



Tax Credit Allocation Committee

ATTACHMENT 4(A)

APPLICANT LARGE FAMILY ELIGIBILITY CERTIFICATION

Regulation 10325(g)(1)(A) through (I)

- A) At least thirty percent (30%) of the Tax Credit units in the project shall be three-bedroom or larger units, with the remaining units configured based on the demand established in the basic threshold requirements except that for projects qualifying for and applying under the At-risk set-aside, the Executive Director may grant a waiver from this requirement if the applicant shows that it would be cost prohibitive to comply.
 - B) One-bedroom units must include at least 500 square feet and two-bedroom units must include at least 750 square feet of living space. These limits may be waived for rehabilitation projects, at the discretion of the Executive Director. Three-bedroom units shall include at least 1,000 square feet of living space and four-bedroom units shall include at least 1,200 square feet of living space, unless these restrictions conflict with the requirements of another governmental agency to which the project is subject to approval (bedrooms shall be large enough to accommodate two persons each and living areas shall be adequately sized to accommodate families based on two persons per bedroom).
 - C) Four-bedroom and larger units shall have a minimum of two full bathrooms.
 - D) The project shall provide outdoor play/recreational facilities suitable and available to all tenants, for children of all ages, except for small developments as defined in Section 10315(e). The Executive Director, in her/his sole discretion may waive this requirement upon demonstration of nearby, readily accessible, recreational facilities.
 - E) The project shall provide an appropriately sized common area(s). For purposes of this part, common areas shall include all interior common areas, such as the rental office and meeting rooms, but shall not include laundry rooms or manager living units, and shall meet the following size requirement: projects comprised of 30 or less total units, at least 600 square feet; projects from 31 to 60 total units, at least 1000 square feet; projects from 61 to 100 total units, at least 1400 square feet; projects over 100 total units, at least 1800 square feet. Small developments, defined in Section 10315(e), are exempt from this requirement.
 - F) A public agency shall provide direct or indirect long-term financial support for at least fifteen percent (15%) of the total project development costs, or the owner's equity (includes syndication proceeds) shall constitute at least thirty percent (30%) of the total project development costs.
 - G) Adequate laundry facilities shall be available on the project premises, with no fewer than one washer/dryer per 10 units. To the extent that tenants will be charged for the use of central laundry facilities, washers and dryers must be excluded from eligible basis. If no centralized laundry facilities are provided, washers and dryers shall be provided in each unit, subject to the further provision that gas connections for dryers shall be provided where gas is otherwise available at the property.
 - H) Dishwashers shall be provided in all units unless a waiver is granted by the Executive Director because of planning or financial impracticality.
 - I) Projects are subject to a minimum low-income use period of 55 years.
- WAIVER REQUESTED** (please attach proof of waiver approval).

APPLICANT CERTIFICATION

I/ We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that each of the individual items identified in the large family threshold requirements section of this application will be met and satisfied according to the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)



ATTACHMENT 4(B)

APPLICANT SENIOR ELIGIBILITY CERTIFICATION

REGULATION 10325(g)(2)(A) through (J)

- A) All units shall be restricted to households eligible under the provisions of California Civil Code 51.3 (except for projects utilizing federal funds whose programs have differing definitions for senior projects), and further be subject to state and federal fair housing laws with respect to senior housing.
- B) The project shall be on a suitable site. Access to basic services shall be available by other than resident-owned transportation.
- C) Projects over two stories shall have an elevator.
- D) No more than twenty percent (20%) of the low-income units in the project shall be larger than one-bedroom units, unless waived by the Executive Director, when supported by a full market study. One larger unit may be included for use as a manager's unit without a waiver.
- E) One-bedroom units must include at least 500 square feet and two-bedroom units must include at least 750 square feet of living space. These limits may be waived for rehabilitation projects, at the discretion of the Executive Director.
- F) For projects receiving Tax Credits after 2000, emergency call systems shall only be required in units intended for occupancy by frail elderly populations requiring assistance with activities of daily living, and/or applying as special needs units. When required, they shall provide 24-hour monitoring, unless an alternative monitoring system is approved by the Executive Director.
- G) Common area(s) shall be provided on site, or within approximately one-half mile of the subject property. For purposes of this part, common areas shall be allowed to include all interior common areas, such as the rental office and meeting rooms, but shall not include laundry rooms or manager living units, and shall meet the following size requirement: projects comprised of 30 or less total units, at least 600 square feet; projects from 31 to 60 total units, at least 1,000 square feet; projects from 61 to 100 total units, at least 1,400 square feet; projects over 100 total units, at least 1,800 square feet. Small developments, defined in Section 10315(e) are exempt from this requirement.
- H) A public agency shall provide direct or indirect long-term financial support for at least fifteen percent (15%) of the total project development costs, or the owner's equity (includes syndication proceeds) shall constitute at least thirty percent (30%) of the total project development costs.
- I) Adequate laundry facilities shall be available on the project premises, with no fewer than one washer/dryer per 15 units. To the extent that tenants will be charged for the use of central laundry facilities, washers and dryers must be excluded from eligible basis. If no centralized laundry facilities are provided, washers and dryers shall be provided in each of the units subject to the further provision that gas connections for dryers shall be provided where gas is otherwise available at the property.
- J) Projects are subject to a minimum low-income use period of 55 years.

