



**2006 9% HOUSING TAX CREDIT UNIFORM APPLICATION-
TEMPLATES AND FINANCIALS**

Texas Department of Housing and Community Affairs (TDHCA)

Mailing Address: P.O. Box 13941, Austin, Texas 78711-3941

Physical Address: 221 East 11th Street, Austin, TX 78701

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TEMPLATES

NEIGHBORHOOD ORGANIZATION REQUEST FORMAT

[To be Used as Template for meeting the requirements of §50.8(d)(3)(B)(i), as certified in Tab 3 of the Pre-Application, *Certification of Notifications at Pre-Application* and/or §50.9(h)(8)(A)(ii)(I), as certified in Volume 3, Tab 3, *Certification of Notifications*]

[Date]

[Local Elected Official]

[Address]

[City, State Zip]

Dear [Local Elected Official],

[Applicant Name] is making an application for [Name all TDHCA Programs this application is for]. Pursuant to the applicable program rules associated with these programs, this letter is requesting a list of neighborhood organizations on record with your municipality. If there are no Neighborhood Organizations on record with your municipality or county, or if your office does not keep these records and you know the appropriate entity to request this list from, please respond by letter stating such. Please respond by **(date)**.

Sincerely,

[Representative of the Applicant Name]

[Title]

[Name, Address and telephone number if not on letterhead]

PUBLIC NOTIFICATIONS FORMAT (WRITTEN)

[To be Used as Template for meeting the requirements of §50.8(d)(3)(B), as certified in Tab 3 of the Pre-Application, Certification of Notifications at Pre-Application §50.9(h)(8)(A), as certified in Volume 3, Tab 3, Certification of Notifications]

An Applicant must notify the appropriate individuals and entities, pursuant to §§50.8(d)(3)(B)(ii) through (ix) and 50.9(h)(8)(A)(ii)(II-IX) of the QAP. Provide the following information in the notification.

In accordance with §§50.8(d)(3)(B) and 50.9(h)(8)(A) and the written notification alternative of (B) of the QAP, this exhibit sets forth the language to be used the notifications to all individuals and entities listed below and identified in the QAP:

- 1. All neighborhood organizations identified in the requests for neighborhood organizations pursuant to §§50.8(d)(3)(B) and 50.9(h)(8)(A)(ii)(I)
2. Superintendent of the school district containing the Development
3. Presiding officer of the board of trustees of the school district containing the Development
4. Mayor of the governing body of any municipality containing the Development
5. All elected members of the governing body of any municipality containing the Development
6. Presiding officer of the governing body of the county containing the Development
7. All elected members of the governing body of the county containing the Development
8. State senator of the district containing the Development
9. State representative of the district containing the Development
10. If no signage is installed, all addresses identified in §50.9(h)(8)(B) [does not apply at pre-application].

NOTICE TO PUBLIC

(Applicant Name) is making an application for [TDHCA Multifamily Rental Program] with the Texas Department of Housing and Community Affairs for the (development name, address, city, and county). This (new development or rehabilitation of an existing development) is an (apartment, single family, townhome, highrise, duplexes, etc.) community comprised of approximately (#) units of which (% of total) will be for tenants with approximate incomes less than (80%, 60%, 50%, 40% or 30%, which ever is applicable, must each separately be listed) of the area’s median income. For a family of (1, 2, 3, and 4) those approximate income levels are...(provide the income level for each AMGI range for each size of family). The total restricted income percentage of the Development is (% of total). The Development will serve (family, intergenerational, elderly) households. The number of units and proposed rents (less utility allowances) for the subject property’s tax credit units are:

- (# of) – 1 Bedroom Units for \$_____
(# of) - 2 Bedroom Units for \$_____
(# of) - 3 Bedroom Units for \$_____
(# of) - 4 Bedroom Units for \$_____

(If the development contains market rate units, the following text should also be included.)

