



**OKLAHOMA HOUSING FINANCE AGENCY**  
**Affordable Housing Tax Credits Program (AHTC)**  
**2018 Application Form for Allocation**

**100 N.W. 63<sup>rd</sup> St., Suite 200**  
**Oklahoma City, OK 73116 or**  
**P.O. Box 26720**  
**Oklahoma City, OK 73126-0720**

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## AHTC PROGRAM APPLICATION SUMMARY

Development Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Zip Code \_\_\_\_\_  
County \_\_\_\_\_  
Ownership Entity \_\_\_\_\_  
General Partner/Managing Member \_\_\_\_\_  
Management Co \_\_\_\_\_

Funding sources, check all that apply

OHFA HOME  Other/City HOME  CHDO Proceeds  OHTF

Multi-Family Bonds  AHP  RHS Loan  Conventional Loan

State Tax Credits  Historic Credits

Other \_\_\_\_\_

Project Based Subsidy Yes  No  identify source and # of units) \_\_\_\_\_

Development Type Family  Elderly  Other  (identify) \_\_\_\_\_

Construction Type, check all that apply New  Rehabilitation  Acquisition

Unit Type, check all that apply One Story  Multi-Story  Townhouse  2, 3, 4 Plexes

Housing Type, check all that apply Multifamily  Single Family

Minimum Set-Aside

20% of the units at 50% of the Area Median Gross Income

40% of the units at 60% of the Area Median Gross Income

Targeted Set-Asides, number of units

\_\_\_\_\_ Units at 50% of AMGI \_\_\_\_\_ total proposed units \_\_\_\_\_ other restricted

\_\_\_\_\_ Units at 60% of AMGI \_\_\_\_\_ total proposed Buildings \_\_\_\_\_ unrestricted units

**Provide copy of Unit Distribution and Rents for unit mix.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DOCUMENTS FORMAT**

In order to facilitate your Application's review, organize your Application and its required supporting documentation according to Attachment E – Electronic Application Information in the Application Instructions and this generic checklist. Verify that all necessary documentation is in each TAB.

### **THRESHOLD CRITERIA**

#### **TAB #1**

- AHTC Program Application Summary and Application
- All Excel worksheets-print all tabs

#### **TAB #2**

- Source, Calculation, and if applicable, Documentation of Utility Allowance
- Construction Cost Breakdown
- Project-Based Rent Approval, if applicable
- National Non-Metro, if applicable
- QCT map, if applicable

#### **TAB #3**

- Letters of Credit/Funding Commitments for All Funding Sources, including Construction & Permanent
- Syndication Commitment -Federal and if applicable, State Credits

#### **TAB #4** - Publication Notice

#### **TAB #5**

- Market Study
- Attachment #2

#### **TAB #6, if applicable**

- Nonprofit Information
- Attachments #3, #6

#### **TAB #7**

- Capacity and Prior Performance Information
- Attachments #4, #5, #6

#### **TAB #8, if applicable** - Acquisition Credits

#### **TAB #9**

- Site Control
- Preliminary Plans
- Zoning

#### **TAB #10** – Certifications -Attachments #7, #8, #9

#### **TAB #11, if applicable**

- Capital Needs Assessment
- Attachment #10

**TAB #12** - Development Amenities Certification-Attachment #11

**EVALUATION CRITERIA – As applicable**

**TAB #13** - Application Self Score Sheet & Certification-Attachment #12

**TAB #14** - Development Location Information

**TAB #15** - Tenant Ownership Plan

**TAB #16** - Preservation of Affordable Housing

**TAB #17** - Energy Efficiency/Green Building Certification-Attachment #13

**TAB #18** – Historic Nature

OKLAHOMA HOUSING FINANCE AGENCY

2018 AFFORDABLE HOUSING TAX CREDIT APPLICATION FOR ALLOCATION

The Applicant must fill out ALL applicable parts of the Application form FULLY and include ALL documents and supplementary materials required. ALL blanks must be typed and filled out completely. If a section is not applicable, then mark it as such.

