community service facility construction. You must complete and submit Sections 1.1, 1.4 and 1.5, Sections 2.1, 2.4 and 2.5, and if applicable, Sections 3.1., 3.4 and 3.5.

The spreadsheet has been designed so that the summaries (1.5, 2.5 and 3.5) are done automatically as you update the various cells.

Exhibit Instructions

Section 1 – Project Financing:

If your project includes:

Residential Construction: complete and submit Tab 1.1;

Commercial Construction: complete and submit Tab 1.2;

Civic Construction: complete and submit Tab 1.3;

Community Service Facility Construction: complete and submit Tab 1.4

If your project is any combination of the types of construction listed above, also submit Tab 1.5: Project Financing Summary.

A. Construction Cost Basis

1. Indicate whether or not the total construction cost is based upon a guaranteed price contract.
2. Select the wage rate that the total construction cost is based on. Projects with 9 or more units utilizing project-based vouchers, or HOME-assisted projects with 12 or more units must choose the appropriate Davis-Bacon wage rate.

B. Funding Sources

Special Note for Mixed Use Projects: This spreadsheet is designed to produce a summary Exhibit based on the data entered. In order for the summary page to work correctly, you must enter all source codes for each type of construction (residential, commercial, civic and CSF) onto the Project Financing Residential Tab 1.1 Section B1 & 2, column A. If any of the sources of funds for the other construction types, i.e., commercial, civic or community services facility are not the same as the residential sources of funds, add the source code but leave Amount of Funds (Column C.) blank on the Residential worksheet (Tab 1.1). All source codes entered in Column A of this Tab will be automatically repeated for each project type. Enter the amount of funds for each applicable project type (including zeroes where applicable). The source codes listed under B. Permanent Financing will automatically become the column headings on each page of Section (Tabs 2.1 through 2.5) - Development Budget.

1. Construction Financing Sources

Complete Table B1 by selecting the appropriate funding source code from the drop-down list provided in the spreadsheet for this portion of the project (residential, commercial, civic or CSF) and filling in each column associated with that source. Enter all of the construction funding sources into the spreadsheet tab labeled 1.1 Fin_Res. If there are multiple budgets, complete a Summary Table for all sources of construction financing. **The total construction funding sources must be equal to Section C, Line 53, Column C of this Exhibit (Development Budget), and must be equal to the total permanent funding sources listed in Table B2 of this Exhibit.**

PLEASE NOTE:

- Carefully review the funding source codes listed below prior to completing this Section. If none of the specific codes listed are applicable to one of the funding sources, select one of the generic codes, and enter the source/program name in Column B.
- The annual amount of the tax credit allocation for LIHC/SLIHC will not be included as a funding source. Instead, enter Tax Credit Equity (source code 4002 for DHCR tax credit equity or 4009 for non-DHCR tax credit equity) as a funding source.

Column A– Source Code: For each source of construction financing, select the applicable code from the drop down box. Codes are listed according to source type (DHCR/HTFC, Federal Government, Local Government, Non-DHCR State Government, and Private). The last grouping is Generic Source Codes. If you cannot locate a code in one of the other categories that specifies a project financing source, select the code from the generic funding source codes list that best describes the source of financing, and specify the source’s name in Column B.

● If you are receiving HOME funds from a Participating Jurisdiction, please use source code 2103 (HUD - HOME PARTICIPATING JURISDICTION) and not 3101 (County Government). Use Column B (Source Name) to specify name of the PJ.

Column B- Source Name: This Column must be filled in for each of the codes listed below that asks for you to specify the source. For example, if you select source code 2000 Federal Program in Column A, you must enter the name of the Program in Column B; or, selecting 2103 HUD HOME Participating Jurisdiction, requires you to enter the name of the HOME PJ in Column B. You may leave this Column blank for those source codes where no specification is required below.

DHCR/HTFC FUNDING SOURCE CODES:

GOSC CDBG (Gov’s Office of Small Cities)
HDF (Housing Development Fund)
HOUSE NY
HTF (Housing Trust Fund Program)
HOME (NYS HOME Program)
HWF (Homes For Working Families Program)
NYMS (New York Main St. Program)
RARP (Rural Area Revitalization Program)
UI (Urban Initiatives Program)

FEDERAL GOVERNMENT FUNDING SOURCE CODES:

2001 HUD 202
2050 FHA INSURED MORTGAGE LOAN (specify lender in Column B)
2101 HUD CDBG
2103 HUD - HOME PARTICIPATING JURISDICTION (specify in Column B)
2104 HUD HOPE VI
2250 HUD - MCKINNEY
2401 USDA RURAL DEVELOPMENT 515
2404 USDA 538 INSURED MORTGAGE LOAN (specify lender in Column B)
2403 RURAL DEVELOPMENT OTHER (Specify in Column B)

LOCAL GOVERNMENT FUNDING SOURCE CODES:

3101 COUNTY GOVERNMENT (specify in Column B)
3201 PERMANENT HOUSING HOMELESS (NYC)
3301 IDA (specify in Column B)
3302 PHA (specify in Column B)
3401 NYC HPD Program (specify in Column B)
3501 NYC HDC Program (specify in Column B)

NON-DHCR STATE GOVERNMENT FUNDING SOURCES:

5006 EMPIRE FUND
5010 NYS ENERGY RESEARCH DEVELOPMENT AUTHORITY
5200 OMH CAPITAL
5300 OMRDD CAPITAL
MIF SONYMA INSURED MORTGAGE LOAN (specify lender in Column B)

PRIVATE FUNDING SOURCE CODES:

- 4002 EQUITY – TAX CREDIT - DHCR
- 4003 EQUITY – OTHER (specify in Column B)
- 4005 EQUITY – 421A CERTIFICATES
- 4006 DEFERRED DEVELOPER FEES
- 4007 DEFERRED CAPITALIZED RESERVES/WORKING CAPITAL
- 4008 DOWN PAYMENTS (CONDOS/COOPERATIVES)
- 4009 TAX CREDIT EQUITY – NON-DHCR
- 4101 FEDERAL HOME LOAN BANK AHP

GENERIC FUNDING SOURCE CODES:

- 2000 FEDERAL PROGRAM (specify in Column B)
- 3000 LOCAL GOVERNMENT (specify in Column B)
- 4000 PRIVATE SOURCE (specify in Column B)
- 4001 LENDING INSTITUTION (specify in Column B)
- 4004 PRIVATE SUBSIDY (specify in Column B)
- 4100 NON-PROFIT LENDER (specify in Column B)
- 5000 STATE PROGRAM (specify in Column B)

Column C - Amount of Funds: Enter the dollar amount of funds requested or committed from the source. (Remember, if the source is not financing the type of construction for the tab you are working on, enter 0 and enter the amount on the appropriate budget).

Column D - Type: Select one of the following financing types from the drop-down box:

1. Loan
2. Grant
3. Other – This is used to record financing types which are not loans or grants. For example, equity realized from the syndication of tax credits, owner equity, equity from historic tax credits, deferred developer fees, deferred capitalized reserves/working capital, or down payments from owners of condominium/cooperative units.

Column E - Term: Enter the financing term through cost certification, and indicate whether the term is in years or months. Select N/A if not applicable.

Column F1- Interest Rate: Enter the applicable interest rate, or N/A if not applicable.

Column F2 - Interim Interest: If applicable, enter the amount of anticipated interim interest for each construction loan. This entry will be transferred to Line 16 of the Development Budget (Tabs 2.1 – 2.5).

Column G - Lien Position: Enter the proposed lien position for the funding source in the event of a default on a mortgage and note. Enter N/A if not applicable.

Column H - Regulatory Term: Enter the regulatory term for the funding source, or N/A if not applicable.

2. **Permanent Financing Source**

Complete Table B2 as instructed above for each source of **permanent** financing for this portion of the project (residential, commercial, civic or CSF). Enter the source codes in the same order that they were entered in Table B1 (construction financing). This will ensure that the interim construction interest (Line 16) matches with the appropriate permanent financing source code. Permanent financing source codes will be transferred to the Development Budget (Tabs 2.1 – 2.5). **The total permanent funding sources must be equal to the total construction sources and to the total project cost entered in Section C, Line 53, Column C (Total Project Cost) of this Exhibit (Development Budget – Tabs 2.1 – 2.5).**

Section 2 – Development Budget:

If your project includes:

Residential Construction: complete and submit Tab 2.1;
Commercial Construction: complete and submit Tab 2.2;
Civic Construction: complete and submit Tab 2.3;
Community Service Facility Construction: complete and submit Tab 2.4

If your project is mixed-use, also complete and submit Tab 2.5: Project Financing Summary.

C. 1. Development Budget

Columns: Column A lists the development costs associated with a typical project. The permanent funding source codes entered in Tab 1 (financing sources) will be transferred to the Development Budget and will appear as column headings under Column B (Funding Sources). The sources codes will be displayed for every funding source in the project.

For each applicable line item in Column A, enter the amount of funds to be contributed by each source listed under Column B. For mixed-use projects, only enter costs under the applicable funding source code. If no funds were made available from that funding source for the construction type budget you are working on (residential, commercial, civic or CSF), leave that column blank. Column C will automatically total each line item.

Line Items: Where line items are self-explanatory, instructions are not included. Where clarification is helpful, instructions are provided below.

a. Acquisition (lines 1 – 3):

1. Land: the acquisition cost of the land **only**.
2. Structures: the acquisition cost of any buildings on the land.
3. Total Acquisition: This line will be automatically totaled (lines 1 – 2 for each source).

b. Soft Costs (lines 4 – 24):

See Section 5.00 of the CPM (Development Requirements) before completing this Section for definitions and information regarding allowable fees and interim costs to be charged for DHCR/HTFC construction loans to private developers on tax credit projects. If applicable, remember to pro-rate soft costs attributable to non-residential space in the project.

4. Appraisals: See Section 5:03.03 of the CPM.

5. Housing Consultant: This may be up to one percent of Line 43 (Total Development Cost), not to exceed \$20,000. **For Tax Credit projects**, the maximum allowable developer's fee is calculated inclusive of payments to a consultant (see Section 5.05 (vii) of the CPM, Professional Fees).

9. Architecture/Engineering Fee: General guidelines for this line item are as follows: Up to 15% of total construction costs (TCC) (line 40) will be allowed for small-scale, highly complex, historic preservation projects, while larger, new construction projects are generally limited to 5% of TCC.

10. Construction Manager Fee: This may be up to 5% of TCC (line 40). This fee may only be attributed to projects without a general contractor. If you enter an amount in this line item, you may not also enter amounts in Builder's Overhead (line 38) or Builder's Profit (line 39). See Section 5.05 of the CPM and the Design Handbook for more.

11. Legal Fees: Generally limited to one percent of the TDC, depending on the attorney's specific responsibilities.

12. Non-Profit Developer's Allowance (NPDA): This may be paid only when the developer is a non-profit organization, and the project will be owned and operated on a non-profit basis. You may not claim this fee, and also claim the LIHC/SLIHC Developer's Fee in line 42. Developers of seed money projects cannot claim the NPDA. (See Section 5.05 (vii) of the CPM for more on the NPDA).

16. Interim Interest: In the space provided in Column A, enter the total amount of anticipated interim interest from Tab 1 (Project Financing) Table B1, Column F2.

20. LIHC/SLIHC Application Fee: Enter a \$2,000 fee for each tax credit program requested on the Application.

21. LIHC/SLIHC Credit Allocation Fees:

- 9% LIHC and/or SLIHC Applicants: enter a 6% allocation fee for each request (calculated pursuant to Section 2040.3(C) of DHCR's Qualified Allocation Plan (QAP).

- 4% "As-of-Right" LIHC Applicants: enter a 3% allocation fee (calculated pursuant to Section 2040.4(D) of the QAP.

22. Other DHCR/HTFC Fees:

- Applicants requesting DHCR/HTFC construction financing should refer to Section 5.12 of the CPM for guidance on construction financing fees.

23. Other Soft Costs: If you enter an amount for other soft costs in this line, such as costs for preparing a Phase I Environmental Site Assessment or other environmental study, specify the cost(s) in the appropriate Tab 3 (Details) of this Exhibit.

24. Total Soft Costs: This line will be automatically totaled (lines 4 – 23 for each source).

c. Construction Costs (lines 25 – 43):

Enter the projected cost for each applicable construction line item. "Lump sum" totals are not allowed. Items such as off-site work, demolition, builder's profit, overhead, general requirements, etc. must be specified. Appliances, if part of the construction contract, should be included in the line item of the space in which they will be installed - for example, the cost of stoves for individual residential units should be placed in Line 31 - residential.

25. Site Work: the cost of site preparation.

26. Off-Site Work: DHCR/HTFC Programs will only fund off-site costs directly associated with the project. Contact your regional office in advance of application submission if you have questions regarding this line item.

27. Demolition: Only that demolition that takes place on the project site is an eligible cost.

28. Environmental Remediation: Include asbestos removal and lead-based paint hazard control in this line.

29. Other Construction Costs: Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

30. Subtotal – Site Preparation: This line will be automatically totaled (lines 25 – 29 for each source).

31 – 33. Residential/Civic or CSF/Commercial Construction: Complete only the line that corresponds to the type of budget you are completing.

