

## 2012 Identity of Interest Certification

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

Project Location or Address: \_\_\_\_\_

Sponsor: \_\_\_\_\_

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As defined in the QAP, an Identity of Interest shall mean the existence of any of the following conditions:

- When one or more of the officers, directors, stockholders, members, or partners of the Owner is also an officer, director, stockholder, member, or partner of any other Participant;
- When any officer, director, stockholder, member or partner of the Owner has any financial interest whatsoever in any other Participant;
- When any Participant advances any funds to the Owner;
- When any Participant provides and pays, on behalf of the Owner, the cost of any architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by any other Participant in connection with its obligations under its contract with the Owner;
- When any Participant takes stock or any interest in the Owner entity as part of the consideration to be paid him/her;

The undersigned, acknowledges that (*please check one*)

\_\_\_\_\_ an Identity of Interest **does not** exist in the Project; either between the buyer and the seller of any property reflected in the acquisition costs, or between the general contractor and the Owner.

\_\_\_\_\_ an Identity of Interest **does** exist in the Project; either between the buyer and the seller of any property reflected in the acquisition costs, or between the general contractor and the Owner and is explained below.

\_\_\_\_\_  
Sponsor: \_\_\_\_\_

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

Date \_\_\_\_\_

Signature

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

Its: \_\_\_\_\_

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

## 2012 Application Project Narrative



Project ID(PID): 0 \_\_\_\_\_  
 Project Name: 0 \_\_\_\_\_  
 Project Address: 0 \_\_\_\_\_  
 City: 0 \_\_\_\_\_  
 County: 0 \_\_\_\_\_  
 9-Digit Zip Code: 0 \_\_\_\_\_

**If scattered site, provide additional address(es):**

Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 9-Digit Zip Code: \_\_\_\_\_

Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 9-Digit Zip Code: \_\_\_\_\_

Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 9-Digit Zip Code: \_\_\_\_\_

Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 9-Digit Zip Code: \_\_\_\_\_

**Please complete each section below. If no changes have been made to the Project since PPA approval, please state "NO CHANGES" in the comment box for each section. DO NOT LEAVE ANY BOXES BLANK.**

**A. Project Details**

	Construction Type:	Population:	# of Buildings	# of Units	# of Low Income Units	# of Market Rate Units
<b>PPA=&gt;</b>						
<b>Full Application ==&gt;</b> <small>(No changes are permitted in Project Site, Construction Type, or Population served after PPA approval)</small>						

Discuss any changes made in number of buildings or units since PPA approval:

**1. Project Site:**

Confirm that the entire project site is the same as the Project site approved at PPA, including Project address and condition.

**2. Scope of Work:**

Describe all modifications made to the proposed construction work since PPA approval, including any demolition or site work.

**3. Project / Building Amenities:**

Describe any project building and/or site amenities (located within one mile), including innovative or unique features which may have been added or removed since PPA approval:

**4. Common / Commercial Space Uses:**

Describe any changes made to any proposed common or commercial space since PPA approval, including how it will be used, leased and managed. Please indicate if any source(s) of financing for construction and operations of common/commercial space have been modified.

**5. Public Services / Community Amenities:**

Indicate if any of the following services and/or amenities located within one (1) mile from the project site have been added or removed since PPA approval.

- |       |                                   |       |                            |
|-------|-----------------------------------|-------|----------------------------|
| _____ | Full Service Grocery Store        | _____ | Restaurants                |
| _____ | Fixed-Route Public Transportation | _____ | Hospitals / Health Clinics |
| _____ | Retail Stores                     | _____ | Religious Institutions     |
| _____ | Government Services               | _____ | Library                    |
| _____ | Parks                             | _____ | Post Office                |
| _____ | Pharmacy                          | _____ | Banking Institutions       |
| _____ | Schools                           | _____ | Day Care Services          |

Comments:

**6. Adjacent Properties / Land Uses:**

Provide a brief description of any properties and/or land uses surrounding the Project site that have been modified since PPA approval.

North of project site:
South of project site:
East of project site:
West of project site:

Comments:

**7. Incompatible Uses:**

Although incompatible uses will vary greatly from site to site, incompatible uses can be defined as any use located within one quarter (1/4) mile of the project site that hinders the safe, peaceful living, and enjoyment of future residents. Incompatible uses include but are not limited to those listed below.

