

List of Forms – Available Online

- A. Rental Housing Finance Application –
 - 1. Initial Application
 - 2. Final Application
- B. Not-for Profit Eligibility Questionnaire
- C. Local Unit of Government And IHEDA Notification
- D. Carryover Agreement – **COMING SOON**
- E. Lien of Extended Use Agreement
- F. Binding/Lock-in Agreement
- G. Final Cost Certification – **COMING SOON**
- H. Pre-8609 Inspection Request Form
- I. N/A (Form Discontinued)
- J. TE Bond Financing Questionnaire
- K. Special Needs Population Referral Agreement
- L. Tenant Investment Plan Service Agreement
 - Tenant Investment Plan – Exhibit A – **COMING SOON**
- M. 10% Test Documentation: Expenditure Calculation Sheet, Independent Auditor's Report, and Owner's Certification
- N. Related Party Fees
- O. IHEDA Project Based Section 8

Indiana Housing and Community Development Authority

2018-2019 Rental Housing Finance Initial Application

Date:

Development Name:

Development City:

Development County:

Application Fee:

Application Number (IHCDA use only):

Indiana Housing and Community Development Authority

Rental Housing Finance Initial Application

APPLICATION PACKAGE SUBMISSION GUIDELINES

- 1 No Application will be considered without the Applicant's submission of a brief narrative summary (limit 3 pages) describing the need for the Development within the community and the Development itself. This narrative should give an accurate depiction of how this development will benefit the particular community. Generally, the summary should include the following points:

- Development and unit description
- Amenities in and around the Development
- Area's needs that the Development will help meet
- Community support and/or opposition for the Development
- The constituency served by the Development
- Development quality
- Development location
- Effective use of resources
- Unique features
- Services to be offered

- 2 Your assistance in organizing your submissions in the following order will facilitate the review of your Application for a "Conditional" Reservation of Rental Housing Financing. Documentation included with the Application must be submitted in the order set forth on the Development Submission Checklist. Documentation for each applicable tabbed section of the application for which it applies should be placed in a legal size 1/3 tab cut manila file folder. Each file folder should be labeled with typewritten 1/3 cut file folder labels accordingly. A template to use to print labels for manila file folders is located in Schedule G. File folders should then be inserted in a 14 3/4"x 9 1/2" red file pocket with 5 1/4" expansion and **must include all Tabs A-Y**.
- 3 The Application form (Form A) must be signed by the Applicant, duly notarized and submitted with the required application fee. Please submit **one original** Form A in addition to a PDF copy on a Flash Drive. Inclusion of the items on the Development Submission Checklist in support of the Application is strongly encouraged and will likely impact the number of points for which you are eligible under IHCD's evaluation system of ranking applications, and may assist IHCD in its determination of the appropriate amount of credits that it may reserve for the development. Additionally, all pages of the documentation submitted in each tab of the Application must state the full Development Name and date of the Application.

Threshold Items	Document Submitted Yes/No/NA	Document Location (Tab)	Notes/Issues
1. Development Feasibility Document Submitted:		Tab A	
~ Application, Form A			
~ Third party documentation of sources, costs & uses of funds (if applicable)			
~ 15 Yr. pro-forma (Housing, Commercial, Combined) ~ Other (List to the right):			
2. IHCD notification Documents Submitted:		Tab B	
~ Form C; submitted at least 30 days, but no more than 60 days, prior to application			
3. Not-for-profit competing in any set-aside Document Submitted:		Tab C	
~ Signed Board Resolution by the Not-For-Profit's Board of Directors ~ Form B - Not-For-Profit Questionnaire			
4. Market Study prepared by a disinterested third party showing sufficient demand ~ 1 PDF copy placed in Tab N		Tab N	
5. Applicant, Owner and/or Developer must submit the name and BIN Number of the most recent RHTC Development (issuance of IRS Form 8609) Document(s) Submitted:		Tab A	
~ Application, Form A, section F.1			
6. Costs expended to date are less than 50% of total development costs. Document Submitted:		Tab A	
~ Application, Form A, section 0.2.i			
7. Applicant, Developer, management agent, other development team members demonstrate financial, developmental, and managerial capabilities to complete and maintain property through compliance period. Document(s) Submitted:		Tab D	
~ Financial Statements and current year-to-date balance sheet from Applicant, Owner (if formed, or all principals of the GP interest), and Developer			
~ Tax Returns of GP or ALL principals (if required by IHCD)			
~ Resume of Developer			
~ Resume of Management Agent ~ Other (List to the right):			
8. Completed Application with Application Fee Document(s) Submitted:		Tab A	
~ Application, Form A			
~ Narrative Summary ~ Check for appropriate Application Fee			

9. Evidence of Site Control Document(s) Submitted: <ul style="list-style-type: none"> - Purchase Agreement - Title commitment, title search , or attorney's opinion - Warranty Deed - Long Term Lease - Option that does not expire until after reservation date - Attorney's opinion - Duly adopted Resolutions of the applicable commission - Letter from the applicable governmental agency - Other (List to the right): 		Tab E	
10. Development Site Information Documents Submitted: <ul style="list-style-type: none"> - Unit plan(s) that include the sq. ft. of each unit; - Dimensioned floor plans for all unit types showing the location of units, including exact placement of all accessible units, and common areas; - Elevations for all building types; - Site plan that shows existing buildings, and any significant demolition - Current Aerial photograph with location of the site clearly marked. Scattered site projects must submit a map indicating location, with either parcel number or address, for each property. - Current photographs of the project site. 		Tab F	
11. Lender Letter of Interest <ul style="list-style-type: none"> - Lender has reviewed the same application submitted or to be submitted by the Applicant to the Authority to which such letter of interest relates; - Lender expressly acknowledges that the development will be subject specifically to the "40-60" or "20-50" set-asides, and extended use restriction elections made by the Applicant - Such lender has reviewed the Minimum Underwriting Criteria set forth in this Allocation Plan; and - Any other special use restriction elections made by the Applicant, which give rise to additional points in this Allocation Plan. - The terms of the loan including loan amount, interest rate, and term of the loan Document Submitted: <ul style="list-style-type: none"> - Lender Letter of Interest 		Tab G	
12. Financing Not Yet Applied For Document Submitted: <ul style="list-style-type: none"> - Certification of eligibility from Applicant 		Tab G	
13. Funding/Financing already awarded Document Submitted: <ul style="list-style-type: none"> - Copy of Award Letter 		Tab G	
14. Zoning Document Submitted: <ul style="list-style-type: none"> - Letter from zoning authority stating site is properly zoned (without need for additional variance) - Copy of all approved variances - PUD documentation (if applicable) 		Tab H	
15. Utilities Available to Site Document Submitted: <ul style="list-style-type: none"> - Form A, Section N 		Form A	

16. Compliance Monitoring and Evidence of Compliance with other Program Requirements Documents Submitted:			
~ All development team members with an ownership interest or material participation in any affordable housing Development must disclose any non-compliance issues and/or loan defaults with all Authority programs.		Tab J	
~ Affidavit from any principal of the GP and each development team member disclosing his/her interest in and affiliation with the proposed Development			
~ Affidavit from the management company with added language certifying review, effective management, and elections			
~ Complete list of all Indiana RHTC developments affiliated with applicant, owner and/or developer			
17. Characteristics of the Site are suitable for the construction, rehabilitation and operation of the proposed Development Documents Submitted:			
~ Completed Environmental Phase I (<i>must address flood plains and wetlands</i>)		Tab K	
~ Wetland Delineation (if applicable) and USGS maps			
~ FEMA flood plain map with proposed development site identified			
If located within a 100-year flood plain:			
~ A FEMA conditional letter of reclassification			
~ Mitigation plan including financing plan			
~ Documentation from Civil Engineer or Surveyor			
~ Resume for Civil Engineer or Surveyor			
~ FEMA map			
18. Federal Fair Housing Act and Indiana Handicapped Accessibility Code Document Submitted:		Tab A	
~ Form A, Section O. 4			
19. Pre-1978 Developments (i.e. buildings) Proof of Compliance with the Lead Based Paint Pre-Renovation Rule Document Submitted:		Tab A	
~ Form A, Section O. 9			
20. Developments Proposing Commercial Areas Document(s) Submitted:		Tab F	
~ Detailed, square footage layout of the building and/or property identifying residential and commercial areas			
~ Timeline for complete construction showing that all commercial areas will be complete prior to the residential areas being occupied			
21. RHTCs or any other IHEDA resources are being used to acquire the Development Document Submitted:		Tab L	
~ Fair Market Appraisal (within 6 months)			

<p>22. If any portion of the RHTCs are used to acquire the Development then it must be either exempt from or meet the requirements of IRC Section 42(d)(2)(B)(ii) as to the 10-year placed in service rule.</p> <p>Document submitted:</p>			
<ul style="list-style-type: none"> - Chain of Title Report; or - Tax professional's opinion from an unrelated party stating that the acquisition is either exempt from or meets the requirements of IRC Section 42(d)(2)(B)(ii); or - For waiver, a letter from the appropriate Federal official that states that the proposed project qualifies for a waiver under IRC Section 42(d)(2)(B)(ii) 		Tab L	
<p>23. Any portion of the RHTCs are used to acquire the Development, the Applicant must disclose all "Related Parties" and the proceeds from the sale of to each "Related Party"</p>		Tab L	
<p>24. Rehabilitation Costs must be in Excess of \$20,000 per unit (Must be in excess of \$30,000 per unit if competing in the Preservation Set-aside)</p> <p>Document Submitted:</p>			
<ul style="list-style-type: none"> - Capital Needs Assessment (submitted at least 30 days prior to the application submission) - Schedule F on CD 		Tab L	
<ul style="list-style-type: none"> - Structural conditions Report must contain an assessment for any physical aspects of the development that will be retained (at least 30 days prior to the application submission) <i>Adaptive reuse developments only</i> 			
<p>25. Displacement Relocation Plan</p> <p>Document Submitted:</p> <ul style="list-style-type: none"> - Detailed displacement/relocation plan 		Tab L	
<p>26. Form 8821</p> <p><i>Provide only if Requested by IHEDA</i></p>		Tab Z	
<p>27. Minimum Underwriting Guidelines</p>			
<ul style="list-style-type: none"> - Total Operating Expenses - \geq \$3,500/unit 			
<ul style="list-style-type: none"> - Management Fee - maximum 5-7% of "effective gross income" 1-50 units = 7%; 51- 100 Units = 6%; 100 + Units = 5% 			
<ul style="list-style-type: none"> - Vacancy Rate 6-8% 			
<ul style="list-style-type: none"> - Rental Income Growth 0-2% /yr 			
<ul style="list-style-type: none"> - Operating Reserves 4 - 6 months Operating Expenses, excluding replacement reserves, plus Debt Service -OR- \$1500/unit, whichever is greater 			
<ul style="list-style-type: none"> - Replacement Reserves per unit Rehabilitation: \$350 per unit per year New Construction (if age-restricted): \$250 per unit per year New Construction (if non age-restricted): \$300 per unit per year Single Family Units: \$420 per unit per year Historic Rehabilitation: \$420 per unit per yer 		Tab M	
<ul style="list-style-type: none"> - Service Reserve: if competing in Housing First set-aside 			
<ul style="list-style-type: none"> - Operating Expense Growth 1-3% /yr 			
<ul style="list-style-type: none"> - Stabilized debt coverage ratio Large and Small City Developments: 1.15 - 1.40 Rural Developments: 1.15 - 1.50 (Maintain at least a 1.1 throughtout Compliance Period) 			
<p>Document(s) Submitted:</p>			
<ul style="list-style-type: none"> - Documentation of estimated property taxes & insurance 			
<ul style="list-style-type: none"> - Detailed explanation why development is underwriting outside these guidelines 			
<ul style="list-style-type: none"> - Documentation supporting explanation (if applicable) 			
<ul style="list-style-type: none"> - Other (list to the right) 			

28. Grants/Federal Subsidies Document Submitted: (Form A) deleted section Y - Explanation of how the funds will be treated in Eligible Basis, the reasonableness of the loan to be repaid, and the terms of the loan.		Tab G	
29. Eligibility for basis boost (if applicable) Document(s) Submitted: - Narrative Description - Documentation that the Development has been officially declared a disaster area by the Governor (if applicable)		Tab A	
30. Supportive Housing Requirements Document(s) Submitted: - Letter from CSH certifying completion of the Institute, review of applicable plans, conformance - A copy of the MOU with CSH for ongoing technical assistance - A copy of the MOU (s) for each applicable supportive service provider - Documentation of subsidy source commitments or narrative describing the selection process, proof of application, and a narrative plan on how the development will move forward if the application is denied. -If applicable, Form O to apply for IHCD Project Based Section 8		Tab O	
31. Development Limitations- The amount of RHTCs reserved for allocation to any project may not exceed \$1,200,000.00 Documents Submitted: - Application, Form A		Tab A	
32. Developer Fee (including consulting fee, guaranty fee, or any similar fees) is within guidelines Document(s) Submitted: - Statement disclosing 1) each entity/individual receiving a portion of the Development Fee along with the percentage of the fee the entity/individual receive; 2)describing the terms of the deferred repayment obligation to the Development including any interest rate charged and the source of repayment with the application - Deferred Developer Agreement/Statement - Not-for-profit resolution from Board of Directors allowing a deferred payment		Tab M	
33. Contractor Fee is within guidelines Document Submitted: - Application, Form A		Tab A	
34. Architect Fee is within guidelines Document Submitted: - Application, Form A - If following a Competitive Negotiation Procedure, provide description of this process		Tab A Tab M	
35. Consultant Fee is within guidelines Document Submitted: - Application, Form A		Tab A	
36. Project Costs are Reasonable Document Submitted: - Application, Form A		Tab A	
37. Related Party Fees Document Submitted: - Disclosure of all Related Party Fees, Form N		Tab J	
38. Does Development meet Minimum Development Standards? Document Submitted: - Form A, Section O.3		Tab A	
39. Minimum Amenities for Elderly Developments Document Submitted: - Application, Form A		Tab A	
40. Universal Design Features Document Submitted: -Application, Form A, adopting a minimum of four (4) features from <u>each</u> Universal Design Column		Tab A	
41. Does Development set aside at least 10% of units for "special needs populations," pursuant to Indiana Code ("IC") 5-20-1-435 ? Document Submitted: - Completed and Executed Form K		Tab O	
42. Development satisfies visitability mandate (If applicable) Document Submitted: - Application, Form A		Tab A	
43. Development satisfies all requirements of Section 42 Document(s) Submitted: - Completed and Signed Application with Certification		Tab A	
44. Private Activity Tax-Exempt Bond Financing Documents Required: - Inducement Resolution - Attorney's Opinion		Tab B	
45. Not-For-Profit set-aside Documents Required: - Articles of Incorporation - IRS documentation 501(c)(3) - NFP Questionnaire - Board Resolution		Tab C	
46. Copy of any Approved Waivers		Tab V	
47. Additional Documents Submitted List documents:		Tab V	

Evaluation Factors	Self Score	IHCDA Use	Notes/Issues			
1. Rents Charged			Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents						
1. Less than 25% at 30% AMI, 33.33% of total at or below 50% AMI (4 points)				30		#DIV/0!
2. At least 25% at 30% AMI, 25% of total at or below 50% AMI (8 points)				50		#DIV/0!
3. 25% or Greater at 30% AMI, 40% of total at or below 50% AMI (12 points)				60		#DIV/0!
4. 25% or Greater at 30% AMI, 50% of total at or below 50% AMI (16 points)				MR		#DIV/0!
Subtotal (16 possible points)	0.00	0.00				
2. Development Characteristics						
A. Development Characteristics (Form A, Section O.7)						
1. 10 amenities in Chart 1 (2 points) - Minimum of two amenities required in each of the three sub-columns A, B, & C in the first chart.						
2. 5 amenities in Column 2 (2 points) - Minimum of two amenities required in each of the two sub-categories A and B in the second chart.						
3. 3 amenities in Column 3 (2 points) - Minimum of one amenity required in each of the two sub-categories A and B in the third chart.						
			Family Developments		Elderly Developments	
B. Accessible/Adaptable Units			Rehab/ Adaptive Reuse	New Construction	Rehab/ Adaptive Reuse	New Construction
1. 6.0 - 6.9%			1 point	0 points	0 points	0 points
2. 7.0 - 7.9%			2 points	1 point	1 points	0 points
3. 8.0 - 8.9%			3 points	2 points	2 points	0 point
4. 9.0 - 9.9%			5 points	3 points	3 points	0 points
5. 10.0 - 10.9%			5 points	5 points	5 points	0 points
6. 11.0 or more			5 points	5 points	5 points	100%
C. Universal Design Features						
1. 8 or more universal design features from each Universal Design Column. (3 points)						
2. 9 or more universal design features from each Universal Design Column. (4 points)						
3. 10 or more universal design features from each Universal Design Column. (5 points)						
Document Required: - Completed Form A						
D. Vacant Structure (Up to 6 points)						
1. 50% of the vacant structure square footage. (2 points)						
2. 75% of the vacant structure square footage. (4 points)						
3. 100% of the vacant structure square footage. (6 points)						
Document Required: - Completed Form A						

<p>E. 1. Development is Historic in Nature (3 points)</p> <p>- 50% of total units located in a buildings that falls into one of the categories listed on pages 53-55 of the QAP</p>		
<p>1. A building that is individually Listed on the Indiana Register of Historic Sites (IRHS) or National Register of Historic Places (NRHP), or by a local preservation ordinance; or (3 points)</p>		
<p>2. A building classified as a contributing resource to a district listed on the IRHS or NRHP, or by local perservation ordinance; or (3 points)</p>		
<p>3. A building that is not already listed on the NRHP but has an approved Part 1 application for Federal Historic Tax Credits and received a recommendation for by the Indiana Department of National Resources Division of Historic Preservation and Archaeology (3 points)</p>		
<p>Required Document:</p> <ul style="list-style-type: none"> - A PDF print out from the National Parks Service's database verifying that the building is listed on the NRHP or contributes to a district that is listed on the NRHP - A PDF print out from the Indiana State Historic Architectural and Archaeological Research Database (SHAARD) verifying the building is listed on the State Register or contributes to a disctrics that is listed on the State Register - A copy of the local designation ordinance passed by the local historic preservation commission/board of a Certified Local Government as designated by the Indiana Division of Historic Preservation and Archaeology - If the building is a contributing resource a copy of the district map from the nomination clearly identifying the property as a contributing structure or a letter from the Indiana Division of Historic Preservation and Archaeology or local historic preservation commission stating that the property is contributing to the district - For buildings not listed on the National Register but have received an approved Part 1 application, provide a copy of the historic application and the approved Part 1 application signed by the Indiana Department of National Resources Division of Historic Preservation and <p>- Place in Tab P</p>		
<p>E. 2. Development Utilizes Federal or State historic tax credits and has received preliminary Part 2 acceptance</p>		
<p>Required Document:</p> <ul style="list-style-type: none"> - Preliminary acceptance of the Part 2 historic tax credit application by the Indiana Department of Natural Resources Division of Historic Preservation and Archaeology or from the National Park Service's National Register of Historic Places. <p>- Place it Tab P</p>		
<p>F. Preservation of Existing Affordable Housing</p>		
<p>1. RHTC that have/will Expire (6 points) or</p>		
<p>Required Document:</p> <ul style="list-style-type: none"> - Statement from Applicant as Described on Page 55 of the QAP. <p>Place in Tab P.</p>		
<p>2. Previously HUD Funded or USDA, along with the following priority designation from HUD or USDA:</p>		
<p>a) Developments Designated High Priority (6 points)</p>		
<p>b) Developments Designated Medium Priority (5 points)</p>		
<p>c) Developments Designated Low Priority (4 points) or</p>		
<p>Required Document:</p> <ul style="list-style-type: none"> - Letter from HUD or USDA that states the priority designation for the development. 		

<p>3. Preservation of any other affordable housing development (4 points)</p>			
<p>Document Required: ~ Third party documentation from entity enforcing affordable housing restrictions. Must evidence the rent and income restrictions and terms of restrictions. Place in Tab P</p>			
<p>G. Infill New Construction (6 points)</p>			
<p>Document Required: ~ Evidence that site meets the Infill requirements listed on page 57 of the QAP ~ Evidence that Applicant has site control ~ Aerial photos of the proposed site ~ Documentation of established park or green space area, if applicable. ~ Zoning documentation/tax records for last 5 years (6 points) Place in Tab P</p>			
<p>H. Promotes Neighborhood Stabilization (4 points)</p>			
<p>Document Required: ~ Copy of applicable foreclosure documents ~ If "abandoned," evidence from the mortgage lender and/or tax authority that payments have been delinquent for at least 90 days and that foreclosure proceedings have been initiated. ~ If affected by a disaster, documentation from a third-party confirming the event and impact on the site. The site must have been condemned or deemed unsafe for occupancy as a result of the disaster by the appropriate authority ~ For greyfield, an engineer or architect's assessment that the site was formerly commercial or retail use, that the site has underlying utilities, and that the site contains paved infrastructure that will be developed. Place in Tab P.</p>			
<p>I. a. Local Redevelopment Plan (4 points)</p>			
<p>Document Required: ~ Documentation of the process used to develop and adopt the plan ~ Details regarding community input and public meetings held during the creation of the plan. ~ Copy of the entire plan ~ A map of the area targeted by the plan identifying the location of the project. ~ A narrative listing the location and page number of all required items within the plan. Place in Tab P.</p>			
<p>b. 1. If the plan has been adopted by a local unit of government and meets items i - v. in the QAP (1 point)</p>			
<p>b. 2. At least 50% of the total development units are in a Qualified Census Tract (1 point)</p>			
<p>Document Required: ~ Documentation of the process the local unit of government used to develop and adopt the plan; ~ Written approval from the local unit of government verifying the adoption of the plan. Place in Tab P.</p>			

J. Federally Assisted Revitalization Award (4 points)			
Document Required: ~ Copy of the Grant/Award Agreement, which identifies the entity receiving the grant and the amount of the grant, and additional documentation reflecting the time limits for use of the grant; ~ A letter from the Executive Director of the identified entity certifying that: a. The housing units are an essential element of that Plan; and b. The Tax Credits for the development proposed in the application are an essential component of the financing plan for the grant.; and ~ For BEP awards, evidence that the City received the award and that the proposed land was part of it. ~ For Promise Zone, a copy of the Certification of Consistency with Promise Zone Goals and Implementation ~ A copy of the HUD approved Revitalization Plan (if applicable). Place in Tab P.			
K. Off Site Improvement, Amenity and Facility Investment (4 points)			
~ Conditional commitment of funds; ~ Detailed source and uses of funds; ~ Timeline for completion; ~ Map clearly showing a 1/4 mile radius and the location and description of improvements to the site, and ~ A narrative, which includes how the investment will benefit the tenants. ~ Any improvements within a public right of way must demonstrate approval from local jurisdiction. Place in Tab P			
L. Tax Credit Per Unit (4 points)			
1. 80th percentile: 4 points 2. 60th percentile: 3 points 3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points			
Document Required: ~ Form A			
M. Tax Credit Per Bedroom (4 points)			
1. 80th percentile: 4 points 2. 60th percentile: 3 points 3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points			
Document Required: ~ Form A			
Subtotal (63 possible points)	0.00	0.00	