WAIVER REQUESTED (please attach proof of waiver approval).

APPLICANT CERTIFICATION

If We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that each of the individual items identified in the senior threshold requirements section of this application will be met and satisfied according to the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)



ATTACHMENT 4(C)

APPLICANT SRO ELIGIBILITY CERTIFICATION

Regulation 10325(g)(3)(A) through (L)

- A) Average income is no more than forty percent (40%) of the area median income.
- B) SRO units are efficiency units that may include a complete private bath and kitchen but generally do not have a separate bedroom, unless the configuration of an already existing building being proposed to be used for an SRO dictates otherwise. The maximum size for an SRO unit shall be 500 square feet. At least 90% of the units in the project must meet these requirements.
- C) At least one bath shall be provided for every eight units.
- D) If the project does not have a rental subsidy committed, the applicant shall demonstrate that the target population can pay the proposed rents. For instance, if the target population will rely on General Assistance, the applicant shall show that those receiving General Assistance are willing to pay rent at the level proposed.
- E) The project configuration, including community space and kitchen facilities, shall meet the needs of the population.
- F) A public agency shall provide direct or indirect long-term financial support for at least fifteen percent (15%) of the total project development costs, or the owner's equity (includes syndication proceeds) shall constitute at least thirty percent (30%) of the total project development cost.
- G) Adequate laundry facilities shall be available on the project premises, with no fewer than one washer/dryer per 15 units.
- H) Projects are subject to a minimum low-income use period of 55 years.
- I) A ten percent (10%) vacancy rate shall be used unless otherwise approved by the Executive Director. Justification of a lower rate shall be included.
- J) A signed contract or memorandum of understanding between the developer and the service provider, together with the resolution of the service provider, must accompany the Tax Credit application.
- K) A summary of the experience of the developer and the service provider in providing for the population to be served must accompany the Tax Credit application.
- L) New construction projects for seniors shall not qualify as Single Room Occupancy housing.

APPLICANT CERTIFICATION

I/ We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that each of the individual items identified in the SRO threshold requirements section of this application will be met and satisfied according to the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)



Tax Credit Allocation Committee

ATTACHMENT 4(D)

APPLICANT SPECIAL NEEDS ELIGIBILITY CERTIFICATION

Regulation 10325(g)(4)(A) through (L)

- A) Average income for the special needs units is no more than forty percent (40%) of the area median income.
B) Third party verification from a federal, state or local agency of the availability of services appropriate to the targeted population.
C) The units/building configurations (including community space) shall meet the specific needs of the population.
D) If the project does not have a rental subsidy committed, the applicant shall demonstrate that the target population can pay the proposed rents.
E) A public agency shall provide direct or indirect long-term financial support for at least fifteen percent (15%) of the total project development costs.
F) Adequate laundry facilities shall be available on the project premises, with no fewer than one washer/dryer per 15 units.
G) Projects are subject to a minimum low-income use period of 55 years.
H) A ten percent (10%) vacancy rate shall be used for pro-forma purposes unless otherwise approved by the Executive Director.
I) Where services are required as a condition of occupancy, special attention shall be paid to the assessment of service costs as related to maximum allowable Credit rents.
J) A signed contract or memorandum of understanding between the developer and the service provider, together with the resolution of the service provider(s) identified in the preliminary service plan described in paragraph (L), must accompany the Tax Credit application;
K) A summary of the experience of the developer and the service provider(s) in providing services to the project's for special needs populations must accompany the Tax Credit application; and,
L) A preliminary service plan that specifically identifies: the service needs of the projects special needs population; the organization(s) that would be providing the services to the residents; the services to be provided to the special needs population; how the services would support resident stability and any other service plan objectives; a preliminary budget displaying anticipated income and expenses associated with the services program.

