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Project Name and Location

Project Name:* App Number: _____ Stage: _____
 Primary Address (from Buildings section): City(ies): Threshold-InWork _____
 Census Tract: County(ies):

Jurisdiction
 Political Jurisdiction:* Address:*
 City:* Zip:* Phone: Email:* glorenz@ankenyiowa.gov (Reference)
 CEO First Name:* CEO Last Name:* Title:*
 Check here if project is located in multiple political jurisdictions.

Jurisdiction 2
 Political Jurisdiction:* Address:*
 City:* Zip:* Phone: Email:* [\(Reference\)](#)
 CEO First Name:* CEO Last Name:* Title:*

Jurisdiction 3
 Political Jurisdiction:* Address:*
 City:* Zip:* Phone: Email:* [\(Reference\)](#)
 CEO First Name:* CEO Last Name:* Title:*

Project Description

Project Type*
 New Construction Rehab Acquisition/Rehab Adaptive Reuse

Credit Request
 Check if you are planning on using the Senior Living Revolving Loan Program.
 Set-Aside(s): Nonprofit Preservation Rural
 Credit % applied for:*
 Federal Financing:*
 If Federal Financing, provide type:
 If type is Other, explain: _____

Minimum Set-Aside Requirements:*
 Section 42(g)(1) states the term, "qualified low-income housing project" means any project for residential rental property if the project meets the requirements of subparagraph (A) or (B) whichever is elected by the taxpayer. (A) is the 20-50 Test. (B) is the 40-60 Test. Any election made pursuant to Section 42(g)(1), once made, shall be irrevocable.
 20-50 Test. The project shall meet the requirements of 42(g)(1)(A) by having 20 percent or more of the residential rental units in the project as both rent-restricted and occupied by individuals whose income is 50 percent or less of area median gross income.
 40-60 Test. The project shall meet the requirements of 42(g)(1)(B) by having 40 percent or more of the residential rental units in the project as both rent-restricted and occupied by individuals whose income is 60 percent or less of area median gross income.

Occupancy Type
 Occupancy Type:*

Building Type*
 Duplex Row/Townhouse Single Family Detached Standard Apartment

Other Elections
 QAP Section 6.1.1 Serves Lowest Income Residents

- This category is not available to an Applicant that elects points for QAP Sections 6.1.4 or 6.3.3.
- A previous LIHTC Project with an existing LURA shall not elect scoring points for this category if it would be less restrictive than the existing LURA.
- Elected AMI percentages shall be maintained throughout the Compliance Period and the Extended Use Period.
- Annual Recertification of tenant income is required.
- This category is available for Section 4.10.3.
- An Applicant electing points for this category must identify the applicable AMI% for each Unit when entering units in the Buildings Tab – Units.

Project shall provide Units that are set-aside and occupied by tenants with incomes at forty percent (40%) AMI or less and are rent restricted. (15 points maximum)

Project shall provide Units that are set-aside and occupied by tenants with incomes at thirty percent (30%) AMI or less and are rent restricted. Not available for Supportive Housing for Families Set-Aside Applicants. (5 points maximum)

QAP Section 6.1.2 Market Rate Incentive

- This category is not available to an Applicant that elects points for QAP Sections 6.1.4 or 6.3.3.
- On-site staff units cannot be counted for points.
- Annual recertification of income is required.
- Shall comply with the requirements of QAP Section 5.14 and 5.15.
- An Applicant electing points for this category must identify each market rate Unit as such when entering units in the Buildings Tab – Units.

Project shall provide market rate Units (not eligible for Tax Credits). On-site staff Units cannot be counted for points. Annual re-certification of tenant income is required.

QAP Section 6.1.3 Serves Tenant Population of Individuals with Children

- This category is not available to Supportive Housing for Families Set-Aside Applicants.
- An Applicant electing points for this category must enter at least 20% of the Units as 3 or more bedroom LIHTC Units with two (2) full bathrooms in the Application.

At least twenty percent (20%) of the Units shall be three or more bedroom LIHTC Units and have at least two full bathrooms.

QAP Section 6.1.4 Provides an Opportunity for Homeownership

- This category is not available to an Applicant that elects points for QAP Sections 6.1.1, 6.1.2, 6.4.3 or applies under the Supportive Housing for Families Set-Aside. (QAP Section 2.2.2).
- Exhibit 2S required (IFA Required Form and Owner's ROSE Program Plan).
- An Applicant electing points for this category must:
 - Elect the 40/60 Minimum Set-Aside;
 - Select single-family detached as the building type on the Project Description and Buildings Tabs;
 - Enter all utilities as tenant paid utilities on the Buildings Tab;
 - Enter all Project Units as 60% AMI Units on the Buildings Tab – Units (100% LIHTC); and
 - Meet all Iowa ROSE Program requirements of QAP Appendix 2-Glossary and Appendix G-Iowa ROSE Program of the Application Package.

The Project shall be an Iowa Renter to Ownership Savings Equity (ROSE) Program that provides a savings plan, for the benefit of each tenant, to purchase a home.

QAP Section 6.2.1 Great Places

- If a Scattered Site Project, all building addresses shall meet the Great Places requirements to be eligible for points.

The entire Project is located within a project identified in an Iowa Great Places agreement that has been designated by the Iowa Great Places Board for participation in the program within the last three (3) years, pursuant to Section 303.3C, subsection 4 of the Iowa Code.

QAP Section 6.2.2 Density

- If a Scattered Site Project, all building addresses shall be listed in a qualifying census tract to be eligible for points.
- If buildings are in different categories of qualifying census tracts, the lesser points shall be awarded.
- An Applicant electing points for this category must enter all building addresses, including the complete nine-digit zip code, in the Buildings Tab of the Application and such building addresses must be located in a qualifying census tract. Refer to Appendix L in the Application Package.

The entire Project is located in a census tract that has less than 10.00% of LIHTC Units per household. (8 points)

The entire Project is located in a census tract that has between 10.00% and 20.00% of LIHTC Units per household. (5 points)

QAP Section 6.2.3 Iowa Opportunity Index Census Tracts (0 to 5 points)

- If a Scattered Site Project, all building addresses shall be listed in a qualifying opportunity area to be eligible for points.
- If buildings are in different categories of qualifying opportunity areas, the lesser points shall be awarded.
- An Applicant electing points for this category must enter all building addresses, including the complete nine-digit zip code, in the Buildings Tab of the Application and such building addresses must be located in a qualifying opportunity area. Refer to Appendix D in the Application Package for the qualifying opportunity areas.

The entire Project is located in a census tract identified as a very high opportunity area as shown in Appendix D in the Application Package. (5 points)

The entire Project is located in a census tract identified as a high opportunity area as shown in Appendix D in the Application Package. (3 points)

QAP Section 6.3.1 Market Appeal

If electing points in this category, enter elections on the Project Amenities Tab. Application will calculate the preliminary scoring points based upon the elections selected.

QAP Section 6.3.2 Projects with Historical

- An Applicant electing points for this category shall use state and federal historic tax credits as a funding source and must list each in the Funding Sources Tab in the Application. Note: If state historic tax credits have not been committed, Applicant shall enter a GP/MM loan anticipating the state historic tax credits and provide a commitment letter for the GP/MM loan.
- Exhibit 6S required.

All buildings within the Project are on the National Register of Historic Places or are determined eligible for the National Register by the State Historic Preservation Officer.

QAP Section 6.3.3 Projects that have Federal Project-Based Rental Assistance, HUD- VASH Voucher Assistance or Local Project-Based PHA Voucher Assistance

If the Project has federal project-based rental assistance, HUD-VASH Voucher Assistance, or Local Project-Based PHA Voucher Assistance, to receive preliminary scoring points, enter the information under Rental Assistance on the Project Description Tab.

- Exhibit 7S Required.

QAP Section 6.3.4 Construction/Unit Characteristics

If electing points in this category, enter elections on the Project Amenities Tab. Application will calculate the preliminary scoring points based upon the elections selected.

QAP Section 6.3.5 Olmstead Goals

If electing point in this category, enter the number and type of Accessible Units in the Buildings Tab. Application will calculate the preliminary scoring points based upon Applicant entry.

QAP Section 6.3.6 - Impact on the Environment

No Smoking Policy (2 points)

Description: A 'no smoking' policy will be implemented and enforced throughout the Compliance Period and the Extended User Period for all common areas and individual living areas of all buildings.

Water Conserving Measures (2 points)

Description: Install, provide, and maintain throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership, toilets that are high efficiency WaterSense toilets that use 1.28 gallons per flush or less (dual flush toilets do not qualify); faucet aerators that use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; and showerheads that use 1.5 gpm or less.

Passive (New Construction) or Active (rehab/reuse) Radon System (2 points)

Description: Radon-reducing features below the building slab along with vertical vent pipe(s) and junction box(es) following requirements in Appendix F, "Radon Control Methods" in the 2012 International Residential Code.

Maximum of 2 points

In Unit Energy Efficient Water Heaters (2 points)

Description: Install and provide at no cost to the tenant, energy efficient in-unit water heaters that have a minimum energy factor (EF) of 0.61 for tank -type gas, 0.93 for tank-type electric, or 0.96 for tankless water heaters. The in-unit energy efficient water heaters shall be maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership.

High Efficiency Central Boilers (serving entire building) (1 point)

Description:

Boiler Type: --

Central Water Heaters (serving entire building) (1 point)

Description:

Water Heater Type: --

QAP Section 6.3.7 Energy Efficiency

If a Project meets more than one category under this scoring category, in order to receive the maximum 8 points, each category's box shall be checked and compliance with each categorical requirement must be met.

New Construction Projects (3 stories or less, or 4 stories or more with each Unit having its own heating, cooling (A/C), and water heating): A Project that elects a lower HERS index shall submit prior to construction start, an initial energy report, by an IFA approved energy consultant, that demonstrates the proposed design will meet the lower HERS index. An Energy Star certification and a final energy report that verifies the lower HERS index shall be submitted prior to the issuance of an IRS Form 8609.

Home Energy Rating Systems (HERS) Index of 62 or less

New Construction Projects (4 stories or more without each Unit having its own heating, cooling, and water heating).

Project shall exceed ASHRAE 90.1-10 by ten percent (10%) and submit supporting documentation prepared by an independent licensed engineer to verify compliance.

Projects with Existing Structures (Acq/Rehab and adaptive reuse): Project shall submit an energy audit conducted by a certified home energy rater shall be provided on each building prior to the preparation of the final work rehabilitation order. At the completion of the rehabilitation and prior to the issuance of an IRS Form 8609, an energy audit by a certified energy rater is required to verify that the rehabilitation work on each building exceeds the standards of IECC as noted in QAP Section 6.3.7.

2015 International Energy Conservation Code (IECC) exceeded by eight percent (8%) or more. (not available to Projects utilizing Historic Tax Credits)

QAP Section 6.4.1 Iowa Title Guaranty (7 points)

Applicant shall obtain a Final Title Guaranty Certificate on the real estate of the Project from the Iowa Finance Authority's Iowa Title Guaranty Division prior to submittal of the IRS Form 8609 package. The Ownership entity shall obtain, at a minimum, a Final Title Guaranty Certificate with an amount of coverage that is not less than the value of land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project.

QAP Section 6.4.2 Developer or General Partner/Managing Member Experience

To request points for this scoring category, enter the required information on the Qualified Development Team Tab for the General Partner/Managing Member or Developer under Developer or General Partner/Managing Member Experience.

QAP Section 6.4.3 Waives Right to Qualified Contract

- This category is not available to an Applicant that elects points for Section 6.1.4.

Ownership waives the right to ask IFA to find a buyer after year 14.

QAP Section 6.4.4 Construction Costs (0 to 4 points)

- If electing points for this category, an Applicant must enter construction costs that are at least the minimum percentage (%) of total development costs on the Costs and Credit Calc Tab of the Application.
- If the Project is New Construction/Adaptive Reuse and Existing Structures (Acq/Rehab, Rehab), both boxes must be checked and both requirements must be met. When entering Units in the Buildings Tab - Units, identify each Unit as New or Rehab.
- The percentage of construction costs to total development cost elected shall be maintained throughout the issuance of IRS Form 8609.

New Construction/Adaptive Reuse Projects: 70% or more of Total Development Costs (4 points)

Existing Structures (Acq/Rehab): 55% of Total Development Costs (4 points)

QAP Section 6.4.5 Capital Needs Assessment (Acq/Rehab or Rehab Projects ONLY)

- Exhibit 1S required.

Applicant has submitted a complete Capital Needs Assessment that complies with QAP Appendix 1 and Appendix 2 with the Threshold Application.

QAP Section 6.4.6 Environmental Site Assessment

- Exhibit 4S required.

Applicant has submitted with the Threshold Application, a Phase I Environmental Site Assessment (ESA) has been performed for the Project and was conducted consistent with the procedures included in ASTM E 1527-13 Standard for Environment Site Assessments: Phase I Environmental Site Assessment Process.

QAP Section 6.4.7 Leverage (0 to 14 points)

QAP Section 6.4.7.1 Land and/or Cash Contribution

To request points for this scoring category, enter the information on the Funding Sources Tab.

- Exhibit 5S and applicable supporting documents required.
- 1 point for each full one half percent (0.5%) of the Total Project Costs - 7 points maximum

QAP Section 6.4.7.2 Below Market Interest Rate Loan

- To request points for this scoring category, enter the information on the Funding Sources Tab.
- 1 point for each full one half percent (0.5%) of the Total Project Costs - 7 points maximum.
- Exhibit 5S(b) and commitment letter required.

Will the Project provide Transitional Housing as referenced in IRC section 42(i)(3)(B)(iii)?*

No

Rental Assistance

Will this project be utilizing federal assistance?*

No

Will the project be receiving HUD-VASH Voucher Assistance?*

No

If yes, provide the number of units covered by a written commitment for HUD-VASH Voucher Assistance:

0

Will the project be receiving Local Project-Based PHA Voucher Assistance?*

No

If yes, provide the number of PHA Voucher Assistance units:

0

If yes, provide the name of the local PHA:

PHA Contact Name:

PHA Contact Address:

PHA Contact City:

PHA Contact State:

PHA Contact Zip:

PHA Contact Phone:

PHA Contact Email:

Will the project be receiving Project-Based Rental Assistance?

If yes, provide the subsidy source:

If yes, provide the number of units:

Section 8 New Construction or Substantial Rehabilitation

Section 8 Moderate Rehabilitation

Section 8 Vouchers

Section 221(d)(3)BMIR (Below Market Rate Interest Rate)

Section 8 Rent Supplement or Rental Assistance payment

Rural Development 515 Rental Assistance (Loan Number:)

State Assistance

Section 236

Other

Is HUD approval for transfer of physical asset required?

Is RD approval for transfer of physical asset required?

Is IFA approval for transfer of physical asset required?

Site Description

Please provide a detailed description of the current use of the property, all adjacent property land uses, and surrounding neighborhood. The site shall be suitable for the proposed Project and shall be sized to accommodate the number and type of Units and the amenities proposed. The land costs allocated to the Project cannot include excess acreage unnecessary for the construction and use of the Project. *
 Teste detailed description of current use of the property, adjacent property land uses, and surrounding neighborhood.

Total Site Acreage:

Check if this project is spread over 2 market areas

Additional Site Count:

*IFA reserves the right to charge additional market study fee if Applicant enters incorrect PMA information.

Check if this is a scattered site project with buildings owned by the same owner and financed under the same agreement and located within a 20-mile radius as determined by Googlemaps.

Readiness to Proceed (QAP Section 5.4 Appendix 1)

Check the box for each utility that is available with adequate capacity at the site(s) or will be adequate. Refer to QAP Appendix 1, D for Access to Paved Roads threshold requirement & Appendix 1, E for Access to Utilities threshold requirement before checking the boxes.*

Sewer Water Paved Road Electric

Gas Utilities Explain:

Applicant certifies that all Utilities are or will be physically available to and have adequate capacity for the proposed Project. The site plans clearly show the locations of existing Utilities to the site.*

Applicant certifies that all Utilities are not adequate to serve the Project and the costs to upgrade have been included in the Scope of Work, that the site plans clearly show the locations of existing Utilities to the site, and that any charges for the extension of services that aren't normal extensions are not included in Eligible Basis.*

Demolition

Is the demolition of any buildings required or planned?

Note: If the demolition expense of any building on the site will be incurred and paid by the Ownership Entity of this LIHTC Project AND if (1). Each or any building demolition doesn't includes 75% or more of the existing external walls of the building being retained in place as internal or external walls; AND (2). 75% or more of the existing internal structural framework of the building will not be retained in place, then this demolition expense must be excluded from eligible basis.

If yes, please describe: *

Relocation

Are existing buildings on the site currently occupied?

If yes, enter Relocation Plan:

Relocation Plan

Relocation Type (check all that apply)

Temporary

Permanent

Uniform Relocation Act (URA) requirements apply

If URA applies, specify the agency responsible for monitoring compliance:

Section 104(d) requirements apply

If Section 104(d) applies, specify the agency responsible for monitoring compliance:

Units

Number of current Project Units with existing tenants:

Number of total rental Units available after Project completion:

Number of Project Units anticipated to require temporary relocation:

Number of Project Units anticipated to require permanent relocation:

Tenants
 Displaced tenants will be (check all that apply):
 Relocated to vacant Units within the Project
 Relocated to vacant Units in other comparable decent, safe, and sanitary replacement housing
 Given Housing Choice Vouchers (Section 8)
 Other (specify):
 Will pay for one week at the hotel that is 1/2 block away from the property, provide food and additional transportation allowances.

