

ATTACHMENT A  
CRIMINAL BACKGROUND and DISCLOSURE FORM – HOUSING

Check one and complete:

- |  |  |
|--|--|
| <input type="checkbox"/> Applicant<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Contractor<br><input type="checkbox"/> Tax Attorney<br><input type="checkbox"/> Accounting/CPA Consultant<br><input type="checkbox"/> Application Preparer | <input type="checkbox"/> Developer<br><input type="checkbox"/> Architect<br><input type="checkbox"/> Management Company<br><input type="checkbox"/> Bond Attorney<br><input type="checkbox"/> Energy Consultant<br><input type="checkbox"/> Nonprofit Sponsor<br><input type="checkbox"/> Other: _____ |
|--|--|

In connection with the \_\_\_\_\_ Multifamily Housing Application submitted to the Arkansas Development Finance Authority by \_\_\_\_\_ ("Applicant") requesting a reservation of \_\_\_\_\_ Low-Income Housing Tax Credits or \_\_\_\_\_ Private Activity Volume Cap for the development of \_\_\_\_\_ ("Development"). I, \_\_\_\_\_, on behalf of the Development Team Member, \_\_\_\_\_ ("Development Team Member") being duly sworn, hereby certify that I and all principals<sup>1</sup> of \_\_\_\_\_:

1.  have not been convicted by any state or federal jurisdiction of any felony.  
 or  
 have been convicted by a state or federal jurisdiction of a felony and the following details are provided:

| Jurisdiction | Date | Offense | Punishment | Details |
|--------------|------|---------|------------|---------|
|              |      |         |            |         |
|              |      |         |            |         |

2.  have not been fined, suspended, or debarred as a result of any financial performance, conduct, or housing activity by any state or federal agency.  
 or  
 have been fined, suspended, or debarred as a result of any financial performance, conduct or housing activity by a state or federal agency and the following details are provided:

| Agency | Date | Details |
|--------|------|---------|
|        |      |         |
|        |      |         |

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<sup>1</sup> If the development team member is a partnership, association, limited liability company, or corporation, "principal" shall include: it general partner(s), managing member(s), or any person who has at least a ten percent (10%) ownership interest in any ownership entity of such partnership, association, limited liability company or corporation.

3.  have not filed for bankruptcy or reorganization.

or

have filed for bankruptcy or reorganization and the following details are provided:

| Jurisdiction | Date | Details |
|--------------|------|---------|
|              |      |         |
|              |      |         |

4.  do not have any outstanding, uncorrected noncompliance issues with any state or federal housing program or agency.

or

do have outstanding, uncorrected noncompliance issues with a state or federal housing program or agency and the following details are provided:

| Agency | Date | Details |
|--------|------|---------|
|        |      |         |
|        |      |         |

5.  do not have any existing contracts or indebtednesses with the Arkansas Development Finance Authority either as principal of the above-stated entity or any other entity in which I and all principals of the Development Team Member and which entity is doing business with the Arkansas Development Finance Authority;

or

do have the existing contracts or indebtednesses with the Arkansas Development Finance Authority as principal of the above-stated entity or any other in which I and all principals of the Development Team Member and which entity is doing business with the Arkansas Development Finance Authority: Please include list at the back of this document.

6.  have not had at any time a delinquent, defaulted or foreclosed upon contract, loan or indebtedness with the Arkansas Development Finance Authority either as principal of the above-stated entity or any other entity in which I and all principals of the Development Team Member and which entity is doing business with the Arkansas Development Finance Authority;

or

have had a delinquent, defaulted or foreclosed upon contract, loan or indebtedness with the Arkansas Development Finance Authority either as principal of the above-stated entity or any other entity in which I and all principals of the Development Team Member and which entity is doing business with the Arkansas Development Finance Authority:

| Date | Borrower | Details |
|------|----------|---------|
|      |          |         |
|      |          |         |