APPLICANT CERTIFICATION

I/ We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that each of the individual items identified in the special needs threshold requirements section of this application will be met and satisfied according to the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)



ATTACHMENT 4(E)

APPLICANT AT-RISK ELIGIBILITY CERTIFICATION

Regulation 10325(g)(5)(A) & (B)

- A) Projects are subject to a minimum low-income use period of 55 years.
- B) Project application eligibility criteria include:
 - (i) Before applying for Tax Credits, the project must meet the At-risk eligibility requirements under the terms of applicable federal and state law as verified by a third party legal opinion, except that a project that has been acquired by a qualified nonprofit organization within the past five years of the date of application with interim financing in order to preserve its affordability and that meets all other requirements of this section, shall be eligible to be considered an "at-risk" project under these regulations. A project application will not qualify in this category unless it is determined by the Committee that the project is at-risk of converting due to market or other conditions.
 - (ii) The project must currently possess or have had within the past five years from the date of application, either federal mortgage insurance, a federal loan guarantee, federal project-based rental assistance, or, have its mortgage held by a federal agency, or be owned by a federal agency or be currently subject to, or have been subject to, within five years preceding the application deadline, Federal Housing Tax Credit restrictions whose compliance period is expiring or has expired within the last five years and at least 50% of whose units are not subject to any other rental restrictions beyond the term of the Tax Credit restrictions.
 - (iii) As of the date of application filing, the applicant shall have sought available federal incentives to continue the project as low-income housing, including, direct loans, loan forgiveness, grants, rental subsidies, renewal of existing rental subsidy contracts, etc.
 - (iv) Subsidy contract expiration, mortgage prepayment eligibility, or the expiration of Housing Tax Credit restrictions shall occur no later than five calendar years after the year in which the application is filed, except in cases where a qualified nonprofit organization acquired the property within the terms of (i) above and would otherwise meet this condition but for: 1) long-term use restrictions imposed by public agencies as a condition of their acquisition financing; or 2) HAP contract renewals secured by the qualified nonprofit organization for the maximum term available subsequent to acquisition.
 - (v) The applicant agrees to renew all project based rental subsidies (such as Section 8 HAP or Section 521 rental assistance contracts) for the maximum term available and shall seek additional renewals throughout the project's useful life, if applicable.
 - (vi) At least seventy percent (70%) of project tenants shall, at the time of application, have incomes at or below sixty percent (60%) of area median income.
 - (vii) The gap between total development costs (excluding developer fee), and all loans and grants to the project (excluding Tax Credit proceeds) must be greater than fifteen percent (15%) of total development costs.
 - (viii) A public agency shall provide direct or indirect long-term financial support of at least fifteen percent (15%) of the total project development costs, or the owner's equity (includes syndication proceeds) shall constitute at least thirty percent (30%) of the total project development cost.

APPLICANT CERTIFICATION

I/ We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that each of the individual items identified in the at-risk threshold requirements section of this application will be met and satisfied according to the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)



ATTACHMENT 5
Legal Status Questionnaire

APPLICANT'S DISCLOSURE

1. Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/project sponsor that is involved in the management, operation, or development of the project.
2. Disclose any civil, criminal, or regulatory action in which the applicant/project sponsor, or any current board members, partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, or matters involving health and safety where there are allegations of serious harm to employees, the public, or the environment.

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charters, complaint or filing, and the outcome. For a publicly-traded company, the relevant sections of the company's 10K, 8K, and 10Q most recently filed with the Securities and Exchange Commission may be attached in response to question #1. With respect to a response for question #2, previous 10K, 8K, and 10Q filings of the company may be attached if applicable.

