

# KANSAS HOUSING



RESOURCES CORPORATION

## APPLICATION for 2011 HOUSING TAX CREDIT PROGRAM

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 ( ) - \_\_\_\_\_

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**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.

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List the names of board members for the nonprofit organization.

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

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

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**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.**

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**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.

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**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.
- \_\_\_\_\_      \_\_\_\_\_      Maintains a \_\_\_\_\_ targeting within the minimum set-aside elected above.
- \_\_\_\_\_      \_\_\_\_\_      Maintains a \_\_\_\_\_ targeting within the minimum set-aside elected above.
- \_\_\_\_\_      \_\_\_\_\_      Unit set aside for manager or maintenance personnel.

**PROJECT INFORMATION:**

- |                                                       |                                                  |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New Construction             | <input type="checkbox"/> Historic Rehabilitation |
| <input type="checkbox"/> Acquisition & Rehabilitation | <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Services 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)

\_\_\_\_\_ Development will qualify for energy star certification.

\_\_\_\_\_ Development is located in a Neighborhood Revitalization Area.

\_\_\_\_\_ Owner will waive the qualified contract.

**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.

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**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	_____	_____	_____	_____	_____
<b><u>Total Utility Allowance for Units</u></b>				_____	_____	_____	_____	_____

**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	_____	



**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: \$ \_\_\_\_\_

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**CREDIT ENHANCEMENTS:**

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

If yes, list type of enhancement.

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**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 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	_____	_____	_____	_____	_____	_____
BR	_____	_____	_____	_____	_____	_____
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**.

**KHRC DESIGNATED 130% CREDIT CRITERIA:**

KHRC will review and consider requests for up to 30% additional credit in property developments that address some of the following factors:

- 1. At least 20% of the units should be targeted to tenants who earn no more than 40% of the gross area median income. The gross rent must be less than the 40% rent limit.
- 2. All buildings in the development must be Energy Star certified.
- 3. At least 10% of the units in the development are targeted to homeless individuals or families, persons with disabilities or ex-offenders in markets where the units are needed.
- 4. The financing package should include a deferred developer's fee or a developer/general partner loan or contribution that is appropriate to the circumstances.
- 5. The development is located in a county with a median income at or below the state non-metro median income or with a population less than 10,000.
- 6. A development that proposes 20% of the units as market rate housing.
- 7. A development in a state or federally declared disaster area where KHRC has identified a loss of low income housing and where replacement housing is still needed.
- 8. A development sponsored by a state certified CHDO that is acting as the sole developer and general partner or in partnership with a for profit developer.

**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 3.4% Adjusted Basis	Approximately 9% Adjusted Basis
<b>To Purchase Land and Buildings</b>				
Land			N/A	N/A
Existing Structures				N/A
Demolition				
Other				
<b>For Site Work</b>				
Site Work				
Off-Site Improvement				
<b>For Rehabilitation &amp; New Construction</b>				
New Building				
Rehabilitation				
Accessory Building				
General Requirements				
Contractor Overhead				
Contractor Profit				
Building Permit Fee				
<b>For Contingency</b>				
Construction Contingency				
Other				
<b>For Architectural &amp; Engineering Fees</b>				
** Architect Fee-Design				
** Architect Fee-Supervision				
** Real Estate Attorney				
** Consultant or Processing Agent				
** Property/Survey Fee				
** Engineering Fees				
** Other				
** Other				
<b>For Interim Costs</b>				
Construction Insurance				
Construction Interest				
Construction Loan Origination Fee				
Construction Loan Credit Enhancement				
Taxes				
<b>For Financing Fees and Expenses</b>			N/A	N/A
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
<b>SUBTOTAL</b>				



**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 3.4% Adjusted Basis	Approximately 9% Adjusted Basis
<b>For Soft Cost</b>				
** Property Appraisal (Feasibility)				
** Market Study				
** Environmental Report				
** Tax Credit Fees			N/A	N/A
** Rent-Up			N/A	N/A
** Consultants				
** Other				
<b>For Syndication Costs</b>				
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
<b>For Developer's Fees</b>				
Developer's Overhead				
Developer's Fees				
Other				
<b>For Project Reserves</b>				
Rent-Up Reserve			N/A	N/A
Operating Reserve			N/A	N/A
Other			N/A	N/A
Other			N/A	N/A
<b>SUBTOTAL</b>				
<b>SUBTOTAL FROM PREVIOUS PAGE</b>				
<b>TOTAL</b>				

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	<b>3.4%</b>	<b>9%</b>
<b>TOTAL AMOUNT OF TAX CREDIT REQUESTED:</b>		

**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:**

	<b>Month/Year</b>
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 2011 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 <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	2. Preliminary plans, specifications, site plan <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	3. Rehabilitation work write-up, if applicable <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	4. Site location maps <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	5. Evidence of site control or ownership <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	6. Information on previous project participation <b>(MANDATORY)</b>	_____
<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 <b>(MANDATORY)</b>	_____
<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 <b>(MANDATORY)</b>	_____
<input type="checkbox"/>	11. Attorney's Opinion	_____
<input type="checkbox"/>	12. Accountant's Opinion	_____
<input type="checkbox"/>	13. Housing Needs Study <b>(MANDATORY)</b>	_____
<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 <b>(MANDATORY)</b>	_____

- 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 \_\_\_\_\_, 2011.

\_\_\_\_\_  
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 \_\_\_\_\_, 2011.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Date