

KANSAS HOUSING
RESOURCES CORPORATION

**APPLICATION
for
2005 HOUSING TAX CREDIT PROGRAM**

PROJECT NAME AND ADDRESS: Complete the information listed below.

Name(s) _____ Census Tract _____
Address _____ County _____
City _____ State _____ Zip Code _____ -
Metropolitan Statistical Area (MSA), if applicable _____ Congressional District _____
State Senate District _____ State House District _____

APPLICANT INFORMATION:

For-Profit Nonprofit (Complete information on page 4)*

Name(s) _____
Address _____
City _____ State _____ Zip Code _____ -
Telephone Number () - _____ Fax Number () - _____
Contact Person _____ E-mail _____

PARTNERSHIP INFORMATION:

For-Profit Nonprofit (Complete information on page 4)

Name _____ Federal ID No. _____

Name(s) of General Partner(s):

| | | |
|-------|-----------------------|-------------------|
| _____ | Telephone () - _____ | Ownership _____ % |
| _____ | Telephone () - _____ | Ownership _____ % |
| _____ | Telephone () - _____ | Ownership _____ % |
| _____ | Telephone () - _____ | Ownership _____ % |
| _____ | Telephone () - _____ | Ownership _____ % |

Tax credits are requested from the nonprofit set-aside? Yes No

PREVIOUS PARTICIPATION OF GENERAL PARTNER OR DEVELOPER: List all projects in which the developer(s) or general partner(s) have requested an allocation of housing tax credits or sold a project which received an allocation of housing tax credits. Use additional sheets if necessary.

| Name of Project/Location | Date of Application | Status of Project |
|--------------------------|---------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

DEVELOPMENT TEAM INFORMATION: Each member of the development team must submit a resume which lists qualifications, address, and telephone number.

Name of Developer _____

Name of General Partner _____

Name of Contractor _____

Name of Management Company _____

Name of Applicant/Sponsor _____

Name of Consultant _____

Name of Tax Attorney _____

Name of Accountant _____

Name of Architect _____

List any direct or indirect, financial, or other interests a member of the development team may have with another member of the team. List "none" if there are no identities of interests. Use a separate sheet if needed.

SYNDICATION INFORMATION: Provide information below concerning syndication and estimated proceeds from sale of tax credits.

Housing Tax Credits Historic Rehabilitation Tax Credits

When are these funds paid? _____

Amount of estimated proceeds _____

Type of Offering Public Private

Type of Investors Individuals Corporations

Name of Fund _____

Name of Syndicator _____

Address _____

City _____ State _____ Zip Code _____ - _____

Telephone Number () - _____ Fax Number () - _____

NOTIFICATION OF LOCAL OFFICIALS: Provide the name of the local political jurisdiction (governing body) in which the project shall be located and include the name and address of the mayor of the political jurisdiction.

Name of Political Jurisdiction _____

Name of Mayor _____

Address _____

City _____ State _____ Zip Code _____ - _____

Telephone Number () - _____

NONPROFIT DETERMINATION: If this project is to be considered for the nonprofit set-aside, the following information must be completed.

NOTE: Articles of Incorporation and IRS documentation of status must be attached with application.

To qualify for the nonprofit set-aside, the applicant must materially participate in the development and operation of the project throughout the compliance period on a regular, continuous, and substantial basis, as defined in Section 469(h) of the Internal Revenue Code.

NONPROFIT DETERMINATION (Continued):

- 501 (c) (3) Organization 501 (c) (4) Organization
 Exempt purposes includes fostering of Low-Income Housing Exempt from tax under Section 501(a)
 Other: _____

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

List the names of board members for the nonprofit organization.

Describe the past experience in managing a low-income project.

Identify all paid, full-time staff and sources of funds for annual operating expenses and current programs.

TYPE OF HOUSING TAX CREDIT REQUESTED:

- New Construction without federal subsidies New Construction with federal subsidies
 Acquisition/Rehabilitation without federal subsidies Acquisition/Rehabilitation with federal subsidies
 Acquisition with 10-year waiver from federal agency Project is in a Qualified Census Tract or High-Cost Area

PROJECT ASSISTANCE INFORMATION:

Do any low-income units receive or will receive rental assistance? Yes No

If yes, check the type of rental assistance:

- Section 8 New Construction Substantial Rehabilitation
- Section 8 Project Based Assistance
- State Assistance
- RD 515 Rental Assistance
- Section 8 Certificates
- Section 8 Vouchers

Number of units receiving assistance _____

Number of years in the rental assistance contract _____

NOTE: If any type of assistance is to be received, documentation from the appropriate agency must be included with the application.

