

2008



Low Income Housing Tax Credits

NEBRASKA  
possibilities...endless<sup>SM</sup>

Department of Economic Development

HOME Funds

Application

## A. INSTRUCTIONS AND CERTIFICATION

### 1. INSTRUCTIONS:

The undersigned applicant hereby makes application to the Nebraska Investment Finance Authority (“NIFA”) for a reservation of federal low-income housing tax credits (“LIHTC”). Applications must be submitted to NIFA in the following manner:

- (a) Applications are due no later than 5:00 p.m. on the last day of the application cycle as described in NIFA’s LIHTC Allocation Plan.
- (b) An original and three (3) copies must be provided.
- (c) Please provide a copy of Exhibit 9 on a disk or email to [robin.ambroz@nifa.org](mailto:robin.ambroz@nifa.org) in addition to attaching a copy labeled at Exhibit 9.
- (d) Applications must be accompanied by an application fee in an amount equal to 1% of the annual LIHTC request.
- (e) Each copy must be standard two-hole-punched at the top.
- (f) All Exhibit numbers must be clearly identified by tabs.

Failure to submit the required tabbed copies in the preceding manner will result in the application being returned to the applicant without NIFA’s and/or NDED’s review. The original application package must have an original signature. Certain items in the application package (architect’s drawings, oversized maps, brochures, etc.) need not be reproduced. The application may be clipped or banded for delivery purposes but should not be bound. The application must be filled out completely, with all questions and items completed. If a question or item does not pertain to your Development, insert “N/A” in the applicable space. Inaccurate or incomplete information in this application may result in forfeiture of any LIHTC reserved or allocated.

### 2. APPLICATION REQUIREMENTS FOR HOME FUNDS *(to be verified by Nebraska Department of Economic Development)*

The following application requirements will be verified with data and information available to the Nebraska Department of Economic Development (NDED) and do not need to be specifically addressed in the application.

1. Applicant is eligible. Eligible HOME applicants include 501 (c)(3) and 501 (c)(4) non-profit organizations, Community Housing Development Organizations (CHDOs), Local/Regional Housing Authorities, and Units of Local Government. 501 (c)(3) and 501 (c)(4) non-profit organizations must include affordable housing in their mission.
2. Activities are eligible and comply with state Nebraska Affordable Housing Program (NAHP) priorities. For more information on NAHP priorities, go to the 2008 Annual Action Plan located at: <http://www.neded.org/content/view/183/674/>.
3. Applicant has addressed and cleared all compliance problems from past awards and responses have been accepted by NDED.
4. Applicant is current with all NDED reporting requirements (semiannual status reports, closeout reports, audit reports, notification of annual audit reports, quarterly report assessment forms, etc.).
5. If invited by NDED, applicant and application preparer must attend Contract Negotiations on the dates and locations determined by NDED and respond with satisfactory contract negotiation information in writing to the HOME LIHTC Set-aside by deadlines provided by NDED.



**4. CERTIFICATION OF HOME APPLICANT (if applying for HOME Funds and LIHTC)**

The undersigned certifies to the Nebraska Department of Economic Development:

He/she is duly authorized to so certify, and sign this application on behalf of the HOME applicant, under procedures prescribed by the governing rules/organizing documents applicable to governance of the applicant.

That the application contents, which include materials both preceding and following this certification, and all accompanying Exhibits, which Exhibits are incorporated herein by this reference, are true and correct to the best of my knowledge and belief.

That this certification applies to any and all certifications and assurances which may be internally contained within the body of the application (or internally contained within the incorporated Exhibits), as well as to the entirety of the application. Examples (but not an exhaustive listing) of such internally contained certifications and assurances include: the certification found at Exhibit 16 (entitled “Statement of Assurances and Certification for Local Governments”); and the certification found at Exhibit 18 (entitled “Applicant Certification Form for Non-Profits and Housing Authorities”).

He/she commits the applicant to notifying the Department of Economic Development of any changes to the original application within 15 days of the change.