Budget
 Identify the source(s) of funds anticipated to pay for relocation plan expenses:
 Rental assistance payment:
 Moving expenses:
 Utility relocation costs (including telephone and cable):
 Tenant communication (notices, translation, relocation advisory services):
 Relocation plan administrative expenses:
 Other (specify):
 Total Relocation Budget (must equal Temporary and Permanent Relocation Costs listed in the Application):

Relocation Plan Details
 Explain the process that will be used to notify tenants of displacement and available assistance, including a plan to ensure all tenants receive timely advanced notice. All notices must be personally served or sent by certified or registered first-class mail, return receipt requested, and must identify the name and telephone number of a responsible party who tenants may contact for additional information.
 Sample application relocation plan details

Describe measures that will be taken to ensure persons unable to read and understand the notices are provided with appropriate translation or communication and counseling.
 Sample description

Describe in detail how the temporary displacement of tenants will be addressed.
 Sample description

Describe in detail how the permanent displacement of tenants will be addressed.
 N/A

Explain how the amount of the relocation budget was calculated.
 Sample explanation to be entered. Testing Application only.

Describe the availability of comparable replacement housing options in the market area if tenants will be temporarily or permanently relocated to units outside the Project, including rent comparisons identifying the tenants' current monthly rent payment and rents charged at identified comparable units.
 N/A

Records to be kept in compliance with relocation process include:

- Evidence of timely written notice to all tenants of displacement, including copies of all notices provided to tenants.
- Evidence that tenants have been informed of their eligibility for relocation assistance and available benefits, including copies of all notices provided to tenants.
- Evidence of timely receipt of new lease at suitable alternative dwelling.
- Evidence of relocation plan benefits paid to displaced tenants, including reimbursement for reasonable out-of-pocket expenses.

Site Characteristics

If the site(s) includes any detrimental characteristics, Applicant shall provide a remediation plan, budget, and a map showing the location of the detrimental site characteristics. If any detrimental site characteristics exist on, or adjacent to the site, IFA may reject the Application.

Is any portion of the site or adjoining sites located within 1/2 mile of storage areas for hazardous or noxious materials, sewage treatment plant or other solid waste facility, businesses or equipment producing foul odors or excessive noise or the site is a prior storage area for hazardous or noxious materials, sewage or other solid or liquid waste?

If yes, please describe: *

Does any portion of the site or adjoining sites have slope/terrain that is not suitable for the Project based on extensive earth removal/replacement required for development?

If yes, please describe: *

Does any portion of the site or adjoining sites have obvious physical barriers to the Project?

If yes, please describe: *

Is any portion of the site or adjoining sites located within 1/2 mile of a sanitary landfill or sites that were previously used as a sanitary landfill?

If yes, please describe: *

Is any portion of the site or adjoining sites located within a flood hazard area, at or on a 100-year flood zone as determined by the Iowa Department of Natural Resources, FEMA map, or FIRM map?

If yes, please describe: *

Is any portion of the site or adjoining sites located within 500 feet of an airport runway clear zone or accident potential zone? No
 If yes, please describe:*

Is any portion of the site or adjoining sites landlocked? No
 If yes, please describe:*

Will the project will be classified as a condominium for property tax purposes?* No
 Is any portion of the site or adjoining sites native prairie land or designated wetlands?* No
 Is the entire Project located in a HUD-designated Qualified Census Tract (QCT) that contributes to a concerted community revitalization plan?* No
 Legal Description of Property (including any land for free parking, if applicable):*
 This is the complete legal description of the proposed project and matches Exhibit 1B.

Zoning
 Present zoning classification of the site: * Zoning Classification is to be entered here.
 Is the site zoned appropriately for proposed development? * Yes
 Check if Applicant certifies that the site will be zoned appropriately by Carryover-10% Test due date.
 Check to acknowledge understanding that if proper zoning of the site is not possible, a substitute site will not be permitted.
 Are variances, special or conditional use permits or any other item requiring a public hearing needed to develop this proposal? * Yes
 If yes, have the hearings been completed and permits been obtained? * No
 If yes, specify permit or variance required and date obtained. *
 If no, describe permits/variances required and schedule for obtaining them. *
 Alley is being vacated by the city. City council to complete vacation process at December 2017 meeting. Further site control documentation will be provided after the December 2017 meeting.

Site Control

Applicant understands that IFA reserves the right to acquire an appraisal at the Applicant's expense, if reasonable cause exists to question the fair market value of the land and/or buildings acquired. *
 Applicant understands and certifies to comply with the Site Control requirements listed in QAP, Appendix 1, A., and to submit verification of the leasehold interest and/or sole fee simple title to the Property on which the Project will be located with the Carryover -Ten Percent (10%) Application Package. *
 Name of Entity that has site control for the project: * Training App Ownership Entity 1
 Will or has the Ownership Entity acquired the real estate from a party with an Identity of Interest? (Refer to QAP Appendix 2-Glossary of Terms for definition of Identity of Interest)? * No
 If yes, explain how an Identity of Interest exists: * 0

Seller has owned the real estate since (date): * 4/1/2010
Sole fee simple title
 Does the Ownership Entity have sole fee simple title to the Property on which the Project will be located? * No
 If sole fee simple title, provide purchase date: *
 If no sole fee simple title, does the Ownership Entity have an executed and exclusive option or contract, from a seller authorized to sell, for the Property, on which the Project will be located, that is valid for nine months from the date of the Application due date? * Yes
 If yes, enter the expiration date of the option to purchase: * 11/30/2018
 If yes, is there more than 1 option to purchase/contract? * No
 If yes, how many? * 0
 Provide explanation for having more than one option to purchase: *

If yes to sole fee simple title or option to purchase, are existing buildings or land for which the Project's residential buildings will be built included in the Ownership Entity's option to purchase and/or sole fee simple title? * --
 Purchase Price: * \$340,000

Leasehold Interest
 Does the Ownership Entity have an executed lease for the Property on which the Project will be located? * No
 If yes, provide the Beginning and Ending Date of the Lease Term:
 Beginning Date of Lease Term: *
 Ending Date of Lease Term: *
 If no executed lease, does the Ownership Entity have an executed option to lease on the Property, for which the Project will be located, with a lease term of not less than the longer of the entire period during which the Project will be subject to the LURA or 35 years for the Property on which the Project will be located? * No
 If yes, enter the expiration date of the option to lease: *
 If yes, is there more than 1 option to lease? * No
 If yes, how many? * 0
 Provide explanation for having more than one option to lease: *

Do the Ownership Entity's executed lease and/or option to lease include residential buildings or land for which the Project's residential buildings will be built? * --

Low-income housing credit for existing building

Was the building(s) previously placed in service by the Ownership Entity listed in this Application ("Applicant")?*

Will or has the Applicant acquired the real estate from a seller who was a related person, as defined in Section 42(d)(2)(D)(iii)(II) of the Code, with respect to the Applicant as of the time the building(s) were last placed in service?*

If yes, do such related parties have both a direct or indirect ownership interest of 50% or more in the Ownership Entity and a direct or indirect ownership interest of 50% or more in the seller?*

Percent of ownership interest (direct or indirect) in the Ownership Entity:*

Percent of ownership interest (direct or indirect) in the seller:*

Will cash from Project reserve accounts be transferred to the Ownership Entity with the acquisition of the Project?*

If yes:
Amount:*

By checking this box the Ownership Entity certifies that cash from Project reserve accounts transferred to the Ownership Entity with the acquisition of the Project is not included in eligible basis.

Easements

Site - Access Easements

Will the site require executed access easements?*

If yes, explain:*

Will the site require executed access easements?*

If yes, explain:*

Applicant understands any site access easements shall be included in the executed purchase option/contract and/or lease-lease option to comply with IFA's site control requirements.

Site - Vacation of a Public Right to Use

Is any part of the proposed Project subject to a Governmental entity's vacation of a public right to use?*

If yes, explain:*

Applicant understands that the threshold site control requirements of QAP Appendix 1-A, the vacation process of any public right to use area must be completed as a purchase option or purchase contract must be executed from a seller authorized to sell.

Acquisition or Rehabilitation Projects Only

Rehabilitation expenditures allocable to low-income units:*

Adjusted building basis:*

How many buildings will be acquired for the development?*

Are all of the buildings currently under site control for the development?*

Existing Buildings - Section 42(d)(2)(B) "TEN-YEAR RULE"

Building Street Address	Date Last Placed in Service	Date of Acquisition	Number of Years
2002 NW Hickory Ankeny 50023-1220	4/1/2010	11/30/2018	8

If the "Number of Years" for any building listed above is less than ten, explain any exception under the Code and list the Code Section which would make the building(s) eligible for tax credits under Section 42(d)(2)(B)(i).

Enter the Code which lists the exception:

Explanation:

Ownership Entity

Company Name:*

Address:*

City:*

State:*

Zip:*

Phone:*

Fax:*

Email:*

Entity Type:*

Entity Status:*

Tax ID Number:*

County which the Ownership Entity is located:*

Contact Information

Click to copy address from above

First Name:*

Last Name:*

Phone:*

Email:*

Address:*

City:*

State:*

Zip:*

2015 Grand Ave Des Moines IA 50312

Acknowledgements

- Owner acknowledges that in the event IFA is awarded project-based subsidy from HUD under the Section 811 (PRA) Project Rental Assistance Program, the Project whether or not it applies for Section 811 (PRA) Project Rental Assistance, can be required by IFA to participate in, to accept an allocation of this project-based subsidy and to comply with all application program restrictions.
- Applicant certifies to comply with QAP Section 4.6.6 and will not create a sub recipient of the Federal Historic Tax Credits in order to become eligible for more LIHTC.
- The Owner and the Project's management company acknowledge the requirement for notifying the Local Lead Agency of vacancies and providing documentation to IFA at least 120 days prior to the first Unit Placed-in-Service.
- Applicant agrees that all on-site property management staff will complete Mental Health First Aid training approved by the Iowa Department of Human Services and/or an Olmstead Consumer Taskforce approved Disability awareness training program, such as may be offered by a Center for Independent Living. The date for the Certificate of Training shall be issued no earlier than 12 months from the time that the IRS Form 8609 Application is submitted.
- Applicant understands and agrees that the Owners and management companies of the project shall attend a minimum of eight (8) hours compliance training that is provided by an approved third party trainer, or by attending all sessions designated as fulfilling this requirement offered at the annual HousingIowa Conference and shall submit the Certificate of Compliance Training for the General Partner and property manager with the IRS Form 8609 Application Package and that the date of each Certificate of Training shall be issued no earlier than 12 months from the time that the IRS Form 8609 Application is submitted.
- Applicant acknowledges that at all times after award, the Applicant shall promptly inform IFA's LIHTC Program Manager and construction analyst in writing of any changes or alterations which deviate from the plans and/or programmatic elements submitted in the original Application or in the final plans and specifications approved by IFA's construction analyst to proceed with construction. In particular, the Applicant shall not take action on any material change in the site layout, floor plan, elevations or amenities without written authorization from IFA, as specified in QAP Section 8.3. This includes changes required by local governments to receive building permits.
- Ownership Entity will provide IFA with a copy of the Notification to the Public Housing Authority (PHA) prior to the Placed-in-Service Date.
- Applicant agrees to lease Accessible Units designed for persons with disabilities to tenants requiring the Accessibility features of the unit. The Applicant agrees to require a lease addendum to be executed by a tenant(s) occupying that Accessible Unit, who doesn't require such Accessible features. The lease addendum shall state that the tenant(s) agree to move to a comparable non-accessible Unit upon the request of the Owner with moving expenses to be paid by the Owner. The lease addendum shall be submitted to IFA no later than 120 days prior to the Placed-in-Service Date and shall maintain the required use of the lease addendum throughout the Compliance Period and the Extended Use Period, if applicable.
- If awarded tax credits, the Ownership Entity certifies that annual audited financial statements for the Project will be submitted to IFA within ninety (90) days of the close of the Project's fiscal year, beginning the year after the Project has received the IRS Form 8609.
- Applicant agrees to provide IFA with documentation that the Operating Reserves & Replacement Reserves are fully funded within 6 months after the date IFA sends the Ownership Entity the IRS Form 8609.
- The Owner and its management company acknowledge and agree to provide the Affirmative Fair Housing Marketing Plan Package to IFA at least 120 days prior the first Unit Placed-in-Service date. The AFHMP Package includes the AFHMP plan, lease, lease addendums, tenant selection policy, waiting list policy, resident policies and procedures, Ads-including brochures in addition to IowaHousingSearch.org, Picture of Site Sign or copy of the draft design, free internet connectivity specifications and fully executed contract, if applicable. A new AFHMP plan shall be established and approved by IFA every five (5) years or as prescribed by HUD, whichever is stricter.
- Applicant acknowledges and agrees to complete IRS Form 8609 Part B and return a copy of the fully executed IRS Form 8609 to IFA within 60 days of IFA sending the IFA executed 8609. The Owner's completed IRS Form 8609 shall match the terms agreed upon in the LURA and failure to submit within the required timeframe listed in QAP Section 8.7 may result in a State Issued Notice of Noncompliance.
- The Owner and its managers understand that the requirements of Title VI of the 2013 Violence Against Women Act (VAWA), Safe Homes for Victims of Domestic Violence, Dating Violence, Sexual Assault, applies to the LIHTC program and shall comply with the requirements of this Act.
- Applicant agrees and understands if the Project is awarded tax credits, the awarded Project shall be listed on Iowa's free rental housing locator at www.IowaHousingSearch.org no less than 120 days prior to the Placed-in-Service Date and the listing maintained throughout the Compliance Period and the Extended Use Period, if applicable. Failure to list the property is an unsatisfactory performance issue with IFA and may deem the party ineligible for future rounds. IFA reserves the right to change this requirement if a free rental housing locator is no longer maintained.
- Applicant understands that IFA shall limit rent increases to a maximum of four percent (4%) per Unit, between the threshold Application and the IRS Form 8609 Application unless the Project has an executed Federal Project-Based Rental Assistance Contract.

Is the Ownership Entity a single asset entity? Yes
 Does/Will an Identity of Interest exist between the Ownership Entity, the builder, or the general contractor? Yes

Ownership Entity Components

Ownership Entity Component

Company Name:*	Contact First Name:*	Contact Last Name:*
GP Name 18	Tim	Morlan
Address*	City:*	State:*
2015 Grand Ave	Des Moines	IA
Phone:*	Fax:	Zip:*
(515) 725-4900		50312
Ownership Percent:*	Email:*	Tax ID Number:*
0.001%	tim.morlan@iowa.gov	2018181818
	Entity Type:*	
	General Partner	

Ownership Entity Component

Company Name:*	Contact First Name:*	Contact Last Name:*
LP Training App 2018	Carolann	Jensen
Address*	City:*	State:*
2015 Grand Ave	Des Moines	IA
Phone:*	Fax:	Zip:*
(515) 725-4900		50312
Ownership Percent:*	Email:*	Tax ID Number:*
99.990%	carolann.jensen@iowa.gov	00001111
	Entity Type:*	
	Limited Partner	

Authorized Signors

How many signatures are required for execution of legal documents? 1

First Name	Last Name	Title	Entity Name
Tim	Morlan	Managing Member	GP Name 18

Ineligibility

The following Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than 5 years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining eligibility, IFA shall consider conduct occurring up to 5 years prior to the effective date hereof.

Has the Ownership Entity or Significant Parties been convicted of, entered in an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following?

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

Has the Ownership Entity or Significant Parties been a syndicator, equity partner, private placement originator, limited partner or member of an LLC of a Project from which, following the commencement of construction through the issuance of an IRS Form 8609, the purchaser of Tax Credit equity withdraws?

The following Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than 3 years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining eligibility, IFA shall consider conduct occurring up to 3 years prior to the effective date hereof.

Has the Ownership Entity or Significant Parties intentionally or negligently misrepresented or omitted any material facts in its LIHTC Application or in any other written communication with IFA?

Does the Ownership Entity or Significant Parties have an uncorrected default of any agreement between the Ownership Entity and IFA or Significant Parties and IFA?

Has the Ownership Entity or Significant Parties been removed as a General Partner or Managing Member by the equity investor from any previous approved LIHTC Project in Iowa or any other state?

The following Significant Parties and Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than 1 year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining ineligibility, IFA shall consider conduct occurring up to 1 year prior to the effective date hereof.

Has the Ownership Entity or Significant Parties Materially Participated in any Project that has had unsatisfactory performance, in Iowa, or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA? This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than 2 delinquency notifications in the previous 12 month period.

Has the Ownership Entity or Significant Parties served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA, or under any agreement or loan, as determined by IFA? This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than 2 delinquency notifications in the previous 12 month period.

Has the Ownership Entity or Significant Parties been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/Managing Member members thereof, and consultants, or any persons determined by IFA to have an Identity of Interest or of personnel with any thereof, who have Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2017 prior to the closing of such Project's equity investment?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/Managing Members thereof, and consultants, or any persons determined by IFA to have an Identity of Interest or of personnel with any thereof, who have Materially Participated in a Project that was awarded 9% Tax Credits in 2015 or 2016 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test Application or the IRS Form 8609 Application?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/Managing Members thereof, or any persons as determined by IFA to have an Identity of Interest or of personnel with any thereof, for whose Project an IRS Form 8609 with Part II completed was not timely submitted to IFA, or for whose Project an incorrectly completed IRS Form 8609 was submitted? The Owner completed IRS Form 8609 shall match the terms agreed upon in the LURA.

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has the Ownership Entity or Significant Parties Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823?
If yes, explain:

Has the Ownership Entity or Significant Parties failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project?
If yes, explain:

Has the Ownership Entity or Significant Parties ever failed to disclose all known members of the Project Qualified Development Team?
If yes, explain:

Has the Ownership Entity or Significant Parties voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, explain:

Has the Ownership Entity or Significant Parties filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? Yes

If yes, explain: Settled fair housing case. See attachment to 15T for explanation.

