



MULTIFAMILY HOUSING FINANCING APPLICATION



SUBMISSION REQUIREMENTS

Tab Number*	Item	Page Number	9% Competitive Tax Credit Pool			Tax Exempt Financing & 4% "Automatic" Credit	
			Application for Reservation	Carryover 10% Cost Certification	Request 8609 Issuance	Application for Financing	Request 8609 Issuance
1	Executive Summary of Project		Required			Required	
2	Signature Page	1	Required			Required	
2	Applicant Information	2	Required			Required	
2	Project/Building Information	3-6	Required			Required	
2	Closing Certification	7					
2	Applicant Conflict of Interest Disclosure Form	8	Required			Required	
3	2007 LIHTC Application Addendum (with attachments)	9	Required				
3	Request for Inducement	10				Required	
4	Applicant Information (proof of legal existence, 501(c)(3), etc.)		Required			Required	
5	Site Control Documentation		Required			Required	
6	Current Rent Roll / Proposed Rent (Schedule A)	11-12	Required			Required	
6	Utility Allowance Calculations (Schedule B)	13	Required			Required	
6	Projected Income (Schedule C)	14	Required			Required	
7	Annual Operating Budget (Schedule D)	15	Required			Required	
8	Project Costs and Eligible Basis (Schedule E)	16-19	Required		Required	Required	Required
9	Sources of Funding (Schedule F)	20	Required		Required	Required	Required
9	Equity Provider Interest or Commitment Letters		Required			Required	
9	Financing Interest or Commitment Letters / Leveraged Funds		Required			Required	
10	15 Year Pro-Forma		Required			Required	
11	Project Completion Schedule	21	Required			Required	
12	Architect Certification (Schedule G)	22-24	Required			Required	
12	Plans and Specifications		Required			Required	
13	Management Company Qualifications		Required			Required	
14	Resident Service Coordination (plan, qualifications, budget)		Required			Required	
15	Market Analysis		Required			Required	
16	Owner & Development Team Resumes		Required			Required	
17	Financial Information (Exhibit A)	25-29	Required			Required	
18	Historic Preservation Commission (Exhibit B)	30	Required			Required	
19	Compliance with Equal Opportunity Requirements (Exhibit C)	31	Required			Required	
	Accountant Certification for Carryover Allocation			Required			
	Accountant Certification for Completion				Required		Required
	Applicable Fraction/Qualified Basis/Annual Credit (Schedule H)	32-33			Required		Required

* MaineHousing requires one copy of an application to be submitted. Materials within the application should be organized using numbered tabs with the corresponding information included.

FEE SCHEDULE

Below is an overview of required MaineHousing Application/LIHTC fees:

A) Multifamily Application Fee

(Taxable Debt, Tax-Exempt Debt, or Subsidy)

\$1,000 per application

Due at time of application

B) Low Income Housing Tax Credit Fees

Application for Reservation

(9% Tax Credits Only, due at initial application)

\$250 (up to 10 units)

\$500 (11 to 23 units)

\$1,000 (24 or more units)

Conditional Reservation

(9% Tax Credits Only)

3% of Annual Credit Dollar Amount is the Reservation Fee. Due and payable upon acceptance of a binding reservation.

Carryover Allocation

(9% Tax Credits Only, due at issuance)

\$250 (up to 10 units)

\$500 (11 to 23 units)

\$1,000 (24 or more units)

Issuance of IRS Form 8609

(9% Tax Credits Only, due at issuance)

\$250 (up to 10 units)

\$500 (11 to 23 units)

\$1,000 (24 or more units)

Monitoring

All projects receiving tax credits

\$250 one time fee per qualified low income unit, up to a maximum of \$25,000 per project.

**MAINE STATE HOUSING AUTHORITY
MULTIFAMILY HOUSING FINANCING APPLICATION**

I am aware that this Application must be signed and complete, including required Exhibits and attachments at noted.

To the best of my knowledge, all information contained in this application and its supporting exhibits and attachments is true and correct. I also hereby authorize MaineHousing to evaluate the application in such manner as the Authority deems necessary, including discussing this application with any lender, municipal official, vendor, or other party with an interest in this property or project.

I hereby authorize MaineHousing to verify any bank or other fund balance indicated on any personal or organizational financial exhibit, to investigate credit, employment or business standing of that or any related party, to disclose any aspect of the financial information to any person but only for the purpose of determining the accuracy of the information or otherwise investigate and evaluate the application in such manner as MaineHousing deems necessary.

I certify that neither the owner/applicant, its principals or partners is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in HUD programs.

I also certify that I have read and agree to follow the guidelines set forth in the Temporary Relocation and Permanent Displacement Policy in the Rental Loan Program Guide.

Applicant:

By: _____ Date: _____

Applicant:

By: _____ Date: _____

Name of Corporation (if applicable)

Applications must be signed by all principals (Individual, Partner, general Partner or Corporate representative authorized to bind the company) in the applicant entity.

No application for financing will be accepted or approved by MaineHousing if the applicant, or any entity controlled by the applicant, is more than 60 days delinquent on any loan with MaineHousing, or has been declared in default of such loan, unless either an approved payment or workout plan is in place and in good standing.

**UNSIGNED APPLICATIONS WILL NOT BE
ACCEPTED BY
MAINE STATE HOUSING AUTHORITY**

APPLICANT INFORMATION

Name of Applicant

Taxpayer ID Number or Social Security Number

Contact Person & Title

Mailing Address

Telephone Number

FAX Number

Form/Type of Ownership

Existing

Individual

Limited Liability Corp.

Limited Partnershi

To Be Formed

Corporation

Bond For Deed

Partnership

Non-Profit

If applicant is other than individual, please complete:

Name of Principal	Position	% Interest	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Identity of Interest:

[explain relationship between partners or principals in the ownership entity, any relationship between the owner and seller, the owner and contractor, the owner and management company, etc.]

