

Louisiana Housing Corporation

Low Income Housing Tax Credit / Home/ CDBG Funds

Electronic Application for Funding Round 2014

Version: 1.9

Security Code:

Project Name:

Parish:

DATE OF APPLICATION:

Please use this comment box to supply the reviewer with an overview of the unique issues in this application.

Primary Input

0

0

#N/A

Application Progress Date:

7/16/13 4:17 PM

Current Date: 8/28/2013

General Information:	
Project Name:	
Project Street Address and City:	
Zip Code:	
Project Parish:	
Congressional District:	
Taxpayer Name:	
Taxpayer Address:	
Taxpayer City, State & Zip:	
Legal Structure of Taxpayer:	
Qualified Non-Profit Name if Applicable	
Taxpayer Contact:	
Contact Phone Number:	
Contact Fax Number:	
E-Mail Address:	
Maximum Tax Credits Requested:	
Maximum HOME Funds Requested:	
Maximum LHC-CDBG Funds Requested:	
Funding Type	
Projected HOME Closing Date:	
Qualified Census Tract/DDA Location:	
Federal ID / SSN:	
To be Formed Date	

Property Breakdown:	
Number of Residential Buildings	
Accessory Buildings	
Development Type	
Type of Construction	
Occupancy Type	
Set- Aside Percentage	
Building Style	
Residential Unit Mix:	
0 BR	
1 BR	
2 BR	
3BR	
4 BR	
5 BR	
Other	
TOTAL	0

Appraisal:	
Appraisal Date:	
Pre-Rehab Appraisal Value:	
Post-Rehab Appraisal Value:	

Input Comments:

Secondary Input

0 #N/A

Zoning	
Is the site properly zoned for development?	
Evidence of Zoning attached as Appendix 4?	
Date that proper Zoning is to be obtained:	
Location Issues	
HUD Distressed or RD Target Area?	
Is Asset Located in an Enterprise Zone?	
Census tract:	
Precinct Number:	
Is this Property located in the GO Zone?	
Address of LLT project:	
Non Profit Participation	
Is for-profit GP owned by 501(c)(3)/(c)(4) organization?	
Is the non-profit affiliated with a for-profit entity?	
Other Information	
When was the market study dated?	
Is the property located in a Levee Protected Area ?	
Federal ID / SSN:	0
Is property located in a Rural community?	
Is property located in a QCT or DDA ?	
Is this a lease-to-own project?	
Any other owner over the last 10 calendar years?	
Tax Credits awarded over the last 5 calendar years?	
Community Notification Date? (Mayor/City Council)	
Project receiving Federal Funds / Federal Insurance?	
<u>Property located in a RURAL area?</u>	
HOME Funds With 4% Credit	
Is there an IOI with Contractor ?	
Is this a Bond-Financed deal ?	
Minimum number of HOME assisted units:	
Are lots/tracts contiguous?	
If rehab, year built?	
Is the project bond-financed?	

Features & Amenities:	
Amenities	
Microwave:	
Refrigerator:	
Carpet:	
Drapes:	
Swimming Pool:	
Air Conditioning Equip:	
Trash Compactor:	
Kitchen Exhaust Fan:	
Dishwasher:	
Disposal:	
Laundry Facilities:	
Heat:	
Hot Water:	
Cooking:	
Air Conditioning:	
Lights:	
Cold Water:	
Parking:	
Range:	
Community Facility:	
Security:	
Washer/Dryer Hook Ups:	
Other	
Other	
Features	
Exterior Finish	
Heating System	
Air Conditioning System	
Foundation	

If bond financed, was the total number of low income units in the project described in a notice of public hearing published in a newspaper of general circulation within the parish where the project is located, and was a public hearing held in a local forum proximate to where the project is located following a Notice of Public Hearing published at least fourteen (14) days prior to the hearing? If yes, attach documentation.

Did the Public Notice specify the number and percentage of low income units in the project if the project contains fifty or more units or, if not specified in the Public Notice, was the number and percentage of low-income units in the Project approved by the governing authority of the jurisdiction within which the Project is located? If yes, attach documentation.

Input Comments:

Threshold Requirements from QAP

Many requirements formerly evaluated as part of the point-based competitive review section are now included as threshold items. Unless noted otherwise, projects with taxexempt bond financing must also meet all threshold requirements to receive Tax Credits. Due to the current timeline, all applications must be complete upon submission. There will not be a threshold review report provided to the applicants.

Project Threshold Requirements

Yes/No

1. Site Control: Site control documentation in the form of either a fully executed purchase agreement, an option to purchase or a valid title in the name of the taxpayer or developer.

2. Zoning: Appropriate zoning evidence in the form of (i) an official local jurisdiction map that the site is actually zoned for the proposed project type or (ii) a letter from an official of the jurisdiction stating either that (a) the proposed project is consistent with existing zone requirements or (b) if the site is not currently zoned for the project type, that changing the existing zoning requirements to permit the project to be constructed will be completed by a date certain (not later than the date specified in the QAP for tax credit reservations). This documentation must be in the final application dated no later than August 28, 2013.

3. Infrastructure: Evidence of essential infrastructure and proximity to other services:

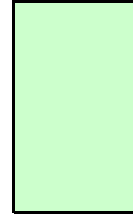
4. Environmental Review: All projects involving use of existing structures must submit an Environmental Restrictions Checklist completed by a professional licensed to conduct environmental testing. Any finding that environmental hazards exist must be mitigated or abated in accordance with an Operating and Maintenance plan that addresses how each hazardous material or condition will be addressed, including the training of on-site personnel in accordance with applicable local, State and Federal laws or regulations.

5. Tenant Referrals from LRA/OCD, PHAs and the LHC: Taxpayer shall acknowledge and agree to rent low income units to households referred by the LRA/OCD, and/or the local PHA if the tenants referred to the Taxpayer satisfy the requirements of the Project's Management and/or Operating Plan.

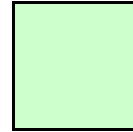
6. Minimum Internet/Cable Capacity Requirements: All units must be equipped with networks to provide cable television, telephone and internet access in the living area and each bedroom.

7. Energy Efficiency: Projects are required to meet the Energy Star Qualified Homes Version 3 (Rev.05) (Exhibit EE- ENERGY STAR Reference Design) minimum requirement. All of the energy efficiency components must be clearly and individually listed in an original stamped letter from either the architect or engineer of record.

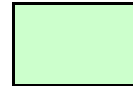
8. Design Features: All projects must meet the following design features: (1) All projects must have a 15-year or more maintenance-free exterior, such as brick, stucco or other fiber -cementious acceptable durable materials. Vinyl siding does not meet this requirement. Additional product may be added to this list subject to review by the Corporation Construction Department. (2) All projects must have a 25 year roof warranty (3) All projects must have storm windows or coastal windows or insulated windows.



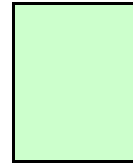
9. New construction projects must meet new FEMA Guidelines dated 4/12/2006 or the most current available for the location of the proposed project for elevation of housing relative to Base Flood Elevation. An Architect's certification must be provided for any project located inside a levee protected area.



10. Rehabilitation projects must submit a Capital Needs Assessment which specifically addressing the current FEMA Guidelines.



11. Historic rehabilitation projects must include in their submission information concerning minimum project requirements, including but not limited to Energy Efficiency requirements, Design Features, Base Flood Elevation requirements and Internet Cable requirements for consideration of applicable waivers at time of application.



Project Team/Developer Threshold Requirements

1. Developer Experience



2. Property Management Experience



3. Project Team Disqualifications



A disqualification under this subsection (F)(3) will result in the individual or entity involved not being allowed to participate in the 2014 cycle and removing from consideration any application where they are identified.

Rental IncomeProducing Units

0 #N/A

Unit BR Size	Number of Bathrooms	Average Square Feet of Individual Units	Number of Units	FMR based upon Parish Selection	TCR based upon Parish Selection	Monthly Utility Allowance	Maximum market rent from Market Study	Average Monthly Rent	Number of HOME assisted Units	Total Monthly Rent	
0BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
1BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
2BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
3BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
4BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
5BR			0	#N/A	#N/A	\$0.00		#N/A	0	#N/A	
Other			0	0	0	\$0		\$0.00		\$0.00	
TOTAL			0					\$0.00	#N/A	0	#N/A

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Enter Number of Units, non subsidized in columns C though H, market in I and Project Based Subsidized units in K

PBRA Type

Unit BR Size	UNITS WITHOUT RENTAL SUBSIDIES							WITH SUBSIDIES		State PBRA
	Tenant Income <= 20%	Tenant Income >20<=30%	Tenant Income >30<=40%	Tenant Income >40<=50%	Tenant Income >50<= 60%	Tenant Income >60<= 80%	Number of Market Units	Payment Standard	Project Based Contract	Total
0BR								#N/A		#N/A
1BR								#N/A		#N/A
2BR								#N/A		#N/A
3BR								#N/A		#N/A
4BR								#N/A		#N/A
5BR								#N/A		#N/A
Other								0.00		0
TOTAL	0	0	0	0	0	0	0	60%	0	#N/A

??
??
??
??
??
??

INPUT ACTUAL RENTS UNITS WITHOUT RENTAL SUBSIDIES							
Unit BR Size	Tenant Income <= 20%	Tenant Income >20<=30%	Tenant Income >30<=40%	Tenant Income >40<=50%	Tenant Income >50<= 60%	Tenant Income >60<= 80%	Market Rent
0BR							
1BR							
2BR							
3BR							
4BR							
5BR							
Other							
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00

WITH SUBSIDIES	
Project Based Contract	Total Monthly Rent
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
0.00	\$0.00

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Maximum rents allowable

Unit BR Size	Tenant Income <= 20%	Tenant Income >20<=30%	Tenant Income >30<=40%	Tenant Income >40<=50%	Tenant Income >50<= 60%	Tenant Income >60<= 80%	Market Rent
0BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
1BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
2BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
3BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
4BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
5BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0.00

Project Based Contract	Total Monthly Rent
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
#N/A	#N/A
0.00	\$0.00
#N/A	#N/A

Rent level Acceptable

Unit BR Size	Tenant Income <= 20%	Tenant Income >20<=30%	Tenant Income >30<=40%	Tenant Income >40<=50%	Tenant Income >50<= 60%	Tenant Income >60<= 80%	Market Rent
0BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
1BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
2BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
3BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
4BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
5BR	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	OK
Other	OK	OK	OK	OK	OK	OK	OK

Project Based Contract
#N/A
#N/A
#N/A
#N/A
#N/A
#N/A
OK

Enter utility allowances

Utility	0BR	1BR	2BR	3BR	4BR	5BR	Source	X
Heating							State PHA	
A/C							Local PHA	
Cooking							Utility Company	
Lighting							LHFA	
Hot Water							HUD	
Water							Other	
Sewer								
Trash								
Other								
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00		

#N/A

	<i>No. of Buildings</i>	<i>Square Footage</i>	<i>Development Cost</i>
Commercial			
Residential Low income:			
Residential Market:			
Accessory			
Community Facility or Community Services			
TOTAL	0	0	\$0

Addresses of Buildings for LHFA HDS system:

Income Comments:

Rehab / Construction

**Note that New construction
information should be entered in
rows 110 to 180, rehab
information in rows 2 to 107**

0

#N/A

Rehab Escrow Requirements	Code	Cost of Rehabilitation
Site Utilities	1.5	\$0
Site Improvements	2.0	\$0
Topography	2.1	\$0
Drainage	2.2	\$0
Parking Lot- asphalt	2.3	\$0
Parking Lot- stripe	2.3	\$0
Parking Lot- concrete	2.3	\$0
Flatwork	2.4	\$0
Dumpster Pads	2.5	\$0
Landscaping	2.6	\$0
Lighting, porch lights	2.7	\$0
Lighting, building mounted	2.7	\$0
Signage	2.8	\$0
Parking Garage	2.9	\$0
Amenities, playground	2.10	\$0
Amenities, pool deck	2.10	\$0
Amenities, pool equipment	2.10	\$0
Amenities, pool plaster	2.10	\$0
Amenities, basketball court	2.10	\$0
Amenities, tennis courts	2.10	\$0
Fences, chain link w/gates	2.11	\$0
Fences, wrought iron	2.11	\$0
Fences, post and rail	2.11	\$0
Fences, stockade and weave	2.11	\$0
Carports	2.12	\$0
Mail facilities	2.13	\$0
Exterior	3.0	\$0
Walls, aluminum siding	3.1	\$0
Walls, brick/block	3.1	\$0
Walls, stone veneer	3.1	\$0
Walls, glass block	3.1	\$0
Walls, granite block	3.1	\$0
Walls, pre-cast concrete	3.1	\$0
Walls, vinyl	3.1	\$0
Walls, plywood (T1-11)	3.1	\$0
Walls, stucco	3.1	\$0
Windows, frames & glazing	3.2	\$0
Doors, solid core	3.3	\$0
Doors, sliding doors	3.3	\$0
Doors, screen doors	3.3	\$0
Exterior Stairs, wood	3.4	\$0
Exterior Stairs, filled metal pans	3.4	\$0
Exterior Stairs, concrete	3.4	\$0
Balconies / Landings	3.5	\$0
Interior	4.0	\$0
Walls and ceilings, common areas	4.1	\$0
Walls and ceilings, units	4.2	\$0
Flooring, carpet common areas	4.3	\$0
Flooring, carpet units	4.3	\$0
Flooring, tile common areas	4.3	\$0