Qualified Development Team

Name	Type	QDT	Mandatory Team Member
GP Name 18	General Partner of Training App Owner 1	True	True
Architect LLC	Architect	False	True
Energy Consultant	Energy Consultant	False	True
Developer 18	Developer	True	True
Contractor Name 18	Contractor	False	True
Management Company Name	Management Company	False	True
Tax Attorney Name	Tax Attorney	False	True
Tax Accountant Name	Tax Accountant	False	True
Syndicator Name	Syndicator	False	False

Identity of Interest Summary

Name	Architect LLC	Contractor Name 18	Developer 18	Energy Consultant	GP Name 18	Management Company Name	Syndicator Name	Tax Accountant Name	Tax Attorney Name	Training App Ownership Entity 1
Architect LLC										
Contractor Name 18			x		x	x				x
Developer 18		x			x	x				x
Energy Consultant										
GP Name 18		x	x			x				x
Management Company Name		x	x		x					x
Syndicator Name										
Tax Accountant Name										
Tax Attorney Name										
Training App Ownership Entity 1		x	x		x	x				

Qualified Development Team Member

Team Member Type: * Team Member Is:

General Partner Legal Entity General Partner/Managing Member of: *

Individual Training App Owner 1

Company Name: *

GP Name 18

Tax Identification Number: *

2018181818

State duly organized under the laws of and qualified to transact business under: *

IA

Address: * City: * State: * Zip: *

2015 Grand Ave Des Moines IA 50312

Phone: * Email: * Business Type: *

(515) 725-4900 Tim.Morlan@iowa.gov Corp. or Inc.

County Located In: *

POLK

Contact Information

Click to copy address from above

First Name: * Last Name: * Phone: * Email: *

Tim Morlan (515) 725-4900 Tim.Morlan@iowa.gov

Address: * City: * State: * Zip: *

2015 Grand Ave Des Moines IA 50312

Years of Related Experience: * Years of Section 42 Related Experience: * Website URL:

20 17

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity: *

The two members of the GP have been General Partner's of 6 prior LIHTC Projects in Iowa and have formed this new entity specific to this Project.

Material Participation of a Qualified Nonprofit

Will this Qualified Development Team member have material participation, as defined in IRC (469h) and Treasury Regulation 1.469-5T, as a qualified Nonprofit with an ownership interest in the Project either directly as a General Partner/Managing Member or through a wholly owned subsidiary as defined in IRC Section 42(h)(5)(d)(i) and (ii)? Yes

If yes, please select the type of ownership interest:

- directly as a General Partner/Managing Member through a wholly owned subsidiary

If yes, please select the Nonprofit from IFA's pre-approved list:

Do Not Use - Test NP Entity

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Developer 18 - Developer	President and Vice President of Developer have ownership interest in GP.	No	Remove
View	Contractor Name 18 - Contractor	Training Application Explanation	No	Remove
View	Management Company Name - Management Company	Training Application Explanation	No	Remove
View	Training App Ownership Entity 1 - Ownership Entity	Same members as GP and Developer	Yes	Remove

General Partner Organizational Structure

Please use the "Add" link below to provide all Partners/Members/Managers/Officers for this General Partner.

Add

	Name	Entity Type	Address	Phone	Email	Percent Of Interest	
View	Do not Use - Test NP Entity	Corporation	address goes here			100.0000 %	Remove

Has this Qualified Development Team member submitted an Application to IFA in the three previous nine percent (9%) LIHTC rounds?

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (9% deals)

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (4% deals)

Has this Qualified Development Team member received an award of LIHTC from IFA or any other state?

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project

	State	Allocating Agency	Contact	Email	
	IA	Iowa Finance Authority	Julie Noland	Julie.Noland@iowa.gov	Remove

Maximum LIHTC Allocation

Does this Qualified Development Team member have four (4) or more open 9% LIHTC Projects in Iowa? A Project is considered "open" once it receives a Tax Credit Reservation and "closed" upon IRS Form 8609 issuance.*

Qualified Development Team

Has this team member participated as a Developer, Managing Member, General Partner, or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past seven (7) years? This participation shall have been on a regular, continuous, and substantial basis.

If yes, what was this Qualified Development Team members role?

If yes, has this member of the Qualified Development Team committed to participate in the proposed Project through two (2) years after the issuance of the IRS Form 8609?

Explain how this member of the Qualified Development Team shall participate in the proposed Project through two (2) years after the issuance of the IRS Form 8609:

Enter explanation here.

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, in such Project:

Add Project

	Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	8609 Issuance Date	
	Project Name 1	Project Address 1	Des Moines	Owner Name 1	Developer 18	GP Name 11	N/A	12/28/2014	Remove

Explain how this Qualified Development Team member's participation in the project listed above was regular, continuous, and substantial.

Enter explanation here.

Developer or General Partner/Managing Member Experience

% of Ownership Interest in the GP/MM Entity:*

The Developer or General Partner/Managing Member of this Project shall have completed two LIHTC Projects which have received an IRS Form 8609 between the dates of July 1, 2011 and July 1 2017, in such role. The Developer or General Partner/Managing Member has not been deemed ineligible in Iowa or any other state to participate in the LIHTC Program between the dates of July 1, 2016 and July 1, 2017. Does this Qualified Development Team member meet these criteria?*

If yes, provide the following information for all 2 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner/Managing Member Name, Team Member Role:

Add Project

	Project Name	Project Address	Project City	OE Name	Developer Name	GP/MM Name	Role	IRS Form 8609 Issuance Date	State Allocating Agency	
	Project Name 1	Project Address 1	Des Moines	Owner Name 1	Developer 18	GP Name 11	General Partner	12/28/2014	IFA	Remove
	Project Name 2	Project Address 2	Project City	Owner Name 2	Developer 18	GP Name 9	General Partner	12/10/2013	IFA	Remove

The Developer or General Partner/Managing Member of this Project shall have submitted and met IFA's Carryover-Ten Percent (10%) Test and or IRS Form 8609 Application due dates, without an extension, between the dates of November 1, 2016 and November 1, 2017 without an extension. Does this Qualified Development Team member meet these criteria?*

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- fraud,

- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member withdrawn from a Project following the commencement of construction thru the issuance of an IRS form 8609?

If yes, provide name(s), project name & address, state, and date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2017 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2015 or 2016 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test Application or the IRS Form 8609 Application? No

If yes, provide name(s), Project Name and Number:

Has this team member or Significant Parties of the team member, been part of a Developer, Ownership Entity, General Partner/Managing Members thereof, or any persons as determined by IFA to have an Identity of Interest or of personnel with any thereof, had a Project with an IRS Form 8609 with Part II completed was not timely submitted to IFA, or for whose Project an incorrectly completed IRS Form 8609 was submitted? No

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance - Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected.

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation:

Project Name, Iowa, date of issuance and date of correction - enter explanation.

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project? No

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents?* 1

Please use the link below to list all authorized persons to sign on behalf of the General Partner.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Tim	Morlan	President	Do Not Use Test NP entity	Remove

Qualified Development Team Member

Team Member Type:* Team Member Is:

Architect
 Legal Entity
 Individual

Company Name:*
Architect LLC

State duly organized under the laws of and qualified to transact business under:* IA

Address:* City:* State:* Zip:*
 2015 Grand Ave Des Moines IA 50312

Phone*	Email*	Business Type*	Type of Management*
<input type="text" value="(515) 725-4900"/>	<input type="text" value="john.kerss@iowa.gov"/>	<input type="text" value="LC, LLC, LLLC"/>	<input type="text" value="Member"/>

Contact Information

Click to copy address from above

First Name:*	Last Name:*	Phone*	Email*
<input type="text" value="John"/>	<input type="text" value="Kerss"/>	<input type="text" value="(515) 725-4900"/>	<input type="text" value="john.kerss@iowa.gov"/>
Address:*	City:*	State:*	Zip:*
<input type="text" value="2015 Grand Ave"/>	<input type="text" value="Des Moines"/>	<input type="text" value="IA"/>	<input type="text" value="50312"/>

Years of Related Experience:*	Years of Section 42 Related Experience:*	Website URL:
<input type="text" value="20"/>	<input type="text" value="10"/>	<input type="text"/>

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Training App explanation

Project Architect Information

Is this Architect duly licensed to do business in Iowa? Note: Provide answer specifically for the architect – not generally for the architectural firm.

Project Architect

Click to copy address from above

First Name:*	Last Name:*	Phone*	Email*
<input type="text" value="John"/>	<input type="text" value="Kerss"/>	<input type="text" value="515-725-4900"/>	<input type="text" value="john.kerss@iowa.gov"/>
Address:*	City:*	State:*	Zip:*
<input type="text" value="2015 Grand Ave"/>	<input type="text" value="Des Moines"/>	<input type="text" value="IA"/>	<input type="text" value="50312"/>

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project? No

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents? 1

Please use the link below to list all authorized persons to sign on behalf of the Architect.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	John	Kerss	Managing Member	Architect LLC	Remove

Qualified Development Team Member

Team Member Type: Team Member Is:

Legal Entity
 Individual

Company Name:

Address: City: State: Zip:

Phone: Email: Business Type:

Contact Information

Click to copy address from above

First Name:* Derek	Last Name:* Folden	Phone* (515) 725-4900	Email* derek.folden@iowa.gov
Address:* 2015 Grand Ave	City:* Des Moines	State:* IA	Zip:* 50312

Years of Related Experience:* 10	Years of Section 42 Related Experience:* 10	Website URL:
-------------------------------------	--	--------------

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Training Application explanation

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

Qualified Development Team member does not have an Identity Of Interest.

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance

program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2017 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round? No

If yes, provide name(s), Project, and date:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2015 or 2016 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test Application or the IRS Form 8609 Application? No

If yes, provide name(s), Project Name and Number:

Has this team member or Significant Parties of the team member, been part of a Developer, Ownership Entity, General Partner/Managing Members thereof, or any persons as determined by IFA to have an Identity of Interest or of personnel with any thereof, had a Project with an IRS Form 8609 with Part II completed was not timely submitted to IFA, or for whose Project an incorrectly completed IRS Form 8609 was submitted? No

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.? No

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Qualified Development Team Member

Team Member Type: * Team Member Is:
 Developer Legal Entity
 Individual

Company Name: *
 Developer 18

Tax Identification Number: *
 1818181800

State duly organized under the laws of and qualified to transact business under: * IA

Address: * City: * State: * Zip: *
 2015 Grand Avenue Des Moines IA 50312

Phone* (515) 725-4900 Email* Katie.Kulisky@iowa.gov Business Type* Corp. or Inc.

Contact Information

Click to copy address from above

First Name: Katie Last Name: Kulisky Phone: (515) 725-4900 Email: katie.kulisky@iowa.gov
 Address: 2015 Grand Avenue City: Des Moines State: IA Zip: 50312

Years of Related Experience: 15 Years of Section 42 Related Experience: 10 Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:

Training Application Explanation.

Material Participation of a Qualified Nonprofit

Will this Qualified Development Team member have material participation, as defined in IRC (469h) and Treasury Regulation 1.469-5T, as a qualified Nonprofit with an ownership interest in the Project either directly as a General Partner/Managing Member or through a wholly owned subsidiary as defined in IRC Section 42(h)(5)(d)(i) and (ii)? No

If yes, please select the type of ownership interest:

- directly as a General Partner/Managing Member
- through a wholly owned subsidiary

If yes, please select the Nonprofit from IFA's pre-approved list:

--

Identity of Interest

Identity of Interest? Yes

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	GP Name 18 - General Partner	President and Vice President of Developer have ownership interest in GP.	No	Remove
View	Contractor Name 18 - Contractor	Training Application Explanation.	No	Remove
View	Management Company Name - Management Company	Training Application Explanation	No	Remove
View	Training App Ownership Entity 1 - Ownership Entity	Training Application Explanation	Yes	Remove

Developer Organizational Structure

Please use the 'Add' link below to provide all Partners/Members/Managers/Officers for this Developer.

Add

	Name	Entity Type	Address	Phone	Email	Percent Of Interest	
View	Developer 18	Corporation	2015 Grand Ave Des Moines, IA 50312	515-725-4900	Katie.Kulisky@iowa.gov	100.0000 %	Remove

Has this Qualified Development Team member submitted an Application to IFA in the three previous nine percent (9%) LIHTC rounds? No

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (9% deals) Yes

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (4% deals) No

Has this Qualified Development Team member received an award of LIHTC from IFA or any other state? Yes

Has this Qualified Development Team member completed at least one LIHTC Project in which all LIHTC units have been leased at least once and has received an IRS form 8609 for that project, in Iowa or any other state? Yes

If yes, provide one project name and address:

Project Name and Address goes here

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project

	State	Allocating Agency	Contact	Email	
	IA	Iowa Finance Authority	Julie Noland	Julie.Noland@iowa.gov	Remove

Maximum LIHTC Allocation

Does this Qualified Development Team member have four (4) or more open 9% LIHTC Projects in Iowa? A Project is considered "open" once it receives a Tax Credit Reservation and "closed" upon IRS Form 8609 issuance.* No

Mandatory Developer Training

Provide the name(s) of the person(s) that attended the mandatory developer training for the current funding round: * Tim Morlan and Katie Kulisky

Relationship of Attendee to Developer: * Self Relationship to Developer Explain (required if Relationship is "Other"): *

Qualified Development Team

Has this team member participated as a Developer, Managing Member, General Partner, or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past seven (7) years? This participation shall have been on a regular, continuous, and substantial basis. Yes

If yes, what was this Qualified Development Team members role?

De

If yes, has this member of the Qualified Development Team committed to participate in the proposed Project through two (2) years after the issuance of the IRS Form 8609?

Ye

Explain how this member of the Qualified Development Team shall participate in the proposed Project through two (2) years after the issuance of the IRS Form 8609:

Members of the Developer are same as GP/MM.

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, in such Project:

Add Project								
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	8609 Issuance Date	
Project Name 1	Project Address 1	Des Moines	Owner Name 1	Developer 18	GP Name 11	N/A	12/28/2014	Remove

Explain how this Qualified Development Team member's participation in the project listed above was regular, continuous, and substantial.

Training Application explanation.

Developer or General Partner/Managing Member Experience

% of the Developer & Consultant Fee: * 100.00%

The Developer or General Partner/Managing Member of this Project shall have completed two LIHTC Projects which have received an IRS Form 8609 between the dates of July 1, 2011 and July 1 2017, in such role. The Developer or General Partner/Managing Member has not been deemed ineligible in Iowa or any other state to participate in the LIHTC Program between the dates of July 1, 2016 and July 1, 2017. Does this Qualified Development Team member meet these criteria? * Yes

If yes, provide the following information for all 2 LIHTC Projects: Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner/Managing Member Name, Team Member Role:

Add Project									
Project Name	Project Address	Project City	OE Name	Developer Name	GP/MM Name	Role	IRS Form 8609 Issuance Date	State Allocating Agency	
Project Name 1	Project Address 1	Des Moines	Owner Name 1	Developer 18	GP Name 11	Developer	12/28/2014	IFA	Remove
Project Name 2	Project Address 2	Project City	Owner Name 2	Developer 18	GP Name 9	Developer	12/10/2013	IFA	Remove

The Developer or General Partner/Managing Member of this Project shall have submitted and met IFA's Carryover-Ten Percent (10%) Test and or IRS Form 8609 Application due dates, without an extension, between the dates of November 1, 2016 and November 1, 2017 without an extension. Does this Qualified Development Team member meet these criteria? * No

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?: No

- o fraud,
- o tax fraud,
- o embezzlement,
- o bribery,
- o payments of illegal gratuities,
- o perjury,
- o false statements,
- o racketeering,
- o blackmail,
- o extortion,
- o falsification or Destruction of records, or
- o a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member withdrawn from a Project following the commencement of construction thru the issuance of an IRS form 8609? No

If yes, provide name(s), project name & address, state, and date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA? No

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA? No

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

[Empty text box with scroll arrows]

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

[Empty text box with scroll arrows]

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

[Empty text box with scroll arrows]

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2017 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

[Empty text box with scroll arrows]

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2015 or 2016 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test Application or the IRS Form 8609 Application?

If yes, provide name(s), Project Name and Number:

[Empty text box with scroll arrows]

Has this team member or Significant Parties of the team member, been part of a Developer, Ownership Entity, General Partner/Managing Members thereof, or any persons as determined by IFA to have an Identity of Interest or of personnel with any thereof, had a Project with an IRS Form 8609 with Part II completed was not timely submitted to IFA, or for whose Project an incorrectly completed IRS Form 8609 was submitted?

If yes, provide name(s), Project Name and Number:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance -Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected.

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project?

No

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

No

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents?*

2

Please use the link below to list all authorized persons to sign on behalf of the Developer.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Katie	Kulisky	President	Developer 18	Remove
Edit	Tim	Morlan	Vice President	Developer 18	Remove

Qualified Development Team Member

Team Member Type:*

Contractor

Team Member Is:

Legal Entity
 Individual

Company Name:*

Contractor Name 18

Address:*

2015 Grand Avenue

City:*

Des Moines

State:*

IA

Zip:*

50312

Phone:*

(515) 725-4900

Email:*

Dave.Vaske@iowa.gov

Business Type*

Corp. or Inc.

Contact Information

Click to copy address from above

First Name:*

Dave

Last Name:*

Vaske

Phone:*

(515) 725-4900

Email:*

dave.vaske@iowa.gov

Address:*

2015 Grand Avenue

City:*

Des Moines

State:*

IA

Zip:*

50312

Years of Related Experience:*

25

Years of Section 42 Related Experience:*

15

Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Training Application Explanation.

Identity of Interest

Identity of Interest?

Yes

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Developer 18 - Developer	Training Application Explanation.	No	Remove
View	GP Name 18 - General Partner	Training Application Explanation	No	Remove
View	Management Company Name - Management Company	Training Application Explanation	No	Remove
View	Training App Ownership Entity 1 - Ownership Entity	Training Application Explanation	Yes	Remove

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

No

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Text input field with scroll arrows.