MINIMUM SET-ASIDE ELECTION: NOTE: The owner irrevocably elects one of the Minimum Set-Aside requirements (check one only).

- At least 20% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 50% or less of area median income.
- At least 40% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 60% or less of area median income.
- Deep-rent skewing option is elected, as defined in Section 42 of the Internal Revenue Code.

TARGETING OF UNITS: -- The project has:

| # Units | % Units | |
|---------|---------|--|
| _____ | _____ | Units exclusively set-aside to provide temporary, transitional, or single room occupancy (SRO) units for the homeless. |
| _____ | _____ | Units exclusively set-aside for persons who are age 55 or older, and/or to persons with disabilities. |
| _____ | _____ | Maintains a 20/50 targeting within the minimum set-aside elected above. |
| _____ | _____ | Maintains a 20/40 targeting within the minimum set-aside elected above. |
| _____ | _____ | Unit set aside for manager or maintenance personnel. |

PROJECT INFORMATION:

- New Construction Historic Rehabilitation
 Acquisition & Rehabilitation Rehabilitation

Total Number of Units _____ Number of Low-Income Units: _____

Percent of Low-Income Units: _____ %
(total number of units/number of Low-Income Units)

_____ Row House/Townhouse _____ Detached Single Family _____ Detached 2 Family
_____ Garden Apartments _____ Elevator _____ Stories _____ Slab on Grade
_____ Crawl Space _____ Partial Basement _____ Full Basement

Amenities provided include: _____

Accessory Building(s) & Area _____

List Recreation Facilities, if any _____

Commercial Facilities, if any _____

Number of Buildings _____ Total Number of Parking Spaces _____

Gross Floor Area of All Buildings _____ (square feet)

Non-residential Floor Area: _____ (square feet)

Residential Floor Area: _____ (square feet)

SITE INFORMATION: Provide information concerning the proposed site(s)

Control is the form of: _____ Deed _____ Option _____ Purchase Contract
_____ Other _____

Expiration date of contract or option _____

_____ Total Cost of Land

Exact Area of Site in Acres _____ and Square Feet _____

Name of Seller _____

Address _____

City _____ State _____ Zip Code _____ - _____

Telephone Number () - _____ Fax Number () - _____

Is site properly zoned for the proposed development? Yes No

Are all utilities presently available to the site? Yes No

PLEASE NOTE: The following information must be included with the application: proof of site control, proper zoning or application for proper zoning, a sketch plan and a legal description of site. (Proof of proper zoning must include legal description.)

ACQUISITION OF EXISTING BUILDINGS:

How many buildings will be acquired for the project? _____

Are buildings currently under control for the project? _____

If no, how many buildings are under control for the project? _____

What date will the rest of the buildings be under control for acquisition? _____

| List Buildings Under Control of the Project Address(es) of Buildings | Type of Control Document | Expiration Date of Control Document | Number of Units | Acquisition Cost of Building |
|--|--------------------------|-------------------------------------|-----------------|------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Acquisition Information:

Provide the information listed below concerning the acquisition of building(s) for the project.

Building(s) acquired or to be acquired from related party? No Yes

Building(s) acquired or to be acquired with Buyer's Basis:

Determined with reference to Seller's Basis Not Determined with reference to Seller's Basis

List below, by building address, the date the building was placed in service, date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and date of acquisition.

| Address of Building(s) | Place in Service Date of Building by the most recent owner | Proposed Date of Acquisition by Applicant | Number of years between placed in Service and Acquisition |
|------------------------|--|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Relocation Information:

Does this project involve any relocation of tenants? Yes No
 If yes, please describe the proposed relocation assistance, if any.