7.  have not had at any time any outstanding judgments, and there are no proceedings or investigations of any kind which are pending or to the best of my current, actual knowledge threatened at law or in equity, before or by any federal, state, municipal or other governmental department, commission, board, bureau, agency or other governmental authority:

or

- have had at any time any outstanding judgments, and there are or may be proceedings or investigations of any kind which are pending, threatened at law or in equity, before or by any federal, state, municipal or other governmental department, commission, board, bureau, agency or other governmental authority:

| Date | Borrower | Details |
|------|----------|---------|
|      |          |         |
|      |          |         |

8.  have not been a party to any pending or, to my current, actual knowledge, threatened litigation or to any proceeding or action for the assessment or collection of additional taxes:

or

- have been a party to any pending or, to my current, actual knowledge, threatened litigation or to any proceeding or action for the assessment or collection of additional tax:

| Date | Borrower | Details |
|------|----------|---------|
|      |          |         |
|      |          |         |

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_ further certify that I have the authority and knowledge to make the representations contained herein.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the forgoing instrument for the uses, consideration and purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_



**Statutory Checklist**

Federal Laws and Authorities listed at Sec. 58.6 and

Permits, Licenses, Forms of Compliance Under Other Laws - Federal, State and Local

Development Name:

| Other Areas of Statutory and Regulatory Compliance Applicable to Project | Not Applicable to                   | Consultation             | Review Required*         | Permits Required*        | Determination of         | Approvals, Permits       | Conditions and/or        | Actions Required         | Provide compliance documentation. Additional material may be attached. |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Federal Requirements   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Flood Insurance - 58.6(a)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Coastal Barriers - 58.6(b)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Airport Clear Zone Notification - 58.6(c)                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Water Quality  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Solid Waste Disposal   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Fish and Wildlife  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| State or Local Statutes  | (to be added by Responsible Entity) |                          |                          |                          |                          |                          |                          |                          |  |
|  | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

Prepared by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Comments:

Approved by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_









Development Name:

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Summary of Findings and Conclusions:

Summary of Environmental Conditions:

Development Modifications and Alternatives Considered:

Additional Studies Performed:

Mitigation Measures Needed:

Conclusions:

1. Is development in compliance with applicable laws and regulations?
2. Is an Environmental Impact Statement required?
3. Can a Finding of No Significant Impact (FONSI) be made?

This Environmental Assessment was prepared by:

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Signature

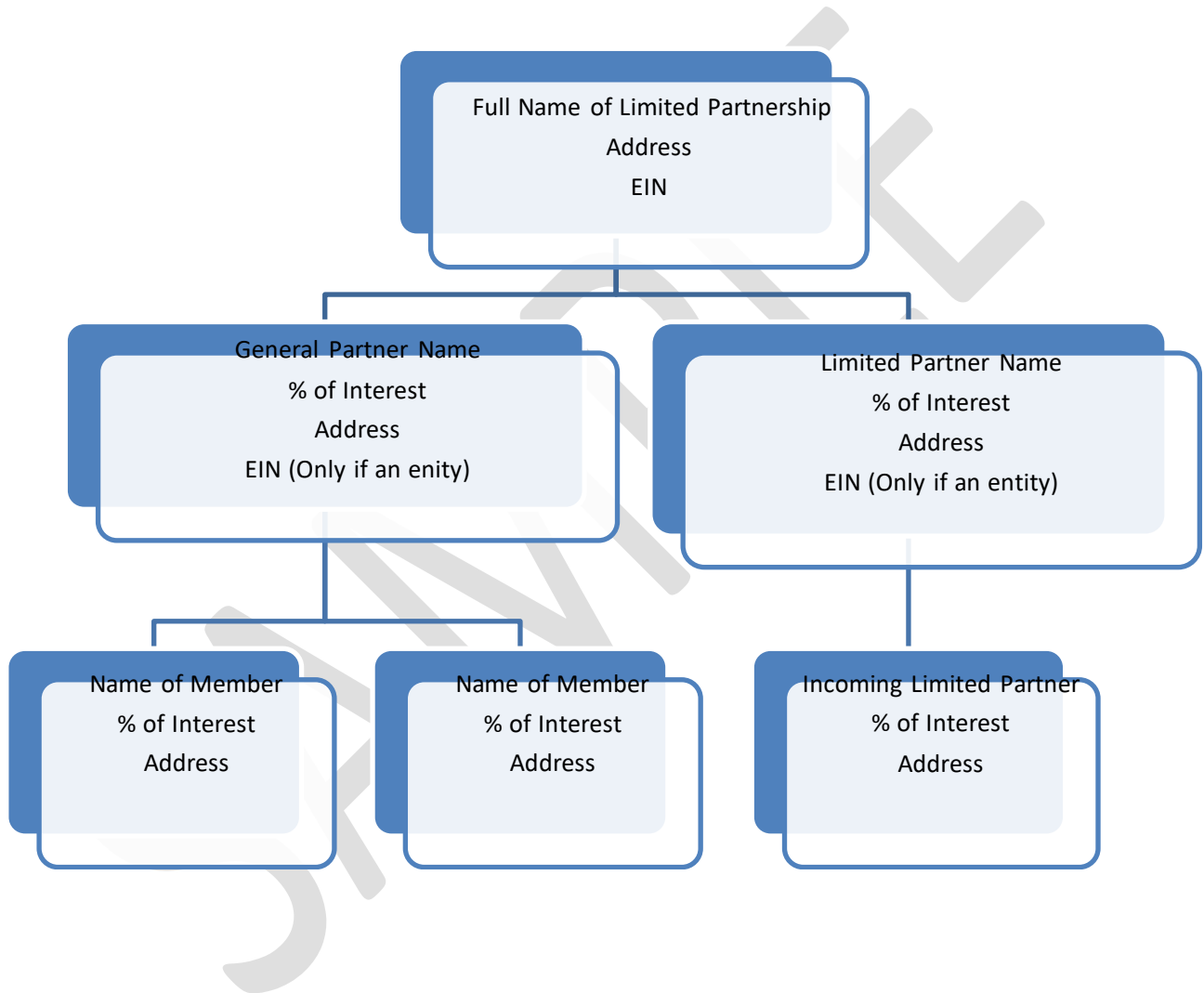
Date:

**THIS DOCUMENT MUST BE COMPLETED IN WHOLE WITH ALL COMPLIANCE DOCUMENTATION AND ADDITIONAL MATERIAL ATTACHED.**

# ATTACHMENT C

## IDENTITY OF INTEREST

Prepare an organizational chart for each member of the Development Team listing the entity, and all applicable stockholders, directors, officers, members, managers, trusts, trustees, etc. including full names and addresses and percentage of ownership and voting rights. If a sole proprietorship, state the same.



The above is a basic flow chart. Prepare one using all of the listings in the first paragraph for anyone at all that has an interest in any member of the Development Team.

**ATTACHMENT C (Continued)**

**Please provide this form of verification for all members of the Development Team: This is a sample only. Contact your attorney if you have any questions for completing this form regarding identity of interest. ADFA assumes no responsibility as to its correctness.**

VERIFICATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

KNOW ALL MEN THAT the undersigned certified that the following statements are correct pertaining to the tax credit application submitted by \_\_\_\_\_ ("Applicant"):

1. the following development team entities are related entities to \_\_\_\_\_ (the "General Partner") in that they have some common members and/or principals:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. \_\_\_\_\_, the General Partner does have an economic interest in the development (as defined by the Guidelines for Multifamily Housing Application published in conjunction with the Housing Credit Program Qualified Allocation Plan (QAP), both documents being published by the Arkansas Development Finance Authority) in that it has an \_\_\_\_\_ ownership in \_\_\_\_\_.