Flooring, tile units	4.3	\$0
Cabinets	4.4	\$0
Countertops and Sinks	4.5	\$0
Refrigerators	4.6	\$0
Ranges & vent hoods	4.7	\$0
Interior Closet Doors	4.8	\$0
Interior Doors	4.8	\$0
Interior Stairs	4.9	\$0
Structure	5.0	\$0
Foundation	5.1	\$0
Framing	5.2	\$0
HVAC	6.0	\$0
Heat Pumps	6.1	\$0
Window units	6.1	\$0
Heating Eqpt., Electric	6.1	\$0
Heating Eqpt., Gas	6.1	\$0
Cooling Equipment	6.2	\$0
Electrical System	7.0	\$0
Service	7.1	\$0
Devices	7.2	\$0
Plumbing Systems	8.0	\$0
Supply/Waste Lines	8.1	\$0
Water Heaters	8.2	\$0
Boiler, gas fired	8.2	\$0
Boiler, room valves	8.2a	\$0
Washers/Dryers	8.3	\$0
Toilets	8.4a	\$0
Vanities w/sinks	8.4b	\$0
Wall-mounted sinks	8.4b	\$0
Tubs w/ shower walls	8.4c	\$0
Disposals	8.5	\$0
Roofs	9	\$0
Roofs, shingles w/gutters & downspouts	9.1	\$0
Roofs, built-up	9.1	\$0
Roofs, membrane	9.1	\$0
Roofs, metal	9.1	\$0
Fire Suppression	10.0	\$0
Sprinkler system	10.1	\$0
Life and Safety	10.2	\$0
Elevator & Vert. Trans.	11.0	\$0
Elevator controller	11.1	\$0
Elevator cab	11.2	\$0
Elevator, machinery	11.3	\$0
Elevator, shaft doors	11.4	\$0
Elevator, shaftways	11.5	\$0
ADA	12.0	\$0
Safety & Violations	13.0	\$0
Security Systems	13.1	\$0
Code Violations	13.2	\$0
CONSTRUCTION CONTINGENCY, NOT MORE THAN 10%		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
TOTAL REHABILITATION COSTS		\$0

#N/A

New Construction

<i>Development Costs</i>			<i>Code</i>	<i>Cost</i>
Concrete			3	\$0
Masonry			4	\$0
Metals			5	\$0
Rough Carpentry			6	\$0
Finish Carpentry			6	\$0
Rehabilitation Costs			6	\$0
Insulation			7	\$0
Roofing			7	\$0
Sheet Metal			7	\$0
Doors			8	\$0
Windows			8	\$0
Glass			8	\$0
Lath and Plaster			9	\$0
Drywall			9	\$0
Tile Work			9	\$0
Acoustical			9	\$0
Wood Flooring			9	\$0
Resilient Flooring			9	\$0
Painting and Decorating			9	\$0
Specialties			10	\$0
Special Equipment			11	\$0
Cabinets			11	\$0
Appliances			11	\$0
Blinds and Shades			12	\$0
Carpets			12	\$0
Special Construction			13	\$0
Elevators			14	\$0
Plumbing and Hot Water			15	\$0
Heat and Ventilation			15	\$0
Air Conditioning			15	\$0
Electrical			16	\$0
Accessory Structures				\$0
Earth work			2	\$0
Site Utilities			2	\$0
Roads and Walks			2	\$0
Site Improvement			2	\$0
Lawns and Planting			2	\$0
Unusual Site Conditions			2	\$0

#N/A

General Requirements & Other Costs	Code	Cost
General Requirements	1	\$0
Supervision	1	\$0
Field Engineering	1	\$0
Field Office Expense	1	\$0
Temporary Facilities	1	\$0
Temporary Utilities	1	\$0
Cleaning & Rubbish Removal	1	\$0
Builders Risk Insurance	1	\$0
Watchmen Wages	1	\$0
Travel Expense	1	\$0
Building Permit	1	\$0
Other:	1	\$0
Other:	1	\$0
Other:	1	\$0
Other:	1	\$0
Builder Overhead		\$0
Builder's Profit		\$0
Miscellaneous		\$0
Bond Premium		\$0
Other Fees Paid by Contractor		\$0
CONSTRUCTION CONTINGENCY, NOT MORE THAN 10%		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
Other		\$0
TOTAL HARD COSTS		\$0

#N/A

General Requirements	Limit	\$0
	Actual	\$0
Builder's Overhead	Limit	\$0
	Actual	\$0
Builder's Profit	Limit	\$0
	Actual	\$0
Developer Fee	Limit	\$0
	Actual	\$0
<i>Months from Reservation to Placed in Service:</i>		0

Rehab/Development Cost Comments:

Year of Requirement:		Unit	Economic	1	2	3	4
Enter Physical Needs Description Below:	Code	Cost	Life				
Site Utilities	1.5		50				
Site Improvements	2.0		50				
Topography	2.1		50				
Drainage	2.2		50				
Parking Lot- asphalt	2.3		25				
Parking Lot- stripe	2.3	\$3,000	5				
Parking Lot- concrete	2.3		30				
Flatwork	2.4		30				
Dumpster Pads	2.5		30				
Landscaping	2.6		50				
Lighting, porch lights	2.7		6				
Lighting, building mounted	2.7		15				
Signage	2.8	\$2,500	15				
Parking Garage	2.9		50				
Amenities, playground	2.10		20				
Amenities, pool deck	2.10		15				
Amenities, pool equipment	2.10		10				
Amenities, pool plaster	2.10		10				
Amenities, basketball court	2.10		15				
Amenities, tennis courts	2.10		15				
Fences, chain link w/gates	2.11		40				
Fences, wrought iron	2.11		5				
Fences, post and rail	2.11		25				
Fences, stockade and weave	2.11		12				
Carports	2.12		40				
Mail facilities	2.13	\$2,500	10				
Exterior	3.0		40				
Walls, aluminum siding	3.1		15				
Walls, brick/block	3.1		40				
Walls, stone veneer	3.1		20				
Walls, glass block	3.1		15				
Walls, granite block	3.1		40				
Walls, pre-cast concrete	3.1		15				
Walls, vinyl	3.1		30				
Walls, plywood (T1-11)	3.1		5				
Walls, stucco	3.1		5				
Windows, frames & glazing	3.2		30				
Doors, solid core	3.3		25				
Doors, sliding doors	3.3		15				
Doors, screen doors	3.3		7				
Exterior Stairs, wood	3.4		30				
Exterior Stairs, filled metal pans	3.4		20				
Exterior Stairs, concrete	3.4		50				
Balconies / Landings	3.5		30				
Interior	4.0		8				
Walls and ceilings, common areas	4.1	\$100	8				
Walls and ceilings, units	4.2		8				
Flooring, carpet common areas	4.3		7				
Flooring, carpet units	4.3	\$600	7				
Flooring, tile common areas	4.3		15				
Flooring, tile units	4.3	\$350	15				
Cabinets	4.4	\$1,250	20				
Countertops and Sinks	4.5	\$450	10				
Refrigerators	4.6	\$300	15				
Ranges & vent hoods	4.7	\$150	15				

Interior Closet Doors	4.8		10				
Interior Doors	4.8		30				
Interior Stairs	4.9		50				
Structure	5.0		50				
Foundation	5.1		50				
Framing	5.2		50				
HVAC	6.0		15				
Heat Pumps	6.1		15				
Window units	6.1		15				
Heating Eqpt., Electric	6.1		15				
Heating Eqpt., Gas	6.1	\$750	20				
Cooling Equipment	6.2	\$1,000	15				
Electrical System	7.0		40				
Service	7.1		40				
Devices	7.2		50				
Plumbing Systems	8.0		50				
Supply/Waste Lines	8.1		50				
Water Heaters	8.2	\$150	10				
Boiler, gas fired	8.2		25				
Boiler, room valves	8.2a		15				
Washers/Dryers	8.3		15				
Toilets	8.4a		20				
Vanities w/sinks	8.4b		20				
Wall-mounted sinks	8.4b		20				
Tubs w/ shower walls	8.4c		20				
Disposals	8.5		5				
Roofs	9	\$1,000	20				
Roofs, shingles w/gutters & downspouts	9.1		20				
Roofs, built-up	9.1		20				
Roofs, membrane	9.1		20				
Roofs, metal	9.1		20				
Fire Suppression	10.0		40				
Sprinkler system	10.1		50				
Life and Safety	10.2		10				
Elevator & Vert. Trans.	11.0		15				
Elevator controller	11.1		15				
Elevator cab	11.2		15				
Elevator, machinery	11.3		30				
Elevator, shaft doors	11.4		20				
Elevator, shaftways	11.5		25				
ADA	12.0						
Safety & Violations	13.0						
Security Systems	13.1		15				
Code Violations	13.2						
Other							
Other							
Other							
Totals				\$0	\$0	\$0	\$0
Inflation Factor at 2.5%				1.0000	1.0250	1.0506	1.0769
Inflated Totals				\$0	\$0	\$0	\$0

#N/A

5	6	7	8	9	10	11	12	13
X X X X X X X X X								

Reserve 20 Years

0 #N/A

Reserves for Replacement Schedule			
Initial Replacement Reserve Deposit:	\$0	Increase in Reserve Deposits:	2.50%
First Year Reserve Deposit:	\$0	Reserve Account Interest Rate:	1.00%
Reserve Balance Floor:	\$0		

Year of Requirement	1	2	3	4	5		20	Totals
Inflated Annual PCA Needs	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Beginning Balance	\$0	\$0	\$0	\$0	\$0		\$0	N/A
Annual Reserve (R4R) Deposit from Property Cash Flow	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Withdrawals (Equal to Inflated Annual PCA Needs)	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Interest Income	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Ending Balance	\$0	\$0	\$0	\$0	\$0		\$0	N/A
Indicators of Reserve Inadequacy								

Year-20 Ending Balance per Unit:	#DIV/0!
---	---------

Reserve Comments:

SYNDICATION INFORMATION AND CERTIFICATION

THIS SECTION IS NOT REQUIRED AS THERE ARE NO TAX CREDITS REQUESTED

The Undersigned duly authorized representative of the Taxpayer/Applicant hereby certifies under penalty of perjury as follows:

I. Syndication Commitment:

A Commitment attached hereto as Exhibit A has been received from the Syndicator (named below) to purchase an ownership interest in the Taxpayer/Applicant for the total dollar amount specified below (the "Syndication Proceeds") in the percentage specified below in connection with the Low-Income Housing Credits specified in the Commitment:

A. Syndicator Information*

Name:

Address:

Telephone: Fax:

Contact:

* See Glossary for definition of "Syndicator"

B. Percentage Interest in Taxpayer to be Acquired by Syndicator:	<input type="text"/>
C. Percentage Interest in Taxpayer to be Retained by Sponsor/Developer:	<input type="text" value="100.00%"/>
D. Amount of Tax Credits Specified in Commitment:	<input type="text" value="\$ -"/>
E. Syndication Proceeds Generated by Syndicator (Prior to Subtraction of Syndication Costs):	<input type="text" value="\$ -"/>
F. Gross Equity to be invested in Taxpayer by Syndicator:	<input type="text" value="\$ -"/>
G. Syndication Costs Paid by Syndicator (E-F):	<input type="text" value="\$ -"/>
H. Syndication Costs Paid by Developer (VI.10):	<input type="text" value="\$ -"/>
I. Total Syndication Costs (G+H):	<input type="text" value="\$ -"/>
J. Total Syndication Costs as a Percentage of Syndication Proceeds (I/E):*	<input type="text" value="0.00%"/>
K. Total Syndication Proceeds Available (F-H):	<input type="text" value="\$ -"/>
L. Will Project qualify as a Qualified Gulf Opportunity Zone Property?	<input type="text"/>
M. Specify First year depreciation deduction pursuant to GO Zone Act of 2005: (If applicable)	<input type="text"/>

* If syndication is public, may not exceed 15%. If syndication is private, may not exceed 10%.