ENERGY & EQUIPMENT INFORMATION:

Equipment Included with Unit (Low-Income Units)

- | | | |
|--|---|--|
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Disposal |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Kitchen Exhaust Fan |
| <input type="checkbox"/> On-Site Laundry | <input type="checkbox"/> Washer/Dryer Hook-up | <input type="checkbox"/> Other _____ |

Equipment Included with Unit (Market Rate Units)

- | | | |
|--|---|--|
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Disposal |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Kitchen Exhaust Fan |
| <input type="checkbox"/> On-Site Laundry | <input type="checkbox"/> Washer/Dryer Hook-up | <input type="checkbox"/> Other _____ |

Type of Unit

- | | |
|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Single Room Occupancy Housing |
| <input type="checkbox"/> Other _____ | |

MONTHLY UTILITY ALLOWANCE CALCULATIONS:

| Utilities | Type of Utility (Gas/Electric) | Utilities Paid By | | Enter Allowances by Bedroom Size | | | | |
|---|-----------------------------------|--------------------------------|---------------------------------|----------------------------------|-------|-------|-------|--------|
| | | | | 0-Bdr | 1-Bdr | 2-Bdr | 3-Bdr | __ Bdr |
| Heating | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| A/C | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Cooking | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Lighting | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Hot Water | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Water | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Sewer | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| Trash | _____ | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | _____ | _____ | _____ | _____ | _____ |
| <u>Total Utility Allowance for Units</u> | | | | _____ | _____ | _____ | _____ | _____ |

NOTE: Documentation of all utility calculations must be included with application. Sources of documentation **must** be from HUD, RD, PHA or utility company.

- | | |
|--|-----------------------------|
| <input type="checkbox"/> HUD | <input type="checkbox"/> RD |
| <input type="checkbox"/> Utility Company | Name _____ |
| <input type="checkbox"/> Local PHA | Name _____ |

SOURCE OF FUNDS (Construction & Permanent Financing):

Construction -- List individually the source of construction financing.

| Source of Funds | Amount of Funds | Name and Telephone Number of Contact Person |
|--------------------------|-----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Construction Funds | | |

Permanent -- List Total Source of funds for the Project at Closing (Do not include construction financing).

| Name of Lender or Source of Funds | Amount of Funds | Annual Debt Service | Interest Rate of Loan | Authorization Period | Term of Loan |
|-----------------------------------|-----------------|---------------------|---------------------------|----------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| *Total Permanent Funds | | | Total Annual Debt Service | | |

*Must equal total development costs (page 15).

Source of Funds -- Commitments: List all Source of Funds provided for the project. Commitment letters must be included with application.

| Name of Lender of Source of Funds | Date of Commitment | Name and Telephone Number of Contact Person |
|-----------------------------------|--------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

SOURCE OF FUNDS (GRANTS & OTHER MONIES):

Is any portion of the Source of Funds for the project financed directly or indirectly with federal, state, or local government funds? Yes No

If yes, then check the type and list the amount of the monies involved.

| | | | |
|----------------------|----------|------------------|----------|
| Tax-Exempt Financing | \$ _____ | CDBG Financing | \$ _____ |
| CDBG Grant | \$ _____ | RD 515 Financing | \$ _____ |
| State Grant | \$ _____ | Local Grant | \$ _____ |
| Other | \$ _____ | Other | \$ _____ |

If Tax-Exempt financing is used, show the percentage of the Tax-Exempt financing to the total cost of the project: _____ %.

Is Taxable Bond Financing used? Yes No

If yes, indicate total amount: \$ _____

CREDIT ENHANCEMENTS:

Will permanent financing have any type of credit enhancement? Yes No

If yes, list type of enhancement.

EXISTING SUBSIDIES WITH ACQUISITION PROJECTS:

Section 221(d) (3) BMIR Section 221 (d)(4) Section 236

Section 8 Rent Supplement or Rental Assistance payment

HUD approval for Transfer of Physical Asset required? Yes No

If yes, has the approval been received? Yes No

If yes, is copy of approval included with this application? Yes No

PROJECTED RENTS:

List the Maximum Housing Tax Credit Gross Rents and the Proposed Gross Rents for the Project.

| | 0-Bdr | 1-Bdr | 2-Bdr | 3-Bdr | _____ Bdr |
|----------------------|-------|-------|-------|-------|-----------|
| Maximum Gross Rent | _____ | _____ | _____ | _____ | _____ |
| Proposed 20/50 Rents | _____ | _____ | _____ | _____ | _____ |
| Proposed 40/60 Rents | _____ | _____ | _____ | _____ | _____ |
| Deep-Skewed Rents | _____ | _____ | _____ | _____ | _____ |

PROJECTED INCOME INFORMATION FOR LOW-INCOME UNITS ONLY:

Total Number of Low-Income Units: _____

| | Number of Units | Monthly Rent Per Unit | Total Monthly Rent By Unit Type | Utility Allowance Per Unit | Gross Rent Per Unit | Square Feet Per Unit |
|----------|-----------------|-----------------------|---------------------------------|----------------------------|---------------------|----------------------|
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |

Total monthly rental income: \$ _____

Other Income: _____ \$ _____

Less Vacancy Allowance _____ % \$ () _____

Total monthly income: \$ _____ X 12 = \$ _____

What is the estimated annual percentage increase in annual income: _____ %

PROJECTED INCOME FOR MARKET RATE UNITS:

Total Number of Market Rate Units: _____

| | Number of Units | Monthly Rent Per Unit | Total Monthly Rent By Unit Type | Utility Allowance Per Unit | Gross Rent Per Unit | Square Feet Per Unit |
|----------|--------------------|--------------------------|---------------------------------------|----------------------------------|------------------------|-------------------------|
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ BR | _____ | _____ | _____ | _____ | _____ | _____ |

Total monthly rental income: \$ _____

Other Income: _____ \$ _____

Less Vacancy Allowance _____ % \$ (_____)

Total monthly income: \$ _____ X 12 = \$ _____

What is the estimated annual percentage increase in annual income: _____ %

ANNUAL EXPENSE INFORMATION: Complete this section listing the annual operating expenses for all the units.

Administrative

Advertising _____
 Management _____
 Legal/Partnership _____
 Accounting/Audit _____
 Other _____

TOTAL ADMIN. COST _____

Operating

Elevator _____
 Fuel (Heating & Hot Water) _____
 Lighting & Misc. Power _____
 Gas _____
 Trash Removal _____
 Payroll, including taxes _____
 Insurance _____

TOTAL OPERATING COST _____

Maintenance

Decorating _____
 Repairs _____
 Exterminating _____
 Ground Expense _____
 Other _____

TOTAL MAINTENANCE COST _____

Taxes

Real Estate Taxes _____

TOTAL REAL ESTATE TAXES _____

TOTAL ANNUAL OPERATING EXPENSES _____

ANNUAL REPLACEMENT RESERVE FOR UNITS _____

What is the estimated annual percentage increase in annual expenses? _____ %

The following two pages should be completed **in full detail**. If, in the opinion of the KHRC, any costs are omitted which could change the number of points allowed in the overall rating system of the State Allocation Plan, **the application will be considered incomplete**. Incomplete applications **may be automatically rejected**.

Project Cost List Total Development Cost and Indicate Adjusted Basis by Credit Type.
(Residential Portion Only)

| Itemized Cost | Development Cost | DO NOT USE THIS SPACE | Approximately 3.6% Adjusted Basis | Approximately 8.4% Adjusted Basis |
|--|------------------|-----------------------|-----------------------------------|-----------------------------------|
| To Purchase Land and Buildings | | | | |
| Land | | | N/A | N/A |
| Existing Structures | | | | N/A |
| Demolition | | | | |
| Other | | | | |
| For Site Work | | | | |
| Site Work | | | | |
| Off-Site Improvement | | | | |
| For Rehabilitation & New Construction | | | | |
| New Building | | | | |
| Rehabilitation | | | | |
| Accessory Building | | | | |
| General Requirements | | | | |
| Contractor Overhead | | | | |
| Contractor Profit | | | | |
| Building Permit Fee | | | | |
| For Contingency | | | | |
| Construction Contingency | | | | |
| Other | | | | |
| For Architectural & Engineering Fees | | | | |
| ** Architect Fee-Design | | | | |
| ** Architect Fee-Supervision | | | | |
| ** Real Estate Attorney | | | | |
| ** Consultant of Processing Agent | | | | |
| ** Property/Survey Fee | | | | |
| ** Engineering Fees | | | | |
| ** Other | | | | |
| ** Other | | | | |
| For Interim Costs | | | | |
| Construction Insurance | | | | |
| Construction Interest | | | | |
| Construction Loan Origination Fee | | | | |
| Construction Loan Credit Enhancement | | | | |
| Taxes | | | | |
| For Financing Fees and Expenses | | | | |
| Bond Premium | | | N/A | N/A |
| Credit Report | | | N/A | N/A |
| Permanent Loan Origination Fee | | | N/A | N/A |
| Permanent Loan Credit Enhancement | | | N/A | N/A |
| Cost of Iss./Underwriters Discount | | | N/A | N/A |
| ** Title and Recording | | | N/A | N/A |
| ** Counsel's Fee | | | N/A | N/A |
| ** Cost Certification Fee | | | N/A | N/A |
| ** Other | | | N/A | N/A |
| ** Other | | | N/A | N/A |
| SUBTOTAL | | | | |

