

This Consolidated Application is a non-functioning document.

To obtain a the Excel version for submitting an application, please call Monica Spangle at (801) 902-8245 or email: mspangle@uthc.org

**STATE OF UTAH
FEDERAL LOW-INCOME HOUSING TAX CREDIT
2007 APPLICATION FORM**

CONSOLIDATED APPLICATION INSTRUCTIONS

IMPORTANT NEW INFORMATION

The Utah Housing Corporation ("UHC") and the Department of Housing and Community Development ("DHCD") are pleased to offer this consolidated multifamily application. This application includes Federal and State Housing Credits, as well as OWHLF Housing Assistance (Olene Walker Housing Loan Funds and State HOME funds) (Submit applications to UHC). The Private Activity Bond Authority ("PAB") also requires this application (Submit the PAB AND HC applications together to the PAB at the Department of Housing and Community Development).

The spreadsheet "OWHLF" will help the applicant determine their OWHLF score and check several of the federal criteria for the HOME program. Projects utilizing HOME for should carefully determine the effects that these funds will have on their projects and discuss their project's needs with the OWHLF and other HOME Participating Jurisdictions in advance. The spreadsheet will assist projects through this process with *warning* and *error* messages. A separate group of messages will appear for projects in Qualified Census Tracts or Difficult Development Areas applying for the 30% bonus tax credits. If the project intends to utilize split financing (e.g., local and HOME funds at different rates) in such an area, the application must include a letter from the funding source indicating their interest in supporting the project with a split financing arrangement and the anticipated terms.

IMPORTANT INFORMATION FOR 2007:

1. HUD's new income limits are expected some time in March 2007. Because the new limits are unknown, the 2006 limits will apply. After the new limits become available, project AMI's may be adjusted based on actual rents submitted in the application.
2. HUD has not announced the Difficult Development Areas for 2007. For a 2006 DDA list, go to Exhibit A in the QAP or to HUD's website at: <http://www.huduser.org/Datasets/QCT/DDA2006NM.pdf>. The DDA designation can be carried into 2007 for Complete Applications that are submitted before the new DDA designations are issued. UHC will accept applications before the first cycle deadline.
3. State LIHTC are available for the reduction of rent targeting in this application. See page 28 of this application.
4. OWHLF HAS NON-FEDERAL FUNDS AVAILABLE THIS YEAR. Because of this, the split funding option for 130% areas is available. Applicants **MUST** obtain a letter of interest, which must be included in this application, from Shelli Goble at 801-538-8653.

Call Monica Spangle at 801-902-8245 for possible updated application versions. Call Robin Kemker at 801-902-8246 for questions regarding the application.

Complete all sections of the application to insure proper scoring. UHC staff rely on representations in the application.

EXCEL APPLICATIONS THAT HAVE BEEN CONVERTED TO OR FROM MACINTOSH PROGRAMS WILL NOT BE ACCEPTED. APPLICATIONS THAT HAVE COMPROMISED PROTECTION WILL BE REJECTED.

**STATE OF UTAH
2007 CONSOLIDATED APPLICATION FORM**

APPLICATION CHECKLIST AND STACKING ORDER

This COMPLETED checklist must accompany the standard Housing Credit ("HC") Application Form. Applications lacking documentation may be considered non-conforming and returned without consideration.
ALL scoring items must be supported by third-party documentation.

Please Check Box if enclosed:

1 Submit the following number of CDs and Applications (with exhibits) in the following binding:

Submit 1 Excel Application on CD AND email to:

[Robin Kemker](#)

Total Files with Tabs:	1
Total Binders with Tabs:	2
Total Application Sets:	3

2 MAIL separate application fees to appropriate entities.

Mail UHC Application Fee To:

**Utah Housing Corporation
Attention: Housing Credit Section
2479 S Lake Park Blvd.
West Valley City, Utah 84120**

UHC HC fee:

\$ -

PAB fee:

\$ -

OWHTF fee:

\$ -

3 An Executive Summary attached to the front of the HC Application describing any pertinent information about the project that you feel should be considered in the HC review.

4 Certified copies of the organizational documents of all the entities involved in the project; (Articles of Incorporation and/or Partnership Agreements).

5 Resumes and current financial statements of the Applicant/Sponsor(s).

6 For Non-Profits, a copy of the non-profit's articles or bylaws evidencing that one of its exempt purposes is the providing of low income housing and a copy of the IRS Determination Letter of Non-Profit Status. If a CHDO, provide a designation certificate or letter attesting to the designation from the State or HUD.

7 Copy of "concerted" or regular Community Revitalization Plan and letter from local government supporting and verifying that the project is an integral part of the Plan.

8 Special Needs Set-aside Units: Call Michelle Meads with UHC at 801-902-8244, to confirm if a current Service Provider Questionnaire (Exhibit N) is on file. If no Exhibit N is on file, you must obtain one and submit with application along with letters from primary and secondary service providers and/or referers to service the needs of special needs tenants proposed in the application. Memorandum of Understanding from Public Housing Authority accepting Housing Choice voucher holders (Exhibit T).

9 Chronically Homeless Projects: Letter of endorsement from the region Continuum of Care Coordinating Council, Supportive Services Plan OUTLINE and proposed service providers, if available.

[Supportive Housing](#)

10 A plan review analysis from the Utah Energy Conservation Coalition (UECC) or other certified reviewers. See Administrative Procedures, Exhibit R.

11 Land Appraisal, Title Report, Independent third party Market Study, See Documentation Section of the Plan (Exhibit H), Capital Needs Assessment (Exhibit M), Environmental Study or Survey (Exhibit K), Evidence of Site Control, Site location map, Plat map.

12 Evidence from the appropriate governmental authority stating the property is properly zoned for the proposed project and the current status, including procedures and timetable for the project relative to conditional use permits ("CUP"), density, public meetings, etc.

13 Elevation and floor plans, if available (8 1/2 x 11).

14 A certification that all profits and fees are reported and that there are no "related party" transactions that are undisclosed. See Administrative Procedures, Exhibit L.

15 Letters of Interest stipulating terms (or Commitment Letters) from each of the proposed sources of funds, including grants and investors. Letter from OWHLF is only required for Split Funding in bonus areas.

16 Provide supporting documentation for operating subsidies, and property tax assessment estimates.

17 Current Utility Allowance Documentation from the local Public Housing Authority, HUD, or Rural Development utility allowance or a signed statement from the local public utility companies (based on actual data and not on engineering estimates of similar units).

18 PAB application REQUIREMENTS: See list in Multi-family Bond tab in this application.

[Bond Tab](#)

19 OWHLF requires additional documentation to accept an application. These documents are available from their web site.

[OWHLF](#)

[PAB Website](#)

COMPLETE ALL APPLICABLE SCHEDULES IN ALL TABS

Basic Application Input Instructions

1. Moving around in the application: The application is "Protected" to prevent deletion of formulas and text. USE the TAB key to get from one cell to another. You may pass by a cell you think needs to have some data entered, however, these cells will be automatically updated as the application is completed.

2. Enter an "X" [shift+X] into check boxes when applicable or leave blank. Do not enter "No" or "n/a"



3. Enter "Yes" or "No" for questions on entry lines. Sample: Is project in a Qualified Census Tract? _____

4. Use NUMBERS, not "one", "two", "third", etc. Also avoid 1st, 5th, etc. Enter dates in "4/10/02" format.

5. *HELP!* If you see a small flag at the top right corner of a cell, move the mouse cursor over the cell for HELP assistance.



OR



6. Error Messages appear as: < Rents exceed 60% limit > See HC Score spreadsheet for explanations.

7. Several "links" to other tabs and websites / email can be selected.

[Bond Tab](#)

8. Pull-down lists are used in certain fields. CLICK on cell to select item from the list.

Select County

uhc 2007 rev 1.33
 Copyright 1996-2006 UHC, All Rights Reserved.

2007-1

FOR UHC USE ONLY
 APPLICATION RECEIVED
 DATE: _____
 TIME: _____
 BY: _____

STATE OF UTAH
FEDERAL LOW-INCOME HOUSING TAX CREDIT
CONSOLIDATED APPLICATION FORM

All Information Must be completed or application May Be Rejected as Non-Conforming

<u>DATE OF APPLICATION</u>	<u>Other Applications</u>	<u>HC Competitive Cycles</u>	<u>HC & PAB (Bond) Cycles</u> (Submit to PAB at DHCD)
_____	DHCD Housing Assistance <input type="checkbox"/>	<input type="checkbox"/> Sep 29, 2006	<input type="checkbox"/> September 11, 2006
	PAB Application <input type="checkbox"/>	<input type="checkbox"/> 4/3/2007*	<input type="checkbox"/> December 16, 2006
	UHC Reimbursement Application <input type="checkbox"/>	*Type of Cycle to be announced: Bond/state credit or competitive.	<input type="checkbox"/> TBD <input type="checkbox"/> TBD

<u>APPLICATION TYPE</u>	<u>SET-ASIDE POOL</u>
<input type="checkbox"/> Initial	UHC will assign applications to the appropriate competitive pool based on the procedure set forth in the Administrative Section of the 2007 Qualified Allocation Plan.
<input type="checkbox"/> Resubmitted (Same HC yr.)	

PROJECT NAME AND ADDRESS

Name _____

Address _____

City _____ State Utah Zip _____

Need a District or Census Tract Number? [CLICK on the applicable salmon colored CELL, then follow instructions.](#)

< Failed to enter Census Tract Number >

<input type="text" value="Select County"/> County	Census Tract <u>0000.00</u>	Rehabilitation Project? Use this Website>> <input type="text"/>
Project Located in a Metropolitan Statistical Area? No	HUD Difficult Development Area? No	New Project? Use this Website>> <input type="text"/>
Qualified Census Tract? No	UHC Rural Area? Yes	
Fed. Congressional Dist: <input type="text" value="Select"/>	State Senate Dist: <input type="text" value="Select"/>	State House District: <input type="text" value="Select"/>
Congressional Website: <input type="text"/>	UT Senate Website: <input type="text"/>	UT House Website: <input type="text"/>

For the Congressional District number: Enter project Zip or address and you will find the District Number in the PARENTHESES (D-02) = 2

Pertinent Criteria and Project Type

The total Initial and Extended Use periods will be: 99 years.
 Weighted Percent of Median being served: 0.00 % based on Average Median Income (AMI) data for CURRENT year.