II. Disbursement of Gross Equity by Installment:

The Gross Equity will be invested in the Taxpayer by the Syndicator in the following installments:

	<u>Event</u>	<u>Date</u>	<u>Projected Percentage</u>	<u>Installment</u>	<u>#N/A</u>
1)				\$ -	
2)				\$ -	
3)				\$ -	
4)				\$ -	
5)				\$ -	
6)				\$ -	
7)				\$ -	
8)				\$ -	
9)				\$ -	
10)				\$ -	
11)				\$ -	
12)				\$ -	
13)				\$ -	
14)				\$ -	
15)				\$ -	

III. Sources of Interim Financing From Commercial Lenders:

The following constitutes the source of Bridge Loan Costs and/or other Interim Financing Devices from commercial lenders:

<u>Interim Funds From Commercial Lender:</u>	<u>Interest Rate</u>
1. Name: <input type="text"/>	<input type="text" value="0.00%"/> per annum
Address: <input type="text"/> <input type="text"/>	
Telephone: <input type="text"/>	Fax: <input type="text"/>
Amount of Interim Loan: <input type="text"/>	
Estimate Total Interest Payments: <input type="text"/>	
Security for Interim Funds: <input type="text"/>	

<u>Interim Funds From Commercial Lender:</u>	<u>Interest Rate</u>
2. Name: <input type="text"/>	<input type="text"/> per annum
Address: <input type="text"/> <input type="text"/>	
Telephone: <input type="text"/>	Fax: <input type="text"/>
Amount of Interim Loan: <input type="text"/>	
Estimate Total Interest Payments: <input type="text"/>	
Security for Interim Funds: <input type="text"/>	

IV. Identity of Interest Information With Respect to Commercial Loans:

The terms of the interim financing specified in Section III above were negotiated in good faith and on an "arm's-length" basis. There is no identity-of-interest between the entities listed in the Sources of Interim Funds and any partners or investors in the Taxpayer/Applicant.

#N/A

V. Interim Funds from Syndicator and Syndication Costs:

A. The Syndicator will provide interim financing of \$ - at an interest rate of 0.00% per annum and expects to receive \$ - of interest on funds loaned to the Taxpayer by the Syndicator.

B. The following amounts represent syndication expenses to be incurred and paid by the Syndicator in obtaining cash to invest in the Taxpayer:

<u>Items</u>	<u>Payee*</u>	<u>Amounts*</u>
1 Accountant's Fee Paid by Syndicator		
2 Syndicator's Fee		
3 Attorney's Fee Paid by Syndicator		
4 Broker Fees Paid by Syndicator		
5 Organizational Expense of Syndication		
6 Other:		
7 Other:		
8 Other:		
9 Other:		
10 Other:		
TOTAL Syndication Costs:		\$ -

* All amounts must relate solely to the Syndication and must be amounts specifically approved and paid by the Syndicator. No amounts should be shown without specifying the name of a payee and no amounts shown may be paid by the Taxpayer or Developer.

VI. Syndication Costs Paid by Taxpayer or Developer:

A. The following amounts represent syndication expenses to be incurred and paid by the Taxpayer or Developer in obtaining cash to invest in the Taxpayer:

<u>Items</u>	<u>Payee*</u>	<u>Amounts*</u>
1 Accountant's Fee Paid by Taxpayer		
2 Syndicator's Fee Paid by Taxpayer		
3 Attorney's Fee Paid by Taxpayer		
4 Broker Fees Paid by Taxpayer		
5 Organizational Expense of Syndication		
6 Other:		
7 Other:		
8 Other:		
9 Other:		
10 Other:		
TOTAL Syndication Costs:		\$ -

* All amounts must relate solely to the Syndication. No amounts should be shown without specifying the name of a payee and no amounts shown may be paid by the Syndicator.

VII. Net Equity:

#N/A

The Net Equity* as of the Estimated Placed in Service Date of 06/30/14
is \$ -

* Compute Net Equity by (i) compounding Installments from Part II above in advance of the Placed In Service Date by the Compound Factor, (ii) discounting Installments following the Placed In Service Date by the Discount Factor, (iii) adding the sum total of adjusted Installments from (i) and (ii). The Compound Factor and the Discount Factor for purposes of the Application will be determined as of January 1st of the year in which the Application is submitted and will be based on the yield as of such date on the six (6) month T-Bill plus two (2) percent.

Please evidence this calculation as follows:

(i) Compounding Installments prior to Placed In Service Date:	\$ -
(ii) Discounting Installments Following Placed In Service Date:	\$ -
(iii) Net Equity [Add (i) plus (ii)]:	\$ -

WITNESS my signature, on this the ____ day of _____, 20__.

0.811001003

Taxpayer/Applicant

By: _____

Notary

The undersigned duly authorized representative of the Syndicator hereby certifies as follows:

- (1) The information contained in this Syndication Information and Certification is true and correct as of the date of its execution by the Taxpayer/Applicant.
- (2) The syndication of the tax credits requested by the Syndicator has been or will be (check one):

	Publicly Offered*
X	Privately Placed

* If the syndication proceeds are generated through public offering, please submit copy of all filings with the SEC as Appendix B.

WITNESS my signature, on this, the ____ day of _____, _____.

Syndicator

By: _____

Title: _____

Loan Information

0

#N/A

FIRST MORTGAGE	
Lender Name:	
Original Loan Amount:	
Current Principal Amount:	\$0.00
As of Date:	
Maturity Date:	
Interest Rate:	
Amortization Period (Years):	
Monthly P&I Payment	\$0.00
Annual Debt Service	\$0.00
Loan Servicer:	0
Prepayment Penalty:	
Lock Out Date:	
Years remaining at closing:	
Loan Type	

SECOND MORTGAGE	
Lender Name:	
Original Loan Amount:	
Current Principal Amount:	\$0.00
As of Date:	
Maturity Date:	
Interest Rate:	
Amortization Period (Years):	
Monthly P&I Payment	\$0.00
Annual Debt Service	\$0.00
Loan Servicer:	0
Prepayment Penalty:	
Lock Out Date:	
Years remaining at closing:	
Loan Type	

HOME MORTGAGE	
Lender Name:	LHC
Original Loan Amount:	\$0
Interest Rate:	0.000%
Balance at Term of First Mortgage:	\$0
Reasonably repaid at Term of First Mortgage:	\$0

CDBG MORTGAGE	
Lender Name:	State
Original Loan Amount:	\$0
Interest Rate:	0.000%

Sources & Uses

0

#N/A

Fund Sources

	\$ Amount
Permanent First Mortgage Loan Principal	\$0.00
Permanent Second Mortgage Loan Principal	\$0.00
HOME Funds	\$0.00
Gross Tax Credit Equity	\$0.00
CDBG Funds - LHC	\$0.00
CDBG Funds - OCD	\$0.00
CDBG Funds - Other	\$0.00
Reserve for Replacement	\$0.00
Deferred Developer Fee	\$0.00
Lease-Up Reserves	\$0.00
Operating Reserves	\$0.00
Temporary Contraction Loan	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other Sources Needed to Balance	\$0.00
Total Funding Sources	\$0.00

Sources & Uses Comments:

Soft Costs (Pre Placed in Service)

	\$ Amount
Architect's Fee - Design	\$0.00
Architect's Fee - Supervisory	\$0.00
Interest During Construction	\$0.00
Taxes During Construction	\$0.00
Insurance During Construction	\$0.00
Financing Fee (Construction)	\$0.00
Financing Fee (Permanent)	\$0.00
Title and Recording Costs	\$0.00
Taxpayer Closing Costs	\$0.00
Organization Costs	\$0.00
Relocation Expenses	\$0.00
Lender Legal Fees	\$0.00
Taxpayer Counsel Fees	\$0.00
Survey Costs	\$0.00
Audit Fees	\$0.00
Developer Fee	\$0.00
LHC Tax Credit Fees	\$0.00
LHC HOME Fees	\$0.00
Asset Management Fee	\$0.00
CDBG Fees	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Total Fundable Soft Costs:	\$0.00

Fund Uses

	\$ Amount
Rehabilitation Hard Costs	\$0.00
Construction Hard Costs	\$0.00
Total Soft Costs	\$0.00
Acquisition Costs:	
Land Only	\$0.00
Buildings Only	\$0.00
Other (please describe)	\$0.00
Other Fund Uses NOT in Basis	
Demolition	\$0.00
Other (please describe)	\$0.00
Total Development Costs	\$0.00
Temporary Contraction Loan Pay off	\$0.00
Initial Operating Reserve	\$0.00
Initial Deposit to Replacement Reserve	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Other (please describe)	\$0.00
Total Use of Funds	\$0.00

Financing Certification

A. Source of Funds

List Total Source of Funds (including grants but excluding construction loans to be paid by permanent sources of funds) for the Project as of the Project's Placed in Service Date.

	<u>Name of Lender or Source of Funds</u>	<u>Amount of Funds</u>	<u>Annual Debt Service Cost</u>	<u>Interest Rate of Loan</u>	<u>Amortization Period</u>
1.	0	-	-	0.00%	0
2.	0	-	-	0.00%	0
3.	Other	-	-	0.00%	0
4.	Other	-	-	0.00%	0
5.	Proceeds from Low-Income Tax Credits			-	
6.	Proceeds from Historic Tax Credits			-	
Total Source of Funds:				-	
Total Annual Debt Service Cost				-	
Placed in Service Date				6/30/2014	

Specify items which vary from terms contained in the later of the certifications in the Taxpayer's Application or in the certifications as of the Allocation/Reservation of tax credits:

	<u>Application/Reservation Date</u>	<u>Placed-in-Service Date</u>
Land Costs		
TDC		
TDC/Unit		
Soft Costs/Unit		
1st Mortgage Principal		
Interest		
Term		
2nd Mortgage Principal		
Interest		
Term		
Deferred Developer Fee		
Developer Fee Paid		
Gross Equity		
Net Equity		

B. Syndication Information

Provide the following information concerning syndication from sale of tax credits:

I. Syndication Proceeds to be Received During Credit Period:

1:	-	6:	-
2:	-	7:	-
3:	-	8:	-
4:	-	9:	-
5:	-	10:	-

II. Historic Rehabilitation Credits:

Syndication Proceeds to be Received During Credit Period:

Year 1:
 Year 2:
 Year 3:

III. Information Concerning Syndicator

Name:

Address:

Telephone:

IV. Specify all operating and/or credit guarantees required by Syndicator:

V. Attach evidence of syndication from Syndicator.

C. Subsidies

The following constitutes the full extent of all Federal, State and local subsidies which apply (or which the Taxpayer expects to apply) with respect to the Project as of the date the reservation/allocation of tax credits were made and as of the Project's Placed in Service Date.

	<u>Reservation Date</u>	<u>Allocation Date</u>	<u>Placed In Service Date</u>
I. <u>Non Repavable Grants</u>			
(a) CDBG (State)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) CDBG (Local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) HOME	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Rental Rehab	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) State	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Local	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	-	-	-
II. <u>Secondary Financing</u>			
(a) CDBG (State)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) CDBG (Local)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) HOME	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) HOPE VI	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) State	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Local	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
(h) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
(I) Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	-	-	-

III. Value Other Subsidies

(a)	Tax Abatement			
(b)	Historic Rehab Credit			
(c)	Land Donation			
(d)	Other			
	TOTAL	-	-	-

#N/A

IV. Credit Enhancements

(a)	FHA Section #			
(b)	Private Mortgage Insurance			
(c)	Letters of Credit			
(d)	Other			

V. Rental Assistance Anticipated

(a)	Tenant Based			
	(i) Section 8			
	(ii) Other			
	(iii) Other			
(b)	Project Based			
	(i) Section 8			
	(ii) RD/RA			
	(iii) State PBA			
	(iv) Other			

D. Uses

	\$ Amount
Rehabilitation Hard Costs	\$0.00
Construction Hard Costs	\$0.00
Total Soft Costs	\$0.00
Acquisition Costs:	
Land Only	\$0.00
Buildings Only	\$0.00
Other (please describe)	\$0.00
Other Fund Uses NOT in Basis	
Demolition	\$0.00
Other (please describe)	\$0.00
Total Development Costs	\$0.00
Temporary Contract Loan Pay off	\$0.00
Initial Operating Reserve	\$0.00
Initial Deposit to Replacement Reserve	\$0.00
Total Use of Funds	\$0.00

E. Funds Available for Cash Requirements

15.	Sources of Cash:			
	(a) Syndication Proceeds	-		
	(b) Owner Contribution	-		
	(c) Other	-		
	Subtotal	-	-	-
16.	Source of Fees and Grants:			
	Home Funds	-		
	Other	-		
	Other	-		
	Subtotal	-	-	-
17.	TOTAL CASH, FEES & GRANTS			

The undersigned hereby certifies under penalty of perjury that the information contained in this Financing Certification is true and correct as of _____, _____.