I. GENERAL DEVELOPMENT INFORMATION

A. Development Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ County \_\_\_\_\_
Zip Code \_\_\_\_\_

B. Part of a multi-phase Development Yes [ ] No [ ]

C. Amount of Annual Credit Requested \$ \_\_\_\_\_
Amount of Annual State Tax Credit Requested, must be equal to AHTC request.
\$ \_\_\_\_\_

D. Check all applicable Set-asides Nonprofit [ ] New Construction [ ] Rehabilitation [ ]

E. Type of Development Proposed, check all that apply
New Construction [ ]
Rehabilitation [ ]
Acquisition [ ]

F. Rehabilitation Development that is a past/current Tax Credit property
N/A [ ] Yes [ ] No [ ]
If yes, provide previous file number and end date of compliance period.

G. Historic Credits Yes [ ] No [ ]
Name of the property, as identified with SHPO.

H. USDA Rural Development (515, 538, or other) Development Yes [ ] No [ ]

I. HOME funding Yes [ ] No [ ]
OHFA HOME Yes [ ] No [ ]
Other/City HOME Yes [ ] No [ ]

J. Tax Exempt Bond financing Yes [ ] No [ ]
If yes, amount of Bonds Requested \$ \_\_\_\_\_

K. Minimum Low-Income Set-Aside, check one
20% of the units serving households at 50% of the Area Median Income [ ]
40% of the units serving households at 60% of the Area Median Income [ ]

L. Extended Use Period - \_\_\_\_\_ years.

- M. Total Low-income Targeting  
 \_\_\_\_\_ (#) of the Low-Income Units for households at \_\_\_\_\_% of the Area Median Income  
 \_\_\_\_\_ (#) of the Low-Income Units for households at \_\_\_\_\_% of the Area Median Income  
 \_\_\_\_\_ (#) of the Low-Income Units for households at \_\_\_\_\_% of the Area Median Income
- N. Total number of Buildings with residential units \_\_\_\_\_ Total number of Buildings \_\_\_\_\_
- O. Type of Housing Multifamily  Single Family
- P. Development Type Family  Elderly  Other  (identify) \_\_\_\_\_
- Q. Type of Units  
 Apartments  Townhomes  Semi-Detached  Detached  2, 3, 4 Plexes   
 Other \_\_\_\_\_
- R. Number of Floors in the Tallest Building \_\_\_\_\_; Elevator Construction Yes  No
- S. Development located in a Metropolitan Statistical Area Yes  No
- T. Census Tract Number \_\_\_\_\_
- U. Development qualifies for 130% increase in Basis by being in a QCT or DDA .  
 Yes  No  **Submit a map or other documentation in Tab #2.**
- Development qualifies for 120% increase in Basis by having a general financial need and meets the Underwriting criteria in Attachment C.  
 Yes  No
- The Development can only qualify for one basis increase (boost).**
- V. State Senate District \_\_\_\_\_ State House District \_\_\_\_\_ Congressional District \_\_\_\_\_
- W. Utilities available to and of the appropriate size for the Development Yes  No   
 If no, provide explanation, including dates, when all utilities will be available. \_\_\_\_\_  
 \_\_\_\_\_
- X. For Rehabilitation Developments, the last Building, Placed in Service date. \_\_\_\_\_  
 \_\_\_\_\_

**II. APPLICANT/OWNER INFORMATION**

**A. Applicant-must be a formed entity.**

Taxpayer I.D. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**B. Owner**

Taxpayer I.D. \_\_\_\_\_ To Be Formed   
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Ownership

- |   |  |
|---|--|
| <input type="checkbox"/> General Partnership  | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Partnership  | <input type="checkbox"/> Local Government      |
| <input type="checkbox"/> Limited Liability Co | <input type="checkbox"/> Housing Agency        |
| <input type="checkbox"/> Corporation          | <input type="checkbox"/> Other (specify) _____ |

**C. Contact Person during Application Process\***

Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Role of Contact Person \_\_\_\_\_

\* This person(s) will be designated as the contact respecting all issues concerning this Application. It is the responsibility of the Applicant to notify OHFA of any changes in the contact person. This notification should be sent in writing to the Housing Development Team as soon as the change occurs.