35. Performance Bond: Generally between one and two percent of Line 36 (Subtotal Contractor's Cost).

36. Subtotal – Contractor's Cost: This line will be automatically totaled (lines 30 – 35 for each source).

37. General Requirements: A maximum of six percent of line 36.

38. Builder's Overhead: A maximum of four percent of line 36.

39. Builder's Profit: A maximum of ten percent of Line 36

40. Total Construction Costs: This line will be automatically totaled (lines 36 through 39 for each source).

41. Project Contingency: The amount to be set-aside for all construction-related costs and estimates that represent an amount which is up to ten percent of the sum of lines 24 (Total Soft Costs) and 36 (Subtotal Contractor's Cost) for rehabilitation projects and small project initiatives and up to five percent for typical new construction projects.

42. LIHC/SLIHC Developer's Fee: This fee can only be claimed if the project includes tax credits, and only on residential or Community Service Facility construction. It is limited to a maximum of ten percent of the sum of line 3 (total acquisition) plus a maximum of 15% of the sum of lines 24 (Total Soft Costs), 40 (Total Construction Cost) and 41 (Project Contingency). Be aware that if the project is being developed jointly by a non-profit and a for-profit developer, **the budget may not reflect both this fee and the NPDA on line 12.** A single developer's fee may be claimed for any given project, and division of the fee is subject to negotiation between the parties. (See Section 5.05 (vii) of the CPM for more on the NPDA).

43. Total Development Cost (TDC): This line will be automatically totaled (sum of lines 3, 24, 40, 41, and 42 for each source listed in Column B).

d. Working Capital (lines 44 – 48):

Enter all operating costs from the time of substantial completion through the first six months of project operation, including but not limited to: real property taxes, insurance, utility fees, management fees, advertising and marketing.

HTF and HWF Applicants: These programs may establish a working capital fund for itemized and approved costs of up to two percent of Total Development Costs (line 43, column C).

HOME Applicants: Eligible costs for projects that are new construction/substantial rehabilitation, include the cost of funding an initial operating deficit (working capital) to meet any shortfall in project income during the period of rent-up, which may not exceed 18 months.

44. Initial Operating Deficit: Enter the estimated shortfall between operating expenses and operating income from the time of initial rent-up through full rent-up for a period not to exceed 18 months. Expenses should include all applicable debt service.

45. Supplemental Management Fee and Marketing: Enter the costs for management and marketing fees from initial rent-up through full rent-up for a period not to exceed 18 months.

46. Purchase of Maintenance and Other Equipment: Enter any estimated amounts necessary to purchase needed and appropriate maintenance and other equipment. Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

47. Other Working Capital: Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

48. Total Working Capital: This line will be automatically totaled. (Lines 44 through 47) for each source listed in Column B (Funding Sources).

e. Project Reserves: (lines 49 through 52):

49. Capitalization of Operating Reserves: Capitalization of the operating reserves may be from LIHC proceeds equity only, unless they are capitalized by a non-DHCR/HTFC source. HTF/HWF/HOME projects with LIHC and/or SLIHC must fund an operating reserve based upon a minimum investment of the lesser of one percent of TDC (line 43, column C), or 50% of gross rents.

50. Replacement Reserve: A replacement reserve is used to replace major items and systems over the life of the building, including but not limited to: flooring, appliances, plumbing fixtures, heating equipment, roof systems, windows, doors, cabinetry and site apparatus. Applicants may request HTF, HWF, LIHC and SLIHC funds to capitalize, or partially capitalize a replacement reserve only if it is not economically feasible for the project to support the “standard” annual contribution to the replacement reserve from operating income.

51. Reserve for Adapting Units: DHCR/HTFC will recognize the capitalization of up to \$4,000 per unit to be set aside to cover the post-construction cost to fully adapt an accessible residential unit to meet the specific needs of a prospective handicapped household. See Section 5.05 of the CPM for further information.

52. Total Project Reserves: This line will be automatically totaled (lines 49 through 51 for each source listed in Column).

53. Total Project Costs: This line will automatically be totaled (the sum of lines 43, 48 and 52 for each source listed in Column B).

54 & 55. LIHC/SLIHC Only Costs: These costs are not to be included in TPC (line 53). Enter all syndication and partnership expenses incurred for LIHC/SLIHC projects that are syndicated.

Section 3 – Details

If your project includes:

Residential Construction: complete and submit Tab 3.1, if applicable;

Commercial Construction: complete and submit Tab 3.2, if applicable;

Civic Construction: complete and submit Tab 3.3, if applicable;

Community Service Facility Construction: complete and submit Tab 3.4, if applicable.

If your project is mixed-use, also complete and submit Tab 3.5: Project Financing Summary, if applicable. This section is used for the itemization of “Other” costs entered in the development budget. If you entered an amount in Line 23 (Other Soft Costs), complete Section A of this Table. If you entered an amount in Line 29 (Other Construction Costs), complete Section B of this Table. If you entered an amount in Line 46 (Purchase of Maintenance & Other

Equipment), and/or 4 (Other Working Capital), complete Section C of this Table. Enter a short description of the cost(s) and the amount associated with the cost.

Exhibit 4 – Unit Rents/Maintenance Fees & Affordability

This Exhibit must be completed for all projects which include residential units. All residential units in the project must be recorded on this Exhibit, including those which are being financed by sources other than DHCR/HTFC, and any unit set aside for occupancy by a building superintendent/resident manager.

The Tables that you will be required to complete in this Exhibit are dependent on the type of project residential tenure you selected in Exhibit 1, Section G of this Application, and on whether or not you expect the project to receive rental subsidies, as indicated in Question A1 below.

This Exhibit was developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected.

- Please enter data in the yellow spreadsheet boxes.
- The green spreadsheet boxes are the results of calculations.
- Please note: This spreadsheet template was developed to serve most but not all of your needs. If, for example, your project requires additional space you will have to call DHCR to have this matter addressed.
- In certain instances, such as if you are applying for Project Based Housing Choice Vouchers, you may choose to complete two separate versions of this Exhibits to reflect rents with and without PBVs.
- This spreadsheet template was developed for a color printer, if you want to print this using a black and white printer then please change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing)

A. Tenant Affordability Plan:

1. Indicate whether or not you anticipate that any of the units in the project will receive a rental subsidy.
2. If yes, select the type of subsidy expected, and enter the total number of units expected to receive the subsidy. If the rental subsidy source is not listed, select e, Other, and enter the type of subsidy in the space provided. The total number of units that you enter for this question must match the total units specified to receive a rental subsidy in Table A1 below.

3. Non-Rent Bearing Unit for Occupancy by Building Superintendent/Resident Manager.

If the project includes a non rent-bearing unit to be occupied by a building superintendent/resident manager, complete this question. In Column A, select the number of bedrooms in the unit from the drop-down list; in Column B, enter the number of occupants in the unit; in Column C, enter the total cost of the monthly utilities to be paid directly by the occupant. The Spreadsheet will calculate Column D by multiplying Column C by 12.

Table A1 - Monthly Housing Cost for Units with Rental Subsidies

This Table requires you to categorize all units in the project which will receive a rental subsidy by number of bedrooms (unit size), and then by the monthly basic rent for a unit of that size. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. The total units in Column B must be equal to the number of units specified in Question A2 above. Please note that if your project includes a **non-rent bearing** unit which will be occupied by a building superintendent/resident manager, this unit should be recorded in question 3 above, and not in this Table.

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will receive rental subsidies and will be available at the monthly basic rent entered in Column E.

Column C - No. of Occupants in Unit: Enter the number of occupants expected to occupy the unit. (Use 1.5 persons per bedroom if LIHC or SLIHC are requested on this Application, otherwise, use 2 persons per bedroom).

Column D - Comparable Market Rent: Enter the median contract rent paid in the primary market area for a comparable unit. (Evidence of comparable rents must be included in the Market Study).

Column E - Monthly Basic Rent: Enter the applicable shelter rent allowance or proposed basic rent for the units in this category.

Column F - Tenant-Paid Utilities: Enter the anticipated cost of utilities to be paid directly by the tenants in this unit category.

Column G - Total Monthly Housing Cost: This will be calculated by the Spreadsheet by adding Columns E and F together. Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum low HOME rents permitted under the HOME Program.

Table A2 – Affordability for Rental Units with Subsidies

This Table is intended to determine which income group the units with rental subsidies are affordable to.

Column A - Total Annual Cost: This Column will be calculated by the Spreadsheet by multiplying the number in Table A1, Column G (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories entered in Table A1 above.

Column B - Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column A (Total Annual Cost) by .30

Column C - Area Median Income: Enter the appropriate area median income for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column D - Percentage of Area Median Income that Unit is Affordable To: This Column will display 30% of Area Median Income (AMI) for all units with rental subsidies.

Column E – Percentage of Area Median Income that Unit will be Targeted To: Enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I,2 (Income Targets), and will be used as the basis for the project's Regulatory Agreement should the project be selected for funding.

Column F – Maximum Rent at 60% LIHC Eligibility: The Spreadsheet will calculate this Column using the following formula: Column C (Adjusted AMI for each Unit Size) x 0.6 x 0.3 / 12.

Table A3 - Monthly Housing Cost for Rental Units without Subsidies

This Table requires you to categorize all units in the project that will not receive rental subsidies by number of bedrooms (unit size), and then by the Monthly Basic Rent for a unit of that size. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. The total number of units in Tables A1 and A3 should equal the total number of units entered in Exhibit 1, Section H, Table 1 (if you indicated that this project included a mixture of condominium/cooperative and rental units, the total of units in Tables A1, A3 and B1 must equal the total number of units entered in Exhibit 1, Section H, Table 1. Please note that if your project includes a **non-rent bearing** unit which will be occupied by a building superintendent/resident manager, this unit should be recorded in question 3 above, and not in this Table. In this instance, the total number of units in Tables A1 and A3 should be **1** less than the total number of units entered in Exhibit 1, Section H, Table 1.

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will be available at the monthly basic rent entered in Column E.

Column C - No. of Occupants in Unit: Enter the number of occupants expected to occupy the unit. (Use 1.5 persons per bedroom if LIHC or SLIHC are requested on this Application, otherwise, use 2 persons per bedroom).

Column D - Comparable Market Rent: Enter the median contract rent paid in the primary market area for a comparable unit. (Evidence of comparable rents must be included in the Market Study).

Column E - Monthly Basic Rent: Enter the applicable shelter rent allowance or proposed basic rent or carrying charge for the units in this category.

Column F - Tenant-Paid Utilities: Enter the anticipated cost of utilities to be paid by directly by the tenants in this unit category.

Column G - Total Monthly Housing Cost: This will be calculated by the Spreadsheet by adding Columns E and F together. Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum Low HOME rents permitted under the HOME program.

Table A4 – Affordability for Rental Units without Subsidies

This Table is intended to determine which income group the units without rental subsidies are affordable to.

Column A - Total Annual Cost: This Column will be calculated by the Spreadsheet by multiplying the number in Table A3, Column G (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories.

Column B - Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column A (Total Annual Cost) by .30

Column C - Area Median Income: Enter the appropriate area median income for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column D - Percentage of Area Median Income that Unit is Affordable To: This Column will be calculated by the Spreadsheet by dividing Column B (Annual Income Needed to Afford Unit) by Column C (AMI). The result will be the income group that the unit is affordable to. For example, if the annual income needed to afford the unit is \$16,000, and the area median income is \$28,000, the percentage of median income that the unit is affordable to would be households at 57% of the AMI.

Column E – Percentage of Area Median Income that Unit will be Targeted To: While Column D calculates the percentage of AMI that the unit is affordable to, in this Column, you are to enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I,2 (Income Targets), and will be the basis for the project’s Regulatory Agreement should the project be selected for funding.

Column F – Maximum Rent at 60% LIHC Eligibility: The Spreadsheet will calculate this Column using the following formula: Column C (Adjusted AMI for each Unit Size) x 0.6 x 0.3 / 12.

4. Calculation of LIHC Monitoring Fee: **If all units in the project except a non-rent-bearing unit for occupancy by a resident manager will be assisted with LIHC/SLIHC**, the applicant should calculate the LIHC monitoring fee for the project’s first year of operation using the following formula: For each line in Tables A1 and A3: Column B (No. of Units from Tables A1 and A3) x Column F (Maximum Rent at 60% LIHC Eligibility from Tables A2 and A4) x 12 x 0.005. Add together the result from each line, and enter the total into Exhibit 5 (Operating Budget), Table 2, Line 8.

5. Indicate whether or not the comparable rents referenced in Column D, Tables A1 and A3 include each of the utilities listed.

B. Condominium/Cooperative Affordability Plan:

1. Specify what percentage of the purchase price will be required as a down-payment by the purchaser. This percentage will be used by the Spreadsheet to calculate the down payment in Table B1, Column D.