**a)** Disclose any modification to any current or proposed uses located on, adjacent to, or near the project site, that could reasonably be considered incompatible with a residential development. Indicate distance (in miles) of the following from the proposed site:

- \_\_\_\_\_ Existing wetlands, streams, ravines, drainage, etc.
- \_\_\_\_\_ Steep slope
- \_\_\_\_\_ Landfills, salvage yards, trash heap, dump pile, etc.
- \_\_\_\_\_ Hazardous chemical or heavy manufacturing
- \_\_\_\_\_ Railroad tracks
- \_\_\_\_\_ Runway or runway clear zone or military airfield
- \_\_\_\_\_ Treatment, storage, or disposal facility for hazardous waste, sewage, or solid waste
- \_\_\_\_\_ Sources of noise that may exceed 70 decibels
- \_\_\_\_\_ Overhead electric power lines
- \_\_\_\_\_ Any prison or correctional facilities
- \_\_\_\_\_ Sources of noxious odor
- \_\_\_\_\_ Sources of excessive lighting on adjacent properties

b) Provide a brief explanation if any of the uses indicated above have been modified since the PPA approval.

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## B. Proposed Rent Structure

Please complete both a) and b) below.

a) PPA as approved

AMI Level	Unit Type	# of Units	Rental Subsidy Type	# of Supportive Housing Units
<b>30% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>40% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>50% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>60% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>80% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>Market Rate Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>TOTAL # of UNITS:</b>		<b>0</b>		<b>0</b>
<b>Manager/Employee Units:</b>				<b>0</b> #DIV/0! Of Total Units

b) Full application as submitted

AMI Level	Unit Type	# of Units	Rental Subsidy Type	# of Supportive Housing Units
<b>30% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>40% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>50% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>60% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>80% AMI Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		<b>0</b>
<b>Market Rate Units:</b>				
	0 BR:			
	1 BR:			
	2 BR:			
	3 BR:			
	4 BR:			
	<b>Total:</b>	<b>0</b>		
<b>TOTAL # of UNITS:</b>		<b>0</b>		<b>0</b>
<b>Manager/Employee Units:</b>				<b>0</b> #DIV/0! Of Total Units

c) Discuss any change and rationale for the change made in project rent structure since PPA approval, including changes to anticipated rental subsidies.

**Additional Comments:**

## Public Housing Preference Certification

**Project Name:** \_\_\_\_\_

**Project Location or Address:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

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The undersigned, acknowledges the commitment to:

- Give preferential treatment to persons on PHA waiting list(s), and
- Make on-going efforts to request that the PHA make referrals to the project, or request that the PHA include relevant information about the project on any listing the PHA makes available to persons on its waiting list(s).

Sponsor: \_\_\_\_\_

By:

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

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

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



### Historic Preservation Checklist Form

This form and all supporting documentation are required for all IHDA Applications, *including tax credit only Applications.*

For scattered site Projects, a separate form and documentation is required for **each site.**

**Project Name:** \_\_\_\_\_ **New Construction**  **Rehabilitation**

**Project Location/Address:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Previous IHPA log number (if applicable):** \_\_\_\_\_

**A.** Describe the existing site conditions:

**B.** Provide the names of all funding, licensing and permitting agencies involved in the Project (i.e., Illinois Environmental Protection Agency, HUD, Army Corps of Engineers):

<u>Agency</u>	<u>Involvement</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**C.** Describe all the elements of the proposed undertaking including demolition, construction, and site work.

**D.** Total acreage of site: \_\_\_\_\_

**E.** Possible date of original construction (if applicable): \_\_\_\_\_

**F.** Any known historical information about the site/buildings: \_\_\_\_\_

**G.** It is mandatory that **ALL** of the following documentation is included in Tab I of your Application file:

- Legal Description
- HAARGIS map. Mark map to clearly indicate Project location. <http://www.state.il.us/hpa/PS/haargis.htm>
- Minimum of two (2) color site photos, 35mm or digital, printed on 8 1/2" x 11" paper, ***no smaller*** than 4"x6" each. Photos should include any standing structures on the site. Black & white photos are not acceptable.
- Interior photos of any existing structures.
- Any relevant permits that have been issued to the Project
- Documentation of any prior non-agricultural disturbance of the Project in the form of photos or soils reports

**H.** Is this property:

- Listed on the National Register?    Yes     No
- Within a Local Historic District?    Yes     No
- Local Landmark?    Yes     No

Survey ranking, if not designated: \_\_\_\_\_

# 2012 Environmental Checklist



Project Name: \_\_\_\_\_  
Project Location or Address: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Number of units: \_\_\_\_\_  
Number of buildings: \_\_\_\_\_  
New Construction  Rehabilitation

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## 1. Flood Management

Is the Project located within a 100-year floodplain or Special Flood Hazard Area as designated on a current FEMA Flood Hazard Boundary Map or Flood Insurance Rate Map?

