

| Development Name and Location |  |         |  |
|-------------------------------|--|---------|--|
| Development Name:             |  |         |  |
| Street Address:               |  |         |  |
| City:                         |  | County: |  |

| Development Summary                                     |            |                                     |                  |
|---|------------|-------------------------------------|------------------|
| Construction Type:                                      | [NC/Rehab] | Property Type:                      | [Family/Elderly] |
| Total Number of Units:                                  |            | Total Number of Special Need Units: |                  |
| Estimated Month/Year Of First Certificate Of Occupancy: |            |                                     |                  |

| Contact Information |       |                  |                 |
|---------------------|-------|------------------|-----------------|
|                     | Owner | Management Agent | Referral Agency |
| Organization        |       |                  |                 |
| Address             |       |                  |                 |
| City, State, Zip    |       |                  |                 |
| Primary Contact     |       |                  |                 |
| Title               |       |                  |                 |
| Phone 1             |       |                  |                 |
| Phone 2             |       |                  |                 |
| Email               |       |                  |                 |

| Set-aside Special Housing Needs Population (place a "X" next to the targeted population) |  |                                  |  |
|--|--|----------------------------------|--|
| Persons with physical or development disabilities  |  | Persons with mental impairments  |  |
| Single parent households   |  | Victims of domestic violence     |  |
| Abused children  |  | Persons with chemical addictions |  |
| Homeless persons   |  | The elderly                      |  |

| Unit Information |                  |                             |                      |
|------------------|------------------|-----------------------------|----------------------|
|                  | Total # of Units | Total # of Accessible Units | Smallest Sq. Ft Unit |
| 0 - BR           |                  |                             |                      |
| 1 - BR           |                  |                             |                      |
| 2 - BR           |                  |                             |                      |
| 3 - BR           |                  |                             |                      |
| 4 - BR           |                  |                             |                      |

Describe any adaptability, accessibility, assistive technology, or security features.

  
  
  
  

Describe any community space being developed or rehabbed.

  
  
  
  

| Access To Community Features and Public Transportation |       |                             |       |                                |       |
|--|-------|-----------------------------|-------|--------------------------------|-------|
| Community Feature                                      | Miles | Community Feature           | Miles | Community Feature              | Miles |
| Doctor Office  |       | Dentist Office              |       | Optometrist Office             |       |
| Hospital   |       | Pharmacy                    |       | Post Office                    |       |
| Library  |       | Public Park                 |       | Public Transp. Stop            |       |
| Community/Senior Center                                |       | Public Safety (Fire/Police) |       | Outdoor Athletic Fields/Courts |       |
| Grocery Store  |       | Convenience Store           |       | Bank/Credit Union              |       |
| School   |       | Day Care/After School       |       | Major Employer                 |       |

|   |  |                |  |                 |  |
|---|--|----------------|--|-----------------|--|
| List the number of units in the property supported by each type of subsidy. |  |                |  |                 |  |
| HUD PBRA  |  | USDA PBRA      |  | Medicaid Waiver |  |
| McKinney-Vento  |  | Public Housing |  | Other           |  |
| Describe "Other" Subsidy  |  |                |  |                 |  |

|   |
|---|
| Describe the eligibility criteria (income limit, etc) for subsidy programs. |
|   |

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|---|
| Explain how the special needs referrals will be given preference in relationship to any wait list and preference policies of subsidies. |
|   |

|   |
|---|
| Describe the services that are administered and provided to the Special Housing Need Population checked above by the Local Referral Agency. |
|   |

**CERTIFICATION AND MEMORANDUM OF UNDERSTANDING**

WHEREAS **[Insert Owner]** **[was awarded or anticipates receiving an award of]** Rental Housing Tax Credit (RHTC) from the Indiana Housing and Community Development Authority (IHCDA) to finance and build **[XX]** apartment units, known as **[Insert Development Name]** in **[City]**, Indiana; and

IHCDA's 2020-2021 Qualified Allocation Plan requires that each RHTC property funded in 2020-2021 set-aside ten percent (10%) of the total units to provide residential housing for "special needs populations", pursuant to Indiana Code ("IC") 5-20-1-4.5; and

**[Insert Local Referral Agency]** provides, coordinates, or represents agencies that provide direct community-based services in the **[City]** area to these populations; and

**[Insert Local Referral Agency]** seeks to expand and support affordable housing opportunities for special housing needs population in their communities;

THEREFORE, **[Insert Owner]** and **[Insert Local Referral Agency]** and **[Insert Property Management Company]** agree to the following partnership to set-aside **[XX]** apartment units within the **[Insert Development Name]** apartment complex for the special housing needs populations checked above.

**[Insert Owner]** shall:

- Agree that the **[XX]** set-aside units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-set-aside units, and that the set-aside unit mix will depend on the needs of referred households.
- Assure that **[Insert Local Referral Agency]** is notified when vacancies occur.

**[Insert Local Referral Agency]** shall:

- Agree to refer qualified households to the **[Insert Development Name]**.
- Agree to notify households of the vacancies.
- Facilitate access to an array of supportive services for the special housing need population. These services shall be available to tenants on an as-needed basis, and receipt of these or any other services shall not be a condition of tenancy.

**[Insert Property Management Company]** shall:

- Educate initial and subsequent on-site property managers on the set-aside units and contact information for the **[Insert Local Referral Agency]**.
- Agree that the **[XX]** set-aside units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-set-aside units and that set-aside unit mix will depend on the needs of referred households.
- Screen all referred applicants using established selection tenant criteria.
- Include language on Reasonable Accommodations on its application for tenancy.



- Facilitate communication with **[Insert Local Referral Agency]** by designating in the event of staff turnover, a named individual as the primary contact.

**All parties to this Agreement shall:**

- Agree that **[Insert Owner]** and **[Insert Property Management Company]** are responsible for meeting compliance requirements established by the IRS and IHEDA.
- Agree that **[Insert Owner]** and **[Insert Property Management Company]** are responsible for maintaining the property for the benefit of all tenants.
- Agree that the provisions and the spirit of this agreement notwithstanding, decisions on the admittance and/or retention of tenants according to Fair Housing and the responsibility of the **[Insert Property Management Company]**.
- Agree that tenant participate in supportive services will not be a condition of tenancy.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

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**[Insert Owner Name], Owner Signature** **Date**

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**[Insert Management Contact Name], Management Signature** **Date**

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**[Insert Local Referral Agency Name], Local Referral Agency Signature** **Date**