Nothing to Disclose

Name of Applicant/
Project Sponsor Entity: _____
(Please Print)

Signature: _____
(Applicant/Project Sponsor)

Name of Signatory: _____
(Please Print)

Title of Signatory: _____
(Please Print)

Date: _____



ATTACHMENT 8
Rehabilitation Summary Instructions

Purpose: This form is designed to facilitate the reconciliation of the Capital Needs Assessment and the aggregate rehabilitation budget presented in TCAC's Sources and Uses. The intent is to hold developers of rehabilitation projects to the same standards as those who develop newly constructed projects.

Instructions:

1. The "**Rehabilitation Summary**" worksheet tab must be completed.
2. **Rehabilitation Items:** You are encouraged to individualize this report as needed by removing or adding rows as necessary to the particular project. However, columns are not to be removed or ignored, nor are the overall row categories to be changed (these are denoted by the **BOLD CAPITALIZED HEADINGS in the rows**).
3. **Comments / Brief Description of the Proposed Rehabilitation:** The description provided here should represent a concise explanation of what will be rehabilitated regarding the particular rehabilitation item.
4. **Number and Percentage:** These columns should provide an estimate of the percentage of units that will be subject to this particular rehabilitation; or if more appropriate, the percentage of the component(s) / feature(s) throughout the project, that will be subject to this rehabilitation expenditure.
5. **Estimated Remaining Useful Life / CNA Evidence:** Cite the page(s) in the CNA that support the need for this rehabilitation, and/or provide an estimate of the remaining useful life (typically a range for multiple items such as appliances, etc.) to the feature that will be rehabilitated.
6. **Estimated Cost:** Self-explanatory, however, the total of these expenditures **must** equal the sum of the rehabilitation site work, structures and prevailing wage costs (i.e., all costs not shown as contractor profit, overhead and general requirements) in the first page of "Part IV: Sources and Uses Budget.

REHAB PROJECTS MUST INCLUDE TCAC'S REHABILITATION SUMMARY WORKSHEET
CLICK ON "REHABILITATION SUMMARY" WORKSHEET TAB OF THIS EXCEL DOCUMENT



<i>Project Name:</i>					
REHABILITATION ITEMS	COMMENTS / BRIEF DESCRIPTION OF THE PROPOSED REHABILITATION	NUMBER OF UNITS	PERCENTAGE	ESTIMATED REMAINING USEFUL LIFE / CNA EVIDENCE	ESTIMATED COST
SITE					
Carports/Garages					
Drainage					
Fencing					
Landscaping/Topography					
Lighting					
Parking/Roadways					
Recreation Areas					
Sidewalks/Pedestrian Areas					
Signage					
Trash Facilities					
Maintenance Shed					
Utilities					
Other (Specify)					
Other (Specify)					
Other (Specify)					
STRUCTURE FRAMES AND ENVELOPES					
Balconies/Patios					
Doors and Frames					
Elevated Walkways					
Facades/Siding/Exterior Walls					
Foundation/Substructure					
Insulation					
Painting					
Roofing					
Stairs/Landings					
Superstructure					
Windows and Frames					
Other (Specify)					
Other (Specify)					
Other (Specify)					



<i>Project Name:</i>					
REHABILITATION ITEMS	COMMENTS / BRIEF DESCRIPTION OF THE PROPOSED REHABILITATION	NUMBER OF UNITS	PERCENTAGE	ESTIMATED REMAINING USEFUL LIFE / CNA EVIDENCE	ESTIMATED COST
COMMON AREAS					
Community Room					
Laundry Facilities					
Management Office					
Other (Specify)					
Other (Specify)					
Other (Specify)					
MECHANICAL / ELECTRICAL / PLUMBING					
Electrical Systems					
Elevators					
Fire Alarm/Suppression					
Hot and Cold Water Distribution					
HVAC/Heating/Cooling					
Plumbing and Sewage Systems					
Water Heaters					
Other (Specify)					
Other (Specify)					
Other (Specify)					
UNIT INTERIORS					
Appliances					
Cabinets					
Carpeting					
Ceilings/Walls					
Countertops					
Doors					
Flooring					
Lighting					
Painting					
Sinks/Faucets					
Smoke/Heat/CO2 Detectors					
Toilets, Tubs and Showers					
Window Coverings					
Other (Specify)					
Other (Specify)					
Other (Specify)					