The development will also offer market rate units not restricted as to income. The number of units and proposed rents for the subject property’s market rate (non-tax credit program) units are:

- (# of) - 1 Bedroom Units for \$_____
(# of) - 2 Bedroom Units for \$_____
(# of) - 3 Bedroom Units for \$_____
(# of) - 4 Bedroom Units for \$_____

If awarded, this development would be ready for occupancy by approximately (expected completion date). For more information on this notice, please contact (Applicant Name, individual contact name, address and phone number of Applicant contact). For information, see www.tdhca.state.tx.us.

PUBLIC NOTIFICATIONS FORMAT (SIGNAGE)

[To be Used as Template for Sign Posted on Site]

In accordance with §50.9(h)(8)(B) of the QAP, this exhibit sets forth the size and content requirements for the sign posted on the development site satisfying this requirement. **The sign must be at least 4 feet by 8 feet in size and located within twenty feet of (or as close as the site boundaries permit), and facing, the main road adjacent to the site.** The sign shall be continuously maintained on the site until the day that the Board takes final action on the Application for the development. The information and lettering on the sign must meet the requirements below. The requirements below are MINIMUM requirements; The Applicant/Developer may choose to provide more information.

NOTICE TO PUBLIC

(5 inch lettering above)

PROPOSED MULTIFAMILY RESIDENTIAL RENTAL COMMUNITY

(4 inch lettering above)

(2 inch lettering below)

[Applicant Name] has made application to the Texas Department of Housing and Community Affairs for Housing Tax Credits for the development of a proposed multifamily residential rental community [Development Name] to be located at [Street Address], [City], [County], [State] [Zip]. This development community will be comprised of [Total # of] units on [# acres].

[Applicant Contact Name] with [Developer Name] located at [Address], [City], [State] [Zip] and telephone number is [Telephone Number].

For information on the program contact the Texas Department of Housing and Community Affairs, 221 East 11th Street, Austin, Texas 78701 or by telephone at (512) 475-3340 or view our website at www.tdhca.state.tx.us.

LEGAL OPINION LETTER FOR NONPROFIT SET-ASIDE APPLICANTS

To be Used as Template for Requirement under Tab 3H
(Letter Must Be Typed On Attorney's Letterhead)

Date:

To: Texas Department of Housing and Community Affairs
P.O. Box 13941
221 East 11th Street
Austin, Texas 78711-3941

RE: Name of Development:
Address of Development
Development Owner:

Ladies and Gentlemen:

You have asked that we render our opinion to assist you in making a determination that the (*applicant*) is a Qualified Nonprofit Organization within the meaning of section 42(h)(5) of the Internal Revenue Code. We understand that you require this opinion as a prerequisite to your consideration of making an allocation of Housing Tax Credits to (*applicant*) from the set-aside reserved for the use of qualified nonprofit organizations.

In rendering our opinion, we have reviewed the Articles of Incorporation and Bylaws of (*applicant*) as well as the Letter of Determination dated (*date*) from the Internal Revenue Service. We have also examined the records of (*applicant*) to determine whether or not there exists an identity of interests between (*applicant*) and any for-profit sponsors of the above-referenced development, (*the "development"*).

Based upon our review of the foregoing, it is our opinion that:

1. the nonprofit organization is not affiliated with, or controlled by, a for-profit organization with respect to the development. (*Provide the basis for that opinion.*)
2. (*Applicant*) is a "Qualified Nonprofit Organization" within the meaning of section 42(h)(5) of the Internal Revenue Code.
3. (*Applicant*) is an organization described in paragraph (3) or (4) of section 501(c) and is exempt from tax under section 501(a) of the Internal Revenue Code.
4. (*Applicant*) is an organization which specifically has the fostering of low-income housing as one of its tax exempt purposes.
5. (*Applicant*) is eligible for a housing credit allocation from the set-aside reserved for the use of qualified nonprofit organizations. (*Provide the basis for that opinion. Eligibility is contingent upon the non-profit organization controlling the Development, or if the organization's Application is filed on behalf of a limited partnership, or limited liability company, being the sole General Partner (or Managing Member); and otherwise meeting the requirements of the Code, §42(h)(5).*)
6. (*Applicant*) will have the nonprofit entity or its nonprofit affiliate or subsidiary be the Developer or co-Developer as evidenced in the development agreement.