Type of Low-income Housing Tax Credit Requested:

Rural Development Projects 4% Credit Request ONLY

Tax-exempt Bond Project

Organizational Information

APPLICANT INFORMATION (GENERAL PARTNER/SPONSOR OF PROJECT)

Applicant Type

Name _____ State _____
Type

Address _____

City _____ State _____ Zip _____

Contact Person _____ Email _____

Title _____

Telephone _____ Fax Number _____

Applicant/Developer

Housing Credit experience:

PROJECT OWNER INFORMATION

Name _____ State _____
Type

Federal Identification Number _____ Date Formed _____

Address _____

City _____ State _____ Zip _____

Signatory _____ Title _____

Name of General Partner(s)/Officers

_____	Tel. _____	Ownership _____ %
_____	Tel. _____	Ownership _____ %
_____	Tel. _____	Ownership _____ %

Previous HC or Sec. 103 Bond participation of General Partner or Applicant

Project Name and Location	State	Date of Application	Status of Project
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Development Team Information Please submit information on each member of the development team which lists qualifications, address and telephone number.

Developer _____

General Partner _____

Contractor _____

Management Company _____

Sponsoring Organization _____

Consultant _____

Tax Attorney _____

Tax Accountant _____

ARE ANY DEVELOPMENT TEAM MEMBERS ON HUD'S DEBARMENT LIST? Yes No

ARE ANY DEVELOPMENT TEAM MEMBERS ASSOCIATED WITH PROJECTS NOT IN GOOD STANDING (UHC definition)?
 Please provide letter explaining involvement in such projects as applicable. Yes No

NON-PROFIT PARTICIPATION IN OWNERSHIP STRUCTURE

Is a 501(c) nonprofit a part of the Project Owner's structure? Yes No

Does the Project Owner elect to be subject to Nonprofit ownership rules and regulations and receive points as participating in the nonprofit pool (see 2 below)? No nonprofit points will be given if selecting "No"

Yes No

NON-PROFIT PARTNERSHIP INFORMATION - IF APPLICABLE

For non-profit POINTS (also includes CHDO organizations), the following information must be provided:

- (1) Articles of Incorporation or bylaws evidencing that exempt purposes of applicant include fostering of Low-income Housing.
- (2) IRS Determination Letter as to Internal Revenue Code Section 501(c) Status.

To qualify for the non-profit set-aside, the non-profit applicant must materially participate in the development and operation of the project throughout the compliance period within the meaning of IRC 469(h). A non-profit shall be treated as materially participating in an activity only if the non-profit is involved in the operations of the activity on a basis which is regular, continuous and substantial. The non-profit organization may not be affiliated with or controlled by a for-profit corporation and must own an interest in the project.

<input type="checkbox"/> 501(c)(3) Organization	<input type="checkbox"/> 501(c)(4) Organization
<input type="checkbox"/> Exempt purposes includes fostering of Low-income Housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Exempt from tax under Section 501(a)	<input type="checkbox"/> Tax Exempt Government Agency (NOT a "non-profit" for tax credit purposes)

Describe the non-profit's participation in the development and operation of the project. List other activity or involvement in low-income housing projects. If allocation is made under the Non-Profit set-aside, the non-profit activity must be significant and cause real benefit to the project, the population served and the continuation of the non-profit's ability to meet its goals. (See Exhibit "C" in Compliance Monitoring Plan)

If a CHDO, provide certificate of designation and State/HUD contact and telephone number where CHDO is registered.

Name _____ Phone _____ Email _____
 Address _____ Fax _____
 City _____ State _____ Zip _____

List the Names of Board members and Officers for the non-profit organization. Are any of these representatives of special needs housing groups, i.e., homeless advocates, etc. If so, provide the name of the organization and description.

Provide a copy of the latest Annual Report to identify all paid full-time key management and sources and amount of funds for annual operating expenses and current programs.

Notification of Local Official

Section 42 of the Code requires that the UHC notify the local political jurisdiction of this application for Tax Credits. Please complete the information requested below.

Name of Political Jurisdiction _____
 Name of Mayor _____
 Name of Chief Administrative Officer _____
 Title _____ Telephone _____
 Address _____
 City _____ State _____ Zip _____
 Name of Zoning Official _____
 Phone _____ Fax Number _____

Does this community have a "concerted" Community Revitalization Plan?
 Does this community have a Community Revitalization Plan? Plan and letter of support is attached

Project Information

Total Number of Low-income Units Total Number of Units
 Percent of Units that are Low-income ##### Percent of Floor Area that is Low-income #####
New/Rehabilitation **Project Characteristics** Elevator No.
Building Type Number of Floors (Above Garage) **Project Type**
 No. of buildings (with units)

Supportive Services Homeless Housing Projects <<< NUMBER OF BUILDINGS ?? >>>
 Type: Project Based Vouchers("PBV") ¹
 If McKinney Act, how many set-aside units _____ ¹ Population type: _____
 Are McKinney Act units isolated to a single building? _____ ¹ License Type: _____
 If McKinney, list non-profit or Government Agencies providing services _____
 Do units contain bathroom or kitchen facilities? _____ (McKinney units must be SRO units)

Special Needs Targeting of Affordable Set-aside Units
 Set-aside Units:
 List special features/services to be provided: _____
 Service Provider: _____
 Housing for individuals with children
 Set-aside Units:
 Service provider: _____
 Set-aside Units:
 25% AMI or less set-aside units:
 Service provider: _____
 Minimum Units:
 Number of Units:
 Set-aside Units:
 Architectural requirements for ADA units are discussed in the Administrative Section of the Qualified Allocation Plan, Special Needs Units, part B.
 Lease-to-Own² Set-aside Units: _____
²MUST be approved by UHC before Application Submission

Amenities and building Information

Accessory Buildings: _____		Area: _____		SqFt
Recreation Facilities: _____		Fees: _____		
Commercial/Public Facilities: _____		Area: _____		SqFt
<input type="checkbox"/> Tot-Lot	<input type="checkbox"/> *Day-care	<input type="checkbox"/> *Education	<input type="checkbox"/> *Clubhouse	<input type="checkbox"/> **Covered Parking
<input type="checkbox"/> Community Facil.	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Wash/Dryer Con.	<input type="checkbox"/> specify _____	No. of covered stalls: <u>0</u>
<input type="checkbox"/> Life Skills Trng.	<input type="checkbox"/> Independent Computer network to all units	_____ Parking Spaces		Free covered parking: <u>0</u>
<input type="checkbox"/> Vented Bathroom (REQUIRED)		<input type="checkbox"/> Vented Stove Hood		
Gross floor area: <u>0</u>		Buildings common area: <u>0</u>	Type: _____	<u>0</u>
(sq. ft.)		(sq. ft.)		
Residential floor area: <u>0</u>		Commercial floor area: <u>0</u>	Type: _____	<u>0</u>
(sq. ft.)		(sq. ft.)		

*Exclusively for non-fee tenant use. **Covered parking for each unit, unless there is less than one parking stall per unit in project.

Energy Star Upgrades

Data for this Section must be supplied by an Energy Star Analyst Report
 Preliminary Analysis must be in Application Packet

UHC: Energy Star is a Threshold for New Projects - Rehabilitation May Receive Points
OWHLF: Energy Star is a Threshold for New and Rehabilitation Projects

Is project in a Rocky Mountain Power Service Area?

Will Rehab Project Participate in Energy Star?

Projects with 3 or fewer stories

Preliminary HERS *Rater's Score: _____ (based upon initial review of plans and specifications)

Est. HERS Rater Final Score: _____ (estimated score after construction and energy improvements are complete)

Will all units be ENERGY STAR qualified

Projects with more than 3 stories

Contact Mike Glenn at (801) 538-8666 for rating details and procedures.

1. ENERGY STAR qualification is based upon the HERS (Housing Efficiency Rating System) score as determined by a certified, independent HERS rater.
2. Please note that the HERS rating system was revised by the national RESNET organization with July 1, 2006 as the effective date for the changes.
3. The state of Utah is divided into two climactic zones, and those new construction projects in the warmer zone should score 15% better than Utah's model energy code while those in the colder zone should score 20% better (scores necessary to achieve ENERGY STAR qualification).
4. Rehabilitation projects receiving OWHLF funding must also achieve ENERGY STAR. However, units unable to cost-effectively achieve the ENERGY STAR threshold (after implementing all improvements with a savings-to-investment ratio greater or equal to 1.0) can request a waiver from the Division of Housing and Community Development.
5. For health and safety reasons, units must receive high efficiency (90%+) furnaces and direct vent hot water heaters (waivers are granted for special conditions: central boiler/chiller systems, etc).

Any Energy Star financing gap can be funded by the OWHLF. OWHLF contact is Shelli Goble at (801) 538-8653.

*See Preference Selection Criteria of the QAP and Exhibit R for procedures and rater contact information.

Site Information

Provide the following:

Is there a current Appraisal for the site and/or project attached?

 Yes

 No

Current Title Report

 Yes

 No

Other Studies:

Is a Complete Comprehensive Market Study Attached?

 Yes

 No

Is the required rehabilitation Capital Needs Assessment attached?

 Yes

 No

N/A

Attached Environmental Studies:

(Check only ONE box)

Lender & Investor has determined that a study is NOT needed

 Yes

 Don't know

Phase I or II and/or habitat study is required, but NOT completed

 Yes

Phase I or II and/or habitat study is completed with NO outstanding issues

 Yes

Phase I or II and/or habitat study is completed with outstanding issues

 Yes

Site Control:

Are all parcels for proposed site under control?