A. Building Certification (2 points)		
- LEED Silver Rating (2 points)		
- Silver Rating National Green Building Standard™ (2 points)		
- Enterprise Green Communities (2 points)		
- Equivalent under a ratings for systems that are accredited by the American National Standards Institute may earn equivalent points for equivalent end results of the above listed items. (2 points)		
B. Water Conservation (1 point)		
- Ultra low flush (<=1 gal per flush) (1 point)		
- Dual flush toilets (1 point)		
Required Document: -Completed Form A		
C. Desirable Sites (11 Points)		
a) Location efficient (3 points)		
b) Transit oriented (2 points)		
c) Opportunity index (6 points)		
d) Located in a R/ECAP (1 point deduction)		
e) Undesirable sites (1 point deduction per feature)		
Required Document: - Completed Form A - Site Map indicating the specific locations of each desirable/undesirable feature or facility, as well as a key or line indicating its distance to the development. - Photographs of the site and surrounding neighborhood - Scattered site developments must submit required information for each site. Place in Tab Q		
Subtotal (14 possible points)	0.00	0.00
4. Financing & Market		
A. Public or Private Financial Participation (4 points)		
1. 1.00 to 2.49% (1 point)		
2. 2.50 to 3.99% (1.5 points)		
3. 4.00 to 5.49% (2 points)		
4. 5.50 to 6.99% (2.5 points)		
5. 7.00 to 8.49% (3 points)		
6. 8.50 to 9.99% (3.5 points)		
7. 10% or greater (4 points)		
Required Document: -A letter from the appropriate authorized official approving the funds. The letter must include: 1) the approved funding specifically for the proposed Development; and 2) the amount of funding (if tax abatement, the local unit of government must estimate the monetary amount) Place in Tab B		
B. Non-IHCDA Rental Assistance (2 points)		
1. Project Based Rental Assistance (2 points)		
Required Document: -Commitment or conditional commitment letter from the funding agency. The letter must demonstrate that the rental assistance will meet all of the requirements outlined on page 71 of the QAP Place in Tab B		

C. Previous 9% Tax Credit funding within a Local Government (3 points)			
1. 0 units	(3.0 points)		
2. 1 - 25 units	(2.75 points)		
3. 26 - 50 units	(2.5 points)		
4. 51 - 75 units	(2.25 points)		
5. 76 - 100 units	(2.0 points)		
6. 101 - 125 units	(1.75 points)		
7. 126 - 150 units	(1.5 points)		
8. 151 - 175 units	(1.0 points)		
9. 176 - 200 units	(0.75 points)		
10. 201 - 250 units	(0.5 points)		
11. 251 or more units	(0 points)		
D. Census Tract without Active Tax Credit Properties. (3 points)			
Required Document: ~ Completed Form A			
E. Housing Needs Index (Max 3 points)			
1. Located in a county experiencing population growth from migration (1 point)			
2. Located in a county where 50% or more of renter households are rent burdened (1 point)			
3. Located in a county with less than 50 units for every 100 extremely low-income renter households (1 point)			
F. Lease Purchase (Max 2 points)			
1. 50% of the units are three bedroom units or larger, OR (1 point)			
2. 75% of the units are three bedroom units or larger (2 points)			
Required Document: ~ Detailed outline of the lease-purchase program ~ Lease-Purchase agreement signed by all parties. Place in Tab R.			
Subtotal (17 possible points)		0.00	0.00
5. Other			
A. Certified Tax Credit Compliance Specialist			
1. Management (Max 2 points)			
2. Owner (Max 1 point)			
Required Document: ~ Completed Form A, Section Q ~ Copy of certification(s) in Tab S.			
B. MBE, WBE, DBE, VOSB, and SDVOSB (Max 4 points)			
Required Document: ~ Completed Form A, Section U Place in Tab S			
D. Unique Features (Max 6 points)			
Required Document: ~ Narrative Summary - Place in Tab A			

D. Tenant Investment Plan (Max 6 points)			
1. Level 1: Programs/Classes (1-3 points)			
2. Level 2: Behavioral/Health Services (1 -4 points)			
3. Level 3: Community Enhancement to encourage Aging in Place (1 - 6 points)			
Required Document: ~ Completed Form A. Evidence of the specific services selected, including copies of service agreements, must be submitted with the project's request for the issuance of Form 8609.			
E. Integrated Supportive Housing (Max 5 points)			
1. Project went through the Indiana Supportive Housing Institute (5 points)			
2. Non-Institute Integrated Supportive Housing with previous experience (2 points)			
~ CSH letter certifying completion of the Institute (if eligible for the full 5 points) or previous Institute completion (if eligible for 2 points), review of applicable plans, and conformance with Institute goals/ the Housing First model; and ~ Copy of executed CSH MOU; and ~ Copies of all applicable service provider MOUs; and ~ Documentation of all subsidy commitments or narratives as described on page 81 of the QAP ~ If applicable, Form O to apply for IHCD Project Based Section 8. Developments eligible for partial points may not request IHCD project based vouchers.			
Place in Tab O			
E. Smoke-Free Housing (3 points)			
Required Documents: ~ Smoke-free housing policy that meets the requirements outlined on page 82 of the QAP. Place in Tab T			
G. Community Participation (2 points)			
Required Document: ~Completed form A ~Current List of Board Members ~Copy of Organization's By-Laws, articles of incorporation, and copy of the IRS letter confirming 501(c)(3) status			
H. Technical Correction Period (4 points)			
~ Development with 0-1 technical correction errors (4 points)			
~ Developments with 2 technical correction errors (2 points)			
~ Developments with 3 or more technical correction errors (0 points)			
Subtotal (33 possible points)	0.00	0.00	
6. Reduction of Points			
(5 point reduction)			
Subtotal (5 possible reduction in points)	0.00	0.00	
Total Development Score (143 possible points)	0.00	0.00	

Select Financing Type (Check all that apply)	Set-Aside(s) MUST select all that apply. See QAP (Applicable for Rental Housing Tax Credits ONLY)
<input type="checkbox"/> Rental Housing Tax Credits (RHTC) <input type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> IHCD HOME Investment Partnerships (MUST complete HOME Supplement) <input type="checkbox"/> IHCD Development Fund (MUST complete Development Fund Supplement)	<input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Stellar Community* <input type="checkbox"/> Community Integration <input type="checkbox"/> Large City <input type="checkbox"/> Small City <input type="checkbox"/> Rural* <input type="checkbox"/> Preservation <input type="checkbox"/> Workforce Housing <input type="checkbox"/> Housing First <input type="checkbox"/> General

* If applicant selects either the Stellar Community and/or the Rural Set-Aside, applicant must provide proof that the development meets the definition of the selected Set-Aside, in Tab A.

A. Development Name and Location

1. Development Name

Street Address

City County State IN Zip

2. Is the Development located within existing city limits? Yes No

If no, is the site in the process or under consideration for annexation by a city? Yes No
Date:

3. Census Tract(s) #

a. Qualified Census tract? Yes No

b. Is development eligible for adjustment to eligible basis? Yes No

Explain why development qualifies for 30% boost:
(Place supporting documents in Tab A)

4. Is development located in a Difficult Development Area (DDA)? No

5. Congressional District State Senate District State House District

6. Latitude Longitude

B. Funding Request (for Initial Application Only)**

1. Total annual credit amount requested with this Application

2. Total amount of Multi-Family Tax Exempt Bonds requested with this Application
***Note: if you are requesting that IHCD fill the role of issuer, complete Form J

3. Total amount of IHCD HOME funds requested with this Application

4. Total amount of IHCD Development Fund funds requested with this Application

5. Total amount of IHCD Section 8 Vouchers requested with this Application (Form O)
** If a Permanent Suuportive Housing Development*

6. Have any prior applications for IHCD funding been submitted for this Development? ** Yes No

If yes, please list the name of the Development(s), date of prior application, type of funding request (with amount) and indicate what information has changed from the prior application (Place this information in Tab D)

footnotes:

6. Total annual tax credit amount requested with all applications (including this Application) submitted to the Authority in 2018/2019: _____

7. Total Multi-Family Tax Exempt Bonds awarded with all applications submitted to the Authority in 2018/2019: _____

8. Select the Project Type:

- Family
- Age-Restricted
- Supportive Living
- Assisted Living

C. Types of Allocation/Allocation Year

1. Regular Allocation

All or some of the buildings in the development are expected to be placed in service _____ (Date)
For these buildings, Owner will request an allocation of _____ (Current Yr) credits this year for:

- New construction, or
- Rehabilitation, or
- Acquisition and rehabilitation.

2. Carryforward Allocation

All or some of the buildings in the development are expected to be placed in service within two years after the end of this calendar year _____ (Current Yr), but the Owner will have more than 10% basis in the development before the end of this year, but in any event no later than 6 months from the date of the allocation if the allocation is received within the last 6 months of the calendar year. For these buildings, the Owner will request a carryforward allocation of _____ (Current Yr) credits pursuant to Section 42(h)(1)(E) for:

- New construction, or
- Rehabilitation, or
- Acquisition and rehabilitation (even if you acquired a building this year and "placed it in service" for the purpose of the acquisition credit, you cannot receive Form 8609 for acquisition credits on the building until the year for which the Form 8609 is issued for that building once the rehabilitation work is "placed in service" in _____ (Year)). See Carryover Agreement.

3. Federal Subsidies

Federal Subsidies may include: Tax Exempt Bonds, HOME, CDBG, Etc. **Is the project going to be funded with either tax-exempt bonds or other Federal funding sources that are not being loaned to the project owner?**

- No
- Yes, with tax-exempt bonds
- Yes, with other Federal funding

If other Federal funding sources, please explain how these Federal funds will be treated in eligible basis:

footnotes:

D. Applicant/Ownership Information

1. Applicant Information

Is Applicant the Owner? Yes No

Is Applicant an IHCD State Certified CHDO? Yes No

Participating Jurisdiction (non-state) Certified CHDO? Yes No

Qualified not-for-profit? Yes No

A public housing agency (PHA)? Yes No

a. Name of Organization

Contact Person

Street Address

City State Zip

Phone E-mail

Applicant's Resume and Financials must be placed in Tab D

b. If the Applicant is not the Owner, explain the relationship between the Applicant and the Owner.

c. Has Applicant or any of its general partners, members, shareholders or principals ever been convicted of a felony under the federal or state law of the United States? Yes No

d. Has Applicant or any of its general partners, members, shareholders or principals ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy law of the United States? Yes No

e. Has Applicant or any of its general partners, members, shareholders or principals:

1. Defaulted on any low-income housing Development(s)? Yes No

2. Defaulted on any other types of housing Development(s)? Yes No

3. Surrendered or conveyed any housing Development(s) to HUD or the mortgage? Yes No

f. If you answered yes to any of the questions in e.1, 2, or 3 above, then please provide additional information regarding these circumstances. You may use additional sheets.

footnotes:

2. Owner Information

- Legally formed
- To be formed

a. Name of Owner

Contact Person

Street Address

City

State

Zip

Phone

E-mail Address

Federal I.D. No.

Type of entity:

- Limited Partnership
- Individual(s)
- Corporation
- Limited Liability Company
- Other:

Provide Name and Signature for each Authorized Signatory on behalf of the Applicant.

1.

Printed Name & Title

Signature

2.

Printed Name & Title

Signature

3.

Printed Name & Title

Signature

4.

Printed Name & Title

Signature

5.

Printed Name & Title

Signature

footnotes:

b. List all that have an ownership interest in Owner and the Development. Must **include** names of **all** general partners (**including the principals of each general partner if applicable**), managing member, controlling shareholders, etc.

	Name	Role	Phone #	% Ownership	Email
General Partner (1)					
Principal					
Principal					
Principal					
General Partner (2)					
Principal					
Principal					
Principal					
Limited Partner					
Principal					
Principal					
Principal					

c. Has Owner or any of its general partners, members, shareholders or principals ever been convicted of a felony under the federal or state laws of the United States? Yes No

d. Has Owner or any of its general partners, members, shareholders or principals ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States? Yes No

e. Has Owner or any of its general partners, members, shareholders or principals:

1. Defaulted on any low-income housing Development(s)? Yes No

2. Defaulted on any other types of housing Development(s)? Yes No

3. Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? Yes No

4. Do you have any uncorrected 8823's on any developments in your portfolio? Yes No

f. If you answered yes to any of the questions in e.1-4 above, then please provide additional information regarding these circumstances in Tab J.

g. Has the applicant or its principals returned, or had recinded, any Authority Funding? Yes No
If Yes, list the dates returned and award numbers of said funds:

<u>BIN</u>	<u>Date Returned</u>	<u>Amount</u>

footnotes:

E. Prior Property Owner Information

1. List the following information for the person who owned the property immediately prior to Applicant or Owner's acquisition.

Name of Organization _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Type of Entity: Limited Partnership Individual(s)
 Corporation Other _____

2. What was the prior use of the property? _____

3. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team? Yes No

If yes, list type of relationship and percentage of interest, if applicable.

4. If any portion of the RHTCs are used to acquire the Development, is it exempt from or meet the requirements of IRC Section 42(d)(2)(B)(ii) as to the 10 year placed-in-service rule?* Yes No

* If RHTCs are used to acquire the Development, the Applicant must disclose all related parties and the proceeds from the sale to each Related Party in Tab L.

F. Applicant/Owner Experience

Provide a list of all developments (in all states) for which the Applicant, Owner, members, shareholders, principals, and each development team member herein have received an allocation of RHTC, Multi-family Tax Exempt Bonds, HOME Funds, 501(c)3 Bonds, Trust Fund, and/or CDBG. Please identify whether each development was a rehabilitation of an existing development or new construction, the award amount, the funding source, and the award number (e.g. Building Identification Number (BIN), grant number, etc.) **Please Provide in Tab D.**

- 1) BIN of most recently issued 8609 _____
- 2) Date of Carryover Agreement _____

G. Development Team Information

**** Note: ALL DEVELOPMENT TEAM MEMBERS MUST BE IDENTIFIED AT TIME OF APPLICATION**

1. Attorney _____

Firm Name _____

Phone _____

E-mail Address _____

2. Bond Counsel (if applicable) _____

Firm Name _____

Phone _____

E-mail Address _____

footnotes: _____

3. Developer (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

4. Accountant (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

5. Consultant (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

6. High Performance Building Consultant (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

7. Management Entity (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

8. General Contractor (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

9. Architect (contact person) _____
 Firm Name _____
 Phone _____
 E-mail address _____

If the Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team, in addition to above.

footnotes: _____

If any member of the development team has any financial or other interest, directly or indirectly, with another member of the development team, and/or any contractor, subcontractor, or person providing services to the Development for a fee, then a list and description of such interest(s) should be provided in TAB J. (Check appropriate box)

No identities of interest

Yes, identities of interest

H. Not-for-profit Involvement

Articles of Incorporation and IRS documentation of status must be submitted with this Application if the Owner is already formed. All not-for-profits with any ownership interest in the Development must submit a signed original Not-for-Profit Questionnaire with required attachments (Form B) and place in Tab C.

1. Identity of Not-for-profit

The not-for-profit organization involved in this development is:

the Owner

the Applicant (if different from Owner)

Other

Name of Not-for-profit

Contact Person

Address

City

State

Zip

Phone

Fax

E-mail address

I. Site Control

1. Type of Site Control by Applicant

Applicant controls site by (select one of the following):*

Executed and Recorded Deed

Option (expiration date: _____)**

Purchase Contract (expiration date: _____)**

Long Term Lease (expiration date: _____)**

Intends to acquire site/building through a government body.

* If more than one site for the development and more than one form of site control, please indicate and submit a separate sheet specifying each site, number of existing buildings on the site, if any, and type of control of each site.

** Together with copy of title commitment or other information satisfactory to the Authority evidencing the identity of the current Owner of the site.

Please provide site control documentation in Tab E.

footnotes:

2. Timing of Acquisition by Owner

Select One:

- Applicant is Owner and already controls site by either deed or long-term lease or
- Owner is to acquire the property by warranty deed (or lease for period no shorter than period property will be subject to occupancy restrictions) no later than _____ *

* If more than one site for the development and more than one expected date of acquisition by Owner, please indicate and attach a separate sheet specifying each site, number of existing buildings on the site, if any, and expected date of acquisition by Owner of each site.

3. Site Information

- a. Exact area of site in acres _____
- b. Is site properly zoned for your development without the need for an additional variance? Yes No
Zoning type _____
- c. Has locality approved the site plan? Yes No
- d. Has locality issued building permit? Yes No
- e. List the total RHTC 9% financed units awarded during the past 3 years in your area: _____
(See section G.4(c) of the QAP for further clarification)

J. Scattered Site Development

If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)? Yes No

(NO market rate units will be permitted)

K. Acquisition Credit Information

1. All buildings satisfy the 10-year general look-back rule of IRC Section 42(d)(2)(B) and the 10% basis/\$3000 rehab costs per unit requirement.
2. If you are requesting an acquisition credit based on an exception to this general rule [e.g. Section 42(d)(2)(D)(ii) or Section 42(d)(6)], then, other than the exception relating solely to the prior use of the property as a single family residence by the Owner, an attorney's opinion letter in a form satisfactory to the Authority must accompany this Application specifically setting forth why the buildings qualify for an exception to the 10-year rule.
3. Attorney's Opinion Letter enclosed.
4. Applicant disclosed all Related Parties and the proceeds from the sale to each Related Party. See Schedule H, "Glossary" for the definition of Related Parties.

L. Rehabilitation Credit Information (check whichever is applicable)

1. All buildings in the development satisfy the 20% basis requirement of IRC Section 42(e)(3)(A)(i).
2. All buildings in the development satisfy the minimum \$6,000 rehab cost per unit requirement of IRC Section 42(e)(3)(A)(ii).
3. All buildings in the development qualify for the IRC Section 42(e)(3)(B) exception to the 10% basis requirement (4% credit only).

footnotes:

- 4. All buildings in the development qualify for the IRC Section 42(f)(5)(B)(ii)(II) exception to the \$3000 per unit requirement (\$2000 per unit required instead; 4% credit only).
- 5. Different circumstances for different buildings: see above, attach a separate sheet and explain for each building.

M. Relocation Information. Provide information concerning any permanent or temporary relocation of existing tenants.

- 1. Does this Development involve any relocation/displacement of existing tenants? Yes No
- 2. If the development contains any existing tenants, please describe the proposed relocation plan and/or assistance, regardless of whether or not displacement or relocation is expected. Please provide in Tab L.

N. Utilities.

List the Utility companies that will provide the following services to the proposed Development:

Water:	
Sewer:	
Electric:	
Gas:	

footnotes:

--

O. Development Information

1. Rental Housing Tax Credit and/or Multifamily Tax-Exempt Bond Unit Breakdowns

- The AMI percentage elected below will apply to both rent and income limits; OR
- The AMI percentage elected below will apply only to rent limits. All income limits will be based on the federal minimum set-aside election of 50% or 60% AMI.

List number of units and number of bedrooms for each income category in chart below:								
		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms.	4 Bedrooms.	Total	% of Total
30 % AMI	# Units						0	#DIV/0!
50% AMI	# Units						0	#DIV/0!
60% AMI	# Units						0	#DIV/0!
Market Rate	# Units						0	#DIV/0!
Development Total	# Units	0	0	0	0	0	0	100.00%
	# Bdrms.	0	0	0	0	0	0	100.00%

* No market rate units are permitted in scattered site developments per IRS Code Section 42(g)(7)

Unit Size:

What percent of units, by bedroom type, meet or exceed the square footage requirements set forth in G.3 (c) of the QAP?

		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
All Unit Sizes & AMI Levels	# Units					

Type of Unit:

Please list the number of units by type of Construction:

Rehabilitation	
New Construction	

Accessible Units:

Please list the number of units that meet the Section 504 or accessibility requirements:

		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	Total	% of Total Development
All Unit Sizes							0	#DIV/0!

footnotes:

2. Structure and Units

a. List unit type(s) and number of bedroom(s) by bedroom size.

Unit Type	0-1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation				
Single Family (Infill) Scattered Site				
Historic Rehabilitation				
New Construction				

b. The Development's structural features are (check all that apply):

<input type="checkbox"/> Row House/Townhouse	<input type="checkbox"/> Garden Apartments	<input type="checkbox"/> Detached Single-Family
<input type="checkbox"/> Detached Two-Family	<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Basement
<input type="checkbox"/> Crawl Space	Age of Structure	<input type="text"/>
<input type="checkbox"/> Elevator	Number of stories	<input type="text"/>

c. The type(s) of unit is (are):

<input type="checkbox"/> Standard Residential Rental	No. of Units	<input type="text"/>
<input type="checkbox"/> Transient Housing for Homeless	No. of Units	<input type="text"/>
<input type="checkbox"/> Single Room Occupancy Housing (SRO)	No. of Units	<input type="text"/>
<input type="checkbox"/> Other <input type="text"/>	No. of Units	<input type="text"/>

d. Gross Residential Floor Area (resident living space only) Sq Ft.

e. Gross Common Area (hallways, community space, etc.) Sq Ft.

f. Gross Floor Area (all buildings) [d + e] 0 Sq Ft.

g. Gross Commercial Floor Area (if applicable) Sq Ft.

h. Intended Use of Commercial Area (if applicable)

(Use additional sheets if necessary).

All commercial uses must be included in the Declaration of Extended Rental Housing Commitment. Additional information must be provided in Tab F of the application package detailing the square footage layout of the building and/or property, identifying all residential and commercial area; a time-line for complete construction showing that all commercial areas will be completed prior to the residential areas being occupied and a separate rental proforma for the housing and commercial portions.

i. What percentage of the Development's rehabilitation or new construction, as the case may be, has been completed, based on the actual costs and expenses incurred to date as compared to the total estimated development costs?

% complete Costs incurred

j. Total number of residential buildings in the Development: building(s)

k. Total percent of units located in an eligible historic building:

l. Will the development utilize a manager's unit (security, maintenance unit)? Yes No

(Place documentation in tab P)

If yes, how will the unit be considered in the building's applicable fraction? Tax Credit Unit
 Common Area
 Market Rate Unit

If yes, Number of units requested

NOTE: If the manager's unit will be utilized as common area, then the unit must remain in the same building. Developments with market rate units will not be allowed to designate tax credit units as manager's, security, and/or maintenance units unless the tenant qualifies under Section 42 guidelines.

m. Type of unit: Manager's unit Maintenance unit
 Security unit Model unit

Will the manager/maintenance staff/security officer be considered full time? Yes No

If yes, please provide definition of full-time:

If requesting a security unit, what will be the security officer's duties?

footnotes:

3. Does the proposed development meet or exceed the minimum development standards as specified in 2018-2019 QAP Threshold Section F.4.a., F.4.b., and/or F.4.c.? Yes No

4. Fair Housing Act Accessibility

Has the Development has been designed to comply with the requirements of all applicable local, state and federal fair housing and disability-related laws? Does the Development design consider at a minimum, the applicability of the local building codes, the Federal Fair Housing Act, as amended, the Americans with Disabilities Act, and the Rehabilitation Act of 1973, as amended?

Yes No

5. Is the Development currently a vacant structure being converted into affordable housing?

Yes No

If yes, then please indicate the following:

Total square footage of the vacant structure

Total square footage of the vacant structure being converted to part of the development

The proposed Development converts a vacant structure(s) into #DIV/0! affordable housing.

6. Development Design

The Owner certifies that the number of amenities below exist and are available for all units comprising the proposed Development and are appropriate for the proposed tenant population.