_____	_____	_____
Signature as Authorized Official for Applicant	Printed Name & Title	Date

STATE OF \_\_\_\_\_ )  
) ss.  
COUNTY OF \_\_\_\_\_ )

I, the undersigned, a notary public in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name signed to the foregoing statement, and who is known to me, acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**5. IDENTIFICATION OF CONSULTANT (if a consultant is paid a fee in connection with the making or filing of this application)**

Applicant is employing the services of the following consultant(s), identified below, who will assist the applicant and/or its joint venturer or partner with all or a part of this application. For purposes of this application, “consultant” shall include accountants, investment bankers, financial advisors, investors, syndicators, attorneys and any other advisor or consultant who is assisting the applicant in the completion and/or filing of this application. For each such consultant, provide the information below and include an executed “Statement and Certification of Consultant”.

Name of Consultant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Facsimile Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

6. **STATEMENT AND CERTIFICATION OF CONSULTANT** (if a consultant is utilized in the making or filing of this application)

The undersigned, as consultant(s) to the applicant entity, am (are) familiar with the provisions of the Internal Revenue Code with respect to the LIHTC Program, and, to the best of my (our) knowledge and belief, the applicant entity has complied, or will comply, with all of the requirements which are prerequisite to an allocation of LIHTC by the NIFA. I (We) understand that the LIHTC program will be governed and controlled by rules and regulations issued by the United States Treasury, and I (we) have read such rules and am (are) familiar with the requirements thereof. The undersigned further certifies that the information set forth in this application, and any attachments and exhibits thereto, is true, correct and complete, that no information contained in this application or in the listed attachments and exhibits is in any way false, incorrect or incomplete; and that the proposed construction/rehabilitation will not violate zoning ordinances or deed restrictions.

I (We) understand that any misrepresentations and/or fraudulent information contained within this application may result in the revocation of LIHTC by NIFA and potentially my (our) and related parties being barred from future LIHTC Program participation and notification of such to the Internal Revenue Service.

I (We) hereby make application to NIFA for a reservation of LIHTC. The undersigned hereby acknowledges that the making of a reservation by NIFA does not warrant that the development is financially feasible or otherwise qualified to claim LIHTC. I (We) agree that NIFA’s directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or its investors relating to the LIHTC Program; therefore, I (we) assume the risk of all damages, losses, costs and expenses related thereto and agree to indemnify and save harmless NIFA or any of its directors, officers, employees and agents against any and all claims, suits, losses, damages, costs and expenses of any kind and of any nature that NIFA may hereinafter suffer, incur or pay arising out of its decision concerning the application for LIHTC or the use of the information concerning the LIHTC Program.

Signature of Consultant \_\_\_\_\_ Date \_\_\_\_\_

STATE OF )  
 ) ss.  
COUNTY OF )

I, the undersigned, a notary public in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name signed to the foregoing statement, and who is known to me, acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

7. **INQUIRIES** should be directed to:

LIHTC Program:  
Manager – LIHTC & CRANE Programs  
Nebraska Investment Finance Authority  
1230 O Street, Suite 200  
Lincoln, NE 68508-1402  
Telephone: (402) 434-3900  
Facsimile: (402) 434-3921  
Web Address: [www.nifa.org](http://www.nifa.org)

HOME Program:  
Paula Rhian  
Nebraska Department of Economic Development  
P.O. Box 94666  
Lincoln, NE 68509-4666  
Telephone: (402) 471-3760  
Facsimile: (402) 471-8405  
Email: [paula.rhian@ded.ne.gov](mailto:paula.rhian@ded.ne.gov)  
Web Address: <http://crd.neded.org>

**B. DEVELOPMENT OVERVIEW**

**DEVELOPMENT NAME AND ADDRESS:**  
 Development Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ Legislative District: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Congressional District: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Located in a Qualified Census Tract?  Yes  No  
*Please provide a one-page summary of the proposed development in Exhibit 1.*