List names and email addresses of all people who should be contacted during the Review process.

**III. DEVELOPMENT TEAM CONTACT INFORMATION**

**Please do not list any personal Social Security Numbers.** Add additional pages as necessary.

**A. Developer**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**B. Co-Developer**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_



C. **General Partner or Managing Member**

Taxpayer I.D. \_\_\_\_\_ To Be Formed   
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

D. **Contractor**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

E. **Management Company**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

F. **Co-Management Company**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

G. **Management Consultant**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

H. **Nonprofit Participant**

Taxpayer I.D. \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I. **Consultant/Packager**

Taxpayer I.D. \_\_\_\_\_

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

J. **Attorney**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

K. **Architect**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

L. **Accountant/Tax Professional**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Current Site Manager for Rehabilitation Developments with Tenants**

Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**IV. SUBSIDIES**

Project Based Subsidy Yes  No

	<u>Percentage of</u> <u>Units</u>	<u>Number of</u> <u>Units</u>
RD	_____ %	_____
HUD Development-Based Section 8 Certificates	_____ %	_____
State	_____ %	_____
Local	_____ %	_____
RAD-Public Housing Units	_____ %	_____
Type _____		
Other (specify) _____	_____ %	_____

**V. APPLICABLE FRACTION DETERMINATION**

Total Site / Acreage \_\_\_\_\_

		<u>Number of Units</u>	<u>Amount of Square Footage</u>
<b>A</b>	<b>Commercial Use</b> -not common	XXXXXXXXXXXXXXXXXX	
<b>B</b>	<b>Employee or Owner-Occupied Residential Units</b>		
<b>C</b>	<b>Common Use</b> - not including B	XXXXXXXXXXXXXXXXXX	
<b>D</b>	<b>Low Income Residential Units</b>		
<b>E</b>	<b>Non Low Income</b> (like Market) <b>Residential Units</b>		
<b>F</b>	<b>Total Residential Units</b> - B+D+E		
<b>G</b>	<b>Total of all Buildings</b> – A + B + C + D + E		

Divide line D by the sum of lines D and E. Enter the percentages in the spaces provided. Calculate a percentage for each column, units and square footage.

\_\_\_\_\_ %                      \_\_\_\_\_ %

The lower of the two percentages must be used when calculating Credits using the basis method.

- AHTC Units \_\_\_\_\_
- HOME Units \_\_\_\_\_
- Project Based Assisted Units \_\_\_\_\_
- Other Restricted Units (Specify) \_\_\_\_\_

**VI. TENANT UTILITY INFORMATION**

A. Indicate which of the following costs, if any, are paid by the tenant.

Heating  Cooking  Electricity  Air Conditioning  Hot Water  Water   
 Sewer  Trash

Utility is gas  or electric  Individually metered Yes  No

B. Utility Allowance by bedroom size

**Indicate by square footage or type of unit if more than one allowance per bedroom size.**

0 BDRM \$ \_\_\_\_\_ 1 BDRM \$ \_\_\_\_\_ 2 BDRM \$ \_\_\_\_\_ 2 BDRM \$ \_\_\_\_\_  
 3 BDRM \$ \_\_\_\_\_ 3 BDRM \$ \_\_\_\_\_ 4 BDRM \$ \_\_\_\_\_ 5 BDRM \$ \_\_\_\_\_

**VII. DEVELOPMENT SOURCES OF FUNDS**

**A. CONSTRUCTION FINANCING**

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

Source No.	Name of Lender or Other Source	Principal	Interest Rate	Term
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	
	Total Residential Construction Funds			

Complete the following for each Construction Lender or source of funds.