2. Select the applicable tenure type for the units.

Table B1 - Total Monthly Housing Cost for Owner-Occupied Units

This Table requires you to categorize all condominium/cooperative units in the project by number of bedrooms (unit size), and then by the monthly payment for a unit of that size. If there are multiple monthly payments anticipated for units of the same size, you must record them separately. The total number of units should equal the total number of units entered in Exhibit 1, Section H, Table 1. (If you indicated that this project included a mixture of owner-occupied and rental units, the total of units in Tables A1, A3 and B1 of this Exhibit must equal the total number of units entered in Exhibit 1, Section H, Table 1).

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will be available at the monthly cost entered in Column F (Monthly Payment)

Column C - Purchase Price: Enter the purchase price for the unit. Include the value of any sweat equity contributions in the purchase price as the down payment.

Column D - Down Payment: The Spreadsheet will calculate and display the down payment based on the percentage entered at the top of this Section.

Column E - Amount to be Financed: The Spreadsheet will calculate this Column by subtracting the down payment from the purchase price.

Column F - Monthly Payment: Enter the total of monthly principal and interest payments on the mortgage loan for the unit.

Column G - Monthly Taxes and Insurance: Compute and enter the monthly total property taxes and homeowner's insurance (including flood insurance if necessary) for the unit.

Column H - Monthly Maintenance and Carrying Costs: Enter the monthly costs of maintaining and amortizing the buildings and grounds for condominium or cooperative units.

Column I - Total Monthly Cost: This will be calculated by the Spreadsheet by adding together Columns F, G and H for each line.

Table B2 – Condominium/Cooperative Unit Affordability

This Table is intended to determine which income group the units are affordable to.

Column A - Total Annual Costs: This Column will be calculated by the Spreadsheet by multiplying Column I from Table B1 (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories.

Column B – Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column A (Total Annual Costs) by .30

Column C - Area Median Income: Enter the appropriate AMI for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column D - Percentage of Area Median Income Unit is Affordable to: This Column will be calculated by the Spreadsheet by dividing Column B (Minimum Annual Income Needed to Afford Unit) by Column C (AMI). The result will be the income group that the unit is affordable to. For example, if the annual income needed to afford the unit is \$16,000, and the AMI is \$28,000, the income group that the unit is affordable to would be households at 57% of the AMI.

Column E – Percentage of Area Median Income that Unit will be Targeted To: While Column D calculates the percentage of AMI that the unit is affordable to, in this Column, you are to enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I, 2 (Income Targets), and will be the basis for the project's Regulatory Agreement should the project be selected for funding.

Exhibit 5 – Project Income & Operating Budget

This Exhibit has been developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected. Please review the following before beginning this exhibit:

- Enter data as outlined in the exhibit instructions in the **yellow** spreadsheet boxes;
- **Green** spreadsheet boxes are automatic calculations and should not be typed in;
- Comments to aid with data entry have been inserted into this sheet. Moving your cursor over cells with a **red** arrow will reveal the comment;
- Drop-down lists are used throughout the spreadsheet. Left clicking inside a comment cell will reveal the drop-down arrow. Click on the arrow, and select the appropriate option.
- **Printing:** This spreadsheet template was developed for use with a color printer. To print using a black and white printer, change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing.
- The print margins have been protected and cannot be adjusted. As a result, your printer may print some two pages when the document should print as one.

- This spreadsheet was developed for use with most capital projects. However, if your project has unusual features, and the spreadsheet limitations prevent you from adequately representing your project, please contact Robert Shields at (518) 486-7080.

- In certain instances, such as if you are applying for Project Based Housing Choice Vouchers, you may choose to complete two separate versions of this Exhibits to reflect costs with and without PBVs.

Exhibit Instructions

This Exhibit must be completed for both residential and non-residential space in the project. If the project involves **both residential and non-residential space**, including commercial space, civic space or Community Service Facility Space, you will complete one iteration of Table 1 – Total Effective Income, and two iterations of Table 2 (Operating Budget Assumptions) and Table3 (Operating Budget) – one for the residential portion of the project, and another for the non-residential portion. Upon completion of Tables 2A, 2B and/or 2C and 2D, the Spreadsheet will produce a summary Operating Budget Basis Table for the entire project as Table 2E. Upon completion of the two Table 3's (residential and non-residential), the Spreadsheet will produce a summary for the project. If you indicated in Exhibit 1, Section G that your project involves residential space **only**, or non-residential space **only** you will only need to complete one iteration of this Exhibit.

The ten tabs are as follows:

1. INCOME – this Table will be used to enter both residential and non-residential project income.

2A – RESBASIS - This Table will be used to enter the residential operating cost assumptions for the first 15 years of the project. See the following instructions for full instructions on how to complete this Table.

2B – OTHERRES – This Table will be used to enter the residential operating costs for line items which are other than fixed or variable.

3A. RESOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2A and 2B and projecting the 15-year operating costs for the residential portion of the project.

2C – NONRESBASIS - This Table will be used to enter the non-residential operating cost assumptions for the first 15 years of the project. See the following instructions for full instructions on how to complete this Table.

2D – OTHERNONRES – This Table will be used to enter the non-residential operating costs for line items which are other than fixed or variable.

3B - NONRESOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2C and 2D and projecting the 15-year operating costs for the non-residential portion of the project.

2E – SUMBASIS – If this is a mixed-used project, this Table will be calculated by the spreadsheet by summing the totals from Tables 2A and 2C. The numbers will then be used to update Table 3B, the Operating Budget for both residential and non-residential portions of the project.

2F – SUMOTHER – This Table will be automatically populated by the data entered in Tables 2B and 2D. The numbers will then be transferred to the appropriate lines in the Summary Operating Budget (Table 3C).

3C - SUMOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2E and 2F, and projecting the 15-year operating costs for the residential and non-residential portions of the project.

Table 1 – Total Effective Income:

This Table calculates the project's income and vacancy arrears to produce total effective income. Section A is for the residential portion of the project and Section B is for the non-residential portion of the project.

Section A – Effective Residential Income

If the project does not involve residential space, do not complete this section.

1. **Total Residential Monthly Income/Maintenance Fees:** Calculate the project's total residential monthly income, by multiplying the total number of units in Exhibit 4, Table A1 and Table A3 by the basic rents for each line, and adding the results. If this is a condominium/ cooperative project, calculate the income by multiplying Table B1, Column H of Exhibit 4 by the total number of units. If it is a combination of rental and condominium/cooperative units, Tables A1, A3 and B1 of Exhibit 4 must be used in the calculation.

2. **Annual Gross Residential Income:** The Spreadsheet will calculate this by multiplying line 1 (Total Monthly Income/Maintenance Fees) by 12.

3. **Residential Vacancy & Arrears:** Enter the estimated percentage of vacancy and arrears for the residential portion of the project in the space provided. The Spreadsheet will then multiply Line 2 (Annual Gross Residential Income) by this percentage to arrive at the total annual income expected to be lost from residential vacancies and arrears.

4. **Net Residential Income:** The Spreadsheet will calculate this by subtracting Line 3 (Residential Vacancy and Arrears) from Line 2 (Annual Gross Residential Income).

5a. **Ancillary Income - Laundry:** If applicable, enter the anticipated income from residential laundry facilities.

5b. **Ancillary Income – Parking:** If applicable, enter the anticipated income from residential parking facilities.

5c. **Ancillary Income – Other:** If applicable, enter the anticipated income from other residential sources, for example, dedicated project operating subsidies from public agencies, fully capitalized operating reserves, or a Homesteader's contribution to the operating budget. Do not include interest from operating or replacement reserves.

6. **Total Ancillary Residential Income:** The Spreadsheet will calculate this by adding together lines 5a, 5b and 5c.

7. **Total Effective Residential Income:** The Spreadsheet will calculate this by adding together lines 4 and 6. This figure will be transferred to line 1 (Total Effective Income) of Table 2A (Res. Basis) for the residential portion of this project.

Section B – Effective Non-Residential Income

8. **Gross Commercial/Civic Income:** Enter the estimated amount of revenue to be generated from commercial and/or civic rents if the project is mixed use.

9. **Commercial/Civic Vacancy and Arrears:** Enter the estimated percentage of vacancy and arrears for the commercial/civic portion of the project. The Spreadsheet will then multiply Line 8 (Gross Commercial/Civic Income) by this percentage to arrive at the total annual income expected to be lost from commercial or civic vacancies and arrears.

10. **Net Commercial/Civic Income:** The Spreadsheet will calculate this by subtracting line 9 from line 8. This figure will be transferred to line 1 (Total Effective Income) of Table 2C (Non-Res. Basis) for the non-residential portion of this project

11. **Total Effective Income:** This line will be blocked to Spreadsheet Users. The Spreadsheet will calculate this when it produces a Summary Table 1 for projects with both residential and non-residential space by adding together lines 7 & 10.

Tables 2A, 2B, 2C, 2D, and 2E – Basis for Projection of Operating Budget:

For mixed-use projects, the assumptions entered in Tables 2A through 2D will automatically be added to the summary Table 2E, which will in turn be used to update Table 3C – Summary Operating budget.

This Table serves two purposes:

1. Data entered here will enable the Spreadsheet to do many of the calculations required in Tables 3A, 3B and 3C – Operating Budgets; and,

2. It provides a rationale for operating expenses during the project’s first fifteen years of operation.

Columns:

Column A - Expenses: Lists typical project operating expenses, as well as the total effective income (Line 1).

Column B- Year 1 Cost: Enter the anticipated first year’s operating cost for each applicable operating expense listed in Column A. Year one should represent the first complete year of occupancy.

Column C – Type & % Increase/Decrease: From the drop-down list, select one of the following three expense types for each line item:

Fixed: These are costs that will remain constant from year to year. The Spreadsheet will update the operating budget for these line items, based on the amount entered in Column B – Year 1 Cost.

Variable: These are costs that are expected to either rise or fall from one year to the next. If you select this type, you must also enter an estimated increase or decrease in terms of a percentage. The Spreadsheet will update the operating budget for these line items.

Other: These are costs that are cannot be termed either fixed or variable. For these line items, you must manually complete Table 2B and/or Table 2D (Other Costs) for years 1 through 15. The spreadsheet will then transfer these to the applicable Operating Budget.

Column D – Rationale for Estimates: Provide the rationale for the estimated expense. For example: “\$80 a unit,” or, “\$3/square foot.”

Column E – Source: Enter the source of the rationale, for example, “based on actuals from similar project, Hampshire Senior Housing,” or “quote from insurance broker – Smith Insurance.”

Please note the following regarding certain line items:

Line 1: Spreadsheet will provide the total effective income for the first year. Complete this line for the following years.

Lines 38 and 39: Reserves - Refer to the CPM, Section 5.06 before completing these lines.

Line 42 – Debt Service: The Spreadsheet will produce a line for each permanent loan entered in Exhibit 3, Section A, Table 2 (Sources of Permanent Financing). The Spreadsheet will enter the funding source name, loan amount, interest rate and term from the information provided in Exhibit 3. Complete the Table for each source.

Line 44 – Cash Flow: For projects utilizing HTF/HWF/HOME and LIHC or SLIHC programs, owners are limited on assisted units to the greater of a nominal return on equity (not to exceed \$360/unit annually), or an amount equal to debt service coverage required by another participating permanent lender.

Line 45 – Repayment of Deferred Developer’s Fee: If the project’s Development Budget Permanent Funding Sources (Exhibit 3, Section A2) include Source Code #4006 (Deferred Developer’s Fees), you must enter an amount that will ensure that the fee is repaid within 15 years of the placed-in-service date (See Section 5.05 of the CPM).

Tables 3A, 3B and 3C – Operating Budget

For each line item in Table 2 that was specified as “Fixed” or “Variable with a Percentage Rate”, the Spreadsheet will calculate project operating costs for the first 15 years of project operation. It will also transfer “other” (non variable or not fixed) costs from Table 2B and/or 2D to the appropriate Operating Budget. Table 3C is a summary budget only required for mixed-use projects. It will be updated automatically using the data from Table 2E (Summary Operating Basis).

Lines 10, 24, 30, 37, 40, 41, 43 and 44 will be calculated by the Spreadsheet.

4. Deferred Developer’s Fee

A. Repayment of Deferred Developer’s Fee: The Spreadsheet will display the amount of the deferred developer’s fee entered as a permanent funding source in Exhibit 3, Section A2 (the Development Budget).

B. Total Repaid in 15 Years: The Spreadsheet will add the total amount of deferred developer’s fee repaid in the 15-year period displayed in Table 3 – Operating Budget.

C. Discrepancy: If there is a discrepancy between the figures in A and B, the discrepancy will be displayed.

Exhibit 6 – Development Timetable

1. Select the box which describes the development track the project will follow. If you select “construction financing with competitive bidding,” you will be required to submit bid documents to DHCR/HTFC.

2. Development & Approvals Timetable: Please read all of the instructions below before completing this Table.

Column A – Activity/Approval: Lists activities and approvals typically required for DHCR/HTFC-financed projects. If an Activity/Approval does not apply, leave Columns B, C and D blank.

Contract Document Submission – Allow a minimum of 45 business days for review and approval of bid documents. All applicants must submit contract documents prior to construction loan closing.