Development Team (please complete where applicable)

	Name	Telephone
Architect	<input type="text"/>	<input type="text"/>
Attorney	<input type="text"/>	<input type="text"/>
Accountant	<input type="text"/>	<input type="text"/>
Tax Professional	<input type="text"/>	<input type="text"/>
General Contractor	<input type="text"/>	<input type="text"/>
Construction Lender	<input type="text"/>	<input type="text"/>
Development Consultant	<input type="text"/>	<input type="text"/>
Service Provider	<input type="text"/>	<input type="text"/>
Management Agent	<input type="text"/>	<input type="text"/>

PROJECT/BUILDING INFORMATION

Name of Project

Address

Municipality

Tax Map, Lot or Census Tract #

County

Chief Elected Official/Title

Mailing Address

Telephone

Nature of Project

Acquisition

Rehab

Adaptive Reuse/Conversion

Acquisition/Rehab

Preservation

New Construction

Age of Building (approx.)

 Years

Structure Type

Number of Units Now

Number of Parking Spaces

Number of Units after Rehab

Number of Stories

Number of Units Currently Occupied

Number of Stories at Completion

Number of Units to be Low Income

Will special services be offered to the tenant population?

Yes No

If yes, please explain:

Does this project involve any relocation of tenants, whether temporary or permanent?

Yes No

If yes, please describe the proposed relocation assistance to be provided:

Site Control:

Bond for Deed
 Deed

Purchase & Sale Agreement
 Option Agreement

(Expiration Date)

(Expiration Date)

Date of Purchase

Purchase Price

Is the building owner-occupied?

Yes No

Is any portion of the building occupied by commercial space?

Yes No

Are there any restrictive covenants, easements or conditions attached to the property?

Yes No

If yes, list and attach documents (if available)

Is the site within an historic district? (See also Pg 30, Exhibit B)

Yes No

If yes, please describe the anticipated effect of this designation on the proposal:

PROJECT/BUILDING INFORMATION CONTINUED

Type of Request:

Acquisition/Rehab <input type="checkbox"/>	With Federal subsidies <input type="checkbox"/>
Rehab Only <input type="checkbox"/>	Without Federal subsidies <input type="checkbox"/>
New Construction <input type="checkbox"/>	Acquisition requires 10-year waiver <input type="checkbox"/>

A. Rental Restrictions

All Benefit Pledges will be set forth in a document to be recorded in the local Registry of Deeds.

1) MINIMUM SET-ASIDE

Section 42 requires a MINIMUM SET-ASIDE ELECTION. Select only one of the following

- 20% of the units will be available to and occupied by households at or below 50% of the area median income
- 40% of the units will be available to and occupied by households with incomes at or below 60% of the area median income

2) FEDERAL HOME PROGRAM FUNDING

Will the project attempt to qualify FedHOME funds in eligible basis by electing a minimum targeting of 40% of the units rent restricted and available to households at or below 50% of the area median income?

- Yes No

3) TERM OF BENEFIT PLEDGED

Section 42 provides that not earlier than year 14, owners can initiate a request to "opt out" of the low income benefit requirements during the second 15 year benefit period. Your willingness to extend the low income benefit period is an extension of the earliest year in which you can invoke the "opt-out" clause. Please indicate the number of years to which you are willing to extend the irrevocable low income benefit period. Insert "0" if none.

Minimum 15 years plus years

4) INCOME TARGETING/AFFORDABILITY

Question 1 identifies the maximum qualified income for households occupying credit eligible units. In order to receive greater consideration in the LIHTC selection process, you may elect to further restrict occupancy in some or all of the units. Indicate Owner's irrevocable pledge as follows:

- # units income and rent restricted for 0-30% of median income households
- # units income and rent restricted for 31%-50% median income households
- # units income and rent restricted for 51%-60% median income households

5) TENANT POPULATION

This will be used when reviewing Selection Criteria A.4. and A.8. for applicants to the 9% LIHTC round.

- Property will be restricted to elderly tenants.
- Property will be for families.

B. Acquisition of Existing Buildings

Are buildings being acquired from a Related Party [as defined in the Internal Revenue Code] Yes No

How many buildings will be acquired for the project?

How many total units?

Number existing market rentals?

Number existing low income rentals?

Are any of these low-income rental units likely to be converted to non-low income occupancy if the Low Income Housing Tax Credit is not made available? Yes No

If yes, please describe how and why:

Bldg #	Address of Bldg Street #/Map Lot	Date last placed in service	Date of most recent non-qualified sub improvement*	Proposed Acquire Date	# Years between original date placed in service and acq
1					
2					
3					
4					
5					

* Defined at Section 42(d)(2)

C. Tenant Rights

Do the tenants hold any right of first refusal after the close of the compliance period? Yes No

If yes, how is the future purchase price calculated?

Will any fee for supportive services be paid to owner by any governmental program of assistance or by any 501(c)(3) organization? Yes No

If yes, please attach explanation and provide a detailed breakdown of funds received for rent, for services, for rent and services or explain why fees for rent are not separable from services

Will any low-income units receive Rental Assistance? (please attach a copy of the contract or commitment) Yes No

If yes, HOW MANY UNITS of each type:

- Sec 8 New Construction _____
- Sec 8 Mod Rehab _____
- Sec 8 Project Based _____
- FmHA 515 RA _____
- State Assistance _____
- Other:

Number: _____

If Sec 8, what organization is providing the Rental Assistance?

D. Sources of Construction and Permanent Funds

ATTACH copies of all loan commitments along with Sources of Funding Statement (Pg 18, Schedule F)

Indicate whether any portion of the Construction or Permanent financing is provided directly or indirectly from any of the following Federal Funds. Check the type and list the amount of funds:

<u>TYPE</u>	<u>AMOUNT</u>
<input type="checkbox"/> CDBG	
<input type="checkbox"/> Federal HOME	
<input type="checkbox"/> FmHA 515	
<input type="checkbox"/> Fed Rent Rehab	
<input type="checkbox"/> State Rent Rehab	
<input type="checkbox"/> Tax-exempt bond financing	

E. Project Need and Viability

Project Need

Provide information on Need and Demand for the type of housing proposed, including an evaluation of the anticipated impact on similar housing opportunities available, under construction or planned in the area. A market study is required at the time of application

**If seeking additional consideration in the competitive selection process for serving special needs populations, attach a narrative description and evidence of availability of support services.