#1. Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Type:</b> Conventional <input type="checkbox"/> CDBG <input type="checkbox"/> Federal <input type="checkbox"/> HOME <input type="checkbox"/> Local Gov't <input type="checkbox"/> Owner Equity <input type="checkbox"/> Private <input type="checkbox"/> State Gov't <input type="checkbox"/> Taxable Bond <input type="checkbox"/> Tax Exempt Bond <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

<b>Finance:</b> Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> Below Market Loan <input type="checkbox"/> Credit Enhancement <input type="checkbox"/> Deferred Loan <input type="checkbox"/> Forgivable Loan <input type="checkbox"/> Grant <input type="checkbox"/> Owner Equity <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

#2. Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Type:</b> Conventional <input type="checkbox"/> CDBG <input type="checkbox"/> Federal <input type="checkbox"/> HOME <input type="checkbox"/> Local Gov't <input type="checkbox"/> Owner Equity <input type="checkbox"/> Private <input type="checkbox"/> State Gov't <input type="checkbox"/> Taxable Bond <input type="checkbox"/> Tax Exempt Bond <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

<b>Finance:</b> Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> Below Market Loan <input type="checkbox"/> Credit Enhancement <input type="checkbox"/> Deferred Loan <input type="checkbox"/> Forgivable Loan <input type="checkbox"/> Grant <input type="checkbox"/> Owner Equity <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

#3. Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Type:</b> Conventional <input type="checkbox"/> CDBG <input type="checkbox"/> Federal <input type="checkbox"/> HOME <input type="checkbox"/> Local Gov't <input type="checkbox"/> Owner Equity <input type="checkbox"/>
--

Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity

#4. Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

#5. Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

**Make additional copies of these Sources pages if necessary.**

**B. PERMANENT FINANCING**

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

Source No.	Name of Lender or Other Source	Principal	Interest Rate	Term/ Amort	Annual Debt Service
1.		\$	%		\$
2.		\$	%		\$
3.		\$	%		\$
4.		\$	%		\$
5.		\$	%		\$
6.		\$	%		\$
	Subtotal Permanent Financing	\$			\$
	Gross Proceeds Federal Historic Tax Credit	\$			
	Gross Proceeds State Historic Tax Credit				
	Gross Proceeds State Tax Credit	\$			
	Gross Proceeds Low-Income Tax Credits	\$			
	Total Permanent Financing Sources	\$			

Complete the following for each Permanent Lender or source of funds.

#1. Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
 Private  State Gov't  Taxable Bond  Tax Exempt Bond   
 Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
 Deferred Loan  Forgivable Loan  Grant  Owner Equity   
 Other  (Specify) \_\_\_\_\_

#2. Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
 Private  State Gov't  Taxable Bond  Tax Exempt Bond   
 Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
 Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other  (Specify) \_\_\_\_\_

#3. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

#4. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

#5. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

#6. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Type:** Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity   
Private  State Gov't  Taxable Bond  Tax Exempt Bond   
Other  (Specify) \_\_\_\_\_

**Finance:** Amortizing Loan  Balloon  Below Market Loan  Credit Enhancement   
Deferred Loan  Forgivable Loan  Grant  Owner Equity   
Other  (Specify) \_\_\_\_\_

**Make additional copies of these Sources pages if necessary.**

**VIII. TAX CREDIT SYNDICATION**

A. Development qualifies for Historic Rehabilitation Credits Yes  No

If yes, the Credit amount (do not double) \$ \_\_\_\_\_

Syndicator for Historic Credits

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

B. Syndicators or Equity Sources

1. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

C. Syndicators or Equity Sources for State Tax Credits

1. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_



**IX. DEVELOPMENT BUDGET**

**X. CREDIT CALCULATION BY BASIS METHOD**

**XI. CREDIT CALCULATION BY GAP METHOD**

**XII. TAX CREDIT FEES**

**XIII. COST PER SQUARE FOOT**

**XIV. MAXIMUM COSTS PER UNIT**

**XV. UNIT DISTRIBUTION & RENTS**

**XVI. INCOME**

**XVII. DEVELOPMENT EXPENSES**

**XVIII. PRO FORMA**

**Double Click the EXCEL icon to complete IX through XVIII requirements.**

**Instructions are on the first tab.**



Click here for Excel  
Worksheets

**XIX. DEVELOPMENT TIMETABLE**

Indicate the actual or expected date by which the following activities will have been completed.