IN WITNESS WHEREOF I, the undersigned have executed this Verification on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the City of \_\_\_\_\_, \_\_\_\_\_ for the benefit of the Arkansas Development Finance Authority.

\_\_\_\_\_  
General Partner

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

Name: \_\_\_\_\_

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this day before me the undersigned notary public, personally appeared the within named \_\_\_\_\_, who acknowledged he was the \_\_\_\_\_ of \_\_\_\_\_ and was authorized in such capacity to exercise the foregoing instrument on behalf of \_\_\_\_\_ and so executed the foregoing instrument for the use, consideration and purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

THIS IS A FORM ONLY. CONTACT YOUR ATTORNEY SHOULD YOU HAVE ANY QUESTIONS REGARDING IDENTITY OF INTEREST IN THE DEVELOPMENT TEAM MEMBERS. ADFA ASSUMES NO RESPONSIBILITY AS TO ITS CORRECTNESS.

SAMPLE

**ATTACHMENT D**  
**INSTRUCTIONS FOR OBTAINING A**  
**SECTION 106 CLEARANCE LETTER AND**  
**FISH AND WILDLIFE SERVICE CLEARANCE LETTER**

The applicant must include a Section 106 Clearance letter and Fish and a Wildlife Service (FWS) Clearance Letter regarding the proposed development site under Tab 17 with the application. The purposes of the clearance letters are to ensure, respectively: (1) the proposed site does not have architectural, historical, or archeological significance that could delay or interfere with the proposed development; (2) the proposed development is not likely to adversely affect threatened or endangered species or be located within 1 mile of a listed Wild and Scenic River or affect the natural, free flowing or scenic qualities of a National Wild and Scenic Rivers' system river or any inventory river; and (3) the proposed development is not located in or within proximity to wetlands identified on the National Wetlands Inventory Map. FWS must find no wetland is present in order to proceed without further processing. Such letters must be obtained and submitted to the Authority with the Multifamily Housing application.

Each letter must include the following information:

1. A 7.5 minute 1:24,000 scale USGS topographical map clearly delineating the proposed development area.
2. Description of the Development detailing all aspects of the proposed development.
3. The location, age, and photographs of the site or structures (if any) to be renovated, removed, demolished, or abandoned as a result of the proposed development.
4. Photographs of any structures 50 years old or older on the property directly adjacent to the development area.

The letters should be addressed as follows:

**Section 106 Letter**

Ms. Stacy Hurst  
State Historic Preservation Officer  
The Department of Arkansas Heritage  
Attention 106 Section  
1100 North Street  
Little Rock, Arkansas 72201

**Fish and Wildlife Letter**

Project Leader  
U.S. Fish and Wildlife Services  
110 S. Amity Road, Suite 300  
Conway, Arkansas 72032

You may also send a digital request to The Department of Arkansas Heritage by sending to [Section106@arkansas.gov](mailto:Section106@arkansas.gov).

The review will take approximately four to six (4-6) weeks. If you have any questions you may contact Gary Arrington at ADFA at (501) 682-5468; Stacy Hurst at (501) 324-9880, or Project Leader at U. S. Fish and Wildlife at (501) 513-4487.

Should there be any findings, please provide a statement at Tab 17 by the Developer that the Developer will adhere to all the suggestions made by either The Department of Arkansas Heritage or the U.S. Fish and Wildlife Services.