F. Annual Operating Budget (Pg 13, Schedule D)

Please identify the annual percentage increase in expenses SEPARATELY from the annual percentage increase in income. Similarly, if two types of income are expected to experience differing annual percentage increases, specify each.

G. Applicant Information

Attach current partnership agreement, articles of incorporation or other evidence of legal existence of Applicant entity.

Qualified Non-Profit applicants must also attach:

1. Documentation of IRS Status
2. A description of the non-profit organization's participation in the development and operation of the project
3. A description of the full time staff and sources of funds for annual operating expenses and current programs
4. Demonstration that the participation of the tax-exempt organization results in more low income units, longer low income benefit or lower rents
5. Documentation sufficient to determine that the non-profit organization is not affiliated with or controlled by a for-profit [Articles, etc.]

H. Attach resume of all partners and each member of the Development Team

I. Closing Certification

State of Maine)
)
County of _____)

_____, being duly sworn, deposes and says:

- 1) That he/she is a duly authorized partner or officer of _____

_____ (Applicant), with full authority to make application on behalf of applicant;
- 2) That he/she acknowledges the full and complete responsibility of Applicant to know and understand the provisions of the Low Income Housing Tax Credit Program;
- 3) That he/she has read this application and knows the contents of this Application to the Low Income Housing Tax Credit Program including all schedules, and required attachments; and
- 4) That based on his/her personal knowledge all facts stated herein are true and correct and present a complete and accurate disclosure of all facts relevant and necessary for the allocation of low-income housing tax credits pursuant to Section 42 of the Internal Revenue code of 1986, as amended.

Signature _____

Subscribed and sworn to before me this _____ day of _____, 200____.

Printed Name:
Notary Public/Attorney at Law

MAINE STATE HOUSING AUTHORITY

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To ensure that the Maine State Housing Authority maintains the continued confidence of Maine people and its partners in carrying out its mission of providing affordable housing, MSHA's employees and commissioners must avoid situations in which their obligations or commitments to other organizations or individuals or their personal or financial relationships or interests are or appear to be at odds with their responsibilities to MSHA.

Maine law and, when federal funding is involved, federal regulations govern conflicts of interest. In general, these laws prohibit MSHA employees and commissioners from working on transactions with applicants with whom they have financial, business, professional, or personal relationships or other ties. In addition, these laws prohibit former MSHA employees and commissioners from working on certain transactions for up to two years after leaving MSHA.

To help ensure the continuing integrity of MSHA's business and compliance with these laws, applicants for loans or certain other assistance under MSHA's programs must disclose any financial, business, professional, civic, charitable, family (or other personal) relationships, associations or connections that the applicant, its affiliates, employees of applicant who may work on the MSHA project, or any parties the applicant intends to hire to work on the MSHA project (whether employees, contractors or consultants) may currently have with MSHA or any MSHA employee or commissioner or may have had within the past two years. An applicant and its affiliates include:

- ? if the applicant is one or more individuals, all individuals;
- ? if the applicant is a business or nonprofit entity, that entity;
- ? the officers and board members of the applicant;
- ? employees of the applicant with decision-making authority, including an executive director, manager or someone in a similar position;
- ? if the applicant is a business corporation, any shareholder with a controlling interest;
- ? if the applicant is a partnership, the applicant's partners;
- ? any other business partner or associate of the applicant involved in this MSHA project;
- ? if the applicant is a limited liability company, the members and managers;
- ? a family member (including husband, wife, child, brother, sister) or other person in a personal relationship;

If you are unsure whether a relationship, association, or connection you have may constitute a conflict of interest, please consult with MSHA's Chief Counsel.

To the best of your knowledge:

1. Are you, any of your affiliates, or any party you intend to hire to work on the project a party to (or financially interested in) any business owned or operated by a MSHA commissioner or employee either as an individual or through an interest in a corporation, partnership, limited liability company, or other entity?

(please circle) YES NO

2. Do you, any of your affiliates, or any party you intend to hire to work on the project have family relations or other personal associations with any MSHA employee or MSHA commissioner?

(please circle) YES NO

3. Do you or any party you intend to hire to work on the project have any employee who was once an employee or commissioner of MSHA?

(please circle) YES NO

4. Do you, any of your affiliates, or any party you intend to hire to work on the project have any other type of relationship either with a MSHA employee or MSHA commissioner that may be construed to be a conflict of interest?

(please circle) YES NO

PLEASE NOTE: If you answered yes to any of the above questions, please describe on an additional sheet of paper

2007 Low-Income Housing Tax Credit Application Addendum

Instructions: The purpose of this addendum is to gather pertinent information not specifically asked for within the 2006 MaineHousing Multifamily Housing Financing Application. Please check the boxes and fill in information as appropriate. Include back-up documentation for items as necessary.

- I wish to participate in the **Non-Profit Set-aside** I wish to participate in the **Rural housing Set-aside**
- I wish to participate in the **Housing for Persons who are Homeless Set-aside**
- I am requesting to exceed the maximum credit restriction of \$500,000 pursuant to Section 4.E. of the 2007 QAP
Annual LIHTC amount requested: _____

Threshold Items (Section 6 of the 2007 Qualified Allocation Plan)

6.D.6. Compliance with 30-A M.R.S.A. § 4349-A

- Project is to be located in a locally designated growth area identified by comprehensive plan.
- OR, if the municipality has not designated growth areas in its comprehensive plan
- Project is to be located in area served by public sewer system with existing capacity for the project.
OR
- Project is to be located in an area identified as a census-designated place in the latest Federal Decennial Census.
OR
- Project is to be located in a compact area of an urban compact municipality as defined under 23 M.R.S.A. § 754.

Selection Criteria (Section 7 of the 2007 Qualified Allocation Plan)

7.A.2. Please check the box for each amenity the applicant will provide as part of the project. Applicants must provide detailed information within their application necessary to fully determine compliance with the categories selected.