Yes  No

Comments:

## 2. Protection of Wetlands

Are there drainage ways, streams, rivers, or coastlines on or near the site?

Yes  No

Are there ponds, marshes, bogs, swamps or other wetlands on or near the site?

Yes  No

Is the Project located within a wetland designated on a National Wetlands Inventory map of the U.S Fish and Wildlife Service?

Yes  No

Comments:

## 3. Mining Hazards (see <http://www.isgs.uiuc.edu/maps-data-pub/coal-maps.shtml>)

Is the Project located in a county affected by mining?

Yes  No

Is the Project located on or near a mine?

Yes  No

Comments:

## 4. Noise Abatement

Is the Project located near a major noise source, i.e., civil airports (within 5 miles), military airfields (within 15 miles), major highways or busy roads (within 1000 feet), or railroads (within 3000 feet)?

Yes  No

Comments:

## 5. Hazardous Industrial Operations

Are industrial facilities handling explosive or fire-prone materials such as liquid propane, gasoline or other storage tanks adjacent to or visible from the Project site?

Yes  No

Comments:



## 6. Airport Hazards

Is the Project within 30 feet from the end of a runway at a civil airport?

Yes  No

Is the Project within 2 ½ miles from the end of a runway at a military airfield?

Yes  No

Comments:

## 7. Endangered Species

Has the U.S Fish and Wildlife Service Federal list of Endangered Species and Critical Habitats been reviewed?

Yes  No

Has the Illinois Department of Natural Resources list of Endangered and Threatened Species been reviewed?

Yes  No

Is the proposed Project likely to affect any listed or proposed endangered or threatened species or critical habitats?

Yes  No

Comments:

## 8. Farmlands Protection

Is the site or area presently being farmed, forested, or being used as cropland?

Yes  No

Comments:

## 9. Environmental Justice

Is the Project located in a predominantly minority or low-income neighborhood?

Yes  No

Does the Project site or neighborhood suffer from disproportionately adverse environmental effects on minority or low-income populations relative to the community-at-large?

Yes  No

Comments:

## 10. Unique Natural Features Area

Is the site near unique natural features (i.e., bluffs or cliffs) or near public or private scenic areas?

Yes  No

Are other unique natural resources visible on site or in vicinity? Will any such resources be adversely affected or will they adversely affect the Project?

Yes  No

Comments:

## 11. Site Suitability, Access and Compatibility with Surrounding Development

Has the site been used as a dump, sanitary landfill or mine waste disposal area?

Yes  No

Is there paved access to the site?

Yes  No

Are there other unusual conditions on the site?

Yes  No

Is there indication of:

- distressed vegetation: Yes  No
- waste material/container: Yes  No
- soil staining, pools of liquid: Yes  No
- loose/empty drums, barrels: Yes  No
- oil/chemical spills: Yes  No
- abandoned machinery, cars refrigerators, etc.: Yes  No
- transformers, fill/vent pipes, pipelines, drainage structures: Yes  No

Is the Project compatible with surrounding area in terms of:

- Land use Yes  No
- Height, bulk, mass Yes  No
- Building Type (low/high-rise) Yes  No
- Building density Yes  No

Will the Project be unduly influenced by:

- Obsolete public facilities Yes  No
- Transition of land uses Yes  No
- Incompatible land uses Yes  No

Are there air pollution generators nearby which would adversely affect the site:

- Heavy industry Yes  No
- Incinerators Yes  No
- Power generating plants Yes  No
- Cement plants Yes  No
- Large parking facilities Yes  No
- Heavy travelled highway Yes  No
- Oil refinery Yes  No
- Other (specify) Yes  No

Comments:

## 12. Soil Stability, Erosion, and Drainage

Slopes: Not Applicable  Steep  Moderate  Slight

Is there evidence of slope erosion or unstable slope conditions on or near the site?

Yes  No

Is there evidence of ground subsidence, high water table, or other unusual conditions on the site?

Yes  No

Is there any visible evidence of soil problems (foundations cracking or settling, basement flooding, etc.) in the neighborhood of the site?