Please list the number of development amenities from each column listed under G. 2. a. of the 2018-2019 QAP.

a. Chart 1: Common Area: 0

1. Total development amenities available from chart 1, sub-category A:

2. Total development amenities available from chart 1, sub-category B:

3. Total development amenities available from chart 1, sub-category C:

b. Chart 2: Apartment Unit: 0

1. Total development amenities available from chart 2, sub-category A:

2. Total development amenities available from chart 2, sub-category B:

c. Chart 3: Safety & Security: 0

1. Total development amenities available from chart 3, sub-category A:

1. Total development amenities available from chart 3, sub-category B:

footnotes:

7. Has any building in the proposed development been constructed prior to 1978?

Yes

No

If yes, for adaptive reuse/rehab, the Lead Based Paint Poisoning Prevention Act, the Department of Housing and Urban Development (HUD) Guidelines for Evaluation and Control of Lead Based Paint hazards, Environmental Protection Administration (EPA) and Occupational Safety and Health Act (OSHA) provisions shall apply when applicable.

The applicant/owner/developer will comply with the Lead Based Paint Pre-Renovation Rule (Lead PRE) and the State of Indiana's Lead Based Paint Rules where applicable.

8. Universal Design Features

Applicants are encouraged to adopt universal design features to the greatest extent possible beyond the minimum threshold requirement Based on the Development schematics, as set forth in the site plan of such amenities, the applicant will be awarded points as follows:

Please place an X in the color box to select the category of Ribbon.

Applicants will adopt the threshold minimum of four (4) universal design features from each Universal Design Column found in the Threshold Section.	<input type="checkbox"/>	0 Points
Applicants will adopt a minimum of eight (8) universal design features from each Universal Design Column found in the Threshold Section.	<input type="checkbox"/>	3 Points
Applicants will adopt a minimum of nine (9) universal design features from each Universal Design Column.	<input type="checkbox"/>	4 Points
Applicants will adopt a minimum of ten (10) universal design features from each Universal Design Column found in the Threshold Section.	<input type="checkbox"/>	5 Points

9. Visitability Mandate

Does this development involve the construction of the following:

Single Family Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duplexes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Triplices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Townhomes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If you answered yes to any of the above please refer to p. 44 in the QAP for the three design elements that must be incorporated to satisfy the visitability mandate

10. Affordable Assisted Living

If this development is an affordable assisted living project, check to verify it will follow the Indiana Division of Aging's "Aging Rule" for Providers of home and community based services. Indiana Code 12-10-15 and Indiana Administrative Code 455IAC2

11. Elderly Age Restrictions

If this development will be designated as age-restricted please elect which definition of elderly, this development will adopt:

At least 80% of the units in the entire development are restricted for and solely occupied by households in which at least one member is age 55 or older 55 years of age or older

100% of the units are restricted for households in which all members are age 62 or older

12. Does the Development meet the the following criteria for Infill New Construction? Yes No
- i. The site is surrounded on at least two sides with adjacent established development. Yes No
- ii. The site maximizes the use of existing utilities and infrastructure. Yes No
- iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community amenity. Yes No

13. Does the Development propose to convert a percentage of total square footage in a 100% vacant structure into rental housing? Yes No

If yes, how much of the vacant structure square footage will be utilized? 100% 75% 50%

Required documentation must be placed in Tab P.

14. Is the proposed development considered Historic in Nature as defined by the QAP? Yes No
Required documentation must be placed in Tab P.

15. Does the proposed development promote Neighborhood Stabilization according to the QAP guidelines for: Yes No

- Foreclosed Upon
- Abandoned
- Affected by a Disaster
- Greyfield Redevelopment

Required documentation must be placed in Tab P.

16. a. Is there an adopted redevelopment or community revitalization plan that clearly targets the specific neighborhood in which the project is located? Yes No
Required documentation must be placed in Tab P.

b. Has the plan been adopted by a local unit of government? Yes No
Required documentation must be placed in Tab P.

17. Is the proposed development part of any of the following Federally Assisted Revitalization awards? Yes No

- HOPE VI or Choice Neighborhoods Revitalization initiative
- HUD designated Promise Zone, a Department of Education designated Promise Neighborhood
- New Market Tax Credit Development
- Blight Elimination Program, as specified in QAP
- Similar Federal Program hat has components listed in QAP (Rental Assistance Demonstration (RAD), HOME, and CDBG do not qualify)

Required documentation must be placed in Tab P.

footnotes:

18. a. Will there be an investment of resources that will result in: Yes No
- Off-site infrastructure improvements adjacent or within a 1/4 mile of the project site
 - Development of parks
 - Development of greenspace
 - Development of shared amenities
 - Development of recreational facilities
 - Improvements adjacent or within a 1/4 mile of the proposed project site that will serve the tenant base for the subject property.
- b. Will the proposed improvements, amenities, and/or facilities be completed prior to the proposed placed in service date, but no more than 2 years before application submission date for the project? Yes No
- c. Are the development costs and source of funding associated with the development improvements, amenities and/or facilities mutually exclusive of the development cost and sources of funding for the subject property? Yes No

Required documentation must be place in Tab P.

19. Tax Credit Per Unit

Total Tax Credit Request*	\$0
Total Program Units in Development	<u> </u>
Tax Credits per Unit	<u>#DIV/0!</u>

*Auto-populates from Development Info Tab (p. 16)

20. Tax Credit Per Bedroom

Total Tax Credit Request*	\$0
Total Program Bedrooms in Development	<u> </u>
Tax Credits per Bedroom	<u>#DIV/0!</u>

*Auto-populates from Development Info Tab (p. 16)

footnotes:

21. Desirable Sites

Target Area Points	
Location Efficient	
Transit Oriented	
Opportunity Index	
Undesirable Sites (enter 1)	
Total Points	0

If the site map, which indicates the specific locations of each desirable site, is located in the Market Study, list the page number from the Market Study: _____

22. Sustainable Development Characteristics

<u>Type</u>	<u>Points Available</u>
<p>1.) Smart Use Training* *Smart Use trainings will be provided to on-site property staff (Mgmt & Maint) and to all tenants throughout the Compliance Period</p> <p><input type="checkbox"/> Yes</p>	Threshold
<p>2.) Building Certification:</p> <p><input type="checkbox"/> a. LEED Silver Rating</p> <p><input type="checkbox"/> b. Silver Rating National Green Building Standard™</p> <p><input type="checkbox"/> g. Enterprise Green Communities</p> <p><input type="checkbox"/> i. Equivalent under a rating for systems that are accredited by the American National Standards Institute may earn equivalent points for equivalent end results of the above-listed items.</p>	<p>2 points</p> <p>2 points</p> <p>2 points</p> <p>2 points</p>
<p>3.) Water Conservation</p> <p><input type="checkbox"/> 1 point - Installing Ultra low flush toilet (<= 1 gal per flush)</p> <p><input type="checkbox"/> 1 point - Installing Dual Flush Toilets</p>	

footnotes:

23. Election of the Minimum Set Aside Requirement (this election is also made by the owner on IRS Form 8609): The Owner irrevocably elects **one** of the Minimum Set Aside Requirements:

At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income (if this election is chosen, all tax credit units must be rented to tenants at 50% area median income or below)

At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 60% or less of the area median gross income.

P. Development Schedule

Activity	Anticipated Dates	Actual Dates <i>(to the extent available)</i>
1. Site		
Option/Contract		
Site Acquisition		
Zoning		
Site Plan Approval		
2. Financing		
a. Construction Loan		
Loan Application		
Conditional Commitment		
Firm Commitment		
Loan Closing		
b. Permanent Loan		
Loan Application		
Conditional Commitment		
Firm Commitment		
Loan Closing		
c. Other Loans and Grants (List Type & Source)		
Application Date		
Conditional Commitment		
Firm Commitment		
d. Other Loans and Grants (List Type & Source)		
Application Date		
Conditional Commitment		
Firm Commitment		
e. Other Loans and Grants (List Type & Source)		
Application Date		
Conditional Commitment		
Firm Commitment		
3. Formation of Owner		
4. IRS Approval of Not-for-Profit Status		
5. Transfer of Property to Owner		
6. Plans and Specifications, Working Drawings		
7. Building Permit Issued by Local Government		
8. Construction Starts		
9. Completion of Construction		
10. Lease-Up		
11. Credit Placed in Service Date(s) (month and year must be provided)		

Q. Certified Tax Credit Specialist:***

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification
1			
2			
3			
4			
5			

***Place a copy of all certifications in Tab S.

footnotes:

--

R. Tax Credit

1. This development will be subject to the 15 year Extended Use Agreement, in addition to the mandatory 15 year Compliance Period (30 years).
2. This development will be subject to the standard 15 year Compliance Period as part of a Lease Purchase Program (all units must be single family detached structures) and will offer homeownership opportunities to qualified tenants after compliance period. See IRS Revenue Ruling 95-48 and IHCD Declaration of Extended Rental Housing Commitment.

S. Special Housing Needs

Identify the number of units set aside for special housing needs*:

* A minimum of 10% of all RHTC units must be set aside for units that provide residential housing for "special needs populations", pursuant to Indiana Code ("IC") 5-20-1-4.5.
 Completed and executed Form K must be placed in Tab O.

T. Community or Government Support

1. List the political jurisdiction in which the development is to be located and the name and address of the chief executive officer thereof:

Political Jurisdiction (name of City or County)

Chief Executive Officer (name and title)

Street Address

City State Zip

2. A commitment for local government funding for this Development in the amount of is located in Tab B of the application package.

U. MBE/WBE/DBE/VOSB/SDVOSB Participation

Firm/Entity	Insert X	1% - 4.99% of Total Development Cost	Insert X	5% of Total Development Cost
Professional Services or General Contractor	<input style="width: 100px;" type="text"/>	.5 point	<input style="width: 100px;" type="text"/>	1 point

Firm/Entity	Insert X	4% - 7.99% of Total Development Cost	Insert X	>8% of of Total Development Cost
Sub-contractors	<input style="width: 100px;" type="text"/>	.5 point	<input style="width: 100px;" type="text"/>	1 point

Firm/Entity	Insert X	
Owner/Developer	<input style="width: 100px;" type="text"/>	1 point
Management Entity (Minimum 2 year contract)	<input style="width: 100px;" type="text"/>	1 point

footnotes:

V. Rental Assistance, Rents & Utilities, Units, Community Participation, etc.

1. Rental Assistance

a. Do or will any low-income units receive Project Based rental assistance? Yes No

If yes, indicate type of rental assistance and attach copy of rental assistance contract, if applicable:

Section 8 HAP FmHA 515 Rental Assistance
 Other: _____

b. Is this a Supportive Housing Project? Yes No

If yes, are you applying for IHCD Project Based Section 8? Yes No

Required Documentation : Form O

c. Number of units (by number of bedrooms) receiving assistance:

(1) Bedroom (2) Bedrooms
 (3) Bedrooms (4) Bedrooms

d. Number of years rental assistance contract _____ Expiration date of contract _____

e. Does locality have a public housing waiting list? Yes No

If yes, you must provide the following information:

Organization which holds the public housing waiting list _____

Contact Person (Name and Title) _____

Phone _____

Email _____

f. Has the Owner worked with the local or regional public housing representative to give priority to households on waiting lists for subsidized or public housing? Yes No

2. Integrated Supportive Housing*

Total Units	Total Supportive Housing Units	Percent of total #DIV/0!	No more than 25% of units, but no less than 7 total units of Permanent supportive housing will earn 5 points. Developments meeting the above, but not developed through institute will earn 2 points.
_____	_____	_____	

*Submit supporting documentation outlined on p. 80 of the QAP in Tab O

3. Smoke Free Housing

Development will commit to operating as smoke-free housing.

4. Community Participation*

Applicant, Owner, or Developer who is a member of a Board of	Non- Profit Organization (501(c)(3))	Date Non-profit Was Incorporated
_____	_____	_____

*Submit supporting documentation outlined on p. 81 of the QAP in Tab C

footnotes: _____

5. Utilities and Rents

a. Monthly Utility Allowance Calculations - Entire Section Must Be Completed

Utilities	Type or Utility (Gas, Electric, Oil, etc.)	Utilities Paid by:		Enter Allowance Paid by Tenant ONLY				
				0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
Heating		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Air Conditioning		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Cooking		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Lighting		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Hot Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Sewer		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Trash		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Total Utility Allowance for Costs Paid by Tenant				\$ -	\$ -	\$ -	\$ -	\$ -

b. Source of Utility Allowance Calculation

<input type="checkbox"/> HUD	<input type="checkbox"/> FmHA 515
<input type="checkbox"/> PHA	<input type="checkbox"/> Utility Company (Provide letter from utility company)
<input type="checkbox"/> Rural Development	<input type="checkbox"/> Energy Consumption Model
<input type="checkbox"/> Other (specify):	

Note: IRS regulations provide further guidance on how utility allowances must be determined. More info is also located in the RHTC Compliance Manual, Part 3.4.

c. List below the applicable rental housing tax credit monthly rent limits (based on the number of bedrooms) less the applicable utility allowance calculated in subpart 2.a. above:

	0 BR	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for Tenants at 30% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 50% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 60% AMI		\$ -			
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -

footnotes:

d. List below the maximum rent limits minus tenant-paid utilities for all HOME-Assisted, and/or HOME-Eligible, Non-assisted units in the development.

	0 BR (SRO w/o kitchen and/or bath)	0 BR (SRO with kitchen and bath)	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for beneficiaries at 30% or less of area median income						
MINUS Utility Allowance Paid by Tenants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at 50% or less of area median income						
MINUS Utility Allowance Paid by Tenants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at 60% or less of area median income						
MINUS Utility Allowance Paid by Tenants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

e. Estimated Rents and Rental Income

1. Total Number of Low-Income Units (30% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
Yes/No	Yes/No	Yes/No	# of bedrooms					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Other Income Source					
			Other Income Source					
			Other Income Source					
			Total Monthly Income					\$ -
			Annual Income					\$ -

** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.**

footnotes:

2. Total number of Low-Income Units (50% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
Yes/No	Yes/No	Yes/No	# of bedrooms					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source				<input type="text"/>				<input type="text"/>
Other Income Source				<input type="text"/>				<input type="text"/>
Other Income Source				<input type="text"/>				<input type="text"/>
Total Monthly Income								\$ -
Annual Income								\$ -

** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.**

3. Total number of Low-Income Units (60% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
Yes/No	Yes/No	Yes/No	# of bedrooms					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source				<input type="text"/>				<input type="text"/>
Other Income Source				<input type="text"/>				<input type="text"/>
Other Income Source				<input type="text"/>				<input type="text"/>
Total Monthly Income								\$ -
Annual Income								\$ -

** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.**

footnotes:

4. Total number of Market Rate Units

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
<i>Yes/No</i>	<i>Yes/No</i>	<i>Yes/No</i>	<i># of bedrooms</i>					
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
			Bedrooms					\$ -
Other Income Source								
Other Income Source								
Other Income Source								
Total Monthly Income								\$ -
Annual Income								\$ -
** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column. **								

footnotes:

5. Summary of Estimated Rents and Rental Income

Annual Income (30% Rent Maximum)	\$	-
Annual Income (50% Rent Maximum)	\$	-
Annual Income (60% Rent Maximum)	\$	-
Annual Income (Market Rate Units)	\$	-
Potential Gross Income	\$	-
Less Vacancy Allowance		-
Effective Gross Income	\$	-

What is the estimated average annual % increase in income over the Compliance Period?

W. Annual Expense Information

(Check one) Housing OR Commercial

<u>Administrative</u>		<u>Operating</u>	
1. Advertising	<input type="text"/>	1. Elevator	<input type="text"/>
2. Management Fee	<input type="text"/>	2. Fuel (heating & hot water)	<input type="text"/>
3. Legal/Partnership	<input type="text"/>	3. Electricity	<input type="text"/>
4. Accounting/Audit	<input type="text"/>	4. Water/Sewer	<input type="text"/>
5. Compliance Mont.	<input type="text"/>	5. Gas	<input type="text"/>
6. Office Expenses	<input type="text"/>	6. Trash Removal	<input type="text"/>
7. Other (specify below)	<input type="text"/>	7. Payroll/Payroll Taxes	<input type="text"/>
		8. Insurance	<input type="text"/>
Total Administrative	\$ -	9. Real Estate Taxes*	<input type="text"/>
		10. Other Tax	<input type="text"/>
<u>Maintenance</u>		11. Yrly Replacement Reserves	<input type="text"/>
1. Decorating	<input type="text"/>	12. Resident Services	<input type="text"/>
2. Repairs	<input type="text"/>	13. Other (specify below)	<input type="text"/>
3. Exterminating	<input type="text"/>		
4. Ground Expense	<input type="text"/>	Total Operating	\$ -
5. Other (specify below)	<input type="text"/>		
Total Maintenance	\$ -		
Total Annual Administrative Expenses:	\$ -	Per Unit	#DIV/0!
Total Annual Maintenance Expenses:	\$ -	Per Unit	#DIV/0!
Total Annual Operating Expenses:	\$ -	Per Unit	#DIV/0!
TOTAL OPERATING EXPENSES (Admin+Operating+Maint):	\$ -	Per Unit	#DIV/0!
What is the estimated average annual percentage increase in expenses for the next 15 years?			<input type="text"/>
What is the annual percentage increase for replacement reserves for the next 15 years?			<input type="text"/>

* List full tax liability for the property - do not reflect tax abatement.

footnotes:

X. Projections for Financial Feasibility

headnotes:

Check one: Housing
 Commercial

15 Year Projections of Cash Flow		Year 1	Year 2	Year 3	Year 4	Year 5
1. Potential Gross Income		\$ -	\$ -	\$ -	\$ -	\$ -
2. Less Vacancy Loss		\$ -	\$ -	\$ -	\$ -	\$ -
3. Effective Gross Income (1-2)		\$ -	\$ -	\$ -	\$ -	\$ -
4. Less Operating Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
5. Less Mgmt Fee		\$ -	\$ -	\$ -	\$ -	\$ -
6. Less Replacement Reserves		\$ -	\$ -	\$ -	\$ -	\$ -
7. Plus Tax Abatement (increase by expense rate if applicable)						
8. Net Income (3-4-5-6+7)		\$ -	\$ -	\$ -	\$ -	\$ -
9.a. Less Debt Service #1						
9.b. Less Debt Service #2						
9.c. Less Debt Service #3						
9.d. Less Debt Service #4						
9.e. Less Debt Service #5						
10. Cash Flow (8-9)		\$ -	\$ -	\$ -	\$ -	\$ -
11. Debt Coverage Ratio (DCR)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12. Deferred Developer Fee Payment						
13. Cash Flow after D'frd Dev Fee Pmt		\$ -	\$ -	\$ -	\$ -	\$ -
14. DCR after D'frd Dev Fee Pmt		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Year 6	Year 7	Year 8	Year 9	Year 10
1. Potential Gross Income		\$ -	\$ -	\$ -	\$ -	\$ -
2. Less Vacancy Loss		\$ -	\$ -	\$ -	\$ -	\$ -
3. Effective Gross Income (1-2)		\$ -	\$ -	\$ -	\$ -	\$ -
4. Less Operating Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
5. Less Mgmt Fee		\$ -	\$ -	\$ -	\$ -	\$ -
6. Less Replacement Reserves		\$ -	\$ -	\$ -	\$ -	\$ -
7. Plus Tax Abatement (increase by expense rate if applicable)						
8. Net Income (3-4-5-6+7)		\$ -	\$ -	\$ -	\$ -	\$ -
9.a. Less Debt Service #1						
9.b. Less Debt Service #2						
9.c. Less Debt Service #3						
9.d. Less Debt Service #4						
9.e. Less Debt Service #5						
10. Cash Flow (8-9)		\$ -	\$ -	\$ -	\$ -	\$ -
11. Debt Coverage Ratio (DCR)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12. Deferred Developer Fee Payment						
13. Cash Flow after D'frd Dev Fee Pmt		\$ -	\$ -	\$ -	\$ -	\$ -
14. DCR after D'frd Dev Fee Pmt		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Year 11	Year 12	Year 13	Year 14	Year 15
1. Potential Gross Income		\$ -	\$ -	\$ -	\$ -	\$ -
2. Less Vacancy Loss		\$ -	\$ -	\$ -	\$ -	\$ -
3. Effective Gross Income (1-2)		\$ -	\$ -	\$ -	\$ -	\$ -
4. Less Operating Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
5. Less Mgmt Fee		\$ -	\$ -	\$ -	\$ -	\$ -
6. Less Replacement Reserves		\$ -	\$ -	\$ -	\$ -	\$ -
7. Plus Tax Abatement (increase by expense rate if applicable)						
8. Net Income (3-4-5-6+7)		\$ -	\$ -	\$ -	\$ -	\$ -
9.a. Less Debt Service #1						
9.b. Less Debt Service #2						
9.c. Less Debt Service #3						
9.d. Less Debt Service #4						
9.e. Less Debt Service #5						
10. Cash Flow (8-9)		\$ -	\$ -	\$ -	\$ -	\$ -
11. Debt Coverage Ratio (DCR)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12. Deferred Developer Fee Payment						
13. Cash Flow after D'frd Dev Fee Pmt		\$ -	\$ -	\$ -	\$ -	\$ -
14. DCR after D'frd Dev Fee Pmt		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

The above projections utilize the estimated annual percentage increases in income.

Commercial and Office Space: IHCD's Rental Housing financing resources cannot be used to finance commercial space within a development. Income generated and expenses incurred from this space, though, must be factored into IHCD's underwriting for the development as a whole when reviewing the application. If the development involves the development of commercial space the applicant will need to provide separate annual operating expense information and a separate 15-year proforma for the commercial space. Be sure to label which forms are for the housing and which ones are for the commercial space. Also separate out all development costs associated with the commercial space on line M of the Development Costs chart.

Y. Sources of Funds/Developments (Include any IHCD HOME requests)

1. Construction Financing. List individually the sources of construction financing, including any such loans financed through grant sources. *Please provide documentation in Tab G.*

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name & Telephone Number of Contact Person
1				
2				
3				
4				
5				
Total Amount of Funds			\$ -	

2. Permanent Financing. List individually the sources of permanent financing, including any such loans financed through grant sources. *Please provide documentation in Tab G.*

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Annual Debt Service Cost	Interest Rate of Loan	Amortization Period	Term of Loan
1							
2							
3							
4							
5							
Total Amount of Funds			\$ -	\$ -			
Deferred Developer Fee							

3. Grants. List all grants provided for the development. *Provide documentation in Tab G.*

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name and Telephone Numbers of Contact Person
1				
2				
3				
4				
Total Amount of Funds			\$ -	

footnotes:

If the loan and any outstanding interest is not expected to be paid until the end of the Initial Compliance Period, there must be reasonable expectation that the fair market value of the Development will be sufficient at that time to pay the accrued interest and debt and that the net income of the Development will be sufficient to sustain debt service.

4. Historic Tax Credits

Have you applied for a Historic Tax Credit? Yes No

If Yes, Please list amount

If Yes, indicate date Part I of application was duly filed: Must be included with application. Please provide in Tab P.

5. Other Sources of Funds (excluding any syndication proceeds)

a. Source of Funds Amount

b. Timing of Funds

c. Actual or Anticipated Name of Other Source

d. Contact Person Phone

6. Sources and Uses Reconciliation

Limited Partner Equity Investment*	<input type="text"/>
General Partner Investment	<input type="text"/>
Total Equity Investment	\$ <input type="text"/> -
Total Permanent Financing	<input type="text"/>
Deferred Developer Fee	\$ <input type="text"/> -
Other	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Total Sources of Funds	\$ <input type="text"/> -
Total Uses of Funds	\$ <input type="text"/> -

^^^Note: Sources MUST EQUAL Uses^^^

*Load Fees included in Equity Investment Yes No
 If Yes, Load Fees are

footnotes:

7. Intermediary Information

a. Actual or Anticipated Name of Intermediary

(e.g. Syndicator, etc.) _____

Contact Person _____

Phone _____

Street Address _____

City _____ State _____ Zip _____

Email _____

b. Investors: Individuals and/or Corporate, or undetermined at this time

c. As a percentage of the total credits to be received throughout the compliance period (assuming no recapture, should be the annual amount of credit times 10), how much are investors (excluding Owner's own equity) willing to invest toward development costs, excluding all syndication fees or charges? _____

check if estimated check if based on commitment(s); if so, attach copies

d. Has the intermediary (identified above) provided you with any documentation regarding the amount of syndication or other intermediary costs, fees, "loads" or other charges it will impose in with its services?