- a. On-site community room developed as part of the Project.
- b. Computer(s) for tenant use in a common area.
- c. All units include the necessary infrastructure for cable, DSL or wireless Internet service and such service is provided to the tenants free of charge.
- d. Laundry capability provided on-site either in each unit as a washer/dryer hook-up or as a fully accessible facility centrally located within the Project.
- e. Project located within 1/4 mile of a designated pick-up location for a year-round, regularly scheduled means of public transportation.
- f. Area(s) for activities either provided on-site at the Project or public access is within 1/2 mile of the Project.

7.A.3. Preference will be given in 20% of the units to persons who are:

- Homeless or displaced Persons with mental or developmental disabilities
- Other persons with special housing needs _____

A waiting list must be maintained for persons for which the preference is given and access must be provided to services appropriate to such persons.

- 7.A.6. Yes No This Project has all municipal approvals required to proceed and any timeframe to appeal such approvals has expired with no appellate action being taken. The design has been submitted to and approved by MaineHousing.
(Provide evidence thereof from the appropriate municipal official or body.)
- 7.A.7. Yes No This Project has received a letter from the State Planning Office supporting the Project as promoting the principles of smart growth and minimizing the effects of sprawl.
(Include SPO letter with application materials.)
- 7.A.8. This Project is designed to meet a higher level of accessibility to accommodate elderly and disabled tenant populations as evidenced by the architect's certification included with the application materials.
The following percentage of units will be offered in addition to the minimum State and Federal accessibility requirements as referenced in MaineHousing's Design & Construction Manual under the "Summary of Accessibility Regulations and Additional MaineHousing Requirements:
- Additional 10% of the units (2 pts) Elderly projects only - additional 30% of the units (6 pts)
 Additional 20% of the units (4 pts) Elderly projects only - additional 40% of the units (8 pts)
- 7.A.9. Yes No The Applicant will establish a policy prohibiting smoking in all units and common areas of the Project.
- 7.D.2. Yes No This Project is part of a community revitalization plan. (Submit appropriate evidence)
- Yes No This Project is part of a community revitalization plan and includes the rehabilitation of existing multi-family rental housing containing more than 5 units.
- 7.D.3. Yes No This Project will give preferential treatment for low-income tenants whose names are on a public housing or Section 8 waiting list.
- 7.E.5. The Applicant (or owner of the Project if different from the Applicant) will employ contractors (including general contractors, construction managers and subcontractors) that provide an eligible group health insurance plan to their employees in accordance with the requirements listed in the 2007 QAP. The percentage pledged will be measured either as a percentage of the contractors, or a percentage of the Total Construction Cost.
- No pledge is being made in this scoring category. (0 pts)
- At least 60% but less than 70% of the contractors provide an eligible group health insurance plan or at least 60% but less than 70% of the Total Construction Costs are to be paid to contractors who provide an eligible group health insurance plan. (1 pt)
- At least 70% but less than 80% of the contractors provide an eligible group health insurance plan or at least 70% but less than 80% of the Total Construction Costs are to be paid to contractors who provide an eligible group health insurance plan. (2 pts)
- 80% or more of the contractors provide an eligible group health insurance plan or 80% or more of the Total Construction Costs are to be paid to contractors who provide an eligible group health insurance plan. (3 pts)

REQUEST FOR INDUCEMENT

Applicant Entity _____ Existing
 To be Formed

Contact Person _____

Mailing Address _____

Phone _____

Property Name (if existing) _____

Location (Street or Tax Map/
Lot Numbers) _____

Number of Units/Beds: _____

Estimated Total MSHA Financing Request \$ _____

We hereby request MSHA's "Official Action" with regard to our intent to participate in MSHA's Rental Loan Program. To the best of our knowledge at this time, all the information contained in this request is true and correct.

Applicant _____

Date _____

By _____

**NOTIFY MSHA IMMEDIATELY
IF ANY OF THIS INFORMATION CHANGES AFTER SUBMISSION**

CURRENT RENT ROLL

Apt. #	Tenant Name	Family Size	# of Bedrooms	Assisted?	Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	Total # of units				Total Rent <input type="text"/>

CERTIFICATIONS

I hereby certify that I have not required any tenant to move except for cause, such as for violation of the lease or local law, during the 12 months previous to the date of this Application. I acknowledge that I may be asked to assist in the gathering of employment verification information.

Signature of Owner: _____
 Mailing Address: _____
 Building Address: _____

TENANT INCOME LIST AND PROPOSED RENT ROLL

Apt. #	Tenant Name	Family Size	# of Bedrooms	Gross Annual Income	Income Target 30/40/60/Mkt	Present Rent	Proposed Rent*
	Total # of units				Total Rent		

MSHA RLP Maximum Rents can be found at the following web link: [http://www.mainehousing.org/download/2002 Non-FedHOME Income &](http://www.mainehousing.org/download/2002%20Non-FedHOME%20Income%20&)

CERTIFICATIONS

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Signature of Owner: _____
Mailing Address: _____
Building Address: _____

UTILITY ALLOWANCE CALCULATIONS

Utility	Fuel			Paid By		Allowance by bedroom size				
						OBR	1BR	2BR	3BR	4BR
Heating	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hot Water	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cooking	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lighting	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sewer	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trash	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Cond.	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Utility Allowance for Unit						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a narrative which describes the method used to calculate the Utility Allowances. If applicant is also applying for Low Income Housing Tax Credits, demonstrate compliance with IRS regulations for determining utility allowances.