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Text input field with scroll arrows.

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Text input field with scroll arrows.

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Text input field with scroll arrows.

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Text input field with scroll arrows.

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Text input field with scroll arrows.

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Text input field with scroll arrows.

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Text input field with scroll arrows.

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Qualified Development Team Member

Team Member Type: Team Member Is: Legal Entity Individual

Company Name:

Tax Identification Number:

State duly organized under the laws of and qualified to transact business under:

Address: City: State: Zip:

Phone: Email: Business Type: Type of Management:

Contact Information

Click to copy address from above

First Name: Last Name: Phone: Email:

Address: City: State: Zip:

Years of Related Experience: Years of Section 42 Related Experience: Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:

Training Application Explanation.

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	GP Name 18 - General Partner	Training Application Explanation	No	Remove
View	Developer 18 - Developer	Training Application Explanation	No	Remove
View	Contractor Name 18 - Contractor	Training Application Explanation	No	Remove
View	Training App Ownership Entity 1 - Ownership Entity	Training Application Explanation	No	Remove

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (9% deals) No

Has this Qualified Development Team member previously submitted a LIHTC to IFA? (4% deals) No

Has this Qualified Development Team member received an award of LIHTC from IFA or any other state? No

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project

State	Allocating Agency	Contact	Email
Previous LIHTC project has not been entered.			

Does this management company have at least three (3) years of experience managing a Section 42 Project? Yes

Does the management company manage LIHTC projects in Iowa? Yes

List all states in which the management company manages LIHTC projects:

IOWA

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?: No

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA? No

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA? No

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state? No

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance - Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected. No

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project? No

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Will there be on-site property management staff? Yes

If yes, provide:

Number of Staff Positions:

Names of Staff:

All on-site property management staff will complete Mental Health First Aid Training approved by the Iowa Department of Human Services and/or an Olmstead Consumer Taskforce approved Disability awareness training program, such as may be offered by a Center for Independent Living. The date for the Certificate of Training shall be issued no earlier than 12 months from the time that the IRS Form 8609 Application is submitted.

Authorized Signors*
How many signatures are required for execution of legal documents? 1

Please use the link below to list all authorized persons to sign on behalf of the Management Company.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Nancy	Peterson	Managing Member	Management Company Name	Remove

Qualified Development Team Member

Team Member Type*: Team Member Is: Legal Entity Individual

Company Name*:

Address*: City*: State*: Zip*:

Phone*: Email*: Business Type*:

Contact Information

Click to copy address from above

First Name*: Last Name*: Phone*: Email*:

Address*: City*: State*: Zip*:

Years of Related Experience*: Years of Section 42 Related Experience*: Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity*:

Training Application Explanation:

Identity of Interest

Identity of Interest? No

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

Qualified Development Team member does not have an Identity Of Interest.

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

No

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

No

If yes, provide name(s) and explanation with date:

Qualified Development Team Member

Team Member Type:*

Tax Accountant

Team Member Is:

Legal Entity
 Individual

Company Name:*

Tax Accountant Name

Address:*	City:*	State:*	Zip:*
2015 Grand Ave	Des Moines	IA	50312
Phone*	Email*	Business Type*	
(515) 725-4900	Karen.Kulisky@iowa.gov	LP, LLP, LLLP	

Contact Information

Click to copy address from above

First Name:*	Last Name:*	Phone*	Email*
Karen	Kulisky	(515) 725-4900	Karen.Kulisky@iowa.gov
Address:*	City:*	State:*	Zip:*
2015 Grand Ave	Des Moines	IA	50312

Years of Related Experience:*	Years of Section 42 Related Experience:*	Website URL:
18	12	

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Training Application Explanation.

Identity of Interest

Identity of Interest? No

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

Qualified Development Team member does not have an Identity Of Interest.

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

No

- o fraud,
- o tax fraud,
- o embezzlement,
- o bribery,
- o payments of illegal gratuities,
- o perjury,
- o false statements,
- o racketeering,
- o blackmail,
- o extortion,
- o falsification or Destruction of records, or
- o a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this Qualified Development Team member or Significant Parties of this team member served as an officer, director, General Partner, Managing Member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Qualified Development Team Member

Team Member Type:* Team Member Is:
 Legal Entity
 Individual

Company Name:*
 Syndicator Name
 Address:* City:* State:* Zip:*
 Phone* Email* Business Type*

Contact Information

Click to copy address from above

First Name:* Last Name:* Phone* Email*
 Address:* City:* State:* Zip:*

Years of Related Experience:* Years of Section 42 Related Experience:* Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Enter

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this Qualified Development Team member may have.

Add New Identity Of Interest

Qualified Development Team member does not have an Identity Of Interest.

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

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- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or Destruction of records, or
- a crime of violence related to any housing Project.

If yes, provide name(s), state, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member withdrawn from a Project following the commencement of construction thru the issuance of an IRS form 8609?

If yes, provide name(s), project name & address, state, and date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this Qualified Development Team member or Significant Parties of this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this Qualified Development Team member or Significant Parties of this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this Qualified Development Team member or Significant Parties of this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency notifications in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

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If yes, provide name(s), state, program information, date:

Has this Qualified Development Team member or Significant Parties of this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

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Has this Qualified Development Team member or Significant Parties of this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project?

If yes, provide name(s), project name, explanation, date:

Has this Qualified Development Team member or Significant Parties of this team member voluntarily agreed to be replaced as a General Partner or Managing Member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this Qualified Development Team member or Significant Parties of this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Project Amenities

QAP Section 6.3.1 Market Appeal (check all that apply):

- Video Security System
- In-Unit Laundry space with washer and dryer
- Free Internet Connectivity
- Storage Units

Description:

Description: Project shall provide a dedicated laundry space within the unit with at least one washer and dryer provided by the Owner. If a Unit is Accessible, the Accessibility requirements must be met for the laundry space and the laundry equipment (washer and dryer). The dryer shall be vented to the exterior of the building. The laundry space and laundry equipment shall be maintained at the cost of the Owner throughout the Compliance Period and the Extended Use Period.

Description: Free Internet Connectivity means the Project will provide, at no cost to the tenant, broadband Internet access to each unit throughout the Compliance Period and the Extended Use Period. The term broadband includes a broad range of technologies, all of which provide a minimum rate of 5Mbps.

Description: Storage unit means a dedicated, lockable, structurally strong and secure, floor to ceiling room that is at least 20 square feet. The Storage Unit must be in addition to and excess of the required Bedroom, Linen, and Coat closets. Storage rooms shall be maintained in compliance with the requirements for fire safety and Uniform Fire Code, which limits flammable and combustible materials. The Storage Units shall be provided and maintained

throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership.

Specify location of storage units: In-Unit and also in basement.

Built-in Dishwasher

Description: Built-In Dishwasher means the Project will provide and maintain a built-in dishwasher throughout the Compliance Period and the Extended Use Period in all Units at the cost of the Project Ownership.

Ceiling fan/light combination units

Description: The Project shall provide and maintain ceiling fan/light combination units with a remote control or wall switch; minimum of 2 per 1+ bedroom Units and 1 per studio, throughout the Compliance Period and the Extended Use Period.

Kitchen exhaust hoods vented to the exterior

Description: The Project will provide and maintain kitchen exhaust hoods that exhaust to the exterior throughout the Compliance Period and the Extended Use Period.

Bike Racks

Description: Bike racks mean the Project will provide and maintain bike racks that are adjacent to the primary entrance of each building throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership. The area shall be lighted and in close proximity to a paved path that leads to a recreation trail or safe entrance to a public street.

Senior Project Only (maximum 3 points)

Community Room

Description: The Project shall provide a defined space, minimum of 20 square feet per Unit up to the first forty (40) Units, as a community room exclusively available for tenants and guests of the Project. The community room may be a stand-alone building or incorporated within the residential structure located in whole upon the Property.

Sq Ft:

Fitness Center

Description:

QAP Section 6.3.4 Construction/Unit Characteristics

Exterior Construction: Durability

Exterior of the building(s) is (are) constructed with:

Minimum of sixty percent (60%) of the gross exterior (excluding window and door areas), of 4" nominal brick, 4" nominal stone, stucco over masonry, architectural CMU block or pre-cast concrete wall panels. The remaining forty percent (40%) shall be constructed of one hundred percent (100%) fiber cement board siding or pre-finished aluminum metal. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented.

One hundred percent (100%) fiber cement board siding (excluding window and door areas) and/or nominal 2" thick manufactured stone over 3/4" stucco. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented.

Minimum of forty percent (40%) of the gross exterior (excluding window and door areas), of 4" nominal brick, 4" nominal stone, stucco over masonry, architectural CMU block or pre-cast concrete wall panels. The remaining sixty percent (60%) shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented.

Minimum of forty percent (40%) of the gross exterior (excluding window and door areas), of nominal 2" thick manufactured stone or imitation brick over 5/8" stucco. The remaining sixty percent (60%) shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented.

None of the above.

Universal Design Features

Closet rods and shelves in each bedroom closet in each Unit

Description: The Project shall provide closet rods and shelves in each bedroom closet in each Unit. Once installed, the closet shelves and hanger bars shall be easy to adjust to different heights with no tools required. They shall have adjustable standards and brackets. Hanger rods shall attach to the shelving and provide continuous slide for hangers between supports. Shelves shall be 12" deep minimum and material vinyl coated steel or similar. The Project shall maintain these throughout the Compliance Period and Extended Use Period.

Roll in ADA compliant showers

Description: The Project shall provide and maintain throughout the Compliance Period and Extended Use Period, a roll in ADA compliant shower per each 20 Units dispersed throughout the property and in different bedroom sizes.

Other

Steel Frame Door

Description: The Project shall provide steel frame doors at Unit entries leading to building corridors or interior spaces. Metal clad wood frames shall be acceptable at Unit entries leading to the exterior.

Vertical grab bars in the bathtub/shower and lever door hardware throughout the unit

Description: Project will provide vertical grab bars in the bathtub/shower and lever door hardware throughout the unit.

Main entrance areas

Unit Main entrance to interior shall be designed with a foyer and equipped with a remote security system and intercom system to each unit to control entry to common areas.

Unit main entrance to exterior shall have a storm door and a covered entry with a minimum depth and width coverage of 4 feet by 4 feet.

None of the above.

Other Site Amenities (check all that apply):

Is an On-Site Resident Manager/Employee's Unit reasonably required for the operation of the Project?*

Community Bldg - Sq Ft:

Garages

Number of Garages:
 Will rent be charged?
 Rent Amount:

Surface Parking

Number of Parking Spaces:
 Will rent be charged?
 Rent Amount:

Underground Parking

Number of Parking Spaces:
 Will rent be charged?
 Rent Amount:

Laundry Room

Library

Media Center Room

Onsite Leasing Office

Playground - Commercial Equipment

Picnic Area/Tables

Security Locked Bldg

Swimming Pool

Dining Room

Gazebo

Beauty Salon/Barber

Craft/Game Room

Site Lighting

High Speed Internet Access Per Unit

Computer Learning Center

Fitness Center

Medical Alert System 24 Hour On-site Resident Manager

Other:

Describe Differences in Low-income & Market-rate Unit Amenities:
There are no differences.

Other Interior Apartment Amenities (check all that apply):

Applicant certifies that all amenities selected will be provided to all units.*

Ceiling fans Garbage Disposal Refrigerator Microwave

Washer and Dryer Hook-up (only) Dishwasher

Range
Range Type:

Window Coverings
Window Covering Type:

Flooring:

Carpet Vinyl Wood Ceramic Tile

Other:

Heating:

Gas Heat Heat Pump Electric Pump Electric Heat

Boiler
Boiler Type: High Efficiency Central Boiler Type:

Geothermal Electric Resistance Heating Other:

Cooling:

Central Air Thru-wall A/C unit Geothermal Chiller

Other:

Water Heating:

Central Water Heating Tankless Water Heaters
Central Water Heating Type: Tankless Water Heating Type:

Gas Water Heating Electric Water Heating Other:

Construction Characteristics

Minimum Development Construction Characteristics Acknowledgements

Applicant understands the requirement to promptly inform the IFA LIHTC Manager of any changes or alterations which deviate from the approved final plans and specifications.

Information entered below by the Applicant for the proposed Project will meet or exceed QAP Appendix 1-G Minimum Development Characteristics.

Instructions: The QAP Appendix 1-G, Minimum Development Characteristics, minimum requirements are listed for each characteristic. Check the applicable boxes and enter specific details as required. Applicable scoring elections made in the Application will be shown under applicable characteristics. Note: Scoring or amenity elections must be completed on the Project Description and Project Amenities Tabs to appear below.

1. Exterior Construction

Minimum threshold requirement - Air infiltration barrier building wrap is required on all new siding installations. Siding within six feet of the ground shall be durable and impact resistant.

Applicant certifies the minimum requirement shall be met.

Air infiltration barrier building wrap material to be used:

No Scoring election made for QAP Section 6.3.4 Exterior Construction – Durability

- *Specify the materials for the building soffits:
- *Specify the materials for the fascia:
- *Specify the exterior construction materials (such as siding, stone, brick, etc.):

Scoring election made for QAP Section 6.3.4 Exterior Construction- Durability

- Complete the Building soffits and fascia and gross exterior information below.
- Complete the Gross Exterior information below.
- *Building soffits shall be vented. Building soffits and fascia materials shall be:
 - Pre-finished Aluminum
 - Fiber Cement Board
- *The Gross Exterior (excluding window and door areas) shall be:

- 60% 4" nominal brick
- 60% 4" nominal stone
- 60% Stucco over masonry
- 60% Architectural CMU block or pre-cast concrete wall panels
- 100% Cement Board Siding
- 100% Cement Board Siding and nominal 2" thick manufactured stone over ¾" stucco
- 100% nominal 2" thick manufactured stone over ¾" stucco
- 40% 4" nominal brick
- 40% 4" nominal stone
- 40% Stucco over masonry
- 40% Architectural CMU block or pre-cast concrete wall panels
- 40% nominal 2" thick manufactured stone or imitation brick over 5/8" stucco

*If any of the minimum requirements of 60% gross exterior options were selected, select one of the three (3) following boxes to specify the materials for the remaining 40% of the gross exterior.

- 100% fiber cement board siding
- Pre-finished aluminum metal
- Other

If Other, specify material:

*If any of the minimum 40% gross exterior options were selected, explain how the remaining 60% of the gross exterior materials will be aesthetically pleasing and in harmony with the architecture of the rest of the building:

2. Roofs

Minimum threshold requirement– IF shingles will be installed, then the use of a minimum 30-year shingles with 30 pound roofing felt or a synthetic felt with characteristics superior to two layers of 30 pound roofing felt shall be required. For flat roofs, a system with a 10-year full warranty is required. Full warranty includes: labor and materials for the entire roofing system and insurance rider for consequential damage. All re-roofing applications shall include the removal of the existing roofing system down to the roof deck.

* Applicant certifies the minimum requirement shall be met.

*Select roofing material to be used:

- 30-year shingle with 30-pound roofing felt
- 30-year shingle with a synthetic felt with characteristics superior to two layers of 30 pound roofing felt
- Flat roofing system with a 10-year full warranty
- Other

If Other, specify material:

*Will all buildings have re-roofing completed? Yes No

*Enter the number of buildings that will have re-roofing completed:

3. Exterior Entry Doors to Common Areas

Minimum Requirement – Exterior entry doors to common areas shall be insulated metal or fiberglass type with optional thermo-pane glass insert or thermo-pane glass full lite doors with metal thermal break-type frame.

* Applicant certifies the minimum requirement shall be met.

*Select type of exterior entry doors to common areas:

- Insulated metal with optional thermo-pane glass insert
- Insulated fiberglass-type with optional thermo-pane glass insert
- Thermo-pane glass full-lite doors with metal thermal break-type frame
- Other

If Other, specify material:

Scoring election made for QAP Section 6.3.4 Construction/Unit Characteristics – Other, Main Entrance Areas:

- Unit main entrance to interior shall be designed with a foyer and equipped with a remote security and intercom system to each unit to control entry to common areas.
- Unit main entrance to exterior shall have a storm door and a covered entry with a minimum depth and width of coverage of 4 feet by 4 feet.

4. Unit Doors with Direct Exterior Access

Minimum Requirement – Direct Unit access to exteriors, doors shall be insulated metal or fiberglass panel type with optional thermo-pane glass insert, 180 degree peephole, lockset and deadbolt lock with one-inch throw.

* Applicant certifies the minimum requirement shall be met.

*Select type of unit doors with direct access to exteriors:

- Insulated metal with optional thermo-pane glass insert, 180 degree peephole, lockset and deadbolt lock with one-inch throw
- Insulated fiberglass panel-type with optional thermo-pane glass insert, 180 degree peephole, lockset and deadbolt lock with one-inch throw
- Other

If Other, specify material:

5. Unit Doors – Interior Common Hall Entry

Minimum Requirement – Interior common hall Unit entry doors shall be steel or solid core wood with 180-degree peephole, with passage set and deadbolt lock with one-inch throw.

* Applicant certifies the minimum requirement shall be met.

*Select type of unit doors-interior common hall entry:

- Steel with 180-degree peephole, with passage set and deadbolt lock with a 1" throw
- Solid core wood with 180-degree peephole, with passage set and deadbolt lock with a 1" throw
- Other

If Other, specify material:

Scoring election made for QAP Section 6.3.4 Construction/Unit Characteristics – Other, Steel frame doors:

Steel frame doors at Unit entries leading to building corridors or interior spaces (metal-clad wood frames are acceptable at Unit entries leading to the exterior)

6. Overhead Doors N/A

Minimum Requirement – Embossed steel panel doors with or without insulation to non-heated areas.

* Applicant certifies the minimum requirement shall be met.