Project Name:					
REHABILITATION ITEMS	COMMENTS / BRIEF DESCRIPTION OF THE PROPOSED REHABILITATION	NUMBER OF UNITS	PERCENTAGE	ESTIMATED REMAINING USEFUL LIFE / CNA EVIDENCE	ESTIMATED COST
CODE COMPLIANCE					
Fire Safety					
Building Safety					
Other (Specify)					
Other (Specify)					
Other (Specify)					
ACCESSIBILITY / ADA COMPLIANCE					
Public Area Accessibility					
Unit Accessibility					
Other (Specify)					
Other (Specify)					
Other (Specify)					
TOTAL COSTS					\$0

Authorized Signatory:

Name of Signatory (Print):

Applicant Name (Print):

Date Signed:



ATTACHMENT 12
Construction and Design Description
Regulation 10322(h)(10)

In **BOTH** the application binder and the local reviewing agency binder, place **ONE COPY** of the Construction and Design Description Attachment immediately behind the Local Jurisdiction page located in “II. Application - Section 1,” and **ONE COPY** in TAB 12.

This attachment should be a detailed narrative description of the proposed project’s construction and design including how the design will serve the targeted population. The narrative must also include an explanation of any required demolition and off-site improvements, as well as a detailed construction breakdown of these expenses.



Tax Credit Allocation Committee

**ATTACHMENT 14
Verification of Zoning**

**SAMPLE
(APPLICABLE LOCAL JURISDICTION LETTERHEAD)**

California Tax Credit Allocation Committee
915 Capitol Mall, Room 485
Sacramento, CA 95814

Project Name: _____

Project
Address /Site: _____

Project City: _____

Project County: _____

Housing Type: _____

Proposed Number Of Units: _____

Assessor Parcel Number(s): _____

The entire parcel upon which the above-described low-income project will be located is zoned _____ which allows for residential development (**multi-family**) of no greater than _____ units per acre. This project is eligible to apply for a density bonus that would allow a maximum density of _____ units per acre.

The project, as proposed, is zoned for the intended use, complies with the general plan, and conditional use requirements, if any.

Statement
Completed By: _____
(Signature)

Name of Signatory: _____
(Please Print)

Title of Signatory: _____
(Please Print)

Phone Number: _____

Date: _____



Tax Credit Allocation Committee

ATTACHMENT 16
Terms of Syndication Agreement

SAMPLE

(Name of investor) is interested in purchasing a ____% interest in the captioned project. It is estimated that the \$_____ in federal credits and the \$_____ in state credits requested for this project would generate gross proceeds in the amount of \$_____.

Estimated net syndication proceeds may be calculated by subtracting typical syndication costs from the estimated gross proceeds as follows:

Gross Proceeds \$ _____

Investor Expenses:

Investor fees (acquisition, advisory, etc.) \$ _____
Organizational and offering expenses \$ _____
Acquisition expenses \$ _____
Reserves or working capital \$ _____
Other (explain) \$ _____
Total Investor Expenses \$ _____

Partnership Expenses:

Legal Expenses \$ _____
Accounting Expenses \$ _____
Other (explain) \$ _____
Total Partnership Expenses \$ _____

Less

Total Expenses \$ _____

Net Proceeds \$ _____

Total Expenses / Gross Proceeds _____%

The estimated net proceeds are equivalent to \$_____ for each \$1 of federal credit and \$_____ for each \$1 of state credit reserved to the project. None of the above fees earned by the investor will be included in the project's eligible basis.

If there are any questions regarding these estimates please contact the undersigned.

Authorized Signatory: _____

Name of Signatory: _____
(Please Print)

Title of Signatory: _____
(Please Print)

Date: _____



Tax Credit Allocation Committee

**ATTACHMENT 18(A)
Local Development Impact Fees**

Itemize all local impact fees to be paid. The total must correspond with the total local impact fees line item shown in the development budget of the application.