 Yes

 No

If yes, what form:

Contract, Agreement or Option

Expiration date: _____

Deed

Site Ownership:

Will land be contributed by owner?

 Yes

 No

How long has the HC sponsor or previous owner held title?

_____ years

When was land purchased by current owner (year)? _____

Total Cost of Land _____

Exact Area of Site: _____ Acres _____ Sq. Ft.

Name of Seller _____

Address _____

City _____ State _____ Zip _____

Zoning Status

Does zoning permit multiple residential use that is consistent with the proposed project? Yes No

Has final density been approved? Units per acre: _____ Yes No Proposed: #DIV/0!

Has project been approved by all public bodies? Yes No

Project is fully entitled and all approvals obtained. Permits can be issued. Yes No

Construction has commenced. Yes No

Parking requirements. How many stalls approved per unit? _____

If there is assemblage of parcels--are ALL parcels properly zoned? Yes No

Are all utilities presently available on the site? Yes No

If no, please explain which utilities need to be brought to the site, the distance and the cost to the project.

If the project requires a road, specify the distance, specification and cost.

Acquisition of Existing buildings

How many buildings will be acquired for the project? _____

Are all the buildings currently under control for the project? Yes No

If not, how many buildings are under control for the project? _____ Year Project Blt: _____

When will the remaining buildings come under control for the project? _____

A project or land appraisal is required. Is this enclosed with the application? Yes No

Is there an operating/rent subsidy that will remain with the project? Yes No

Select rent subsidy program **Not Applicable** Number of contracted units: _____ Contract Term: _____

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

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

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

Determined with reference to Seller's Basis

Not Determined with reference to Seller's Basis

Relocation Information

Please describe the proposed relocation assistance.

Is an independent third party verification of rental history attached? Yes No
(See Administrative Procedures, Required Documents, Section B)

Minimum Set-Aside Selection

The owner irrevocable elects one of the following Minimum Set-Aside Elections

DHCD HOME/OWHLF applications without Tax Credit financing.

At least 20% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 50%** or less of area median income (AMI). *Not recommended.*
(Call UHC before selecting this election)

At least 40% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 60%** or less of area median income (AMI).

****NOTE: Owners committing to maintain rent levels below 60% of AMI for any units will also be required to restrict incomes on those units to corresponding levels, at the targeted levels PLUS 5% (not to exceed the election) for the full extended use period established in this application. Not available for Rural Development 515 or HUD Section 8 properties. Other funding sources may limit the 5% increase.**

Direct Construction Cost Breakdown

HC DETAILED CONSTRUCTION COST BREAKDOWN

Project: **0**

Bid or Estimate Date: _____

Account Number	Category Description	Budget	Category Subtotals
1 General Requirements			
1	310 Reasonable Construction Supervision	0	
1	320 Site engineering Costs attributable to buildings	0	
1	330 Job Office Expenses	0	
1	430 On-site temporary buildings, tool sheds, shops and toilets	0	
1	620 Temporary heat, water, light and power for construction	0	
1	630 Temporary walkways, fences, roads, siding and docking facilities	0	
1	650 Construction equipment rental not in trade item costs	0	
1	810 Clean-up and disposal of construction debris	0	
1	910 Security Costs	0	
1	950 Medical and first and supplies and temporary facilities	0	
1		0	
1		0	
1	0	0	
1		0	
	Building permits are entered into category 18 below.	Subtotal:	
2 On-Site Work			
2	110 Demolition	0	
2	230 Site Preparation	0	
2	510 Earth Work	0	
2	250 Paving and Surfacing	0	
2	320 Landscape - Fencing	0	
2	350 Trash Enclosures	0	
2	360 Site Signage	0	
2	370 Storm Drainage	0	
2	340 Sidewalks, Curbs and Parking Ballards	0	
2		0	
2		0	
		Subtotal:	
2 Off-Site Work			
2	700 Off-Site improvements	0	
2		0	
		Subtotal:	0
3 Concrete			
3	110 Excavation	0	
3	210 Footing/Foundation, Labor and Materials	0	
3	220 Slab on Grade	0	
3	230	0	
3	240	0	
3	250	0	
3		0	
		Subtotal:	0
4 Masonry			
4	400 Masonry, Labor and Material	0	
4	410	0	
4	420 Retaining Walls	0	
4	430	0	
4	440	0	
		Subtotal:	0

HC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
5 Metals			
5	210 Misc. Metals	0	
5	310 Steel Joists and Girders	0	
5	410 Carports	0	
		Subtotal:	0
6 Wood			
6	110 Framing Material	0	
6	115 Framing Labor	0	
6	310 Finish Material	0	
6	315 Finish Labor	0	
6	510 Misc. Wood (wood repair)	0	
6	550 Sky Track/Generator (Trusses)	0	
6	610 Trusses	0	
6	640	0	
		Subtotal:	0
7 Thermal/Moisture Protection			
7	110 Misc. Thermal/Moisture Protection	0	
7	210 Soffit & Fascia	0	
7	310 Gutter and Downspout Labor & Materials	0	
7	410 Insulation Labor & Material	0	
7	510 Roofing Labor & Material	0	
7	610 Siding	0	
7	610 Stucco	0	
7	650 Waterproofing	0	
7	670	0	
		Subtotal:	0
8 Doors and Windows			
8	110 Hardware	0	
8	210 Steel Doors & Frames	0	
8	310 Wood Doors & Frames	0	
8	410 Windows Labor & Materials	0	
8	510 Misc. Doors & Windows	0	
8	540	0	
8	610 Garage Doors	0	
		Subtotal:	0
9 Finishes			
9	210 Drywall /Plaster Labor & Materials	0	
9	310 Ceramic Tile Labor & Materials	0	
9	410 Carpentry Labor & Materials	0	
9	415 Resilient Flooring Labor & Materials	0	
9	510 Painting and Wall covering Labor & Materials	0	
9	540 Misc. Finishes	0	
9	540 Vinyl Tile	0	
9	610 Mold mitigation	0	
		Subtotal:	0

HC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
10 Specialties			
10	110 Bathroom Accessories	0	
10	210 Signage	0	
10	310 Window Coverings	0	
10	410 Mirrors Labor & Material	0	
10	510 Fire Extinguishers	0	
10	610 Misc. Specialties (Termite Protection)	0	
		Subtotal:	0
11 Equipment			
11	110 Bath Appliances	0	
11	210 Kitchen Appliances	0	
11	310 Exercise & Office Equipment/Common Area Furnishings	0	
		Subtotal:	0
12 Furnishings			
12	110 Cabinets Labor & Material	0	
12	210 Counter Tops	0	
		Subtotal:	0
14 Conveying Systems			
14	110 Elevator Systems	0	
		Subtotal:	0
15 HVAC, Plumbing and Mechanical			
15	110 Heating & Cooling	0	
15	210 Plumbing Labor & Materials	0	
15	310 Misc. Electrical	0	
15	Pool	0	
15	Water heaters	0	
		Subtotal:	0
16 Electrical			
16	110 Security System	0	
16	210 Electrical Labor & Materials	0	
16	310 Lighting Fixtures & Materials	0	
16	410 Fire Detection Systems Labor & Material	0	
16	420 Misc. Electrical	0	
16	510	0	
		Subtotal:	0
17 Profit & Overhead			
17	110 Builder Profit	0	
17	210 Builder Overhead	0	
17	310 Construction Contingency	0	
		Subtotal:	0
18 Municipal/Utility Fees			
18	110 Impact Fees	0	
18	115 Building Permits	0	
18	120 Utility Connection Fees	0	
		Subtotal:	0

HC Project Costs

List and indicate Eligible Basis by Credit Type (Residential Portion Only) Adequately describe all "Other" Categories

Itemized Cost	Actual Cost	Eligible Basis by Credit Type	
		4% Credit	9% Credit
Purchase Land and buildings			
Land	0		
Existing Structures	0	0	
Building Acquisition Fee	0	0	
Demolition	0		
<u>Other (Specify)</u>	0		
Total	0	0	
Site Work			
2 On-Site Work	0	0	0
2 Off Site Improvement	0	0	0
<u>Other (ENGINEERING)</u>	0	0	0
Total	0	0	0
Rehab and/or New Construction			
1 General Requirements	0	0	0
3 Concrete	0	0	0
4 Masonry	0	0	0
5 Metals	0	0	0
6 Wood	0	0	0
7 Thermal/Moisture Protection	0	0	0
8 Door and Windows	0	0	0
9 Finishes	0	0	0
10 Specialties	0	0	0
11 Equipment	0	0	0
12 Furnishings	0	0	0
14 Conveying Systems	0	0	0
15 Mechanical	0	0	0
16 Electrical	0	0	0
18 Impact Fees and Building Permits	0	0	0
<u>Other</u>	0	0	0
Total	0	0	0
Contingency			
17 Construction Contingency	0	0	0
<u>Other (specify)</u>	0	0	0
Total	0	0	0
Architectural and Engineering Fees			
Architect Fee-Design	0	0	0
Architect Fee-Supervision	0	0	0
<u>Other (Specify)</u>	0	0	0
Civil Engineering	0	0	0
<u>Other (SOILS REPORT)</u>	0	0	0
<u>Other (PHASE I ENVIRONMENTAL)</u>	0	0	0
<u>Other (Specify)</u>	0	0	0
Total	0	0	0
Profit and Overhead**			
17 Builder Profit	0	0	0
17 Builder Overhead	0	0	0
Developer's Overhead	0	0	0
Developer's Fee	0	0	0
Other Related Party Fees	0	0	0
Total	0	0	0
Total Fees including Acq. Fee: \$			-