*If applicable, specify the overhead door(s) material:

7. Durable Window Sills

Minimum Requirement - All window sills/ledges shall be composed of moisture resistant materials such as plastic laminate, molded plastic, cultured marble, etc. Projects with Historic tax credits may provide wood sills if they are specifically required by SHPO.

* Applicant certifies the minimum requirement shall be met.

*Select window sills/ledges materials:

- Moisture resistant plastic laminate
- Moisture resistant molded plastic
- Moisture resistant cultured marble
- Other

If Other, specify material:

8. Interior Paints and Primers

Minimum Requirement – All interior paints and primers shall comply with Green Seal standards for low VOC limits.

* Applicant certifies the minimum requirement shall be met.

9. Adhesives

Minimum Requirement – All adhesives shall comply with Rule 1168 of the South Coast Air Quality Management District.

* Applicant certifies the minimum requirement shall be met.

10. Caulks and Sealants

Minimum Requirement – All caulks and sealants shall comply with Regulation 8, Rule 51 of the Bay Area Air Quality Management District.

* Applicant certifies the minimum requirement shall be met.

11. Appliances

Minimum Requirement - The kitchen must have a cook top, an oven, a microwave, a cooling/freezing unit, and a sink. A Family Unit must have a two-bowl kitchen sink. See the Single Room Occupancy definition in Appendix 2-Glossary of Terms for exceptions.

* Applicant certifies the minimum requirement shall be met.

Appliance	Model Number*
Oven with cook top	model # <input type="text"/>
Microwave	model # <input type="text"/>
Refrigerator	model # <input type="text"/>
Washer(s)	model # <input type="text"/>
Dryer(s)	model # <input type="text"/>
Dishwasher	model # <input type="text"/>
Other - Specify: <input type="text"/>	<input type="text"/>

12. Carpeting

Minimum Requirement – Carpets, carpet cushion (i.e. padding), and carpet adhesives shall be labeled with the Carpet & Rug Institute (CRI) Green Label or documented to meet the CRI Green Label testing program criteria. **Polyester carpet is not allowed. Carpet shall meet the face weight criteria in the table below.

* Applicant certifies the minimum requirement shall be met.

Minimum Weight and Density Requirements for Carpet			
	Type	Nylon	Nylon /Olefin Blend
Location:		Face Weight	Face Weight
In Units	Level/textured Loop	22 oz.	26 oz.
	Cut-Pile Heat Set Plied	24 oz.	30 oz.
Common Areas	Level/textured Loop	26 oz.	28 oz.
	Cut-Pile Heat Set Plied	28 oz.	32 oz.

*Unit's Carpeting shall be:

- N/A
- Nylon, Level/textured loop with minimum face weight of 22 oz.
- Nylon, Cut-pile heat-set plied with minimum face weight of 24 oz.
- Nylon/Olefin Blend, Level/textured loop with minimum face weight of 26 oz.
- Nylon/Olefin Blend, Cut-pile heat-set plied with minimum face weight of 30 oz.
- Other

If Other, specify material:

*Common Areas Carpeting shall be:

- N/A
- Nylon, Level/textured loop with minimum face weight of 26 oz.
- Nylon, Cut-pile heat-set plied with minimum face weight of 28 oz.
- Nylon/Olefin Blend, Level/textured loop with minimum face weight of 28 oz.
- Nylon/Olefin Blend, Cut-pile heat-set plied with minimum face weight of 32 oz.
- Other

If Other, specify material:

13. Kitchen Resilient Flooring

Minimum Requirement - Either 1/8 inch vinyl composition tile, color, and pattern full thickness, LVT with a 12 mil wear layer or sheet vinyl complying with IFA's resilient bathroom flooring specifications, made from products that do not use vinyl chloride in the manufacturing process and do not produce dioxin. An alternative to vinyl composite tile or sheet vinyl is natural linoleum flooring, tile flooring, or bamboo.

* Applicant certifies the minimum requirement shall be met.

*Select kitchen flooring type:

- 1/8" vinyl composite tile, color, and pattern full thickness
- LVT with a 12 mil wear layer
- Sheet vinyl that complies with IFA's bathroom flooring specifications
- Natural linoleum
- Tile flooring
- Bamboo flooring
- Other

If Other, specify material:

14. Bathroom Resilient Flooring

Minimum Requirement – Resilient bathroom floors shall be sheet vinyl with wear surface of 20 mils or greater, with underlayment product on second or higher floors. All resilient bathroom flooring shall be made from products that do not use vinyl chloride in the manufacturing process and don't produce dioxin. An alternative is natural linoleum flooring, tile flooring, or bamboo. VCT or LVT is NOT allowed in restrooms, shall be a sheet product.

* Applicant certifies the minimum requirement shall be met.

*Select bathroom flooring type (unless an election was made to provide ceramic tile floor in each Unit bathroom):

- Sheet vinyl with wear surface of 20 mils or greater, with underlayment product on second or higher floors, made from products that do not use vinyl chloride in the manufacturing process and don't produce dioxin.
- Natural linoleum flooring made from products that do not use vinyl chloride in the manufacturing process and don't produce dioxin
- Tile flooring made from products that do not use vinyl chloride in the manufacturing process and don't produce dioxin
- Bamboo made from products that do not use vinyl chloride in the manufacturing process and don't produce dioxin
- Other

If Other, specify material:

15. Shower Flooring

Minimum Requirement - Bathrooms that have Accessible roll-in showers shall use molded fiberglass pan or manufactured fiberglass surround unit, non-slip type-ceramic floor tiles, or terrazzo flooring

*Select the shower flooring material:

- Molded Fiberglass Pan
- Manufactured Fiberglass Surround Unit, non-slip type ceramic floor tiles or terrazzo flooring

16. Cabinetry

Minimum Requirement - All cabinets, shelves, and countertops made with formaldehyde free materials: solid wood, formaldehyde-free particleboard or MDF (medium density fiberboard), metal with natural or baked enamel factory finish. Laminate countertops required at a minimum.

* Applicant certifies the minimum requirement shall be met.

*Specify the Material to be used:

Cabinetry & Shelves Material:
 

Countertop Material:
 

17. Window Covering (Entry of window covering type is completed on the Project Amenities Tab)

Minimum Requirement - Window coverings are required. A spring-loaded type window shade is not an approved window covering.

* Applicant certifies the minimum requirement shall be met.

Window Coverings to be used:

18. Sidewalks

Minimum Requirement - A concrete sidewalk shall be provided from each entrance door to a public way and where possible, combine the sidewalks. In the event the city requires additional sidewalks, that requirement shall be followed. ADA/UFAS/ANSI A117.1 slope and curb cut ramp requirements shall apply.

* Applicant certifies the minimum requirement shall be met.

19. Laundry

Minimum Requirement - A common laundry room facility located on site with a minimum of one washer/dryer to serve each 12 Units. A minimum of one front loading accessible washer and dryer is required. All front loading washers and dryers shall be mounted eight to ten inches above the finished floor. Central laundry facilities in buildings with an elevator will comply. An Applicant can provide a washer and dryer in each Unit in lieu of a common laundry room facility.

* Applicant certifies the minimum requirement shall be met.

Common Laundry Room Facility

- *Enter the total number of Common Laundry Room Facilities being provided:
- *Enter the total number of washers and dryers being provided in each Common Laundry Room Facility:
- *Model number of washers:
- *Model number of dryers:
- *Enter the total number of front-loading washers and dryers being provided in each Common Laundry Room Facility:
- *Model number of washers:
- *Model number of dryers:
- *Enter the inches above the finished floor that all front loading washers and dryers shall be mounted:

Scoring election made for QAP Section 6.3.1 Market Appeal:

In unit laundry space with Washer and Dryer for each Unit (Dryer vented to exterior)

- *Enter the total number of washers and dryers being provided:
- *Model number of washers:
- *Model number of dryers:
- *Enter the total number of front loading washers and dryers being provided:
- *Model number of washers:
- *Model number of dryers:

20. Heating

Minimum Requirement - All Units shall be heated and heating equipment shall be at least 90 AFUE for furnaces and 85 AFUE for boilers. Electric resistance heating is not allowed as the primary heating source.

* Applicant certifies the minimum requirement shall be met.

*Heating type selection is made on the Project Amenities Tab, but entry of the heating equipment model number is required

Gas Heat
 Heat Pump
 Electric Pump
 Electric Heat
 AFUE of Furnaces:

Geothermal
 Boiler
 Boiler Type: N/A
 AFUE of Boiler:

Electric Resistance Heating
 Other:

*Enter model number for heating equipment:

Scoring election made for QAP Section 6.3.6 Impact on the Environment:

High Efficiency Central Boilers (serving entire building) with a minimum 90 AFUE

*Enter model number of high efficiency central boiler:

21. Air Conditioning

Minimum Requirement - Air conditioning equipment should be at least 14.5 SEER and use R-410a refrigerant that is charged according to manufacturer's specifications. Thru-wall A/C units must be at least 10.7 EER. Window units are not allowed.

*Cooling selection is made on the Project Amenities Tab, but entry of the SEER and Model Number is required.

<input checked="" type="checkbox"/> Central Air	<input type="text" value="14.5"/> SEER	Model Number: <input type="text" value="model #"/>
<input type="checkbox"/> Thru-wall A/C unit	<input type="text"/> SEER	Model Number: <input type="text"/>
<input type="checkbox"/> Geothermal		Model Number: <input type="text"/>
<input type="checkbox"/> Chiller		Model Number: <input type="text"/>
Other: <input type="text"/>		Model Number: <input type="text"/>

22. Water Heating

*Water heating type is entered on the Project Amenities Tab, but entry of the water heating equipment model number is required.

In Unit gas water heater

*Enter model number of In Unit gas water heater:

In Unit electric water heater

*Enter model number of In Unit electric water heater:

Tankless water heater Tankless Water Heating Type: N/A

*Enter model number of tankless water heater:

Other:

*Specify, enter model number, indicate gas or electric, and explain how the minimum requirements shall be met:

Scoring election made for QAP Section 6.3.6 Impact on the Environment:

In unit Tank-type gas water heater - 0.61 minimum energy factor (EF)
 In unit Tank-type electric water heater - 0.93 EF
 In unit Tankless water heater - 0.96 EF
 Central Water Heaters (serving entire building) with a 90% Thermal Efficiency rating

*Enter Model Number for water heating equipment:

23. Accessible Units

Minimum Requirement - Minimum of ten percent (10%) of all Units supplied shall be Fully Accessible, (as defined in ANSI 117.1) on the building accessible routes which includes all floors if an elevator is provided. All Units on the accessible routes shall be adaptable, (Type B Units per the International Building Code ("IBC")), upon reasonable tenant request for special needs. A minimum of two percent (2%) of all Units supplied shall be adapted for hearing and/or vision impairments as Units with Accessible Communication Features. The two percent (2%) can't be included in the ten percent (10%) of the Fully Accessible Units. When an Applicant elects to exceed the ten percent (10%) Fully Accessibility requirement, those Units over and above that requirement shall be Accessible Type A Units per the IBC. Accessible Units shall be dispersed throughout the Property and in different bedroom sizes rather than segregated.

* Applicant certifies the minimum requirement shall be met.

Accessible Units are entered in the Buildings Tab - Units. The following number of Fully Accessible, Units with Accessible Communication Features, and Additional Type A Units (Scoring Election) entered in the Application and shall be supplied in the Project:

Total Number of Fully Accessible Units: 2
 Total Number of Units with Accessible Communication Features: 1

Scoring election made for QAP Section 6.3.5 Olmstead Goals:

Total Number of Additional Accessible Type A Units: 5

At least fifty percent (50%) of the Fully Accessible and Additional Accessible Type A LIHTC Units will be two-, three-, or four-bedroom Units. Scoring in this section is available only to Projects committing to develop a minimum of 15% of the Total Project Units as Fully Accessible or Accessible Type A.

24. Construction Warranty

Minimum Requirement - Obtain a minimum of one-year construction blanket warranty that is enforceable. The warranty will stipulate that the general contractor is responsible to do or have done any and all required warranty repair work at its expense.

* Applicant certifies the minimum requirement shall be met.

25. High Speed Internet Access

Minimum Requirement - Provide high speed internet access to each Unit by wiring for broadband, wireless, or digital subscriber (DSL). Service provider is the responsibility of the tenant UNLESS the Applicant requested scoring points for Free Internet Connectivity.

* Applicant certifies the minimum requirement shall be met.

Scoring Election made for QAP Section 6.3.1 Market Appeal - Free Internet Connectivity:

Free Internet Connectivity – The Project will provide, at no cost to the tenant, throughout the Compliance Period and the Extended Use Period, broadband internet access to each Unit. The term broadband includes a broad range of technologies, all of which provide a minimum download speed of 5 Mbps.

26. Closets

Minimum Requirement - A closet (2 foot x 5 foot minimum) with a door shall be provided in each bedroom. The minimum complement of closets per Unit include: 1 linen closet and 1 coat closet, each 2 foot x 3 foot min

* Applicant certifies the minimum requirement shall be met.

Scoring election made for QAP Section 6.3.4 Construction/Unit Characteristics – Universal Design Features:

Closet Rods and Shelves in each bedroom closet in each Unit - The Project shall provide closet rods and shelves in each bedroom closet in each Unit. Once installed, the closet shelves and hanger bars shall be easy to adjust to different heights with no tools required. They shall have adjustable standards and brackets. Hanger rods shall attach to the shelving and provide continuous slide for hangers between supports. Shelves shall be 12" deep minimum and material vinyl coated steel or similar. The Project shall maintain these throughout the Compliance Period and Extended Use Period.

27. Energy Efficiency

Minimum Requirements – New construction developments with three (3) stories of residential space or less, and buildings with four or five stories above-grade (wherein each Unit has its own heating, cooling, and hot water systems, separate from other units) and where dwelling units occupy 80% or more of the occupiable square footage of the building, in addition to meeting Iowa State Code and the IECC, shall meet or exceed Energy Star 3.0 prescriptive standards and receive a Home Energy Rating Systems (HERS) Index of 70 or less from a certified rater in Iowa. A home energy rating performed by a certified HERS rater is required on each building after it is completed to verify that actual construction meets the above listed requirements. Five (5) Units with different floor plans and orientations for complexes of less than 50 Units and ten percent (10%) of Units up to a maximum of 10 Units in complexes of 50 or more Units must be rated. The contract for the determination of the HERS index must be between the certified rater and the Ownership Entity. If upon completion, a Project does not meet the HERS index of 70 or less, additional steps shall be taken by the Ownership Entity to obtain the HERS index of 70 prior to issuance of the IRS Form 8609.

New construction developments with four stories or more without each Unit having its own heating, A/C, and water heating, shall meet ANSI/ASHRAE/IES Standard 90.1-2010. Supporting documentation verifying compliance shall be provided by an independent licensed engineer verifying the Project meets or exceeds ANSI/ASHRAE/IES Standard 90.1 - 2010. If upon completion, a Project does not meet ANSI/ASHRAE/IES Standard 90.1-2010, additional steps shall be taken by the Ownership Entity to meet the standard prior to issuance of IRS Form 8609.

Existing Structures (Acq/Rehab and Adaptive Reuse) - An energy audit conducted by a certified Home Energy Rater or firm specializing in energy efficiency that is acceptable to IFA, shall be provided on each building prior to the preparation of the final work rehabilitation order. Prior to the start of construction, IFA requires an engineer or architect to certify that the design meets the 2015 IECC. The review shall be documented with a letter from the engineer or architect to IFA indicating whether the proposed construction meets the IECC. In the event that the proposed construction doesn't meet the code requirements, the engineer or architect will provide suggestions for corrections to plans and specifications that will ensure that IECC will be met. At the completion of the rehabilitation, an energy audit by a certified energy rater is required to verify that the rehabilitation work on each building meets the standards of IECC. The contract for the determination of the energy audit shall be between the certified rater and the Ownership Entity. If upon completion, a Project doesn't verify that the Project has met the specified energy improvements, additional steps shall be taken by the Ownership Entity prior to the issuance of the IRS Form 8609.

* Applicant certifies the minimum requirement shall be met.

Scoring election made for QAP Section 6.3.7 Energy Efficiency:

Home Energy Rating Systems (HERS) Index of 62 or less Exceeds ASHRAE 90.1-10 by ten percent (10%) 2015 International Energy Conservation Code (IECC) exceeded by eight percent (8%)

28. Minimum Unit Square Footage (Applicable to New Construction and Adaptive Reuse Projects)

Minimum Unit Square Footage for New Construction and Adaptive/Reuse: Efficiency - 450 sq. ft., 1 Bedroom Unit - 625 sq. ft., 2 Bedroom Unit - 800 sq. ft., 3 Bedroom Unit - 1000 sq. ft., 4 Bedroom Unit - 1175 sq. ft.

* N/A – Acq/Rehab or Rehab Project (required if Acq/Rehab or Rehab Project Only)

* Applicant certifies the minimum requirement shall be met.

29. Site Lighting

Minimum Requirement – Project site lighting must be adequate to ensure safe and secure travel from parking areas to Unit or building entries. Care shall be taken to provide energy efficient lighting that is not excessive or intrusive to the neighborhood. Areas covered by security cameras shall be illuminated. Cutoff fixtures that direct light downward are encouraged. Minimum requirements of the Iowa State Code will apply in any case.

* Describe:
Description

30. Unit Bathrooms (New Construction and Adaptive Reuse Projects Only)

Minimum Requirement for Unit Bathrooms for 3 and 4+ Bedroom Units – Applicable to New Construction and Adaptive Reuse Projects	
3 Bedroom Units	4+ Bedroom Units
1 Full Bathroom AND 1 Half Bathroom	2 Full Bathrooms

* All Three and Four Bedroom Units will meet or exceed the minimum requirements.