Yes* No *If Yes, attach copies

e. How much, if any, is the Owner willing or committed to invest toward Development Costs?

_____ **Evidence of investment must be provided to IHCD.**

8. Tax-Exempt Bond Financing/Credit Enhancement

a. If Multi-family Tax Exempt Bonds are requested, list percent such bonds represent of the aggregate basis of the building and land of the development: _____

If this percentage is 50% or more , a formal allocation of credits from IHCD is not necessary (although the development must satisfy and comply with all requirements for an allocation under this Allocation Plan and Section 42 of the Code. The Issuer of the bonds must determine the maximum amount of credits available to the development which, just as for developments which do need allocation, is limited to the amount of credits necessary to make the development financially feasible). AT THE TIME OF SUBMITTING THIS APPLICATION, YOU MUST PROVIDE IHCD WITH AN OPINION OF COUNSEL, SATISFACTORY TO IHCD, THAT YOU ARE NOT REQUIRED TO OBTAIN AN ALLOCATION OF TAX CREDITS FROM IHCD AND THAT THE DEVELOPMENT MEETS THE REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.

footnotes:

b. Name of Issuer _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email _____

c. Name of Borrower _____
Street Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email _____

If the Borrower is not the Owner, explain the relationship between the Borrower and Owner in footnotes below.

If Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team in addition to above.

d. Does any of your financing have any credit enhancement? Yes No
If yes, list which financing and describe the credit enhancement:

e. Is HUD approval for transfer of physical asset required? Yes No
If yes, provide copy of TPA request to HUD.

f. Is Rural Development approval for transfer of physical asset required? Yes No
If yes, has Rural Development been notified of your RHTC application? Yes No

g. Is the Development a federally assisted low-income housing Development with at least 50% of its units in danger of being removed by a federal agency from the low-income housing market due to eligible prepayment, conversion, or financial difficulty? Yes No
If yes, please provide documentation in Tab P of the application package.

footnotes: _____

Z. Cost/Basis/Maximum Allowable Credit

1. Development Costs - List and Include Eligible Basis by Credit Type

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
a. To Purchase Land and Bldgs.			
1. Land			
2. Demolition			
3. Existing Structures			
4. Other(s) (specify below)			
b. For Site Work			
1. Site Work (not included in Construction Contract)			
2. Other(s) (specify below)			
c. For Rehab and New Construction (Construction Contract Costs)			
1. Site Work			
2. New Building			
3. Rehabilitation**			
4. Accessory Building			
5. General Requirements*			
6. Contractor Overhead*			
7. Contractor Profit*			
8. Hard Cost Contingency			
d. For Architectural and Engineering Fees			
1. Architect Fee - Design*			
2. Architect Fee - Supervision*			
3. Consultant or Processing Agent			
4. Engineering Fees			
5. High Performance Building Consultant			
6. Other Fees (specify below)			
e. Other Owner Costs			
1. Building Permits			
2. Tap Fees			
3. Soil Borings			
4. Real Estate Attorney			
5. Construction Loan Legal			
6. Title and Recording			
7. Cost of Furniture			
8. Accounting			
9. Surveys			
10. Other Costs (specify below)			
SUBTOTAL OF THIS PAGE	-	-	-

* Designates the amounts for those items that are limited, pursuant to the Qualified Allocation Plan

** Please provide a rehabilitation budget in Tab L that lists the cost of furniture, construction of community building, and common area amenities.

$$\frac{\$0.00}{\text{Rehabilitation Costs}} - \frac{\text{Costs of Furniture, Construction of Community Center, and Common Area Amenities**}}{\text{Total Number of Units}} = \frac{0}{\text{Rehabilitation Costs per Unit}} = \frac{\#DIV/0!}{\text{Rehabilitation Costs per Unit}}$$

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
SUBTOTAL OF PREVIOUS PAGE	0	0	0
f. For Interim Costs			
1. Construction Insurance			
2. Construction Period Interest			
3. Other Capitalized Operating Expenses			
4. Construction Loan Orig. Fee			
5. Construction Loan Credit Enhancement			
6. Construction Period Taxes			
7. Fixed Price Contract Guarantee			
g. For Permanent Financing Fees & Expenses			
1. Bond Premium			
2. Credit Report			
3. Permanent Loan Orig. Fee			
4. Permanent Loan Credit Enhancement			
5. Cost of Iss/Underwriters Discount			
6. Title and Recording			
7. Counsel's Fee			
8. Other(s) (specify below)			
h. For Soft Costs			
1. Property Appraisal			
2. Market Study			
3. Environmental Report			
4. IHCDAs Fees			
5. Consultant Fees			
6. Guarantee Fees			
7. Other(s) (specify below)			
i. For Syndication Costs			
1. Organizational (e.g. Partnership)			
2. Bridge Loan Fees and Expenses			
3. Tax Opinion			
4. Other(s) (specify below)			
j. Developer's Fee			
_____ % Not-for Profit			
_____ % For-Profit			
k. For Development Reserves			
1. Rent-up Reserve			
2. Operating Reserve			
3. Other Capitalized Reserves*			
<i>*Please explain in footnotes...</i>			
l. Total Project Costs	-	-	-

footnotes:

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
SUBTOTAL OF PREVIOUS PAGE	0	0	0
m. Total Commercial Costs*			
n. Total Dev. Costs less Comm. Costs (l-m)	0		
o. Reductions in Eligible Basis Subtract the following: 1. Amount of Grant(s) used to finance Qualifying development costs 2. Amount of nonqualified recourse financing 3. Costs of nonqualifying units of higher quality (or excess portion thereof) 4. Historic Tax Credits (residential portion) <i>Subtotal (o.1 through o.4 above)</i>			
		0	0
p. Eligible Basis (ll minus o.5)		0	0
q. High Cost Area Adjustment to Eligible Basis (ONLY APPLICABLE IF development is in a Census Tract or difficult development area) Adjustment Amount 30%			
r. Adjusted Eligible Basis (p plus q)		0	0
s. Applicable Fraction (% of development which is low income) Based on Unit Mix or Sq Ft. (Type U or SF)			
t. Total Qualified Basis (r multiplied by s)		0	0
u. Applicable Percentage (weighted avg of the applicable percentage for each building and credit type)			9.00%
v. Maximum Allowable Credit under IRS Sec 42 (t*u)		0	0
w. Combined 30% and 70% PV Credit	0		

* Commercial costs are defined as those costs that are not eligible basis and are attributed to non-residential areas of the Development (e.g. retail area of mixed-use development).

Note: The actual amount of credit for the Development is determined by IHCD. If the Development is eligible for Historic Tax Credit, include a complete breakdown of the determination of eligible basis for the Historic Credit with the Application. If the Development's basis has been adjusted because it is in a high cost area or qualified census tract, the actual deduction for the Historic Cost items must be adjusted by multiplying the amount by 130%. This does not apply to Historic Tax Credits.

footnotes:

2. Determination of Reservation Amount Needed

The following calculation of the amount of credits needed is substantially the same as the calculation which will be made by IHCD to determine, as required by the IRS, the maximum amount of credits which may be reserved for the Development. However, IHCD at all times retains the right to substitute such information and assumptions as are determined by IHCD to be reasonable for the information and assumptions provided herein as to costs (including development fees, profits, etc.) sources of funding, expected equity, ect. Accordingly, if the development is selected by IHCD for a reservation of credits, the amount of such reservation may differ significantly from the amount that is computed below.

a.	TOTAL DEVELOPMENT COSTS	\$ 0
b.	LESS SYNDICATION COSTS	\$ 0
c.	TOTAL DEVELOPMENT COSTS (a - b)	\$ 0
d.	LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$ 0
e.	EQUITY GAP (c - d)	\$ 0
f.	EQUITY PRICING PERCENTAGE (Percentage of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties)	\$
g.	10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$ #DIV/0!
h.	ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (g/10)	\$ #DIV/0!
i.	MAXIMUM ALLOWABLE CREDIT AMOUNT	\$ 0
j.	RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of h. or i.)	\$ 0
k.	TOTAL EQUITY INVESTMENT (anticipated for intial app)	\$ 0
l.	DEFERRED DEVELOPER FEE	\$ 0
m.	FINANCIAL GAP	\$ 0
	1. CREDIT PER UNIT (Including non-program units) (j/Number of Units)	\$ #DIV/0!
	2. CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$ #DIV/0!
	3. HARD COST PER UNIT (pg 47, G14:G27/p.26 K17)	\$ #DIV/0!
	4. HARD COST PER BEDROOM (p.47 G14:G27 /p.26 K18)	\$ #DIV/0!
	5. TOTAL DEVELOPMENT COST PER UNIT <u>a - (Cost of Land + Commercial Costs + Historic Credits)</u> Total Number of Units	\$ #DIV/0!

The undersigned hereby acknowledges that :

1. This Application form, provided by IHCDCA to applicants for funding, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHCDCA in reviewing the reservation requests. Completion hereof in no way guarantees eligibility for the credits or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; any notations herein describing IRC requirements are offered only as general guides and not as legal advice;
2. The undersigned is responsible for ensuring that the proposed development will be comprised of qualified low-income buildings; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDCA; and that the IHCDCA has no responsibility for ensuring that all or any funding allocated to the development may not be useable or may later be recaptured;
3. For purposes of reviewing this Application, IHCDCA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDCA for the accuracy of these representations or their compliance with IRC requirements;
4. The IHCDCA offers no advice, opinion or guarantee that the Applicant or the proposed development will ultimately qualify for or receive low-income housing tax credits, Multi-family tax exempt Bonds, HOME funds or section 501 (c)3 Bonds 501(c)3 Bonds;
5. Allocations of funding are not transferable without prior written notice and consent of the IHCDCA;
6. The requirements for applying for funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDCA regulations, or other binding authority;
7. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity;
8. Applicant represents and warrants to IHCDCA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDCA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
9. In the event the Applicant is not the Owner, Applicant represents and warrants to IHCDCA that it will take, and not fail to take, any and all necessary actions to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
10. Applicant represents and warrants to IHCDCA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

Further, the undersigned hereby certifies that:

- a) All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;
- b) It shall promptly notify the IHCDCA of any corrections or changes to the information submitted to the IHCDCA in connection with this Application upon becoming aware of same;
- c) It is responsible for all calculations and figures used for the determination of the eligible basis and qualified basis for any and all buildings and other improvements, and it understands and agrees that the amount of funding to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made herein; and

- d) It will at all times indemnify, defend and hold harmless IHCDCA against claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitation, attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of, or relating to IHCDCA's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of funding in connection herewith.
 - e) It shall furnish the IHCDCA with copies of any and all cost certifications made to any other governmental agency, including, but not limited to, cost certifications made to FmHA or FHA, at the time that such certifications are furnished to such other agency.
7. Applicant hereby authorizes IHCDCA and its successors, affiliates, agents and assigns to utilize in any manner and at anytime, any photograph, picture, or misrepresents in any other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications, or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHCDCA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (1) it is relinquishing any and all ownership rights in any such photographs; and (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photographs by IHCDCA.
8. **DISSEMINATION OF INFORMATION and AGREEMENT TO RELEASE AND INDEMNIFY.** The undersigned for and on behalf of itself, the Development, Owner and all participants in the Development, together with their respective officers, directors, shareholders, members, partners, agents, representatives, and affiliates (collectively, "Applicant") understands, acknowledges and agrees that this and any application for Rental Housing Tax Credits ("Credits") (including, but not limited to, all preliminary or final Applications, related amendments and information in support thereof and excepting personal financial information) are, and shall remain, available for dissemination and publication to the general public.

As additional consideration for IHCDCA's review of its request for Credits, the Applicant does hereby release IHCDCA and its directors, employees, attorneys, agents and representatives of and from any and all liability, expenses, costs and damage that applicant may, directly or indirectly, incur because of such dissemination or publication, and the Applicant hereby agrees to hold IHCDCA harmless of and from any and all such liability, expense or damage.

AFFIRMATION OF APPLICANT. Under penalty of perjury, I/we certify that the information, acknowledgements, and representations in this application and its supporting documents are true and accurate to the best of my/our knowledge. The undersigned understands that providing false, misleading or incomplete information herein constitutes an act of fraud and may subject applicant to debarment and other legal recourse.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this _____ day of _____, _____

Legal Name of Applicant/Owner

By: _____

Printed Name: _____

Its: _____

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared, _____
(the _____ of _____), the Applicant in the foregoing Application for Reservation
of _____ (current year) funding, who acknowledged the execution of the foregoing instrument as his (her)
voluntary act and deed, and stated, to the best of his (her) knowledge and belief, that any and all representations
contained therein are true.

Witness my hand and Notarial Seal this _____ day of _____, _____.

My Commission Expires:

Notary Public

My County of Residence:

Printed Name
(title)

AA. Statement of Issuer/Applicant (For Multi-family Tax Exempt Bonds only)

The undersigned hereby acknowledges that :

1. This Application form, provided by IHCDCA to applicants for tax credits and tax-exempt bonds, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHCDCA in reviewing the reservation requests; completion hereof in no way guarantees eligibility for the credits or bonds or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; any notations herein describing IRC requirements are offered only as general guides and not as legal advice;
2. The undersigned is responsible for ensuring that the proposed bond issue will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDCA; and that the IHCDCA has no responsibility for ensuring that all or any of the funds allocated to the Development may not be useable or may later be recaptured;
3. For purposes of reviewing this Application, IHCDCA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDCA for the accuracy of the representations or their compliance with IRC requirements;
4. IHCDCA may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may reserve credits, if any, in an amount significantly different from the amount requested;
5. The IHCDCA offers no advice, opinion or guarantee that the Issuer or the proposed development will ultimately qualify for or receive funds;
6. Reservations of funds are not transferable without prior written notice and consent of IHCDCA;
7. If the IHCDCA believes, in its sole discretion, that the Development will not be completed or that any condition set forth in the Application will not be satisfied within the required time period, or will become unsatisfied or will otherwise cause the Development to fail to qualify for a Bond allocation, the Issuer agrees that the IHCDCA may rescind and retrieve any funds allocated to the Issuer. The Issuer acknowledges that all terms, conditions, obligations and deadlines set forth in this Application constitute conditions precedent to any allocation of funds, and the Development's failure to comply with any of such terms and conditions shall entitle the IHCDCA, in its sole discretion, to deem the allocation canceled by mutual consent. After any such cancellation, the Issuer acknowledges that neither it nor the Development will have any right to claim funds. The IHCDCA reserves the right, in its sole discretion, to modify and/or waive any such failed condition precedent, so long as such waiver does not violate any Code requirements relating to the Development;
8. The requirements for applying for funds and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDCA regulations, or other binding authority;
9. Reservations may be subject to certain conditions to be satisfied prior to allocation and shall in all cases be contingent upon the receipt of the required Application and reservation fees;
10. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity;
11. Applicant represents and warrants to IHCDCA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDCA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
12. In the event Applicant is not the Owner, Applicant represents and warrants to IHCDCA that it will take, and not fail to take, any and all action necessary to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
13. Applicant represents and warrants to IHCDCA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

Further, the undersigned certifies that :

- a) All factual information provided herein or in connection herewith is true, correct, and complete, and all estimates are reasonable;
- b) It shall promptly notify the IHCDCA of any corrections or changes to the information submitted to the IHCDCA in connection with this Application upon becoming aware of same;
- c) It is responsible for all calculations and figures relating to the determination of the eligible basis and qualified basis for any and all buildings and other improvements, and it understands and agrees that the amount of funds to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made herein; and
- d) It will at all times indemnify, defend, and hold harmless IHCDCA against all claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitations attorney fees, and attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of, or relating to IHCDCA's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of funds in connection herewith.

AFFIRMATION OF APPLICANT. Under penalty of perjury, I/we certify that the information, acknowledgements, and representations in this application and its supporting documents are true and accurate to the best of my/our knowledge. The undersigned understands that providing false, misleading or incomplete information herein constitutes an act of fraud and may subject applicant to debarment and other legal recourse.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this _____ day of _____, _____

Legal Name of Issuer

By: _____

Printed Name: _____

Its: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared, _____
(the _____ of _____), the Applicant in the foregoing Application for Reservation
of _____ (current year) funding, who acknowledged the execution of the foregoing instrument as his (her)
voluntary act and deed, and stated, to the best of his (her) knowledge and belief, that any and all representations
contained therein are true.

Witness my hand and Notarial Seal this _____ day of _____, _____.

My Commission Expires:

Notary Public

My County of Residence:

Printed Name
(title)

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
2018-2019 HOME/Development Fund/Rental Housing Finance Application

A. HOME/Development Fund Applicant (*HOME is restricted to Not-for-Profit Organizations*)

State-Certified CHDO - (CHDO must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.)

Not-for-Profit Organization or Public Housing Agency- (NFP or PHA must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.)

Please include a copy of the IRS determination letter in Tab I.

Partner or Member - (If LP or LLC has not yet been formed, then the applicant must be a general partner or member. If awarded, funds would be loaned to the LP or LLC.)

Limited Partnership (LP) or Limited Liability Company (LLC) - (If LP or LLC has been formed, then the applicant must be this entity.)

Legal Name (as listed with the Indiana Secretary of State) _____

Entities organized under the State of Indiana must provide proof of good standing with the Indiana Secretary of State. Submit a copy of the Certificate of Existence in Tab I.

Chief Executive Officer (name and title) _____

Contact Person (name and title) _____

E-Mail Address _____ Federal ID # _____

DUNS # _____ SAM Registration _____

The applicant must register and maintain SAM status. Provide in Tab I

Street Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Mobile _____

B. Award Administrator

Legal Name (as listed with the Indiana Secretary of State) _____

Contact Person (name and title) _____

E-Mail Address _____ Federal ID # _____

Street Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Mobile _____

C. Development Location

Development Name _____

Development Street Address _____

City _____ State _____ Zip _____ County _____

District Numbers
 State Representative _____ State Senate _____ U.S. Congressional _____

D. Activity Type

Rental Permanent Supportive Housing Adaptive Reuse
 New Construction Rehabilitation

E. Funding Summary

HOME Request _____ Dev. Fund Request _____ Other Funds _____ = \$ _____ -
 _____ + _____ = \$ _____ -

FOR IHEDA USE ONLY	Date Received:	Time Received:	By:
--------------------	----------------	----------------	-----

F. Progress on Open HOME awards

- List all awards that have been received in the 12 months prior to the application deadline in which the Applicant has served as an Applicant. For joint ventures, the funding attributed to each partner or member will be proportionate to its share of ownership.

Award Number	Award Date	IHCDA Program (HOME, HOME CHDO, CDBG, RHTC/HOME)	Award Amount
			\$
			\$
			\$
			\$
			\$
Total			\$ -

G. Historic Review - HOME & Development Fund

- Is the development located on a single site? Yes No
 If yes, when was the Section 106 approval from SHPO received?
- Is the development scattered site? Yes No
 If yes, the Applicant will be required to complete Section 106 prior to executing contracts or beginning construction on individual sites.
- Is the project located in a community w/ a local housing trust fund? Yes No

H. Environmental Review - HOME & Development Fund

- Has the applicant completed the Environmental Review Record (ERR) required for release of funds for this project? Yes No
Submit ER forms in Tab I
- Are any of the properties located in a 100 year flood plain? Yes No
Acquisition, rehabilitation, or new construction of any part of a development or its land located within the boundaries of a one hundred (100)- year floodplain is prohibited and ineligible for HOME funds. A floodplain determination must be submitted for each parcel associated with the project.
- Has the property already been purchased? Yes No
 - If yes, when was the property purchased?
 - Was the property purchased with the intent of using HOME funds?
- Has Rehabilitation started on this property? Yes No
 If yes, when did rehabilitation start?

footnotes:

I. Affirmative Fair Housing Marketing Plan - HOME ONLY

Is the proposed project 5 or more HOME assisted units?

| Yes | No

If yes, submit Form HUD-935.2A in Tab I.

J. Development Information - HOME ONLY

1. **HOME PJ** - Is the proposed development located within a HOME Participating Jurisdiction?

| Yes | No

(If the answer is yes to #1, the Development is not eligible for HOME funding through IHCDA, regardless of activity type.)

** Please not that HOME funds are allowed in PJs for permanent supportive housing projects*

2. **Comparison of Assisted Units to Total Development** – Indicate the number of units, HOME award amount, HOME-eligible match generated, and total development cost. Then calculate the percentage of Development totals.

	# of Units	% of Total Units in Development	Dollar Amount	% of Total Development Costs
Total Development	0	100%	\$ -	100%
HOME-Assisted		#DIV/0!	\$ -	#DIV/0!
HOME-Eligible (Non-HOME Assisted)		#DIV/0!	\$ -	#DIV/0!
Total HOME (Assisted & Eligible)	0	#DIV/0!	\$ -	#DIV/0!

Please show the break down of the HOME assisted units for this property by address in the first chart and by AMI level and bedroom type in the second. This information should match info provided in the "Income and Expenses" Tabs (tabs 38 -

Address	Total Units	HOME Units	NC or R

		SRO (w/o kitchen &/or bathroom)	0 Bdrm. (SRO with kitchen and bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrms.	Total	% of Total HOME-Eligible Units
30% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
40% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
50% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
60% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
Total HOME-Eligible	# Units								100%
	# Bdrms.								
	Sq. Footage								

3. Unit Comparability

Is the Development 100% HOME-assisted?

| Yes | No

If no, are the HOME-assisted units comparable to the non-assisted units in size and amenities?*

| Yes | No

If no, explain differences:

footnotes:

4. HOME-Eligible (Non HOME-Assisted) Unit Breakdown - List number of units, number of bedrooms, and total square footage for each size unit to be HOME-Eligible (Non HOME-Assisted) by income category:

		SRO (w/o kitchen &/or bathroom)	0 Bdrm. (SRO with kitchen and bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrms.	Total	% of Total HOME-Eligible Units
30% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
40% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
50% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
60% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
Total HOME-Eligible	# Units								100%
	# Bdrms.								
	Sq. Footage								

Complete the chart below specifying the source and description of security for the HOME loan (NFP recipients that will loan funds to developments or LP/LLC Recipients that will get a direct loan of HOME funds).

5. Security

Explain the pledge of security for the loan, IHCD's security position (1st position, 2nd position, etc.), and whether the security is free and clear of any liens.

Security	Position	Free & Clear?		Amount
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total				\$0.00

Additional information relating to security?

footnotes:

K. HOME Eligible Match (See Schedule E of the QAP, 24 CFR 92.220, and HUD CPD Notice 97-03.) - **HOME ONLY**

1. Grants or Cash Donations – List all grants or cash donations for the activity from non-federal sources that do not require repayment and count toward your match liability. Cash donations from the owner/ developer do not count as eligible match. If a Federal Home Loan Bank AHP award is being used as a grant to the development, it should be included below. Commitment letters must be included at the end of this supplement.