**** NOTE: See Administration Procedures, Fee Limits Section for Calculations.**

Itemized Cost	Actual Cost	Eligible Basis by Credit Type	
		4% Credit	9% Credit
Interim Financing Expenses			
Construction Casualty Insurance	0	0	0
Construction Interest	0	0	0
Construction Loan Fees	0	0	0
Construction Appraisal	0	0	0
Construction Legal Fees	0	0	0
Closing, Title & Recording	#VALUE!	0	0
Other	0	0	0
Other (specify)	0	0	0
Other (specify)	0	0	0
Other (specify)	0	0	0
Interim Proration Schedule of Expenses	0	0	0
Total	0	0	0
Permanent Financing Expenses			
Loan Origination Fee	0		
Loan Credit Enhancement	0		
Other (specify)	0		
Permanent Proration Schedule of Expenses	0		
Permanent Financing Legal Fees	0		
Closing, Title & Recording	#VALUE!		
Other (specify)	0		
Other (specify)	0		
Total	0		
Appropriate and Reasonable amounts must be entered below.			
Soft Cost			
Market or Feasibility Study	0	0	0
UHC Tax Credit Fees	1,000		
Consultants or Processing Agent	0		
Environmental Study	0		
Marketing Expenses	0		
Survey	0		
Other (specify)	0		
Total	1,000	0	0
Syndication Costs			
Organization (Partnership)	0		
Bridge Loan Fees and Expenses	0		
Tax Opinion	0		
Accounting/Audit	0	0	0
Legal Fees	0		
Contingency	0		
Total	0	0	0
Project Reserves			
Rent-Up Reserve	0		
Operating Deficit Reserve	0		
Reserves for Replacement	0		
Other (specify)	0		
Other (specify)	0		
Total	0		
Total Project Cost	1,000	0	0
(2) NOTE: Total Project Cost must equal the Total Source of Funds on Page 18.			

Tax Credit Calculation	4%	9%
Total Project Eligible Costs:	0	0
Less Portion of Federal grants used to finance qualifying development costs. List Grants with amounts. Total to the right.		
_____	0	0
Less amount of amenities that are optionally available to tenants on a fee basis	0	0
Less amount of nonqualified, nonrecourse financing	0	0
Less nonqualifying units of higher quality	0	0
Less nonqualifying excess portion of higher quality units	0	0
Less Federal Historic or Energy Tax Credit (Residential Portion Only - Attach Detail)	0	0
Total Eligible Basis	0	0
Multiplied by the Applicable Fraction (% of HC Units or Square Footage, whichever is less)	0%	0%
Total Qualified Basis	0	0
HUD Hard to Develop Area or Designated Census Tract?		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	100.00%
Building Acquisition & Fee: _____	-	0
#####	3.53%	8.23%
Total Amount of Tax Credit:	0	0
Total Tax Credits based on Qualified Basis(4% + 9%):	0	0
Tax Credits Requested:	\$ -	-
Maximum Potential Credit Reservation is \$992,000 per year per developer or project or phase.		

Tax Credits Proceed Information

Provide information concerning the syndication and estimated proceeds expected from tax credit investors.

Annual amount of Low-income Housing Tax Credits Requested: \$ _____ 0
 Syndication Rate: \$0.000 per credit dollar.
 Gross proceeds from Tax Credit sale: _____
 Net proceeds to project: _____

When will these funds be paid?	Percent Paid in	Estimated Date	Trigger Event
_____	0 % at:	1/0/1900	0
_____	0 % at:	1/0/1900	0
_____	0 % at:	_____	0
_____	0 % at:	_____	_____
_____	0 % at:	_____	_____

Letter of Interest Attached Type of Offering Public Private
 Commitment Letter Attached Type of Investors Individuals Corporations

Investor or Syndicator _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Tel. _____ Fax _____

Sources of Funds (Construction Financing)

Construction Source of Funds	Amount of Funds	Name and Telephone Number of Contact Persons
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
Total Funds for Construction: \$		-
Construction package been submitted to the lender?		0
If not, estimated date:		0-Jan-00

Source of Funds (Permanent Financing)

Financing Source	Loan Amount	Annual Debt Service	Rate of Interest(8.5 etc.)	Amort (mos.)	Loan Type
Cash flow/Zero Pay Enter Zero					
Debt Financing					
1 0	\$ -	\$ -	0.000	360	Select One
2	\$ -	\$ -	0.000	360	Select One
3	\$ -	\$ -	0.000	360	Select One
4	\$ -	\$ -	0.000	360	Select One
5 #####	\$ -	\$ -	0.000	0	Deferred Fee
6 Local Funds	\$ -	\$ -	0.000	360	Select One
7 Local Funds	\$ -	\$ -	0.000	360	Select One
8 Local Funds	\$ -	\$ -	0.000	360	Select One
9	\$ -	\$ -	0.000	360	HOME
10 OWHLF HOME Funds	\$ -	\$ -	1.500	360	

Equity Financing

1 To be Determined	-
Federal HC	
2	
Utah HC	
3 Owner Equity	\$ -

Financing Comments:

Anything out of the ordinary?

< Project is underfunded >

Grants

1	\$ -
2	\$ -
3	\$ -
4	\$ -

DCR 0.00:1 Sources-Uses GAP:

Source of Funds (Grants and Other Monies)

Is any portion of the Sources of Funds, including CDBG or HOME funds, financed directly or indirectly from Federal, State or Local sources? Yes No

Tax-exempt financed percentage: 0.0%

Permanent loan credit enhancement:

Existing Subsidies with Acquisition Projects:

<input type="checkbox"/> Section 221(d)(3) BMIR	<input type="checkbox"/> Section 236	<input type="checkbox"/> Section 8 HAP
Is HUD Approval for Transfer of Physical Assets Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does HAP contract allow for annual increases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAP expiration date: _____	Renewal Period: _____ yrs.	
Has the Mark to Market process commenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected finalization date _____		

Long Term Financing Sources and Contacts

List in order of lien priority ALL sources of funding and contact names, addresses and telephone numbers:

	Company / Institution Name & Complete Address	*Status Date	Contact Person & Title Telephone and Fax Numbers
Debt Financing			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
5	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Equity Financing (Other than HC)			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Grant and Other Monies			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

*Status codes: LOI=Letter of Intent, NA=No formal action taken; A=Application formally submitted; C=Commitment received. Attach proof of status.

Energy and Equipment

Equipment Included with Units (Low-income Units)

<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Disposal	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Kitch. Exhaust	<input type="checkbox"/> Laundry Fac.	<input type="checkbox"/> Washer/Dryer Hookups
<input type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms		<input type="text" value="0%"/> Fluorescent Lights (Percent of fixtures)	

Energy and Equipment Information in low-income units

Energy Equipment	Type of System (GFWA, Hot Water, etc.)			Rating
Domestic Hot Water		Tank	Electric	90%
Heating		GFWA	Electric	90%
Air Conditioning		AC	Electric	SEER 13

Equipment Included with Units (Market-rate Units)

<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Disposal	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Kitch. Exhaust	<input type="checkbox"/> Laundry Fac.	<input type="checkbox"/> Washer/Dryer Hookups
<input type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms		<input type="text" value="0%"/> Fluorescent Lights (Percent of fixtures)	

Monthly Utility Allowance Calculations

Type	Utilities	List only Utilities Paid By	ENTER allowance (PAID by TENANT) by Unit type					
			SRO Studio	1	2	3	4	5
G	Heating	Tenant	0	0	0	0	0	0
E	Cooking	Tenant	0	0	0	0	0	0
E	Lighting	Tenant	0	0	0	0	0	0
G	Hot Water	Tenant	0	0	0	0	0	0
E	Air Conditioning	Tenant	0	0	0	0	0	0
	Sewer	Tenant						
	Water	Tenant						
	Trash	Tenant						
	Dispatch	Tenant						
	Energy Star Credit*	Credit						
Total Utility Allowance:			0	0	0	0	0	0

Type: E=Electric, G=Gas, P=Propane, etc.

*Applicant must obtain letter from Public Housing Authority stipulating the amount.

Source of Utility Allowance Calculation (Documentation of Utility Calculations must be included)

<input type="checkbox"/> Local PHA	<input type="checkbox"/> Utility Co.	_____
<input type="checkbox"/> Rural Devel.	<input type="checkbox"/> HUD	

COMMON AREA PERSONNEL UNIT(S) ELECTION:

Maximum Units based on project size: 2

Projects may elect to set-aside personnel units. These units should be included below in the affordable units to be allowed to "float."

Manager Unit: _____ Maintenance Unit: _____ Other (Specify) _____ (See Compliance Plan Exhibit "GG" Request Form)

Proposed Contractual Rent Targeting Analysis

Project Rents (Note: actual rents plus the amount of utilities paid by tenants cannot exceed low-income rent levels.)

List the applicable County Low-Income Rents from the attached schedule.		SRO Bedrooms					
		Studio	1	2	3	4	5
50% of AMI Maximum Limit	Including Utilities	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
60% of AMI Maximum Limit	Including Utilities	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

PROJECTED PROFORMA - Low-Income Units Only << Select a Valid County (cell C166) >>

List the estimated monthly income for the low-income units. Total low-income units:

Unit Type	Bathrooms / Unit	Number of Units	AMI Target	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit
SRO/Studio, 1,2	1 / 1.75 / 2 etc.					
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	0%	0	0	0
	0.00	0	25%	0	0	0
	0.00	0	25%	0	0	0
	0.00	0	25%	0	0	0
			Other income per unit:	0	Sq.Ft.	0

AMI= 0.00%
DCR= 0.000
Cash Flow= #DIV/0!
Inc. Score: 0

Total low-income rents: 0
Less Vacancy % 0
Total Monthly Income:

Enter the estimated annual percentage increase in annual income %

PROJECTED PROFORMA - Market-Rate Units Only

List the estimated monthly income for the market-rate units. Total market-rate units:

Unit Type	Total Bathrooms	Number of Units	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit	
SRO/Studio	.25/.75/1 or multiples					
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
			Other income per unit:	0	Sq.Ft.	0

Total market rents: 0
Less Vacancy % 0
Total Monthly Income:

Enter the estimated annual percentage increase in annual income %

Proposed and Market Study Rent Analysis

Type	HC Rents	Units	Market Rents	Margin
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%
0	0	0	0	0%

Unrestricted Rents	Type	Market Rents	Margin
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%
0	0	0	0%

Investors generally require HC units to be 10% below the market.