Actual or Scheduled  
Month/Day/Year

Activity

Site

Option/Contract  
Acquisition

Plan

Site Plan Review  
Building Permit  
Final Plans/Specs

Closing

Property Transfer

Construction Financing

Closing and Disbursement

Construction

Construction Start  
Construction Completion

Permanent Financing

Closing and Disbursement

Other Loans and Grants

Closing or Award

Equity Syndication

Partnership Closing

Other

Placed-In-Service  
Occupancy of All Low-Income Units

**XX. APPLICATION FEE**

**\$2,000 - Make payable to OHFA.**

**XXI. APPLICANT AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

The undersigned, \_\_\_\_\_ of lawful age, being first duly sworn, on oath says that:

1. The undersigned is the duly authorized agent of \_\_\_\_\_, the Applicant submitting the Affordable Housing Tax Credit (AHTC) Program Application for Allocation which is attached to this statement, for the purpose of Certifying the facts pertaining to the Application, facts pertaining to the nonexistence of collusion among Applicants and between Applicants and State officials or employees, as well as facts pertaining to not giving or offering of things of value to government personnel in return for special consideration in the Allocation of AHTCs pursuant to the Application to which this statement is attached. All statements in the Application, documentation, Certifications, and this Affidavit also apply to Oklahoma Affordable Housing Tax Credits (OAHTC). Tax Credits refers to both AHTCs and OAHTCs, and both are covered under Tax Credit Program.
2. The undersigned, being duly authorized, hereby represents and Certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed Development. The undersigned is fully aware of the facts and circumstances surrounding the making of the Application to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such Application. Misrepresentations of any kind will be grounds for denial or loss of the Tax Credits and may affect future participation in the Tax Credit Program in Oklahoma.
3. Neither the Applicant nor anyone subject to the Applicant’s direction or Control has been a party (i) to any collusion among Applicants by agreement to refrain from making Application, (ii) to any discussions between Applicants and any State official concerning exchange of money or other things of value for special consideration in granting an Allocation of Tax Credits, (iii) to paying, giving or donating or agreeing to pay, give or donate to any officer or employee of the State of Oklahoma or to any officer or employee of Oklahoma Housing Finance Agency, any money or other thing of value, either directly or indirectly, in procuring an Allocation of Tax Credits pursuant to the Application to which this statement is attached.
4. The undersigned is responsible (i) for ensuring that the Development consists or will consist of a Qualified Building(s) as defined in the Code, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Development to receive an Allocation of Tax Credits, and (ii) for all calculations and figures relating to the determination of the Eligible Basis for the Building(s) and understands and agrees that the amount of the Tax Credits is calculated by references to the figure submitted with this Application, as to the Eligible Basis and qualified basis of the Development and individual Buildings. The undersigned Applicant certifies that all builder fees, and Developer fees are properly disclosed and conform to Section 330:36-4-2.1 (b)(c) of OHFA’s Rules.

5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation and/or court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such Application.
6. The undersigned acknowledges and agrees that the Application, upon filing, becomes subject to the Oklahoma Open Records Act and as such becomes public record and further that all or a portion of the Application may be provided to the Internal Revenue Service.
7. The undersigned warrants and represents that the Applicant has knowledge and experience in financial and business matters that enable it to evaluate the merits and risks of participation in the Tax Credit Program. The Applicant has not based its decision to participate in the Tax Credit Program upon any oral or written information provided by OHFA or OHFA's Trustees, employees, agents, or representatives and acknowledges and understands that no Trustee, employee, agent or representative of OHFA has been authorized to make, and that the Applicant has not relied upon, any statements or representations other than those specifically contained in this Application. The Applicant understands, acknowledges, and agrees that participation in the Tax Credit Program involves a certain element of uncertainty and risk and represents and warrants that the Applicant has consulted with the Applicant's tax advisors with respect to participation in the Tax Credit Program.
8. The written instructions and guidance for this Application are not intended or written to be used, and cannot be used as legal or tax advice and cannot be used by an Applicant or any other Person for the purpose of avoiding penalties imposed by the Internal Revenue Code or promoting, marketing or recommending to another party any transaction or matter addressed herein.

In witness whereof, the undersigned has caused this Affidavit to be duly executed in the name of the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

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

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

\_\_\_\_\_  
Commission #