Grantor	Amount	Date of Application	Committed		Yes/No - Date
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	\$ -		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
	\$ -		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
	\$ -		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
	\$ -		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Total	\$ -				

2. **Below Market Interest Rate** – Use the space below to indicate the amount of interest saved by a below market interest rate charged by a lender for construction financing, permanent financing, or a mortgage. See CPD Notice 97-03 or your Real Estate Production Analyst for further guidance. FHLBI – AHP funds that are loaned to the development should be listed here. Commitment letters must be included at the end of this supplement.

Lender	Amount of Loan	Interest Rate	Amortization Period	Term	Amount of Interest Saved (See IHEDA)
	\$ -	0.00%			\$ -
	\$ -	0.00%			\$ -
Total:					\$ -

footnotes:

3. **In-Kind Donations** - List all in-kind contributions to the acquisition and/or development phase, including construction materials, volunteer labor, waived fees, portion of sale price below appraised value, donated on-site or off-site infrastructure (that occurred less than 12 months prior to application) etc. Commitment letters must be included at the end of this supplement.

Donor	# of Volunteer Hours	Rate Per Hour (\$10.00 for unskilled labor)	Amount	Committed Yes/No - Date	
				Yes	No
		\$ -	\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	\$ -	<input type="checkbox"/>	<input type="checkbox"/>
Total			\$ -		

4. **In-Kind Supportive Services** – In the chart below indicate the value of any supportive services or homebuyer counseling that will be provided to the beneficiaries of this activity and that will count toward your match liability. Also indicate who will be providing the services. Commitment letters must be included at the end of this supplement.

Provider	Description of Services	Cost of Services and Source of Funding	Committed Yes/No - Date	
			Yes	No
		\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	<input type="checkbox"/>	<input type="checkbox"/>
		\$ -	<input type="checkbox"/>	<input type="checkbox"/>
Total:		\$ -		

5. **Property Tax Abatement** – List the amount of property tax abatement for each year. Calculate the present value of these tax savings for purposes of determining the value of eligible match. See CPD Notice 97-03 or your Community Development Representative for further guidance. Commitment letters must be included at the end of this supplement.

Total Amount of Annual Tax Liability: \$ - No. of Years Taxes are Abated:

Date Committed: % Discount Factor Used in Calculation: %

Yr.	Amount of Abatement	Present Value of Abatement	Yr.	Amount of Abatement	Present Value of Abatement	Yr.	Amount of Abatement	Present Value of Abatement
1	\$ -	\$ -	5	\$ -	\$ -	9	\$ -	\$ -
2	\$ -	\$ -	6	\$ -	\$ -	10	\$ -	\$ -
3	\$ -	\$ -	7	\$ -	\$ -	11	\$ -	\$ -
4	\$ -	\$ -	8	\$ -	\$ -	12	\$ -	\$ -
Total:								\$ -

6. **Banked Match** – List the proposed amount of the banked match.

Award Number	Amount of Banked Match
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -

footnotes:

7. **Shared Match** – List the proposed amount of banked shared match.
 Note: The award must be closed by IHCD before the agreement to share match is executed.
 The agreement must be included at the end of this supplement.

Award Recipient	Award Number	Date of Executed Agreement	Amount of Shared Match	Award Closed Yes/No	
			\$ -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			\$ -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			\$ -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			\$ -	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total:			\$ -		

8. **Match Sources Re-cap** – Indicate only the amount of funding from the preceding tables (N. 1-7) that are proposed to serve as match. (This may differ from the total amount of funding going into the Development.)

Include commitment(s) for each source of match at the end of this document.

- a. HOME Request Amount \$ _____ -
- b. Required Match Liability (a. multiplied by .25%) \$ _____ -
- c. Amount of Match from foregone taxes, fees, and other charges, on-site or off-site infrastructure; supportive services; or homebuyer counseling \$ - x _____ % * \$ _____ #VALUE!
- d. Total Proposed Match Amount (c + d). \$ _____ #VALUE!

* Enter the percentage of HOME-Assisted units that was identified in section #N. 7. "Comparison of Assisted Units to Total Development" above. If this number is greater than 50%, then enter 100%. (For Applicants proposing the cost of forgone taxes, fees, and other charges; on-site or off-site infrastructure; supportive services; or homebuyer counseling services as match, only the amount applicable to HOME-Assisted units can be considered eligible HOME match.)

** Enter the percentage of HOME-Assisted plus HOME-Eligible, Non-HOME-Assisted units that was identified in section #N. 7. "Comparison of Assisted Units to Total Development" above. If this number is greater than 50%, then enter 100%.

footnotes:

L. Displacement Assessment - HOME ONLY

Although permanent displacement may not be anticipated, a development may still incur temporary or economic displacement liabilities. The Uniform Relocation Act contains specific requirements for HOME awards involving displacement and/or acquisition.

1. Type of Acquisition:

- N/A - The proposed development involves no acquisition. (skip to question #2)
- Voluntary Acquisition
Before entering into an offer to purchase, the purchaser must inform the seller:
 - That it does not have (or will not use) the power of eminent domain should negotiations fail to result in an amicable agreement.
 - Of its estimate of the fair market value of the property. An appraisal is not required, but the files must include an explanation of the basis for the estimate.
 - That the seller is not eligible for a replacement housing payment or moving expenses (a sample letter is available from IHCD).
 - What was the date of the letter informing the seller? . Attach a copy at the back of this supplement.
- Involuntary Acquisition
Contact your Real Estate Production Analyst for further guidance.
In general, the purchaser must:
 - Notify owner of the purchaser's intentions.
 - Conduct an appraisal of the property to determine its fair market value.
 - Offer just compensation for the property being acquired.
 - Make every reasonable effort to complete the property transaction expeditiously.
 - What was the date of the letter informing the seller? . Attach a copy at the back of this supplement.

2. The proposed development involves (check all that apply):

- a. Occupied Rental Units:
 - Acquisition
 - Rehabilitation
 - Demolition
 - Displaced tenants will be eligible for replacement housing payment and moving expenses.
 - Discuss how permanent displacement, economic displacement, and temporary displacement will be addressed on Q. - URA Displacement Plan.
 - If specific units have been identified, complete Attachment A - A. Current Tenant Roster on the next page. Also provide a tenant list from at least three months prior to the application date on B. - Prior Tenant List.
 - Each tenant must be sent a general information notice as soon as negotiations concerning a specific site have begun. Enclose a copy of the notice and receipt of delivery at the back of the HOME Supplement. What was the date of the letter?
- b. Vacant Rental Units:
 - Acquisition
 - Rehabilitation
 - Demolition
 - Applicant must provide documentation that no tenants were displaced so that the proposed HOME development could utilize a vacant property. On Attachment A - #B - Prior Tenant List show each unit vacated within the past three months and the tenant's reason for leaving.
- c. Other:
 - Acquisition
 - Rehabilitation
 - Demolition
 - Contact your Real Estate Production Analyst for further guidance.

footnotes:

M. Accessibility - HOME ONLY

Complete questions below for each construction activity to be undertaken:

1. New Construction – Developments with four or more units

a. Mobility Impairments

0 units Number of units to be made accessible to individuals with mobility impairments

0 units Divided by the total number of units in the Development

#DIV/0! Must meet or exceed 5% minimum requirement

b. Sensory Impairments

0 units Number of additional units to be made accessible to individuals with hearing or vision impairments

0 units Divided by the total number of units in the Development

#DIV/0! Must meet or exceed 2% minimum requirement

c. Common Areas – Development must meet all of the items listed below:

- At least one building entrance must be on an accessible route.
- All public and common areas must be readily accessible to and usable by people with disabilities.
- All doors providing passage into and within all premises must be sufficiently wide for use by persons in wheelchairs.

Will the development meet all of the above criteria? Yes No

d. Ground Floor / Elevator Floor Units - All ground floor units and all units on floors served by elevators must have:

- An accessible route into and through the dwelling.
- Accessible light switches, electrical outlets, thermostat, and other environmental controls.

Reinforcements in bathroom walls to allow later installation of grab bars around the toilet, tub, and shower, when needed.

- Kitchens and bathrooms configured so that a person using a wheelchair can maneuver about the space.

Will the development meet all of the above criteria? Yes No

footnotes:

[Redacted area]

L. **Rehabilitation** – Select either Substantial Alterations or Other Alterations (see definition)

- a. Are there more than 15 units in this development? Yes No
- b. Will the rehabilitation costs from the chart below meet or exceed 75% of the replacement cost of the completed facility? Yes No

Replacement Cost Comparison				
Total rehabilitation cost	/	Total replacement cost	=	%
\$ -		\$ -		#DIV/0!

- c. If you answered "Yes" to both question "a" and "b" above, you meet the definition of "Substantial Alterations". Proceed with I, Substantial Alterations.

If you answered "No" to either question, you meet the definition of "Other Alterations". Proceed with II, Other Alterations.

I. Substantial Alterations - Definition
Alterations undertaken to a Development that has 15 or more units and the rehabilitation costs will be 75% or more of the replacement cost of the completed facility.

or

II. Other Alterations - Definition
Alterations undertaken to a Development of any size and that do not meet the regulatory definition of "substantial alterations."

a. Mobility Impairments	
Number of units to be made accessible to individuals with mobility impairments	
Divided by the total number of units in the Development	0
Must meet or exceed 5% minimum requirement	#DIV/0!
b. Sensory Impairments	
Number of additional units to be made accessible to individuals with hearing or vision impairments	
Divided by the total number of units in the Development	0
Must meet or exceed 2% minimum requirement	#DIV/0!

a. Mobility Impairments	
Number of units to be made accessible to individuals with mobility impairments	
Divided by the total number of units in the Development	0
Recommended that 5% meet or exceed the minimum requirement, unless doing so would impose undue financial burdens of the operation of the Development	#DIV/0!
Explain Below:	

footnotes:

3. Common Areas - Explain efforts to make common areas accessible.

[Redacted area]

N. Davis-Bacon

1. Is the Applicant a Public Housing Authority? Yes No

a. If yes, is the Public Housing Authority utilizing its own funds for the development? Yes No N/A

• If yes, this Development is subject to Davis-Bacon wage requirements.

2. Does this Development involve 12 or more HOME-assisted units? Yes No

If yes, please answer the following questions:

a. Do all of the units have common construction financing? Yes No

b. Do all of the units have common permanent financing? Yes No

c. Do all of the units have common ownership? Yes No

• If yes to the questions above, the Development is subject to Davis-Bacon wage requirements.

3. If Davis-Bacon is applicable, what is your wage determination number? [Redacted]

(The applicant must provide the wage determination number. For more information contact your IHEDA Director of Real Estate Compliance.)

O. Timely Production

1. HOME-assisted rental units must be occupied by income eligible households within 18 months of project completion; if not, PJs must repay HOME funds for vacant units. Acknowledgment

P. CHDO Requirements - HOME ONLY

1. Is the Applicant a State Certified CHDO? Yes No

a. If yes, did the applicant complete and submit Attachment B - CHDO Requirements?

b. If yes, please provide CHDO certification letter

footnotes:

[Redacted area]

Q. Uses of Development Fund Loan

The following are acceptable uses of a Development Fund Loan, please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Pay off a HOME CHDO Predevelopment Loan |
| <input type="checkbox"/> Permanent Financing | <input type="checkbox"/> Pay off a HOME CHDO Seed Money Loan |
| <input type="checkbox"/> Construction Financing
(NC or Rehab hard costs only) | <input type="checkbox"/> Pay off a Development Fund Seed Money Loan |

R. Terms of Loan

The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule.

All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate.

a. Please provide justification for a lower interest rate if this is being requested.

b. Construction Loan Terms

- _____ Months
- 1 Year
- 2 Years

c. Permanent Loan Terms

- _____ Years (term)
- _____ Years (amortization)

d. Repayment Schedule

- Quarterly
- Semi-Annually
- Annually

e. Loan Type

- Construction Loan paid off w/ Conventional Financing
- Construction Loan converts to Permanent Financing
- Permanent Loan paid off at Maturity

footnotes:

S. Security

Explain the pledge of security for the Development Fund Loan, IHCD's security position

Security	Position	Amount
TOTAL		\$0

T. Outstanding Development Fund Loans

a. Does the Applicant have any outstanding Development Fund Loans?

Yes No

b. If YES, does the outstanding balance, including this loan request, exceed \$1,000,000?

Yes No

Current Development Fund Request	\$ -
Development Fund Loan #	Outstanding Loan Amount
	\$0
	\$0
	\$0
TOTAL	\$0

U. Development Fund Assisted Units

a. Dev. Fund Request / Total Development Cost = % of Dev. Fund Assisted Units #DIV/0!

b. # of Units 0 X % of Dev. Fund Assisted Units #DIV/0! = # of Dev. Fund Assisted Units #DIV/0!

V. Development Fund Assisted Units Will Be:

- Fixed units (designated units)
 Floating throughout the development

footnotes:

2014-2015 Form A (HOME/Dev. Fund Supp.):

W. Alternative Sources of Funding

In recent years, the requests for HOME Investment Partnership and Development Fund funds has greatly exceeded the allocation of said funds. As a result of this high demand, the Authority anticipates some developments will score high enough to be recommended for Rental Housing Tax Credits but due to funding constraints will not be eligible for HOME or Development Fund funds. To ensure the Authority consistently reviews all of the applicants options, IHEDA requests you select one of the following:

- Option 1: Identify alternative source(s) of funding that will replace IHEDA HOME/Development Fund funds. (Identify alternative source(s) in chart below)
- Option 2: The development team has exhausted all options to identify an alternative source of funds without success. To that regard, we understand that without IHEDA HOME/Development Fund funding your development will not be financially feasible. Thus, it will not meet Additional Threshold item E.2(e)(4).

Option 1 - Required Documentation:

All sources of financing identified below must be supported with appropriate documentation satisfactory to the Authority as identified in the latest version of the QAP. Attach required documentation to this form.

Construction Financing:

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number)
1				
2				
Total Amount of Funds			\$0	

Permanent Financing:

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number)
1				
2				
Total Amount of Funds			\$0	

Grants:

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number)
1				
2				
Total Amount of Funds			\$0	

Comments:

Attachment A: Current & Past Tenant Roster

A. Current Tenant Roster

(To be competed by applicants anticipating the purchase, demolition, or rehabilitation of occupied rental units only.)

Indicate below all tenants currently occupying the units. Photocopy and attach additional sheets if necessary.

Unit No.	Tenant's Name	Annual Household Income	# Household Members	Current Rent	Proposed Rent	Date GIN Received By Tenant
		\$ -		\$ -	\$ -	
		\$ -		\$ -	\$ -	
		\$ -		\$ -	\$ -	
		\$ -		\$ -	\$ -	
		\$ -		\$ -	\$ -	
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		\$ -		\$ -	\$ -	

footnotes:

Attachment B: CHDO Requirements
(To be completed by CHDOs only)

A. CHDO Requirements

(To be completed by HOME CHDO-eligible applicants only.)

Not Applicable to Not-for-Profit, PHA, LP, or LLC applicants

1. CHDO-Eligible Activity

- a. Is the Applicant a State-Certified CHDO? Yes No
- b. Is this a CHDO Eligible Activity? (rental or transitional housing owned, developed, or sponsored by a State-Certified CHDO). Yes No
- c. Is the Development located in the Applicant's State-Certified CHDO service area? Yes No

2. Initial Input – HOME regulations require that CHDOs solicit input from low- and moderate-income persons regarding the design, site, development, and management of the affordable housing undertaking. Having low- and moderate-income board members does not fulfill this requirement.

- a. Describe below the method/activity used by your organization to solicit participation and input of low- and moderate-income persons for this specific Development.

- Method / Activity:
- Marketing Method:
- Date of Activity:
- Number of Participants:
- Location:
- Other:

- b. Describe comments received from low- and moderate-income persons during the marketing effort above.

- 1.
- 2.

4.

c. Indicate how comments received above have been addressed and how they have been incorporated into your planning and design process.

1.

2.

3.

4.

5.

3. **Fair Lease and Grievance Procedure** – HOME regulations require that CHDOs adhere to a fair lease and grievance procedure approved by IHCDA.

a. Describe below your organization’s fair lease and grievance procedure.

4. **On-Going Tenant Participation** – HOME regulations require that CHDOs provide a plan for and follow a program of tenant participation in management decisions.

a. Describe below the methods to be used by your organization to solicit tenant participation and input in management decisions.

1.

2.

3.

4.

5.

b. Indicate the anticipated frequency of tenant participation.

3. Has the organization revised its purpose or mission statement since its most recent CHDO certification or recertification? Yes No

If yes, how has the purpose of mission statement changed?
Please describe in detail:

4. Is a minimum of one-third of your Board of Directors made up of low-to-moderate income representation? This representation can be qualified as follows: a.) resident of a low-income neighborhood in the community; b.) low-income resident of community; or c.) elected representative of low-income neighborhood organization. Yes No

5. Has the organization had a change in staff capacity since it was certified/recertified? Yes No

If yes, does current staff demonstrate capacity for carrying out HOME-funded activities? Yes No

If yes, describe capacity below:

If no, does the organization have a contract with a consultant to train appropriate staff? Yes No

If the CHDO does have a contract with a consultant to train appropriate staff, describe the scope of work:

Applicant hereby certifies that it meets all the criteria of 24 CFR 92.2 for being a CHDO.

CEO Signature

Printed Name & Title

Organization Name

Date

2018-2019 Form A Updates

1. Pg. 12 incorrectly displayed the scoring category of "Non-IHCDA Rental Assistance" as being worth 4 points. It has been corrected to the QAP value of 2 points. Corrected 9/20/2017
2. Pg. 39 had broken cell references for the Annual Income subtotals. Corrected 9/21/2017
3. Pg. 3 and 4 of the Home and Development Fund Supplement had incorrectly locked cells. Corrected 9/21/2017
4. Pg. 8 incorrectly stated the percentage of units required to qualify for the second level of rents charged, and listed number one twice as a header. Corrected 9/22/2017.
5. Automatic formula updating was disabled in throughout the workbook due to a previous macro setting. Corrected 9/22/2017
6. Pg. 12 Added R/ECAP item to desirable sites, and adjusted formulas for undesirable sites to insure that points were subtracted from the total. Corrected 9/29/2017

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**Federal Rental Housing Tax Credit Program
As defined in Section 42 of IRC
Not-for-profit Eligibility Questionnaire****A. General Information**

Name of "Development":

Name of "Applicant":

Name of "Not-for-profit":

Principal Place of Business of Not-for-profit:

 501(c) (3) 501(c) (4) Exempt from taxation under 501(a)

Date of State Certification of CHDO (if applicable):

1. The purpose of this questionnaire is to determine whether the Not-for-profit is a "qualified not-for-profit organization" under the Allocation Plan. A not-for-profit organization shall not constitute a "qualified not-for-profit organization" if the not-for-profit organization is affiliated with or is controlled by a for-profit organization. To constitute a qualified not-for-profit organization, throughout the compliance period, the not-for-profit organization: (i) must include the fostering of low-income housing as one of its exempt purposes, (ii) must own an interest in the Development, (iii) must materially participate (as defined in Section 469(h) of the Code) in the development and operation of the Development, (iv) must comply with all other Sections of the Code applicable to not-for-profit organizations, and (v) may not allow any of its net earnings to inure to the benefit of any member, founder, contributor, or individual.
2. Notwithstanding anything contained herein or elsewhere to the contrary, if a not-for-profit organization joint ventures or participates in a Development with a for-profit organization, the not-for-profit organization shall not constitute a "qualified not-for-profit organization": (i) within the meaning of this Allocation Plan unless the not-for-profit organization at all relevant times, owns at least fifty-one percent (51%) of the profits, losses, capital and other economic benefits to be derived from the joint venture and (ii) maintains at least fifty-one (51%) of the voting and management control of the joint venture. The term "joint venture" includes, without limitation, the general partnership interests of a partnership and the manager interests of a limited liability company.
3. The not-for-profit must have been in existence at least one (1) year, with affordable housing as one of its primary goals. It must submit at the time of application, Articles of



Incorporation, Partnership Agreement or Operating Agreement, IRS documentation of its tax-exempt status (e.g. §501(c)(3) advance letter) ruling and a complete signed original Not-for-Profit Questionnaire. [Note: 100% general partner ownership interest is only required for participation in the qualified not-for-profit set-aside and does not preclude joint ventures in any other set-aside].

4. Date of legal formation of Not-for-profit: _____ ; evidenced by the following documentation (include Articles of Incorporation):
5. Date of IRS 501(c)(3) or 501(c)(4) advance letter ruling determination letter: _____ ; copy attached Yes No

If no IRS determination letter is submitted, please explain why and provide the date of the not for profit's current determination or advance ruling period.

6. Expected life (in years) of Not-for-profit: _____ years
Charitable purposes (must include provision of fostering low-income housing):

B. Not-for-profit Involvement

1. Is the Not-for-profit assured of owning the requisite interest in the Development (either directly or through a wholly-owned subsidiary) throughout the Compliance Period (as defined in §42(i) (I) of the Code)? Yes No

If yes, describe the Not-for-profit's ownership interests with particularity and specify the percentage of ownership interests:

2. Is the Not-for-profit participating in the construction or rehabilitation, operation or management of the proposed Development? Yes No

If yes, (i) describe the nature and extent of the Not-for-profit's proposed involvement in the construction or rehabilitation, operation and management of the Development and explain how the Not-for-profit meets the material participation test under Section 469(h) throughout the Compliance Period:

(ii) Describe the nature and extent of the Not-for-profit's involvement in the operation of the Development throughout the Extended Use Period (the entire time period of occupancy restrictions on the low-income units in the Development):

Attach copies of all legal documents relating to 2 (a) and 2(b) (i) and (ii).

C. Affiliation With or Control by a For-Profit Entity

(The Not-for-profit may not be affiliated with or controlled by any for-profit organization).

1. Has any for-profit organization (including the Owner of the Development or any individual or entity directly or indirectly related to such Owner) appointed any directors to the governing board of the Not-for-profit? Yes No If yes, explain:
2. Does any for-profit organization have the right to make such appointments? Yes No
3. Does any for-profit organization have any other affiliation with the Not-for-Profit or have any other relationship with the Not-for-profit? Yes No
If yes, explain such affiliation or relationship in detail:

D. Purpose of Formation of the Not-for-profit

1. Briefly describe the past and current operations of the Not-for-profit, including, if applicable, relevant past experience of any other not-for-profit organization(s) ("Related Not-for-profit") of which the Not-for-profit is a subsidiary or to which the Not-for-profit is otherwise related (by shared directors, staff, etc.):
2. If you include in your answer to the previous question information concerning any Related Not-for-profit, describe the date of legal formation thereof, the date of IRS 501(c)(3) or 501(c)(4) status, its expected life, its charitable purposes and its relationship to the Not-for-profit:
3. Anticipated future activities of the Not-for-profit:
4. Number of full-time staff members of the Not-for-profit and, if applicable, any Related Not-for-profit (please specify for each entity):
5. Number of volunteer staff members of the Not-for-profit and, if applicable, any Related Not-for-profit (please specify for each entity):
6. Sources and manner of funding of the Not-for-profit (you must disclose all methods of funding from any individual(s) or for-profit entity, including anyone or any entity related, directly or indirectly, to the Owner of the Development):
7. List all general partners of the Owner of the Development (one must be the Not-for-profit) and the relative percentage of their interests:
8. List all directors of the Not-for-profit and their occupations and, if applicable, their class (e.g., members-at-large or neighborhood group):
9. Disclose any business or personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the Not-for-profit have,

either directly or indirectly, with any persons or entities involved or to be involved in the Development on a for-profit or fee basis including, but not limited to, the Owner of the Development, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to the Owner:

- 10. If any HUD financing or assistance will be utilized, complete and execute the form of financial accountability certification attached hereto as Exhibit A and made a part hereof for the Not-for-profit.
- 11. Provide a list of the Board of Directors that includes each board member's name, address, phone number and office held and attach it to this form as Exhibit B.