**ATTACHMENT F-1**  
**CONFLICT OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE**

Check one and complete:

- |   |   |
|---|---|
| <input type="checkbox"/> Applicant            | <input type="checkbox"/> Developer          |
| <input type="checkbox"/> Consultant           | <input type="checkbox"/> Architect          |
| <input type="checkbox"/> Contractor           | <input type="checkbox"/> Management Company |
| <input type="checkbox"/> Tax Attorney         | <input type="checkbox"/> Bond Attorney      |
| <input type="checkbox"/> Accounting/CPA       | <input type="checkbox"/> Energy Consultant  |
| <input type="checkbox"/> Application Preparer | <input type="checkbox"/> Nonprofit Sponsor  |
|   | <input type="checkbox"/> Other: _____       |

Arkansas Development Finance Authority has adopted the following conflict of interest policy:

1. No person who is an employee, agent or officer of ADFA, during their tenure or for one (1) year thereafter, may engage in the following:

- Self-dealings to get a development funded and completed.
- Gaining a financial interest or benefit from the participant development.
- Gaining a financial interest in a contract, subcontract or agreement.

2. No officer or employee of ADFA may occupy a participating development unit.

3. It is the policy of ADFA to prohibit the lending of ADFA allocated funds as well as the participation in the Single Family Home Ownership program to ADFA employees or appointed officials.

4. Further, if any conflict of interest or potential conflict of interest exists as of the date of application, or a conflict of interest arises thereafter, immediate disclosure by the applicant, owner, developer, sponsor, to ADFA's President, in the application, is required. All ADFA employees, agents, officers, elected/appointed officials, must disclose any and all conflicts of interest to ADFA's President.

As a member of the development team as specified above of the participant development applying for any programs administered by ADFA, I have no knowledge of an actual or potential conflict of interest and if a conflict of interest, or potential conflict of interest, becomes known to me, I will disclose it immediately to ADFA's President.

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the foregoing instrument for the consideration, uses and purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



**ATTACHMENT F-2  
CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

Check one and complete:

- Applicant
- Consultant
- Contractor
- Tax Attorney
- Accounting/CPA Consultant
- Application Preparer

- Developer
- Architect
- Management Company
- Bond Attorney
- Energy Consultant
- Nonprofit Sponsor
- Other: \_\_\_\_\_

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, grant award or other award from or with any Arkansas State Agency. You MUST complete all information requested OR you must indicate "none of the above applies."

SUBCONTRACTOR:  Yes  No      SUBCONTRACTOR NAME: \_\_\_\_\_

TAXPAYER ID NAME: \_\_\_\_\_ IS THIS FOR:     Goods?     Services?     Both?

YOUR LAST NAME:: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED.

For Individuals\*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held                       | Mark (√)                 |                          | Name of Position of Job Held<br>[senator, representative,<br>name of board/<br>commission, data entry,<br>etc.] | For How Long? |             | What is the person(s) name and how are they related to you?<br>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] |          |
|-------------------------------------|--------------------------|--------------------------|---|---------------|-------------|---|----------|
|                                     | Curr<br>ent              | Form<br>er               |   | From<br>MM/YY | To<br>MM/YY | Person's Name(s)  | Relation |
| General Assembly                    | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| Constitutional Officer              | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| State Board or<br>Commission Member | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |
| State Employee                      | <input type="checkbox"/> | <input type="checkbox"/> |   |               |             |   |          |

None of the above applies

**F O R A V E N D O R ( B U S I N E S S ) \***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held                    | Mark (√)                 |                          | Name of Position of Job Held<br>[senator, representative, name of board/commission, data entry, etc.] | For How Long? |          | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? |                        |                     |
|----------------------------------|--------------------------|--------------------------|---|---------------|----------|--|------------------------|---------------------|
|                                  | Current                  | Former                   |   | From MM/YY    | To MM/YY | Person's Name(s)   | Ownership Interest (%) | Position of Control |
| General Assembly                 | <input type="checkbox"/> | <input type="checkbox"/> |   |               |          |  |                        |                     |
| Constitutional Officer           | <input type="checkbox"/> | <input type="checkbox"/> |   |               |          |  |                        |                     |
| State Board or Commission Member | <input type="checkbox"/> | <input type="checkbox"/> |   |               |          |  |                        |                     |
| State Employee                   | <input type="checkbox"/> | <input type="checkbox"/> |   |               |          |  |                        |                     |