Project Cost List Total Development Cost and Indicate Adjusted Basis by Credit Type.
(Residential Portion Only)(Continued)

| Itemized Cost | Development Cost | DO NOT USE THIS SPACE | Approximately 3.6% Adjusted Basis | Approximately 8.4% Adjusted Basis |
|-------------------------------------|------------------|-----------------------|-----------------------------------|-----------------------------------|
| For Soft Cost | | | | |
| ** Property Appraisal (Feasibility) | | | | |
| ** Market Study | | | | |
| ** Environmental Report | | | | |
| ** Tax Credit Fees | | | N/A | N/A |
| ** Rent-Up | | | N/A | N/A |
| ** Consultants | | | | |
| ** Other | | | | |
| For Syndication Costs | | | | |
| Organizational (Partnership) | | | N/A | N/A |
| Bridge Loan Fees and Expenses | | | N/A | N/A |
| Tax Opinion | | | N/A | N/A |
| Other | | | N/A | N/A |
| * For Developer's Fees | | | | |
| Developer's Overhead | | | | |
| Developer's Fees | | | | |
| Other | | | | |
| For Project Reserves | | | | |
| Rent-Up Reserve | | | N/A | N/A |
| Operating Reserve | | | N/A | N/A |
| Other | | | N/A | N/A |
| Other | | | N/A | N/A |
| SUBTOTAL | | | | |
| SUBTOTAL FROM PREVIOUS PAGE | | | | |
| TOTAL | | | | |

Less portion of federal grant used to finance qualifying development costs.

| | | |
|---|-------------|-------------|
| List Grants | () | () |
| Less amount of non-qualified non-recourse financing | () | () |
| Less non-qualifying units of higher quality | () | () |
| Less non-qualifying excess portion of higher units | () | () |
| Less Historic Tax Credit (Residential Portion Only) | () | () |
| Total Eligible Basis | () | () |
| Multiplied by the Applicable Fraction | % | % |
| Total Qualified Basis | () | () |
| Multiplied by the Applicable Percentage | 3.6% | 8.4% |
| TOTAL AMOUNT OF TAX CREDIT REQUESTED: | | |

PLEASE NOTE: The actual amount of credit for the project is determined by the housing credit agency. * For purposes of KHRC evaluation and allocation of Low-Income Housing Tax Credit, Developer's Overhead and Fee will be limited to 10%, 15%, 20% of the adjusted basis. ** Intermediary costs.

PROJECTED SCHEDULE:

| | Month/Year |
|---|-------------------|
| Site Option/Contract..... | _____ |
| Site Acquisition | _____ |
| Zoning Approval..... | _____ |
| Site Analysis | _____ |
| Construction Loan Application | _____ |
| Conditional Commitment..... | _____ |
| Firm Commitment | _____ |
| Permanent Loan Application..... | _____ |
| Condition Commitment | _____ |
| Firm Commitment | _____ |
| Other Loans & Grants | |
| Type and Source..... | _____ |
| Application | _____ |
| Award..... | _____ |
| Other Loans & Grants | |
| Type and Source..... | _____ |
| Application | _____ |
| Award..... | _____ |
| Other Loans & Grants | |
| Type and Source..... | _____ |
| Application | _____ |
| Award..... | _____ |
| Plans and Specifications..... | _____ |
| Working Drawing..... | _____ |
| Closing and Transfers of Property | _____ |
| Construction Start | _____ |
| Completion of Construction..... | _____ |
| Lease-up | _____ |
| Credit Placed In Service Date..... | _____ |

KANSAS HOUSING RESOURCES CORPORATION

APPLICATION CHECKLIST for 2005 HOUSING TAX CREDIT PROGRAM

The following is a checklist of materials for submission with the application and items required before a reservation of credits may be awarded. Please check each item that is included in the application package or indicate when it will be provided. Please note that some items, marked as **(MANDATORY)**, are required at the time the application is submitted. The inclusion of other materials will assist KHRC in the review and evaluation of the application and may increase the number of points for which you are eligible under the ranking system and may assist KHRC in determining the amount of credits that may be reserved for the project. You are therefore, encouraged to provide as much information as is available.