The undersigned Owner and Not-for-profit hereby each certify, represent and warrant that all of the foregoing information is correct, complete and accurate.

Date: _____
Applicant

By: _____

Its: _____
(Title)

Date: _____
Applicant

By: _____

Its: _____
(Title)

(Note: If the Not-for-profit is not yet formed at the time this questionnaire is submitted, this questionnaire must be resubmitted after the Not-for-profit is formed and signed by the Not-for-profit.)



Exhibit A

adheres to the financial accountability standards as required by Attachment F of OMB Circular A-110, "Standards for Financial Management Systems", and its financial statements are prepared in compliance with same.

President or Chief Financial Officer

STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared_____, the _____ of _____, who acknowledged that the foregoing who acknowledged the truth of the statements in the foregoing affidavit.

WITNESS my hand and seal this _____ day of _____.

My County of Residence:

Notary Public

My Commission Expires:

Printed Name



This is to notify you of our intent to apply to the Indiana Housing and Community Development Authority (IHCDA) for funding in connection with an affordable housing to be located within your jurisdiction. This form must be delivered to IHCDA at least 30 days, but no more than 60 days, prior to the application submittal.

Proposed Development Name and Location	
Development Name:	[]
Street Address: *For scattered site projects, please attach a list of all scattered site addresses in a separate page	[]
City, County, State, Zip:	[]
Description of Site:	[]
To help IHCDA better identify the site(s), please include an aerial photograph with the site(s) clearly marked in Exhibit A, p.3 of Form C.	

Proposed Development Type:	[Multifamily/Elderly/PSH/RCF]
Estimated Total Development Cost:	[]

Proposed Construction Type and Unit Mix	0 BR	1 BR	2 BR	3 BR	4 BR+	Total # of Units
New Construction	[]	[]	[]	[]	[]	[]
Rehabilitation	[]	[]	[]	[]	[]	[]
Adaptive Reuse	[]	[]	[]	[]	[]	[]
Single Family Scattered Site	[]	[]	[]	[]	[]	[]



Development Team Information	
Name of Applicant/Owner:	[]
Name of Developer:	[]
Market Analyst:	[]

Type of IHCDA Financing Request			
<input type="checkbox"/>	Rental Housing Tax Credits (RHTC)	<input type="checkbox"/>	IHCDA HOME
<input type="checkbox"/>	Private Activity Tax-Exempt Bonds in conjunction with RHTC	<input type="checkbox"/>	IHCDA Development Fund

Anticipated Eligible Set-asides (please check all eligible set-asides)			
<input type="checkbox"/>	Qualified Not for Profit	<input type="checkbox"/>	Rural
<input type="checkbox"/>	Stellar Communities	<input type="checkbox"/>	Preservation
<input type="checkbox"/>	Community Integration	<input type="checkbox"/>	Workforce Housing
<input type="checkbox"/>	Large City	<input type="checkbox"/>	Housing First
<input type="checkbox"/>	Small City	<input type="checkbox"/>	General

Additional Information/Comments:

The above information is true and accurate to the best of my knowledge as of _____

Applicant /Owner Signature

Printed Name & Title

If you have any questions regarding the above information please feel free to contact me at:

Address:

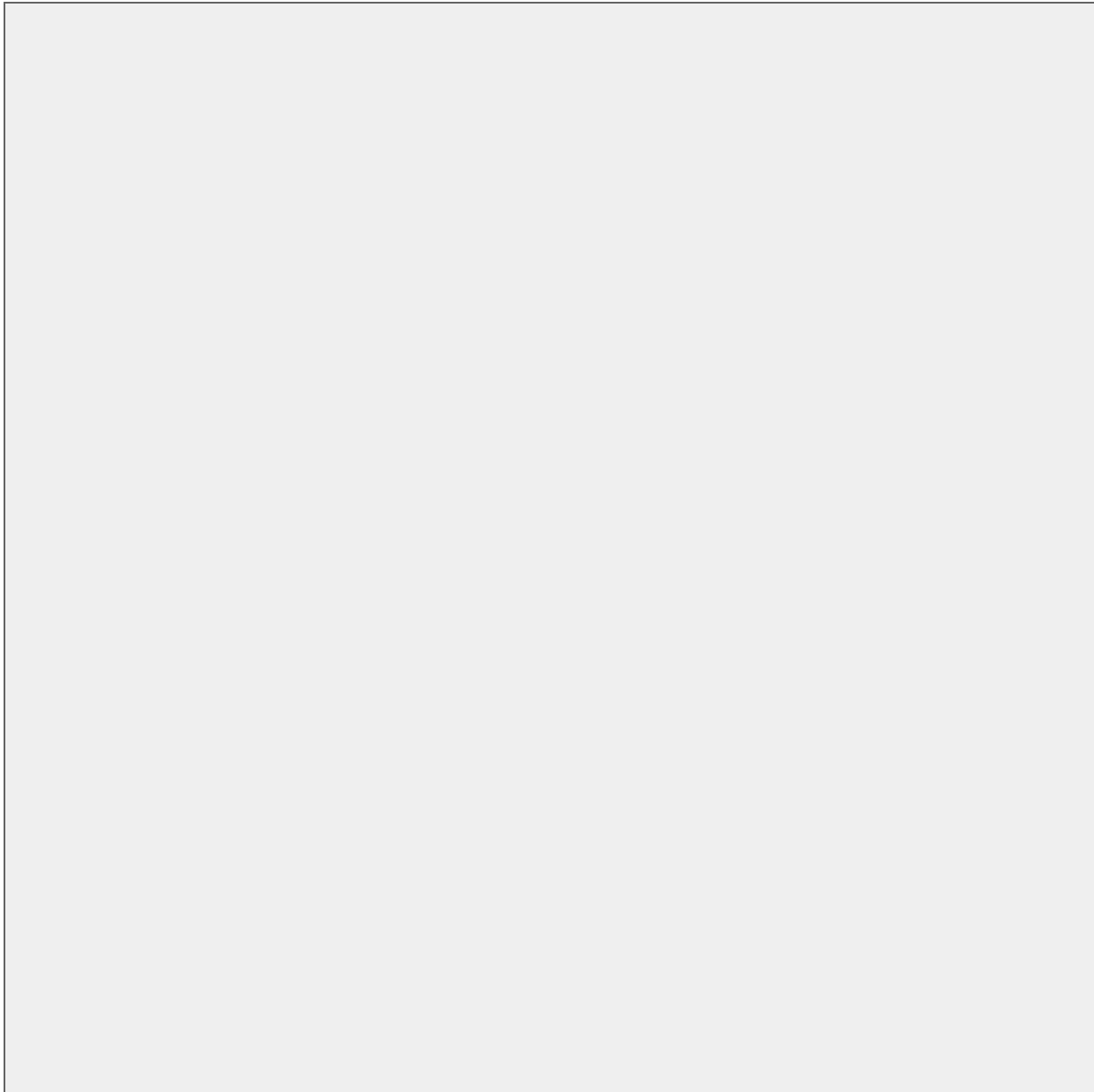
Phone:

E-mail:



Exhibit A: Aerial Photograph of the Proposed Development

Note: Please clearly indicate where the proposed development site will be on the photograph/site map.
For scattered site projects, please include one map for each site address.



NOTICE OF LIEN AND EXTENDED USE AGREEMENT

BY

Dated: _____

***FOR USE WITH ALL SECTION 42 DEVELOPMENTS, INCLUDING DEVELOPMENTS
FINANCED WITH TAX-EXEMPT BONDS**

Development Name: _____

Development Location: _____

Development Building Identification Number ("BIN") _____

LIEN AND EXTENDED USE AGREEMENT
Low Income Housing Tax Credit Award # [Insert Award Number]

This Lien and Extended Use Agreement (“Agreement”) is made by and between [Insert Owner] (“Owner”), the Owner of certain real estate located at [Insert Address], [Insert City], in [Insert County] County, State of Indiana, more particularly described on “Exhibit A” (“Real Estate”), and the Indiana Housing and Community Development Authority (“IHCDA” or the “Authority”), a public body corporate and politic of the State of Indiana.

I. PURPOSE

- A. IHCDA is authorized to act as the state’s housing credit agency and administers, operates, and manages the allocation of low income housing tax credits (“LIHTC”) pursuant to Section 42 of the Internal Revenue Code of 1986 (“Code”), the Rental Housing Tax Credit Qualified Allocation Plan for the state of Indiana (“Allocation Plan”) and other rules, regulations, guidance and notices relating to LIHTC issued by the Internal Revenue Service (“IRS”) or IHCDA, from time to time (collectively “LIHTC Program”).
- B. Owner received a reservation for an allocation of LIHTC credits in the amount of [Insert Spelled-out Amount] \$[Insert Amount] (“Credits”), to be used to finance the construction or rehabilitation of a rental housing project proposed in Owner’s LIHTC application for the Real Estate (“Project”), which Project is subject to all of the requirements of the LIHTC Program.
- C. Owner represented to the Authority, and the Authority has relied on those representations, that the Project shall comply with all applicable construction, occupancy, and affordability requirements of the LIHTC Program and that the Project shall continue to meet these requirements for the LIHTC extended use period, as defined below.
- D. The LIHTC Program requires that certain use restrictions be imposed upon any real estate assisted by Credits awarded by IHCDA to ensure that the benefits of such Credits remain with the intended beneficiaries under the LIHTC Program, as well as to comply with the Code.
- E. Specifically, IHCDA requires that the use restrictions remain in force and effect for the entire period required by the IRS, the Allocation Plan and any extended use period selected by Owner (“Extended Use Period”), which period is indicated below by an “X”:

Selection Insert “X”	Owner’s Commitment	Extended Use Period
	Tenant Lease/Purchase	15 years
	Section 42 Compliance Period, plus 15 years	30 years
	Section 42 Compliance Period, plus 20 years	35 years
	Section 42 Compliance Period, plus 25 years	40 years

II. COVENANTS AND OBLIGATIONS

The parties agree that the reservation by IHCDA of Credits to be allocated to Owner when the Project is placed in service, constitutes adequate consideration for the obligations undertaken by Owner in this Agreement. As of the date entered below, Owner hereby imposes the following use and deed restrictions upon the Real Estate and warrants, grants and conveys to IHCDA a lien upon the Real Estate for the duration of the Extended Use Period (the “Lien”). In consideration of these mutual undertakings and covenants, the parties further agree as follows:

- A. As a condition precedent to the availability of Credits for the Project, Owner shall deliver to and record this Agreement and its attachments with the Office of the Recorder for _____ County, Indiana, in which the Real Estate is located, to create a restrictive covenant running with the land upon which the Project is situated. Owner agrees that all requirements under Indiana law that must be satisfied so that the provisions of this Agreement constitute valid and binding deed restrictions and covenants running with the Real Estate shall be satisfied in full. Throughout the term of this Agreement, its covenants and restrictions shall survive and be effective regardless of whether any contract, deed or other instrument subsequently executed conveying all or part of the Real Estate provides that such conveyance is subject to this Agreement. Owner agrees to obtain the consent of any prior recorded lien holder on the Real Estate to this Agreement, which consent shall be attached hereto and made a part hereof.
- B. Owner and the Project must continuously comply with the LIHTC Program, including applicable sections of the Code and all Treasury Regulations and rulings relating to LIHTC Credits, each as amended from time to time, as well as the occupancy, development, and rent restriction requirements of the Code, the Allocation Plan and the additional commitments Owner made to IHCD resulting in issuance of Form 8609, which Owner agreed to satisfy in the initial and final applications (collectively, the "Occupancy Restrictions"), all of which are incorporated herein by reference. Such Occupancy Restrictions include, but are not limited to:
1. Owner shall lease not less than _____% of the units in the Project to individuals or families whose income is 30% or less of area median gross income (including adjustments for family size), ("AMI"), not less than _____% of the units in the Project to individuals or families whose income is 40% or less of AMI, not less than _____% of the units to individuals or families whose income is 50% or less of AMI, and not less than _____% of the units to individuals or families whose income is 60% or less of AMI (collectively "Qualifying Tenants"), and shall ensure that the "applicable fraction" (as defined in Section 42(c)(1)(B) of the Code) for each building for each taxable year in the Compliance Period shall not be less than _____ percent (_____%). Owner shall not refuse to lease to a holder of a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937 because of the status of the prospective tenant as such a holder.
 2. Owner shall lease not less than _____% of the units in the Project at a rent that is at or below the 30% AMI rent level; and not less than _____% of the units in the Project at a rent that is at or below the 40% AMI rent; and not less than _____% of the units in the Project at a rent that is at or below the 50% AMI rent; and not less than _____% of the units in the Project at a rent that is at or below the 60% AMI rent.
- C. Subject to the requirements of the Code, which prohibits the disposition to any person of any portion of the building to which this Agreement applies unless all of the building is disposed of to such person, Owner may sell, transfer or exchange the Project; provided, however, such sale, transfer or exchange shall be voidable by the Authority if the Authority is not first notified in writing and provided with the identity of the buyer or other successor of Owner's interest in the Project, together with such other information requested by the Authority. The partial disposition prohibition shall not apply to the Project if it is acquired by foreclosure (or instrument in lieu of foreclosure) unless the Internal Revenue Service or the Authority determines that such acquisition is part of an arrangement with the Owner, or its successors or assigns, a purpose of which is to terminate the extended use period (as set forth in part I.E). This subparagraph shall not act to waive any other restriction on sale, transfer or exchange of the Project.
- D. Neither the Owner nor representatives acting on behalf of the Owner shall during the Extended Use Period or the three-year period immediately following termination of this Agreement as provided herein, 1) evict or terminate the tenancy of an existing tenant (other than for good cause), or 2) increase the gross rent with respect to any unit not otherwise permitted under Section 42.
- E. IHCD and Qualifying Tenant(s) (or either or all of them) are entitled, for any breach of this Agreement, to enforce specific performance by Owner of its obligations under this Agreement in a state court of competent jurisdiction, in addition to all other remedies provided by law or in equity. Owner unconditionally agrees that

the beneficiaries of Owner's obligations under this Agreement cannot adequately be compensated by monetary damages in the event of any such breach.

- F. Owner acknowledges that the financial assistance received through the LIHTC Program represents good and valuable consideration for this Agreement and that these restrictions on the use of the Project are consistent with the statutes, regulations, terms, conditions, and requirements for the LIHTC Program as administered by IHCDA.
- G. Owner shall indemnify, save and hold harmless the Authority, its directors, officers, employees and agents from any and all claims, losses, damages or expenses (including reasonable attorneys' fees) arising out of or in any way related to failure or alleged failure of the Owner to strictly and timely perform its obligations under this Agreement, or as a result of allocation of the Credits to the Project, or the recapture of any portion of the Credits by any appropriate governmental agency.

III. TERM, TERMINATION, MISCELLANEOUS

- A. The terms, conditions, covenants and restrictions of this Agreement commence on the first day on which the first residential unit in the Project is placed in service and end on the date which is the later of (i) the Extended Use Period set forth in part I.E., or (ii) the expiration of any additional extended use period, set forth in "Exhibit D" attached hereto.
- B. Notwithstanding anything in this Agreement to the contrary, the Extended Use Period for any building which is a part of the Project shall terminate:
 - 1. On the date such building is acquired by foreclosure or instrument in lieu of foreclosure, subject to the limitations in part III.C. below,
 - 2. On the last day of the fifteen (15) year Section 42 Compliance Period or fifteen (15) years prior to the expiration of any extended use period set forth in "Exhibit D", whichever occurs later, if Owner has properly requested, pursuant to the Code and the LIHTC Program, that the Authority present a qualified contract as defined in the Code, for the acquisition of the low-income portion of any part of the Project and the Authority is unable to procure a qualified contract.
- C. The Lien may be foreclosed and the restrictive covenants may terminate on the date the Project is acquired by foreclosure in accordance with the laws of the State of Indiana, or instrument in lieu of foreclosure, provided that IHCDA has received prior notice of the default and foreclosure action and any other information IHCDA requests about the disposition of the property following foreclosure. The foregoing shall not apply to the Project if the IRS or the Authority determines any such acquisition of the Project is part of an arrangement with the Owner, or its successors or assigns, a purpose of which is to terminate the Extended Use Period.
- D. This Agreement shall be binding upon the Project and shall constitute covenants running with the land. Owner agrees that any and all requirements of the laws of the State of Indiana which must be satisfied so that the provisions of this Agreement constitute valid and binding deed restrictions and covenants running with the Real Estate shall be satisfied in full. Except as otherwise provided herein, the covenants and restrictions contained herein shall survive and be effective throughout the Extended Use Period, regardless of whether any contract, deed or other instrument hereafter executed conveying the Real Estate or a portion thereof provides that such conveyance is subject to this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, representatives, successors, and assigns.
- E. This Agreement may be amended only with the prior written approval of the Authority and no amendment shall be effective without such prior written approval. The invalidity of any clause, part or provision of this Agreement shall not affect the validity of the remaining portions thereof. All notices to be given pursuant to this Agreement shall be in writing and mailed by certified mail to the parties hereto at the addresses set forth below or to such other place as a party may from time to time designate in writing.

This Lien and Extended Use Agreement is effective as of the ____ day of _____, 20__.

IN WITNESS WHEREOF, Owner and the Authority have caused this Agreement to be signed by duly authorized representatives, on the day and year first written above.

OWNER: **[Insert Name of Owner]**

[Insert Name of Co-Owner]

By: _____

By: _____

Printed: _____

Printed: _____

Address: _____

Address: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said county and State, personally appeared _____ the _____ of _____, who acknowledged that the foregoing Lien and Extended Use Agreement was executed in such capacity as its voluntary act and deed and that the foregoing representations are true and correct.

WITNESS my hand and seal this ____ day of _____, 20_____.

[Insert Name of Notary]
A Resident of _____ County, Indiana

My Commission Expires: _____

AGREED TO this _____ day of _____ by the Authority.

INDIANA HOUSING AND COMMUNITY
DEVELOPMENT AUTHORITY

By: _____
J. Jacob Sipe, Interim Executive Director
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said county and State, personally appeared J. Jacob Sipe, the Interim Executive Director of IHCD, who acknowledged that the foregoing Lien and Extended Use Agreement was executed in such capacity as its voluntary act and deed and that the foregoing representations are true and correct.

WITNESS my hand and seal this _____ day of _____, 20_____.

[Insert Name of Notary]
A Resident of _____ County, Indiana

My Commission Expires: _____

This instrument was prepared by Deborah K. Hepler (18003-49), General Counsel, Indiana Housing and Community Development Authority, 30 South Meridian Street, Suite 1000, Indianapolis, IN 46204 (317) 232-7777.

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law, [Insert Name of Preparer]

EXHIBIT B

**MORTGAGEE'S ACKNOWLEDGEMENT AND CONSENT TO
TO THE LIEN AND RESTRICTIVE COVENANT AGREEMENT**

_____, being the mortgagee of record ("Mortgagee") pursuant to a mortgage recorded as Instrument No. _____, and filed in the Office of the Recorder of _____ County, Indiana on _____, hereby consents to the Lien and Restrictive Covenant Agreement ("Agreement") executed by _____ ("Owner") on _____. Specifically, Mortgagee acknowledges having notice of the conditions under which the Agreement may be terminated and the lien foreclosed, as provided in the Agreement; provided, however, that this Consent shall not otherwise affect or impair the priority of the lien of Mortgagee's mortgage with respect to any other liens encumbering or affecting title to the property involved.

IN WITNESS WHEREOF, Mortgagee, by its duly authorized officer, has hereunto executed this Mortgagee's Consent to Lien and Extended Use Agreement this _____ day of _____, 20_____

"MORTGAGEE"

By: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, the _____ of _____, ("Mortgagee"), who acknowledged that the foregoing Consent was executed in such capacity for and on behalf of the Mortgagee.

WITNESS my hand and seal this _____ day of _____.

My County of Residence:

Notary Public

My Commission Expires:

Printed Name

NOTICE OF LIEN AND EXTENDED USE AGREEMENT

BY

Dated: _____

***FOR USE WITH ALL SECTION 42 DEVELOPMENTS, INCLUDING DEVELOPMENTS
FINANCED WITH TAX-EXEMPT BONDS**

Development Name: _____

Development Location: _____

Development Building Identification Number ("BIN") _____

LIEN AND EXTENDED USE AGREEMENT
Low Income Housing Tax Credit Award [Insert Award Number]

This Lien and Extended Use Agreement (“Agreement”) is made by and between [Insert Owner] (“Owner”), the Owner of certain real estate located at [Insert Address], [Insert City], in [Insert County] County, State of Indiana, more particularly described on “Exhibit A” (“Real Estate”), and the Indiana Housing and Community Development Authority (“IHCDA” or the “Authority”), a public body corporate and politic of the State of Indiana.

I. PURPOSE

- A. IHCDA is authorized to act as the state’s housing credit agency and administers, operates, and manages the allocation of low income housing tax credits (“LIHTC”) pursuant to Section 42 of the Internal Revenue Code of 1986 (“Code”), the Rental Housing Tax Credit Qualified Allocation Plan for the state of Indiana (“Allocation Plan”) and other rules, regulations, guidance and notices relating to LIHTC issued by the Internal Revenue Service (“IRS”) or IHCDA, from time to time (collectively “LIHTC Program”).
- B. Owner received a reservation for an allocation of LIHTC credits in the amount of [Insert Spelled-out Amount] \$[Insert Amount] (“Credits”), to be used to finance the construction or rehabilitation of a rental housing project proposed in Owner’s LIHTC application for the Real Estate (“Project”), which Project is subject to all of the requirements of the LIHTC Program.
- C. Owner represented to the Authority, and the Authority has relied on those representations, that the Project shall comply with all applicable construction, occupancy, and affordability requirements of the LIHTC Program and that the Project shall continue to meet these requirements for the LIHTC extended use period, as defined below.
- D. The LIHTC Program requires that certain use restrictions be imposed upon any real estate assisted by Credits awarded by IHCDA to ensure that the benefits of such Credits remain with the intended beneficiaries under the LIHTC Program, as well as to comply with the Code.
- E. Specifically, IHCDA requires that the use restrictions remain in force and effect for the entire period required by the IRS, the Allocation Plan and any extended use period selected by Owner (“Extended Use Period”), which period is indicated below by an “X”:

Selection Insert “X”	Owner’s Commitment	Extended Use Period
	Section 42 Compliance Period, plus 15 years	30 years
	Section 42 Compliance Period, plus 20 years	35 years
	Section 42 Compliance Period, plus 25 years	40 years

II. COVENANTS AND OBLIGATIONS

The parties agree that the reservation by IHCDA of Credits to be allocated to Owner when the Project is placed in service, constitutes adequate consideration for the obligations undertaken by Owner in this Agreement. As of the date entered below, Owner hereby imposes the following use and deed restrictions upon the Real Estate and warrants, grants and conveys to IHCDA a lien upon the Real Estate for the duration of the Extended Use Period (the “Lien”). In consideration of these mutual undertakings and covenants, the parties further agree as follows:

- A. As a condition precedent to the availability of Credits for the Project, Owner shall deliver to and record this Agreement and its attachments with the Office of the Recorder for _____ County, Indiana, in which the

Real Estate is located, to create a restrictive covenant running with the land upon which the Project is situated. Owner agrees that all requirements under Indiana law that must be satisfied so that the provisions of this Agreement constitute valid and binding deed restrictions and covenants running with the Real Estate shall be satisfied in full. Throughout the term of this Agreement, its covenants and restrictions shall survive and be effective regardless of whether any contract, deed or other instrument subsequently executed conveying all or part of the Real Estate provides that such conveyance is subject to this Agreement. Owner agrees to obtain the consent of any prior recorded lien holder on the Real Estate to this Agreement, which consent shall be attached hereto and made a part hereof.