WITNESS this signature on the _____ day of _____, _____.

By: _____

Title: _____

WITNESSES

NOTARY

Amortization

0 #N/A

HOME / CDBG MORTGAGE				
Year	BegBal	Accrd Int	Pmt	EndBal
1	\$0	\$0	#N/A	#N/A
2	#N/A	\$0	#N/A	#N/A
3	#N/A	\$0	#N/A	#N/A
4	#N/A	\$0	#N/A	#N/A
5	#N/A	\$0	#N/A	#N/A
6	#N/A	\$0	#N/A	#N/A
7	#N/A	\$0	#N/A	#N/A
8	#N/A	\$0	#N/A	#N/A
9	#N/A	\$0	#N/A	#N/A
10	#N/A	\$0	#N/A	#N/A
11	#N/A	\$0	#N/A	#N/A
12	#N/A	\$0	#N/A	#N/A
13	#N/A	\$0	#N/A	#N/A
14	#N/A	\$0	#N/A	#N/A
15	#N/A	\$0	#N/A	#N/A
16	#N/A	\$0	#N/A	#N/A
17	#N/A	\$0	#N/A	#N/A
18	#N/A	\$0	#N/A	#N/A
19	#N/A	\$0	#N/A	#N/A
20	#N/A	\$0	#N/A	#N/A
21	#N/A	\$0	#N/A	#N/A
22	#N/A	\$0	#N/A	#N/A
23	#N/A	\$0	#N/A	#N/A
24	#N/A	\$0	#N/A	#N/A
25	#N/A	\$0	#N/A	#N/A
26	#N/A	\$0	#N/A	#N/A
27	#N/A	\$0	#N/A	#N/A
28	#N/A	\$0	#N/A	#N/A
29	#N/A	\$0	#N/A	#N/A
30	#N/A	\$0	#N/A	#N/A
31	#N/A	\$0	#N/A	#N/A
32	#N/A	\$0	#N/A	#N/A
33	#N/A	\$0	#N/A	#N/A
34	#N/A	\$0	#N/A	#N/A
35	#N/A	\$0	#N/A	#N/A
36	#N/A	\$0	#N/A	#N/A
37	#N/A	\$0	#N/A	#N/A
38	#N/A	\$0	#N/A	#N/A
39	#N/A	\$0	#N/A	#N/A
40	#N/A	\$0	#N/A	#N/A

Owner Distribution			
Year	Cash Flow	11%	Discount
1	#N/A	100%	#N/A
2	#N/A	90%	#N/A
3	#N/A	81%	#N/A
4	#N/A	73%	#N/A
5	#N/A	66%	#N/A
6	#N/A	59%	#N/A
7	#N/A	53%	#N/A
8	#N/A	48%	#N/A
9	#N/A	43%	#N/A
10	#N/A	39%	#N/A
11	#N/A	35%	#N/A
12	#N/A	32%	#N/A
13	#N/A	29%	#N/A
14	#N/A	26%	#N/A
15	#N/A	23%	#N/A
16	#N/A	21%	#N/A
17	#N/A	19%	#N/A
18	#N/A	17%	#N/A
19	#N/A	15%	#N/A
20	#N/A	14%	#N/A
21	#N/A	12%	#N/A
22	#N/A	11%	#N/A
23	#N/A	10%	#N/A
24	#N/A	9%	#N/A
25	#N/A	8%	#N/A
26	#N/A	7%	#N/A
27	#N/A	7%	#N/A
28	#N/A	6%	#N/A
29	#N/A	5%	#N/A
30	#N/A	5%	#N/A
31	#N/A	4%	#N/A
32	#N/A	4%	#N/A
33	#N/A	4%	#N/A
34	#N/A	3%	#N/A
35	#N/A	3%	#N/A
36	#N/A	3%	#N/A
37	#N/A	2%	#N/A
38	#N/A	2%	#N/A
39	#N/A	2%	#N/A
40	#N/A	2%	#N/A

Projected Cash Flow to owner over term of first loan
 Discounted Cash Flow to owner over term of first loan
 Eligible Capital for Capital Recovery Payment
 Projected Residual Value of the property at term of First Mortgage?
 Projected Soft Loan Balance at term of First Mortgage?

#N/A
#N/A
\$0
\$0
#N/A
0.00%

Pro forma Calculation

0 #N/A

	Prior Audit	Baseline Application	Inflation Rate
Income Statement			
Rental Income			
Residential-			
5121 Rental Income GROSS VACANCY		#N/A	
5121 Rental Income NET VACANCY			
5190 Other			
5140 Stores & Commercial-			
Total Rental Income:	\$0	#N/A	2.00%
Vacancies: Enter as Negative			
5220 Apartments- 7.00%		#N/A	
5240 Stores & Commercial-		\$0	
5270 Garage & Parking Spaces-			
5290 Miscellaneous Concessions-			
Total Vacancies:	\$0	#N/A	
Net Rental Income:	\$0	#N/A	
Other Income & Bad Debt			
5910 Laundry & Vending-			
6370 Apartment Bad Debt- Enter as Neg.			
6370 Commercial Bad Debt- Enter as Neg.			
5920 NSF, Damages & Late Charges, Other-			
Total Other Income:	\$0	\$0	3.00%
EFFECTIVE GROSS INCOME	\$0	#N/A	
Admin. Exps			
6210 Advertising-			
6250 Admin. Exps.-			
6310 Office Salaries-			
6311 Office Supplies-			
6320 Management Fee-			3.00%
6330 Management or Super. Sal.-			
6331 Mgmt. or Super. Free Rent Unit-			
6340 Legal Expenses (Project)-			
6350 Auditing Exps. (Project)-			
6351 Bookkeeping Fees/Acct. Services-			
6390 LHFA Asset Management Fee			
<i>Total Admin. Less Management Fee:</i>	\$0	\$0	3.00%
Total Admin. Exps.:	\$0	\$0	
Utilities Expense			
6420 Fuel Oil/Coal-			
6420 Fuel for Domestic Hot Water-			
6450 Electricity (Light & Misc. Power)-			
6451 Water-			
6452 Gas-			
6453 Sewer-			
Total Utilities Exps.:	\$0	\$0	3.00%

#N/A

	Prior Audit	Baseline Application	Inflation Rate
O & M Expenses			
6510 O&M Payroll-			
6515 O&M Supplies-			
6520 O&M Contract-			
6525 Garbage & Trash Removal-			
6530 Security Payroll/Contract-			
6545 Elevator Maintenance/Contract-			
6546 HVAC R & M-			
6570 Other Expenses-			
6590 Misc. O & M Expenses- Neighborhood Network-			
Total O & M Expenses:	\$0	\$0	3.00%
Taxes & Insurance			
6710 Real Estate Taxes-			3.00%
6711 Payroll Taxes (FICA)-			
6719 Misc. Taxes, Licenses, & Permits-			
6720 Property & Liability Insurance-			3.00%
6721 Fidelity Bond Insurance-			
6722 Workmen's Compensation-			
6723 Health Ins. & Other Emp.Benefits-			
6279 Other Insurance-			3.00%
Total Taxes & Insurance:	\$0	\$0	
TOTAL OPERATING EXPENSES:	\$0	\$0	
NET OPERATING INCOME:	\$0	#N/A	
Replacement Reserves		\$0	2.50%
ADJUSTED NET OPERATING INCOME	\$0	#N/A	
DEBT SERVICE			
FIRST MORTGAGE DEBT SERVICE:		\$0	
SECOND MORTGAGE DEBT SERVICE:		\$0	
CASH FLOW AVAILABLE	\$0	#N/A	
HOME/CDBG DEBT SERVICE 0.00%	\$0	\$0 #N/A	
Distribution to Owner 100.00%		#N/A	
Advance to related parties		\$0	
1st Mortgage DSCR:	0	0	

#N/A

Expense Comments:

Pro Forma

#N/A

	1		2		3		4	
	\$Amt	\$/Unit	\$ Amt	\$/Unit	\$ Amt	\$/Unit	\$ Amt	\$/Unit
Income								
Total Rental Income:	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Total Vacancy	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Total Other Income:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Effective Gross Income (EGI)	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Expenses								
Management Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Utility Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total O&M Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Real Estate Taxes	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
All other Taxes & Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Operating Income	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Replacement Reserves Contribution	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adjusted Net Operating Income	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Debt Service								
1st Mortgage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2nd Mortgage as Calculated	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Loan		\$0		\$0		\$0		\$0
Total Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CashFlow								
Cumulative CashFlow	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
HOME/CDBG DEBT SERVICE	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Distribution to Owner	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Debt Service Coverage Ratios								
1st Mortgage	0.00		0.00		0.00		0.00	
All Debt	0.00		0.00		0.00		0.00	
Break Even Analysis								
Break - Even Cashflow Ratio	#N/A		#N/A		#N/A		#N/A	
Expense Cushion								
Cash Flow / Total Expenses	0%		0%		0%		0%	

Pro Forma Comments:

Building Information

0 #N/A

Building Information	
Development Type	0
Total Number of Buildings	0
Number of Building Configurations	0
Total Area of Residential Buildings	0
Total Area of Accessory Buildings	
Number of Accessory Buildings	
Total Development Cost	\$0.00
Land costs NOT in Basis (negative)	\$0.00
Acquisition costs NOT in Construction Basis	\$0.00
Community Facilities (negative)	\$0.00
Other costs NOT in Construction Basis	\$0.00
Other costs NOT in Construction Basis	\$0.00
Adjusted Construction Basis	\$0.00
Provide any comments on changes to Basis here :	
Acquisition costs in Basis	\$0.00

TDC Per Unit Limit Calculation

Development Type	Select	Max TDC/Unit	Max TDC
Acquisition/Rehab		125,000	0
New Construction/Conversions Non Elevated		150,000	0
New Construction/Conversions Elevated		175,000	0
			0
Historic Project		250,000	0
Scattered Site		185,000	0
Total			\$ -
Per unit			\$ -

Total Development Cost from Sources & Uses

	\$ -
less any Government Grants	\$ -
Syndicating Historic Credits	\$ -
Community Facilities	\$ -
Total:	\$ -

TDC per Unit Calculation

0.00

Calculation of Intermediary Cost

Step 1: Add the following amounts from Sources and Uses of Funds.