Rent-Up Conference with DHCR/Housing Management – The rent-up conference is to be held between the project owner/manager and DHCR Office of Housing Management staff 90-100 days prior to construction completion.

Construction Completion/Certificate of Occupancy (C of O) – For LIHC/SLIHC projects, this is the placed-in-service date. For all others, this is the anticipated construction completion and C of O date.

Permanent Financing Closing – Must occur within 60 day after Construction Completion/C of O date.

Cost Certification/Audit/Close-Out Document Submission – Must occur within 60 days of the Permanent Financing Closing.

Column B – Status: Where an option exists, select “Approved” or “Pending” from the drop-down list.

Column C – Contact Person/Phone #: Enter the name and phone number of a person from the applicable agency who can verify the status of the approval.

Column D – Completion Date: Enter the month and year (mm/yy) that you anticipate the action or approval to be completed/approved, or that the approval was issued.

Exhibit 7 – Development Team’s Relevant Experience

This Exhibit must be completed by the project developer, owner, and architect. Additionally, if you have identified the project’s general contractor, management agent, and/or housing consultant in Exhibit 1, Section K, they must also complete this Exhibit. Provide the requested information for each similar project that the applicant (developer) has participated in over the last ten years or until the applicant (developer) has reached the maximum obtainable score (See Request for Proposals, page 47). Unless a team member has no experience, a minimum of one Similar Project Summary must be provided for each team member. Include only those that are similar in construction type, size, scope, population served, financing and tenure.

1. No Relevant Experience: If any development team member has no relevant experience with similar projects to report, check the box(es) for those team member(s).

2. Similar Projects with HTFC/DHCR Funding: Each development team member who has been identified should complete this table for any similar HTFC/DHCR funded project(s) they have been involved with during the last ten years.

a. Name of Development Team Member Completing this Table Enter the name of the Development Team Member.

b. Role(s) of Development Team Member Select the role(s) of the Development Team Member in the projects listed in the table.

c. Table Enter the information requested in the appropriate columns. SHARS Number is the number HTFC/DHCR assigned to the project.

3. Similar Projects without HTFC/DHCR Funding: Each development team member who has been identified should complete this table for any similar non-HTFC/DHCR funded project(s) they have been involved with during the last ten years.

a. Name of Development Team Member Completing this Table Enter the name of the Development Team Member.

b. Role(s) of Development Team Member Select the role(s) of the Development Team Member in the projects listed in the table.

c. Table Enter the information requested in the appropriate columns.

Project Name: Enter the name of the project.

Project Use: Select the project use code from the drop-down list that best describes the project. Choose from the following codes:

- a. Condominium/Cooperative
- b. Multi-Family Residential
- c. Multi-Family Residential/Civic
- d. Multi-Family Residential/Commercial

- e. Multi-Family Residential/Civic/Commercial
- f. Commercial
- g. Civic/CSF

Type: Select new construction and/or rehabilitation.

Start Date: Enter the month and year of construction start.

% Comp.: Enter the estimated percentage of construction completion.

Number of Units: Enter the number of units in the project.

Population Served: Provide a brief description of the type of population served, for example: frail elderly or large families.

Total Project Cost: Enter the total project cost.

Exhibit 8 – Site and Building Information

General Instructions: Please read the following before completing this Exhibit.

1. Section A must be completed for **each site** in the project.
2. Section B must be completed for **each building which will exist upon completion** of the project.
3. Number each site in the project, and at the top of Section A (Site Information), enter which site number the data is being provided for. For example, if there are two sites, label them as follows: site 1 of 2 and site 2 of 2.
4. Number each building which will exist upon project completion, and at the top of Section B (Building Characteristics), enter which building number the data is being provided for, as well as which site number the building will be located on. **Please try to label your sites and buildings consistently.**

A. Site Information

Complete this Section for each site in the project.

1. Site Basics

- a. Indicate whether or not the site is vacant land.
- b. If you answered no to 1a, enter the number of buildings on the site.

c. If you answered yes to 1a, provide the site's tax parcel(s) in the space provided. For sites located in one of the five boroughs of New York City, enter the Block, Lot and Easement Code (B/L/E) assigned by the City. For other locations in New York State, enter the Section, Block and Lot Number(s) (S/B/L) for the site assigned by the County. **DO NOT enter information in this space if the site contains buildings. If you will be demolishing existing buildings, please fill in the tax parcel information for existing buildings in Section B of this Exhibit.**

d. Site Address: Enter the street address, municipality and zip code for the site.

2. Site Area and Zoning

- a. Enter the total site area and, using the drop-down list, indicate whether the area is in acres or square feet.
- b. Enter the current zoning classification.

c. Enter the minimum site area for proposed project to meet local zoning regulations, and, using the drop-down list, indicate whether the area is in acres or square feet.

3. Special Site Locations/Designations

Select each box corresponding to a correct statement about the site.

4. Site Utilities

Complete the Table for each utility listed in Column A.

Column B – Source: From the drop-down list, choose either public or commercial.

Column C – On-or Off-Site: From the drop-down list, choose either on-site or off-site.

Column D – Distance from Site: If applicable, enter the utility’s distance from the site.

5. Unusual Site Features

Select each unusual site feature present on the site.

6. Existing Structures/Facilities/Parking

a. Describe any accessory structures on the site, including their size. If there are none, select “N/A.”

b. Describe any recreational facilities on the site. If there are none, select “N/A.” (Family projects must have adequate space to accommodate an on-site play area).

c. Site Parking: Select each applicable statement. Enter the number of spaces and the total parking square footage, if applicable.

7. Site Suitability

a. Indicate whether or not the area is free of hazardous materials, and is not in proximity to incompatible adjacent uses, or facilities which may present problems with noise or aesthetics, such as an airport, railroad tracks, or a landfill.

b. If you answer no to 7a, provide a description of the hazardous materials, and/or incompatible uses or facilities in the space provided.

c. Indicate whether or not the site is directly accessible from a public road.

8. Proximity of Support Services

a. Indicate whether the site is in an urban or non-urban area. (See Capital Programs Manual, Glossary, for the definition of “urban”.)

b. Select the primary project occupants. If you choose other, specify the type of occupants.

c. For each service listed, place an X in the box which best describes its proximity to the site.

B. Building Characteristics

Complete this Section for each building **which will exist upon project completion.**

Number each building and which site number it will be located on. For example: there are two sites, each with two buildings, and you are completing this section for the first building on site 2, enter building 1 of 2 on site 2.

1. Type of Activity Proposed

Select the type of activity proposed for the building. You may only select choice d if you are applying for UI, RARP or HOME Program standalone funds.

2. Existing Building Characteristics

Complete this **ONLY** if you selected b, c, d or e in B1 above.

a. Enter the street address, including municipality and zip code.

b. Enter the approximate date the building was constructed.

c. Enter the tax parcels for the building (NYC – block/lot/easement, B/L/E; elsewhere in NYS, section/block/lot, S/B/L)

d. Select the box which describes the building's most recent use.

e. Enter the number of current residential units.

f. Enter the number of current non-residential units.

3. Occupied Units

a. Indicate whether any of the units in the building are occupied.

b. Enter the number of occupied residential units, if applicable.

c. Enter the number of occupied non-residential units, if applicable.

d. Indicate whether relocation of residential and/or non-residential tenants will be required, and supply the number of tenants of each type who must be relocated.

4. Building Use Upon Completion

Complete this Section to describe the building **upon completion.**

a. Building Use: Select each applicable box which describes how the building will be used upon completion. If choices 1 – 4 do not describe the use, select “other”, and describe the proposed use.

b. Residential Tenure Type: Select the box which describes the building's residential tenure type upon completion. If choices 1 – 4 do not describe the use, select “Other”, and describe the proposed tenure type. If there are no residential units in the building, select “N/A.”

5. Building Units Assisted by HTFC/DHCR

Line 1 - Indicate the number and sq. footage of all residential and non-residential units in the building in Columns B and C, respectively.

Line 2 – Repeat, but only for those units which will be funded by DHCR/HTFC.

6. Building Details

a. Enter the number of floors which will exist upon completion of the building.

b. Select the building's structure type upon completion. If "Other" is selected, describe in the space provided.

7. Residential/Non-Residential Space Breakdown

This Table requires you to enter the total square footage for Dwelling Units (Section A), Common Areas (Section B), and Non-Residential Space (Section C). Section A contains a drop-down list with the following unit sizes: Single Room Occupancy (SRO); 0 Bedroom (BR)/SRO; 1 Bedroom; 2 Bedroom; 3 Bedroom; 4 Bedroom; 5+ Bedroom.

Section A – Dwelling Units: For each unit size selected under Column A – enter the square footage in Column B, and the number of units of that size in Column C. If the project includes units with the same number of bedrooms but varying square footage, be sure to enter each of those sized units separately. Calculate Column D by multiplying Column B by Column C for each line. Calculate line 15 by adding together lines 1 through 14.

Sections B and C – Common Areas and Non-Residential Space: Enter the total square footage in Column D for each applicable line item. Calculate line 22 by adding together lines 16 through 21, and line 26 by adding together lines 23 through 25. Line 27 is calculated by summing lines 15, 22 and 26.

8. Items in Rent/Carrying Charge

a. Equipment: Select each item which is included in the rent or carrying charge. If there is an item not listed, select "Other" and specify the item.

b. Services: Select all services which will be included in the rent or carrying charge. If applicable, specify the type of heat and hot water to be provided. If "Other" is selected, describe in the space provided.

c. Parking: If parking is to be included in the rent or carrying charge, select the applicable type(s). If "Other" is selected, describe in the space provided.

9. Tenant-Paid Utilities

Select each item that will **not** be included in the rent or carrying charge. If "Other" is selected, describe in the space provided.

Exhibit 9 – LIHC/SLIHC Qualified Building Information

This Exhibit must be completed by all Applicants requesting LIHC and/or SLIHC. If you are requesting both LIHC and SLIHC, you must complete the Exhibit separately for each Program.

Select the Program for which this Exhibit is being completed.

Complete Section A of this Exhibit (General Project Information). If the project does not involve either of the special circumstances set forth in Questions 1 & 2 of Section A, you need only complete Sections B, C and D once as a

summary of all LIHC/SLIHC-assisted buildings that will exist upon project completion. However, if the project does involve one of the special circumstances set forth in Questions 1 & 2 of Section A, you must complete all sections of this Exhibit for **each** LIHC/SLIHC-assisted building in the project. In all cases, you must complete Section E (Declaration of Public Subsidies) for **each LIHC/SLIHC-assisted building that will exist upon project completion.**

Before completing this Exhibit, please refer to the following resources:

- DHCR’s Qualified Allocation Plan (QAP);
- Article 2-A of the Public Housing Law (SLIHC);
- New York State Low Income Housing Tax Credit Regulations (SLIHC);
- Section 42 of the Internal Revenue Code and related regulations for definitions and information on program eligibility; and,
- Professional guidance from a tax consultant, attorney, or accountant in preparing this Exhibit and related documentation which may affect tax liability status through the LIHC and/or SLIHC Program.

A. General Project Information

1. Indicate whether this project involves the rehabilitation of occupied buildings with varying levels of occupancy. If yes, enter the number of buildings.

2. Indicate whether this project involves multiple buildings of which, some but not all, are eligible for high-cost treatment as set forth in Section 42. If yes, enter the number of buildings.

If you answered yes to questions 1 or 2 above, you must complete this entire Exhibit for each LIHC/SLIHC-assisted building which will exist upon project completion. If you answered no to questions 1 and 2 above, you are only required to complete Sections B, C and D once for all LIHC/SLIHC-assisted buildings that will exist upon project completion. Section E must be completed for each LIHC/SLIHC-assisted building in the project with no exceptions.

3a. Indicate whether the project will be located in a Qualified Census Tract (QCT).

3b. If you answered yes to question 3a, enter the county and tract number of the QCT.

4a. Indicate whether the project will be located in a Difficult Development Area (DDA).

4b. If you answered yes to question 4a, select the DDA County from the drop-down list.

B. Site/Building Acquisition

1. Indicate whether the site(s)/building(s) is being acquired from a related or unrelated party.

2. If the project involves the acquisition of buildings, and the buildings were or will be acquired with Buyer’s Basis, indicate how the basis will be determined. If you select 2b (determined with reference to seller’s basis), enter the amount of Seller’s Basis in 2c.

3. If the buildings have been owned by the seller for at least ten years, enter the date the building was placed in service by the owner in 3a, and enter the anticipated date of acquisition by the applicant in 3b. If not applicable, go to question 4.

4. If the building(s) have been owned by the seller for less than ten years, select all applicable acquisition options.

C. Determination of Qualified Basis Worksheet

This Worksheet is used to determine how the qualified basis of the building(s) is derived from actual **residential** expenditures. **It should reflect expenses only for the residential portion of the building(s).**

If there are multiple qualified low-income buildings in the project, an appropriate means should be used to distribute expenditures for eligible common facilities between buildings (e.g., proportion of the eligible residential floor space attributable to each building).

Columns:

Column A- Project Costs and Adjustments: Lists project costs and adjustments, both reductions and increases.