- B. Owner and the Project must continuously comply with the LIHTC Program, including applicable sections of the Code and all Treasury Regulations and rulings relating to LIHTC Credits, each as amended from time to time, as well as the occupancy, development, and rent restriction requirements of the Code, the Allocation Plan and the additional commitments Owner made to IHCDA resulting in issuance of Form 8609, which Owner agreed to satisfy in the initial and final applications (collectively, the "Occupancy Restrictions"), all of which are incorporated herein by reference. Such Occupancy Restrictions include, but are not limited to:
1. Owner shall lease not less than ____% of the units in the Project to individuals or families whose income is 30% or less of area median gross income (including adjustments for family size), ("AMI"), not less than ____% of the units in the Project to individuals or families whose income is 40% or less of AMI, not less than ____% of the units to individuals or families whose income is 50% or less of AMI, and not less than ____% of the units to individuals or families whose income is 60% or less of AMI (collectively "Qualifying Tenants"), and shall ensure that the "applicable fraction" (as defined in Section 42(c)(1)(B) of the Code) for each building for each taxable year in the Compliance Period shall not be less than ____ percent (____%). Owner shall not refuse to lease to a holder of a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937 because of the status of the prospective tenant as such a holder.
 2. Owner shall lease not less than ____% of the units in the Project at a rent that is at or below the 30% AMI rent level; and not less than ____% of the units in the Project at a rent that is at or below the 40% AMI rent; and not less than ____% of the units in the Project at a rent that is at or below the 50% AMI rent; and not less than ____% of the units in the Project at a rent that is at or below the 60% AMI rent.
- C. Subject to the requirements of the Code, which prohibits the disposition to any person of any portion of the building to which this Agreement applies unless all of the building is disposed of to such person, Owner may sell, transfer or exchange the Project; provided, however, such sale, transfer or exchange shall be voidable by the Authority if the Authority is not first notified in writing and provided with the identity of the buyer or other successor of Owner's interest in the Project, together with such other information requested by the Authority. The partial disposition prohibition shall not apply to the Project if it is acquired by foreclosure (or instrument in lieu of foreclosure) unless the Internal Revenue Service or the Authority determines that such acquisition is part of an arrangement with the Owner, or its successors or assigns, a purpose of which is to terminate the extended use period (as set forth in part I.E). This subparagraph shall not act to waive any other restriction on sale, transfer or exchange of the Project.
- D. Neither the Owner nor representatives acting on behalf of the Owner shall during the Extended Use Period or the three-year period immediately following termination of this Agreement as provided herein, 1) evict or terminate the tenancy of an existing tenant (other than for good cause), or 2) increase the gross rent with respect to any unit not otherwise permitted under Section 42.
- E. IHCDA and Qualifying Tenant(s) (or either or all of them) are entitled, for any breach of this Agreement, to enforce specific performance by Owner of its obligations under this Agreement in a state court of competent jurisdiction, in addition to all other remedies provided by law or in equity. Owner unconditionally agrees that the beneficiaries of Owner's obligations under this Agreement cannot adequately be compensated by monetary damages in the event of any such breach.

- F. Owner acknowledges that the financial assistance received through the LIHTC Program represents good and valuable consideration for this Agreement and that these restrictions on the use of the Project are consistent with the statutes, regulations, terms, conditions, and requirements for the LIHTC Program as administered by IHCDA.
- G. Owner shall indemnify, save and hold harmless the Authority, its directors, officers, employees and agents from any and all claims, losses, damages or expenses (including reasonable attorneys' fees) arising out of or in any way related to failure or alleged failure of the Owner to strictly and timely perform its obligations under this Agreement, or as a result of allocation of the Credits to the Project, or the recapture of any portion of the Credits by any appropriate governmental agency.

III. TERM, TERMINATION, MISCELLANEOUS

- A. The terms, conditions, covenants and restrictions of this Agreement commence on the first day on which the first residential unit in the Project is placed in service and end on the date which is the later of (i) the Extended Use Period set forth in part I.E., or (ii) the expiration of any additional extended use period, set forth in "Exhibit C" attached hereto.
- B. Notwithstanding anything in this Agreement to the contrary, the Extended Use Period for any building which is a part of the Project shall terminate:
 - 1. On the date such building is acquired by foreclosure or instrument in lieu of foreclosure, subject to the limitations in part III.C. below,
 - 2. On the last day of the fifteen (15) year Section 42 Compliance Period or fifteen (15) years prior to the expiration of any extended use period set forth in "Exhibit C", whichever occurs later, if Owner has properly requested, pursuant to the Code and the LIHTC Program, that the Authority present a qualified contract as defined in the Code, for the acquisition of the low-income portion of any part of the Project and the Authority is unable to procure a qualified contract.
- C. The Lien may be foreclosed and the restrictive covenants may terminate on the date the Project is acquired by foreclosure in accordance with the laws of the State of Indiana, or instrument in lieu of foreclosure, provided that IHCDA has received prior notice of the default and foreclosure action and any other information IHCDA requests about the disposition of the property following foreclosure. The foregoing shall not apply to the Project if the IRS or the Authority determines any such acquisition of the Project is part of an arrangement with the Owner, or its successors or assigns, a purpose of which is to terminate the Extended Use Period.
- D. This Agreement shall be binding upon the Project and shall constitute covenants running with the land. Owner agrees that any and all requirements of the laws of the State of Indiana which must be satisfied so that the provisions of this Agreement constitute valid and binding deed restrictions and covenants running with the Real Estate shall be satisfied in full. Except as otherwise provided herein, the covenants and restrictions contained herein shall survive and be effective throughout the Extended Use Period, regardless of whether any contract, deed or other instrument hereafter executed conveying the Real Estate or a portion thereof provides that such conveyance is subject to this Agreement. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, representatives, successors, and assigns.
- E. This Agreement may be amended only with the prior written approval of the Authority and no amendment shall be effective without such prior written approval. The invalidity of any clause, part or provision of this Agreement shall not affect the validity of the remaining portions thereof. All notices to be given pursuant to this Agreement shall be in writing and mailed by certified mail to the parties hereto at the addresses set forth below or to such other place as a party may from time to time designate in writing.

This Lien and Extended Use Agreement is effective as of the [] day of [], 20[].

IN WITNESS WHEREOF, Owner and the Authority have caused this Agreement to be signed by duly authorized representatives, on the day and year first written above.

OWNER: **[Insert Name of Owner]**

[Insert Name of Co-Owner]

By: _____

By: _____

Printed: _____

Printed: _____

Address: _____

Address: _____

STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public, in and for said county and State, personally appeared _____ the _____ of _____, who acknowledged that the foregoing Lien and Extended Use Agreement was executed in such capacity as its voluntary act and deed and that the foregoing representations are true and correct.

WITNESS my hand and seal this _____ day of _____, 20____.

Notary Public

Printed Name

A Resident of _____ County, _____

My Commission Expires: _____

AGREED TO this _____ day of _____ by the Authority.

INDIANA HOUSING AND COMMUNITY
DEVELOPMENT AUTHORITY

By: _____
J. Jacob Sipe, Interim Executive Director
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said county and State, personally appeared J. Jacob Sipe, the Interim Executive Director of IHCD, who acknowledged that the foregoing Lien and Extended Use Agreement was executed in such capacity as its voluntary act and deed and that the foregoing representations are true and correct.

WITNESS my hand and seal this _____ day of _____, 20____.

Notary Public

Printed Name

A Resident of _____ County, Indiana

My Commission Expires: _____

This instrument was prepared by Mark Wuellner (25885-49), General Counsel, Indiana Housing and Community Development Authority, 30 South Meridian Street, Suite 1000, Indianapolis, IN 46204 (317) 232-7777.

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law, [Insert Name of Preparer]

EXHIBIT A

LEGAL DESCRIPTION

EXHIBIT C

ADDITIONAL TERMS AND CONDITIONS

IHCDA and Owner acknowledge and agree that the Project is intended to qualify as a Lease-Purchase Project in accordance with IHCDA's Allocation Plan, and that IHCDA may release this Agreement and the Lien with respect to individual units or buildings within the Project following the expiration of the Compliance Period in order to effectuate such Lease-Purchase Program.

**I.R.C. SECTION 42(b)(2)(A)(ii) AGREEMENT BETWEEN:
INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
AND TO LOCK-IN DEVELOPMENT CREDIT PERCENTAGE
FOR ALLOCATION OF 20 RENTAL HOUSING TAX CREDITS**

This Agreement is entered into between the Indiana Housing and Community Development Authority, the rental housing tax credit agency for the State of Indiana (the "Authority"), and ("Owner") which has received a reservation of 20 rental housing tax credits (the "Credit") for the development identified on Schedule A, attached hereto and made a part hereof (the "Development"). The maximum housing credit dollar amount to be allocated to the Development and the type(s) of building(s) to which the house credit dollar amount applies are set forth on Schedule A.

Owner hereby irrevocably elects, pursuant to Section 42(b)(2)(A)(ii)(I) of the Internal Revenue Code of 1986, as amended (the "Code"), to fix the applicable credit percentage(s) for the Development as the percentage(s) prescribed by the Secretary of the Treasury for the month of _____, at _____ percent (_____ %). The Authority and the Owner hereby acknowledge that this Agreement is binding upon the Authority, the Owner and all successors in interest to the Owner as owners of the Development, as to the allocation of 20 Credit amounts to the building(s) comprising the Development, subject to compliance by the Owner with the requirements of the Code, the applicable Rental Housing Tax Credit Qualified Allocation Plan for the State of Indiana, and such other requirements, rights and privileges as stated by the Authority from time to time.

For purposes of entering into this Agreement, the Authority has relied upon the information submitted to it by the Owner. Owner agrees it shall indemnify, defend and hold harmless the Authority against all claims, losses, costs, damages, expenses and liabilities of any nature, directly or indirectly resulting from, arising out of or relating to this Agreement and the allocation of Credits in connection herewith.

Signed and agreed to this _____ day of _____, 20_____.

**INDIANA HOUSING AND COMMUNITY
DEVELOPMENT AUTHORITY**

By: _____
J. Jacob Sipe, Executive Director

ACKNOWLEDGMENT

The undersigned represents and warrants that he/she has the power to execute, deliver and accept the terms of this Agreement, to enter into the transactions contemplated by this Agreement, and that the acceptance and performance of this Agreement has been duly authorized by all necessary and proper corporate and other action.

OWNER: _____

Signature: _____

Printed Name: _____

Title (if applicable): _____



STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, the _____ of _____, who, having been first duly sworn, acknowledged the execution of the foregoing document on behalf of the organization.

WITNESS my hand and seal this _____ day of _____.

My County of Residence:

Notary Public

My Commission Expires:

Printed Name

Schedule A

I.R.C. Section 42(B) (2) (A) (ii) (I) Agreement

Housing Credit Agency: Indiana Housing and Community Development Authority
TIN of Authority: 35-1485172
 30 S Meridian Street, Suite 1000
 Indianapolis, IN 46204

Owner Name	
Address	
City, State, Zip	
TIN of Owner	

Development Name	
Address	
City, State, Zip	

BIN	Address**	Housing Credit Dollar Amount to be Allocated	Type of Credit (N, A, and/or R)***	PIS Date****

NOTE: If development has more than 10 buildings, please attach separate document listing all buildings

- *"BIN"-Building Identification Number(s) - This is assigned to each building in the year of allocation by the Authority
- ** Include specific street address for each building (or if none exists, a specific description of its location)
- *** "N" - New Construction; "A" - Acquisition; "R" - Substantial Rehabilitation
- **** Expected Placed in Service Date

NOTE: A legal description labeled Exhibit A must be attached to this document.

**I.R.C. SECTION 42(b)(1)(ii)(II) AGREEMENT BETWEEN:
INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
AND TO LOCK-IN DEVELOPMENT CREDIT PERCENTAGE
FOR ALLOCATION OF 20 RENTAL HOUSING TAX CREDITS**

This Agreement is entered into between the Indiana Housing and Community Development Authority, the rental housing tax credit agency for the State of Indiana (the "Authority"), and ("Owner") which has received a reservation of 20 rental housing tax credits (the "Credit") for the development identified on Schedule A, attached hereto and made a part hereof (the "Development"). The maximum housing credit dollar amount to be allocated to the Development and the type(s) of building(s) to which the house credit dollar amount applies are set forth on Schedule A.

Owner hereby irrevocably elects, pursuant to Section 42(b)(1)(ii)(II) of the Internal Revenue Code of 1986, as amended (the "Code"), to fix the applicable credit percentage(s) for the Development as the percentage(s) prescribed by the Secretary of the Treasury for the month of _____, at _____ percent (_____ %). The Authority and the Owner hereby acknowledge that this Agreement is binding upon the Authority, the Owner and all successors in interest to the Owner as owners of the Development, as to the allocation of 20 Credit amounts to the building(s) comprising the Development, subject to compliance by the Owner with the requirements of the Code, the applicable Rental Housing Tax Credit Qualified Allocation Plan for the State of Indiana, and such other requirements, rights and privileges as stated by the Authority from time to time.

For purposes of entering into this Agreement, the Authority has relied upon the information submitted to it by the Owner. Owner agrees it shall indemnify, defend and hold harmless the Authority against all claims, losses, costs, damages, expenses and liabilities of any nature, directly or indirectly resulting from, arising out of or relating to this Agreement and the allocation of Credits in connection herewith.

Signed and agreed to this _____ day of _____, 20_____.

**INDIANA HOUSING AND COMMUNITY
DEVELOPMENT AUTHORITY**

By: _____
J. Jacob Sipe, Executive Director

ACKNOWLEDGMENT

The undersigned represents and warrants that he/she has the power to execute, deliver and accept the terms of this Agreement, to enter into the transactions contemplated by this Agreement, and that the acceptance and performance of this Agreement has been duly authorized by all necessary and proper corporate and other action.

OWNER: _____

Signature: _____

Printed Name: _____

Title (if applicable): _____



STATE OF _____)

) SS:

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, the _____ of _____, who, having been first duly sworn, acknowledged the execution of the foregoing document on behalf of the organization.

WITNESS my hand and seal this _____ day of _____.

My County of Residence:

Notary Public

My Commission Expires:

Printed Name

Schedule A

I.R.C. Section 42(B) (1) (ii) (II) Agreement

Housing Credit Agency: Indiana Housing and Community Development Authority
TIN of Authority: 35-1485172
 30 S Meridian Street, Suite 1000
 Indianapolis, IN 46204

Owner Name	
Address	
City, State, Zip	
TIN of Owner	

Development Name	
Address	
City, State, Zip	

BIN	Address**	Housing Credit Dollar Amount to be Allocated	Type of Credit (N, A, and/or R)***	PIS Date****

NOTE: If development has more than 10 buildings, please attach separate document listing all buildings

*"BIN"-Building Identification Number(s) - This is assigned to each building in the year of allocation by the Authority

** Include specific street address for each building (or if none exists, a specific description of its location)

*** "N" - New Construction; "A" - Acquisition; "R" - Substantial Rehabilitation

**** Expected Placed in Service Date

NOTE: A legal description labeled Exhibit A must be attached to this document.



This Form is for Developments receiving a reservation of credits under the QAP

1. DEVELOPMENT INFORMATION

DEVELOPMENT NAME: _____
Tax Credit Application Number: _____
TAX CREDIT BUILDING IDENTIFICATION NUMBER (BIN): _____
HOME/DEVELOPMENT FUND AWARD NUMBER (IF ANY): _____
USDA/DEVELOPMENT FUND AWARD NUMBER (IF ANY): _____
FEDERAL HOME LOAN BANK ID NUMBER (IF ANY): _____
DATE PLACED IN SERVICE (OR WILL PLACE IN SERVICE): _____

a. Property Address: _____
City: _____ State: _____
Zip Code: _____ Phone: (____) _____
Email: _____

b. Owner Name: _____
Owner Contact: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: (____) _____
Email: _____

c. Management Company: _____
Contact Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone: (____) _____
Email: _____

d. Number of buildings in Development: _____
Number of RHTC Units/Apartments: _____
Total number of Units/Apartments: _____
Total number of Home assisted Units: _____
Total number of USDA assisted Units: _____

2. BUILDING PERMIT INFORMATION

- a. State Plan Release Project #: _____
- b. State Plan Release Filing Date: _____
- c. Building Permit Issuance Date: _____
- d. Initial Date buildings were constructed: _____
- e. Date buildings were rehabilitated (if applicable): _____

Please place an "X" in the box next to all types of construction applicable to the development:

3. BUILDING INFORMATION

Re-	<input type="checkbox"/>	New Construction	Number	<input type="checkbox"/>	of Efficiency Units
	<input type="checkbox"/>	Model	Number of	<input type="checkbox"/>	1-Bedroom Units
	<input type="checkbox"/>	Addition	Number of	<input type="checkbox"/>	2-Bedroom Units
	<input type="checkbox"/>	Rehabilitation		<input type="checkbox"/>	Number of 3-Bedroom Units
	<input type="checkbox"/>	Building Occupancy Change of Use		<input type="checkbox"/>	Number of 4-Bedroom Units
	<input type="checkbox"/>	Duplex		<input type="checkbox"/>	Number of 5-Bedroom Units
	<input type="checkbox"/>	Townhouse		<input type="checkbox"/>	Number of Type A Accessible Units
	<input type="checkbox"/>	Single Family Dwelling		<input type="checkbox"/>	Number of Type B Accessible Units
	<input type="checkbox"/>	Single Story		<input type="checkbox"/>	Number of Fully Accessible Units
	<input type="checkbox"/>	Two Story			
	<input type="checkbox"/>	Three Story			
	<input type="checkbox"/>	Muliti-Story			
	<input type="checkbox"/>	Assisted Living/Elderly Housing			

4. DEVELOPMENT DESIGN AMENITIES

Please place an "X" in the box to mark all the development's amenities chosen for awarded points. NOTE: Please Review the Definitions of each Feature, in Appendix H, for specific Requirements (If Any).

Column 1 (10-total; 2 minimum each subcategory)	Column 2 (5-total; 2 minimum each subcategory)	Column 3 (3-total; 1 minimum each subcategory)
Tenant Entertainment Features	Unit Interior Architectural Features	Security



<input type="checkbox"/>	Playground	<input type="checkbox"/>	Wall to Wall Carpeting	<input type="checkbox"/>	Restricted Access to Property Gated Community
<input type="checkbox"/>	Bike racks	<input type="checkbox"/>	Window Blinds Or Curtains	<input type="checkbox"/>	Security Camera(s) At All entrances
<input type="checkbox"/>	Designated garden Area	<input type="checkbox"/>	Hardwood Floors	<input type="checkbox"/>	Site/Parking Area Lighting
<input type="checkbox"/>	Shuffle Board Court	<input type="checkbox"/>	Individual Porch/Patio Balcony	<input type="checkbox"/>	Security Cameras at On-Site Bus Stops
<input type="checkbox"/>	Community Room	<input type="checkbox"/>	Walk-In Closets	<input type="checkbox"/>	Intercom System/Installed Call System
<input type="checkbox"/>	Community Television	<input type="checkbox"/>	External Individual Attached Storage	<input type="checkbox"/>	Peep Hole On Exterior Doors
<input type="checkbox"/>	Designated Walking/ Jogging Path	<input type="checkbox"/>	Storm Doors	<input type="checkbox"/>	Bump-Proof Entry Door Locks
<input type="checkbox"/>	Billiards Table	<input type="checkbox"/>	Kitchen Pantry	<input type="checkbox"/>	Steel Entry Doors And Frames
<input type="checkbox"/>	Basketball Court	<input type="checkbox"/>	Raised Panel Doors	<input type="checkbox"/>	Security Alarm Doors
<input type="checkbox"/>	Swimming Pool	Unit Convenience		<input type="checkbox"/>	Security Alarm Windows
<input type="checkbox"/>	Fenced-In Tennis Court	<input type="checkbox"/>	Garbage Disposal	Life Safety & Safety	
<input type="checkbox"/>	Gazebo	<input type="checkbox"/>	Door Bells	<input type="checkbox"/>	Carbon Monoxide Detectors
<input type="checkbox"/>	Picnic Area with Permanent Grill	<input type="checkbox"/>	Cable Hook-ups	<input type="checkbox"/>	Emergency Pull-cords/ Call Button
<input type="checkbox"/>	Sand Volley Ball Court	<input type="checkbox"/>	Motion Detector Lights	<input type="checkbox"/>	Fire Extinguishers
<input type="checkbox"/>	Hot Tub Jacuzzi	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Fire Suppressers Above All Stoves
<input type="checkbox"/>	Computer Center	<input type="checkbox"/>	Clothes Washer & Dryer	<input type="checkbox"/>	Fire Sprinkler System
<input type="checkbox"/>	Exercise Room	<input type="checkbox"/>	Washer & Dryer Hook-ups	<input type="checkbox"/>	Combo Smoke Detectors
Common Area Convenience Features		<input type="checkbox"/>	Built-in Dishwasher	<input type="checkbox"/>	Recessed Clothes Dryer Flex Connector Boxes
<input type="checkbox"/>	One Parking Spot Per Unit	<input type="checkbox"/>	Whirlpool Tub	<input type="checkbox"/>	Kitchen Fire Blankets
<input type="checkbox"/>	Designated Car Wash Facility	<input type="checkbox"/>	Ceiling Fan	<input type="checkbox"/>	Emergency Escape Ladders
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Access to High Speed Internet	<input type="checkbox"/>	Tenant Fire Safety Education/Training
<input type="checkbox"/>	Carport			<input type="checkbox"/>	Posted Speed Limit & "Caution Children Playing Signs"
<input type="checkbox"/>	Enclosed Bus Stop Shelter			<input type="checkbox"/>	Fenced-in Retaining Ponds



<input type="checkbox"/>	Comfort Conditioned Common Areas
<input type="checkbox"/>	Daycare Center
<input type="checkbox"/>	Beauty Salon/Barber Shop
<input type="checkbox"/>	Laundry Facilities
<input type="checkbox"/>	On-Site Manager
<input type="checkbox"/>	On-Site Recycling Service
Common Area Architectural	
<input type="checkbox"/>	Multiple Building Designs
<input type="checkbox"/>	Multiple Floor Plans
<input type="checkbox"/>	Steel Frame
<input type="checkbox"/>	Architectural Roofing Shingles
<input type="checkbox"/>	50% or more Brick Or Stone Exterior
<input type="checkbox"/>	Metal Roof Covering
<input type="checkbox"/>	Slate Roof Covering
<input type="checkbox"/>	Sound-Proof Unit Separation Assemblies

Please attach the narrative summary from the initial application that addresses the unique features of this development for the inspection request.