Builder's Overhead	\$ -
Builder's Profit	\$ -
Developer Fee	\$ -
Syndication Costs	\$ -
Architect's Fees	\$ -
Legal Fees	\$ -
Organization Fees	\$ -
Other Fees	\$ -
	\$ -

Step 2: Specify amount shown as Total Uses of Funds
 Total Uses \$ -

Step 3: Divide total in Step 1 by amount shown in Step 2.
 Intermediary Cost 100.0000%

Basis Calculation

#N/A

Building Configuration	Total 0	Configuration 1							
THIS SECTION IS NOT REQUIRED AS THERE ARE NO TAX CREDITS REQUESTED									
Number of Buildings with Configuration	0								
Per Building Residential Area	0								
Per Building Non-Residential Area	0								
Per Building Total Area	0	0							
Number of 0BR Units Per Building	0								
Number of 1BR Units Per Building	0								
Number of 2BR Units Per Building	0								
Number of 3BR Units Per Building	0								
Number of 4BR Units Per Building	0								
Number of 5BR Units Per Building	0								
Number of Other BR Units Per Building	0								
Total Number of Units Per Building	0	0							
Total Number of Units in Configuration	0	0							
Grant/Contingent Loans/Subsidy									
Home Funds	0	0							
TYPE OF SUBSIDY - Total		0							
TYPE OF SUBSIDY - Total		0							
TYPE OF SUBSIDY - Total		0							
Total Grant Per Building		0							
Total Grant in Configuration	0	0							
BASIS CALCULATION									
Eligible Construction Basis Per Building		#DIV/0!							
Acquisition EB Per Building		#DIV/0!							
Eligible Basis in Configuration	#DIV/0!	#DIV/0!							
Eligible Con. Basis Reduction Per Building (1)		0	0	0	0	0	0	0	0
Acquisition EBR Per Building		0	0	0	0	0	0	0	0
Eligible Basis in Configuration	0	0							
Adjusted Eligible Const. Basis Per Building		#DIV/0!							
Acquisition AEB Per Building		#DIV/0!							
Adjusted Eligible Basis in Configuration	#DIV/0!	#DIV/0!							
QCT Eligible Const. Basis Per Building		#DIV/0!							
Acquisition QCT EB Per Building		#DIV/0!							
QCT Eligible Basis Per in Configuration	#DIV/0!	#DIV/0!							
Applicable Fraction		100%	100%	100%	100%	100%	100%	100%	100%
Unadjusted Qualified Con. Basis Per Building		#DIV/0!							
Acquisition UQB per Building		#DIV/0!							
Unadjusted Qualified Basis in Configuration	#DIV/0!	#DIV/0!							
Homeless Basis Adjustment (2)		0	0	0	0	0	0	0	0
Qualified Construction Basis Per Building		#DIV/0!							
Acquisition QB Per Building		#DIV/0!							
Qualified Basis in Configuration	#DIV/0!	#DIV/0!							
Credit Percentage	9.00%								
Acquisition Credit Percentage	4.00%								
Permitted Construction Credit Per Building		#DIV/0!							
Permitted Acquisition Credit Per Building		#DIV/0!							
Total Permitted Credit Per Building		#DIV/0!							
Permitted Credit in Configuration	#DIV/0!	#DIV/0!							

0

(1) Input in column D "Eligible Basis Reduction" amounts by which basis should be reduced in accordance with the following:

- a) disproportionate quality of LIUs (see Section 42(d)(3)(B));
- b) non-qualified non-recourse loans;
- c) amount of grants funding eligible basis (see Section 42(d)(5)(A));
- d) basis allocable to expenditures elected under Section 167(k); or
- e) historic credits related to rehabilitation (see Section 42(d)(5)(B)).

(2) Input in column L "Homeless Basis Adjustment" amounts (see Section 42(c)(1)(E)).

0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
0	0	0	0	0	0	0	0	0	0	0	0

#N/A

Enter Project Schedule

	Activity	Scheduled Date (mm/dd/yyyy)
A. SITE	Option/Contract	
	Site Acquisition	
	Zoning Approval	
	Site Analysis	
	Environmental Clearance	
B. FINANCING		
1. Construction Loan/Interim Financing		
	Loan Application	
	Conditional Commitment	
	Firm Commitment	
2. Permanent Loan		
	Loan Application	
	Conditional Commitment	
	Firm Commitment	
3. Other Loans and Grants		
	Type & Source	
	Application	
	Award	
4. Other Loans and Grants		
	Type & Source	
	Application	
	Award	
C. PLANS AND SPECIFICATIONS, WORKING DRAWINGS		
D. CLOSING AND TRANSFER OF PROPERTY		
E. CONSTRUCTION START		
	10% Construction complete	
	50% Construction complete	
	90% Construction complete	
F. COMPLETION DATE		
G. CERTIFICATE OF OCCUPANCY DATE		
H. PLACED IN SERVICE DATE OF FIRST BUILDING		
I. DATE OF LAST BUILDING PLACED IN SERVICE		
J. 10% OF UNIT OCCUPANCY ACHIEVED		

Please identify each development team member.

Primary Contact for Developer:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

E-Mail Address: [Redacted] Fax: [Redacted]

Taxpayer:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

E-Mail Address: [Redacted] Fax: [Redacted]

Managing Member
Limited Liability Company

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

E-Mail Address: [Redacted] Fax: [Redacted]

Sponsor:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

E-Mail Address: [Redacted] Fax: [Redacted]

Consultant:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

E-Mail Address: [Redacted] Fax: [Redacted]

Fiscal Member/Partner:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

Syndicator:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

Attorney:

[Redacted Name]

Contact: [Redacted] Phone: [Redacted]

Development Team

0 #N/A

Please identify each development team member.

Accountant:
(Independent 3rd Party)

Contact: _____ Phone: _____

Construction Mortgage
Lender:

Contact: _____ Phone: _____

Permanent Mortgage
Lender:

Contact: _____ Phone: _____

Management Co.:

Contact: _____ Phone: _____

Architect:

Contact: _____ Phone: _____

Builder / Contractor:

Contact: _____ Phone: _____

Mandatory- Attach organizational structure of partnership with ownership percentage indicated.

Note: Points will only be allowed for Significant Growth or Industrial Investment in areas with a minimum of 50 to 99 permanent direct jobs or \$500 million collectively scheduled to be invested in the next three (3) years. Support documentation must consist of an official announcement(s) by the Louisiana Economic Development Commission, the Governor's office, or documentation provided by the local jurisdiction. The capital investment may consist of a single announcement of capital investment or an aggregate of announcements of capital investments totaling at least \$500 million within an area. For purposes of this selection criteria item, an area will be considered a 25 mile radius beginning at the center of the proposed investment project and ending at the center of the proposed LIHTC project as verified by the market analyst commissioned by the Corporation. If investment projects are combined to satisfy the requirement, verification will be required by the market analyst that the investment projects are located within 25 miles of the proposed LIHTC project.

A sample listing of capital investment announcements issued by the Louisiana Economic Development Commission is listed below. The list is not all inclusive as there are other announcements that meet the requirements of the selection criteria item.

Announcement Date	Company	Location	Capital Investment
4/17/2013	Incitec Pivot, Ltd.	Waggaman	\$1 Billion
2/28/2013	South Louisiana Methanol LP	Vacherie	\$1.3 Billion
1/17/2013	Magnolia LNG	Lake Charles	\$2.2 Billion
1/15/2013	G2X Energy	Lake Charles	\$1.3 Billion
11/1/2012	CF Industries	Donaldsonville	\$2.1 Billion
5/3/2012	Sempra Energy's LNG	Lake Charles	\$6 Billion
7/19/2011	Chenier Energy	Lake Charles	\$6.5 Billion

H. Mixed Income Projects (only one selection allowed)

- (a) Percent of non-qualified units equal to or greater than 20% 0 5
- (b) Percent of non-qualified units less than 20% but greater than or equal to 10% 0 3

Note: Projects that promote economic integration by creating mixed income housing will receive points based on the percent of non-qualified units (market rate housing without income restrictions) included in the project.

II TARGETED POPULATION TYPE (Select All That Apply)

A. Special Needs Households other than Elderly Households and provides Supportive Services - not PSH (Points will only be allowed for one selection in this category.)

- (i) Homeless Households
- (ii) Disabled Households
- (iii) Tenant Populations of individuals with children
- (a) Twenty Percent serve such households 0 5
- (b) Ten Percent serve such households 0 3

Application must include the following:

- (i) Description of Supportive Services tailored to each Special Needs Household (See Supportive Services Definitions)
- (ii) Costs per annum of Supportive Services per Special Needs Household or written commitment from governmental or non-profit agency that Supportive Services will be provided to Project without cost
- (iii) Experience of Taxpayer/Owner in developing Projects servicing Special Needs Households

III PRIORITY DEVELOPMENT AREAS AND OTHER PREFERENCES (All That Apply)

A. Extended Affordability Agreement

Project will execute agreement in which Owner irrevocably waives its rights under the provisions of L.R.C. §42(h)(6)(E) and (F) until after the (not eligible for lease-to-own projects)

- (i) 25th Year 0 2
- (ii) 30th Year 0 3
- (iii) 35th Year 0 4

Not eligible if executing Corporation's Option to Purchase and Right of First Refusal Agreement

B. Increased Unit Affordability

At least 5% percent or more of project units serve households with incomes at or below 30% AMI.

- (i) At least 5% less than 10% of units serve households (other than PSH) with incomes at or below 30% AMI 0 4
- (ii) At least 10% but less than 15% of units serve households (other than PSH) with incomes at or below 30% AMI 0 5
- (iii) At least 5% and less than 10% of units serve PSH households with incomes at or below 20% AMI 0 6

(To qualify for points in this section, units must be reflected on the rental income page of the application. Project must evidence ability to maintain lower rate units via rental income, grants or subsidies. To qualify for PSH points (iii) applicant must submit letter of PSH Support from the PSH Executive Council))

C. Difficult Development Area (QCT/DDA)				
(i) Project Located in Qualified Census Tract/Difficult Development Area (QCT/DDA)	<input type="checkbox"/>	0	2	
Census Tract number:	0			
Parish Location	0			
(ii) Copy of Final Concerted Community Revitalization Plan adopted by local governmental unit included in Application	<input type="checkbox"/>	0	2	
D. Rural Area Project (as defined in the glossary)			<input type="checkbox"/>	0 10
E. Other Governmental Priority listed below:				
(i) Renewal Community	<input type="checkbox"/>	0	6	
(ii) HUB Zone (Classification must be current to receive points.)	<input type="checkbox"/>	0	3	
F. Public Housing Agency Project (as defined in the glossary)			<input type="checkbox"/>	0 3
G. Governmental Support (The below referenced Government Funds must be actual "awarded funds" as evidenced by a signed commitment obligating the funds to the project.)				
Government support reduces project development costs by providing CDBG, HOME, or other governmental assistance/funding in the form of loan, grants, rental assistance or a combination of these forms or by:				
* Waiving water and sewer tap fees;				
* Waiving building permit fees;				
* Foregoing real property taxes during construction;				
* Contributing land for project development;				
* Providing below market rate construction and/or permanent financing;				
* Providing an abatement of real estate taxes;				
(i) 7% or more of total project development cost reduction	<input type="checkbox"/>	0	4	
(ii) Greater than or equal to 4% but less than 7% of total project development cost reduction	<input type="checkbox"/>	0	3	
(iii) 2% but less than 4% of total project development cost reduction	<input type="checkbox"/>	0	2	

IV LOCATION CHARACTERISTICS

A. Neighborhood Features

(Points in this section are capped by the applicant's selection and verified through submitted market study)

(i) Points Gained*: (maximum of 10 Points)

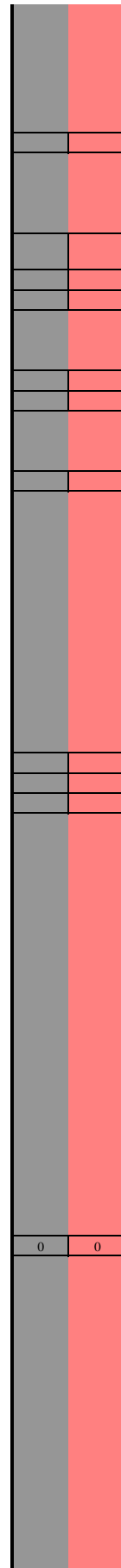
Points will be awarded for the following services located within the specified distance of the site. Distance will be measured by odometer from the automobile entrance of the proposed project site to the closest automobile entrance to the parking lot of the applicable service. Applicant should ensure that the service is suitable for the targeted population. Points will only be awarded for the services listed below. One Half (0.5) points will be awarded for any service listed that is located over 1 mile but is within 2 miles. 1 point <= (1) mile

Grocery Store	<input type="checkbox"/>	<input type="checkbox"/>	Public Library	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Bank/Credit Union	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Doctor Office	<input type="checkbox"/>	<input type="checkbox"/>	Post Office	<input type="checkbox"/>	<input type="checkbox"/>
Elementary School	<input type="checkbox"/>	<input type="checkbox"/>	Elementary school receiving a grade "B" or better by the La. Dept. of Education.	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy/Drug Store	<input type="checkbox"/>	<input type="checkbox"/>			
Adult/Child Day Care/ After School Care	<input type="checkbox"/>	<input type="checkbox"/>			
				0	0

(ii) Points Deducted*: (No Maximum for Deductions)

(There is no limit on the amount of points that can be deducted for negative neighborhood services.) Five points each will be deducted if any of the following incompatible uses are adjacent to the site; two points each will be deducted if any of the following incompatible uses listed are within 1/2 mile of the site.