**None of the above applies**

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Vendor Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Agency use only  
Agency \_\_\_\_\_ Agency \_\_\_\_\_ Agency \_\_\_\_\_ Contract \_\_\_\_\_ Contract \_\_\_\_\_  
Number \_\_\_\_\_ Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ or Grant No. \_\_\_\_\_

# ATTACHMENT G

## MULTIFAMILY HOUSING MINIMUM DESIGN STANDARDS CHECKLIST

The following checklist must be completed by the Arkansas licensed architect identified as a member of the development team in the Application. **Applicant and architect shall execute separate verifications under oath that the representations set forth in Attachment G – Minimum Design Standards Checklist, will be met in the construction or rehabilitation of the proposed development and that all amenities and energy features represented in the Application will be included in the construction or rehabilitation of the proposed development.** The purpose of this checklist is to assist ADFA to ensure that the development is in compliance with: (1) ADFA's "Multifamily Housing Minimum Design Standards"; (2) all applicable local, state, and national building codes; and (3) all applicable federal and state accessibility and Fair Housing laws. **The general contractor must review and execute the General Contractor's Certification prior to issuance of the Notice to Proceed.**

EACH ITEM MUST BE MARKED. For rehabilitation developments only, if an energy audit ("EA") is performed or a waiver is requested ("WR") for a particular criterion, Applicant must ensure such energy audit or waiver request conforms to the requirements of the 2018 QAP, Guidelines and ADFA's "Multifamily Housing Minimum Design Standards". All requests for a waiver must be indicated on this checklist by "WR," and a written request for the waiver must be submitted.

THIS CHECKLIST, ALONG WITH ANY WAIVER REQUESTED, MUST BE INCLUDED AT TAB 13 OF THE APPLICATION.

\*\*\*\*\*

### CRITERION

#### I. SITE SELECTION

- Site within 100-year flood plain
- Community participates in National Flood Insurance Program
- Flood Insurance to be obtained throughout affordability period
- Areas undergoing development raised at least one (1) foot above flood plain

#### II. BUILDING DESIGN

##### A. GENERAL BUILDING STANDARDS

##### 1. Community Laundry – (Only Single Family Detached mark N/A)

- 1 washer and 1 dryer for every 10 units in the development
- 1 washer and 1 dryer per 15 units-washer and dryer connections
- 1 washer and 1 dryer in development – washer and dryer furnished

##### 2. Senior or Assisted Living

- All units located at grade level or on elevator accessible floor

##### 3. Access road, parking spaces, curbing, and sidewalks

- Continuous asphalt or concrete paved access road
- Family* – 7 spaces for every 4 units, inclusive of handicap spaces
- Senior* – 5 spaces for every 4 units, inclusive of handicap spaces
- All parking areas must be asphalt or concrete
- All paved areas are concrete curbed
- All driveways on single-family detached homes must be concrete
- Sidewalk access to all parking spaces must be provided
- All sidewalks and walkways must be concrete and  $\geq 5$  feet wide
- Applicable handicap spaces per ADA Accessibility Guidelines (Section 208.2)

##### 4. Single Family Detached Units

- At least 3 bedrooms with 2 bathrooms and attached single car garage
- 20 percent of the units in a development may be 2 bedrooms with 2 bathrooms (must be supported by market need) and have an attached single car garage
- Washer and dryer connections in the living area for each detached unit

##### B. MINIMUM BUILDING STANDARDS

1. Minimum Unit Net Area Requirements

- Not applicable because development is:
  - Existing rental units or
  - Assisted Living

| Unit Type     | Number of Bathrooms | Minimum Unit Net Area* | Minimum Bedroom Net Area |
|---------------|---------------------|------------------------|--------------------------|
| 1 bedroom     | 1                   | 750 sq. ft.            | 120 sq. ft.              |
| 2 bedroom     | 1.5                 | 950 sq. ft.            | 120 sq. ft.              |
| 2 bedroom SFD | 2                   | 1000 sq. ft.           | 120 sq. ft.              |
| 3 bedroom     | 2                   | 1150 sq. ft.           | 120 sq. ft.              |
| 4 bedroom     | 2                   | 1300 sq. ft.           | 120 sq. ft.              |

\*Unit areas do not include outside storage, covered porches, patios, balconies, garages, etc.