- Section 8 UA through local housing authority
- Section 8 UA through state housing authority
- UA through Rural Housing Services
- Consumption estimates from Utility Company
- Other

PROJECTED INCOME

# of bedrooms	# of units	[times]	proposed* monthly rent	equals	total monthly rent	[times]	total annual rent	rent restricted		Level (%AMI)
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Total # units			<input type="text"/>	Gross Rental Income			<input type="text"/>			<input type="text"/>
					monthly	annual				
1 Gross Rental Income					<input type="text"/>	<input type="text"/>				
2 Income from garage/parking					<input type="text"/>	<input type="text" value="\$0"/>				
3 Income from laundry					<input type="text"/>	<input type="text" value="\$0"/>				
4 Other Income: <input type="text"/>					<input type="text"/>	<input type="text" value="\$0"/>				
5 Total schedule income (sum of lines 1 through 4)					<input type="text"/>	<input type="text"/>				
6 Projected vacancy rent loss **					<input type="text" value="7%"/>	<input type="text"/>				
7 Gross Effective Income (line 5 minus line 6)					<input type="text"/>	<input type="text"/>				

* restricted rent per MaineHousing rent chart or current rent from rent roll, whichever is less adjusted for utility allowances
 ** MSHA will use 7%, but may increase or decrease to reflect area market conditions.

SCHEDULE D

ANNUAL OPERATING BUDGET

	Actual Budget (If Existing Project)	Projected Annual Budget
Administrative Expenses:		
Management Fees	<input type="text"/>	<input type="text"/>
Management Charges	<input type="text"/>	<input type="text"/>
Marketing Expenses	<input type="text"/>	<input type="text"/>
Legal Expenses	<input type="text"/>	<input type="text"/>
Auditing Expenses	<input type="text"/>	<input type="text"/>
Bad Debts	<input type="text"/>	<input type="text"/>
Other Administrative Expenses	<input type="text"/>	<input type="text"/>
TOTAL ADMINISTRATIVE EXPENSES	\$0	\$0
Operating Expenses:		
Janitorial Payroll	<input type="text"/>	<input type="text"/>
Janitorial Supplies and Equipment	<input type="text"/>	<input type="text"/>
Janitorial Contractual Services	<input type="text"/>	<input type="text"/>
Fuel and Gas	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>
Water and Sewer	<input type="text"/>	<input type="text"/>
Garbage and Trash Removal	<input type="text"/>	<input type="text"/>
Vehicle and Equipment Expenses	<input type="text"/>	<input type="text"/>
Other Operating Expenses	<input type="text"/>	<input type="text"/>
TOTAL OPERATING EXPENSES	\$0	\$0
Maintenance Expenses:		
Grounds Maintenance Payroll	<input type="text"/>	<input type="text"/>
Grounds Tools and Supplies	<input type="text"/>	<input type="text"/>
Grounds Contractual Services	<input type="text"/>	<input type="text"/>
Miscellaneous Ground Maintenance	<input type="text"/>	<input type="text"/>
Tenant Damage Charges - Grounds	<input type="text"/>	<input type="text"/>
Total Grounds Expenses:	\$0	\$0
Building Maintenance Payroll	<input type="text"/>	<input type="text"/>
Building Tools and Supplies	<input type="text"/>	<input type="text"/>
Building Contractual Services	<input type="text"/>	<input type="text"/>
Building Systems Maintenance	<input type="text"/>	<input type="text"/>
Miscellaneous Building Maintenance	<input type="text"/>	<input type="text"/>
Tenant Damage Charges - Building	<input type="text"/>	<input type="text"/>
Total Building Expenses:	\$0	\$0

TOTAL MAINTENANCE EXPENSES

\$0

\$0

General Expenses:

Property Taxes		
Property and Liability Insurance		
Interest on MaineHousing Mortgage Note		
Interest on Other Notes Payable		
Other Financial Expenses		
Service Expenses		
TOTAL GENERAL EXPENSES	\$0	\$0
TOTAL HOUSING EXPENSE	\$0	\$0

Commercial Expenses:

Administrative Expenses		
Operating Expenses		
Maintenance Expenses		
General Expenses		
TOTAL COMMERCIAL EXPENSE	\$0	\$0
TOTAL BUDGETED EXPENSE	\$0	\$0

Project Costs and Eligible Basis

		Total Cost
Site Costs:		
	Earth works	<input type="text"/>
	Site utilities	<input type="text"/>
	Lawns/plant	<input type="text"/>
	Road/walks	<input type="text"/>
	Site improvement	<input type="text"/>
	Unusual site condition	<input type="text"/>
1	TOTAL SITE COST	<input type="text" value="\$0"/>
Structures:		
	Main Buildings	<input type="text"/>
	Accessory Structures	<input type="text"/>
2	TOTAL STRUCTURE	<input type="text" value="\$0"/>
General Requirements:		
	Supervision	<input type="text"/>
	Field Engineering	<input type="text"/>
	Field Office	<input type="text"/>
	Temp. Facilities	<input type="text"/>
	Temp Utilities	<input type="text"/>
	Cleaning/rubbish	<input type="text"/>
	Permits	<input type="text"/>
3	TOTAL GEN REQMTS	<input type="text" value="\$0"/>
Builder Overhead/Profit:		
	Builder Overhead	<input type="text"/>
	Builder Profit	<input type="text"/>
4	TOTAL BUILDER PROFIT	<input type="text" value="\$0"/>
Bond Premium:		
5	TOTAL BOND PREMIUM	<input type="text" value="0"/>
Construction Contingency:		
6	CONTINGENCY	<input type="text" value="0"/>

NOTES for Schedule G:

- Builder overhead and profit MUST be separately identified
- Use of any "other" category must be accompanied by narrative detail
- Acquisition costs must be supported by site control documentation
- Professional services such as legal or accounting which are performed by employees of the development entity should be documented in writing if they are to be allocated to any line item other than Developer Fee
- Developer Fee
 - Consultants Fees do not include fees paid for services such as environmental studies, market studies, soils analysis, etc
 - Consultant fees do include fees for services normally conducted by the Developer such as obtaining site control, financing, regulatory approvals, and negotiating the syndication, among others.
- Developer overhead and profit MUST be separately identified

Eligible Basis Calculations

Depreciable costs includable for:

		Project Costs and Eligible Basis			Eligible Basis Calculations		
		Total Cost	Depreciable	Amortizable	Non-Amort	30% PV Acq Credit	30% PV Const/Reh
7	TOTAL CONSTRUCTION: (Add 1, 2, 3, 4, 5 and 6)	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SOFT COSTS:						
	Permits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Survey & Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Architect/Design & Inspec	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Project Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title & Recording	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Project Audit/Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const. period Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const. period Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	TOTAL SOFT COSTS:	<input type="text" value="\$0"/>					
	FINANCING FEES:						
	Const Loan Orig. Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const loan Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Perm Loan Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	TOTAL FINANCING FEES	<input type="text" value="\$0"/>					
	MISCELLANEOUS COSTS & EXPENSES:						
	Market Study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Appraisal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Environmental Study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LIHTC process fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	TOTAL MISCELLANEOUS	<input type="text" value="\$0"/>					
	ACQUISITION:						
	Structure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Legal associated w/acq	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	TOTAL ACQUISITION	<input type="text" value="\$0"/>					

Project Costs and Eligible Basis				Eligible Basis Calculations		
				Depreciable costs includable for:		
Total Cost	Depreciable	Amortizable	Non-Amort	30% PV Acq Credit	30% PV Const/Reh	70% PV Const/Reh
RESERVES						
Rent-up (Deficit escrow)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-funded Replacements	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 TOTAL RESERVES:	<input type="text" value="\$0"/>					
SYNDICATION:						
Organizational (Partnership)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bridge Loan Fees & Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Opinion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 TOTAL SYNDICATION	<input type="text" value="\$0"/>					
DEVELOPER FEE:						
Consultant Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developer Overhead	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developer Profit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 TOTAL DEVELOPER FEE	<input type="text" value="\$0"/>					
				<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Line 7				Total Elig Basis for 30% PV Acq Credit	Total Elig Basis for 30% PV Const/Reh Credit	Total Elig Basis for 70% PV Const/Reh Credit
TOTAL CONSTRUCTION COSTS	<input type="text" value="\$0"/>					
Add 7 thru 12						
TOTAL DEVELOPMENT COSTS	<input type="text" value="\$0"/>					
Add 7 thru 14						
TOTAL PROJECT COSTS	<input type="text" value="\$0"/>					

Project Costs and Eligible Basis - Continued

	A		B	C	D
Historic Preservation Tax Credit		Low Income Housing Tax Credit			
			30% PV credit Eligible Basis Acquisition	30% PV credit Eligible Basis Const/Rehab	70% PV credit Eligible Basis Const/Rehab
Total Development Cost	<input type="text"/>	Eligible Basis before adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Land	<input type="text"/>	LESS: portion of Federal grant used to finance qualifying development costs			
Less: Other <input type="text"/>	<input type="text"/>	Source: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Other <input type="text"/>	<input type="text"/>	LESS: amount of nonqualified non-recourse debt	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Other <input type="text"/>	<input type="text"/>	LESS: either nonqualifying units of higher quality OR nonqualifying excess cost of higher quality units	<input type="text"/>	<input type="text"/>	<input type="text"/>
		LESS: Historic Tax Credit (Residential Portion only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligible Basis	<input type="text"/>	PLUS: portion of basis for homeless support services	<input type="text"/>	<input type="text"/>	<input type="text"/>
multiply by	20%	Adjusted Eligible Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
Historic Tax Credit	<input type="text"/>	If improvements are eligible for 130% high cost or difficult development area adjustment, AND developer wishes to request such adjustment, insert value.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
		Total Eligible Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Multiply by applicable fraction	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
		Qualified Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Multiply by est'd LIHTC rate	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
		Annual LIH Tax Credits	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Multiply by	10	10	10
		Total LIH Tax Credits - 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiply by NET equity per \$1 of Credit	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
NET EQUITY INVESTMENT	A <input type="text"/>		B <input type="text"/>	C <input type="text"/>	D <input type="text"/>
TOTAL EQUITY A + B + C + D =		<input type="text"/>			

Sources of Funding

LENDER	AMOUNT	RATE	TERM (YRS)	MONTHLY PAYMENT	SPECIAL TERMS/CONDITIONS (deferrals, balloons, adjustable rate, etc.)
--------	--------	------	------------	-----------------	--

PREDEVELOPMENT SOURCES OF FUNDS

MSHA Pre-Development Loan		0.00%		N/A	
				N/A	
				N/A	
PREDEV. SUBTOTAL					

CONSTRUCTION SOURCES OF FUNDS

CONSTR. SUBTOTAL					

PERMANENT SOURCES OF FUNDS (SUBSIDY/DEBT)

MSHA Subsidy		0.00%	30	N/A	
				N/A	
				N/A	
				N/A	
				N/A	
				N/A	
PERMANENT SUBTOTAL				0	

Multiply by 12 months

X 12

TOTAL ANNUAL DEBT SERVICE	0.00
----------------------------------	------

Project Completion Schedule

Activity	Actual/Scheduled Date Month/Year
A. SITE	
Option/Contract	
Site Acquisition	
Zoning Approval	
Site Analysis	
B. FINANCING	
Construction Loan Commitment	
Permanent Loan Commitment	
Other Sources Committed	
C. PLANS AND SPECIFICATIONS	
Schematic Drawings	
Working Drawings Complete	
D. CONSTRUCTION LOAN CLOSING	
E. CONSTRUCTION START	
F. COMPLETION OF CONSTRUCTION	
G. LEASE-UP	
Initial Lease-up	
Sustained (95%) Occupancy	

ARCHITECT CERTIFICATION

Schedule G

We have prepared the plans for (the Applicant) and proposed owner of (the housing project) to be located at with a total of units and buildings.

I certify that the attached Building and/or Unit Tabulations accurately describe the project as of the date of this statement:

<u>Attached Document</u>	<u>Date</u>	<u>Number of Sheets</u>
Building Tabulation	<input type="text"/>	<input type="text"/>
Unit Tabulations	<input type="text"/>	<input type="text"/>

Signed:

Dated:

NOTE: Please be certain to use building identification numbers/letters which are consistent with information provided in other portions of this application.

Building Tabulations

(continued)

Building # Total # Units

Are all the units in this building identical in square footage and configuration? Yes No
If NO, attach the unit tabulations as well.