Scoring election made for QAP Section 6.1.3 Serves Tenant Population of Individuals with Children:

At least twenty percent (20%) of the Units shall be three or more bedroom LIHTC Units and have at least two (2) full bathrooms.

Minimum Requirement for Unit Bathrooms for 3 and 4+ Bedroom Units – Applicable to New Construction and Adaptive Reuse Projects	
3 Bedroom Units	4+ Bedroom Units
1 Full Bathroom AND 1 Half Bathroom	2 Full Bathrooms

Buildings

General Building Information

Summary Information

					Total								0 BR	1 BR	2 BR	3 BR	4+ BR	Total
--	--	--	--	--	-------	--	--	--	--	--	--	--	------	------	------	------	-------	-------

	30% AMI	40% AMI	50% AMI	60% AMI		Low Income Only Units:	0	7	12	0	0	19
Low Income Only Units:	2	6	0	11	19	Low Income & HOME Units:	0	0	0	0	0	0
Low Income & HOME Units:	0	0	0	0	0	HOME Only Units:	0	0	0	0	0	0
HOME Only Units:	0	0	0	0	0	Market Rate Units:	0	1	0	0	0	1
Market Rate Units:					1	Fully Accessible Units:	0	1	1	0	0	2
Total Project Units:					20	Units with Communication Features:	0	1	0	0	0	1
Manager Units - Residential Rental Property:					1	Accessible Type A Units:	0	1	4	0	0	5
Buildings:					1	New Construction LIHTC Units:	0	0	0	0	0	0
						Rehab LIHTC Units:	0	0	0	0	0	0
						Total Project Units:	0	8	12	0	0	20
						Manager Units - Residential Rental Property:	0	0	1	0	0	1

	0 BR	1 BR	2 BR	3 BR	4 BR	Total
BIN: 2002 NW Hickory, Ankeny, IA						20
30%	0	1	1	0	0	2
40%	0	3	3	0	0	6
50%	0	0	0	0	0	0
60%	0	3	8	0	0	11

	Common Sq. Ft.	Residential Sq. Ft.	LI Residential Sq. Ft.	Commercial Sq. Ft.	Gross Floor Sq. Ft.	# Stories	# Elevators	Building Type
BIN: 2002 NW Hickory, Ankeny, IA	3,570	20,855	19,975	0	24,425	3	1	Standard Apartment
Totals	3,570	20,855	19,975	0	24,425			

	Size	# Units - Target Income	Proposed Monthly Rent	Proposed Gross Rent	LIHTC Max Rent
BIN: 2002 NW Hickory, Ankeny, IA					
	1 BR	1 @ 0%	\$1,000.00	\$1,053.00	\$0.00
	1 BR	1 @ 30%	\$410.00	\$463.00	\$463.00
	1 BR	3 @ 40%	\$564.00	\$617.00	\$617.00
	1 BR	3 @ 60%	\$870.00	\$923.00	\$925.00
	2 BR	1 @ 0%	\$300.00	\$363.00	\$0.00
	2 BR	1 @ 30%	\$490.00	\$553.00	\$555.00
	2 BR	3 @ 40%	\$675.00	\$738.00	\$740.00
	2 BR	8 @ 60%	\$1,040.00	\$1,103.00	\$1,110.00

Building

Address Information

Check if Primary Address

Address Number: 2002 Street: NW Hickory City: * Ankeny State: IA
 9 Digit Zip Code (zip code reference): * 50023 - 1220 County: POLK Census Tract: 102.08
 Congressional District: 3 State Senate District: 19 State House District: 37 BIN:

If Project is located in a Small Area DDA (Metro), enter the DDA (ZCTA) code:

Has this building ever been part of a Project that received low income housing tax credits in a prior year? * No

If above is "Yes", provide prior BIN:

Is the building part of a LIHTC project that is in the initial 15 year compliance period? No

Is the building part of an existing Land Use Restrictive Covenants (LURA)? No

Is the building part of a prior LIHTC project that requested a Qualified Contract through IFA and has had a partial LURA released? No

What was the owner's minimum set-aside election for this previous LIHTC building? --

* Applicant acknowledges and fully understands that original building identification numbers (BIN) are required to be used if previous tax credits have been awarded on any of the buildings that are part of this application and if any part of this application is included in a Land Use Restrictive Agreement still in effect, any applicable portion of the owner's application is bound to the most restrictive terms in the Land Use Restrictive Agreement(s).

Other Information

Building is: * New Acquired Number of Stories: 3 Building Type: * Standard Apartment
 Acquisition Date: Acquisition Cost: \$340,000 Rehabilitation Cost: \$1,350,000
 Date Constructed: 4/1/1982 Date Placed In Service By Previous Owner: 4/1/2010 Expected Date Placed In Service: 8/1/2019
 Number of Fully Accessible Units: 2 Number of Units with Accessible Communication Features: 1 Number of Additional Accessible Type A Units: 5
 Does/will each Unit have its own A/C Unit, furnace, and water heater that serve only that Unit? * Yes
 Type of Control: * Option

If Type of Control is Ownership, provide Date Acquired By Applicant:

If Type of Control not Ownership, provide Control Doc Expires On: 11/30/2018

Is this building on or eligible for the National Register of Historic Places? No

If any building in the Project consists of 4 or fewer units, will any unit in such building be occupied by the owner of such building or any person who is related to such owner? No

- Check if Building is Common Space Only
- Extend Rent Limit
- Contract Number

Qualified Basis

For Acquisition Costs:	Applicable Fraction:	Credit %:	Bldg Acquisition Credits:
<input style="width: 100px;" type="text" value="\$0.00"/>	95.00%	3.2000%	\$0.00
For New/Rehab Costs:	Applicable Fraction:	Credit %:	Bldg New/Rehab Credits:
<input style="width: 100px;" type="text" value="\$0.00"/>	95.00%	9.00%	\$0.00

Utilities included in rents

- Water/Sewer Electric Gas Trash
- Water Heating Other

Tenant Paid Utilities

Utilities	Eff/SRO	1 BR	2 BR	3 BR	4 BR	5 BR
Heating Electric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Heating Gas	\$20.00	\$22.00	\$24.00	\$0.00	\$0.00	\$0.00
Air Conditioning	\$5.00	\$6.00	\$8.00	\$0.00	\$0.00	\$0.00
Cooking Electric	\$5.00	\$5.00	\$6.00	\$0.00	\$0.00	\$0.00
Cooking Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Electric	\$12.00	\$12.00	\$15.00	\$0.00	\$0.00	\$0.00
Water Heating Electric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Water Heating Gas	\$8.00	\$8.00	\$10.00	\$0.00	\$0.00	\$0.00
Water	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sewer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Trash Collection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<input style="width: 100px;" type="text"/>						
Totals:	\$50.00	\$53.00	\$63.00	\$0.00	\$0.00	\$0.00

Are there any additional charges that are mandatory charges required for tenancy? No
 Mandatory Charge Amount:

Building includes

- Community Service Facility Accessory Building(s) Commercial Facilities Other Facilities
- Elevators
- Number of Elevators

Square Footage Information

Residential Sq.Ft. (Sum of Net Sq. Ft. From Units below): 20855
 Manager Unit - Common Sq.Ft.: 1170
 Common Sq.Ft.:*
 Total Common Sq.Ft.: 3570
 Commercial/Retail Sq.Ft.:*
 Gross Floor Square Footage: 24425
 Remarks concerning Building:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input style="width: 100px;" type="text" value="Low Income"/>	<input style="width: 100px;" type="text" value="1"/>	<input style="width: 100px;" type="text" value="1.5"/>	<input style="width: 100px;" type="text" value="900"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="60"/>	<input style="width: 100px;" type="text" value="\$669"/>	<input style="width: 100px;" type="text" value="\$925"/>
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input style="width: 100px;" type="text" value="\$870"/>	<input style="width: 100px;" type="text" value="\$53.00"/>	<input style="width: 100px;" type="text" value="\$0.00"/>	<input style="width: 100px;" type="text" value="\$923"/>
Is unit Fully Accessible?		<input style="width: 100px;" type="text" value="Yes"/>	
Does unit have Accessible Communication Features?		<input style="width: 100px;" type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input style="width: 100px;" type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input style="width: 100px;" type="text" value="Low Income"/>	<input style="width: 100px;" type="text" value="2"/>	<input style="width: 100px;" type="text" value="2"/>	<input style="width: 100px;" type="text" value="1170"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text" value="60"/>	<input style="width: 100px;" type="text" value="\$824"/>	<input style="width: 100px;" type="text" value="\$1,110"/>
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense

<input type="text" value="\$1,040"/>	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		<input type="text" value="Yes"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1170"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	<input type="text" value="60"/>	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$1,040"/>	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="Yes"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1170"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	<input type="text" value="60"/>	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$1,040"/>	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="Yes"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1170"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	<input type="text" value="60"/>	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$1,040"/>	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="Yes"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1170"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	<input type="text" value="60"/>	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$1,040"/>	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="Yes"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1.5	880
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$669	\$925
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$870	\$53.00	\$0.00	\$923
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		Yes	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1.5	880
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$669	\$617
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$564	\$53.00	\$0.00	\$617
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1.5	880
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$669	\$617
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$564	\$53.00	\$0.00	\$617
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	30	\$824	\$555
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$490	\$63.00	\$0.00	\$553
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$824	\$740
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$675	\$63.00	\$0.00	\$738
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$824	\$740
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$675	\$63.00	\$0.00	\$738
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$1,040	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$1,040	\$63.00	\$0.00	\$1,103
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is Additional Accessible Type A unit?		No	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	2	1135

Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	<input type="text" value="40"/>	\$824	\$740
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$675"/>	<input type="text" value="\$63.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$738"/>
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="1"/>	<input type="text" value="1.5"/>	<input type="text" value="880"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	<input type="text" value="30"/>	\$669	\$463
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$410"/>	<input type="text" value="\$53.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$463"/>
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="1135"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	<input type="text" value="60"/>	\$824	\$1,110
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$1,040"/>	<input type="text" value="\$63.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$1,103"/>
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="1"/>	<input type="text" value="1.5"/>	<input type="text" value="880"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	<input type="text" value="40"/>	\$669	\$617
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$564"/>	<input type="text" value="\$53.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$617"/>
Is unit Fully Accessible?		<input type="text" value="No"/>	
Does unit have Accessible Communication Features?		<input type="text" value="No"/>	
Is Additional Accessible Type A unit?		<input type="text" value="No"/>	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="1"/>	<input type="text" value="1.5"/>	<input type="text" value="880"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	<input type="text" value="60"/>	\$669	\$925
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$870"/>	<input type="text" value="\$53.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$923"/>
Is unit Fully Accessible?		<input type="text" value="No"/>	

Does unit have Accessible Communication Features?

Is Additional Accessible Type A unit?

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type* # BRs* # Baths* Net Sq.Ft.*

Unit Number AMI%* Fair Market Rent LIHTC Rent Limit

Monthly Rent* Utility Allowance* Other Fees Total Housing Expense

Is unit Fully Accessible?

Does unit have Accessible Communication Features?

Is Additional Accessible Type A unit?

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type* # BRs* # Baths* Net Sq.Ft.*

Unit Number AMI%* Fair Market Rent LIHTC Rent Limit

Monthly Rent* Utility Allowance* Other Fees Total Housing Expense

Is unit Fully Accessible?

Does unit have Accessible Communication Features?

Is Additional Accessible Type A unit?

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Funding Sources

- Applicant understands that IFA shall not consider multiple funding scenarios for a Project except as listed in QAP Section 4.5.4.*
- Applicant understands that if awarded, if any of the listed funding sources will not be available in the stated amount, a reduction of Tax Credits may occur. Refer to QAP Sections 8.2.1 and 8.6.*

Estimated Pricing on Sale of Federal Tax Credits:*

Is there a current State HOME debt on the Project?:*

If yes, enter the amount of State HOME debt:

List all existing debt to be assumed by the Ownership Entity:

Comments:

QAP Section 6.4.7.1 Land and/or Cash Contribution

- Applicant understands that IFA shall not award more scoring points than initially requested. If a discrepancy in the requested points is discovered, IFA shall award the least amount of points supported by the information in the Threshold submitted Application and/or Scoring Exhibit.*

- Funds from Governmental Entities are not eligible for this section.
- Funds contributed to the Project by a certified Local Housing Trust Fund are eligible for this section.
- 1 point for each full one half percent (0.5%) of the Total Project Costs - 7 points maximum

Total Land and/or Cash Contributions: \$94,050

Contribution Type	Source	Amount
Cash	Trust Fund	\$64,050.00
Land with Improvements	seller	\$30,000.00

QAP Section 6.4.7.2 Below Market Interest Rate Loan

- Funds from Governmental Entities are not eligible for this section.
- Funds contributed to the Project by a certified Local Housing Trust Fund are eligible for this section.
- 1 point for each full one half percent (0.5%) of the Total Project Costs - 7 points maximum

\$100,000

Total Below Market Interest Rate Loan Contributions:

Contribution Type	Source	Amount
Below Market Rate Interest Rate Loan (Interest Savings)	GP/MM	\$100,000.00

Funding Sources

- If a Senior Living Revolving Loan is being requested from IFA, Applicant may submit the designated financial documents listing the IFA construction and/or permanent loan(s) and may submit the designated financial documents with an alternative source for the construction and/or permanent loan(s).
- If funding from the National Housing Trust Fund is being requested from IFA, the Applicant shall provide an alternative source of funds to replace the requested amount from the National Housing Trust Fund in the form of a General Partner loan or deferred Developer fee.
- If the Applicant doesn't have a commitment for State Historic Tax Credits, a General Partner loan commitment is required and shall be entered as General Partner Loan for anticipated State Historic Credits; otherwise, if Applicant has the State Historic Tax Credit commitment, enter the funding source as such.
- Applicants requesting points for historic significance shall use the maximum amount of state and federal historic tax credits eligible for as determined by the applicable funding agency.

Funding Source

Type:* Source:* Amount:* Non-Amortizing:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type Alternative Source of Funds?

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$19,299	\$19,299	\$19,299	\$19,299	\$19,299
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$19,299	\$19,299	\$19,299	\$19,299	\$19,299
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$19,299	\$19,299	\$19,299	\$19,299	\$19,299
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Alternative Source of Funds
NOTE: Provide an Exhibit 6T.

Type:* Source:* Amount:* Non-Amortizing:

Rate: Term: Amortization Period:

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$32,300	\$32,300	\$32,300	\$32,300	\$32,300
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$32,300	\$32,300	\$32,300	\$32,300	\$32,300
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$32,300	\$32,300	\$32,300	\$32,300	\$32,300

Add an Alternative Source of Funds

Funding Source

Type:* Source:* Amount:* Payment Type:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$13,000	\$14,000	\$12,000	\$16,000	\$13,000
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$6,000	\$5,000	\$4,000	\$4,000	\$4,000
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$3,000	\$3,000	\$1,000	\$95	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$9,000	\$8,000	\$8,000	\$7,000	\$8,000
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$6,000	\$6,000	\$6,000	\$6,000	\$5,260
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$3,000	\$3,000	\$3,036	\$3,060	\$3,056
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:*

Rate: Term (Years): Amortization Period (Years):

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Pre-Closing Review

Applicant agrees to comply with QAP Section 8.6 and submit proposed sources and uses of the Project funding to IFA two weeks prior to closing and receive approval from IFA's LIHTC Manager prior to closing.*

Costs And Credit Calculation

IFA shall allocate the Tax Credit amount to the Ownership Entity based on the credit price obtained from the Tax Credit investor(s) and applies this price to one hundred percent (100%) of the Tax Credit amount. IFA does not adjust the Tax Credit Allocation based on the components of the Ownership Entity.

Is this an application for additional credit?

Cost Element	Estimated Total Cost	Eligible Basis	
		30% PV	70% PV
I. Purchase Land and Buildings			
Land	\$0		
Broker's Fees	\$0		
Existing Structures	\$100	\$100	
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Purchase Land and Buildings			
	\$100	\$100	\$0
II. Site Work			
On-site Work	\$6,000	\$0	\$6,000
Off Site Work for Utility	\$0		
Demolition	\$0		
Garages (not included in rent)	\$0		
Parking (not included in rent)	\$2,097		
Landscaping	\$8,000	\$0	\$8,000
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Site Work			
	\$16,097	\$0	\$14,000
III. Construction			
New Building	\$190,000	\$0	\$190,000
Rehabilitation	\$1,350,000	\$0	\$1,350,000
Lead Based Paint Measures	\$0	\$0	\$0
Accessory Building(s)	\$0	\$0	\$0
Garages that are part of LIHTC rent	\$1	\$0	\$1
Surface Parking that is part of LIHTC rent	\$75,000	\$0	\$75,000
Underground Parking that is part of LIHTC rent	\$0	\$0	\$0
Community Service Facility	\$0	\$0	\$0
General Requirements	\$130,000	\$0	\$130,000
Builder Overhead	\$32,000	\$0	\$32,000
Builder Profit	\$40,000	\$0	\$40,000
Builder Bond Fee	\$0	\$0	\$0
Construction Contingency	\$200,000	\$0	\$200,000
Asbestos Abatement/Containment	\$0	\$0	\$0
Less Workforce Housing/EZ Sales Tax Rebate	\$0	\$0	\$0
Less Energy Rebate	\$2,000	\$0	\$2,000
SUBTOTAL: Construction			
	\$2,015,001	\$0	\$2,015,001
IV. Professional Fees			
Architect Fees - Design	\$16,000	\$0	\$16,000
Architect Fees - Supervision (inspection)	\$4,000	\$0	\$4,000
Engineer Fees	\$0	\$0	\$0
Attorney Fees (Real Estate)	\$8,000	\$0	\$8,000
Accountant Fees	\$10,000	\$0	\$10,000
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Professional Fees			
	\$38,000	\$0	\$38,000
V. Interim Costs			
Construction Insurance	\$3,001	\$0	\$3,001
Construction Interest	\$10,000	\$0	\$10,000
Construction Loan Origination Fee	\$8,000	\$0	\$8,000
Construction Loan Credit Enhancement	\$0	\$0	\$0
Taxes During Construction	\$25,000	\$0	\$25,000
Water, Sewer and Impact Fees	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Interim Costs			
	\$46,001	\$0	\$46,001
VI. Financing Fees and Expenses			
Bond Premium	\$0		
Bond Costs	\$0		
Credit Report	\$0		

Cost of Issuance	\$0		
Permanent Loan Origination Fee	\$5,000		
Permanent Loan Credit Enhancement	\$0		
Attorney's Fees	\$6,000		
Letter of Credit (LOC) Fees	\$0		
Title and Recording	\$5,000		
Placement Fee	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Financing Fees and Expenses	\$16,000	\$0	\$0
VII. Soft Costs			
Property Appraisal	\$6,000	\$0	\$6,000
Market Study	\$10,800	\$0	\$10,800
Environmental Report	\$3,000	\$0	\$3,000
Survey	\$2,000	\$0	\$2,000
Rent-Up Marketing	\$4,000		
Tax Credit Application Fees	\$2,500		
Pre-closing Review Fee	\$500		
IFA Compliance Monitoring Fee	\$0		
Tax Credit Reservation Fee	\$22,904		
IFA Construction Monitoring Fee	\$2,500		
8609 Fee	\$2,519		
Cost Certification/Accounting Fees	\$10,000	\$0	\$10,000
Permanent Relocation Expenses	\$0		
Temporary Relocation Expenses	\$90,000		
Furnishings and Equipment	\$30,000	\$0	\$30,000
Capital Needs Assessment Report	\$8,000	\$0	\$8,000
Other Attorney's Fees	\$6,000	\$0	\$6,000
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Soft Costs	\$200,723	\$0	\$75,800
VIII. Syndication Costs			
Bridge Loan Fees and Expenses	\$0		
Organizational (Partnership)	\$10,000		
Tax Opinion	\$0		
Other (explain below):	\$0		
SUBTOTAL: Syndication Costs	\$10,000		
IX. Developer's Fees			
Developer's Fee	\$350,000	\$0	\$350,000
Developer Overhead	\$0	\$0	\$0
Environmental Consultant Fee	\$0	\$0	\$0
Historical Consultant Fee	\$0	\$0	\$0
Consultants Fee	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Developer's Fees	\$350,000	\$0	\$350,000
X. Project Reserve			
Rent-Up Reserve	\$0		
Operating Reserve	\$96,000		
Escrows	\$0		
Other (explain below):	\$0		
SUBTOTAL: Project Reserve	\$96,000		
Intermediate Costs	\$756,724	\$0	\$509,801
Total Development Costs	\$2,787,922	\$100	\$2,538,802
Less Federal Financing		\$0	\$0
Less Federal Historic Tax Credit Residential		\$0	\$0
		\$0	\$0

Less Other (explain below):			
Total Eligible Basis		\$100	\$2,538,802
Adjustment for QCT		\$0	\$0
Adjustment for Non-MSA City or County		\$0	\$0
Adjustment for Projects Serving Lower AMIs		\$0	\$761,641
Deduction from QCT Adjustment		\$0	\$0
Applicable Fraction		95.00%	95.00%
Total Qualified Basis		\$95	\$3,135,420
Tax Credit Percentage Rate		3.2000%	9.0000%
Federal Tax Credits per Eligible Basis		\$3	\$282,187
Total Federal Tax Credits per Eligible Basis	\$282,190		
Previous Year's Allocation	\$0		
Federal Tax Credits Requested	\$282,190		
Credit Calculation Using Equity Gap			
Total Project Costs	\$2,787,922		
Total Sources of Funds	\$749,428		
Total Equity Gap	\$2,038,494		
Applicable Fraction	100.0000%		
Equity Gap Adjusted for Applicable Fraction	\$2,038,494		
Minimum Credit Value	0.8900		
Tax Credit Allowed by Equity Gap Calculation	\$229,044		
Credit Calculated by:			
Eligible Basis Calculation	\$282,190		
Equity Gap Calculation	\$229,044		
Other Adjustment	\$0		
Credit Amount	\$229,044		
Credit Amount per Low Income Unit	\$12,055		

Other Reasonably Expected Basis (for Underwriting use only):

\$0

Actual Credits Awarded to Date:

\$0

Reasonably Expected Basis:

\$2,642,499

10% of Reasonably Expected Basis:

\$264,250

Remarks concerning Project Costs and Credit Calculation:

Projected Operating Costs

Project Operations (Year 1)

I. Administrative Expenses	
Advertising	\$1,000
Office Salaries	\$0
Office Expenses	\$5,000
Property Management Fee	\$26,000
Onsite Manager Salary	\$0
Legal Expenses - Project Only	\$1,500
Auditing Expenses - Project Only	\$1,500
Bookkeeping Fees/Accounting Services	\$0
Subtotal: Administrative Expenses	\$35,000
II. Operating & Maintenance Expenses	
Electricity (Light & Misc. Power) & Gas	\$5,000
Water & Sewer	\$16,000
Trash	\$5,000
Maintenance Payroll	\$20,000
Maintenance Supplies	\$4,000
Security Payroll/Contract (incl taxes and benefits)	\$0
Snow Removal	\$3,000
Decorating	\$0

Subtotal: Operating & Maintenance Expenses	\$53,000
III. Taxes and Insurance	
Net Real Estate & Personal Property Taxes Year 1	
Edit Property Taxes After Year 1	\$0
Insurance	\$0
Subtotal: Taxes and Insurance	\$0
IV. Other Expenses	
Security System Expense	\$20,000
Free Internet Connectivity Expense	\$3,600
Support Services	\$0
IFA Compliance Monitoring Fee	\$0
Annual Replacement Reserves	\$8,800
Mortgage Ins. Premium (MIP)	\$0
Investor Fee	\$8,000
Other Expenses	\$0
Subtotal: Other Expenses	\$40,400
Total Operating Expenses	\$128,400
Total Operating Expenses without Taxes and Reserves	\$119,600
Total Units	20
Per Unit Per Year	\$5,980

Remarks concerning Projected Operating Costs:

Projected Cash Flow

- Check if project has maintained 95% annual occupancy for previous 3 years.
- Check if project currently has a minimum of 95% occupancy.

Year 1

Inflation Rate	
Income Inflation Rate	2.00%
Expense Inflation Rate	3.00%
Vacancy Rate (shall be 7%, 10% or 5%)	10.00%
Operating Income	
Gross rental income (from Unit Mix - Total Monthly Rent)	\$198,564
ROSE Program Savings	\$0
Residential Rental Property Income - Employee Unit	\$3,600
Parking	\$1,200
Stores and Commercial	\$0
Laundry and Vending	\$0
Other	\$0
Total Gross Income Potential at 100% Occupancy	\$203,364
Vacancy Allowance	\$19,976
Net Rental/Other Income	\$183,388
Other Year 1	
Edit Other	\$0
Total Operating Expenses (from Projected Operating Costs)	
	\$128,400
Net Operating Income	\$54,988
Debt Service (from Funding Sources)	
	\$41,299
Net Cash Flow	\$13,689
Debt Coverage Ratio (Minimum of 1.20)	1.331
15-Year Avg Debt Coverage Ratio	1.377

Include and calculate other estimated non-rental income sources below:

20-Year Cash Flow

Year	1	2	3	4	5	6	7	8	9	10
Net Rental/Other Income	\$183,388	\$187,055	\$190,796	\$194,612	\$198,505	\$202,475	\$206,524	\$210,655	\$214,868	\$219,165

Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Expenses	\$128,400	\$131,992	\$135,687	\$139,487	\$143,395	\$147,416	\$151,551	\$155,805	\$160,180	\$164,681
Property Taxes	\$0	\$0	\$0	\$0	\$0	\$16,000	\$16,500	\$16,800	\$17,150	\$17,350
Debt Service	\$41,299	\$41,299	\$39,299	\$42,299	\$40,299	\$31,299	\$30,299	\$29,299	\$29,299	\$28,559
Net Cash Flow	\$13,689	\$13,764	\$15,811	\$12,827	\$14,810	\$7,760	\$8,174	\$8,751	\$8,238	\$8,575
Net Cash Flow Per Unit	\$684	\$688	\$791	\$641	\$741	\$388	\$409	\$438	\$412	\$429
Debt Coverage Ratio	1.331	1.333	1.402	1.303	1.368	1.248	1.27	1.299	1.281	1.3

Year	11	12	13	14	15	16	17	18	19	20
Net Rental/Other Income	\$223,548	\$228,019	\$232,580	\$237,231	\$241,976	\$246,816	\$251,752	\$256,787	\$261,923	\$267,161
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Expenses	\$169,311	\$174,073	\$178,972	\$184,012	\$189,196	\$194,528	\$200,014	\$205,658	\$211,464	\$217,436
Property Taxes	\$17,500	\$17,675	\$17,852	\$18,100	\$18,281	\$0	\$0	\$0	\$0	\$0
Debt Service	\$25,299	\$25,299	\$23,335	\$22,454	\$22,355	\$0	\$0	\$0	\$0	\$0
Net Cash Flow	\$11,439	\$10,972	\$12,421	\$12,666	\$12,144	\$52,287	\$51,738	\$51,129	\$50,459	\$49,725
Net Cash Flow Per Unit	\$572	\$549	\$621	\$633	\$607	\$2,614	\$2,587	\$2,556	\$2,523	\$2,486
Debt Coverage Ratio	1.452	1.434	1.532	1.564	1.543	0	0	0	0	0

Financial Feasibility

To be considered for a reservation of Tax Credits, a Project shall demonstrate that it meets the requirements described in this Section.

Developments submitted with operating expenses, operating reserves, replacement reserves and/or a debt coverage ratio outside the prescribed ranges will be considered infeasible.

Operating Expenses

- Older Person (QAP 4.2.1): operating expenses shall be \$3,400 or more per unit per year not including taxes and reserves = \$68,000
- Family (QAP 4.2.2): operating expenses shall be \$3,600 or more per unit per year not including taxes and reserves = \$72,000

Operating Expenses (not including taxes and \$119,600 reserves):

Operating Expenses per unit per year: \$5,980

Debt Coverage Ratio: Primary "Must Pay" Debt

- The 15-Year Average Debt Coverage Ratio (DSCR) shall be between 1.20 and 1.40 and any one (1) year cannot go below 1.15 DSCR or above 1.60 DSCR for the first 15 years. Projects with 25 Units or less may exceed the DSCR in order to achieve up to \$250 per unit per year of net cash flow for the first 15 years.

15-Year Average Debt Coverage Ratio: 1.377

Debt Coverage Ratio:	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	1.331	1.333	1.402	1.303	1.368	1.248	1.27	1.299	1.281	1.3
	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20
	1.452	1.434	1.532	1.564	1.543	0	0	0	0	0

Operating Reserve

The operating reserve shall be greater than or equal to the following condition(s):

- a minimum of 6 months (), but not to exceed 18 months () of debt service, operating expenses and real estate taxes
- The Operating Reserve shall be funded within six months from the date IFA sends the IRS Form 8609 to the Ownership Entity.
- \$1,500 per unit per year = \$30,000, or...
- 6 months of debt service + operating expenses, and real estate taxes = \$80,450
- At the time of IRS Form 8609, the Operating Reserve can't exceed eight (8) months debt service, operating expenses, and real estate taxes = \$107,266
- The Operating Reserve shall be in place for the first 15 years and be used solely to cover operating deficits. The Operating Reserve shall be funded within six months from the date IFA sent the IRS Form 8609 to the Ownership Entity.
- The Operating Reserve may be funded by deferring the Developer's fees of the Project or by using an irrevocable letter of credit.

Will the Operating Reserve be funded with an Irrevocable Letter of Credit?*

Enter Operating Reserve amount to be funded by an Irrevocable Letter of Credit:*

Operating Reserve: \$96,000

Explain how the operating reserve will be established: Training Application Explanation

Annual Per-Unit Replacement Reserves

- Older Person: \$300 or more
- Family: \$400 or more

Replacement Reserves: \$440

Explain how the replacement reserves will be escrowed and used only for the replacement of capital components of the project: Training Application Explanation

Unit Cost Cap

- Unit cost caps are maximum amounts.
- IFA provides no guarantee that Projects at or below the Unit cost caps will be deemed financially feasible.
- Workforce Housing sales tax rebates, Enterprise Zone sales tax rebates and Utility company rebates for energy efficiency measures will be included in the calculation of Total Project Costs.
- Unit costs caps for 9% projects do not include the Project's land cost, operating reserve, or IFA Fees listed in QAP Section 3.3.7.
- Projects receiving Federal Historic rehabilitation Tax Credits will be allowed to deduct the residential portion of the Federal Historic Tax Credit (FHTC) from the Project costs to allow for stricter rehabilitation standards.
- Total Project Costs shall be less than or equal to \$3,808,400 (Unit Cost Cap)

Total Development Costs: \$2,787,922

Adjusted Development Costs (Total Development Costs minus land cost -residential portion of FHTC -operating reserves - IFA Fees listed in QAP Section 3.3.7): \$2,660,999

Tax Credit Cap per LIHTC Unit

- In addition to the Unit Cost Cap, all Projects will be subject to Tax Credit Cap per Unit limits as defined in QAP Section 4.9.1
- Projects that are eligible for the basis boost, will be allowed to exceed the Tax Credit Cap per LIHTC Unit listed in QAP Section 4.9.1 as defined in QAP Section 4.10. The maximum increase in the Tax Credit Cap per LIHTC Unit a Project may qualify for is 30% as no Project may receive more than a 30% increase in Eligible Basis. A Project qualifying for and receiving an increase in the Tax Credit per LIHTC Unit shall also be limited to the \$820,000 Tax Credit award amount per Project listed in QAP Section 2.3.2.
- **The applicable Tax Credit Cap per LIHTC Unit shall be less than or equal to: \$229,145**

Credit Amount: \$229,044

Developer Fees

Fees paid to parties who have an Identity of Interest shall be fully disclosed, and at IFA's discretion, will be included in the allowable Developer Fee.

- Developer fees (including Developer overhead and profit and Consultant fees) shall not be increased after the submission of the threshold Application.
- Total developer fees shall be less than or equal to \$351,278 (Eligible Fees)

Total Developer Fees: \$350,000

Builder and General Contractor Fees

- Builder and General Contractor fees shall be less than or equal to 12% of hard construction costs (\$2,053,098), or \$246,372. This fee is limited to ten percent (10%) of Hard Construction Costs, if an Identity of Interest exists between the Owner, the builder and general contractor, or (\$205,310).

Total Builder and General Contractor Fees: \$202,000

Construction Contingency

Construction Contingency shall be used to cover costs for unknown conditions discovered and cost overruns incurred during construction. Applicants shall obtain IFA approval for the use of Construction Contingency funds for items that were not part of the Initial Scope of Work.

- New Construction: All new construction Projects shall have a hard cost Construction Contingency line item between four percent (4%) and six percent (6%) of total Hard Construction Costs, less Construction Contingency
- Rehab or Acquisition/Rehab Projects: the hard costs Construction Contingency limits will be no less than seven percent (7%) and no more than twelve percent (12%) (N/A to Projects applying for the Housing for the Homeless Set-Aside)
- Adaptive Reuse or Historic Preservation Projects: the hard cost Construction Contingency limits will be no less than eleven percent (11%) and no more than fourteen percent (14%) of the total Hard Construction Costs, less Construction Contingency
- Threshold: \$222,372

Construction Contingency: \$200,000

Rehabilitation Standards

- Rehabilitation Expenditures shall be at least equal to the greater of twenty percent (20%) of the expected adjusted basis of the building or a \$25,000 Rehabilitation Expenditure limited to Hard Construction Costs per Low-Income Unit
- 20% of adjusted eligible basis: \$507,760
- \$25,000 per LIHTC unit: \$475,000

Rehabilitation Expenditures: \$1,350,000

IFA reserves the right to limit professional and other fees related to services rendered to the Project. Fees paid to parties who have an Identity of Interest shall be fully disclosed, and at IFA's discretion, will be included in allowable Developer fee. Refer to QAP Section 4.6.5.

IFA reserves the right to reduce Credit requests or allocations at any stage of the application process per Section 42 of the Code. Any reduction of Credit will be based on IFA's evaluation of debt and equity available and necessary for development feasibility.

A project may be ineligible for allocation if any of the listed funding sources will not be available in the stated amount and under the terms described in the approved Threshold Application. IFA may waive this limitation if the proposed changes are deemed to be in the best interest of IFA and affordable housing.

Remarks concerning Financial Feasibility Test:

Scoring

IFA shall make the final determination of the Applicant's score. IFA will award scoring points based on the evidence provided in the Application and exhibits, provided adequate evidence supports the award of points for all sites within the project. The online Application shall provide a tentative non-binding preliminary score based on the submitted application information.

Once the Threshold Application has been submitted, changes to the Application that maintain or improve the score shall not be allowed.

Applicants are required to upload all required scoring exhibits to the Exhibits Tab in the Application prior to submission of the Threshold Application. Refer to Appendix K of the Application Package.