Column B – Actual Costs: Enter the actual or expected costs of each line item, if applicable.

Column C – Adjustments to Eligible Basis: Enter all adjustments to the eligible basis for each line item, if applicable.

Columns D & E – Eligible Basis by Credit Rate Type: Enter the dollar amounts of eligible basis for the building(s) under either Column D (30% Present Value (PV)) or E (70% PV), if applicable.

Line Items:

Acquisition: This Section will calculate the actual costs, reduction in eligible basis, and eligible basis for the costs of acquisition, excluding land.

Line 1 – Cost of Land Only: In Column B, enter the actual or anticipated costs for land only. Excel will automatically enter this figure into Column C, Adjustments to Eligible Basis.

Line 2 – Acquisition Costs (excluding Land): In Column B, enter the actual or anticipated costs for buildings excluding the cost of land. Enter any adjustments to the eligible basis in Column C. Excel will calculate Column D by subtracting Column C from Column B. (Acquisition may not be claimed at the 70% PV basis).

Reductions to Eligible Basis for Acquisition of Buildings: This Section will calculate any reductions in eligible basis for acquisition.

Lines 3, 4 and 5: Enter any reductions in eligible basis for each applicable line item.

Line 6 - Total Building Acquisition Actual Costs, Adjustments and Eligible Basis: Excel will calculate this line as follows: Column B will be the sum of Lines B1 and B2. Column C will be the sum of Lines C1 through C5. Column D will be the sum of Line B6 minus Line C6.

Construction Improvements – Actual Costs, Adjustments & Eligible Basis: This Section will calculate actual costs, reductions in eligible basis and eligible basis for construction/rehabilitation improvements.

Lines 7 through 11: Enter the actual or anticipated costs for each applicable line item in Column B. Enter any reductions to eligible basis in Column C. Enter the adjusted eligible basis for each line item in Column D and/or E, as applicable. The total eligible basis in Columns D and E must be equal to the difference between Column B and Column C for each line item.

Please Note: Do not include LIHC fees in line 7. Costs for the developer’s fee should be entered on Line 10, and not on Line 7. If there are additional construction improvement costs not listed, enter them in Line 11 (Other) and specify the total of these costs in the space provided.

Reductions to Eligible Basis of Construction/Rehabilitation Improvements Prior to High Cost Increase: This Section will calculate any additional reductions in eligible basis for construction/rehabilitation.

Lines 12 – 16: For each applicable line item, enter any reduction to eligible basis in Column C.

Line 17 - Total Construction/Rehab Improvements Actual Costs, Adjustments & Eligible Basis Prior to High Cost Increase: This line will be calculated as follows:

Column B – Excel will add together Lines B7 - B11.

Column C – Excel will add together Lines C7 – C16 to derive the total adjustments to eligible basis prior to high cost increase.

Columns D and E -The difference between Line 17B and Line 17C is the adjusted eligible basis prior to high cost increase. That amount must be calculated and entered by the applicant into Line 17D and/or 17E as appropriate.

Increase in Eligible Basis of Construction/Rehab for High Cost: This Section will calculate the increase to eligible basis for projects located in Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) only.

Line 18 – Increase in Eligible Basis for High Costs: Calculate this line by multiplying the amount in Line 17D and/or 17E by .30 **DO THIS ONLY IF YOU INDICATED IN SECTION A, QUESTION 3 OR 4 OF THIS EXHIBIT THAT YOUR PROJECT IS LOCATED IN A QCT OR DDA.**

Line 19 – Adjusted Eligible Basis of Construction/Rehab Improvements: Excel will calculate this line as follows: Column D will be the sum of Lines 17D and 18D. Column E will be the sum of Lines 17E and 18E.

Line 20 – Total Eligible Basis of Acquisition & Construction/Rehab Improvements: Excel will calculate this line as follows:

Column D – will be the sum of Lines D6 and D19.

Column E – will be the amount entered in Line E19. Excel will enter this amount.

Determination of Qualified Basis: This Section will calculate the amount of credit from qualified basis.

Line 21 – Applicable Fraction: Enter the Applicable Fraction (also know as Low Income Occupancy Percentage) for each applicable Column (D and/or E). The Applicable Fraction is the lesser of:

- a. The ratio of the number of low-income units to the total number of units in the building(s); or,
- b. The ratio of the total floor space of the low-income units to the total floor space of all units in the building(s).

Line 22 – Qualified Basis by Credit Rate: This line will be calculated by Excel by multiplying Line 20 by Line 21 for each applicable Column..

Line 23 – Credit Rate: Enter the applicable tax credit percentage, and the month and year used.

Line 24 – Credit Amount from Qualified Basis: Excel will calculate this line by multiplying Line 22 by Line 23 for each applicable Column.

D. Unit Information

Table 1 – LIHC/SLIHC Rent-Restricted Residential Unit Distribution, Rentable Floor Space and Schedule of Rents: Complete Table 1 by entering the requested information for all units in the building(s) which will be LIHC/SLIHC rent-restricted.

This Table requires you to categorize all units in the building(s) by unit size (number of bedrooms), and then by the Monthly Rent for a unit of that size. If there are multiple monthly rents anticipated for units of the same size, you must record them separately.

Column A – No. of Bedrooms: Enter the number of bedrooms in the unit.

Column B – No. of Units: Enter the number of units of this size which will be charged the rent in Column E.

Column C – Rentable Floor Area of Unit (sq ft): Enter the total rentable floor area of each unit in square feet.

Column D – Total Rentable Floor Area: This column will be completed by Excel by multiplying column b by column c for each line.

Column E – Monthly Rent: Enter the total monthly rent for the units.

Column F – Tenant Paid Utilities: Enter the cost of utilities to be paid by the tenant for the units.

Table 2 – Non-LIHC/SLIHC Residential Rental Unit Distribution, Rentable Floor Space and Schedule of Rents: Complete Table 2 as you did Table 1, but only for those units in the building(s) which are not to be assisted by LIHC and/or SLIHC.

3. Percentage of LIHC/SLIHC units in building(s): Divide the **total** number of LIHC/SLIHC units in the building (project if completing a summary form) by the **total** number of units in the building (project if completing a summary form).

4. Percentage of LIHC/SLIHC Rentable Floor Area in building(s): Divide the **total** LIHC/SLIHC rentable floor area in the building (project if completing a summary form) by the **total** rentable floor area in the building (project if completing a summary form).

E. Declaration of Public Subsidies

This Section must be completed for **every** LIHC and/or SLIHC-assisted building that will exist upon project completion.

Enter the number of LIHC/SLIHC-assisted buildings in the project.

2. – 4. Enter the building’s street address, municipality, and zip code.

3. Declaration of Public Subsidies Table. Complete this Table for all Federal, State and local government subsidies, including LIHC/SLIHC which will be applied to the building identified in 2 through 4 above.

Columns:

Column A – Source: Enter the name of the governmental agency administering the program subsidy, for example: HUD or DHCR.

Column B – Program: Enter the name of the program who will supply the subsidy, for example, HTF or CDBG.

Column C – Type: Enter the type of subsidy, for example: grant, loan, tax exempt bonds, mortgage insurance, negotiable development rights or tax certificates, or rental assistance).

Column D– Value: Enter the estimated dollar value or units.

Column E – Interest Rate: If the subsidy is in the form of a loan, enter the interest rate.

Column F – Monthly Debt Service: If the subsidy is a loan, enter the monthly debt service.

Column G – Term: If the subsidy is a loan, enter the loan term.

After completing the Table, complete the certification. This certification must be completed and submitted at each stage of LIHC/SLIHC processing, including application, allocation, and project completion when applying for issuance of IRS Form 8609 and/or an eligibility statement (SLIHC).

Exhibit 10 – LIHC/SLIHC Project Summary

In instances where both LIHC and SLIHC are being requested in the same project, complete a separate Exhibit 10 for each Program.

Before completing this Exhibit, please refer to the following resources:

- DHCR’s Qualified Allocation Plan (QAP);
- Article 2-A of the Public Housing Law (SLIHC);
- New York State Low Income Housing Tax Credit Regulations (SLIHC);
- Section 42 of the Internal Revenue Code and related regulations for definitions and information on program eligibility; and,
- Professional guidance from a tax consultant, attorney, or accountant in preparing this Exhibit and related documentation which may affect tax liability status through the LIHC and/or SLIHC Program.

A. Project Details

Select only the Program for which this Exhibit is being prepared. A separate Exhibit must be prepared for each credit program in a project.

1. Enter the number of non-contiguous sites in the project.
2. Enter the number of qualified low-income buildings in the project. (These are buildings which have at least one LIHC/SLIHC-eligible unit).
3. Enter the number of residential units in the project. Be sure this number agrees with entries and totals in other exhibits in this application.
4. Enter the number of tax credit rent-restricted units in the project. (These are units which are income-eligible under the LIHC or SLIHC Programs.) If this project has **both** LIHC and SLIHC, you must complete this exhibit for each program and this entry pertains only to the program for which this exhibit is being completed.

5. Enter the amount of qualified basis of the project subject to the lower credit rate (30% of PV). This amount must be equal to the amount in Exhibit 9, Section C, Line 24, Column D.

6. Enter the amount of qualified basis of the project subject to the higher credit rate (70% of PV). This amount must be equal to the amount in Exhibit 9, Section C, Line 24, Column E.

7. Enter the annual amount of credit requested. This amount must agree with the amount requested in Exhibit 1. If this project has **both** LIHC and SLIHC, you must complete this exhibit for each program and this entry pertains only to the program for which this exhibit is being completed.

8. Divide Line 7 by Line 4 and enter the amount here.

B. Minimum Set-Aside Election

Check the applicable set-aside election.

C. Use of Credit Proceeds

1. Indicate if the syndication will be public or private.

2. Enter the percentage of ownership retained by the developer.

3 - 5. Enter the syndicator's name, contact person, and contact person's phone number.

6. Enter the total amount anticipated from syndication.

7. Enter the net amount of the anticipated investor pay-in.

8. If the investor (equity provider) will provide construction, bridge and/or permanent loans to the project, complete the Table, detailing the terms and length of loan for each loan.

D. Investor Pay-In Schedule

Column 1 – Enter a brief description of the threshold event which must occur to receive each pay-on, for example, 50% construction completion or issuance of a temporary certificate of occupancy.

Column 2 – Enter the amount of the pay-in.

Column 3 – Enter the projected month, day and year of the pay-in

Column 4 – Enter a brief description of the use of the pay-in (developer fees, construction costs, etc.)

III. Unified Funding Capital Project Attachment Instructions

Listed below are the instructions for completing the Application Attachments. The applicant should refer to the **Unified Funding Capital Project Application Attachments Checklist** to determine which attachments are required for each program.

The applicant should title each attachment, and use letters to label them, as indicated in the **Application Attachments Checklist**. If an Attachment is not applicable, include a title page and the words “Not Applicable”. Any attachments which are too large to be bound into the application submission may be left

unbound but must be submitted with the application. All attachments must be titled, dated, and have the applicant's and project's name and site address located at the top right corner of every first page.

Please note: the only attachments required for seed money applications are:

Attachment A1 – Evidence of Site Control

Attachment B6 – Flood Plain Letter

Attachment C1 – Community Needs Support Documentation; and,

Attachment F3 – Non-Profit Applicant’s Certificate of Incorporation, if applicable.

Attachments A1 – A6 – Project Readiness

Attachment A1 – Evidence of Site Control

In order for a project to be considered eligible, all applicants must provide evidence of site control for all sites/buildings in the project. **Any application that does not include proof of site control in one of the following forms will be considered incomplete and will not be reviewed further.** Acceptable forms of site control, in order of preference, are:

- An executed deed evidencing ownership by the applicant or owner;
- A title report not more than 90 days old at the time of application submission showing that the applicant holds title;
- A signed contract of sale between the applicant and the property owner which describes the terms and conditions for the conveyance of the title at a designated price during a specific period;
- A signed option to purchase which is renewable or with a term expiring no less than six months from the date of the application deadline for the funding round;
- A local land disposition agreement;
- A letter from a public agency offering the site(s) to the applicant under specified conditions within a timeframe that is consistent with the information provided in the proposed Development Timetable (Exhibit 6);
- A letter from the New York City Department of Housing Preservation & Development (NYC HPD) which specifies an expiration date, and clearly matches the property(ies) identified in Exhibit 8 (Site & Building Information) and the project plans. (Please see the NYC HPD Site-Control Guidelines below for more information regarding the use of HPD-owned sites); or,
- A lease with a term that is equal to the regulatory period for the applicable program(s).
- Any sit control documentation which includes an offer and acceptance, such as a contract of sale, option or lease must include signatures of all required parties in order to be considered acceptable documentation of site control.

NYC HPD Site-Control Guidelines

The NYC HPD has provided the following guidelines regarding the use of City-owned sites/buildings by applicants to DHCR/HTFC.

- Site control for City-owned sites must be secured by submitting a request to the NYC HPD through its Request for Proposals/Request for Qualifications (RFP/RFQ) process. Applicants will be required to identify all sources

of proposed project financing. Further information on the RFP/RFQ process, including current deadlines, is available at HPD's website: <http://www.nyc.gov/html/hpd/html/developers/developers.shtml>.