**LIHTC APPLICANT INFORMATION:**  
 For-Profit  Non-Profit 501(c) (3)  Non-Profit 501(c) (4)  
 Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**HOME APPLICANT INFORMATION:**  
 Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Federal Tax I.D. Number: \_\_\_\_\_ Area to be Served: \_\_\_\_\_  
 Type of Applicant:  Unit of Local Government  State-Designated CHDO  
 Local \ Regional Housing Authority  Non-Profit 501(c) (3)  Non-Profit 501(c) (4)  
 Region:  West  Central  Northeast (Including Omaha)  Southeast (Including Lincoln)

**OWNERSHIP INFORMATION:**  
 Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Has Ownership Entity been formed?  Yes  No Federal Tax ID Number: \_\_\_\_\_

Identify the Persons or Entities who will be part of the Ownership Entity:

Name: _____	EIN #: _____	Telephone: _____	Ownership Interest: _____%
Name: _____	EIN #: _____	Telephone: _____	Ownership Interest: _____%
Name: _____	EIN #: _____	Telephone: _____	Ownership Interest: _____%
Name: _____	EIN #: _____	Telephone: _____	Ownership Interest: _____%

Has the applicant, or any affiliate of the applicant or ownership entity ever sold or transferred LIHTC to a new ownership entity prior to placing the buildings in service or within a year thereafter?  Yes  No *If "Yes", provide the details of the transfer in Exhibit 2.*

**TYPE OF LIHTC REQUESTED:**

- |   |  |
|---|--|
| <input type="checkbox"/> New Construction without Federal Subsidy             | <input type="checkbox"/> New Construction with Federal Subsidy             |
| <input type="checkbox"/> Rehabilitation without Federal Subsidy               | <input type="checkbox"/> Rehabilitation with Federal Subsidy               |
| <input type="checkbox"/> Acquisition & Rehabilitation without Federal Subsidy | <input type="checkbox"/> Acquisition & Rehabilitation with Federal Subsidy |
| <input type="checkbox"/> Acquisition & Rehabilitation with a 10-year waiver   | <input type="checkbox"/> Tax-Exempt Bond Financing Allocation              |

**MINIMUM SET-ASIDE ELECTION: (check one only)**

- 20-50 Test      The development meets this requirement if 20% or more of the residential units in the development are both rent-restricted and occupied by individuals whose income is 50% or less of the area median gross income.
- 40-60 Test      The development meets this requirement if 40% or more of the residential units in the development are both rent-restricted and occupied by individuals whose income is 60% or less of the area median gross income.

**LIHTC SET-ASIDE CATEGORIES:**

Applicant is requesting LIHTC from one of the following categories:  For-Profit  Non-Profit  
*If Non-Profit is selected, please complete Exhibit 3.*      Name of Non-Profit: \_\_\_\_\_

Applicant is requesting LIHTC from one of the following categories:  Urban-MSA  Rural

Applicant is requesting LIHTC under the CRANE Program?  Yes  No  
*(If "Yes", a CRANE application must be submitted and the Development assigned a CRANE category designation prior to the submittal of the LIHTC/HOME application.)*

**DEVELOPMENT INFORMATION:**

If the development includes acquisition and rehabilitation, identify the date of the most recent sale or transfer of the building(s). Date: \_\_\_\_\_ Seller: \_\_\_\_\_

If the development includes acquisition and rehabilitation, was the rehabilitation work greater than 25% of any building's adjusted basis performed by the previous owner in the last 10 years?  Yes  No

If the development includes acquisition and rehabilitation, were the building(s) suitable for occupancy at the time of the most recent sale or transfer?  Yes  No

If any building in the development is an existing single-family, detached residence, was it used by the previous owner(s) as their principal residence during the past 10 years?  Yes  No

Has the development received an allocation of LIHTC from a previous year?  Yes  No  
If "Yes" provide year of allocation: \_\_\_\_\_ NIFA Number: \_\_\_\_\_ BIN Numbers: \_\_\_\_\_