Total Dwellings	<input type="text"/>	sq. ft.
Tenant Storage	<input type="text"/>	sq. ft.
Office	<input type="text"/>	sq. ft.
Social Area	<input type="text"/>	sq. ft.
Community Laundry	<input type="text"/>	sq. ft.
Community Kitchen	<input type="text"/>	sq. ft.
Community Bathroom(s)	<input type="text"/>	sq. ft.
Project Storage	<input type="text"/>	sq. ft.
Project Maintenance	<input type="text"/>	sq. ft.
Circulation	<input type="text"/>	sq. ft.
Other (Describe)	<input type="text"/>	sq. ft.
Total	<input type="text" value="0.00"/>	sq. ft.

Are all the units in this building identical in square footage and configuration? Yes No
If NO, attach the unit tabulations as well.

Total Dwellings	<input type="text"/>	sq. ft.
Tenant Storage	<input type="text"/>	sq. ft.
Office	<input type="text"/>	sq. ft.
Social Area	<input type="text"/>	sq. ft.
Community Laundry	<input type="text"/>	sq. ft.
Community Kitchen	<input type="text"/>	sq. ft.
Community Bathroom(s)	<input type="text"/>	sq. ft.
Project Storage	<input type="text"/>	sq. ft.
Project Maintenance	<input type="text"/>	sq. ft.
Circulation	<input type="text"/>	sq. ft.
Other (Describe)	<input type="text"/>	sq. ft.
Total	<input type="text" value="0.00"/>	sq. ft.

ARCHITECT CERTIFICATION (continued)

Schedule G

(continued)

Unit Tabulations

Building # Total # Units

Unit Type	Total # Units	Total Res. Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL Total should equal the total dwellings on the Building Tabs

Building # Total # Units

Unit Type	Total # Units	Total Res. Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL Total should equal the total dwellings on the Building Tabs

Building # Total # Units

Unit Type	Total # Units	Total Res. Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIAL STATEMENT

Bank _____ Date _____
 Name _____ Social Security Number _____
 Address _____ Phone _____
 Business or Occupation _____

ASSETS	LIABILITIES & NET WORTH
Cash on hand and in banks (A) \$ _____	Notes due to banks (F) \$ _____
U.S. Government securities (B) _____	Notes due to others (F) _____
Other Stocks and Bonds (B) _____	Accounts and bills payable (F) _____
Accounts and notes receivable (C) _____	Unpaid income taxes _____
Due from relatives & friends _____	Other unpaid taxes and interest _____
Due from others - good _____	Real Estate mortgages payable (D) _____
Due from others - doubtful _____	Contract accounts payable _____
Real estate (D) _____	Brokers margin accounts _____
Automobiles _____	Other debts - itemize _____
Cash value of life insurance (E) _____	_____
Other assets - itemize _____	_____
_____	_____
_____	Total Liabilities \$ _____
_____	Total Net Worth \$ _____
Total Assets \$ _____	Total Liabilities and Net Worth \$ _____

CONTINGENT LIABILITIES	ANNUAL INCOME
As endorser, comaker or guarantor _____	Salary _____
All leases or contracts _____	Commissions and bonuses _____
Legal claims _____	Dividends _____
Federal income taxes _____	Rental & lease income (net of operating expenses) _____
Other - itemize _____	Other - itemize _____
_____	_____
_____	_____
_____	_____

(A) CASH AND CERTIFICATE OF DEPOSITS IN BANKS			
Name of Bank	On Deposit	C.D. Maturity	Account #
	\$	\$	

(B) U.S. GOVERNMENT SECURITIES AND OTHER STOCKS AND BONDS			
# of Shares or Face Value (Bonds)	Description	Cost	Market Value
		\$	\$

(C) ACCOUNTS AND NOTES RECEIVABLE				
Borrower	When Due	Balance Due	Original Amount	Security (if any)
		\$	\$	

(D) REAL ESTATE						
Description	Date Acquired	Title in Whose Name	Cost	Present Value	Mortgage	
					Amount	How Payable
			\$		\$	

(E) LIFE INSURANCE				
Amount	Name of Company	Beneficiary	Cash Value	Loans
\$			\$	\$

(F) NOTES, CONTRACTS, ACCOUNTS, AND BILLS PAYABLE				
Owed to	Date	Balance Due	When Due	Purpose or Collateral (if any)
		\$	\$	

Bankruptcy:

Within the past seven years, have you or any business entity with whom you were or are now affiliated filed for or been adjudged bankrupt? ____yes ____no

If yes, please explain: _____

Default:

Are you currently in default, delinquent or in non-compliance with any terms of existing MSHA loans? ____yes ____no

If yes, please explain: _____

Affiliation with other Business Entities:

Please provide the following information with regard to any current or prior (within the past 10 years) affiliation with any business entity which involved one or more of the following:

- Major Officer of a Corporation or Partnership, including President, Vice President, Secretary or Treasurer;
- Stockholder interest representing control of 20% or more of outstanding stock;
- Partnership interest of more than 20%; and/or
- Sole Proprietorship.

Current:

Name and Address of Business Entity	Describe the Extent of Your Affiliation	Dates of Affiliation	
		From	To

Prior:

Name and Address of Business Entity	Describe the Extent of Your Affiliation	Dates of Affiliation	
		From	To

BANK CONFIRMATION INQUIRY

Name of Developer: _____

I hereby authorize _____ to complete the
 Name of Bank
 following confirmation report and return this form directly to the Maine State Housing Authority.

By: _____ Date _____
 Authorized Signature - Developer

TO BE COMPLETED BY BANK					
1) At the close of business on _____, 19____, our records showed the following balance(s) to the credit of the above named customer. In the event that we could readily ascertain whether there were any balances to the credit of the customer not designated in this request, the appropriate information is given below:					
Amount	Account Name	Account No.	Checking	Interest Bearing	Rate
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
			___yes ___no	___yes ___no	
2) The customer was directly liable to us in respect of loans, acceptances, etc., at the close of business on that date in the total amount of \$_____, as follows:					
Amount	Date of Loan/Discount	Due	Rate	Paid to	Description of liability, collateral, etc.
3) The customer was contingently liable as endorser of notes discounted and/or as grantor at the close of business on that date in the total amount of \$_____, as below:					
Amount	Name of Maker	Date of Note	Due	Remarks	
4) Other direct or contingent liabilities, open letters of credit and related collateral were: _____ _____					
Bank: _____			Date: _____		
_____ Authorized Bank Signature					

* Attach additional information on a separate sheet if needed.