Yes  No

Is there indication of cross-lot runoff, swales, drainage flows on the property?

Yes  No

Are there visual indications of filled ground?

Yes  No

Are there active rills and gullies on the site?

Yes  No

Comments:

### 13. Nuisances and Hazards

Will the Project be affected by natural hazards:

- |                                    |                              |                             |
|------------------------------------|------------------------------|-----------------------------|
| Faults, fracture                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cliffs, bluffs, crevices           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Slope-failure from rains           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Unprotected water bodies           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fire hazards                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wind/sand storm concerns           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Poisonous plants, insects, animals | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hazardous terrain                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Will the Project be affect by built hazards:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Hazardous street                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dangerous intersection                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Through traffic                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Quarries or other excavation                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dumps, landfills, mining                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Railroad crossing                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Inadequate street lighting                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hazards in vacant lots                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chemical tank-car terminals                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other hazardous chemical storage                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High pressure gas or petroleum transmission lines     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Overhead transmission lines                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hazardous cargo transportation routes                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Oil or gas wells                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Industrial Operations                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Children's play area located next to high traffic way | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Will the Project be affected by nuisances:

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Gas, smoke, fumes    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Odors                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vibration            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Glare                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vacant buildings     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Unightly land uses   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Industrial nuisances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Comments:

### 14. Water, Supply, Sanitary Sewers, and Solid Waste Disposal

Is the site served by adequate and acceptable:

Water supply

Yes  No  Municipal  Private

Sanitary sewers and waste water disposal system

Yes  No  Municipal  Private

Trash collection and solid waste disposal

Yes  No  Municipal  Private

Comments:

**15. Conditions and Requirements for Approval**

Are any environmental mitigation measures required?

Yes  No

Are there any unresolved conflicts regarding the use of the site?

Yes  No  Not Applicable

Comments:

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I hereby certify that the information contained herein is accurate and complete, to the best of my knowledge, and that there are no material misrepresentations.

IHDA Approved Environmental Vendor: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

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

Its: \_\_\_\_\_



**ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY**

## 2012 Architectural Certification

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

Project Location or Address: \_\_\_\_\_

Sponsor: \_\_\_\_\_

New Construction       Rehabilitation

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I, \_\_\_\_\_ (name), of \_\_\_\_\_ (Architectural Firm), hereby certify that to the best of my knowledge the Project listed above will comply with the Authority's Standards for Architectural Planning and Construction including the following:

- **Green Design Requirements**

All minimum green design requirements as specified in the Standards for Architectural Planning and Construction Section 18.00 – Green Criteria.

- **Accessibility Requirements**

All applicable Federal and State accessibility laws and / or as specified in the Standards for Architectural Planning and Construction Section 14.00 – Accessibility Standards.

- **Required Project Amenities**

All project amenities as specified in the Standards for Architectural Planning and Construction Section 6.00 – Design and Planning.

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

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

Illinois License No: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Professional Design Firm License No: \_\_\_\_\_

**2012 Cost Certification**



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

Project Location or Address: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Building Gross Area: \_\_\_\_\_ s.f.

No. of Dwelling Units: \_\_\_\_\_

Mandatory wage standards are dictated by source of financing. Please indicate the wage standard applied to this certification:

- Davis Bacon
- Illinois Prevailing Wage
- Other: \_\_\_\_\_

Line	Div	Description	Total Cost	Sq. Ft. Cost	Unit Cost
1	2	Earth Work	\$0.00	#DIV/0!	#DIV/0!
2	2	Site Utilities	\$0.00	#DIV/0!	#DIV/0!
3	2	Roads & Walks	\$0.00	#DIV/0!	#DIV/0!
4	2	Site Improvements	\$0.00	#DIV/0!	#DIV/0!
5	2	Lawns & Plantings	\$0.00	#DIV/0!	#DIV/0!
6	2	Unusual Site Condition	\$0.00	#DIV/0!	#DIV/0!
7	3	Concrete	\$0.00	#DIV/0!	#DIV/0!
8	4	Masonry	\$0.00	#DIV/0!	#DIV/0!
9	5	Metals	\$0.00	#DIV/0!	#DIV/0!
10	6	Rough Carpentry	\$0.00	#DIV/0!	#DIV/0!
11	8	Exterior Doors, Windows, Glass	\$0.00	#DIV/0!	#DIV/0!
12	7	Waterproofing	\$0.00	#DIV/0!	#DIV/0!
13	7	Insulation	\$0.00	#DIV/0!	#DIV/0!
14	7	Roofing & Sheet Metal	\$0.00	#DIV/0!	#DIV/0!
15	7	Siding	\$0.00	#DIV/0!	#DIV/0!
16	6	Finish Carpentry	\$0.00	#DIV/0!	#DIV/0!
17	6	Cabinets, Vanities & Countertops	\$0.00	#DIV/0!	#DIV/0!
18	8	Interior Doors & Frames	\$0.00	#DIV/0!	#DIV/0!
19	9	Lath & Plaster	\$0.00	#DIV/0!	#DIV/0!
20	9	Drywall	\$0.00	#DIV/0!	#DIV/0!
21	9	Tile Work	\$0.00	#DIV/0!	#DIV/0!
22	9	Acoustical	\$0.00	#DIV/0!	#DIV/0!
23	9	Carpeting	\$0.00	#DIV/0!	#DIV/0!
24	9	Resilient Flooring	\$0.00	#DIV/0!	#DIV/0!
25	9	Painting & Decorating	\$0.00	#DIV/0!	#DIV/0!
26	10	Specialties & Furnishings	\$0.00	#DIV/0!	#DIV/0!
27	11	Special Equipment	\$0.00	#DIV/0!	#DIV/0!
28	11	Appliances	\$0.00	#DIV/0!	#DIV/0!
29	13	Special Construction	\$0.00	#DIV/0!	#DIV/0!
30	14	Elevators	\$0.00	#DIV/0!	#DIV/0!
31	15	Plumbing	\$0.00	#DIV/0!	#DIV/0!
32	15	Heat & Ventilation	\$0.00	#DIV/0!	#DIV/0!
33	15	Air Conditioning	\$0.00	#DIV/0!	#DIV/0!
34	15	Fire Protection	\$0.00	#DIV/0!	#DIV/0!
35	16	Electrical	\$0.00	#DIV/0!	#DIV/0!
36		Accessory Buildings & Garages	\$0.00	#DIV/0!	#DIV/0!
37		Other:	\$0.00	#DIV/0!	#DIV/0!
38		Other:	\$0.00	#DIV/0!	#DIV/0!
39		Other:	\$0.00	#DIV/0!	#DIV/0!
40		Other:	\$0.00	#DIV/0!	#DIV/0!
41		Other:	\$0.00	#DIV/0!	#DIV/0!
42		Other:	\$0.00	#DIV/0!	#DIV/0!

43	Other:	\$0.00	#DIV/0!	#DIV/0!
44	<b>Total Construction Cost</b>	<b>\$0.00</b>	#DIV/0!	#DIV/0!
45	GENERAL REQUIREMENTS	\$0.00	#DIV/0!	#DIV/0!
46	OVERHEAD	\$0.00	#DIV/0!	#DIV/0!
47	PROFIT	\$0.00	#DIV/0!	#DIV/0!
50	<b>Total</b>	<b>\$0.00</b>	#DIV/0!	#DIV/0!

Contractor: \_\_\_\_\_

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

Its: \_\_\_\_\_

**2012 Organizational Chart**



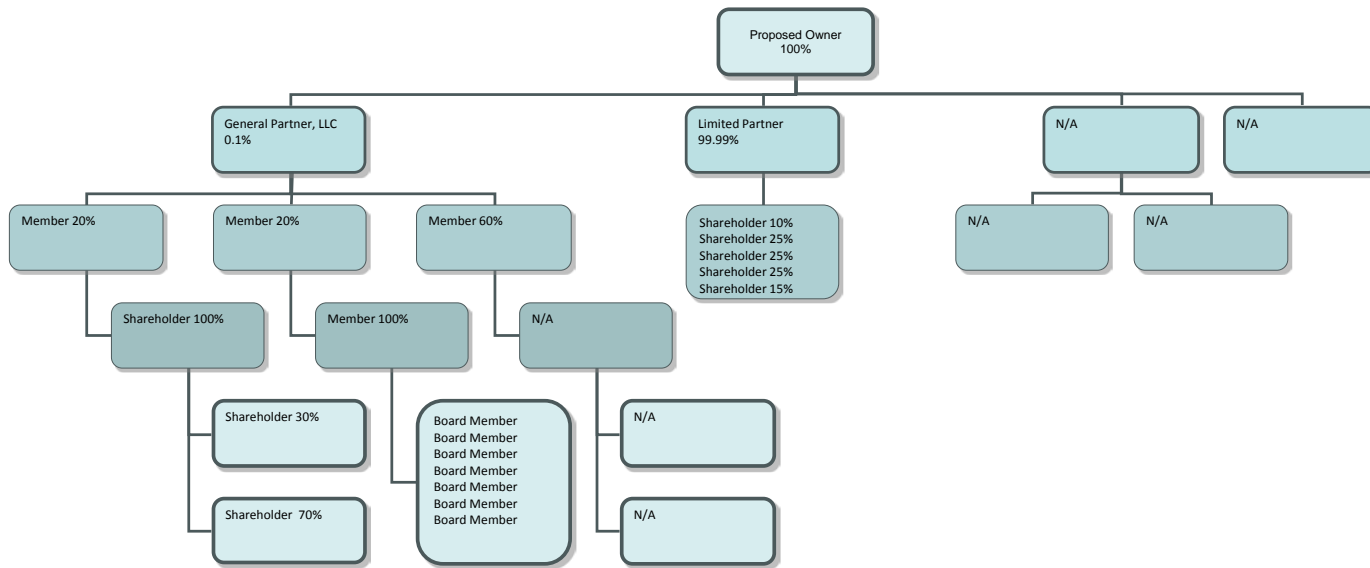
Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**INSTRUCTIONS:**