It is our intention that this opinion be relied upon by you in making your determination as to the eligibility of the development to receive Housing Tax Credits from the nonprofit set-aside pursuant to §42(h)5 of the code.

Sincerely,

(*Name of Attorney or Firm rendering opinion*)

PRECERTIFICATION

FINANCIALS: PARTICIPANTS IN THE APPLICATION INFORMATION

Persons who meet any of the following criteria must complete Section 1 and 2 of Exhibit 1, Part H:

1. each Person, other than a natural person, with an ownership interest in the Applicant or general partner or managing member of the Applicant;
2. each subsidiary of a Person with an ownership interest in the Applicant or general partner or managing member of the Applicant;
3. each natural person with 10% or more ownership of a Person with an ownership interest in the Applicant or general partner or managing member of the Applicant;
4. each Person, other than a natural person, receiving a development fee in lieu of ownership;
5. each natural person with 10% or more ownership of a Person receiving a development fee in lieu of ownership; and
6. any Person who guarantees the financing of the transaction for a fee.

Public or private corporations or governmental entities are encouraged to provide audited financial statements and are not required to use the Department's financial statement form.

SECTION 1. AUTHORIZATION TO RELEASE CREDIT INFORMATION

! AS DESCRIBED IN THE APPLICATION SUBMISSION INSTRUCTIONS, DO NOT BIND PART H SECTION 1. "AUTHORIZATION TO RELEASE CREDIT INFORMATION" WITH THE APPLICATION.

I have applied for a loan, tax credits, bond issuance, and/or grant funds, either as Borrower or Principal of the Borrower, Developer or Principal of the Developer, through the Texas Department of Housing and Community Affairs (TDHCA), who will be investigating my financial position. As a result of credit inquiries, I am aware that it may become necessary to complete a criminal background check. I am further aware that this investigation may include my employment status, information regarding bank deposits, information from other credit institutions and law enforcement agencies, and verification of rental property income, as is necessary to determine my eligibility for this credit assistance.

I hereby authorize the release of any and all information requested by TDHCA, and specifically authorize TDHCA to obtain information on my credit history. Furthermore, I hereby authorize the use of a photocopy of this authorization to be used for all legal purposes for which the original may be used, and request that it be honored as if it were the original. I understand that further authorizations for release of specific information may be required. I authorize the State to verify any of the information contained in the application or this financial statement from any source named therein or any source that would have a reasonable expectation to be able to verify any of the information provided or my ability to fulfill potential obligations under a future agreement with the State. I also agree to provide the State audited financial statements if it is deemed necessary to reconcile the statements made herein as a part of its underwriting process.

I hereby certify that the figures and the statements contained herein, submitted by me for the purpose of obtaining financing through the Texas Department of Housing and Community Affairs, are true and give a correct showing of my financial condition as of this date.

I have listed below all Applications that have been submitted to TDHCA under this funding round and for which a financial statement is required. The original, signed version of this document is included in the first listed application.

Legal Applicant Name	Program ¹	Development City

Signature

Printed Name

Date: _____

Address: _____

¹ **Program Key:** HOME Program = HM, Housing Trust Fund = HTF, Housing Tax Credit = TC, Office of Colonia Initiatives = OC, Tax-exempt Private Activity Mortgage Revenue Bond = MRB, 501 (c)(3) Tax-exempt Mortgage Revenue Bond = 501(c)(3)