**SITE INFORMATION:**

\_\_\_\_\_ Total Number of Buildings in the Development  
\_\_\_\_\_ Number of Stories in Tallest Building  
\_\_\_\_\_ Total Number of Units in the Development (LIHTC, HOME, Market, Other, etc.)  
\_\_\_\_\_ Total Number of LIHTC Units in the Development  
\_\_\_\_\_ % Percentage of LIHTC Units in the Development  
\_\_\_\_\_ Total Net Rentable Square Footage of all Rental Units in the Development  
\_\_\_\_\_ Total Square Footage for LIHTC Units  
\_\_\_\_\_ Total Square Footage of the Development  
\_\_\_\_\_ % Percentage of Floor Area for LIHTC Units  
\_\_\_\_\_ Square Footage of Area for Commercial Space  
\_\_\_\_\_ % Percentage of Floor Area for Commercial Space  
\_\_\_\_\_ Total Site Area (Land) to be used for the Development. Please Specify: Acres Square Feet  
Will the Development have manager \ maintenance unit(s)? Yes No Number of Unit(s): \_\_\_\_\_  
Will any of the buildings include an elevator? Yes No Number of buildings with elevator: \_\_\_\_\_  
Development Structure: (check all that apply)  
Multifamily (more than 4 units per building) Duplex Elderly Housing  
Single-family Four-plex Congregate care facility  
Single Room Occupancy (SRO) Special Needs Other: \_\_\_\_\_  
Have any of the Buildings in the Development been condemned or are uninhabitable? Yes No  
Have any of the Buildings in the Development been acquired through foreclosure? Yes No  
Will the Development include any relocation of any tenants? Yes No  
*If "Yes," provide a detailed description of the relocation assistance in Exhibit 4.*

**SITE CONTROL:**

Site control is in the form of (check only one)  
 Contract \ Option to Purchase in the name of the Owner, its general partner or an affiliated entity  
 Executed Disposition and Development Agreement with a Public Agency  
 Signed and recorded long term land lease (with a minimum of 50 years)  
 Recorded Warranty Deed in the name of the Owner, its general partner, or an affiliated entity  
*Include evidence of site control in Exhibit 103.*

**ZONING:**

Please indicate the development's status in relation to local zoning requirements (check only one)  
 Development meets all local zoning requirements or building permits have been issued  
 Development is not subject to municipal zoning ordinances  
 Development does not meet local zoning requirements and requires a zoning change or conditional use permit  
*Include zoning letter in Exhibit 105.*



<b>FINANCING SUBSIDY INFORMATION:</b>		<b>Check if funds have been committed</b>
Nebraska Affordable Housing Trust Fund (NAHTF)	\$ _____	<input type="checkbox"/>
HOME Funds <input type="checkbox"/> NDED Allocation <input type="checkbox"/> City Allocation	\$ _____	<input type="checkbox"/>
FHLBank – Affordable Housing Program Funds	\$ _____	<input type="checkbox"/>
USDA – Rural Development	\$ _____	<input type="checkbox"/>
CDBG Funds	\$ _____	<input type="checkbox"/>
Tax Increment Financing (TIF)	\$ _____	<input type="checkbox"/>
Historic Tax Credit Equity	\$ _____	<input type="checkbox"/>
Tax Exempt Bond Financing	\$ _____	<input type="checkbox"/>
City Funds (Source: _____)	\$ _____	<input type="checkbox"/>
Other (Source: _____)	\$ _____	<input type="checkbox"/>
Other (Source: _____)	\$ _____	<input type="checkbox"/>
<b>TOTAL</b>	<b>\$ _____</b>	<input type="checkbox"/>

<b>OPERATING ASSISTANCE INFORMATION:</b>	
Do any of the units in the Development receive or will receive Rental Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, check the type of Rental Assistance and submit Exhibit 5:</i>	
<input type="checkbox"/> Section 8 New Construction \ Substantial Rehab	<input type="checkbox"/> Section 8 Project Based Assistance
<input type="checkbox"/> Section 8 Vouchers or Certificates	<input type="checkbox"/> RD 515 Assistance
<input type="checkbox"/> McKinney Act Funding	<input type="checkbox"/> State Assistance
Number of units receiving assistance: _____ Number of years the units will receive assistance: _____	