- Units meet the required minimum unit net area stated above for the unit type
- Units provide the number of bathrooms required above for the unit type
- Units meet the required minimum bedroom net area stated above

2. Exterior Building Standards

- a. Exterior covering:
  - Brick
  - Vinyl siding
  - .042" minimum thickness
  - 50-year non-prorated transferable warranty
  - Cementitious siding
  - 8" brick or decorative block apron
- b. Fascia and soffit
  - Vinyl, aluminum or cementitious prefinished fascia and vented soffit
- c. Entry doors
  - Metal-clad wood or hollow metal construction
  - Peephole(s)
  - Dead bolt locks with interior "thumb latch"
  - 34" minimum clear opening width
  - Sliding glass doors are prohibited
- d. Roofing materials
  - Anti-fungal
  - Seal tab shingles with minimum 30 year warranty
  - 15 lb. or greater felt paper
  - Metal roof with a minimum 30-year warranty
- e. Gutters and downspouts
  - 5" gutter
  - 2"x 3" downspouts
  - Concrete splash blocks or piped to appropriate drain
- f.  Roof gable vents made of aluminum or vinyl
- g.  Attics must be vented
- h. Primary entries
  - Breezeway or minimum roof covering of 5 (five) feet wide.
  - Sidewalks serving a single unit may be 3 (three) feet wide
  - Entry pads of 5' by 5' with minimum slope of ¼ " per foot
- i.  Breezeways functioning as fire exits constructed of concrete
- j.  Exterior shutters required on all 100% vinyl or cementitious sided buildings
- k.  Exterior stairway, porch and patio components made of non-combustible materials
- l.  Exterior lighting exists at all entry doors
- m. Landscaping
  - All disturbed areas are sodded
  - Six one-gallon shrubs per unit and one 1½ " tree for every 2 units
  - A development sign with Fair Housing logo
  - At least one enclosed dumpster
- n. Concrete

- All above ground concrete shall be minimum 3500 PSI with 6x6 welded wire reinforcement.
- o.  All new construction and rehabilitated buildings must have radiant barrier in attics or on roofs

### 3. Interior Building and Space Standards

- a. Kitchen Spaces
  - Each unit equipped with a portable, readily accessible dry chemical fire extinguisher
  - New cabinets have dual sidetrack drawers
  - A 1'6" x 1'6" deep with 5 shelves minimum pantry closet
  - All units shall include a kitchen area which includes at a *minimum*, a sink, stove and refrigerator
- b. Bathroom Spaces
  - Tub/shower units are 30" width by 60" length minimum
  - Senior and Assisted Living* – equipped with anti-scald valves
  - Water closets centered 18" from sidewalls/vanities
- c.  Hallways have minimum of 36" width
- d.  Interior doors intended for passage have minimum clear opening width of 34"
- e.  Overhead lighting in each room
- f.  A tamper-proof 10-year smoke alarm per floor of unit
- g.  A carbon monoxide detector in each unit that utilizes gas

### 4. Plumbing and Mechanical Equipment

- a.  Not located in attic spaces
- b.  Located in mechanical closets with insulated walls
- c.  Gas WHs located in individual, separate mechanical closet
- d.  WHs placed in drain pans that are plumbed to outside
- e.  HVAC refrigeration lines are insulated