Annual Expense Information

<p>I. Administrative</p> <p>1 Advertising <u>0</u></p> <p>2 Management <u>0</u></p> <p>3 Legal <u>0</u></p> <p>4 Partnership <u>0</u></p> <p>5 Accounting/Audit <u>0</u></p> <p>6 UHC Compliance Fee <u>0</u></p> <p>7 City Bus. License Fee <u>0</u></p> <p><i>Total Administrative Cost:</i> <u>0</u></p>	<p>III. Operating Costs</p> <p>1 Elevator <u>0</u></p> <p>2 Electric (Common Area) <u>0</u></p> <p>3 Gas (Common Area) <u>0</u></p> <p>4 Water/Sewer <u>0</u></p> <p>5 Trash Removal <u>0</u></p> <p>6 Payroll</p> <p style="padding-left: 20px;">Management Salaries <u>0</u></p> <p style="padding-left: 20px;">Office/Accounting <u>0</u></p> <p style="padding-left: 20px;">Salaries (Other) <u>0</u></p> <p>7 Payroll Taxes <u>0</u></p> <p>8 Property Insurance <u>0</u></p> <p>9 Snow Removal <u>0</u></p> <p>Other <u>0</u></p> <p>Other <u>0</u></p> <p><i>Total Operating Costs:</i> <u>0</u></p>	<p style="text-align: center;">Typical Tenant Paid Utilities Paid by Project Owner</p> <p><u>0</u></p> <p><u>0</u></p> <p><u>0</u></p>
<p>II. Maintenance</p> <p>1 Interior Maint. <u>0</u></p> <p>2 Int/Ext. Repairs <u>0</u></p> <p>3 Exterminating <u>0</u></p> <p>4 Landscaping <u>0</u></p> <p>5 Paving/Grounds <u>0</u></p> <p>6 Other <u>0</u></p> <p><i>Total Maintenance Cost:</i> <u>0</u></p>	<p style="text-align: right;"><i>Total Expenses:</i> 0</p> <p>IV. Real Estate Taxes \$ -</p> <p>TOTAL ANNUAL OPERATING EXPENSES: \$ -</p> <p>Total Annual Capital Replacement Reserve: \$ -</p>	
<p>Replacement Reserve/Unit: <u>0</u></p> <p>Percentage increase in annual expenses 2%</p>	<p>Exp. w/o Reserves, Taxes or Utilities: #DIV/0! / unit</p>	

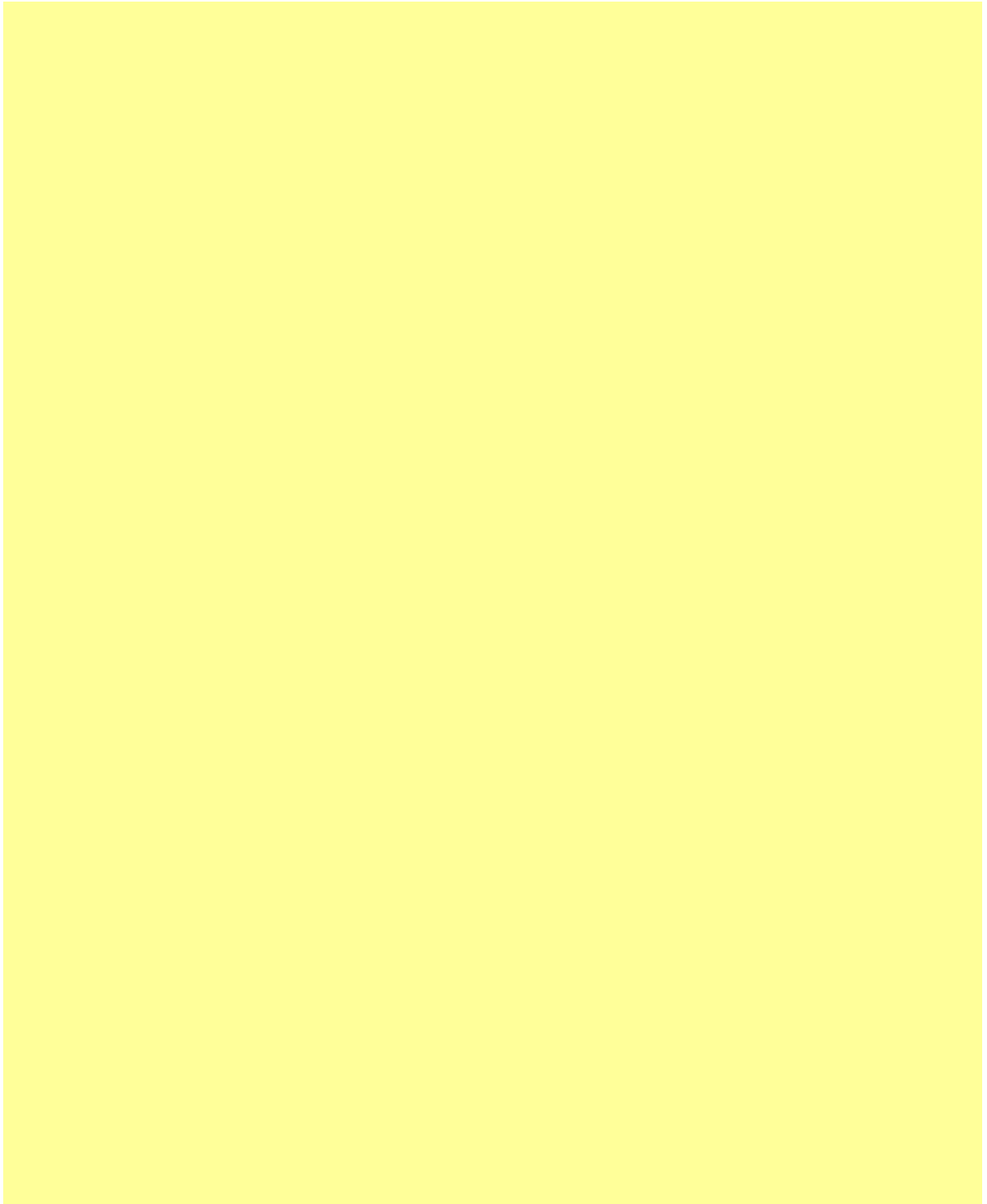
HOW WERE EXPENSES AND RESERVES DETERMINED? _____

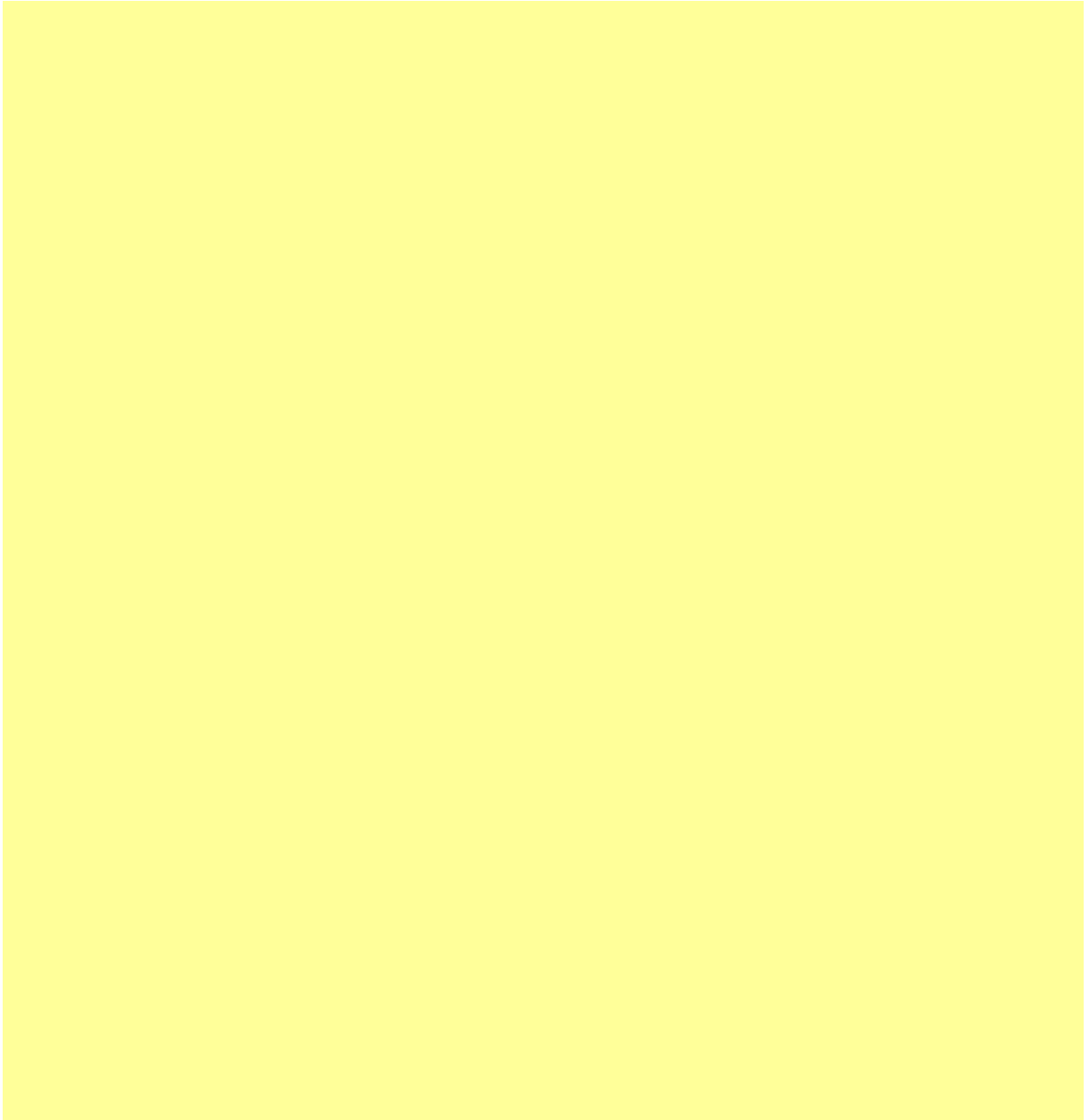
INCOME ANALYSIS SUMMARY

Gross scheduled HC rents	<u>0</u>	
Other Income	<u>0</u>	
Operating Subsidies - Specify *	<u>0</u>	
Less vacancy	#DIV/0!	
Total Operating Income	#DIV/0!	
Less Operating Expenses	<u>0</u>	#DIV/0!
Less annual Capital Replacement Reserves	<u>0</u>	#DIV/0!
Net Operating Income	#DIV/0!	
Less Annual Debt Service	<u>0</u>	
NOI Before Taxes	#DIV/0!	
		Net Income per Unit: #DIV/0!
		Minimum Net Income per Unit: #DIV/0!
		Debt Service Coverage Ratio: 0.000

* Operating Subsidies include Rural Development Service 515, HUD 236, HAP, etc.