Junk yard/dump	<input type="checkbox"/>	<input type="checkbox"/>	Pig/chicken farm	<input type="checkbox"/>	<input type="checkbox"/>
Salvage yard	<input type="checkbox"/>	<input type="checkbox"/>	Processing plants	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater treatment	<input type="checkbox"/>	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Distribution facilities	<input type="checkbox"/>	<input type="checkbox"/>	Airports	<input type="checkbox"/>	<input type="checkbox"/>
Electrical utility substations	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Store	<input type="checkbox"/>	<input type="checkbox"/>
Prisons	<input type="checkbox"/>	<input type="checkbox"/>	Solid waste disposal	<input type="checkbox"/>	<input type="checkbox"/>
Adult entertainment/ video/ theater	<input type="checkbox"/>	<input type="checkbox"/>	Bar, Club or Lounge	<input type="checkbox"/>	<input type="checkbox"/>



0	0
---	---

0	0
---	---

*The Market Study for every project must include a separate section that evidences whether the Project satisfies the positive points listed or incurs the negative points listed above. If this section remains unaddressed in the market study, maximum negative points will be assessed.

V PROJECT CHARACTERISTICS

A. Green Buildings (See Attached List)		0	5
See Glossary for definition of "Green Building."			
B. Community Facilities		0	2
(Community facilities must be consistent with definition contained in QAP. Homeownership projects are not eligible to receive points for community facilities.)			
C. Optional Amenities			
(i) Washers and dryers are installed and maintained in every unit		0	3
(ii) Dishwashers maintained in each unit		0	1
(iii) Disposals maintained in each unit		0	1
D. Additional Accessible Units			
Accessible Units in excess of Section 504 of II C Accessible Project Rehabilitation Act of 1973 (Not Qualified for Selection Criteria II-C Accessible Project) Assume Section 504 applies to all Projects, i.e.,5% of units must be accessible for people with mobility impairments and 2% for people with hearing or vision impairments.			
Number of Units:		Total: 0	0.00%
(i) more than 8% of the total units but less than or equal to 10% of the total units		0	1
(ii) more than 10% of the total units but less than or equal to 15% of the total units		0	2
(iii) more than 15% of the total units		0	3
Submit number, percentage and description of construction and/or equipment provided for each Accessible Unit Unit count must represent at least (1) one unit above the 504 requirement			
E. Project has On Site Security (as defined in Glossary)		0	3

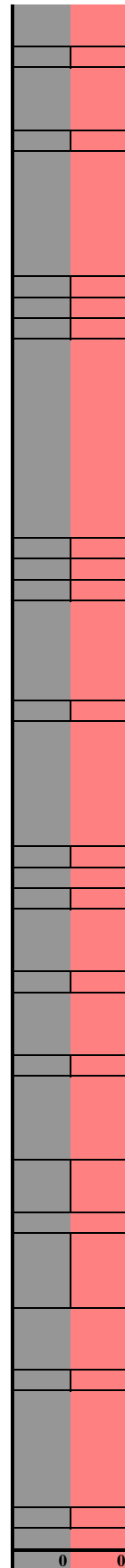
VI LEVERAGE, EFFICIENCY AND VIABILITY

A. Leverage for Disability Funding - Leverage consists of federal or other funds for persons with disabilities:			
List:		0	3
B. Project's TDC per unit is at least 10% below the maximum TDC/unit		0	3
C. Viability Penalty Points			
(i) Rehabilitation Hard Costs are less than \$20,000 per unit		0	-5
Specify: Total Rehab Hard Costs	\$0		
Number of Units	0		
	\$0		
(ii) Development fee exceeds 25% of hard costs for rehabilitation		0	-5

VII PROJECT & SUBMISSION PENALTY POINTS

A. Any project which utilizes a condominium or division of a site for the purpose of receiving Low Income Housing Tax Credits in excess of the QAP stated maximum		0	-15
B. Any project involving repair of physical damage on which an insurance claim is made and received but applicant fails to disclose and utilize insurance proceeds in the development budget to reduce the use of Low Income Housing Tax Credits		0	-15
Attach Insurance Certification for any Rehabilitation Project or Redevelopment Project			
C. Incomplete or Missing Exhibits, Appendices or Documents		0	-4
Does not include Required Exhibits which must be submitted by Application Deadline. Missing Required Exhibits will result in Application being rejected.			
Applications for a project that will have units in more than one local government jurisdiction must provide resolutions from all jurisdictions in which there are project units.			
D. Failure to properly label appendixes in final application submittal		0	-5

Total Tax Credit Points: 0



AUDITOR

1	Project name entered?			No
2	Parish indicated?			No
3	Census tract indicated?			No
4	Tax credits requested less than \$1,000,000?			Yes
5	Set-aside selected?			No
6	Selected TDC per unit costs within limits?	0.00		Yes
7	Selected per unit expense adequate (>=\$3,600)?	0.00		No
8	LIUs satisfy the set-aside selected?			#N/A
9	Mixed Income property has 40% or less low income units?	0%		Yes
10	Rents within the required rent limits?			#N/A
11	Enough HOME Assisted Units?	0		Yes
12	DSR greater than 1.15 during first 15 years?	1.15	0.00	No
13	Calculated Basis Credit equal or exceed your request?			Yes
14	Developer Fee within the allowable limit?			No
15	Builder Profit within the allowable limit?			No
16	Builder Overhead within the allowable limit?			No
17	General Requirements within the allowable limit?			No
18	Reserve Deposits adequate?			No
19	Sources of funds adequate			Yes
20	Syndication Multiple greater than 8.0?	0.0		No
21	Minimum Selection Criteria Points of 60?	0		No
22	Initial Operating Reserves greater than 6 mths of expenses?	0	0	No

Number of "No's" requiring explanation:

To Print Entire Worksheet

Go to File, Print
Check Entire workbook, press ok

To Save FINAL Worksheet

Note this .xls file must be submitted via the
LHFA online submission protocol.

Audit Comments, Explanation of "No's" :

Checklist

Please be advised, the following checklist is provided as guidance only. The QAP/Selection Criteria requirements are the governing documents.

CHECKLIST

		Required	Included	Signature	Notarized
1	-- Primary Input	X			
2	-- Secondary Input	X			
3	-- Threshold Requirements	X			
4	-- Rental Income	X			
	a) Attach waiver request letter for minimum bathroom and bedroom size if appropriate				
	b) Attach certification letter of compliance for reduction of minimum s.f. requirements				
5	-- Rehab / Construction	X			
6	-- Reserve Needs	X			
7	-- Syndication Information	X			
	a) Syndication Information and Certification (attach completed signed & notarized PDF document)	X		X	X
	b) SEC filings				
8	-- Loan Information	X			
9	-- Financing Cert (attach completed signed & notarized PDF document)	X		X	X
10	-- Pro Forma Calculation	X			
11	-- Sources & Uses	X			
12	-- Project Schedule	X			
13	-- Development Team	X			
	a) Attach detailed organizational chart (include contact information and ownership percentages for each entity)	X			
14	-- Building Information	X			
15	-- Basis Calculation	X			
16	-- Pool Selection and Tax Credit Selection Criteria	X			
17	-- Auditor	X			
18	-- Checklist				
19	-- Taxpayer Certification (attach completed PDF signed & notarized document)	X		X	X
20 Documents in Support of Applicant Information					
	Appendix 1 -- Ownership Information (attach completed PDF signed document)	X		X	X
21 Documents in Support of Property Information					
	a) Appendix 2 -- Site Control Worksheet	X			
	i) Worksheet (attach completed PDF document)				
	ii) Site control documents				
	iii) Legal descriptions				
	iv) Map				
	b) Appendix 3 -- Ownership History (if applicable, attach completed signed & notarized PDF document)				
	c) Appendix 4 -- Zoning Evidence	X		X	
	i) Zoning Certification Letter (use format provided in application, obtain from local jurisdiction)				
	ii) Other documents related to zoning				
	d) Appendix 5 -- Appraisal				
	e) Appendix 6 -- Capital Needs Assessment				
22 Documents in Support of Sources and Uses					
	a) Appendix 7 -- Financing Commitments (obtain from bank, syndicator, etc.)	X		X	
	b) Appendix 8 -- Letter requesting waiver of profit limits and supporting documentation			X	
	c) Appendix 9 -- Developer Services Agreement; if non-profit, evidence that Qualified Non-profit or CHDO will receive at least fifty-one percent (51%) of the Developer Fee. (obtain from LHFA website)	X		X	
	d) Appendix 10 -- Letter from any federal agency providing federal funds or insurance advising that it has no objections to the reservation of tax credits to the project.			X	

CHECKLIST

Required Included Signature Notarized

23 Documents in Support of Pool Selection

- a) Appendix 11 -- Non-Profit Participation Information (attach completed PDF document)
- b) Appendix 12 -- IRS Determination Letter of 501(c)(3) or 501(c)(4) status (obtain from IRS)
- c) Appendix 13 -- Counsel's Opinion (obtain from counsel - or see **Appendix 13**)
- d) Appendix 14 -- Articles and By-Laws
- e) Appendix 15 -- CHDO approval letter from participating jurisdiction (obtain from local jurisdiction)
- f) Appendix 16 -- RD Rural Rehab- evidence of financing by United States Department of Agriculture Rural Development under Section 520 of the Housing Act of 1949

24 Documents in Support of Selection Criteria

- a) Appendix 17 -- Deconcentration Project- Geographic Diversity
- b) Appendix 18 -- Redevelopment Project- Provide evidence as cited in glossary of QAP for (i) a Distressed Property, (ii) Redevelopment Property, (iii) Owner-Occupied Property covered by a Development Plan of Action, or (iv) Urban Redevelopment Property.
- c) Appendix 19 -- High Vacancy Project-Letter from local jurisdiction that unit has been vacant for at least 90 days and likely to remain vacant because such unit are substandard.
- d) Appendix 20 -- Scattered Site-List of each address, square footage and costs of each separate building for Scattered Site
 -- Non Scattered Site Rehabilitation Project-Attach evidence per selection
 -- Scattered Site Substantial Rehabilitation or Infill Project- Attach evidence per selection
- e) Appendix 21 -- Significant Economic Growth or Industrial Investment
 i) Official Announcement from LED, Governor's Office or Local Jurisdiction
 ii) Evidence of 25 mile proximity to proposed investment project
- f) Appendix 22 -- Special Needs Households other than Elderly Households and provides Supportive Services
 i) Description of Supportive Services tailored to each Special Needs Household
 ii) Costs per annum of Supportive Services per Special Needs Household or written confirmation from governmental or non-profit agency that Supportive Services will be provided to Project without cost
 iii) Experience of Taxpayer/Owner in developing Projects servicing Special Needs Households
- g) Appendix 23 -- QCT/DDA- Attach portion of Community Revitalization Plan that references project
- h) Appendix 24 -- Rural Area Project- (as defined in the glossary)
- i) Appendix 25 -- Other Governmental Priority (Renewal Community and/or HUB Zone)
- j) Appendix 26 -- Public Housing Agency Project- (as defined in the glossary) Other Governmental Priority
- k) Appendix 27 -- Governmental Support (Government funds must be actual "awarded funds" as evidenced by a signed commitment obligating the funds to the project.)
- l) Appendix 28 -- Green Buildings- Statement from the architect to certify LEED, Green Communities, or National Green Building Standard ICC 700 (see glossary)
- m) Appendix 29 -- Description of Community Facilities
- n) Appendix 30 -- Description of Amenities
- o) Appendix 31 -- Additional Accessible Units- Submit number, percentage and description of construction and/or equipment provided for each Accessible Unit
- p) Appendix 32 -- On Site Security- (as defined in the glossary)
- q) Appendix 33 -- Leverage for disability funding-Letter stating the commitment units for disability funding

25 Other Documents Required by Application but not listed elsewhere

- a) Appendix 34 -- Certification Regarding Debarment (attach completed signed PDF document)
- b) Appendix 35 -- Matching Certification (attach completed signed & notarized PDF document)
- c) Appendix 36 -- Environmental Checklist (obtain from LHC website) - only with HOME funding
- d) Appendix 37 -- Evidence of Community Notification
- e) Appendix 38 -- Evidence of Network Neighborhood, On-site Utilities, Transportation and Education facilities
- f) Appendix 39 -- Tenant referrals from LRA/OCD,PHA, etc.