1. Complete an ownership flow chart consisting of **ALL** entities within the proposed owner adding and deleting boxes as needed. **See example below and change as needed.**
2. Indicate proposed ownership percentages for **ALL** entities in the chart.
3. LLC's must indicate **ALL** members and identify the managing member.
4. Corporations must indicate **ALL** shareholders.
5. Non-profit organizations must indicate **ALL** board members
6. Use the Notes section to provide any additional information not adequately captured here.

**NOTE: ALL ENTITIES APPEARING ON THE ORGANIZATION CHART MUST ALSO APPEAR ON THE DEVELOPMENT EXPERIENCE CERTIFICATION FORM. ENTITIES NOT APPEARING ON THE CHART WILL NOT BE CONSIDERED OWNERS OR SPONSORS.**



Notes:

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I / We hereby certify that the information contained herein is accurate and complete, to the best of my knowledge, and that there are no material misrepresentations.

**NOTE: ALL PROJECT SPONSORS REFLECTED IN THE ORGANIZATIONAL CHART MUST SIGN BELOW**

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Printed:** \_\_\_\_\_  
**Its:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



**Instructions:**

- (1) The following questions apply to **EVERY** entity (with the exception of the LIHTC syndicator) listed on the Organizational Chart.
- (2) **ALL** questions **MUST** be answered
- (3) **ANY** 'Yes' answer **MUST** indicate which entity or entities the answer applies to in the column on the right.
- (4) Attach separate documentation detailing the circumstances surrounding any 'Yes' answer
- (5) The term "Program" refers to the Tax Credit program or other government-sponsored housing programs

a.	Has any entity (including any affiliates) been cited for material and/or continuing, but curable, noncompliance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
b.	Has any entity (including any affiliates) experienced any events of foreclosure or failed to perform under the terms of a workout agreement over the past three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
c.	Has any entity (including any affiliates) declared bankruptcy over the past three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
d.	Has any entity (including any affiliates) experienced a mortgage default or arrearage of three months or more within the last three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
e.	Has any entity (including any affiliates) been involved in any development awarded Tax Credits where there has been a change in general partners or managing members during the last three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
f.	Has any entity (including any affiliates) participated in a development that has been monitored and determined to have uncorrected noncompliance more than three months from the date of notification in the past three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
g.	Has any entity (including any affiliates) failed to pay any fee or expense due to the Authority or any other state allocating agency, including outstanding compliance monitoring fees in the past three (3) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
h.	Has any entity (including any affiliates) been involved in any development awarded Tax Credits by the Authority or any other state allocating agency in 2007 or earlier for which either the permanent financing or equity investment has not closed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
i.	Has any entity (including any affiliates) been involved in any development awarded Tax Credits in 2006 or earlier for which all requirements for Authority issuance of 8609s, or any other state allocating agency issuance of 8609s, have not been met?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
j.	Are there any unsatisfied liens or claims against any entity (including any affiliates) or property owned by the Sponsor (including any affiliates)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
k.	Has any entity (including any affiliates) been debarred or received a limited denial of participation in the past three (3) years by any federal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

or state agency from participating in any development program?		
i.	Has any entity (including any affiliates) materially misrepresented facts on any Application to participate in a Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m.	Has any entity (including any affiliates) received negative results on any physical inspection performed by a Program administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Has any entity (including any affiliates) failed to provide and maintain amenities or services as represented in a Program application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o.	Has any entity (including any affiliates) failed to rehabilitate or construct a development according to the governing architectural and construction guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
p.	Has any entity (including any affiliates) participated in a development where an 8823 has been filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
q.	Has any entity (including any affiliates) participated in a development that involved the involuntary termination of a Tax Credit reservation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