The Following Two Pages are Intentionally Blank





PROGRAM GOAL EXPLANATION

The goals of the Low-income Housing Tax Credit Program include the production of the largest number of affordable housing units, at the lowest possible cost, reserved for the longest period of time, with rents targeted toward the lowest possible income levels. Please explain, in detail, how this application addresses the above objectives in the topic areas noted below. Please use actual data from this application to illustrate your explanation.

1 Profit and Overhead Limitations:

2 Development Cost Efficiencies:

3 Financing Innovations:

4 Maximizing Proceeds to the Project from the Tax Credit Allocation:

5 Maximizing the longevity of buildings and improvements while maintaining appeal and affordability:

Project Quality and Design Commitment

Specify the PROJECT construction quality and durability features in the list provided. Indicate if you are designing to code, or upgrading and why. Additional explanation may be added by expanding the number of lines in the document.

	Description	Rated Life
Appliances Provided	_____	_____
	_____	_____
	_____	_____
	_____	_____
Exterior Finish Materials	_____	_____
	_____	_____
	_____	_____
	_____	_____
Fencing	_____	_____
	_____	_____
	_____	_____
	_____	_____
Windows	_____	_____
	_____	_____
	_____	_____
	_____	_____
Plumbing Materials and Fixtures	_____	_____
	_____	_____
	_____	_____
	_____	_____
Roof Quality	_____	_____
	_____	_____
	_____	_____
	_____	_____
HVAC	_____	_____
	_____	_____
	_____	_____
	_____	_____
Security Systems	_____	_____
	_____	_____
	_____	_____
	_____	_____

	Description
Energy Efficiency	<hr/> <hr/> <hr/> <hr/>
Cabinetry	<hr/> <hr/> <hr/> <hr/>
Insulation	<hr/> <hr/> <hr/> <hr/>
Landscaping	<hr/> <hr/> <hr/> <hr/>
Design & Other Quality Elements	<hr/> <hr/> <hr/> <hr/>
Parking Innovations and Garages	<hr/> <hr/> <hr/> <hr/>
Site Layout and Unit Density	<hr/> <hr/> <hr/> <hr/>
Other	<hr/> <hr/> <hr/> <hr/>
Other	<hr/> <hr/> <hr/> <hr/>

State of Utah Low-Income Housing Credit Calculation

State of Utah Tax Credits are available to projects at time of federal HC application. See QAP, State of Utah Credit section.
 (You may want to simplify the number of rent tiers at different rents/unit types to avoid confusion in managing the project.)

HC Application				Proposal with State Tax Credits				Total Monthly Income Reduction
Unit Type	Number of Units	Target AMI	Net Rents	Unit Type	Changed Number of Units	New Target	Reduction in Monthly Rents	
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	0%	0	0	0	0%	0	0
0	0	25%	0	0	0	0%	0	0
0	0	25%	0	0	0	0%	0	0
0	0	25%	0	0	0	0%	0	0

Total Reduction in Project Income: \$ -

State Tax Credit Cap per Project: \$ -
 *Capitalized value of rent reduction: \$ -
 STC Purchase Rate: \$ 0.50
 STC Allocation Amount: \$0

Generally, rent reductions should not exceed 10% of AMI.
 *Capitalized at the first mortgage terms.

Source of Funds after adding State of Utah Tax Credits

Financing Source	Loan Amount	Annual Debt Service	Rate of Interest(8.5 etc.)	Term (mos.)	Amort. Period(mos.)
Debt Financing					
1	0	0	0.000	360	Select One
2	0	0	0.000	360	Select One
3	0	0	0.000	360	Select One
4	0	0	0.000	360	Select One
5 #####	0	0	0.000	0	Deferred Fee
6 Local Funds	0	0	0.000	360	Select One
7 Local Funds	0	0	0.000	360	Select One
8 Local Funds	0	0	0.000	360	Select One
9	0	0	0.000	360	HOME
10 OWHLF HOME Funds	0	0	1.500	360	
Equity Financing					
1 To be Determined	0				
Federal HC					
2 To be Determined	0				
State Tax Credit Investor					
3 Owner Equity	0				
Grants					
1	0				
2	0				
3	0				
4	0				
Totals:		0	0	Sources-Uses GAP: 1,000	

Financing Comments Using State Tax Credits:

INCOME ANALYSIS SUMMARY

Gross scheduled annual base rents	0
Other Income	0
Operating Subsidies - Specify	0
Less vacancy	0
Total Operating Income	0
Less Operating Expenses	0
Less annual Capital Replacement Reserves	0
Net Operating Income	0
Less Annual Debt Service	0
NOI Before Taxes	0

Net Income per Unit: #DIV/0!

DCR: #DIV/0!

Project Development Schedule
To be Completed with this Application

ACTIVITY		Scheduled Date mm/DD/yy
A. Site	Option/Contract	
	Site Analysis	
	Site Acquisition	
	Zoning FINAL Approval	
B. Financing	<i>1. Construction Loan</i>	
	Application	
	Conditional Commitment	
	Firm Commitment	
	<i>2. Permanent Loan</i>	
	Application	
	Conditional Commitment	
	Firm Commitment	
	<i>3. Other Sources of Funds</i>	
	Type & Source	
	Application	
	Award	
	Type & Source	
	Application	
	Award	
Type & Source		
Application		
Award		
C. Plans and Specs	Working Drawings	
D. Closing/Site Transfer		
E. Construction Begins		
F. Occupancy Certificate		
G. Lease-Up		
H. Placed in Service Date		

A Project Development Schedule, specific to your type of project (new, rehabilitation, competing and bond) will be sent to you to complete and submit April 1 and September 1 of each year, until the IRS forms 8609 are issued to the project.

Tax Credit Fees

APPLICATION FEE:

Total Amount of Annual Tax Credit Requested \$0

Application Fee: Competitive Projects: 1% of Tax Credit Request or \$2,500, whichever is greater.
 \$250 per unit for less than 10 units. \$ -
Non-competitive Projects: 2% of Tax Credit Request or \$2,500, whichever is greater.

Same program year resubmissions are \$200 for all types.

Reservation Fee: Competitive Projects: 3% of Tax Credit Request or \$2,500, whichever is more.
 Projects with less than 10 units will be assessed \$250 per unit. \$ -

Bond Credit Fee: Greater of 2% or \$2,500 at the earlier of Bond Issuance or one year after award.

The applicant understands that the NON-Refundable Application Fee must accompany the HC Application Form when submitted.

Make all checks payable to: Utah Housing Corporation
 Please indicate on the check **which fee** you are paying along with the **name of the project**.

EXTENDED CARRYOVER FEE:

The Applicant further understands that the Applicant will be assessed a \$500 fee on January 1, for each year that the reservation remains active, but for which the project has not, as of that date, been placed in service. This generally applies to carry-over reservations.

ALLOCATION FEE:

The applicant understands that an Allocation Fee equal to the Greater of \$3,000 or 3% of the final Annual Credit Amount will be payable by the Applicant before copies of the IRS Form 8609 are provided. Projects with less than 10 units will be charged an allocation fee of \$300 per unit. \$ -

INITIAL COMPLIANCE FEE:

Total amount due for Compliance Monitoring AT THE TIME THE 8609 IS ISSUED is calculated as follows:

Number of Units	Fee Collected	\$ -
1-10 units	None	
11-25 units	\$500 plus \$20 per unit one time fee	
over 25 units	\$1,000 plus \$20 per unit one time fee	

COMPLIANCE PERIOD MONITORING FEE:

Annual compliance monitoring fees subsequent to the first year are \$20 per tax credit unit. Fees will be payable annually on or before February 1. \$ -

SUBSIDY LAYERING REVIEWS DELEGATED TO UHC:

HUD 911 SUBSIDY LAYERING REVIEWS HAVE BEEN DELEGATED TO THE CORPORATION ALL Tax-Exempt bond financed projects are subject to this review process. Projects receiving HUD Housing Assistance are also subject to this review process. A \$1,200 review fee is payable with the HUD 2880 form (available from UHC) immediately after the Tax Credit Reservation has been made by UHC.

Project Name:

Certifications and Representations:

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

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

The undersigned hereby makes Application to the State of Utah. The undersigned agrees that the Utah Housing Corporation will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature of kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from Internal Revenue Service directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such allocation request.