X		X
X		X
		X
X		
X		
X		

CHECKLIST

		Required	Included	Signature	Notarized
g) Appendix 40	-- Evidence of minimum internet/cable	X			
h) Appendix 41	-- Evidence of project to incorporate Energy Efficient products - original stamped letter from either architect or engineer of record.	X			
i) Appendix 42	-- Evidence of project to incorporate: i) 15 year or more maintenance-free exterior; ii) have at least a 25 year roof warranty; iii) have storm windows	X			
j) Appendix 43	-- Evidence of project to meet FEMA Guidelines dated 4/12/2006 or the most current available for the location of the proposed project for elevation of housing relative to Base Flood Elevation. New Construction- Architect's certification must be provided for projects located inside a levee protected area. Rehabilitation- Must submit a Capital Needs Assessment which specifically addressing the current FEMA Guidelines.				
k) Appendix 44	-- Historic rehabilitation projects- include information concerning minimum project requirements, including but not limited to Energy Efficiency, Design Features, Base Flood Elevation and Internet Cable requirements for consideration of applicable waivers.				
l) Appendix 45	-- Evidence that Property Management Co. or on-site Manager has received LIHTC Compliance Certification within 12 months prior to the application deadline date	X			
26 Other LHC Documents					
a) LHC-1	-- Certification of Demand <i>(To be supplied by Market Analyst)</i>				
b) LHC-2	-- CEO Notification Letter Information	X			
c) LHC-3	-- Developer Experience <i>(attach completed PDF signed document)</i>	X		X	
d) LHC-4	-- Management Experience <i>(attach completed PDF signed document)</i>	X		X	

TAXPAYER/APPLICANT CERTIFICATION

The undersigned Taxpayer or duly authorized representative of the same hereby certifies that the information contained in the Low Income Tax Credit Application Package, including all appendices and Exhibits attached hereto is complete and accurate as of the date hereof. The undersigned acknowledges that the information provided in this Application package or in any other document, release or communication by the Louisiana Housing Corporation (the "Corporation") has not been relied upon for purpose of making any investment decision by the Taxpayer and that any and all expenses and investments with respect to this application for an allocation of low-income housing tax credits have been or will be made on the basis of an independent judgement by the Taxpayer or upon consultation with a qualified tax consultant.

The Taxpayer hereby certifies that the project can be completed and operated within the development schedule and budget set forth in the Application.

The Taxpayer represents that it will furnish promptly such other supporting information, documents and fees as may be requested and/or required. In carrying out the development and operation of the project, the Taxpayer agrees to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all Corporation rules and regulations. The Taxpayer understands and agrees that the Corporation is not responsible for actions taken by the Taxpayer in reliance on a prospective tax credit reservation by the Corporation and the Taxpayer further agrees that the Corporation, its employees, agents and/or consultants shall not be responsible or liable in any manner whatsoever for expenses incurred by Taxpayer or its consultants in applying for low income housing tax credits.

By execution of this Application, the Taxpayer understands and agrees that the Corporation may conduct its own independent review and analysis of the information contained herein and in the attachments hereto, that any such review and analysis will be made for the protection of the Corporation. It is further understood and agreed by the Taxpayer that, for the purpose of determining and establishing the terms and conditions under which the allocation may be made, the Corporation may request or require adjustment or changes in the information contained herein (including attachments hereto) or in any documentation or materials now or hereafter submitted in connection with this Application.

The Taxpayer acknowledges that a certification of information contained in this Application will be made as of the date the Corporation reserves or allocates tax credits for the Project and as of the Placed in Service Date of the Project and that the amount of tax credits reserved and/or allocated pursuant to any forward commitment or carry forward allocation may be revised or adjusted in accordance with the feasibility/viability review as of such Placed in Service Date and in accordance with the audit of the Certificate of Actual Costs. The Taxpayer further acknowledges that the Tax Credit Regulatory Agreement (including the Compliance Monitoring Agreement attached thereto) shall be entered into prior to or simultaneously with the allocation of tax credits by the Corporation or within any year of the compliance period. The Taxpayer shall hold the Corporation, its employees, agents and/or consultants harmless in connection with any claims of damage which may be filed by the Taxpayer based upon the processing of this Application by the Corporation or its agents employees and/or consultants

Taxpayer

By: _____

Date: _____

Sworn to and subscribed before me
this ____ day of _____, _____.

Notary Public, State of _____

OWNERSHIP INFORMATION

(Please note: The Corporation reserves tax credits to the Taxpayer and the managing general partner of the Taxpayer. Reservations are not transferrable. Any changes in managing general partner is deemed a material change.)

For-Profit	
Non-Profit	

(Complete information below)

NAME OF PARTNERSHIP

0

FEDERAL ID NUMBER

0

NAME OF MANAGING GENERAL PARTNER

Telephone

% Ownership 0.01%

I. PREVIOUS PARTICIPATION OF MANAGING GENERAL PARTNER

List all projects in which the managing general partner has requested an allocation of low-income housing tax credits or sold a project which received an allocation of low income housing tax credits. Attach a separate sheet with additional information if necessary.

Project Name and Location	Application Date	Staus

II. DISCLOSURE OF IDENTITIES OF INTEREST RELATED PARTIES:

The undersigned duly authorized representative of the Developer/Taxpayer hereby certifies under penalty of perjury that the following persons are (i) members of the Corporation's Board of Commissioners or Corporation Staff who are related to or having any identity of interest with the Developer/Taxpayer or (ii) affiliates, employees, consultants or otherwise related to or having an identity of interest with the Developer/Taxpayer and who have applied for an Allocation of Tax Credits in the calendar year within which this Application has been submitted or who have any interests in any project receiving Tax Credits and/or project subject to compliance monitoring by the Corporation.

Related Board Members and Staff:

(1)	
(2)	
(3)	
(4)	
(5)	

Related Affiliates, Employees, Consultants, Etc.:

(1)	
(2)	
(3)	
(4)	
(5)	

The undersigned duly authorized representative of the owner (the "Taxpayer") of the captioned project (the "Project") hereby certifies under penalty of perjury that the Contractor certifying the construction and/or rehabilitation requirements for the Project as well as the cost estimates for the Project bear a relationship either to the Taxpayer or the General Partner within the meaning of Section 267(b) or Section 707(b)(1) of the Internal Revenue Code of 1986, as amended, after substituting 5% for 50% in Section 267(b) and Section 707(b)(1) and does not have any identity of interest with any member of the Board, staff, consultant or other affiliate of the Corporation.

WITNESS my signature on this, the ____ day of _____, _____.

Builder IS related to Taxpayer or General Partner

Taxpayer

By: _____

Sworn to and subscribed before me
this ____ day of _____, _____.

Notary Public, State of _____

SITE CONTROL WORKSHEET

I. Applicant must have control of the site and existing building(s) if any.

A. Please indicate the method of site control:

<input type="checkbox"/>	Purchase (please complete Section B below)
<input type="checkbox"/>	Option to Purchase (please complete Section C below)
<input type="checkbox"/>	Lease (please complete Section D below)

B. Purchase Information

Purchase Price:	<input type="text"/>
To be Paid:	<input type="text"/>
Total Cost:	\$0
Outstanding Balance:	<input type="text"/>
Site Area:	<input type="text"/> Square Feet
Cost/S.F.:	\$0.00
Date of Purchase:	<input type="text"/>

C. Option Information

Option Price:	<input type="text"/>
To be Paid:	<input type="text"/>
Total Cost:	\$0
Outstanding Balance:	<input type="text"/>
Site Area:	<input type="text"/> Square Feet
Cost/S.F.:	\$0.00
Date of Option:	<input type="text"/>

D. Lease Information

Amount Paid for Leasehold Interest:	<input type="text"/>
Annual Ground Rent:	<input type="text"/> *
Lease Term:	<input type="text"/> years
Remaining Years:	<input type="text"/> years
Site Area:	<input type="text"/> 0 Square Feet
Cost/S.F.:	\$0.00
Date of Lease:	<input type="text"/>

* You must include Annual Ground Rent as a Miscellaneous Expense under Uses of Funds.

E. Attached to and made a part hereof are copies of the site control documents.

II. Complete this section if applicant does not have control of the site and existing building(s) if any.

A. What is the estimated Purchase Price for the site?

B. Provide the following information about the current legal owner:

Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
		Zip	<input type="text"/>

III. Attached to and made a part hereof is a legal description of each parcel of land.

OWNERSHIP HISTORY OF EXISTING BUILDINGS

This worksheet must be completed if Taxpayer is requesting credits for the purchase price of an existing building.

- I. Specify the date on which building was acquired by purchase as defined in Section 179(d)(2) of the Internal Revenue Code of 1986, as amended (the "Code") (substitute 10% for 50% in Sections 267(b) and 179(b)(n)):

[Empty box for date]

- II. Specify all previous owners of and the purchase price with respect to the building from the January which is ten years prior to the calendar year in which Taxpayer is seeking an award of tax credits to the date the building was or will be acquired by Taxpayer:

Owners	Purchase Price
[Empty]	[Empty]
[Empty]	[Empty]
[Empty]	[Empty]
[Empty]	[Empty]
[Empty]	[Empty]
[Empty]	[Empty]

- III. Do any of the previous owners bear a relationship to the Taxpayer specified in Section 267(b) or Section 707(b)(1)?

[Empty box for Yes/No]

If Yes, specify which of the previous owners are such related persons:

[Empty box for related persons]

- IV. Are any of the previous owners and the Taxpayer under common control (within the meaning of subsections (a) and (b) of Section 52 of the Code)?

[Empty box for Yes/No]

If Yes, specify which of the previous owners are such related persons:

[Empty box for related persons]

- V. Is this a distressed property?

[Empty box for Yes/No]

If yes, attach written certification from HUD or RD that property is distressed.

ZONING CERTIFICATION

Attn: Tax Credit/HOME Manager
Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, Louisiana 70808

Subject: Project Name Here
City and State Here

This letter certifies the following:

- _____ the property is properly zoned for the proposed project.
- _____ the developer has submitted a request to zone site for multi-family use and the authority
- _____ the property is not properly zoned for the proposed project.
- _____ the property has not been zoned by this authority and no request has been made.

Sincerely,

By: _____
Name: _____
Title: _____
Date: _____

NON-PROFIT PARTICIPATION INFORMATION

Date the non-profit was created:

Describe the non-profit's name and participation in the development and operation of the project.

(Add as Appendix 1A a description of how Non-Profit materially participates.)

List the names and addresses of Board Members for the non-profit organization.

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

Specify Non-profit's Ownership interest in the project or the partnership owning the project:

Is Non-profit "Local"?

Is Non-profit a CHDO?

If Applicant requested points based on non-profit being "Local," not more than fifteen percent (15%) of Board Members may reside outside of the service area of the non-profit and at least 75% of Board Members must reside within Market Area of the Project.

Is Non-profit a 501(c)(3) or 501(c)(4) organization?

Describe the charitable activities of Non-profit over the last three calendar years and how such activities are consistent with services to be provided in connection with the Project.

Charitable Activities Comments :

Attach resume of the non-profit employee who has affordable housing development experience.

Identify affordable housing developments owned by Non-profit.

<u>Name</u>	<u>Location</u>	<u>Number of</u>	
		<u>Units</u>	<u>Subsidized</u>
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>
<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 100%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>	<input style="width: 50%; height: 15px;" type="text"/>

FORMAT FOR COUNSEL'S OPINION OF NON-PROFIT QUALIFICATION LOUISIANA LIHTC PROGRAM

(Must be submitted with initial application)
(Submitted on attorney's letterhead)

Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, Louisiana 70808
Attn: Tax Credit Coordinator

Project Name Here
City and State Here
Eligibility for Non-Profit Set-Aside

Ladies and Gentlemen:

You have asked that we render our opinion that (non-profit) is a qualified nonprofit organization within the meaning of Section 469(h) of the Internal Revenue Code. We understand that you require this opinion as a prerequisite to your consideration of making an allocation of Low-Income Housing Tax Credits with respect to the Project from the set-aside reserved for the use of qualified non-profit organizations.

In rendering the following opinion, we reviewed the Articles of Incorporation, Charter and Bylaws of (non-profit); the Letter of Determination dated (date) from the Internal Revenue Service with respect to (non-profit); and all records of (non-profit) and other potential participants in the Project sufficient to make a determination as to the relationship of (non-profit) with any other potential participants in the Project. Based on our review of the foregoing, it is our opinion that:

1. (Non-profit) is a 501(c)(3) or 501(c)(4) organization and is exempt from tax under Section 501(a).
2. One of the exempt purposes of (non-profit) includes the fostering of low-income housing.
3. Individuals or entities involved with or related to any potential for-profit participant in the Project are not involved with or
4. (Non-profit) is not affiliated with or controlled by a for-profit organization.