- Successful RFP/RFQ applicants will receive a Negotiations Letter from HPD stating HPD's intent to commence negotiations with the applicant, and setting forth information on programs and procedures. HPD will notify DHCR/HTFC of the successful applicants.
- NYC HPD Negotiations Letters which are received before the application deadline for the current funding round should be included as Attachment A1. Otherwise, HTFC/DHCR will rely on HPD for information on site control of City-owned properties.

Attachment A2 – Zoning Compliance

Zoning Compliance: All applicants must submit documentation from officials of the project municipality confirming that the project site is zoned to permit construction of the project as proposed in this application, or that action to receive the required zoning change/variance/approval is in progress. If there is no zoning in the project municipality, submit a statement from the municipality, the project attorney, or the project architect stating this.

Attachment A3 – Public Approvals

Local Approvals:

Submit documentation regarding all applicable public approvals listed below, as well as any other necessary approvals not listed. See also, Attachment A6 - Environmental Approvals, for additional attachment requirements.

Uniform Land Use Review Procedure (ULURP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project must undergo ULURP, provide documentation and/or an explanation of steps taken to receive all necessary approvals.

Site Plan Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of the site plan, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

Urban Development Action Area Program (UDAAP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a UDAAP designation, submit evidence and/or an explanation of steps taken to achieve this designation.

Subdivision Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of a subdivision, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

Community Board/Planning Board Approval: If approvals are required from the community board or local planning board, submit evidence and/or an explanation of steps taken to receive such approvals.

Village/Town/City Council Approvals: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval by a village, city or town council, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

Payment In Lieu of Taxes (PILOT) or Tax Abatement: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a PILOT and/or tax abatement, submit evidence and/or an explanation of steps taken to obtain the PILOT or tax abatement.

Utility Hook-Ups: If the project needs local approvals for utility hook-ups, submit evidence and/or an explanation of the steps taken to obtain such approvals.

Other

HUD HOPE VI Program Projects Involving Rehabilitation/Restructuring of Existing Public Housing:

If the project involves rehabilitation or restructuring of existing public housing units under the HUD HOPE VI Program, include evidence that the project received all approvals required under the State Public Housing Law prior to submission of this application to DHCR/HTFC.

Provide documentation of any other known required public approvals.

Attachment A4 - State Historic Preservation Office (SHPO) Submissions

All applicants, except those seeking LIHC or SLIHC standalone or seed money funding must complete the SHPO Project Review Cover Form (<http://www.nysparks.state.ny.us/shpo/enviro/cover/PRCoverForm.pdf>) and submit it to the State Office of Parks, Recreation and Historic Preservation for eligibility review prior to submitting this application to DHCR/HTFC.

Applicants proposing projects on sites with existing structures which will be rehabilitated or removed must also complete and submit to the State Office of Parks, Recreation and Historic Preservation a completed Historic Resource Inventory Form (<http://www.nysparks.state.ny.us/shpo/enviro/cover/InvenForm.pdf>) for each existing structure prior to submission of this application to DHCR/HTFC.

Both of the forms referenced above should be submitted to SHPO accompanied by the SHPO Transmittal Letter (Section III, Attachments, Attachment A4) provided by DHCR.

Submit a completed SHPO Transmittal Letter, SHPO Project Review Cover Form, and, if applicable, Historic Resource Inventory Form(s) as Attachment A4. If you have already received a response from SHPO prior to the submission of this application, also include a copy of that document with this attachment.

Attachment A5 – State Environmental Quality Review (SEQR) Submissions

With the exception of LIHC/SLIHC standalone projects, all applicants **must** attach a copy of the **signed** Short Environmental Assessment Form (EAF) in order to comply with SEQR procedures. A version of this form can be filled out online and then printed for signature. The form can be located at: <http://www.dec.state.ny.us/website/dcs/seqr/forms/shorteaf.pdf>.

If another organization/agency has assumed the lead agency designation for coordinated review, submit a copy of the full EAF, and attach a letter from the lead agency which identifies HTFC as an involved agency. The full EAF can be found online at: <http://www.dec.state.ny.us/website/dcs/seqr/forms/longeaf.pdf>.

If any Phase 1 Environmental Site Assessments/reports were completed in the past year, submit a complete copy of these documents.

Attachment A6 - Environmental Approvals

If your project involves any of the following, you must include documentation that approvals are being sought, or have been obtained:

Archaeological Survey: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires performance of an archaeological survey, submit evidence and/or an explanation of steps taken to have the survey completed.

Flood Plain/Waterfront/Coastal Zone Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approvals related to flood plains, waterfronts, or coastal zones, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

State Pollutant Discharge Elimination System (SPDES) Permit/SPDES General Stormwater Permit: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires a SPDES Permit or a SPDES General Stormwater Permit, submit evidence and/or an explanation of steps taken to obtain the permit. Information and forms can be found at: <http://www.dec.state.ny.us/website/dcs/spdes/spdes01.html>

Attachments B1 – B9 – Project Design/Construction & Site Suitability

Attachment B1- Outline Specifications

The applicant must submit written preliminary specifications based on the HUD Contractor Outline Specifications (HUD Form 5087) or the Construction Specification Institute’s (CSI) format division of work items, and must list and describe all work to be performed and the type of materials to be provided. If high speed internet access will be provided, note this in “Section 16, Electrical”, and indicate the number of units that will have this access. When completing this attachment, applicants applying under the Green Building Initiative or seeking LIHC points for Energy Efficiency, should clearly identify the use of Energy Star appliances and/or fixtures, Energy Star HVAC, air conditioning or other energy modifications that produce the same or comparable energy efficiency or savings.

Specifications for projects requesting funding from all DHCR/HTFC Programs except UI and RARP must be prepared by an architect or an engineer licensed to practice in New York State. UI and RARP specifications may be prepared by a non-licensed building professional, and must identify the current condition of the proposed building and/or site, and must address the construction items required to perform all necessary work.

See Section III, Attachments, Attachment B1, for a fillable form in an approved format.

Attachment B2 – Construction Cost Estimates

The applicant must attach a construction cost estimate by major trade items, including estimated costs for general requirements, builder’s overhead and builder’s profit. The estimate must be prepared by a construction cost estimator or builder.

If the project is made up of multiple buildings and/or sites with variable scopes of work, a separate construction cost estimate for each building/site must be submitted.

If the consultant’s cost estimates are five percent above or below those submitted by the applicant, the consultant’s estimates will be used in scoring the project and reviewing its feasibility. In some instances, DHCR/HTFC may engage a consultant cost estimator.

Only those off-site costs directly associated with the project will be considered eligible for DHCR/HTFC funding. Projects with 12 or more NYS HOME-funded units are reminded that they are subject to the Federal Labor Standards regulatory requirements (Davis-Bacon Related Acts).

See Section III, Attachments, Attachment B2, for a fillable form in an approved format.

Attachment B3 – Preliminary Plans

All applicants must submit the following preliminary design documents. If the project is made up of multiple buildings and/or sites with variable scopes of work, separate preliminary plans for each building/site **must** be submitted. You may submit a CD Rom of the preliminary design documents in AutoCAD or similar format in lieu of **one** of the two required sets of preliminary design documents.

All projects, except for projects requesting UI and RARP funding only, must provide preliminary plans prepared by an architect or engineer licensed to practice in New York State. Projects requesting UI or RARP funding only may

provide preliminary plans prepared by a non-licensed building professional (e.g. rehab specialist). For all projects, the following documents must be submitted:

A. Site Plan:

1. use scale 1 inch = 20 feet or larger;
2. use a North arrow;
3. show locations of all existing building(s), roadway(s), parking area(s), utilities, plantings, etc.;
4. show existing site restrictions, including set-backs, rights of way, boundary lines, etc.;
5. show all proposed changes to building(s), roadway(s), parking, utilities, plantings, etc.;
6. show zoning classification;
7. show notations of all new and existing materials;
8. show boundaries of any unusual site features, e.g., 100-year flood plain, wetlands, bedrock outcroppings, etc.; and,
9. show existing and proposed site slopes and approximate grade elevations.

B. Floor Plan(s):

1. use scale 1/8 inch = 1 foot or larger;
2. use a north arrow;
3. show all proposed changes to building components identifying removals and new construction;
4. show room/space designation;
5. show occupancy classification;
6. show building construction classification;
7. show fire area allowances;
8. New York City projects must include zoning calculations;
9. New York City projects must indicate which code and chapter the project is designed under;
10. show gross building square footage and gross dwelling unit square footage;
11. show general notes identifying all new and existing materials; and,
12. show any deviations that were allowed by an official code variance.

C. Elevations:

1. use scale 1/8 inch = 1 foot or larger;
2. show existing elevations of buildings (if applicable);
3. show all new conditions of building exteriors;
4. show general notes identifying all existing and new materials;
5. show overall building height dimensions; and;
6. show finished floor height dimensions.

D. Wall Sections:

1. use scale 3/4 inch = 1 foot or larger;
2. show construction system;
3. show ceiling heights; and,
4. show window dimensions.

Please Note:

HOME-funded projects must comply with Section 504 of the Rehabilitation Act of 1973.

LIHC/SLIHC standalone projects: DHCR/HTFC will review the preliminary design documents, together with outline specifications and construction cost estimates for cost reasonableness.

Attachment B4 – Site Photographs

Provide six color photographs of the site, as follows:

1. facing the front of the site;
2. facing the rear of the site;
3. a view from the site looking east;
4. a view from the site looking west;
5. a view from the site looking north; and,
6. a view from the site looking south.

Attachment B5 – Map of Primary Service Area

This attachment is required for all applications, with the exception of seed money applications. Attach a map of the project neighborhood. Identify the project site as well as necessary services located within one-half mile of the site, such as: retail stores, schools, bus/subway lines, municipal services, libraries, pharmacies, and health facilities. In addition, identify the locations of any nearby recent capital investments and other low-income housing projects.

Site suitability is primary threshold criterion and is an important factor in considering project feasibility. At a minimum, the site must meet the following requirements:

Requirements for Low-Income Housing Project Sites in Urban Neighborhoods:

1. The site must be free of hazardous materials and incompatible adjacent uses. There must be no environmental conditions that would significantly impair the intended residential purpose;
2. The site must have adequate space to accommodate local off-street parking;
3. The site must be relatively level and of **no greater size than is necessary to accommodate the proposed project**;
4. The site must have power, telephone, water and sewer connections adjacent to the site; and,
5. The site must be accessible to local public transportation, or be within walking distance of community services, retail establishments, and a grocery store.

Requirements for Low-Income Housing Project Sites in Non-Urban Areas: In addition to the requirements set forth in items 1 through 3 above, the following requirements apply:

1. The site must have the capacity to provide a cost-effective on-site water and/or septic system if public utilities are not in place;
2. If the project is targeted for occupancy by families, the site must be located within five miles of a municipality that provides community services, retail establishments, and a grocery store;
3. If the project is targeted for occupancy by families, the site must have adequate space for an on-site play area for children;
4. If the project is targeted for occupancy by elderly households, the site must be located within a community, and the community must have local public transportation or be within one-half mile of essential services, including a grocery store; and,
5. The site must be directly accessible from a public road.

Attachment B6 – Flood Plain Letter

All applicants **must** attach a letter from a jurisdictional authority indicating whether or not the project site(s) are in a Federal flood plain area.

Attachment B7 – Physical Needs Assessment

Applicants requesting standalone LIHC or SLIHC funding to rehabilitate an existing structure must complete and submit the Physical Needs Assessment. **This document does not apply to new construction projects.** This attachment is comprised of two Sections: Part A – Project Information/Credit Recipient Certification and Part B – Architect/Engineering Firm Certification.

Part A – Project Information/Credit Recipient Certification:

This certification must be completed, signed, dated and submitted at each of the following stages:

at application;
at allocation (binding commitment and/or carryover); and,
at project completion, when applying for an IRS 8609 issuance and/or SLIHC eligibility statement.

Part B – Architect/Engineering Firm Certification:

This form and certification must be completed and submitted at the following stages:

at application; and,
at project completion, when applying for an IRS 8609 issuance and/or SLIHC eligibility statement.

See Section III, Attachments, Attachment B7, for these forms.

Attachment B8 – REScheck – (Green Building Initiative)

If applying under the Green Building Initiative, the New York State version of “REScheck” must be completed by a design professional and submitted as Attachment B8. The REScheck (formerly MECcheck) materials have been developed to simplify and clarify code compliance with the Model Energy Code (MEC), the International Energy Conservation Code (IECC), and a number of state codes. The REScheck document can be found at www.energycodes.gov/web_tools.stm. To use:

- 1) click on “Compliance Tools”;
- 2) click on "Residential (REScheck);
- 3) click on "download REScheck software";
- 4) click on "New York";
- 5) register as a user, or click on “no thanks, I’ll register later”;
- 6) click on "Begin REScheck download".
- 7) once downloaded, complete the requested information on the three tabs: project, envelope, and mechanicals.
- 8) print out the completed form and submit as Attachment B8.