5. UNIVERSAL DESIGN FEATURES

Please place an "X" in the box to mark all the development's universal design features chosen for awarded points. For application awards after 2010, please place an "X" next to the ribbon color for points awarded, and identify chosen features

	Grey (0-Each column)		Green (1- Each column)		Yellow (2-each column)		Red (3-each column)		Blue (4-each column)
--	----------------------------	--	------------------------------	--	------------------------------	--	---------------------------	--	----------------------------



<u>Column A</u>	<u>Column B</u>	<u>Column C</u>
<input type="checkbox"/> Front loading washer and dryer with front controls, raised on platforms to reduce need to bend, stoop, or lean over in each unit or all laundry facilities	<input type="checkbox"/> An accessible route to each bottom level unit that includes no steps or abrupt change of level (1&2 Family Dwellings Only)	<input type="checkbox"/> Audio and visual smoke detectors in each unit
<input type="checkbox"/> Accessible Deep Bathtub with door in 10% Senior/5% non-Senior Units	<input type="checkbox"/> Tambour storage in kitchen at accessible level in each unit	<input type="checkbox"/> All light switches located 48" above the finished floor in each unit
<input type="checkbox"/> A front control operated range in 10% of the units	<input type="checkbox"/> Interior pocket doors	<input type="checkbox"/> Toggle, rocker, or touch sensitive control panels instead of switches in each unit
<input type="checkbox"/> Raised oven wall cabinet	<input type="checkbox"/> Adjustable height shelves in wall cabinets	<input type="checkbox"/> Adjustable tilt mirrors in bathroom of each unit
<input type="checkbox"/> Accessible Toilets in each unit	<input type="checkbox"/> Door bell intercoms that connect to portable telephones in each unit	<input type="checkbox"/> Lever handle faucets in each unit (Excluding tub/shower faucets)
<input type="checkbox"/> Raised driveway & garage floor to eliminate barriers in 10% of the units with garages	<input type="checkbox"/> Adjustable height or hand-held showerhead with a flexible hose in all units	<input type="checkbox"/> Full length mirrors with the bottom edge no lower than 12" & top edge 72" from the floor
<input type="checkbox"/> Detectable warning strips at curb cuts and transit boarding edges throughout the development	<input type="checkbox"/> Remote control heating & cooling in each unit	<input type="checkbox"/> Unit addresses and unit numbers in Braille in 5% of the units
<input type="checkbox"/> Side by side refrigerator doors in each unit	<input type="checkbox"/> 30"x40" clear kitchen floor space in each unit	<input type="checkbox"/> Remote control lighting in bathrooms & kitchens in each unit



<input type="checkbox"/> Power operated clothing carousels in 10% of the units	<input type="checkbox"/> Table pull out in kitchen or work area	<input type="checkbox"/> Bathtub/shower controls located 48" above the tub floor in each unit
<input type="checkbox"/> Garage door openers in all garages	<input type="checkbox"/> Built in accessible height microwave in each unit	<input type="checkbox"/> Loop handled pulls on drawers & cabinets
<input type="checkbox"/> All counter tops in bathrooms and kitchens adjustable in each unit	<input type="checkbox"/> Contrasting color border for kitchen & bathroom countertops in all units	<input type="checkbox"/> Raised garden area to reduce bending/stooping/leaning
<input type="checkbox"/> Motion detector lighting at units floor level entry in each unit	<input type="checkbox"/> 30"x40" clear bathroom floor space with a door that swings out in 5% of the units	<input type="checkbox"/> Glare-free task lighting for work areas
<input type="checkbox"/> A removable base cabinet for required knee space in kitchens and baths in all bottom level units	<input type="checkbox"/> All hallways 42" or wider in each unit	<input type="checkbox"/> The bathtub controls located off center toward the outside of the tub in each unit
<input type="checkbox"/> Blind base pull-out cabinetry (Pull Out Shelving)	<input type="checkbox"/> All wall reinforcements for handrails in each unit	<input type="checkbox"/> All closet rods adjustable in each unit
<input type="checkbox"/> Roll-in shower with no curb in each of the units	<input type="checkbox"/> Wall reinforcements for grab bars in 1 st floor bathrooms (1 & 2-family dwellings only)	<input type="checkbox"/> Slide or bi-folding closet doors in all units
<input type="checkbox"/> Counter cook top with toe & knee clearance underneath	<input type="checkbox"/> All doorways 32" or wider in each unit	<input type="checkbox"/> Levers instead of door or faucet knobs on every door in each unit
<input type="checkbox"/> Raised dishwasher unit that reduces bending/lifting	<input type="checkbox"/> Kitchen faucet with pull out spout in lieu of side mount sprayers in each unit	<input type="checkbox"/> All electronic outlets raised 15" to 18" above the finished floor in each unit



<input type="checkbox"/> A fold down seat in the shower of 10% of the units	<input type="checkbox"/> Hard-wired intercom system in each unit	<input type="checkbox"/> Lighted door bell button in each unit
<input type="checkbox"/> Grab bars in 1 st floor bathroom and shower in 10% of the units (1 st bathroom only for 2-bathroom units)	<input type="checkbox"/> Significant color contrast between floor surfaces & trim in each unit	<input type="checkbox"/> Countertop lavatories located as close as possible to the front edge of vanities in 10% of the units
<input type="checkbox"/> Remote controlled drapes or curtains in 5% of the units	<input type="checkbox"/> Significant color contrast between stair risers and treads in each unit containing stairways	<input type="checkbox"/> Self-storing cabinet doors

For Applications awarded prior to 2010 a 30% Eligible basis boost for achieving Energy Efficiency Demonstrated by:
 A "LEED" silver rating, the EPA's Energy Star rating, or an equivalent rating under a rating system accredited by the American National Standards Institute.⁶

Foot Notes 1 through 6

- 1 May not choose this for points if rewarded points for the efficiency items affiliated with footnotes 2,3,&/or 5
- 2 May not choose this for points if rewarded points for the efficiency items affiliated with footnote 1
- 3 May not choose this for points if rewarded points for the efficiency items affiliated with footnote 1
- 4 May not choose this for points if rewarded points for the efficiency items affiliated with footnote 5
- 5 May not choose this for points if rewarded points for the efficiency items affiliated with footnote 4
- 6 If a 30% boost is warranted, a copy of the energy efficiency rating(s) will need to be provided with the inspection request Form prior to the inspection

6. Energy Efficiency Features (Post 2010 applications)

For application awards after 2010; Please identify the Energy efficiency Rating(s) for points awarded with an "X" next to the applicable rating(s).

	LEED Silver
--	-------------



	LEED Gold
	LEED Platinum
	ICC 700-2008 Silver Rating National Green Building Standard
	ICC 700-2008 Gold Rating National Green Building Standard
	ICC 700-2008 Emerald Rating National Green Building Standard
	Energy Star® HERS Rating of <80
	Energy Star® HERS Rating of <75
	Energy Star® HERS Rating of <70
	Energy Star® HERS Rating of <65
	Energy Star® HERS Rating of <60
	Energy Star® HERS Rating of <55
	For other than the above rating systems; In the space below please identify the rating system(s) that are accredited by the American National Standards Institute and its' equivalent identified above.

7. Tenant Equipment Training

<input type="checkbox"/> Smart Use Training
Please Describe What Your Training Includes:



10. DIRECTIONS TO SITE

Please provide the most efficient directions to the property, starting from the major intersection nearest to the site:

11. Additional Features

Please disclose and additional features/items provided at the development, which were not identified at the time of the initial application.



Private Activity Bond Financing Questionnaire

Project Name:	
Self-Score:	
TE Bond Value:	
Taxable Volume Request:	

Proposed Bond Structure – (i.e. Fixed rate, Variable rate or a Combination). If variable rate debt is utilized, will it be hedged? If so, describe the type of hedge. If liquidity is required, what is the name and ratings of the expected provider? Is the liquidity provider currently in place?

Are you still using credit enhancement? If yes, list the provider:		
Who is the expected underwriter for this deal?	Bank Firm:	
	Lead Banker:	
	Phone #:	
	Email	
	Address:	

List your most recent experience in which multi-family bond issuance was utilized:	
Name:	
Number of Units:	
BIN:	
Location:	
Tax-Exempt Volume:	
Taxable Volume:	

Why do you want IHCD as the issuer versus your local municipality?

Have you ever been awarded bond volume and not been able to utilize it? i.e. the deal fell through, didn't close, etc... Has the firm, or any of its principals, ever defaulted on any debt?			
Date:	State:	Amount:	Reason



Total debt outstanding in connection with all projects:	
Tax Exempt:	
Taxable:	

Footnotes:

--



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.

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 2016-17 Qualified Allocation Plan requires that each RHTC property funded in 2016-2017 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.

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

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

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



**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
TEN PERCENT (10%) LETTER**

Independent Auditors' Report

Date: [REDACTED]

To: Indiana Housing and Community Development Authority
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

And

(the "Owner")
(Street)
(City, State, Zip Code)

RE: BIN: [REDACTED]

We have audited the accompanying Certification of Costs Incurred ("Exhibit [REDACTED]") of the Owner for (the "Development") as of [REDACTED], 20[REDACTED]. Exhibit [REDACTED] is the responsibility of the Owner's management. Our responsibility is to express an opinion on Exhibit [REDACTED] based on our audit.

Also, in the process of our audit, we have received a copy of and we are familiar with:

1. The completed Application for a Conditional Reservation of 20[REDACTED] Credits and related package dated [REDACTED], 20[REDACTED] (the "Initial Application"), submitted to the Indiana Housing and Community Development Authority (the "IHCDA") for the purpose of requesting, in connection with the captioned development (the "Development"), a reservation of rental housing tax credits ("Credits") available under Section 42 of the Internal Revenue Code of 1986, as amended.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether Exhibit [REDACTED] is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in Exhibit [REDACTED]. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of Exhibit [REDACTED]. We believe that our audit provides a reasonable basis for our opinion.

The accompanying Exhibit [REDACTED] was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service under the accrual method of accounting and by the Indiana Housing and Community Development Authority (the "Authority"), which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, Exhibit [REDACTED] referred to above presents fairly, in all material respects, costs incurred for the Development as of [REDACTED], 20[REDACTED], on the basis of accounting described above.

In addition to auditing Exhibit [REDACTED] we have, at your request, performed certain agreed-upon procedures, as enumerated below, with respect to the Development.

These procedures, which were agreed to by the Owner and the Authority, were performed to assist you in determining whether the Development has met the 10% test in accordance with Internal Revenue Code Section 42(h)(1)(E) and Treasury Regulation Section 1.42-6. These agreed-upon procedures were performed in accordance with standards established by the American Institute of Certified Public



Accountants. The sufficiency of these procedures is solely the responsibility of the specified users of the report. Consequently, we make no representations regarding the sufficiency of the procedures below either for the purpose for which this report has been requested or for any other purpose.

We performed the following procedures:

- We calculated, based on estimates of total development costs provided by the Owner, the Development's total reasonably expected basis, as defined in Treasury Regulation Section 1.42-6, to be \$ [REDACTED] as of [REDACTED], 20 [REDACTED]. (Figure 1.)
- We calculated the reasonably expected basis incurred by the Owner as of [REDACTED], 20 [REDACTED] to be \$ [REDACTED]. (Figure 2.)
- We calculated the percentage of the development fee incurred by the Owner as of [REDACTED], 20 [REDACTED] to be [REDACTED]% of the total development fee. (Figure 3.)
- We compared the reasonably expected basis incurred as of [REDACTED], 20 [REDACTED] (Figure 2.) to the total reasonably expected basis of the Development ("Figure 1."), and calculated that [REDACTED]% had been incurred as of [REDACTED], 20 [REDACTED].
- We determined that the Owner uses the accrual method of accounting, and has not included any construction costs in carryover allocation basis that have not been properly accrued.
- Based on the amount of total reasonably expected basis listed above (Figure 1.), for the Owner to meet the 10% test in accordance with Internal Revenue Code Section 42(h)(1)(E) and Treasury Regulation Section 1.42-6, we calculated that the Development needed to incur at least \$ [REDACTED] of costs prior to [REDACTED], 20 [REDACTED]. As of [REDACTED], 20 [REDACTED], costs of at least \$ [REDACTED] had been incurred, which is approximately [REDACTED]% of the total reasonably expected basis of the Development.

We were not engaged to, and did not; perform an audit of the Owner's financial statements or of the Development's total reasonably expected basis. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the management of the Owner and for filing with the Authority and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes.

City, State
[REDACTED], 20 [REDACTED]

Very truly yours,
(Name of CPA Firm)

By: _____
Its Duly Authorized Representative



**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
RENTAL HOUSING TAX CREDIT (RHTC) PROGRAM**

**OWNER/TAXPAYER CERTIFICATION OF 10% EXPENDITURE
CALCULATION OF 10% EXPENDITURE
(as of _____, 20____)**

EXHIBIT A

	Reasonably Expected Basis ¹	Accumulated Basis ²
1. Acquisition Costs		
i. Land Purchase		
ii. Existing Building		
iii. Title Insurance		
iv. Survey Costs		
v. Reporting Fees		
vi. _____		
Acquisition Total		
2. Construction/Rehabilitation		
i. Excavation		
ii. Off-Site Improvements		
iii. Foundations		
iv. Construction Labor		
v. _____% of Builder's Overhead/Profit		
iv. _____		
Construction/Rehab Total		
3. Construction Materials		
i. Installed		
ii. Stored On-Site		
iii. _____		

Construction Materials Total		

4. Accounting/Legal Fees		
i. Attorney		
ii. Accountant		
Accounting/Legal Fees Total		
5. Architectural & Other Professional Fees		
i. Architect Fees		
ii. Engineering Services		
iii. Environmental Services		
iv. Appraisal Fees		
v. Market Study Fees		
Architectural/Prof. Fees Total		
6. Construction Financing		
i. Land Financing		
ii. Construction Loan		
iii. _____		
Construction Financing Total		
7. Development Fees Categories		
i. _____		
ii. _____		
iii. _____		
iv. _____		
v. _____		
8. Other		
i. _____		
Development Fees Total		
GRAND TOTAL:	(A)	(B)

¹As of the end of the second calendar year succeeding the allocation year. "Basis" means the adjusted basis of land and depreciable property, whether or not such amounts are included in the eligible basis.

²Owner/Taxpayer estimated incurred basis in the Development as of _____, 20____ (but in any event no later than 6 months from the execution date of the Carryover Agreement).

10% Basis Calculation:

(B) divided by (A) x 100 = _____%

(Accumulated Basis) (Reasonably Expected Basis)



OWNER/TAXPAYER CERTIFICATION

DEVELOPMENT NAME: _____

BIN# _____

The undersigned _____, (the "Owner/Taxpayer") hereby certifies to the Indiana Housing and Community Development Authority (the "Authority") that the amounts shown in the Worksheet for Calculation of 10% Expenditure section above and the documentation submitted in verification thereof are true and correct, and that the Owner/Taxpayer anticipates expending more than 10% of the Owner/Taxpayer's reasonably expected basis in the above project, as required by Section 42 of the Internal Revenue Code (the "Code") and the applicable Treasury Regulations promulgated thereunder (the "Regulations").

I UNDERSTAND THAT REVIEW AND APPROVAL BY THE AUTHORITY OF THE CERTIFICATION OF 10% EXPENDITURE IS NOT BINDING UPON THE INTERNAL REVENUE SERVICE AND DOES NOT CONSTITUTE A REPRESENTATION OR WARRANTY FROM THE AUTHORITY TO THE OWNER/TAXPAYER THAT THE 10% REQUIREMENT HAS BEEN OR WILL BE MET OR THAT ALL BASIS ITEMS HAVE BEEN PROPERLY INCLUDED FOR FEDERAL TAX PURPOSES, AND THAT THE BURDEN OF COMPLIANCE WITH THE CODE AND THE REGULATIONS IS THE RESPONSIBILITY OF THE OWNER/TAXPAYER.

The undersigned represents and warrants that he/she has the power to execute, deliver and accept the terms of this Agreement, to enter into the transactions contemplated by this Agreement, and that the acceptance and performance of this Agreement have been duly authorized by all necessary and proper corporate and other action.

OWNER/TAXPAYER: _____

BY: _____
Signature

Type/Print Name & Title

Date: _____, 20____.

IHCDA Use Only
Date:

RELATED PARTY FEES DISCLOSURE FORM

I, (Authorized Signatory of Ownership) _____, as (position held) _____, of (Ownership Entity) _____, do hereby confirm the following are the projected Related Party Fees with regard to the Applicant, Developer, Contractor, Management Agent, Land Owner(s) and Development Team members for (name of project) _____.

Other than the fees shown below there will be no other Related Party fees for this project.

Fee	Recipient	Relationship	Amount/Proceeds
Developer Fee			
General Contractor Fee			
Management Fee			
Sale of Land			
Sale of Property			
Architect Fee			
Engineering Fee			
HPB Consultant Fee			
Attorney Fees			
Accounting Fees			
Other:			
Other:			
Other:			

If there are no Related Party Fees, please place an "X" here.	
---	--

Owner Authorized Signatory _____ *Date* _____

Printed Name _____



Request for Project-Based Rental Assistance*

**Requests are only available to supportive housing projects that completed the Indiana Supportive Housing Institute and qualify for either the Housing First set-aside of the QAP or for the integrated supportive housing points in the QAP*

1) Indiana Supportive Housing Institute Team

Describe the composition of the institute team, explaining the role of each team organization (500 words or less) [Click here to enter text.](#)

2) Experience

Describe the team's experience with owning and managing affordable housing projects, specifically with providing rental assistance and supportive services to individuals and families experiencing homelessness. [Click here to enter text.](#)

If you own and/or manage other affordable housing projects provide a list with the following information: Name of property, address, years owned, funding sources, total number of units, number of assisted units, unit bedroom size(s), and incomes served (2000 words or less).

[Click here to enter text.](#)

3) General Unit Information

Total number of units: [Click here to enter number of units.](#)

Number of units for which IHCD project-based rental assistance is requested: [Click here to enter number of units.](#)

Percentage of units for which IHCD project-based rental assistance is requested: [Click here to enter percentage.](#)

Do any other units in the project receive (Section 8) Housing Choice Voucher Rental Assistance? Choose an item.

If yes, how many units: [Click here to enter number of units.](#)

Does the project receive rental assistance of any kind through any other agency? Choose an item.



If yes, please describe type of assistance and number of units covered under the assistance: [Click here to enter text.](#)

How many units are 504 accessible units? [Click here to enter number of units.](#)

Of those how many are for sensory impaired? [Click here to enter number of units.](#)

4) De-concentrating Poverty

Project Basing may not be located in areas of minority concentrations or in neighborhoods in which substandard dwelling or other undesirable conditions predominate. Describe any recent changes in the project's location in poverty percentage, new "market rate" development, economic revitalization etc. Chapter 17, Section II.G of IHCD's Housing Choice Voucher Administrative Plan provides further information on the requirement (http://www.in.gov/ihcda/files/Admin_Plan_2014.pdf). (750 words or less):

If this project requires a waiver of the deconcentration rule, that request must be approved prior to the final award of Project Based Vouchers. A copy of the formal waiver request to HUD must be submitted with this application.

5) What are the incomes served (adjusted for family size):

Percent of Area Medium Income	Number of Total Units	Number of proposed Sec 8 Project Based Subsidies
< 30%	Number of units.	Number of subsidies.
< 40 %	Number of units.	Number of subsidies.
< 50 %	Number of units.	Number of subsidies.
< 60%	Number of units.	Number of subsidies.
> 60%	Number of units.	Number of subsidies.
Total	Number of units.	Number of subsidies.

6) Populations Served:

Describe the special needs target population to be served. (500 words or less)
[Click here to enter text.](#)



Is the project 100% supportive housing or integrated supportive housing? Choose an item.

If integrated, what % is supportive housing? [Click here to enter %](#).

7) Please explain the need for the Project Based Housing Choice Vouchers (500 words or less):

[Click here to enter text.](#)

8) Number of vouchers requested:

Unit Size	Vouchers Requested	Requested Rent	Unit Type Breakdown (provide # of each different type of unit ex. townhouse, high rise, etc.)
0 BR	#	\$Rent	Unit Breakdown.
1 BR	#	\$ Rent	Unit Breakdown.
2 BR	#	\$ Rent	Unit Breakdown.
3 BR	#	\$ Rent	Unit Breakdown.
4 BR	#	\$ Rent	Unit Breakdown.
Total	#	\$ Rent	Unit Breakdown.

Utility	Fuel Type (Gas or Electric)	Who is responsible for paying bill? Owner or Tenant	Utility	Who is responsible for paying bill/ supplying the appliance? Owner or Tenant
Heating	Fuel Type	Choose	Trash Removal	Choose
Cooking	Fuel Type	Choose	Air Conditioning	Choose
Water Heating	Fuel Type	Choose	Other (specify)	Choose
Other Electric		Choose	Who will provide the below appliances Owner or Tenant?	
Water		Choose	Range	Choose
Sewer		Choose	Refrigerator	Choose



9) PHA Jurisdiction

Is the project located outside the jurisdiction of the IHCD's HCVP? A map of IHCD's HCVP can be found on the program's website at <http://www.in.gov/ihcda/2333.htm#Port>. If so, what is the name of the Housing Authority who governs the jurisdiction where the project is located?

If a proposed project falls within a municipality in which a local housing authority is located or within a municipality contiguous to a municipality in which a local housing authority is located, then a letter must be submitted to IHCD from the local housing authority operating in that location which states the local public housing authority cannot provide the vouchers and that IHCD is allowed to administer the project based program within the jurisdiction in accordance with the IHCD administrative plan. Upon signing of the HAP contract, a formal MOU with the local Housing Authority will be required.

10) Lease Plan:

Describe the plan to lease the units (500 words or less): [Click here to enter text.](#)

11) Occupancy Contingency Plan

If the project encounters difficulty serving the target population, describe what additional steps will be taken to insure this project serves the target population described in the IHCD Administrative Plan (500 words or less): [Click here to enter text.](#)

12) Regulatory Compliance

Is the applicant barred from receiving IHCD or Federal Funds? [Choose an item.](#)

If so, describe: [Click here to enter text.](#)

Has the applicant received any IHCD or HUD findings with this or any other project? [Choose an item.](#)

If so, describe what actions were taken in regards to the findings (500 words or less): [Click here to enter text.](#)

13) Broadband Infrastructure Compliance

HUD now requires the installation of broadband infrastructure at the time of new construction or substantial rehabilitation of units funded under the project-based voucher program. HUD defines *broadband infrastructure* as cables, fiber optics, wiring, or other permanent (integral to the structure)



infrastructure—including wireless infrastructure—as long as the installation results in broadband infrastructure in each dwelling unit meeting the Federal Communications Commission’s (FCC’s) definition in effect at the time the pre-construction estimates are generated.

Describe how the broadband infrastructure requirements will be met (500 words or less) [Click here to enter text.](#)

14) Certification

I hereby certify that all information stated herein, as well as any information provided in an attachment herewith, is true and accurate.

18 U.S.C. § 1001, “Fraud and False Statements,” provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Authorized Signature _____

Printed Name and Title: [Click here to enter name and title.](#)

Date: [Click here to enter date.](#)



Required Attachments:

1. If occupied, please provide the current tenant rent roll, with current resident incomes and rents paid, including utilities if any.
2. Provide a copy of Form HUD-2880 Standard Disclosure and Perjury Statement, Identity of Interest Statement.
3. Show documentation that the current project rents are at or below the Fair Market Rents (FMR) for your area. Include number of units at or below FMR and number of units above FMR.
4. Will this request for project based vouchers create displacement of residents permanently or for a short period of time? **Choose an item.** If yes please include a copy of your relocation plan. The plan must meet HUD guidelines. Also, explain how relocation will be funded.
5. Identify all principal participants in your organization (i.e. Owner, Management Company, Service Provider). For each principal participant provide name, address, telephone number, fax, email. Include a written certification that each principal participant (officers, members, shareholders, directors, board members investors or any person with substantial interest) is not on the U.S. General Services list of excluded parties.