| Please check | | Date to be completed: |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1. Completed application package (MANDATORY) | _____ |
| <input type="checkbox"/> | 2. Preliminary plans, specifications, site plan (MANDATORY) | _____ |
| <input type="checkbox"/> | 3. Rehabilitation work write-up, if applicable (MANDATORY) | _____ |
| <input type="checkbox"/> | 4. Site location maps (MANDATORY) | _____ |
| <input type="checkbox"/> | 5. Evidence of site control or ownership (MANDATORY) | _____ |
| <input type="checkbox"/> | 6. Information on previous project participation (MANDATORY) | _____ |
| <input type="checkbox"/> | a. Name of each principal | |
| <input type="checkbox"/> | b. Previous project name, address, # units | |
| <input type="checkbox"/> | c. Principal's participation | |
| <input type="checkbox"/> | d. Month participation began and ended | |
| <input type="checkbox"/> | e. Disclosure of defaults, mortgage relief assignments - indicate if none | |
| <input type="checkbox"/> | 7. Sponsor's/Applicant's Financial Statement (MANDATORY) | _____ |
| <input type="checkbox"/> | 8. Relocation plans, if applicable | _____ |
| <input type="checkbox"/> | 9. Descriptive photos of project site | _____ |
| <input type="checkbox"/> | 10. Articles/Incorporation/Partnership Agreement (MANDATORY) | _____ |
| <input type="checkbox"/> | 11. Attorney's Opinion | _____ |
| <input type="checkbox"/> | 12. Accountant's Opinion | _____ |
| <input type="checkbox"/> | 13. Housing Needs Study (MANDATORY) | _____ |
| <input type="checkbox"/> | 14. Architect's Energy Efficiency Certificate | _____ |
| <input type="checkbox"/> | 15. RD AD622 commitment | _____ |
| <input type="checkbox"/> | 16. Referral Agreement with PHA | _____ |
| <input type="checkbox"/> | 17. Referral Agreement with local government authority | _____ |
| <input type="checkbox"/> | 18. Resolution of support from city (MANDATORY) | _____ |

- 19. Estimate of interim costs showing method of calculation _____
- 20. Bank letter backing developer showing fees and rates including insurance and city tax calculations _____
- 21. Developer's Agreement _____
- 22. Statement on reserves showing amount, how determined, control, final distribution _____
- 23. A fifteen (15) year Pro Forma **(MANDATORY)** _____
- 24. Documentation of utility calculations **(MANDATORY)** _____
- 25. Documentation of proper zoning or application **(MANDATORY)** _____
- 26. Documentation of receipt of rental assistance from any source, including Section 8, FmHA, etc. _____
- 27. Commitment letters on sources of funds **(MANDATORY)** _____
- 28. Complete breakdown of eligible basis for Historic Tax Credit, if applicable _____
- 29. Any direct, or indirect, financial or other interest between members of the development team _____
- 30. HUD approval for Transfer of Physical Asset _____
- 31. Documentation of Availability of Utilities at Site **(MANDATORY)** _____
- 32. Certificate of compliance with Americans With Disabilities Act and ANSI 117.1 (1986) **(MANDATORY)** _____
- 33. Environmental Report _____
- 34. Appraisal _____

FOR NONPROFITS ONLY To be provided if applicant wants to be considered in the nonprofit set-aside pool.

- 35. Articles of Incorporation **(MANDATORY)** _____
- 36. IRS documentation of nonprofit status **(MANDATORY)** _____
- 37. List Board of Directors, officers, directors **(MANDATORY)** _____
- 38. Description of previous housing participation **(MANDATORY)** _____
- 39. Proof of ownership interest in the project **(MANDATORY)** _____
- 40. 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 **(MANDATORY)** _____
- 41. Other _____
- 42. Other _____
- 43. Other _____
- 44. Other _____

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 \$ _____** .

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 Applicant assumes all the risk of damages, losses, costs, and expenses related thereto, and further agrees to 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.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on the _____ day of _____, 2005.

Legal Name of the Owner

Signature

Print Name

Title

STATE OF _____, County of _____, TO WITNESS:

Signed and sworn to before me, the undersigned authority on this _____ day of _____, 2005.

Notary Public

My Commission Expires: _____
Date