Pursuant to Regulation Section 10302(x), Local development impact fees are defined as: The amount of impact fees, mitigation fees, or capital facilities fees imposed by municipalities, county agencies, or other jurisdictions such as public utility districts, school districts, water agencies, resource conservation districts, etc.

NOTE: Permit processing fees, building permit fees, and plan check fees are NOT considered local development impact fees.

TYPE OF FEES TO BE PAID	AMOUNT OF FEE
Community Development Fees	
Drainage Facilities	
Facilities Assessment	
Fire Facilities	
General Facilities	
Governmental/Environmental	
Law Enforcement Facilities	
Library Facilities	
Parks & Recreation	
Public Facilities	
Schools	
Streets & Signals	
Traffic Fees	
Waste Water Collection	
Waste Water Treatment	
Water Facilities	
Other (specify):	
Other (specify):	
Total Local Development Impact Fees	

PRINT APPLICANT NAME

PHONE

PRINT NAME

EMAIL

PRINT TITLE

SIGNATURE

DATE

PRINT AGENCY / JURISDICTION NAME

PHONE

PRINT NAME

EMAIL

PRINT TITLE

SIGNATURE

DATE



ATTACHMENT 18(B)
Architect/Engineer Threshold Basis Limit Certification

Project Name: _____

CHECK THE RELEVANT/APPROPRIATE BOXES TO THE PROJECT AND SIGN AS INDICATED:

- Provide parking beneath residential units (but not "tuck under" parking).
Day care center is part of the project.
The lesser of the associated costs or up to a 15% basis adjustment for projects requiring seismic upgrading of existing structures, and/ or projects requiring toxic or other environmental mitigation. Must attach additional Architect / Engineer verification of estimated cost.
At the discretion of the Executive Director, up to a maximum 5% basis adjustment for projects that include distributive energy technologies such as micro-turbines and/or renewable energy sources such as solar. Must attach additional Architect / Engineer verification of estimated cost (net of rebates) of system and operating cost savings throughout the compliance period.
At least 95% of upper floor units are serviced by elevator(s).

ITEM (e): OPTIONAL ELECTION TO:

- Exceed Title 24 standards by at least 35%.

OR

Will provide at least the following three features:

- Exceed Title 24 standards by at least 15%.
Use tankless hot water heaters, a high efficiency condensing boiler (92% AFUE or greater), or a solar thermal domestic hot water pre-heating system.
Use a Minimum Efficiency Report Value (MERV) 8 or higher air-filter for HVAC systems that introduce outside air.
Irrigation system using only reclaimed water and/or captured rainwater.
Recycle at least 75% of construction and demolition waste (measured by either weight or volume).
Install natural linoleum, natural rubber, or ceramic tile for all kitchens and bathrooms (where no VOC adhesives or backing is also used).
Install bamboo, stained concrete, cork, salvaged or FSC-Certified wood, ceramic tile, or natural linoleum in all living rooms or 50% of all common areas.
Install CRI Green Label Plus Carpet, or no carpet, in all bedrooms.
Vent kitchen range hoods to the exterior of the building in at least 80% of units.
Use at least four recycled products listed in the Construction, Flooring, or Recreation section of the California Integrated Waste Management Board's Recycled Content Products Database, www.ciwmb.ca.gov/RCP.

Architect / Engineer Certification: I certify that the items checked above will be incorporated into the project design.

ARCHITECT / ENGINEER FIRM NAME (PRINT)

ARCHITECT / ENGINEER NAME (PRINT)

STATE & LICENSE NUMBER

ARCHITECT / ENGINEER TITLE (PRINT)

ARCHITECT / ENGINEER SIGNATURE

DATE



**ATTACHMENT 21
General Partner (G.P.) Experience**

TCAC Worksheet to Determine General Partner (G.P.) Experience

First Funding Round Key Date: March 25, 2007

Second Funding Round Key Date: July 7, 2007

	Project Name & Address	Project Identification Number, If Applicable	Month, Day, & Year the Project was Placed-In-Service	Month, Day & Year G.P. Participation Began	Month, Day & Year G.P. Participation Ended, If Applicable	* Full Number of Years of G.P. Participation, After Project Placed-In-Service	** Number of Units
1.							
2.							
3.							
4.							
5.							
6.							
7.							