Please note that this document is not being used for code compliance, but for energy comparison purposes only.

In addition to the submission of the REScheck document, any energy enhancements required to comply with the Green Building Initiative, such as Energy Star lighting and appliances, and HVAC equipment must be clearly identified in Attachment B1 – Outline Specifications.

Attachment B9 - Energy Efficient Construction Costs

If applying under the Green Building Initiative, or if seeking LIHC scoring points under Section 2040.3(F)(12) of the QAP, complete the Energy Efficient Construction Costs Worksheet. Please note this is for informational purposes only.

See Section III, Attachments, Attachment B9 for this fillable worksheet.

Attachment C1-C3 – Community Need/Market Demand

Attachment C1 – Community Needs Support Documentation

Local Planning Documents Identifying Need in the Community: For each planning document identified in Exhibit 2, Table 2A (Community Needs Strategy, Existing Documentation of Local Need) of this application, submit only those document pages which are relevant to the existence of community needs, and/or which demonstrate a direct relationship to the project's impact on those needs. Clearly identify each planning document submitted.

DO NOT attach the New York State Consolidated Plan.

Evidence of Local Support: Submit documentation that demonstrates local support for the project, such as copies of letters from local officials explaining the project's relationship to the community's affordable housing needs, or detailing local actions that have been taken or will be taken in support of the project.

Additional Requirements for UI and RARP Standalone Applicants: Please attach a document summarizing community needs in the project location, and which includes the information listed below. Use data from the US Census and/or other verifiable data sources, and be sure to reference all data sources in the narrative.

1. Describe existing business and housing conditions in the neighborhood/rural region in which the project is located. Include such items as:

- The condition, tenure type (owners/renters), vacancy rate, affordability and market conditions of residential units in the area. Use the 2000 US Census Data to provide the current poverty level and vacancy rate for existing housing in the targeted blocks or census tracts in which the project is located;
- The condition, ownership, turnover, market conditions, and vacancy rate of local commercial businesses;
- For projects involving community or civic facilities, provide information on the unmet demand for social or community services, and the need for additional facilities and services;
- Detail current land uses (commercial, residential, civic, parking, open space, etc.) in the neighborhood or rural region and in areas immediately adjacent;
- Discuss any external factors that may impact the neighborhood or rural region within the next five years, such as regional economic trends and institutional investments; and,
- Describe the assets of the neighborhood or rural region, such as, historic buildings, local businesses and market potential in the region.

2. Summarize the strengths and weaknesses of the project neighborhood or rural region. Explain why the investment of public dollars through either the UI or RARP Program is needed to improve the area in which the project is located, and the impact of UI and RARP funds on community revitalization efforts. Be sure to address both residential and commercial aspects of the project locale.

Attachment C2 – Market Study

Applicants must provide a market study or market analysis. **Applications that do not include a market study as described below will be deemed incomplete and will not be reviewed further.**

LIHC/SLIHC applicants must submit a market study prepared in accordance with the requirements set forth in Section 5.06 of the Capital Programs Manual (CPM). The study must be accompanied by a signed statement from the preparer certifying that the study complies with the CPM requirements, and that no identity of interest exists between the preparer and the developer or owner of the project.

Applications for projects located in the City of New York may prepare and submit an analysis utilizing data from the “Housing NYC: Rents, Markets and Trends 2005” report issued by the Rent Guidelines Board.

Applicants may submit their own market analysis or a professional market study that firmly establishes that a sufficient number of income-eligible households exist in the service area which can afford the project rents, and which can be expected to occupy the project. Projects which propose rents that are projected to be higher than comparable rents in the area will not be considered feasible. If an application proposes a project which would be competing with comparable projects under development in the market area, the HTFC will generally not fund the project, since market support cannot be determined until the project(s) under development are built and occupied. Exceptions may be made for those projects supported by unusually strong demand, which are part of a housing/community development strategy, or will serve a special needs population. See Section 5.06(i) of the CPM, and DHCR’s QAP, if LIHC/SLIHC is being requested.

All submissions must address the following:

- the geographic area from which households are expected to be drawn;
- the number of income-eligible households within that area able to afford the required monthly housing expense;
- current vacancy rates;
- the impact of the project on other housing stock, including other publicly-assisted housing;
- rents for similar housing in close proximity to the proposed project;
- identification of other comparable housing that is planned or under development; and,
- the availability of project-based rent subsidies.

UI or RARP applicants who are only seeking funds from those programs and who are not seeking funds from any other programs available under the 2007 Unified Funding NOFA, and whose project will include residential units must submit, at a minimum, their own market analysis which includes the elements outlined in the previous paragraph. If the application is requesting RARP or UI funds for commercial space, address the commercial market in the project service area, including the rents for similar commercial space, and the proposed commercial rents for the project.

Professional market studies that are submitted must:

- define the market area boundaries, giving any physical, social, governmental and/or economic reasons for their selection;
- estimate the number of income-eligible households in the market area that are prospective tenants, including any subset or special needs population(s) which the project is intended to serve;

- identify the characteristics of the prospective tenant pool, including age, income, household size, special requirements, etc., and analyzing any relevant social, economic, demographic and housing information in the context of current economic conditions;
- analyze the available housing inventory in the market area, and identify any anticipated additions, including the number of units, vacancy levels, type of housing, condition, age, rent levels and any other relevant information;
- estimate the net demand from income-eligible households, or a specific subset, which can be expected to support the proposed number and type of units, and pay the proposed rents and utility allowances for the project, given the existing housing supply;
- identify the source(s) and date(s) of statistics used in the analyses, and provide DHCR/HTFC with the names and phone numbers of persons who can be contacted for verification for sources who are not public entities; and,
- fully explain the rationale behind any assumptions used in the analyses.

Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation

Applicants seeking potential LIHC scoring points under Section 2040.3(F)(7) of the QAP, or SLIHC scoring points under Section D(9) of the SLIHC Regulations, and who have an agreement to market the completed units to a public housing authority or any other entity that maintains a Public Housing or Section 8 waiting list for subsidized housing, should submit the agreement as Attachment C3. Submission is optional, but advisable.

Attachments D1-D4 – Project Underwriting

Attachment D1 – Appraisal

Appraisals are required for any individual site with acquisition costs of \$100,000 or more. If the acquisition costs of a site exceed \$250,000, two appraisals may be required. An appraisal will also be required regardless of the acquisition costs if there is an identity of interest between project participants and the seller.

Refer to Section 5.03 of the CPM for more information on appraisals.

Attachment D2 – Operating Budget Documentation

The following items must be submitted as Attachment D2:

1. documentation of expected utility expenses from either the local utility company or the project architect;
2. documentation for any tenant-paid utilities;
3. a quotation from an insurance agent/company for all required insurance items; and,
4. evidence of any tax abatement or payment-in-lieu-of-taxes (PILOT) agreement proposed or approved by the municipality having jurisdiction over the project. Evidence must include a letter from the municipality’s tax assessment office, indicating the nature and duration of the proposed tax relief, the method used for determining valuation, the estimated full taxes on the completed project, the estimated percentage of relief, and the status of the relief (under review, approval pending, approved, as-of-right, etc.)

If no tax abatement/exemption is to be granted, submit an estimate of the taxes from the local tax assessor’s office. If supporting documentation for this attachment exists elsewhere in the application, cite that location.

Applicants for projects in New York City must submit evidence that their proposals are eligible for consideration under an applicable New York City tax abatement program.

Refer to Section 5.06 (iii) of the CPM for further information on expense documentation.

Attachment D3 – Funding Commitments

If funding from sources other than DHCR/HTFC is necessary, you must submit evidence that each source is interested in providing construction and/or permanent funding or rental assistance for the project. Be sure to submit letters from funding sources for each type of development budget included in the project (residential, community service facility, commercial and/or community space). Applicants proposing mixed-use buildings should refer to Section 5.08 of the CPM for additional information.

Firm commitments are best, but you may submit letters of interest. Also provide documentation of any funding applications already submitted. If a construction lender is willing to enter into a loan participation agreement for the purposes of administering the construction financing, the commitment letter should indicate that. If the application contains supporting information for this attachment, cite the location.

Attachment D4 – Participants in Bond Financing/Time Frame & Status of Bond Issuance

Applicants for HWF funds, 4% LIHC standalones, and those applying for the Senior Housing Initiative must submit supplemental information as Attachment D4. Prepare and label the attachment as follows:

Section A – Participants in Bond Financing: Identify and describe the functions of the bond issuer, source and preliminary terms of credit enhancement, bond underwriter, bond counsel, bond purchaser, and any other entity expected to participate in financing the project.

Section B – Time Frame for Bond Issuance: Identify the steps/benchmarks and timeframes of the bond issuance process.

Section C – Status of Bond Issuance: Provide evidence of the allocation of private activity bond volume cap to the project and/or other documentation from the bond issuer indicating the status of the bond issuance.

Attachments E1-E3 – Support Services for Elderly & Special Needs Tenants

Attachment E1 - Plan for Aging in Place of Elderly Tenants

Applications proposing to serve the elderly must submit a plan to address the aging in place of elderly tenants. An elderly project is defined as one that excludes non-elderly persons based on age, and as prescribed by the Federal Fair Housing Act and the New York State Human Rights Law, Section 296 of the Executive Law.

To meet the requirements of Attachment E1, submit a plan that identifies the following:

- project staff functions related to tenant requests for information and/or assistance;
- what services are anticipated to be requested and/or required by elderly tenants;
- the means for helping tenants to access services they may request and/or require;
- any community organizations that will address the service needs of the tenants, and a description of the existing or anticipated working relationships the owner has with these organizations; and,

- the project design features that will address and accommodate the tenants' aging-related changes in physical and mental abilities.

The following list provides examples of services which may be considered in an elderly housing project. The list was compiled by DHCR based on guidance from industry professionals and the New York State Office for the Aging:

- information and referral;
- service coordination/facilitation;
- social and educational activities;
- health/wellness activities;
- meals;
- housekeeping/chores;
- transportation;
- informal counseling;
- legal and financial assistance; and,
- forms completion/counseling.

Attachment E2 – Plan for Serving Special Needs Tenants

If the project will serve one or more special needs population(s), provide a document which describes or identifies the following:

- a summary description of how the need/market was established for housing for the special needs population;
- the name of all support agencies that were contacted, and the number of their eligible clients who need housing in the service area, and can afford project rents; and,
- if the need for special population housing units in the service area is supported by research, provide evidence that at least one local service provider will refer clients to the project at the time of rent-up and/or will provide on or off-site support services for such clientele and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.

Attachment E3 – Tenant Services Plan

This attachment must be submitted if the project will provide a program of tenant services (other than recreation), will house a special population, or if a portion of the project will be used for a program of health or social services. **If the only planned services are recreation, do not submit this attachment.**

Provide a tenant services plan, which is thorough yet concise, and which includes the following details:

1. A description of the type and frequency of services to be provided, and the number of tenants who will receive these services;

2. Identify any local service providers who will provide on- or off-site support services for tenants. Detail the status of contractual or other agreements for such services, and identify the source(s) of payment for such services. If signed agreements with service providers exist, attach copies;

3. Detail the space and equipment which will be needed to support the planned services, and identify the source(s) of funds for purchasing such equipment; and,

4. Disclose any fees that will be charged to tenants for any services.

Attachments F1 – F9 - Miscellaneous Attachments

Attachment F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants

Section 42(m)(A)(ii) of the Internal Revenue Code (IRC), requires that any applicant for LIHC and/or SLIHC must notify the Chief Executive Officer (CEO) of the project locality about the proposed project, and allow the CEO time to comment on it. Specifically, the IRC states:

“(A) IN GENERAL – Notwithstanding any other provision of this section, the housing credit dollar amount with respect to any buildings shall be zero unless – (i) such amount was allocated pursuant to a qualified allocation plan..., and (ii) such agency notifies the chief executive officer (or the equivalent) of the local jurisdiction within which the building is located of such project and provides such individual a reasonable opportunity to comment on the project.”

To comply with these requirements, all LIHC and/or SLIHC applicants must transmit a copy of their application, together with the appropriate transmittal letter (outlined below), **via certified mail, return receipt requested**, to the CEO of the locality in which the proposed project is located. **Include evidence that the Notification Letter was received by the CEO of the project locality as part of this attachment if available at the time of application submission to DHCR.**

Transmittal Letters:

LIHC Projects located **outside** of New York City, use the LIHC CEO Notification Letter for Projects Outside of NYC;

SLIHC Projects located **outside** of New York City, use the SLIHC CEO Notification Letter for Projects Outside of NYC;

LIHC Projects **located in one of the five boroughs of New York City**, use the LIHC CEO Notification Letter for Projects Within NYC. Be sure to send the package to the addressee/address specified on the Notification Letter Form. **Do Not send NYC Applications to the Mayor’s Office;**

SLIHC Projects **located in one of the five boroughs of New York City**, use the SLIHC CEO Notification Letter for Projects Within NYC. Be sure to send the package to the addressee/address specified on the Notification Letter Form. **Do Not send NYC Applications to the Mayor’s Office.**

To demonstrate compliance with the IRC, attach the following as Attachment F1:

- A signed copy of each appropriate transmittal letter;
- A copy of each required certified mail receipt stamped with the date of the mailing, and addressed to the CEO of the project locality; and,

• Evidence that the CEO has received the Notification Letter. Acceptable forms of evidence are: the signed return receipt (green card), a copy of the signed return receipt card, a copy of an on-line report of delivery used by a number of overnight services, or a hand stamped/signed receipt acknowledging receipt by the CEO. If not available at the time of application submission to DHCR, the signed return receipt must be submitted to DHCR within 45 days to the appropriate Program Manager (LIHC: Arnon Adler; SLIHC: Nina Moore) at the following address:

NYS Division of Housing and Community Renewal (DHCR)
38-40 State St., 6th Floor
Albany, NY 12207

See Section III, Attachments, Attachment F1, for these forms.