The undersigned authorizes the Utah Housing Corporation to disclose or provide copies of this application, as may be amended, or copies of any allocation agreement or Forms 8609 issued with respect to the proposed project to the Rural Development Service, Olene Walker Housing Loan Fund and other government funding sources, including the Department of Housing and Urban Development, as necessary to comply with state or federal law on the review of financial assistance provided to the project. I have read the minimum "Required Documentation Checklist", and understand that applications lacking the listed documents will be considered non-conforming and returned without consideration.

Owner and Applicant(s) represent that they have read and understand the content of the Application Packet and that the protection of the Excel application has not been compromised in any way.

I have read the Qualified Allocation Plan, and understand that in the case of a Carryover allocation of Tax Credits the Project is required to be placed in service by December 1, of the second calendar year following the calendar year of the Carryover Allocation Agreement. If the Project is not placed in service by such date, the credits allocated shall automatically be revoked and will be deemed recaptured by and returned to UHC as of such date.

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is

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

0

Legal Name of Owner

By: _____

Name

Signature

Title

Complete the applicable spreadsheets: "2006 LIHTC APPLICATION", "OWHLF", "PROFORMA", "MULTI-FAMILY BOND" AND "REQUIRED FORMS". See spreadsheet tabs at the bottom of this screen. Print all of the above, including the "LIHTC SCORE" sheet for the hardcopy submission.

*Select County County
Cycle: 2007-1*

Preference Criteria	EXTENDED			COMMENTS
	SCORE	WEIGHT	SCORE	
A. LOWER INCOME TARGETING	0.0	0	0	0.00% AMI
B. EXTENDED USE PERIOD	50	100	5,000	99 Years
C. READY-TO-GO	0	100	0	
D. CONCERTED REVITALIZATION	0	100	0	
E. CHRONICALLY HOMELESS	0.0	100	0	
F. ENERGY STAR	0	100	0	
SUBTOTAL:			5,000	

Secondary Criteria	SCORE	WEIGHT	SCORE
A. PROJECT LOCATION	20	20	400
B. PROJECT CHARACTERISTICS	15	20	300
C. APPLICANT CHARACTERISTICS	0	20	0
D. TENANTS WITH SPECIAL NEEDS	0	20	0
E. FROM PUBLIC HOUSING LIST	0	20	0
F. HOUSING NEEDS	0	20	0
G. BONUS POINTS	0	10	0
SUBTOTAL:			700

TOTAL PROJECT SCORE: 5,700

Affordability Index: 0

Error Messages:

LIHTC Application	Cell Location	Message
Safe Harbor		
Expenses		
Vacancy		
Capital Replacement Reserves		
Minimum Cash flow		
Maximum Cash flow Policy		
Maximum Credit or Ceiling		
DCR (Conventional):		
Statutory Limits:		
HOME 40/50 Test		
Rents		
Tax Exempt Bond 50% Test		
Set-Aside Election Test		
Program Limit		
Minimum Rehabilitation		
Developer / Builder Fees		
Deferred Fee Limit		0.0%
General Requirements		
Rehabilitation Expenditure Threshold		
Other Messages		
Census Tract Number not entered	G161	< Failed to enter Census Tract Number >
Elderly Set-aside		
Sources and Uses GAP		
State Tax Credits Limit		

ALL SCORING CATEGORIES MUST BE SUPPORTED WITH THIRD PARTY LETTERS FROM APPROPRIATE PARTIES. i.e. Public Housing Authority, Zoning Official, Environmental Study, Affordable Financing Sources, etc.

**OLENE WALKER HOUSING LOAN FUND
SCORING SHEET**

OWHLE

<u>Criteria</u>	<u>Score</u>
1. AMI Targeting #DIV/0!	0
2. Unit Type Score (5 pts. max.) SRO/Studio/One bedroom units: 2 pts. 2 bedroom units: 3 pts. 3 bedroom units: 4 pts. 4 bedroom units: 5 pts.	0
3. Leveraging	0
4. County Population	7
5. Special Needs	0
6. New Construction (infill not requiring extension of roads, etc.)	0
7. Rehabilitation or Preservation Projects Rehab of existing structure. (10 pts.)	10
Preservation of Section 8 or RD rent subsidy (10 pts.)	0
8. 25% or more of the units are unrestricted (market rate)? (3 pts.)	0
9. Debt Coverage Ratio (DCR) on total debt: 1.15 or greater (5 pts.)	0
TOTAL PROJECT SCORE:	17
Project is eligible for a 1.5% interest rate	

Error or Caution Messages:

Error	Cell Location	Message
1. 20% @ 50% Min. Unit Test		
2. 40/50 INCOME Test for HOME with HC		
3. Amount of HOME Loan		

Olene Walker Housing Loan Fund (OWHLF) Housing Assistance Calculations

Max Loan	OWHLF \$\$	OWHLF Loan Type
\$ -		
Funding Gap	\$0 OWHLF HOME Funds	
\$1,000	\$0	

Aggregate AMI: 0.00%
 DCED Rate: 1.50%
 AFR Rate: 5.30%

Aggregate AMI	DCED % Rate
<=35%	1.50%
>35% - 40%	2.00%
>40% AMI - 45%	2.50%
>45% - 50% AMI	3.00%

Olene Walker Housing Loan Fund - Subsidy Limits

Based on HUD 221(D)(3) limits:

Units	Non Elevator	Elevator	130% Bump Area @ 85%		Subsidy %:				Maximum Limit
			Non-El.	Elev.	50% <36%	40% <41%	25% <46%	15% <51%	
<1	\$ 45,507	\$ 47,890	\$ 38,681	\$ 40,707	\$ -	\$ -	\$ -	\$ -	\$ -
1	\$ 52,470	\$ 54,897	\$ 44,600	\$ 46,662	\$ -	\$ -	\$ -	\$ -	\$ -
2	\$ 63,279	\$ 66,755	\$ 53,787	\$ 56,742	\$ -	\$ -	\$ -	\$ -	\$ -
3	\$ 80,998	\$ 86,358	\$ 68,848	\$ 73,404	\$ -	\$ -	\$ -	\$ -	\$ -
4	\$ 90,235	\$ 94,795	\$ 76,700	\$ 80,576	\$ -	\$ -	\$ -	\$ -	\$ -
x									
Subsidy Limit:									\$ -
Energy Star Gap:									\$ -
Maximum Loan:									\$ -

Avg. per Unit: -

1. Additional Bond Project Application Documentation and Information

- 1. Site plan, elevation and floor plans (reduced to 8 1/2" x 11")
- 2. Site Location Map
- 3. Legal Description
- 4. Evidence that Zoning consistent with the project design is approved
- 5. Evidence that the Financial and Development process is substantially underway

Issuer:	_____	Telephone:	_____
Underwriter:	_____	Telephone:	_____
Placement Agent(s):	_____	Telephone:	_____
Credit Enhancer:	_____	Telephone:	_____
Bond Purchaser(s):	_____	Telephone:	_____
Bond Counsel:	_____	Telephone:	_____
Other:	_____	Telephone:	_____

Type of Credit Enhancement: [Select One](#) _____

2.	Net TAX-EXEMPT BOND Proceeds Calculation
-----------	---

	Tax-Exempt Bonds	Taxable Bonds	Equity or Other
Issue Date (estimate if not issued)	????		
Gross Proceeds	0	0	0
Less			
Issuer's Fee	0	0	0
Issuer's Counsel	0	0	0
Bond Counsel	0	0	0
Placement Fee	0	0	0
Underwriter's Fee	0	0	0
Underwriter's Counsel	0	0	0
Initial Trustee Fee	0	0	0
Rating Fee	0	0	0
Trustee Acceptance Fee	0	0	0
PAB Fees	0	0	0
Payment Lag	0	0	0
Miscellaneous	0	0	0
Credit Enhancement Legal & Closing	0	0	0
Total Deductions:	0	0	0
Net Proceeds by Source:	0	0	0
Total Bond Sources: \$	-		
Taxable Bond Financing Ratio:	0%		
HC Bond Financing Test:	0.00%		

3. Bond and Other Projects Utilizing "Construction/Permanent" Financing

Construction Period Proration

Construction Period:
 Full Term of Loan:

Construction Proration:

Construction & Longterm Financing Expenses Description Enter Categories for BOTH Interim and Permanent Financing	Prorate Fee? "C"=Construction "P"=Permanent "X" = Prorate	Total Expense	Interim Cost Proration	Permanent Cost Proration
Schedule 2 above Issuance Fees	X	0	0	0
Interim loan fee	X		0	0
Credit enh. Commitment fee	P		0	0
Interim loan legal & closing	X		0	0
	C		0	0
	C		0	0
	P		0	0
	X		0	0
Interim loan appraisal	P		0	0
Bridge loan fee & legal	X		0	0
Financial advisor	X		0	0
Other (List or Schedule)		0	0	0
Other (List or Schedule)		0	0	0
Total		\$ -	\$ -	\$ -

Totals are automatically entered into the interim and permanent cost sections of the application. (Cells: G815 and G822 respectively.)

4. Private Activity Bond Scoring Schedule

Primary Characteristics

Special Needs Housing	0
Prior Round Average/PAB Allocation/Unit	0
Large Family (>2 bedroom)	0
Mixed Income (>60% AMI units)	0
Rehab Expense \$6,000 min.	#DIV/0!
Location	380
Proposed vs. Market gap	0
Taxable bond leveraging	0
Public funds	#DIV/0!
Primary Characteristics Score:	#DIV/0!

Secondary Characteristics

Project Amenities	33
Developer Experience	0
Revitalization Plan Area and funding	0
Tenant Ownership (must comply with UHC)	0
MOU with Public Housing Authority	0
Energy Efficiency	0
Secondary Characteristics:	33

Total PAB Score: #DIV/0!