Name: Person represented in Financial Statement

Signature of Person or Authorized Representative

As of: As of date for Financial Statement

Type name of Person or authorized representative

SECTION 2. FINANCIAL STATEMENT					
ASSETS			LIABILITIES AND NET WORTH		
Cash on Hand in Banks	↙(Indicate Name of Institution)		Unsecured Accounts Payable	↙(Indicate Name of Institution)	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
Total Cash on Hand		\$		\$	
Accounts Receivable	\$	SCHEDULE A		\$	
Less Doubtful Accounts	<\$ >	\$	Total Accounts Payable		\$
Current Portion Notes Rec.	\$	SCHEDULE A	Cur. Stock Notes Payable	SCHEDULE B	\$
Less Doubtful Notes	<\$ >	\$	Cur. Real Estate Notes Pay.	SCHEDULE C	\$
Stock, Bonds (Market Value)	SCHEDULE B	\$	Other Cur. Sec. Notes Payable	SCHEDULE E	\$
Other Current Assets	↙(Describe)		Other Current Liabilities	↙(Describe)	
	\$			\$	
	\$			\$	
	\$			\$	
Total Other Current Assets		\$	Total Other Cur. Liabilities		\$
Total Current Assets		\$	Total Current Liabilities		\$
Long Term Notes Receivable	\$	SCHEDULE A	L/T Stock Notes Payable	SCHEDULE B	\$
Less Doubtful Notes	<\$ >	\$	L/T Real Estate Notes Payable	SCHEDULE C	\$
Real Property - At Net*	SCHEDULE C	\$	Other L/T Sec. Notes Payable	SCHEDULE E	\$
Machinery Equipment – Net*		\$	Other Long Term Liabilities	↙(Describe)	
Fixtures –At Net*		\$		\$	
Life Insurance (Cash Value)	\$	SCHEDULE D		\$	
Less Loans	<\$ >	\$		\$	
Other Long Term Assets	↙(Describe)			\$	
	\$			\$	
	\$		Total Other L/T Liabilities		\$
	\$		Total Long Term Liabilities		\$
	\$		TOTAL LIABILITIES		\$
Total Other Assets		\$	CONT. LIABILITIES	\$	SCHEDULE F
Total Long Term Assets		\$	TOTAL NET WORTH		\$
TOTAL ASSETS		\$	TOTAL LIABILITIES AND NET WORTH		\$

*Cost, including improvements, less depreciation

Bank References

Institution Name	Contact Person	Phone Number

Name: Person represented in Financial Statement

Signature of Person or Authorized Representative

As of: As of date for Financial Statement

Type name of Person or authorized representative

SECTION 3. FINANCIAL STATEMENT

SCHEDULE A - ACCOUNTS AND NOTES RECEIVABLE- (MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.)

Type ¹	Name	Address	Due in Less Than 1 Year	Due in More Than 1 Year	Doubtful Accounts
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL			\$	\$	\$

SCHEDULE B - STOCKS AND BONDS

Description	Exchange ²	Original Cost	Market Value	Margined Pledged	S/T. or L/T
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
TOTAL		\$	\$	\$	

SCHEDULE C - REAL PROPERTY (LIST ALL PROPERTY INTERESTS)

Location & Description of Land and Building Owned (Indicate Private Residence, If Any)	Age	Net Cost ³	Market Value	Assessed Value	Debt Due in < 1 year	Debt Due in > 1 year
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
TOTAL		\$	\$	\$	\$	\$

. Title: The legal and equitable title to all places of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holders

¹ Specify if amount is due from partners (P), employees (E) or relatives (R)
² Specify exchange that stock is traded; **widely held** if not publicly traded, more than 10 unrelated shareholders, and amount listed is less than 50% of outstanding shares; or **closely held** if fewer than 10 unrelated shareholders
³ Cost, including improvements, less depreciation

Name: Person represented in Financial Statement

Signature of Person or Authorized Representative

As of: As of date for Financial Statement

Type name of Person or authorized representative

SECTION 4. FINANCIAL STATEMENT

SCHEDULE D – INSURANCE- (MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.)

Insurer	Beneficiary	Face Value	Gross Cash Value	Loans Against Cash Value
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL		\$	\$	\$

SCHEDULE E - OTHER SECURED NOTES PAYABLE

Type ⁴	Lender/Contact	Security/ Value	Due in Less Than 1 Year	Due in More Than 1 Year
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL			\$	\$

SCHEDULE F - OTHER PLEDGED ASSETS, DELINQUENCIES, LIABILITIES OR CONTINGENT LIABILITIES:

Type of Pledge or Liability	Lender, Beneficiary or Claimant	Est. Amount of Pledge or Potential Liability
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

Legal Proceedings: If any legal proceedings have been instituted, or any unsatisfied judgments exist, provide details:
