



2021 HOUSING DEVELOPMENT APPLICATION

LOW-INCOME HOUSING TAX CREDIT PROGRAM, HOME AND NATIONAL HOUSING TRUST FUND

Submission Instructions:

For preliminary applications: To submit the completed preliminary application, email aice@kshousingcorp.org the excel attachment. The excel application must be named in the following format: "Property Name (space) DocumentName". For example: " Sunflower Apartments LIHTC Preliminary Application". The Preliminary application must be submitted by January 22nd, 2021 at 4:30 p.m.

For full applications & approved developments: To submit the full application or an updated application please upload the excel file to the Procorem WorkCenter. The Procorem WorkCenter login information is provided on February 26th, 2021 at 4:30 p.m. by KHRC upon the scoring of the preliminary application. The Excel application must be named in the following format: "Property Name (space) HFA # (space) DocumentName". For example: " Sunflower Apartments 602456 LIHTC Full Application". The full application must be submitted by May 7th, 2021. Updated applications and additional documentation will be requested via Procorem throughout the development process.

LIHTC Preliminary Application Checklist: The following is a checklist of materials that are required as a part of the submission of the preliminary applications. If KHRC needs more information in order to fully evaluate an application, it will be requested. Please provide the following:

For All at Preliminary Applications:

- Completed preliminary application package
- Preliminary application fee
- Site Location maps
- Evidence of site control or ownership
- Experience summary for management company
- Experience summary for ownership entity
- Documentation of proper zoning or application process

For Rehabilitations at Preliminary Application:

- Rehabilitation work write-up/scope of work

For Non-Profits at Preliminary Application:

- Resolution from Board

Please send any questions, comments or concerns to Alissa Ice, Housing Development Director, by email at aice@kshousingcorp.org or phone at (785)-217-2036.

For questions or concerns specifically regarding HOME or Housing Trust Fund, please contact Barry McMurphy, Housing Development Manager, by email bmcmurphy@kshousingcorp.org or phone at (785)-217-2024.

LIHTC Full Application Checklist: The following is a checklist of materials that are required as a part of the submission of the full applications. If KHRC needs more information in order to fully evaluate an application, it will be requested. Please provide the following:

For All at Full Applications:

- | | |
|---|--|
| <input type="checkbox"/> Completed full application package | <input type="checkbox"/> Commitment letters on sources of funds |
| <input type="checkbox"/> Full application fee | <input type="checkbox"/> Documentation of availability of utilities at site |
| <input type="checkbox"/> Preliminary plans, specifications, site plan | <input type="checkbox"/> Experience summary for general contractor and consultant |
| <input type="checkbox"/> Sponsor's/applicant's financial statement | <input type="checkbox"/> Certificate of compliance with Americans With Disabilities Act & ANSI |
| <input type="checkbox"/> Housing Needs Study | |
| <input type="checkbox"/> A 20 year Pro Forma | |
| <input type="checkbox"/> Documentation of utility calculations | |

For Nonprofits at Full Application:

- | | |
|--|---|
| <input type="checkbox"/> Articles of incorporation | <input type="checkbox"/> Evidence of regular, continuous, and substantial participation in the development, operation, and management of the project throughout the entire compliance period, pursuant to Section 469(h) of the Internal Revenue Code |
| <input type="checkbox"/> IRS documentation of nonprofit status | |
| <input type="checkbox"/> List of Board of Directors, officers, directors | |
| <input type="checkbox"/> Description of previous housing participation | |
| <input type="checkbox"/> Proof of ownership interest in the project | |
| <input type="checkbox"/> CHDO (re)certification packet (if applicable) | |

For HOME/HTF at Full Application:

- | | |
|---|--|
| <input type="checkbox"/> Signed Statement of Assurances | Environmental Documentation |
| <input type="checkbox"/> Documentation of Match Funding | <input type="checkbox"/> FEMA Flood Map with site identified |
| <input type="checkbox"/> Notices to Sellers/Donators | <input type="checkbox"/> Map locating any above ground storage tanks (AST's) within 1 mile of site |
| <input type="checkbox"/> Community Housing Plan | <input type="checkbox"/> Map identifying major streets, highways or railways within 3000' |
| <input type="checkbox"/> Proposal Narratives | <input type="checkbox"/> Map showing location of all airports or airfields within 5 miles |
| | <input type="checkbox"/> Identification of any nearby sites on the National Historic Register. For rehab or conversion of buildings over 50 years old, documentation of communication with the SHPO regarding potential eligibility for listing. |

For Supportive Housing at Full Application:

- | |
|--|
| <input type="checkbox"/> Memorandum of Understanding |
| <input type="checkbox"/> Supportive Housing Plan |

KANSAS HOUSING

2021 HOUSING DEVELOPMENT APPLICATION

Low-Income Housing Tax Credit Program, HOME, and National Housing Trust Fund

Date of Application: _____ HFA # _____ (assigned by KHRC)

Type of Request (Check All That Apply)

Low Income Housing Tax Credit HOME Housing Trust Fund

Low Income Housing Tax Credit ("LIHTC") Application Type:

Preliminary Application Full Application Reservation Agreement Placed in Service

Building Allocation Type: _____ LIHTC Percentage Type: _____

Targeted Population: _____ Building Type: _____

LIHTC Set-Aside Requested: _____ LIHTC Extended Use Commitment (in years) _____

The development will be located within a concerted community revitalization area.

The development will be located within: Qualified Census Tract Rural County as defined in the QAP
 Difficult to Develop Area High Opportunity Area with Expensive Land

Development Name & Address

Name _____ Census Tract _____

Address _____ County _____

City _____ State _____ KS Zip Code _____

Latitude: _____ Longitude: _____

Federal Congressional District _____ KS House District _____ KS Senate District _____

Developer Information If applicable, list names & percentage of co-development.

Name(s) _____ % Dev. _____

_____ % Dev. _____

_____ % Dev. _____

Address _____

City _____ State _____ Zip Code _____

Contact : _____

Telephone: _____ Email: _____

Nonprofit Community Housing Development Organization (CHDO)

Development Team

Each member of the development team indicated by ** must submit a KHRC Experience Summary Form. The form for the management company and ownership entity will be due with the preliminary application while the consultant and general contractor will be due with the full application.

** Ownership Information

Name of Ownership Entity _____ Federal ID Number _____
Date of Legal Formation _____
Owner Contact Person: _____
First Name _____ MI _____ Last Name _____
Owner Mailing Address: _____ City: _____ State: _____ Zip Code _____
Owner Telephone: _____ Email: _____

Name of General Partner(s), Manager(s), or Managing Member(s) of Ownership Entity:

_____	% Ownership	_____	Owner Role:	_____
_____	% Ownership	_____	Owner Role:	_____
_____	% Ownership	_____	Owner Role:	_____
_____	% Ownership	_____	Owner Role:	_____

Development Team Information

** Consultant
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____ Percentage of Developer Fee to be paid: _____

** General Contractor
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____

** Property Management Company
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____

Architect
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____

Attorney
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____

Accountant
Entity Name: _____ Entity is related to the owner and/or developer:
Contact Name: _____ Email: _____
Telephone: _____

Site Information

Is site currently under control for the development? Yes No
If yes, control is in the form of: _____ If other, please specify: _____
Execution date of contract or option: _____ Expiration date of contract or option: _____
Total Cost of Land _____ # of Acres _____
Name of Seller _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone: _____ Email: _____
Name of Buyer _____
Is there an identity of interest between Buyer and Seller? Yes No

If yes, explain:

Check if true:

Is site properly zoned for your development?
If no, is site currently in the process of rezoning?
Are all utilities presently available to the site?
If no, which utilities need to be brought to the site? _____

Relocation Information

Has there been a tenant-occupant(s) on the property site within the last 18 months? (If No skip the next question.) Yes No
Is the property vacant now? Yes No
If yes, when and why did the tenant-occupant(s) vacate. Briefly explain:

Uniform Relocation Act - HOME & Housing Trust Fund only

Were General Information Notices delivered to all tenant-occupant(s) prior to submitting this application? Yes No N/A
Will this project require temporary or permanent relocation of any tenant-occupant(s)? Yes No N/A
If "Yes", list the number of tenant-occupant(s) affected : _____

Notification of Local Official - Low Income Housing Tax Credit only

Provide the name of the local political jurisdiction in which the development shall be located and include the name and address of the chief executive officer of the political jurisdiction.

Name of Political Jurisdiction: _____
Name of Chief Executive Officer: _____
Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Nonprofit Set-Aside - LIHTC only (if requesting)

To qualify for the nonprofit set-aside, the applicant must materially participate in the development and operation of the development throughout the compliance period. Within the meaning of IRC 469(h), "a (nonprofit) shall be treated as materially participating in an activity only if the (nonprofit) owns an interest in the development and is involved in the development and operations of the development on a basis which is regular, continuous, and substantial." Please review these requirements carefully and submit supplemental documentation to evidence compliance with said requirements.

Nonprofit Name: _____
Nonprofit Address: _____
City: _____ State: _____ Zip : _____
Contact Person: _____ Phone: _____
Email: _____

Is the nonprofit organization certified? Yes No
Does the nonprofit meet all CHDO requirements for certification per 92.2? Yes No
If yes, will the CHDO be the sole general partner or management member of the ownership entity?
If yes, please submit a certification packet with the application.

Nonprofit Set-Aside: Check all that apply.

- The nonprofit entity is either a 501(c)(3) or a 501(c)(4) organization;
- The nonprofit entity is exempt under Subsection 501(a) of the Internal Revenue Code;
- The nonprofit entity includes in its exempt purposes, the fostering of low-income housing;
- The non-profit entity is not affiliated with or controlled by a for-profit organization;
- The nonprofit entity holds a Right of First Refusal which is effective at the end of the Compliance Period;
- The nonprofit entity will maintain a majority and controlling vested ownership interest in the managing entity of the Housing Sponsor throughout the Compliance Period;
- The nonprofit is a Community Housing Development Organization (CHDO).

Percentage of ownership interest by the nonprofit entity in the managing entity of the Housing Sponsor: _____

Describe the nonprofit's participation in the development and operation of the development.

List the names of Board Members for the nonprofit organization. If a CHDO, detail board member roles (public official, low-income representation, etc.)

Identify all paid full-time staff.

Minimum Set-Aside - LIHTC only

Check one of the following:

- 20% or more of the residential units in this development are both rent-restricted and occupied by households whose income is 50% or less of area median income.
- 40% or more of the residential units in this development are both rent-restricted and occupied by households whose income is 60% or less of area median income.
- Income Averaging - 100% of the residential units in this development are both rent-restricted and occupied by households whose income (designated in 10% increments from 20% to 80%) on average are at or below 60% of area median income (AMI).
- FOR BOND DEVELOPMENTS ONLY - 40% percent or more of the residential units in the development are both rent-restricted and occupied by households whose income (designated in 10% increments from 20% to 80%) on average are at or below 60% of area median income (AMI).

In order to qualify for tax credits, developments must meet the minimum set-aside elected as of the close of the first year of the credit period. The irrevocable election is ultimately made by the owner on IRS form 8609.

Syndicator Information - LIHTC only

Net Equity Generated

Amount of Annual Low-Income Housing Tax Credit Requested	_____	_____
Historic Rehabilitation Credit Amount (if applicable)	_____	_____
Net Tax Credit Equity Available to the Development as a funding source		\$0
Equity Price per Low Income Housing Tax Credit	(formula cell - do not enter)	#DIV/0!
Equity Price per Historic Rehabilitation Credit	(formula cell - do not enter)	\$0.00
Equity Provider Costs and Fees	_____	Equity Provider Ownership % _____

Please describe the pay-in schedule:

Name of Equity Provider _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone _____ Email _____

Application Fraction Calculation			DO NOT ENTER INFORMATION IN THIS SECTION SHADED FIELDS ARE LINKED TO OTHER PAGES
LIHTC only			
	<u>Number of Units</u>	<u>Square Footage</u>	
LIHTC UNITS	0	0	
HOME UNITS	0	0	
HOUSING TRUST FUND UNITS	0	0	
MARKET UNITS	0	0	
EMPLOYEE UNITS	0	0	
TOTAL	0	0	
TOTAL RESIDENTIAL UNITS	0	0	(Mgr./Employ unit(s) not included in residential numbers)
AFFORDABLE RESIDENTIAL UNITS	0	0	
% AFFORDABLE	#DIV/0!	#DIV/0!	APPLICABLE FRACTION <u>#DIV/0!</u>

Total Number of Buildings in Development _____ Non-residential Floor Area _____ (Square Feet)
 Number of Buildings with Affordable Units _____ Commercial Area 0 (Square Feet)
 Gross floor area of all buildings 0 (Square Feet)

Amenities / Recreational Facilities _____
 Commercial Facilities _____
 Services _____

Building Type: Row House/Townhouse Detached Single Family Partial Basement Slab on Grade
 Garden Apartments Duplex Full Basement Stories

_____ # of Units for Persons with a Physical Disability (fully adapted) **Check if true:**
 Has Elevator(s)
 Has Covered Parking
 _____ # of Units for Persons with Visual or Hearing Impairment Has Garage(s)
 Has Clubhouse/Community Room
 _____ # of Parking Spaces Has Community Laundry Facilities
 Has In-Unit Laundry Equipment
 Parking is shared with another development Has Limited Access to Common Areas (i.e., Security Features)
 Has Playground
 Has Walking Paths or Outdoor Space

Project Based Rental Assistance:

Check if true:
 Proposed development has rental assistance
 Has RD 515 Assistance
 Is HUD Section 8 Project-Based
 Other Assistance _____

Number of units receiving Assistance: _____
 Expiration Date of Rental Assistance Contract: _____
 Contract Term (in years): _____

Environmental Information: Please identify any potential environmental issues in the space below (i.e. floodplain, wetlands, noise sources, etc.).

DEVELOPMENT COSTS

(Low Income Housing Tax Credit Developments Only)
 (List Eligible Basis by Credit Type (Residential Portion Only))

Itemized Cost (list "Other" items)	ACTUAL COST	ACQ ELIGIBLE BASIS	9% ELIGIBLE BASIS	4% ELIGIBLE BASIS
To Purchase Land & Buildings				
Land Acquisition Cost		-0-	-0-	-0-
Existing Structures			-0-	
Demolition		-0-	-0-	-0-
Other Acquisition Costs			-0-	
Sub Total	\$0	\$0	\$0	\$0
For Site Work				
Site Work				
Off Site Improvements				
Sub Total	\$0	\$0	\$0	\$0
For Rehab & New Construction				
Unit Structures - New				
Unit Structures - Rehab				
Accessory Buildings				
Commercial Space Costs (i.e., facilities with tenant charges)		-0-	-0-	-0-
General Requirements				
Contractors Overhead				
Contractors Profit				
Building Permit Fee				
Other Construction Costs: (specify below):				
Sub Total	\$0	\$0	\$0	\$0
For Construction Contingency				
Construction Contingency				
Soft Cost Contingency				
Sub Total	\$0	\$0	\$0	\$0
For Architectural and Engineering Fees				
Architecture Design Fee				
Architecture Supervision Fee				
Engineering Fees				
Property/Survey Fees				
Sub Total	\$0	\$0	\$0	\$0
For Interim Costs:				
Construction Insurance				
Construction Interest				
Construction Loan Origination Fee				
Title and Recording				
Taxes During Construction				
Legal Fees				
Bonding Fees				
Other: _____				
Other: _____				
Sub Total	\$0	\$0	\$0	\$0
For Permanent Financing Fees & Expenses:				
Credit Report		-0-	-0-	-0-
Permanent Loan Fees		-0-	-0-	-0-
Title Insurance/Escrow/Recording/Closing		-0-	-0-	-0-
Legal Fees		-0-	-0-	-0-
Other Permanent Loan Fees		-0-	-0-	-0-
Sub Total	\$0	-0-	-0-	-0-
PAGE TOTAL	#REF!	#REF!	#REF!	#REF!

DEVELOPMENT COSTS

(Low Income Housing Tax Credit Developments Only)
List Eligible Basis by Credit Type (Residential Portion Only)

Itemized Cost (list "Other" items)	ACTUAL COST	ACQ ELIGIBLE BASIS	9% ELIGIBLE BASIS	4% ELIGIBLE BASIS
For Soft Costs				
Appraisal Fee				
Market Study				
Environmental				
Tax Credit Fees		-0-	-0-	-0-
Organizational Costs		-0-	-0-	-0-
Cost Certification Fee				
Other _____				
Other _____				
Sub Total	\$0	\$0	\$0	\$0
For Developer's Fees				
(See current QAP for limitations on Developer Fee.)				
Developer Fees				
Co-Developer Fees				
Consultant's Fees				
Sub Total	\$0	\$0	\$0	\$0
For Development Reserves				
Replacement Reserve		-0-	-0-	-0-
Operating Reserve		-0-	-0-	-0-
Lease-Up Reserve		-0-	-0-	-0-
Other _____		-0-	-0-	-0-
Sub Total	\$0	\$0	\$0	\$0
Subtotal from this page	\$0	\$0	\$0	\$0
Subtotal from previous page	#REF!	#REF!	#REF!	#REF!
TOTAL	#REF!	#REF!	#REF!	#REF!
Reductions to Eligible Basis:				
Less federal grant used to finance qualifying development costs.				
Less amount of nonqualified nonrecourse financing				
Less nonqualifying units of higher quality or nonqualifying excess portion of higher quality units				
Less Historic Tax Credit (Residential Portion Only)				
Total Eligible Basis	#REF!	#REF!	#REF!	#REF!
Basis Boost	0.00%	0.00%	0.00%	0.00%
Adjustment to Basis	#REF!	#REF!	#REF!	#REF!
Adjusted Eligible Basis	#REF!	#REF!	#REF!	#REF!
Multiplied by the Applicable Fraction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Qualified Basis	#REF!	#REF!	#REF!	#REF!
Multiplied by the Applicable Tax Credit Percentage (Use current tax credit percentage as an estimate)	0.00%	9.00%	0.00%	0.00%
TOTAL TAX CREDIT ELIGIBILITY DETERMINED BY BASIS:	#REF!	#REF!	#REF!	#REF!
(May be different than the amount requested or awarded)				

Monthly Revenue from Other Sources (Detail Sources Below)

List all tenant charges proposed for the development beyond the basic rent.

	<u>Number of Units</u>	<u>Monthly Charge</u>	<u>Total Monthly Charge</u>
Washer/Dryer Rental	_____	_____	\$0.00
Covered Parking	_____	_____	\$0.00
Parking	_____	_____	\$0.00
Community Laundry	_____	_____	\$0.00
Other:	_____	_____	\$0.00
Total Other Monthly Income Source:			<u>\$0.00</u>
		Less Vacancy Allowance: 0.00%	<u>0.00</u>
Total Effective Monthly Income:			<u><u>\$0.00</u></u>

Note: Any charges to tenants which are not optional must be included in gross rent.

Monthly Utility Allowance Calculations

	<u>Type of Utility, if applicable</u>	<u>Check if utility is paid by owner</u>
Heating	_____	Paid by Owner <input type="checkbox"/>
Air Conditioning	_____	Paid by Owner <input type="checkbox"/>
Cooking	_____	Paid by Owner <input type="checkbox"/>
Lighting	Electric _____	Paid by Owner <input type="checkbox"/>
Hot Water	_____	Paid by Owner <input type="checkbox"/>
Water	_____	Paid by Owner <input type="checkbox"/>
Sewer	_____	Paid by Owner <input type="checkbox"/>
Trash	_____	Paid by Owner <input type="checkbox"/>

Equipment Information:

- Range Refrigerator Disposal Other: _____
 Dishwasher Air Conditioner Kitchen Exhaust Fan Other: _____

Source of Utility Allowance Calculation - Check one of the following

- Energy Consumption Model HUD Utility Schedule Model ("HUSM")
 Utility Company Estimate Other: _____
 RD 515

Documentation of utility calculations must be included with application. Date Effective: _____

Unit Mix Summary: DO NOT ENTER INFORMATION IN THIS SECTION - FORMULA BASED

TOTAL UNITS - LIHTC	0	TOTAL SQ FT - LIHTC	0	MO. INCOME - LIHTC	\$0
TOTAL UNITS - HOME	0	TOTAL SQ FT - HOME	0	MO. INCOME - HOME	\$0
TOTAL UNITS - HTF	0	TOTAL SQ FT - HTF	0	MO. INCOME - HTF	\$0
TOTAL UNITS - MARKET	0	TOTAL SQ FT - MARKET	0	MO. INCOME - MARKET	\$0
	0	TOTAL SQ FT - EMPLOY.	0	MO. INCOME - EMPLOY.	\$0
TOTAL UNITS - EMPLOY.					

If units are both LIHTC and HOME or HTF, please fill out an individual row for LIHTC and specify in the provided column which funding source is combined.

Unit Type (Bdr)	# of Bath	# of Units	Unit Rent	Utility Allowance	Total Monthly Rent	Average SF of Unit	Target Area Median ("AMI") Designation	LIHTC, Market, or Employee	Combined with HOME or HTF
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
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				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				

Unit Type (Bdr)	# of Bath	# of Units	Unit Rent	Utility Allowance	Total Monthly Rent	Average SF of Unit	Target Area Median ("AMI") Designation	LIHTC, Market, or Employee	Combined with HOME or HTF
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
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				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				
				\$0	\$0				

	\$0	<i>*If the development receives project-based assistance, use project-based rents, i.e. HUD Section 8 or RD 515, in this column to correctly reflect income.</i>
0.00%	\$0	
Total Effective Monthly Income	\$0	
Total Effective Yearly Income	\$0	

Annual Operating Expense

Provide estimated (based upon normalized operations) annual expense information for the proposed development:

A. Operating & Maintenance:		
	Description	Annual Expense
	Janitor/Cleaning - Payroll/Contract	\$0
	Janitor/Cleaning - Supplies	\$0
	Security - Payroll/Contract	\$0
	Grounds - Payroll/Contract	\$0
	Grounds - Supplies	\$0
	Maintenance - Payroll/Contract	\$0
	Maintenance - Supplies	\$0
	Decorating - Supplies	\$0
	Elevator Maintenance	\$0
	Exterminating	\$0
	HVAC Maintenance	\$0
	Snow Removal	\$0
	Trash Removal	\$0
	Miscellaneous Operating & Maintenance	\$0
	Total Operating & Maintenance	\$0

B. Utilities:		
	Electricity	\$0
	Water	\$0
	Gas	\$0
	Sewer	\$0
	Miscellaneous Utilities	\$0
	Total Utilities	\$0

C. Administrative:		
	Description	Annual Expense
	Advertising	\$0
	Management Fee	\$0
	Manager - Payroll	\$0
	Office Staff - Payroll	\$0
	Office - Supplies	\$0
	Legal	\$0
	Auditing	\$0
	Bookkeeping/Accounting Fees	\$0
	Telephone/Answering Service	\$0
	Tax Credit Monitoring Fee	\$0
	Miscellaneous Administrative	\$0
	Total Administrative	\$0

D. Taxes & Insurance:		
	Real Estate Taxes	\$0
	Property & Liability Insurance	\$0
	Payroll Taxes	\$0
	Fidelity Bond	\$0
	Worker's Compensation	\$0
	Health Insurance & Employee Benefits	\$0
	Miscellaneous Taxes	\$0
	Miscellaneous Insurance	\$0
	Total Taxes & Insurance	\$0

E. Total Estimated Annual Expenses (A+B+C+D)	\$0
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F. Total Replacement Reserves	\$0
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G. Total Estimated Annual Expenses & Replacement Reserves	\$0
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H. Total Estimated Annual Expenses & Replacement Reserves per Unit (include Mgr./Employee unit(s))	#DIV/0!
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I. Total Replacement Reserves per Unit (include Mgr./Employee unit(s))	#DIV/0!
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If Real Estate Tax Exempt, please detail tax exemption below:

Source of Funds

LOANS	Amount
Tax Exempt Bond Financing	
Taxable Bond Financing	
CDBG Loan	
HOME Loan	
Housing Trust Fund Loan	
Tax Increment Financing	
USDA RD Loan	

GRANTS	Amount
State Grant	
Local Grant	
CDBG Grant	
HOME Grant	

What percentage of total costs is tax exempt bond financing? _____

Construction Financing

List individual sources of construction financing. Include letters of interest or commitments with your application.

Source of Funds	Amount of Funds	Interest Rate	Contact Person	Telephone and Email
Tax Credit Equity during Construction				
HOME				
HTF				
TOTAL SOURCE FUNDS		\$0		

Permanent Financing

List permanent financing for the development (in order by lien position) and provide copies of letters of interest or commitment documentation that includes contact information with your application.

Lender Name or Source of Funds	Amount of Funds	Interest Rate	Monthly Amortization Period	Monthly Loan Term
Housing Trust Fund				
HOME				
Grants				
Federal Historic Tax Credits				
Cash				
Deferred Developer Fee				
Proceeds from Low-Income Housing Tax Credits	#REF!	Equals (Annual Tax Credit Allocation x 10 x Equity Factor)		
TOTAL SOURCE OF FUNDS	#REF!	(Amount must equal total development cost from page 8)		

Net Cash Flow / Debt Service Coverage Ratio Calculation
(at Stabilized Occupancy)

Complete monthly debt service information only. For shaded boxes the information is linked from other pages.

Description	Monthly	Annually
Income from LIHTC Units	\$0	\$0
Income from HOME Units	\$0	\$0
Income from HTF Units	\$0	\$0
Income from Market Units	\$0	\$0
Other Income (from page 9)	\$0	\$0
Total Potential Income	\$0	\$0
Less Vacancy	\$0 <	\$0 >
On-Site Manager/Employee	\$0	\$0
Effective Gross Income	\$0	\$0
Operational Expenses	\$0 <	\$0 >
Replacement Reserves	\$0 <	\$0 >
Net Operating Income (NOI)	\$0	\$0
Debt Service (1st Lien)**	\$0	\$0
Debt Service Coverage Ratio on 1st Lien		#DIV/0!
Debt Service (Subordinate Debt)**	\$0	
Debt Service (Subordinate Debt)**	\$0	
Debt Service (Subordinate Debt)**	\$0	
Debt Service Coverage Ratio on all Hard Payment Debt		#DIV/0!
NET CASH FLOW	\$0	\$0

Developments will be underwritten using the terms contained in the proposed lender's letter of interest or commitment. The development's projected net operating income must reflect the ability to repay the debt. If the term of the loan is less than the amortization period, loan to value ("LTV") for the outstanding debt at term's end should meet lender requirements, generally not to exceed 80.00%.

DEVELOPMENT SCHEDULE

ACTIVITY	SCHEDULED DATE: Month/Year
A. SITE	
Option/Contract	
Environmental Clearance	
Site Acquisition	
Zoning Approval	
Site Engineering	
B. FINANCING	
1. <u>Construction Loan</u>	
Closing	
2. <u>Permanent Loan</u>	
Closing	
3. <u>Tax Credit Equity</u>	
Preliminary Commitment	
Firm Commitment	
Partnership Closing	
4. <u>HOME / HTF Funds</u>	
Reservation	
Commitment	
Closing	
5. <u>Other Loans & Grants</u>	
Specify:	
Type & Source	
Application	
Award	
6. <u>Other Loans & Grants</u>	
Specify:	
Type & Source	
Application	
Award	
C. <u>PLANS AND SPECIFICATIONS</u>	
D. <u>CONSTRUCTION BEGINS</u>	
E. <u>COMPLETION OF CONSTRUCTION *</u>	
	0
F. <u>LEASE-UP</u>	
G. <u>FINAL COSTS PACKET SUBMITTED</u>	

of Months - Construction Period
(do not enter - formula cell)

* Completion of Construction occurs at the time Certificate(s) of Occupancy are issued

Voluntary Sales Disclosures - HOME & Housing Trust Fund only

If Federal funds are involved, were Voluntary Sales Disclosures provided to the seller prior to or at the time the initial purchase offer was made? Yes No N/A

If yes, are they included in the application? Yes No N/A

If temporary or permanent relocation of any tenant-occupant(s) is required as part of the scope of the development, a written Relocation Plan must be included.

For HOME FUNDS ONLY: MATCHING CONTRIBUTIONS

HOME Funds Requested: \$0 Minimum Matching Contributions (25%): \$0

For Matching Contribution requirements: Code of Federal Requirements ("CFR") Title 24 - Subtitle A - §92.218 - §92.222

Contributions	Type of Match	Amount of Match	Percentage	Person
		\$0	#DIV/0!	
		\$0	#DIV/0!	
		\$0	#DIV/0!	
		\$0	#DIV/0!	
		\$0	#DIV/0!	
		\$0	#DIV/0!	
Total Match		\$0	#DIV/0!	

HOME Leverage: Include all permanent financing sources plus any funding sources for supportive services.

Source of Leverage	Amount of Leverage	Committed? (Yes or No)	Name and Telephone Number of Contact Person
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		
Total Leverage	\$0		

Provide Match documentation with your application. If documentation is not available, please explain.

It is understood by the Applicant that U.S. Treasury Regulations for the Housing Tax Credit Program (HTC) are in a continuing state of development. Therefore, the Kansas Housing Resources Corporation (KHRC) reserves the right to amend the HTC at any time, without notice.

The undersigned Applicant hereby makes application to the KHRC for:

a reservation of Housing Tax Credits in the annual amount of:	<u>\$0</u>
a reservation of HOME funds in the annual amount of:	<u>\$0</u>
a reservation of Housing Trust Funds in the annual amount of:	<u>\$0</u>

The undersigned Applicant agrees that the KHRC shall not be held responsible, or liable, for representations made to the undersigned, or its investors, relating to the KHRC HTC. Therefore, the undersigned indemnify and hold harmless the KHRC against any and all claims, suits, losses, damages, costs, and expenses of any kind and of any nature, that the KHRC may hereinafter suffer, incur, or pay arising out of the use of the information concerning the HTC on the above referenced project.

The undersigned Applicant hereby certifies that the information set forth in this application form and in any attachments in support thereof is true, correct, and complete to the best of the Applicant's knowledge and belief.

The Applicant understands and agrees that if false information is provided, or the applicant fails to provide any of the documentation necessary to support the information in this application, Kansas Housing Resources Corporation (KHRC) will disqualify the application from consideration. Activities, commitments, and representations offered in the application that are not subsequently made a part of the project as funded, shall be considered a material contract failure, and may result in a repayment of all HTF or HOME funds and/or suspension from Program participation.

The Applicant certifies that neither it nor any of its principal participants is currently debarred, suspended or otherwise ineligible from receiving Federal funds, nor has knowledge of any pending or potential action that could result in such ineligibility, and that the Applicant will immediately notify KHRC of any such action or event.

The applicant shall not, in the provision of services, or in any other matter discriminate against any person on the basis of sex, race, religion, sexual orientation, color, national origin, ancestry, disability, age, or political affiliation.

The applicant will at all times indemnify and hold KHRC harmless against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the Corporation's acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HTF or HOME funds herewith.

IN WITNESS OF, the owner has caused this document to be duly executed in its name on the _____ day of _____, 2020.

Legal Name of the Owner

Signature

Title

Print Name