0
0
PROJECT PROFORMA

PROJECT OPERATING PROFORMA			Per Mo.	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Yr. 8	Yr. 9	Yr. 10	Yr. 11	Yr. 12	Yr. 13	Yr. 14
Affordable Units	0	3.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Rate Units	0	3.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	#DIV/0!	1.50%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Federal Operating Subsidies		0.75%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacancy Rate	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OPERATING INCOME			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Ann. incr.															
TOTAL OPERATING EXPENSES	#DIV/0!	2%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
NET INCOME FROM OPERATIONS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Capitol Replacement	\$		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CUMULATIVE RESERVES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CASH FLOW FROM PROJECT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

COVERAGE RATIO ANALYSIS			Per Mo.	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Yr. 8	Yr. 9	Yr. 10	Yr. 11	Yr. 12	Yr. 13	Yr. 14
Income Available to service LIENS	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Debt Service Expense FIRST Mtg	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NOI after First Mtg	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
COVERAGE RATIO ON FIRST LIEN MTGE	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subordinate Loans:			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
#DIV/0!			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Funds			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Funds			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Funds			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OWHLF HOME Funds			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal: Subordinate Mortgages			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Debt Service All Mtge			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Before Tax NI	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
COVERAGE RATIO ON ALL LOANS	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
			#DIV/0!	Net Income per unit													

IDENTITY OF INTEREST INFORMATION

If any individual or entity for the Project is Controlled By, In Control Of, Affiliated With, a Related Party to, or has an Identity of Interest with any of the other individuals or entities for the Project, mark each applicable box with an "X." If there is an "X" marked for any of the individuals or entities for the Project, include as an attachment to the Application a detailed description of the relationship between the parties.

	Applicant	Developer(s)	General Partner(s)	Parties to a Joint Venture	Managing Member(s) of an LLC	Company Member(s) ("CM") and any CM(s) of LLCs	Sellers/Lessor of Land or Building(s) to be in Project	General Contractor(s)	Project Management or Supervisor/Consultants	Engineer(s)	Architect(s)	Subcontractor(s)	Material Supplier(s)	Attorney(s)	Accountant(s)	Lender(s)	Property Manager(s)	Syndicator(s) / Investor(s)	Realtor®	Other: (Please Specify)
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developer(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parties to a Joint Venture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Member(s) of a LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Member(s) ("CM") and any CM(s) of LLCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sellers/Lessor of Land or Building(s) to be in Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contractor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Management or Supervisor/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architect(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Supplier(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lender(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Manager(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syndicator(s) / Investor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realtor®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit this exhibit with Exhibit L, Project Owner Identity of Interest Certification, in the QAP.

This Page Intentionally Left Blank

Buildings Acquired: List Buildings Under Control - Page I

	Identification No./Address	Type of Control	Number of Units	Acquisition Cost
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____
26	_____	_____	_____	_____
27	_____	_____	_____	_____
28	_____	_____	_____	_____
29	_____	_____	_____	_____
30	_____	_____	_____	_____
31	_____	_____	_____	_____
32	_____	_____	_____	_____
33	_____	_____	_____	_____
34	_____	_____	_____	_____
35	_____	_____	_____	_____
36	_____	_____	_____	_____
37	_____	_____	_____	_____
38	_____	_____	_____	_____
39	_____	_____	_____	_____
40	_____	_____	_____	_____
41	_____	_____	_____	_____
42	_____	_____	_____	_____
43	_____	_____	_____	_____
44	_____	_____	_____	_____
45	_____	_____	_____	_____
46	_____	_____	_____	_____
47	_____	_____	_____	_____
48	_____	_____	_____	_____
49	_____	_____	_____	_____
50	_____	_____	_____	_____

Buildings Acquired: List Buildings Under Control - Page II

	Identification No./Address	Type of Control	Number of Units	Acquisition Cost
51	_____	_____	_____	_____
52	_____	_____	_____	_____
53	_____	_____	_____	_____
54	_____	_____	_____	_____
55	_____	_____	_____	_____
56	_____	_____	_____	_____
57	_____	_____	_____	_____
58	_____	_____	_____	_____
59	_____	_____	_____	_____
60	_____	_____	_____	_____
61	_____	_____	_____	_____
62	_____	_____	_____	_____
63	_____	_____	_____	_____
64	_____	_____	_____	_____
65	_____	_____	_____	_____
66	_____	_____	_____	_____
67	_____	_____	_____	_____
68	_____	_____	_____	_____
69	_____	_____	_____	_____
70	_____	_____	_____	_____
71	_____	_____	_____	_____
72	_____	_____	_____	_____
73	_____	_____	_____	_____
74	_____	_____	_____	_____
75	_____	_____	_____	_____
76	_____	_____	_____	_____
77	_____	_____	_____	_____
78	_____	_____	_____	_____
79	_____	_____	_____	_____
80	_____	_____	_____	_____
81	_____	_____	_____	_____
82	_____	_____	_____	_____
83	_____	_____	_____	_____
84	_____	_____	_____	_____
85	_____	_____	_____	_____
86	_____	_____	_____	_____
87	_____	_____	_____	_____
88	_____	_____	_____	_____
89	_____	_____	_____	_____
90	_____	_____	_____	_____
91	_____	_____	_____	_____
92	_____	_____	_____	_____
93	_____	_____	_____	_____
94	_____	_____	_____	_____
95	_____	_____	_____	_____
96	_____	_____	_____	_____
97	_____	_____	_____	_____

PROPOSED Breakdown for Determining Qualified Basis by Building - Page I

Building	4% Tax Credit			9% Tax Credit			High Cost Credit Area (YES OR NO)	Estimated Placed in Service Date
	Eligible Basis 4% Tax Credit	Applicable Fraction	Qualified Basis	Eligible Basis 9% Tax Credit	Applicable Fraction	Qualified Basis		
1			\$0			\$0	No	
2			\$0			\$0		
3			\$0			\$0		
4			\$0			\$0		
5			\$0			\$0		
6			\$0			\$0		
7			\$0			\$0		
8			\$0			\$0		
9			\$0			\$0		
10			\$0			\$0		
11			\$0			\$0		
12			\$0			\$0		
13			\$0			\$0		
14			\$0			\$0		
15			\$0			\$0		
16			\$0			\$0		
17			\$0			\$0		
18			\$0			\$0		
19			\$0			\$0		
20			\$0			\$0		
21			\$0			\$0		
22			\$0			\$0		
23			\$0			\$0		
24			\$0			\$0		
25			\$0			\$0		
26			\$0			\$0		
27			\$0			\$0		
28			\$0			\$0		
29			\$0			\$0		
30			\$0			\$0		
31			\$0			\$0		
32			\$0			\$0		
33			\$0			\$0		
34			\$0			\$0		
35			\$0			\$0		
36			\$0			\$0		
37			\$0			\$0		
38			\$0			\$0		
39			\$0			\$0		
40			\$0			\$0		
41			\$0			\$0		
42			\$0			\$0		
43			\$0			\$0		
44			\$0			\$0		
45			\$0			\$0		
46			\$0			\$0		
47			\$0			\$0		
48			\$0			\$0		
49			\$0			\$0		
50			\$0			\$0		
Totals:	\$0		\$0	\$0		\$0		

PROPOSED Breakdown for Determining Qualified Basis by Building - Page II

Building	4% Tax Credit			9% Tax Credit			High Cost Credit Area (YES OR NO)	Estimated Placed in Service Date
	Eligible Basis 4% Tax Credit	Applicable Fraction	Qualified Basis	Eligible Basis 9% Tax Credit	Applicable Fraction	Qualified Basis		
51			\$0			\$0	No	
52			\$0			\$0		
53			\$0			\$0		
54			\$0			\$0		
55			\$0			\$0		
56			\$0			\$0		
57			\$0			\$0		
58			\$0			\$0		
59			\$0			\$0		
60			\$0			\$0		
61			\$0			\$0		
62			\$0			\$0		
63			\$0			\$0		
64			\$0			\$0		
65			\$0			\$0		
66			\$0			\$0		
67			\$0			\$0		
68			\$0			\$0		
69			\$0			\$0		
70			\$0			\$0		
71			\$0			\$0		
72			\$0			\$0		
73			\$0			\$0		
74			\$0			\$0		
75			\$0			\$0		
76			\$0			\$0		
77			\$0			\$0		
78			\$0			\$0		
79			\$0			\$0		
80			\$0			\$0		
81			\$0			\$0		
82			\$0			\$0		
83			\$0			\$0		
84			\$0			\$0		
85			\$0			\$0		
86			\$0			\$0		
87			\$0			\$0		
88			\$0			\$0		
89			\$0			\$0		
90			\$0			\$0		
91			\$0			\$0		
92			\$0			\$0		
93			\$0			\$0		
94			\$0			\$0		
95			\$0			\$0		
96			\$0			\$0		
97			\$0			\$0		
GrandTotal:	\$0		\$0	\$0		\$0		

Units in each Building by Bedroom Type- Page I

	Building Address or Number	SRO Units	Studio Units	1 Bedrooms	2 Bedrooms	3 Bedroom	4 Bedroom	Totals
1								0
2								0
3								0
4								0
5								0
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
20								0
21								0
22								0
23								0
24								0
25								0
26								0
27								0
28								0
29								0
30								0
31								0
32								0
33								0
34								0
35								0
36								0
37								0
38								0
39								0
40								0
41								0
42								0
43								0
44								0
45								0
46								0
47								0
48								0
49								0
50								0
		0	0	0	0	0	0	0

Units in each Building by Bedroom Type - Page II

	Building Address or Number	SRO Units	Studio Units	1 Bedrooms	2 Bedrooms	3 Bedroom	4 Bedroom	Totals
51								0
52								0
53								0
54								0
55								0
56								0
57								0
58								0
59								0
60								0
61								0
62								0
63								0
64								0
65								0
66								0
67								0
68								0
69								0
70								0
71								0
72								0
73								0
74								0
75								0
76								0
77								0
78								0
79								0
80								0
81								0
82								0
83								0
84								0
85								0
86								0
87								0
88								0
89								0
90								0
91								0
92								0
93								0
94								0
95								0
96								0
97								0
	Grand Total:	0	0	0	0	0	0	0