Attachment F2 – Credit Fee Transmittal/Deferral Letter

A \$2,000 application fee is required for all LIHC and SLIHC applications; Applications requesting both LIHC and SLIHC must submit \$4,000 – one fee for each program. Non-profit applicants or their wholly-owned subsidiaries which will be the sole general partner of the partnership/project owner or sole managing member of the limited liability company/project owner may instead submit a request for deferral of the fee until the time of credit allocation.

Applicants applying for LIHC and/or SLIHC consideration must submit fee payments to the DHCR Finance and Budget Unit with the applicant name and project name referenced on the check. **DO NOT include the check in your application.** The check must be accompanied by the Credit Fee Transmittal Letter.

To demonstrate compliance with this requirement:

Non-profit applicants as described above, who wish to defer payment of the application fee must submit a completed Credit Program Fee Deferral Request as Attachment F2; or,

All other applicants must submit copies of the check and the Credit Fee Transmittal Letter sent to the DHCR Finance and Budget Unit as Attachment F2.

Failure to meet the fee requirements will result in the Application being deemed incomplete.

See Section III, Attachments, Attachment F2, for these forms.

Attachment F3 – Non-Profit Applicant’s Certificate of Incorporation

Non-profit applicants, other than DHCR-funded Neighborhood and Rural Preservation Companies, must submit a copy of a certified Certificate of Incorporation and a copy of the filing receipt as Attachment F3.

Attachment F4 – HOME Program Community Housing Development Organization (CHDO) Determination Letter

Applicants applying for NYS Home Program funds as a CHDO must attach a copy of a CHDO Determination Letter stating that the applicant is a qualified CHDO. The letter must have been issued by the DHCR Regional Office whose territory includes the municipality in which the project is to be located. If the CHDO Determination Letter is more than one-year old, you must also include in this attachment, a letter from the applicant’s authorized signatory stating that no organizational changes have occurred that would effect the CHDO certification.

Attachment F5 – Request for Waiver from HTFC Standards

If applicable, waiver requests from HTFC Standards are included as Attachment F5.

Homes for Working Families applications may include the Request for Waiver with the application. The attachment must:

- identify specific areas in which the proposed project differs from HTFC design and/or underwriting requirements,
- provide justification for the waivers; and,
- describe the impact, if any, on long-term affordability throughout the loan term.

All other waiver requests must be prepared and submitted in accordance with Section 1.04, Waivers, of the Capital Programs Manual. Documentation of any approved waiver(s) are included in this Attachment.

Attachment F6 – Existing Occupant Documentation/Relocation Plan

Complete and submit the Existing Occupant Information Form for each tenant/unit in occupied residential buildings. The last column, “Subsidy Source”, refers to any rental assistance or mortgage interest subsidy received by an occupant.

If any of the proposed buildings in the project are occupied by either residential or non-residential tenants at the time of application, and work will be performed in or adjacent to the occupied units, you **must also** submit a tenant relocation plan as part of this attachment.

The plan should include details of the relocation, such as the number of tenants to be relocated, the date relocation will commence and how long it will last, identification of any third parties involved, and their role in the relocation, a description of the facilities tenants will be relocated to, and disclosure of any costs (including storage) that tenants will incur as a result of the relocation.

If NYS HOME funds are being requested to assist an occupied rental property, the applicant must also submit as part of this attachment copies of advisory notices given or to be given to tenants of each building that will be assisted (pursuant to 49 CFR 24.101). Sample notices are contained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition.

If NYS HOME funds are being requested to acquire a property, the applicant must also submit as part of this attachment copies of notices provided to owners (sellers) informing them that the property is not being acquired by an agency with the power of eminent domain, and setting forth an estimate of the fair market value of the property (pursuant to 49 CFR 24.101). The seller must be allowed the opportunity to withdraw from an existing option or contract if it wishes after this information is provided.

Please Note: Only temporary relocation expenses are eligible costs under the HTF and HWF Programs.

See Section III, Attachments, Attachment F6, for this form.

Attachment F7 – Tenant Buy-Out Plan

Applicants proposing projects which will be purchased by tenants at the end of the program(s) compliance period (particularly LIHC/SLIHC) must submit a tenant buy-out plan as Attachment F7. The plan must include the following:

- a rationale for the inclusion of a tenant buy-out in the project scenario;

- a detailed description of the tasks involved in the buy-out plan, and the identification of all parties involved and their roles and responsibilities;
- a timeline of the transactions for implementation of the plan;
- the manner in which any reserve or escrows used to finance the buy-out will be established and financed;
- the costs and necessary financing to implement the plan, including financing sources, terms, timing and length;
- a description of any capital improvements that will be made prior to the tenant buy-out; and
- if applicable, a description of the project equity investor's role in the buy-out.

Attachment F8 – LIHC/SLIHC Right of First Refusal

Applicants for LIHC or SLIHC that have negotiated a right of first refusal with a qualified non-profit organization, should attach a copy of any relevant agreements as Attachment F8. If an agreement has not yet been negotiated, but there are plans to offer a right of first refusal to a qualified non-profit organization, summarize the plans in this attachment.

Attachment F9 - Supplemental Narrative

In a narrative with a maximum length of no more than four (4) pages, provide any information on the following aspects of your project which you believe cannot be adequately explained in your responses to the exhibit questions or in the other required attachments:

- Site control or property rights, and any possible effect on DHCR/HTFC's regulatory interest;
- Timing or sequence through which the funding required to complete the project will be made available;

and/or,

- Any project management requirements or special matters of operational control, such as shared areas.

UNIFIED FUNDING
Section II
Exhibits

I. Unified Funding Capital Project Application Exhibits Checklist

II. Application Exhibits

Unified Funding Capital Project Application Exhibits Checklist

The column on the left lists each of the exhibits that may be required for submission with your Unified Funding Capital Project Application. The column on the right establishes the conditions under which an exhibit is required.

Please Note the following before reviewing this document:

Seed money exhibit requirements are not included in the chart below. The only required exhibits for seed money applications are:

- 1 – Application Summary;
- 2 – Community Needs Strategy;
- 3 - Development Budgets/Funding Sources;
- 4 - Unit Rents/Maintenance Fees & Affordability;
- 7 – Development Team’s Relevant Experience; and,
- 8 – Site and Building Information.

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP.

Exhibit 1 – Application Summary	Required for all applications.
Exhibit 2 – Community Needs Strategy	Required for all applications.
Exhibit 3 – Development Budgets/Funding Sources	Required for all applications.
Exhibit 4 – Unit Rents/Maintenance Fees & Affordability	Required for all applications except UI or RARP standalone applications. Required for UI or RARP standalone applications when residential units are involved.
Exhibit 5 – Project Income & Operating Budget	Required for all applications.
Exhibit 6 – Development Timetable	Required for all applications.
Exhibit 7 – Development Team’s Relevant Experience	Required for all applications.
Exhibit 8 – Site and Building Information	Required for all applications.
Exhibit 9 – LIHC/SLIHC Qualified Building Information	Required for all applications requesting LIHC and/or SLIHC funding.
Exhibit 10 – LIHC/SLIHC Project Summary	Required for all applications requesting LIHC and/or SLIHC funding.

UNIFIED FUNDING
Section III
Attachments

Unified Funding Capital Project Application Attachment Checklist

A4 – SHPO Transmittal Letter

B1 – Outline Specification

B2 – Construction Cost Estimate

B7 – Physical Needs Assessment

B9 – Energy Efficient Construction Costs

F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants

F2 – Credit Fee Transmittal/Deferral Letter

F6 – Existing Occupant Information/Relocation Plan

Unified Funding Capital Project Application Attachments Checklist

The column on the left lists each of the attachments that may be required for submission with your Unified Funding Capital Project Application. The column on the right establishes the conditions under which an attachment is required.

Please Note the following before reviewing this document:

Seed money attachment requirements are not included in the chart below. The only required attachments for seed money applications are:

- A1 – Evidence of Site Control;**
- B6 – Flood Plain Letter;**
- C1 - Community Needs Support Documentation; and,**
- F3 - Non-Profit Applicant’s Certificate of Incorporation, only if applicable**

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP.

Attachments A1 – A6: Project Readiness

Attachment A1 – Evidence of Site Control	Required for all applications.
Attachment A2 – Zoning Compliance	Required for all applications.
Attachment A3 – Public Approvals	Required for all applications where any of the referenced public approvals are necessary.
Attachment A4 – SHPO Submissions	Required for all applications, except LIHC and SLIHC standalones
Attachment A5 – SEQR Submissions	Required for all applications, except LIHC and SLIHC standalones
Attachment A6 – Environmental Approvals	Required for all applications where any of the referenced environmental approvals are necessary

Attachments B1 – B9: Project Design/Construction/Site Suitability

Attachment B1 – Outline Specifications	Required for all applications.
Attachment B2 – Construction Cost Estimate	Required for all applications.
Attachment B3 – Preliminary Plans	Required for all applications.
Attachment B4 – Site Photographs	Required for all applications.

Attachment B5 – Map of Primary Service Area	Required for all applications.
Attachment B6 – Flood Plain Letter	Required for all applications.
Attachment B7 – Physical Needs Assessment	Only required for LIHC or SLIHC standalone applications involving rehabilitation of an existing structure
Attachment B8 – RESchek	Only required for applications seeking funding under the Green Building Initiative.
Attachment B9 – Energy Efficient Construction Costs	Only required for applications seeking funding under the Green Building Initiative, and/or those seeking LIHC scoring points under Section 2040.3(F)(12) of the QAP.
<u>Attachments C1-C3: Community Need/Market Demand</u>	
Attachment C1 – Community Needs Support Documentation	Required for all applications.
Attachment C2 – Market Study	Required for all applications.
Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation	Submission is optional and is advisable for applications seeking potential LIHC scoring points under Section 2040.3(F)(7) of the QAP, or SLIHC scoring points under Section D(9) of the SLIHC Regulations.
<u>Attachments D1-D4: Project Underwriting</u>	
Attachment D1 – Appraisal	Appraisal required only if the project includes an individual site with acquisition costs of \$100,000 or more, or where there is an identity of interest between project participants and the seller.
Attachment D2 – Operating Budget Documentation	Required for all applications.
Attachment D3 – Funding Commitments	Required for any application that requires funding from non-DHCR/HTFC sources.
Attachment D4 – Participants in Bond Financing/Time Frame & Status of Bond Issuance	Required only for: applications requesting HWF; 4% LIHC standalone projects; or, applications for the Senior Housing Initiative.
<u>Attachments E1-E3: Support Services for Elderly & Special Needs Tenants</u>	
Attachment E1 – Plan for Aging in Place of Elderly Tenants	Required for any application proposing to serve an elderly population.
Attachment E2 – Plan for Projects Serving Special Needs Tenants	Required for any application proposing to serve one or more special needs populations.
Attachment E3 – Tenant Services Plan	Required for any application proposing to provide a program of tenant services, or that will serve a special needs population, or where a portion of the project will be used for a program of health or social services.

Attachments F1-F9: Miscellaneous Attachments

Attachment F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants	Required for any application requesting LIHC or SLIHC.
Attachment F2 – Credit Fee Transmittal/Deferral Letter	Required for any application requesting LIHC or SLIHC.
Attachment F3 – Non-Profit Applicant’s Certificate of Incorporation	Required for all applications submitted by a non-profit applicant, with the exception of DHCR-funded NPCs and RPCs.
Attachment F4 – HOME Program CHDO Determination Letter	Required only if the application is requesting HOME funds and seeks review as a CHDO application.
Attachment F5 – Request for Waiver from HTFC Standards	Required for any application seeking a waiver from HTFC standards. HWF applications may submit waiver requests with the application, all others must comply with CPM Section 1.04.
Attachment F6 – Existing Occupant Info./Relocation Plan	Required for any application proposing funding for an occupied project.
Attachment F7 – Tenant Buy-Out Plan	Required for any application which proposes a project which will be purchased by tenants at the end of the program compliance period.
Attachment F8 – LIHC/SLIHC Right of First Refusal	Required for any LIHC or SLIHC application which proposes that a not-for-profit entity will acquire the project at the end of the compliance period
Attachment F9 - Supplemental Narrative	Optional for all applications