In rendering the following opinion, we examined certificates containing representations made to us by (non-profit) and each potential participant in the Project, copies of which are attached hereto and incorporated herein by this reference. Based on our review of the attached certificates, it is our opinion that:

1. (Non-profit) and all potential participants intend that (non-profit) will own an interest in the Project either directly or
2. (Non-profit) and all potential participants intend that (non-profit) will materially participate (within the meaning of

It is our intention that this opinion be relied upon by you in making your determination as to the eligibility of the Project to receive Low-Income Housing Tax Credits from the Non-profit Set-Aside.

Sincerely,

/s/ _____

SAMPLE PHA REFERRAL AGREEMENT

Attn: Tax Credit/HOME Manager
Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, Louisiana 70808

Project Name Here
City and State Here

This agreement indicates the (PHA) willingness to refer qualified tenants to be housed in . Further, this agreement acknowledges desires to enter into a referral agreement and to accept tenants referred by (PHA).

There is no obligation on the part of the local housing authority to refer tenants to this project, nor is there any obligation on behalf of the project to accept all referred tenants. Additionally, all tenants accepted must meet the occupancy requirements set by the HOME and/or LIHTC programs.

By signing this agreement the (PHA) agrees to refer clients to and agrees to accept tenants if qualified.

(PHA)

By: _____
Name: _____
Title: _____
Date: _____

Project Name Here

By: _____
Name: _____
Title: _____
Date: _____

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

- 1 *By signing and submitting this proposal, the applicant is providing the certification set out below.*
- 2 *The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or Corporation with which this transaction originated may pursue available remedies, including suspension and/or debarment.*
- 3 *The applicant shall provide immediate written notice to the person to which this proposal is submitted if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.*
- 4 *The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. the Corporation for assistance in obtaining a copy of those regulations.*
- 5 *The applicant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Corporation.*
- 6 *The applicant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.*

7 A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8 Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9 Except for transactions authorized under paragraph 5 of these instruction, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or Corporation with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion- Lower Tier Covered Transactions.

- (1) *The applicant certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Corporation.*
- (2) *The applicant certifies herein that no taxpayer, its representative or agent, managing general partner, sponsor or management company included in the application has been deemed by the Corporation as being "not in good standing". One is considered to be "not in good standing" with the Corporation if one has met one or more of the criteria listed in Section II (F) (3) Project Team Disqualification of the QAP.*
- (3) *Where the applicant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.*

Signature : _____

MATCHING CERTIFICATION

The Applicant hereby certifies that the following amounts have been or will be made available to complete the Project and/or to assure that the housing units assisted with HOME Funds are affordable: **(Full documentation evidencing commitment must be attached.)**

1 Non-federal cash from local governmental unit	<input style="width: 100%; height: 15px;" type="text"/>
2 Abatement of state or local taxes, fees or other charges which otherwise would have been imposed	<input style="width: 100%; height: 15px;" type="text"/>
3 Value of land or other real property (less any debt burden, lien or other encumbrance) not acquired with federal resources	<input style="width: 100%; height: 15px;" type="text"/>
4 Investments within prior 10 months from non-federal resources in on-site and off-site infrastructure directly required for affordable housing assistance with HOME Funds.	<input style="width: 100%; height: 15px;" type="text"/>
5 Reasonable value of any site preparation and construction materials not acquired with federal resources and any donated or voluntary labor in connection with the site preparation for or construction or rehabilitation of affordable housing.	<input style="width: 100%; height: 15px;" type="text"/>
TOTAL	\$0

By: _____

Date: 16-Jul-13

ENVIRONMENTAL RESTRICTIONS CHECKLIST

Project Name:

Project Location:
(street) (city) (zip)

(county) (state) (zip)

Owner Name:

Address:
(street) (city) (zip)

(state) (zip)

Project Description:

Environmental Review Findings **YES NO**

FLOOD PLAIN

Is the project located in a FEMA Special Flood Hazard Area? (Current flood plain maps should be found in a each HUD field office or call FEMA at 1-800-358-9619, and FEMA's website URL is www.fema.gov/mit/tsd)

Identify Map Panel and Date

Does the project currently carry Flood Insurance?

Do any structures appear to be within or close to the floodplain? (If yes, then flood insurance is required.)

HISTORIC PRESERVATION (If yes, identify relevant restrictions below.)

Is the property listed in the National Register of Historic Places?

Is the property located in a historic district listed in the National Register of Historic Places?

Is the property located in a historic district determined to be eligible for the National Register?

AIRPORT HAZARDS

Is the project located in the clear zone of an airport? (24 CFR Part 51 D. If yes, Notice is required.)

HAZARDOUS OPERATIONS

Is there any evidence or indication of manufacturing operations utilizing or producing hazardous substances (paints, solvents, acids, bases, flammable materials, compressed gases, poisons, or other chemical materials) at or in close proximity to the site

Is there any evidence or indication that past operations located in or in close proximity to the property used hazardous substances or radiological materials that may have been released into the environment?

EXPLOSIVE/FLAMMABLE OPERATIONS/STORAGE (24 CFR Part 51C)

Is there visual evidence or indicators of unobstructed or unshielded above ground storage tanks (fuel oil, gasoline, propane, etc.) or operations utilizing explosive/flammable material at or in close proximity to the property?

FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW:

Environmental Review Findings **YES NO**

TOXIC CHEMICAL AND RADIOACTIVE MATERIALS

Petroleum Storage

Is there any evidence or indication of the presence of commercial or residential heating activities that suggest that underground storage tanks may be located in the property?

--	--

If yes, are any such tanks being used? If yes, indicate below whether the tank is registered, when it was last tested for leaks, the results of that test, and whether there are any applicable state or local laws that impose additional requirements beyond

--	--

Are there any out-of-service underground fuel storage tanks? If yes, indicate whether the tank was closed out in accordance with applicable state, local and federal laws.

--	--

Polychlorinated Biphenyls (PCB)

Is there any evidence or indication that electrical equipment, such as transformers, capacitors, or hydraulic equipment (found in machinery and elevators, installed prior to July 1, 1884) are present on the site?

--	--

If yes, is any such equipment (a) owned by anyone other than a public utility company; and (b) not marked with a "PCB Free" sticker?

--	--

If yes, indicate below whether such equipment has been tested for PCBs, the results of those tests, and (if no testing has been performed) the proposed testing approach. (Electrical equipment need not be tested but will be assumed to have PCBs)

--	--

If PCBs are found in non-electrical equipment over 50 ppm it must be replaced or retrofitted, otherwise any equipment with PCBs or assumed to have PCBs requires an O&M Plan.

Asbestos Containing Materials (ACM)

Is there any evidence or indication of ACM insulation or fire retardant materials such as boiler or pipe wrap, ceiling spray, etc., within the buildings on the property? If yes, the property is required to have an Operations and Maintenance Plan for asbestos

--	--

Lead Based Paint

Are there residential structures on the property that were built prior to 1978?

--	--

If yes, has the property been certified as lead-free?

--	--

If property has not been certified as lead-free, has a Risk Assessment been completed?

--	--

If yes, has the owner developed a plan including Interim Controls to address the findings of the Risk Assessment including Tenant notifications and an Operations and Maintenance Plan?

--	--

If yes, has a qualified Risk Assessor reviewed the Owner's plan and O&M plan for compliance with 24 CFR 35?

--	--

EASEMENT AND USE RESTRICTIONS

Are there easements, deed restrictions or other use restrictions on this property? (e.g. oil and gas well pumping, transformer boxes, units, navigation, microwave, rights of way (ROW), for high-voltage power transmission lines, interstate/intrastate gas a

--	--

FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW

--

CERTIFICATION OF DEMAND FOR NEW UNITS

The undersigned duly authorized representative of the qualified housing consultant hereby certifies the following in connection with the market analysis conducted

(1) Market Area: The Project is located in the following market area, as described in the attached market analysis.

(Please provide a detailed description)

(2) Market Area: A briefer Description of the Market (e.g. Bunkie City Limits)

(3) The Market Study contains data and critical analysis which supports or includes the following:

	I	II	III	IV	V	VI	VIII
	Project Configuration No. of Units	Total Market Area Units by Unit Size	Substandard Units by Unit Size in Market Area	Vacancy Rate in Market Area by Unit Size	Projected Need by Unit Size for New Units in Area	Need by Unit Size for Units at 50% AMI	Need by Unit Size for Units at 60% AMI
Unit Size							
Efficiency							
1 BR							
2 BR							
3 BR							
4 BR							

(4) The Vacancy rate of subsidized housing and market rate housing and market rents for non-subsidized housing for the market area by unit size are as follows:

Unit Size	Vacancy Rate (Subsidized)	Vacancy Rate (Market)	Market Rents (Non Subsidized)
Efficiency			
1 BR			
2 BR			
3 BR			
4 BR			

(5) The numbers of households in the market area which are income eligible and which can afford to pay tax credit rents for each unit by bedroom size are as follows:

Unit Size	Household Income Levels			
	0-30%	31-40%	41-50%	51-60%
Efficiency				
1 BR				
2 BR				
3 BR				
4 BR				
Total	-	-	-	-

(6) Based upon the Market Study's conclusions, the Project can be expected to be occupied at the percentage specified below with the number of months following the completion date as follows:

Expected Completion Date:

Percentage Occupancy	Months After Completion
10%	
50%	
75%	
90%	
100%	

(7) The Market Study supports the number of Special Needs households who are expected to occupy units in the Project. Based upon the Market Study, Special Needs households at 50% of AMI or less will occupy the following unit sizes in the number specified:

Unit Size	Household at or below 50% AMI		
	Elderly	Homeless	Handicapped
Efficiency			
1 BR			
2 BR	N/A		
3 BR	N/A		
4 BR	N/A		

(8) The Market Study supports the number of Special Needs households who are expected to occupy units in the Project. Based upon the Market Study, Special Needs households at 60% of AMI or less will occupy the following unit sizes in the number specified:

Unit Size	Household at or below 60% AMI		
	Elderly	Homeless	Handicapped
Efficiency			
1 BR			
2 BR	N/A		
3 BR	N/A		
4 BR	N/A		

(9) Give the total number of households on the PHA waiting list for the market area given above:

(10) Name the governmental unit responsible for permitting construction in the market area given above:

(11) How many units have been permitted by the above-referenced government unit for construction in the market area given above:

(12) The information in Line 11 above is as of what date?:

(13) Indicate the average operating expenses per unit per year for subsidized housing and for market rate (non-subsidized) housing:

	Subsidized		Non-Subsidized	
Operating Expenses	<input type="text"/>	/unit/year	<input type="text"/>	/unit/year

Witness my signature on this day, the day of , 2013

By:

Signature

CEO NOTIFICATION LETTER INFORMATION

NOTE: Please provide the following information for each of the jurisdictions the project falls within. (Local, Parish, and State Rep.)

CEO Notification Letter Information 1

Project Name: _____

Name of local Chief Executive Officer (CEO): _____

Job Title: _____

Municipality/Locality: _____

Street Address: _____

City, State, Zip: _____

Salutation: _____

CEO Notification Letter Information 2

Project Name: _____

Name of local Chief Executive Officer (CEO): _____

Job Title: _____

Municipality/Locality: _____

Street Address: _____

City, State, Zip: _____

Salutation: _____

CEO Notification Letter Information 3

Project Name: _____

Name of local Chief Executive Officer (CEO): _____

Job Title: _____

Municipality/Locality: _____

Street Address: _____

City, State, Zip: _____

Salutation: _____



Developer Experience

Have you been awarded 8609's on an LHC Housing Credit projects?

Yes No

If yes, please complete the following for one projects:

_____	_____	_____	_____
Project Name	Project Number	Tax Credit Amount	Date of 8609

I, the undersigned, certify I have developed and have ownership in the above-listed projects and that the information given is true and correct. I hereby further acknowledge that in reviewing and considering my application, LHC may request additional if necessary.

Signature: _____

Date: _____

Name (please print): _____



Management Experience

Management Company

Complete the information below for projects your organization has in its current portfolio of similar size and type . **Do not include projects approved but not yet placed in service.**

Project Name	Project Contact	State	Project Type	Low Income Units	Placed in Service Date	Management Contact	Management Contact Phone Number
			Total Number of Low Income units	0			

Have the person or entities serving as management agent had a project with material or uncorrected non-compliance beyond the cure period? Yes No

If yes, please complete the following for one projects:

Project Name

Project Number

Taxpayer

I, the undersigned , understand the management agent listed on the application must be retained by the ownership entity for at least two years after project completion, unless the Taxpayer releases the agent for nonperformance of duties.

Signature:

Date:

Name (please print):