### 5. Energy Efficient Systems, Insulation and Equipment

- a.  Ceiling fans installed in each bedroom and living room
- b.  Shower heads flow rate ≤ 2.5 gallon per minute
- c.  Hot water pipes wrapped with ½ " insulation
- d.  Water piping in attic or exterior walls is insulated
- e.  Fluorescent light fixtures in kitchen, bathrooms and utility
- f.  Exterior wall insulation with minimum R-16 rating
- g.  Roof or attic insulation with minimum R-38 rating
- h.  Exterior house wrap (e.g. TYVEK) installed
- i.  Sound proofing with ≥ STC 54 rating in common/party walls and ceilings
- j.  Gas or oil heated systems AFUE rating ≥ 90% with a minimum 14.5 SEER rated air conditioning system
- k.  Heat pump systems HSPF rating ≥ 7.8 with a minimum 14.5 SEER rated air conditioning system
- l. Windows with:
  - (i) frames and sashes constructed of wood, vinyl-clad wood, or extruded vinyl;
  - (ii) 2 or more panes of argon gas filled insulated glass, at least one pane with Low-Emission (Low-E) coating;
  - (iii) U-Factor of not greater than 0.35; and
  - (iv) solar heat gain coefficient (SHGC) of not greater than 0.30

### 6. Universal Design

- a.  7% of all residential units comply with the Level 5, "All-Inclusive" usability criteria in "*Arkansas Usability Standards in Housing: Guidance Manual for Constructing Inclusive Functional Dwellings*" (AUSH)
- b.  All Level 5, "All-Inclusive" units under AUSH has at least one bathroom with an "accessible roll-in" shower facility with minimum dimensions of 60" x 34" or 36" x 36" if a corner shower
- c.  All ground level residential units and residential units with elevator access comply with Level 1, "Vsitable" usability criteria under AUSH
- d.  ALL residential units have "closed-fist" operability throughout the unit, e.g.,

- (i) single handle door levers vs. doorknobs;
  - (ii) push stick lighting and environmental controls;
  - (iii) cabinet doors can be opened with a closed fist;
  - (iv) single handle faucets in bathroom and kitchen
- e.  ALL residential units have environmental controls with visual and tactile cues. For lighting, a "rocker" type switch is sufficient. For thermostats, programmable and digital with raised buttons is required.

List owner-provided amenities and advanced energy efficiency features for which Applicant seeks points.

Amenity Description

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Advanced Energy Feature Description

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Complete Certification of Applicant, Architect and General Contractor on the following pages

**Applicant's Certification**

I, \_\_\_\_\_, in my capacity as Applicant for the proposed development known as \_\_\_\_\_ state that I have reviewed the above Attachment G, "Multifamily Housing Minimum Design Standards Checklist", and certify as to the accuracy of its contents, and further certify that the cost estimates provided in the application encompass the representations made herein and that the development will be constructed or rehabilitated in accordance with ADFA's Minimum Design Standards and the representations herein.

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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the forgoing instrument for the uses, consideration and purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_

**Architect's Certification**

I, \_\_\_\_\_, in my capacity as Architect for the proposed development known as \_\_\_\_\_ state that I have reviewed the above Attachment G, "Multifamily Housing Minimum Design Standards Checklist", and certify as to the accuracy of its contents, and further certify that the cost estimates provided in the application encompass the representations made herein and that the development will be constructed or rehabilitated in accordance with ADFA's Minimum Design Standards and the representations herein.

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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the forgoing instrument for the uses, consideration and purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_



**General Contractor's Certification**

I, \_\_\_\_\_, in my capacity as General Contractor for the proposed development known as \_\_\_\_\_ state that I have reviewed the above Attachment G, "Multifamily Housing Minimum Design Standards Checklist", and certify that the cost estimates provided in the application encompass the representations herein, and further certify that the development will be constructed or rehabilitated in accordance with ADFA's Minimum Design Standards and the representations set forth herein.

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

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a Notary Public of the state and county stated above, personally appeared \_\_\_\_\_, with whom I have personal knowledge, and who, upon oath, acknowledged that \_\_\_\_\_ executed the forgoing instrument for the uses, consideration and purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_