<b>UTILITY ALLOWANCE CALCULATIONS:</b>									
<u>Type</u>	<u>Gas \ Electric</u>		<u>Utility Paid By</u>		<u>Allowance Amount</u>				
					0-Bdr.	1-Bdr.	2-Bdr.	3-Bdr.	4-Bdr.
Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Air Conditioning		<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Lighting		<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Hot Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Sewer			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Water			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Trash			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Cable TV			<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	_____	_____	_____	_____	_____
Total Utility Allowance:					_____	_____	_____	_____	_____
Total Utility Allowance Paid by the Tenant:					_____	_____	_____	_____	_____
Source of Data:									
<input type="checkbox"/> HUD <input type="checkbox"/> Local Housing Authority (Name: _____)									
<input type="checkbox"/> USDA – Rural Development <input type="checkbox"/> Utility Company Estimate (Name: _____)									
<i>(Please provide a copy of the documentation in Exhibit 6)</i>									

**CONSTRUCTION FINANCING:**

List all Preliminary and Firm Financing Commitments, including any Grants, Owner Equity Contributions, or Deferred Fees. If applying for HOME funds, please indicate if the funds will be used during construction. Also include any source and amount of financing for any Commercial Space in the development.

<u>Lender or Source of Funds</u>	<u>Amount of Funds</u>	<u>Type of Financing*</u>	<u>Name &amp; Telephone Number of Contact Person</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Construction Financing:	_____		

*\* e.g. conventional loan, federal grant, deferred loan, etc.*

**PERMANENT FINANCING:**

List all Preliminary and Firm Financing Commitments, including any Grants, Owner Equity Contributions, or Deferred Fees. Also include any source and amount of financing for any Commercial Space in the development.

<u>Lender Name &amp; Telephone Number</u>	<u>Amount of Funds</u>	<u>Interest Rate</u>	<u>Amortization Period (Months)</u>	<u>Loan Term (Years)</u>	<u>Annual Debt Service</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Permanent Financing:	_____			Total Annual Debt Service:	_____

**USE OF HOME FUNDS WITH LIHTC:**

Please answer the following questions if you are applying for HOME Funds in conjunction with LIHTC.

The HOME Funds will be treated as a grant and subtracted from eligible basis? Yes No

The HOME Funds will be loaned to the development at or above the Applicable Federal Rate (AFR)?

Yes No Proposed Interest Rate: \_\_\_\_\_

*NOTE: If the development is located in a Qualified Census Tract (QCT), the HOME Funds must be loaned at or above the AFR and compounded annually.*

The HOME Funds will be loaned to the development below the Applicable Federal Rate (AFR)?

Yes No Proposed Interest Rate: \_\_\_\_\_ *If Yes, at least 40% of the units must be restricted to households at or below 50% of the Area Median Income (AMI).*

**SYNDICATION INFORMATION:**

Low Income Housing Tax Credits

Anticipated Net Equity Factor: \_\_\_\_\_

Amount of Estimated Proceeds: \_\_\_\_\_

Name of Syndicator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Historic Rehabilitation Tax Credits

Anticipated Net Equity Factor: \_\_\_\_\_

Amount of Estimated Proceeds: \_\_\_\_\_

State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**DEVELOPMENT TEAM INFORMATION:**

Name of Developer: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Management Company: \_\_\_\_\_

Name of Applicant \ Sponsor: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Name of Architect: \_\_\_\_\_

Name of Development Attorney: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

Name of Syndication Firm: \_\_\_\_\_

List any direct or indirect financial or other interests a member of the Development Team may have with another member of the Team. List "none" if no identities of interest exist. \_\_\_\_\_

**NOTIFICATION OF PUBLIC OFFICIAL:**

Name of Political Jurisdiction: \_\_\_\_\_

Name and Title of Chief Executive Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**TAX-EXEMPT BONDS:**

If Tax-Exempt Bond Financing is requested with 4% LIHTC, please answer the following:

Will the development receive tax-exempt bond financing for at least 50% of the aggregate basis of the building(s) and land includable in the Development? Yes No