***** INSTRUCTIONS TO BANK *****

Please provide the information requested and send directly to MSHA at the following address:

**Maine State Housing Authority
 Development Division
 353 Water Street
 Augusta, ME 04330-4633**

SCHEDULE OF REAL ESTATE ASSETS

Property Name and Street Address	Title Holders	% Owned	Date Acquired Cost	Present Value	Debt Guarantors	Trusts, Deeds, Mortgages or Other Liens				% Leased	(1) Annual Rental Income	(2) Annual Taxes & Insurance	(3) All Other Operating Expenses	(4) Annual Debt Service	(5) Cash Flow (Col 1 less 2, 3, + 4)	Comments
						Unpaid Balance	% Rate	Monthly Payment	Held By							
1)				\$		\$		\$			\$	\$	\$	\$	\$	
2)				\$		\$		\$			\$	\$	\$	\$	\$	
3)				\$		\$		\$			\$	\$	\$	\$	\$	
4)				\$		\$		\$			\$	\$	\$	\$	\$	
5)				\$		\$		\$			\$	\$	\$	\$	\$	
6)				\$		\$		\$			\$	\$	\$	\$	\$	
7)				\$		\$		\$			\$	\$	\$	\$	\$	
PAGE TOTALS				\$		\$					\$	\$	\$	\$	\$	
GRAND TOTALS				\$		\$					\$	\$	\$	\$	\$	

STATEMENT FROM HISTORIC PRESERVATION COMMISSION

TO: Earle G. Shettleworth, Jr., Maine Historic Preservation Commission
55 Capitol Street, State House Station #65, Augusta, ME 04333-0065
RE: Statement of No Effect

Attached are copies of photos of property I intend to purchase located at:_____.

The subject property has been proposed to the Maine State Housing Authority for rehabilitation under the HUD HOME Program.

Please examine this information in accordance with the procedures for protection of historic and cultural properties (36 CFR Part 800) to determine whether the submitted property is a historic or cultural resource and, if not applicable, please sign below and return your statement to me at the following address:

Sincerely,

Applicant

STATEMENT OF NO EFFECT

Except as indicated below, the project listed above will have no effect upon site or structure of historic, architectural or archaeological significance as defined by the National Historic Preservation Act of 1966.

List any exception(s). If none, please indicate. _____

Earle G. Shettleworth, Jr.

Date

OWNER'S ASSURANCE OF COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS

Civil Rights Act of 1968, as amended, the Maine Human Rights Act and Presidential Executive Order 11063.

The housing facility shall be operated so that the housing and any other services are readily accessible to and useable by individuals with disabilities as defined in Section 504 of the Rehabilitation Act of 1973.

Neither I nor anyone authorized to act for me shall discriminate in the provision of services or in any other manner on the grounds of race, religion, ancestry, national origin, sex, familial status, physical or mental disability and/or membership in a class, such as unmarried mothers or recipients of public assistance.

Signature of Owner

Date

ATTACH a site plan with building numbers to correspond to those listed below.

Applicable Fraction for each Residential Building

Resident. Bldg #	A Total # Res Units	B Total # L.I Units	C Col. B as % Col. A	D Gross Res Sq.Ft.	E Gross L.I. Sq.Ft.	F Col. E as % Col. D	G Lesser of C or F
1							
2							
3							
4							
5							
6							

Are any non-low income residential units above the average quality standard of the low-income units?

Yes No

If yes, taxpayer has EITHER:

- excluded the excess from eligible basis; OR
 - calculated the excess and found it within the limit of Section 42(e) of the Code
- Amount calculated is \$

Equipment Included in Low Income Units

- Range
- Refrigerator
- Disposal
- Dishwasher
- Kitchen Exhaust Fan
- Laundry Facility on site
- Washer/Dryer hook-up in unit
- Other

Equipment Included in Market Rate Units

- Range
- Refrigerator
- Disposal
- Dishwasher
- Kitchen Exhaust Fan
- Laundry Facility on site
- Washer/Dryer hook-up in unit
- Other

Qualified Basis and Annual Credit Dollar Amount

To complete this Schedule

- Allocate the Total Eligible Basis from Schedule E to each building. If a method other than square footage is used, ATTACH explanation of method used.
- Locate the Applicable Fraction calculated in Schedule I (page 1), Column G
- Multiply Eligible Basis by Applicable Fraction to determine Qualified Basis
- The Applicable Percentage is determined in accordance with Section 42(b)(2) either for the month in which the building is placed in service, or the month in which the Taxpayer and the credit agency enter into a Binding Agreement.

If building(s) have placed in service, provide date(s)
 If a Binding Agreement exists, indicate date executed

Applications for Reservation of credit for building not yet placed in service or without a binding agreement may use the 4% and/or 9% figures for applicable percentage. OR
 Contact MSHA tax credit staff for current applicable percentages.

- Multiply Qualified Basis by Applicable Percentage to determine Annual Credit \$ Amount

30% PRESENT VALUE BASIS

Bldg #	Eligible Basis	Applicable Fraction	Qualified Basis	Applicable Percentage	Maximum Annual Credit \$ Amount
1					
2					
3					
4					
5					
6					

Maximum 30% Present Value Credit

70% PRESENT VALUE BASIS

Bldg #	Eligible Basis	Applicable Fraction	Qualified Basis	Applicable Percentage	Maximum Annual Credit \$ Amount
1					
2					
3					
4					
5					
6					

Maximum 70% Present Value Credit

TOTAL ANNUAL CREDIT AMOUNT REQUESTED:

NOTE: The actual amount of credit for the project is determined by the housing credit agency. The applicable percentage for the month in which a reservation of credit is expected to be accepted by the Applicant will be used in the credit agency's calculation.