*General Partner experience can not start accumulating until after the project is placed-in-service. In addition, do NOT round up the amount of time/experience. For example, 2 years 11 months of G.P. experience is only 2 full years of experience, not 3 years.

**Project must have more than ten (10) units and be subject to a recorded regulatory agreement.

ORGANIZATION NAME (PRINT)

G.P. SIGNATURE

G.P. NAME (PRINT)

DATE



**ATTACHMENT 22
Management Company Experience**

TCAC Worksheet to Determine Management Company Experience

First Funding Round Key Date: March 25, 2007

Second Funding Round Key Date: July 7, 2007

	Project Name & Address	Project Identification Number, If Applicable	Month, Day, & Year the Project was Placed-In-Service	Month, Day & Year Management Company Participation Began	Month, Day & Year Management Company Participation Ended, If Applicable	* Full Number of Years of Management Company Participation, After Project Placed-In-Service	** Number of Units
1.							
2.							
3.							
4.							
5.							
6.							

2010 TCAC WORKSHEET TO DETERMINE MANAGEMENT COMPANY EXPERIENCE MUST BE COMPLETED AND SIGNED, PLEASE CONTINUE ON NEXT PAGE.

Attachment 22, Management Company Experience, continued:

	Project Name & Address	Project Identification Number, If Applicable	Month, Day, & Year the Project was Placed-In-Service	Month, Day & Year Management Company Participation Began	Month, Day & Year Management Company Participation Ended, If Applicable	* Full Number of Years of Management Company Participation, After Project Placed-In-Service	** Number of Units
7.							
8.							
9.							
10.							
11.							

*Management Company experience can not start accumulating until after the project is placed-in-service. In addition, do NOT round up the amount of time/experience. For example, 2 years 11 months of G.P. experience is only 2 full years of experience, not 3 years.

**Project must have more than ten (10) units and be subject to a recorded regulatory agreement.

PRINT MANAGEMENT COMPANY NAME

MANAGEMENT PRINCIPAL SIGNATURE

PRINT MANAGEMENT PRINCIPAL NAME

DATE



Tax Credit Allocation Committee

ATTACHMENT 24
Service Amenities
(checklist of application items)

- Services Sources and Uses Budget (refer to Tax Credit application)
- Evidence of services to be provided:
 - Service Coordinator
 - Case Manager
 - Other Services Specialist
 - Adult educational classes
 - Health and wellness or skill-building classes
 - Health services provided by appropriately-licensed organization or individual
 - Behavioral health services provided by appropriately-licensed organization or individual
 - Licensed child care
 - After school program for school age children

Documentation must be provided for each category of services for which the applicant is claiming service amenities points and must:

- state the name and address of the organization or entity that will provide the services;
- describe the services to be provided (including number of hours or FTE staffing, if applicable);
- state the annual dollar value of the services;
- commit that services will be provided for a period of 10 years;
- commit that services will be available to tenants of the project free of charge (except for child care services or other charges required by law);
- name the project to which the services are being committed.

Organizations providing in-kind or donated service must estimate the value of those services. Volunteer time may be valued at \$10 per hour.

Documentation may take the form of a contract for services, Memorandum of Understanding (MOU), commitment letter on agency letterhead.

- Position descriptions (if claiming points for any of the following):
 - Service Coordinator
 - Case Manager
 - Other Service Specialist
- Service Provider Experience Chart (see page 2 of Attachment 24)
- Evidence that physical space for services is provided on-site, inside the project, and provides sufficient square footage, accessibility and privacy to accommodate the proposed services. If

services are located off-site, a scaled distance map evidencing the off site service is within ½ mile of the development.

ATTACHMENT 24

Service Provider Experience Chart

Each service provider that will be providing services for which the applicant is claiming service amenities points must have at least 24 months experience in the successful provision of services to at least one of the project's target populations. Please provide information on the experience of each service provider in the table below. **Fill out one row for each service provider.** Add additional lines as needed.

	Name and Address of Organization Providing Services	Description of Services Organization Has Provided (To meet 24 month minimum)	Target Population to Whom Services Were Provided	Dates Services Were Provided	Number of Unduplicated Clients Served In the Most Recent Year Services Were Provided	Name, Title and Phone Number of Person Who Can Provide a Reference Regarding the Services Provided (may not be affiliated with service provider)
1.						
2.						
3.						
4.						
5.						