Applicant understands that any scoring determinations made in prior years are not binding on IFA for the current funding round.*

Check here to accept the application scores shown below.*

	Preliminary Score	Final Score
6.1 Resident Profile		
6.1.1 Serves Lowest Income Residents (0 to 20 points)	20	Pending
Projects that provide Units that are set aside and occupied by tenants with incomes at forty percent (40%) AMI or less and are rent restricted. Annual re-certification of tenant income is required. Elected AMI percentages shall be maintained throughout the Compliance Period and the Extended Use Period. 1 point for each full one percent (1%) of the total Project Units. (15 points max)	15	Pending
a. Total Units: 20		
b. Total Units at 40% AMI or less: 8		
c. Percent (b/a): 40.0000%		
	5	Pending

Projects that provide Units that are set aside and occupied by tenants with incomes at thirty percent (30%) AMI or less and are rent restricted. Annual re-certification of tenant income is required. These Units shall be in addition to any Units selected for the 40% AMI or less. Elected AMI percentages shall be maintained throughout the Compliance Period and the Extended Use Period. 1 point for each full one percent (1%) of the total Project Units. (5 points max)

- a. Total Units: 20
- b. Total Units at 30% AMI not included in the 40% AMI or less above: 2
- c. Percent (b/a): 10.0000%

6.1.2 Market Rate Incentive (0 to 10 points) 5 Pending

Projects that provide market rate Units (not eligible for Tax Credits). On-site staff Units cannot be counted for points. Annual re-certification of tenant income is required. 1 point for each full one percent (1%) of the Units. (10 points max)

- a. Total Units: 20
- b. Market Rate Units: 1
- c. Percent (b/a): 5.0000%

6.1.3 Serves Tenant Population of individuals with children (5 points) 0 Pending
 6.1.4 Provides an Opportunity for Homeownership (15 points) 0 Pending

6.2 Location

6.2.1 Great Places (2 points) 0 Pending
 6.2.2 Density (0 to 8 points) 8 Pending

- Projects that are located in a census tract that has less than 10.00% of LIHTC Units per household. (8 points)
- Projects that are located in a census tract that has between 10.00% and 20.00% of LIHTC Units per household. (5 points)

6.2.3 Iowa Opportunity Index Census Tracts (0 to 5 points) 0 Pending
 • Very High Opportunity Area (5 points)
 • High Opportunity Area (3 points)

6.3 Building Characteristics

6.3.1 Market Appeal (0 to 35 points) 27 Pending

- Video Security System. (8 points) 0 Pending
- In-Unit Laundry Space with Washer and Dryer (Dryer shall vent to exterior) (6 points) 6 Pending
- Free Internet Connectivity (5 points) 5 Pending
- Storage Units (5 points) 5 Pending
- Built-In Dishwasher (3 points) 3 Pending
- Ceiling fan/light combination units with a remote control or wall switch. Minimum two per one or more bedroom Units and one per studio. (2 points) 2 Pending
- Kitchen exhaust hoods vented to the exterior (2 points) 2 Pending
- Bike Racks (1 point) 1 Pending
- For Senior Projects Only (maximum 3 points)
- Community Room (must be 20 square feet per unit up the first 40 units) (3 points) 3 Pending
- Fitness Center (3 points) 0 Pending

6.3.2 Projects with Historical Significance (8 points) 0 Pending

6.3.3 Projects that have Federal Project-Based Rental Assistance, HUD-VASH Voucher Assistance or Local Project-Based PHA (Public Housing Authority) Voucher Assistance (0 to 35 points) 0 Pending

Federal Project-Based Rental Assistance:

- At least seventy-five percent (75%) of the Project Units are covered by a federal project-based rental assistance contract. (35 points) 0 Pending
- At least fifty percent (50%) of the Project Units are covered by a federal project-based rental assistance contract. (30 points) 0 Pending

HUD-VASH Voucher Assistance:

- At least twenty-five percent (25%) of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (35 points) 0 Pending
- At least fifteen percent (15%) of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (25 points) 0 Pending
- At least five percent (5%) of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (10 points) 0 Pending

Local Project-Based PHA Voucher Assistance:

- At least twenty-five percent (25%) of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (35 points) 0 Pending
- At least fifteen percent (15%) of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (25 points) 0 Pending
- At least five percent (5%) of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (10 points) 0 Pending

6.3.4 Construction/Unit Characteristics (0 to 17 points) 17 Pending

- Exterior construction (durability): (0 to 10 points) 10 Pending
- Minimum of sixty percent (60%) of the gross exterior (excluding window and door areas), of 4" nominal brick, 4" nominal stone, stucco over masonry, architectural CMU block or pre-cast concrete wall panels. The remaining forty percent (40%) shall be constructed of one hundred percent (100%) fiber cement board siding or pre-finished aluminum metal. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented. (10 points) 10 Pending
- 0 Pending

- One hundred percent (100%) fiber cement board siding (excluding window and door areas) and/or nominal 2" thick manufactured stone over 3/4" stucco. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented. (7 points)
 - Minimum of forty percent (40%) of the gross exterior (excluding window and door areas), of 4" nominal brick, 4" nominal stone, stucco over masonry, architectural CMU block or pre-cast concrete wall panels. The remaining sixty percent (60%) shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented. (7 points)
 - Minimum of forty percent (40%) of the gross exterior (excluding window and door areas), of nominal 2" thick manufactured stone or imitation brick over 5/8" stucco. The remaining sixty percent (60%) shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. The Buildings soffit and fascia shall be pre-finished aluminum or fiber cement board. Soffits shall be vented. (4 points)
 - Universal Design Features: (0 to 2 points)
 - Closet rods and shelves in each bedroom closet in each Unit: (1 point)
 - One roll-in ADA compliant shower per each 20 Units dispersed throughout the property and in different bedroom sizes: (1 point)
 - Other: (0 to 5 points)
 - Steel door frames at unit entries leading to building corridors or interior spaces, metal clad wood frames acceptable at unit entries leading to the exterior (2 points)
 - Main entrance areas: Unit main entrance to interior - shall be designed with a foyer and equipped with a remote security and intercom system to each unit to control entry to common areas. Unit main entrance to exterior - shall have a storm door and a covered entry with a minimum depth and width of coverage of 4 feet by 4 feet. (2 points)
 - Vertical grab bars in the bathtub/shower and lever door hardware throughout the unit (1 point)
- 6.3.5 Olmstead Goals (0 to 13 points) 13 Pending
- Accessible Units Score (0 to 11 points) 11 Pending

Fully Accessible Units (required for all) See Appendix 1, G-18	Unit with Accessible Communications Features (required for all) See Appendix 1, G-18	Additional Accessible Type A Units (optional for scoring)	Scoring
10%	2%	5%	7 points
10%	2%	15%	9 points
10%	2%	25%	11 points

- At least fifty percent (50%) of the Fully Accessible and Additional Accessible Type A LIHTC Units will be two-, three-, or four-bedroom Units. (2 points) 2 Pending
- 6.3.6 Impact on the Environment (0 to 8 points) 8 Pending
- Implement and enforce a "no smoking" policy in all common and individual living areas of all buildings. (2 points) 2 Pending
 - Water conserving measures: Toilets are high efficiency WaterSense toilets that use 1.28 gallons per flush or less; faucet aerators use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; showerheads use 1.5 gpm or less. (dual flush toilets do not qualify) (2 points) 2 Pending
 - Passive (New Construction) or Active (rehab/reuse) Radon System (2 points) (maximum 2 points) 2 Pending
 - In unit water heaters that have a minimum energy factor (EF) of 0.61 for tank type gas, 0.93 for tank-type electric, or .96 for tankless water heaters. (2 points) 0 Pending
 - High efficiency central boilers (serving entire building) with a minimum 90 AFUE (1 point) 0 Pending
 - Central Water Heaters (serving entire building) - with a ninety (90%) Thermal Efficiency rating (1 point) 0 Pending
- 6.3.7 Energy Efficiency (8 points) 8 Pending
- New Construction (3 stories or less, or 4 stories or more with each Unit having its own heating, A/C and water heating):
- Home Energy Rating Systems (HERS) Index of 62 or less (8 points) 0 Pending
- New Construction (4 stories or more without each Unit having its own heating, A/C and water heating):
- Exceed ASHRAE 90.1-10 by ten percent (10%) (8 points) 0 Pending
- Existing Structures (Acq/Rehab and Adaptive Reuse):
- 2015 International Energy Conservation Code (IECC) exceeded by eight percent (8%) or more. (not available to Projects utilizing Historic Tax Credits). (8 points) 8 Pending
- For Projects that include new construction and existing structures, to receive the full 8 points, the requirement for each shall be met.

6.4 Other

- 6.4.1 Iowa Title Guaranty (7 points) 7 Pending
- 6.4.2 Developer or General Partner/Managing Member Experience (6 points) 5 Pending
- The Developer or General Partner/Managing Member of this Project shall have completed two LIHTC Projects which have received an IRS Form 8609 between the dates of July 1, 2011 and July 1, 2017 in such role. The Developer or General Partner/Managing Member has not been deemed ineligible in Iowa or any other state to participate in the LIHTC Program between the dates of July 1, 2016 and July 1, 2017. (5 points) 5 Pending
 - The Developer or General Partner/Managing Member of this Project shall have submitted and met IFA's Carryover-Ten Percent (10%) Test and/or IRS Form 8609 Application due dates between the dates of November 1, 2016 and November 1, 2017 without an extension. (1 point) 0 Pending
- 6.4.3 Waives Right to Qualify Contract (25 points) 25 Pending
- 6.4.4 Construction Costs (0 to 4 points) 4 Pending
- 6.4.5 Capital Needs Assessment (for Acq/Rehab or Rehab Projects only) (8 points) 8 Pending
- 6.4.6 Environmental Site Assessment (1 point) 1 Pending

6.4.7 Leverage (0 to 14 points)	13	Pending
6.4.7.1 Land and/or Cash Contribution (7 points maximum)	6	Pending
• 1 point for each full one half percent (0.5%) of the Total Project Costs		
6.4.7.2 Below Market Interest Rate Loan (7 points maximum)	7	Pending
• 1 point for each full one half percent (0.5%) of the Total Project Costs		
7.10 Remedies on Appeal		
<input type="checkbox"/> Award points under section 7.10.3 of QAP (LIHTC Manager Only).		
7.10.3 Once the waiting list has expired, a Project that has been placed on the waiting list due to a successful appeal shall be awarded five (5) points in the next nine percent (9%) Tax Credit Round. To receive the additional points during the next nine percent (9%) Tax Credit Round, the Project shall be the same Project that was the subject of the successful appeal (5 points)	0	Pending
<hr/>		
Summary		
Total Score	169	Pending
Please note this score is only preliminary and may change significantly as the application and supporting documentation is reviewed and analyzed. Do not assume the preliminary score will be the final score for this Project.		

Exhibits Checklist

In addition to this Application, the following Exhibits must be submitted to the Iowa Finance Authority:

- All supporting documentation required by the Application shall not be more than 180 days old on the date the Application is submitted to IFA. Exceptions allowed would include documents NOT specifically produced for the Application, such as a valid purchase agreement, deed, land title document, IRS letters to a Nonprofit stating the Nonprofit is an exempt organization under IRC Section 501(c)(3) or 501 (c)(4), Articles of Incorporation.
- Opinions and Certifications submitted by attorneys, the Applicant, or other professionals, shall be based on an independent investigation into the facts and circumstances regarding the Proposed Project. Any opinion submitted that is not based on an independent investigation of the facts and circumstances of the proposed Project will not be accepted.

Exhibits

- 18F - Verification Project is located in a Qualified Census Tract (QCT) from HUD website
- 4S - Environmental Site Assessment
- 5Sb - Below Market Interest Rate Loan (IFA Required Form) (IFA Form Required)
- 1T - Application Certification and Acknowledgements(IFA Required Form) (IFA Form Required)
- 2T - Current Real Estate Tax Assessment Documentation
- 3Ta - Ownership Entity Documentation - IRS F.E.I.N. letter in Ownership Entity's name
- 3Tb - Ownership Entity Documentation - Current certificate of Limited Partnership
- 3Tc - Ownership Entity Documentation - Current Limited Partnership Agreement
- 3Tf - Owner and General Partner(s)/managing member(s) Organization Structure Chart
- 4Te - Owner Representative Documentation for General Partner/Managing Member & Co-General Partner - File-stamped Articles of Incorporation
- 4Tf - Owner Representative Documentation for General Partner/Managing Member & Co-General Partner - Bylaws
- 4Tg - Board Resolution approving actions of corp. concerning proposed project
- 5T - Letters of Intent from lending institutions (on their letterhead) for private construction & permanent financing
- 6T - Commitment Letters from all other funding sources. This includes any Cash Contribution from the Developer or General Partner, debt to be assumed by the Ownership Entity, and grants, loans, tax credits, tax increment financing, etc.
- 6Ta - Nonprofit Board of Director's Resolution allowing a deferred payment obligation to the Project.
- 9B - Preliminary Costs and Scope of Work for All Projects (IFA Required Form)
- 8T - Tax Attorney Opinion As to Project Acquisition Qualification (IFA Required Template) (IFA Form Required)
- 10T - Documents relating to syndication or other sale/exchange of tax credit interest to investors
- 11T - Utility Allowance Documentation
 - Most recent PHA, HUD, RD or Utility Company documentation showing source of utility calculations.
 - Circle utility amounts on chart.
 - If the documentation is over 1 yr. old, provide a statement from the provider confirming that the utility amounts are current.
- 12T - Market Study Documentation
- 15T - State Agency Performance Information and email to each state agency (IFA Required Form) (IFA Form Required)
- 1B - Document(s) evidencing control or ownership of site(s)
- 2B - Appraisal
 - When land/buildings are acquired from an entity or person with an Identity of Interest, an appraisal by an MAI certified appraiser who is not a related party and is currently in good standing. Appraisal shall be no more than 180 days old on the date that the Application is submitted to IFA
- 3B - Color Photos of Property & Adjacent Properties
 - Eight photos of each building are required for rehab. & acq/rehab projects:
 - Looking at each bldg. from the North, South, East & West
 - Looking out from each bldg. toward the North, South, East & West
 - Eight photos are required for each building location for new construction projects:
 - Looking toward the center of each building from the North, South, East & West
 - Looking out from the center of each building toward the North, South, East & West
 - NOTE: The photo must include the street address, bldg. #, & direction taken. This information can be included on the photo itself, or in the electronic name of the photo.
- 4B - Map with Site Location(s) & Plat Map(s)
 - Provide legible recent official city map pinpointing the site location(s). Shall show the legal address of the property, the names of surrounding streets & any other information important for the site inspection.
 - Plat Map or Proposed Re-Platting Map for Each Site Location
 - Both are required.
- 5B - Site and Floor Plan(s)
- 7B - Political Jurisdiction Certification (IFA Required Form) (IFA Form Required)
- 8B - Plans and Specifications
- 1S - Capital Needs Assessment (Acq/Rehab and Rehab Projects Only)
- 5S - Leverage - Land and/or Cash Contribution (IFA Required Form) (IFA Form Required)

Upload Exhibits

You can submit any of the Exhibits listed above to the Iowa Finance Authority by using the fields below to upload an electronic version.

Exhibit	Title	Upload Date	
1SA Letter from IRS stating Nonprofit is a qualified Nonprofit under 501(c)(3) or 501(c)(4)	NP IRS Letter - Training Application	9/7/2017	Remove
2SA Attorney's opinion regarding Nonprofit (IFA Required Template)	NP Attorney opinion - Training Application	9/7/2017	Remove
3SA Nonprofit Articles of Incorporation & 2-Year Requirement	NP Articles of Incorp. and document for 2-year requirement	9/7/2017	Remove
4SA Nonprofit Resume	NP Resume - Training Application	9/7/2017	Remove
5SA Confirmation of continued IRS status as a qualified Nonprofit under 501(c)(3) or 501(c)(4).	IRS printout - Training Application	9/7/2017	Remove

Use the fields below to upload an exhibit.

Exhibit:

Title:

Exhibit to Upload: Select

Upload Exhibit

Project Timeline

Activity	Initial Timeline Date	Updated Timeline Date	Date of Update	Completion Date
Begin Title Guaranty Process	4/1/2018			
Submit Required Pre-Construction Documents to IFA: Plans and Specifications	9-15-18			
Submit Required Pre-Construction Documents to IFA: Architect/Engineer Certifying compliance with 2015 IECC	9-15-18			
Submit Required Pre-Construction Documents to IFA: Capital Needs Assessment (if applicable)	11-16-18			
Submit Required Pre-Construction Documents to IFA: Preliminary Energy Audit (if applicable)	12-2-18			
Submit Required Pre-Construction Documents to IFA: Preliminary Energy Report	12-2-18			
Submit Required Pre-Construction Documents to IFA: Construction Contact Listing	12-2-18			
Execute Carryover Allocation Agreement	6/1/2018			
Pre-Closing Review	11-10-18			
Site Acquisition	3/1/2019			
Building Permits	1-15-19			
Notify IFA Construction Analyst of Pre-Construction Meeting	1-16-19			
Erect IFA Construction Sign	3-1-19	Mar 01,2019	Sep 07,2017	
Meet with IFA Compliance Staff	4-1-19			
Notify Construction Analyst of required inspections: Foundation	N/A			
Notify Construction Analyst of required inspections: Rough-In	N/A			
Notify Construction Analyst of required inspections: Pre-Sheet Rock	N/A			
Notify Construction Analyst of required inspections: Final	8-15-19			
Submit initial and final pay apps to Construction Analyst	9-1-19			
If Senior Living Revolving Loan Program funds, submit all pay applications to Construction Analyst	3-1-19	Mar 01,2019	Sep 11,2017	
Submit Prior to Placed-in-Service Documents - Refer to QAP Section 8.9	3-1-19			
Submit 10%-Carryover Allocation Application	4/1/2019			
Execute LURA	8/1/2019			
Placed in Service	8-1-19			
Submit Required Construction Completion Documents to IFA	9-15-19			
Submit IRS Form 8609 Application	10/15/2020	Oct 15,2019	Sep 07,2017	
Return Fully Executed IRS Form 8609 to IFA	Within 60 days of IRS Form 8609			
Submit Documentation of Fully Funded Operating and Replacement Reserve Accounts	6 months from IRS Form 8609			
Submit Project Annual Audited Financial Statements	90 days after Project's fiscal year end			