**NOTE: ALL PROJECT SPONSORS REFLECTED IN THE ORGANIZATIONAL CHART MUST SIGN BELOW**

<b>Sponsor:</b>		<b>Sponsor:</b>		<b>Sponsor:</b>	
Signature:		Signature:		Signature:	
Printed:		Printed:		Printed:	
Its:		Its:		Its:	
Date		Date		Date	

<b>Sponsor:</b>		<b>Sponsor:</b>		<b>Sponsor:</b>	
Signature:		Signature:		Signature:	
Printed:		Printed:		Printed:	
Its:		Its:		Its:	
Date		Date		Date	



**2012 OWNERSHIP EXPERIENCE CERTIFICATION**

A **SEPARATE** copy of the following chart must be completed for **EVERY** entity listed on the Organizational Chart detailing all housing projects which have been developed or owned by the entity (including any affiliates). Please list the projects alphabetically by state and make additional copies as needed. **Use only this form, do not attach lists of projects in other formats.**

**Entity:**

State	Name of Development	Address of Development	Construction Type (New Construction, Rehab)	Number of Units	Number of Income Restricted Units	Governmental Funding Sources (LIHTC, HOME, HUD, Rural Development, etc)	Project Status (Placed in Service, Under Construction, Pending)	Comments

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Furthermore, I hereby authorize the Housing Finance Agency for any State listed above to release to the Illinois Housing Development Authority any information regarding the Project as it relates to project development, project management, compliance, debarment, the curing of or failure to cure any project non-compliance, and any formal or informal action taken with respect to the Sponsor's participation as a sponsor, owner or developer in that State's Low Income Housing Tax Credit program.

<b>Entity:</b>	
Signature:	
Printed:	
Its:	
Date	

# 2012 General Contractor Experience Certification



Full Legal Name of General Contractor	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of General Contractor (Individual, Corp. Partnership, etc)	
General Contractor was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the General Contractor authorized to do business in Illinois?	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- a. Has the General Contractor (including any affiliates) declared bankruptcy over the past three (3) years?  Yes  No
- b. Has the General Contractor (including any affiliates) failed to construct or rehabilitate a development according to the governing architectural and construction guidelines or codes?  Yes  No
- c. Has the General Contractor (including any affiliates) failed to construct or rehabilitate a development as represented in a Program application?  Yes  No
- d. Are there any unsatisfied judgments against the General Contractor (including any affiliates)?  Yes  No
- e. Has the General Contractor (including any affiliates) materially misrepresented facts on any Application to participate in a Program?  Yes  No
- f. Has the General Contractor (including any affiliates) ever started a construction job which was completed by another General Contractor?  Yes  No

Please attach the Multifamily Real Estate Experience spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

General Contractor: \_\_\_\_\_

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

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

Please continue to page 2, make additional copies as needed.



## 2012 Property Manager Experience Certification



Full Legal Name of Property Manager	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Property Manager (Individual, Corp. Partnership, etc)	
Property Manager was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Property Manager authorized to do business in Illinois?	
Please list any licenses, certificates, accreditations, professional memberships and/or associations of the Property Manager.	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- |    |  |                          |     |                          |    |
|----|--|--------------------------|-----|--------------------------|----|
| a. | Has the Property Manager (including any affiliates) participated in a development that was cited for material and/or continuing, but curable, noncompliance?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. | Has the Property Manager (including any affiliates) declared bankruptcy over the past three (3) years?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. | Has the Property Manager (including any affiliates) participated in a development that has been monitored and determined to have uncorrected noncompliance more than three months from the date of notification in the past three (3) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. | Are there any unsatisfied liens or claims against the Property Manager (including any affiliates) or property owned by the Property Manager (including any affiliates)?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. | Has the Property Manager (including any affiliates) materially misrepresented facts on any Application to participate in a Program?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. | Has the Property Manager (including any affiliates) received negative results on any physical inspection performed by a Program administrator?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g. | Has the Property Manager (including any affiliates) failed to provide and maintain amenities or services as represented in a Program application?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h. | Has the Property Manager (including any affiliates) participated in a development where an 8823 has been filed?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| i. | Has the Property Manager (including any affiliates) failed to perform under the terms of a workout agreement over the past three (3) years?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |



j.	Has the Property Manager (including any affiliates) ever had any licenses, certificates, or accreditations revoked, suspended, restricted, or in any manner limited or terminated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
k.	Has the Property Manager (including any affiliates) ever been the subject of a housing discrimination complaint and/or housing discrimination lawsuit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
l.	Has the Property Manager (including any affiliates) ever been involved in a governmental and/or judicial "Fair Housing" law violation action?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please attach the Multifamily Real Estate Experience spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Property Manager: \_\_\_\_\_

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

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



Property Manager: \_\_\_\_\_

Project: \_\_\_\_\_

Please complete the following chart for all current and completed housing developments **by state** which have been managed by the Property Manager **(including any affiliates)**. Please make additional copies as needed.

**2012 PROPERTY MANAGER EXPERIENCE CERTIFICATION**

State	Name of Development	Address of Development	Number of Units	Number of Restricted Units	Governmental Funding Sources (LIHTC, HOME, HUD, Rural Development, etc)	Project Status (Place in Service, Under Construction, Pending)	Placed in Service Date and Years Managed	Comments

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

I hereby authorize the Housing Finance Agency for the State listed above to release to the Illinois Housing Development Authority any information regarding the Property Manager as it relates to project management, compliance, debarment, the curing of or failure to cure any project non-compliance, and any formal or informal action taken with respect to the Property Manager's participation as a manager in that State's Low Income Housing Tax Credit program.

Property Manager: \_\_\_\_\_ By: \_\_\_\_\_

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

# 2012 Consultant Experience Certification



Full Legal Name of Consultant	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Consultant (Corp. Partnership, etc)	
Consultant was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Consultant authorized to do business in Illinois?	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Has the Consultant (including any affiliates) declared bankruptcy over the past three (3) years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has the Consultant (including any affiliates) been involved in any development awarded Tax Credits by the Authority or any other state allocating agency in 2007 or earlier for which either the permanent financing or equity investment has not closed?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Consultant (including any affiliates) been involved in any development awarded Tax Credits in 2006 or earlier for which all requirements for Authority issuance of 8609s, or any other state allocating agency issuance of 8609s, have not been met? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are there any unsatisfied liens or claims against the Consultant (including any affiliates) or property owned by the Consultant (including any affiliates)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Consultant (including any affiliates) materially misrepresented facts on any Application to participate in a Program?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Has the Consultant (including any affiliates) participated in a development that involved the involuntary termination of a Tax Credit reservation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach the Multifamily Real Estate spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Consultant: \_\_\_\_\_

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

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

Please continue to page 2, make additional copies as needed



# 2012 Architect Experience Certification



Full Legal Name of Architect	
Contact Person	
Address	
City, State, Zip	
Telephone Number	
Fax Number	
E-mail Address	
Legal Status of Architect (Individual, Corp. Partnership, etc)	
Architect was organized on (date)	
Under the laws of the State of	
If, out-of-state corporation, is the Architect authorized to do business in Illinois?	
Illinois License Number and/or Professional Design Firm License Number	
Please list any licenses, certificates, accreditations, professional memberships and/or associations of the Architect	

In answering the following questions, the term "Program" refers to the Tax Credit program or other government-sponsored housing programs.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Has the Architect (including any affiliates) declared bankruptcy over the past three (3) years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are there any unsatisfied liens or claims against the Architect (including any affiliates) or property owned by the Architect (including any affiliates)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has the Architect (including any affiliates) materially misrepresented facts on any Application to participate in a Program?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Has the Architect (including any affiliates) failed to provide amenities as represented in a Program application?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Has the Architect (including any affiliates) failed to design a development according to the governing architectural and construction guidelines or codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach the attached spreadsheet and a thorough explanation for all "yes" answers to the questions listed above.

I hereby certify that the information above, and any attached explanation in support thereof, is/are true and correct to the best of my knowledge and belief. I understand that any misrepresentation, false information, or omission may result in disqualification of this Application.

Architect: \_\_\_\_\_

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

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

Please continue to page 2, make additional copies as needed.