Tax Credit Allocation Committee

ATTACHMENT 25
Architect/Engineer Sustainable Building Method Certification

Project Name: _____

- (i) A new construction or adaptive reuse project that exceeds Title 24 energy standards by at least 10%.
(i)(a) For a rehabilitation project not subject to Title 24, that reduces energy use on a per square foot basis by 25% as calculated using a methodology approved by the California Energy Commission (CEC).
(ii) For rehabilitation projects not subject to Title 24 requirements, use of fluorescent light fixtures for at least 75% of light fixtures or comparable energy lighting for the project's total lighting...
(xvii) Develop and commit to certifying the project any one of the following programs: Leadership in Energy & Environmental Design (LEED for Homes); Green Communities; or the GreenPoint Rated Multifamily Guidelines.

ARCHITECT/MECHANICAL ENGINEER CERTIFICATION

I/We, as the architectural firm contractually responsible for the design and supervision (if applicable) of the above referenced project, certify and guarantee, under penalty of perjury, that each of the individual items identified in the sustainable building methods section of this application will be incorporated into the design of the project to which this application applies.

ARCHITECT / ENGINEER FIRM NAME (PRINT) ARCHITECT / ENGINEER NAME (PRINT) STATE & LICENSE NUMBER
ARCHITECT / ENGINEER SIGNATURE ARCHITECT / ENGINEER TITLE (PRINT) DATE



Tax Credit Allocation Committee

**ATTACHMENT 26
Local Approvals**

Project Name: _____ Housing Type: _____

Site Address: _____ City: _____

County: _____ Number Of Units: _____

Census Tract Number: _____ APN(s): _____

Note: Multiple forms may be needed. Each local agency with individual responsibility for the items below must complete the particular item(s) under its jurisdiction.

This letter is to confirm that the following local approvals, except building permits, for this project are issued or are unnecessary and the expiration dates of all required appeal periods for each item are listed and have expired, or will expire no later than 30 days beyond the application deadline date.

Check All Required Items	Approval Date	*Appeal Expiration Date	X if N/A	If N/A, <u>MUST</u> provide a detailed explanation**
<input type="checkbox"/> CEQA	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> NEPA	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Toxic Report	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Soils Report	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Coastal Commission Approval	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Article 34 of State Constitution	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Site Plan Review Completed	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Design Review Completed	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Conditional Use Permit	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Variance Approval	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other Requirements	_____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other Requirements	_____	_____	<input type="checkbox"/>	_____

**A detailed explanation must be provided for each of the above items that have been checked, "N/A." Please attach an extra sheet of paper if unable to fit entire explanation, as this is important for the review process.

***By checking this box, the applicant acknowledges responsibility to re-submit Attachment 26, Local Approvals form, due to the appeal period allowed to run up to 30 days beyond the application due date (April 26, 2010). The applicant is aware that in order to garner local approval readiness points, the applicant must provide proof/documentation that either no appeals were received, or that any appeals received during that time period were resolved within that 30-day period. The updated/re-submitted Attachment 26 and documentation must be provided within 7 days of the expiration of the 30-day appeal period (May 2, 2010).**

I/We, as the local jurisdiction/agency, certify and guarantee, under penalty of perjury, that each of the above items identified have been met and all appeals have been exhausted or all time limits of those appeals have or will expire no later than 30 days beyond the application deadline date.

PRINT AGENCY / JURISDICTION NAME

PHONE

PRINT NAME

EMAIL

PRINT TITLE

SIGNATURE

DATE



ATTACHMENT 27
FARMWORKER ELIGIBILITY CERTIFICATION

Regulation Section 10302(p)

APPLICANT CERTIFICATION

I/We, who are authorized to legally act on the applicant's behalf, certify and guarantee, under penalty of perjury, that the proposed development of permanent housing will be exclusively for agricultural workers (as defined by California Labor Code Section 1140.4(b)). Specifically, the housing will be occupied by, only farmworkers and their households as required by the above referenced Regulation section.

AUTHORIZED SIGNATORY

DATE

NAME OF SIGNATORY (PRINT)

APPLICANT NAME (PRINT)