

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**

**9% EQUITY SUPPORT PROGRAM APPLICATION**

PROJECT NAME: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_

SPONSOR CONTACT: \_\_\_\_\_

- |   |          |
|---|----------|
| 1. ANNUAL CREDIT APPLIED FOR:   | \$ _____ |
| 2. TEN-YEAR VALUE OF CREDIT (Line 1 X 10)   | \$ _____ |
| 3. MAXIMUM 9% EQUITY SUPPORT FUNDING (Line 2 x \$0.25)<br>9% EQUITY SUPPORT PROGRAM FUNDING REQUESTED | \$ _____ |
| 4. (Note, applications for more than the maximum 9% Equity Support<br>Program loan may be rejected.)  | \$ _____ |

Are federal funds (other than ARRA funds) that invoke DBRA, NEPA, URA, or UFAS already planned as a part of this project?  YES or  NO

If yes, please indicate federal funding already planned: \_\_\_\_\_

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**Section 1. APPLICABILITY OF CROSS CUTTING FEDERAL REQUIREMENTS:** By submitting this application for the 9% Equity Support Program, which is primarily funded with federal Tax Credit Assistance Program (TCAP) funds administered by the United States Department of Housing and Urban Development (HUD), I understand and acknowledge that various cross-cutting federal requirements apply to the above-listed project.

These requirements will include, but may not be limited to, compliance with the National Environmental Policy Act (NEPA), Davis Bacon & Related Acts (DBRA), and federal Fair Housing requirements including Uniform Federal Accessibility Standards (UFAS) and Section 504.

For purposes of NEPA and other federally required environmental reviews, I further acknowledge as of the date of this application, the owner and its contractors are prohibited from undertaking any project "choice-limiting" activity until after the completion of the federal environmental review and HUD's approval of the Request for Release of Funds or its equivalent. This includes *any activity* that will result in a physical change to the property including property acquisition, demolition, movement, rehabilitation, conversion, repair, construction, and leasing or disposition. *Performing a choice-limiting action may disqualify a project from receiving any federal funds.*

I understand that Completion of the environmental review process is **mandatory** before taking a physical action on a site, or making a commitment or expenditure of **any** funds for property acquisition, rehabilitation, conversion, lease, repair, or construction activities. Further, the State may not commit TCAP or other applicable federal funds until HUD has approved the Request for Release of Funds and related certification (RROF) unless the activity has been determined exempt in accordance with 24 CFR §58.34 and §58.35(b).

**IN THE EVENT I HAVE ALREADY TAKEN A CHOICE LIMITING ACTION,** I have attached a narrative description notifying the Authority of the actions taken to date relative to the project. I also understand that continuing any such action, including continuing to proceed with work under a previously approved

and legally binding contract, is at my own risk and may result in the project's ineligibility for federal funding.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009

By: \_\_\_\_\_  
(Original signature)

\_\_\_\_\_  
(Typed or printed name)

\_\_\_\_\_  
(Title)

**Section 2. ACKNOWLEDGEMENTS:**

I understand and acknowledge that while the presumed source of funding for the Authority's 9% Equity Support Program are federal TCAP funds, the decision about whether or not to fund this application is solely within the discretion of the Authority.

I further understand and acknowledge that the Authority reserves the right to fund this application with any source of funds, federal or otherwise, available to it. In the event the Authority determines it is desirable to fund this application with a source other than federal TCAP, I agree to submit documentation as may be needed by the Authority to comply with the requirements and regulations associated with any other funding source the Authority intends to use, including but not limited to federal HOME, Neighborhood Stabilization Program (NSP), or Section 1602 Program funding.

I understand and acknowledge that in the event other sources of federal funding are used for this application, that additional federal cross-cutting regulations may apply and that the inability of a project to comply with these requirements or the failure to follow instructions from the Authority related to other such funding may result in the denial of this application.

I understand and agree that it is my responsibility to provide such other information as MSHDA requests as necessary to evaluate my application. I will furnish promptly such other supporting information and documents as may be requested. I understand that MSHDA may verify information provided and analyze materials submitted as well as conduct its own investigation to evaluate the application. I recognize that I have an affirmative duty to inform MSHDA when any information submitted herein is no longer true and will supply MSHDA with the latest and accurate information.

I agree to hold MSHDA, its members, officers, agents, and employees harmless from any matters arising out of or related to the ARRA programs

I acknowledge that all materials and requirements are subject to change by enactment of federal or state legislation or promulgation of regulations.

In carrying out the development and operation of the project, I agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all ARRA program requirements, rules, and regulations.

I acknowledge that the ARRA programs are not entitlement programs and that my application will be evaluated based on the all applicable statutes, regulations, lending parameters, and the Qualified Allocation Plan adopted by MSHDA which identify the priorities and other standards which will be employed to evaluate applications.

I agree that submission of this application does not invalidate or replace any existing applications for the same project. I acknowledge that the information submitted to MSHDA in this application or supplemental thereto may be subject to the Freedom of Information Act or other disclosure. I understand that MSHDA may make such information public.

I declare under penalty of perjury that the information contained in the application, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief. I understand that misrepresentation may result in cancellation of an ARRA award and other actions which MSHDA is authorized to take including, but not limited to the receipt of negative points in future funding rounds in which I may apply. In addition, I acknowledge and understand that, if any person, with intent to defraud or cheat, designedly by false pretense, including any false statement or representation, obtains money, real or personal property, or the use of an instrument, facility, article, or other valuable thing or service, such person shall be guilty of a crime. Such person may be guilty of either a misdemeanor or felony, punishable by imprisonment for not more than 10 years or a fine or both, all as set forth in Section 47 of Act No. 346 of the Public Acts of 1966, as amended (MCL 125.1447).

I certify that I believe that the project can be completed within the development budget and the development timetable set forth (which timetable is in conformance with MSHDA rules and regulations) and can be operated in the manner proposed within the operating budget set forth.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2009

By: \_\_\_\_\_  
(Original signature)

\_\_\_\_\_  
(Typed or printed name)

\_\_\_\_\_  
(Title)