Total development cost: \_\_\_\_\_

Proposed rate for the tax-exempt financing: \_\_\_\_\_

Type of bond sale: Private Placement Public Sale

Will Credit Enhancement be provided for the bonds? Yes No

If "Yes" what type and by whom? \_\_\_\_\_

If a Public Sale is proposed, will the bonds be rated? Yes No

If "Yes" provide the following:

Grade: \_\_\_\_\_

Rating Agency: \_\_\_\_\_

Investment Bank: \_\_\_\_\_

Bond Trustee: \_\_\_\_\_

Projected Loan Terms:

Principal Amount: \_\_\_\_\_

Interest Rate: Fixed Variable

Term of Loan: \_\_\_\_\_ Years

Amortization: \_\_\_\_\_ Level \_\_\_\_\_ Balloon

Loan Security:

Development Mortgage: Yes No

Assignment of Development: Yes No

FHA Mortgage Insurance: Yes No

Personal Guarantees: Yes No

Bond Credit Enhancement: Yes No

*Note: If tax-exempt bond financing is requested with 4% LIHTC, this application must include Exhibit 10, "Initial No Objection Letter" signed by the bond issuer. Prior to any final bond allocation, the applicant must deliver to NIFA Exhibit 11, "Final No Objection Letter" signed by the bond issuer.*

**DEVELOPMENT COMPLETION SCHEDULE:** The shaded items must be completed by all applicants. If applying for HOME Funds, non-shaded items must also be completed.

Activity	Responsible Entity	Date
LIHTC Conditional Reservation Announcement and Invitation to HOME Contract Negotiations (if applicable)	NIFA/NDED	____/____/____
Attend and Complete HOME Contract Negotiations and Items	Applicant	____/____/____
NDED Award Letter Issued	NDED	____/____/____
NDED Contract Signed and Notice of Release of Funds Issued	NDED	____/____/____
Submit HOME Project Activity Setup	Applicant	____/____/____
Site Control and Warranty Deed	Applicant	____/____/____
Syndication Commitment Finalized	Applicant	____/____/____
Plans and Specs Finalized	Applicant	____/____/____
Construction Financing Executed	Applicant	____/____/____
Construction Contracts Signed	Applicant	____/____/____
Conditions for NIFA LIHTC Reservation Agreement Completed (90 days)	Applicant	____/____/____
Pre-Construction Conference	Applicant	____/____/____
Site Preparations	Applicant	____/____/____
Construction Started	Applicant	____/____/____
10 % Carryover Documentation submitted	Applicant	____/____/____
Marketing of Development Begins	Applicant	____/____/____
Construction 50% Complete	Applicant	____/____/____
Receive Tenant Applications	Applicant	____/____/____
Applicant Eligibility Determinations Made	Applicant	____/____/____
Certificate of Occupancy Issued (Construction 100% Complete)	Applicant	____/____/____
Start Lease Up	Applicant	____/____/____
Lease Up at 75-90%	Applicant	____/____/____
Submit HOME Completion Report within 120 days of Certificate of Occupancy	Applicant	____/____/____
Cost Certification Submitted	Applicant	____/____/____
LURA Recorded and Submitted	Applicant	____/____/____
IRS Form(s) 8609 Issued	NIFA	____/____/____
Permanent Financing Executed	Applicant	____/____/____
_____ Units Occupied by Low Income Eligible Households	Applicant	____/____/____
Submit Revised HOME Completion Report (at full occupancy)	Applicant	____/____/____
Open House	Applicant	____/____/____

**C. EXHIBIT CHECKLIST**

The following is a checklist of materials for submission with the application. Please check each item that is included in the application package. Applicants must submit all Exhibits with the Exhibit number identified by tabs. Exhibit numbers must correspond to the Exhibit numbers set forth below.

Applicants may also self-score all pertinent items and enter the appropriate number of points earned for each requirement. **NOTE: Applications must obtain a score in each of the Threshold Criteria Items. All applicable Required Exhibits must be submitted. Applications not scoring under all of the Threshold Criteria Items or not submitting the applicable Required Exhibits will not be considered for an allocation of LIHTC.** For a detailed description of the Exhibits, please refer to page 23.

<u>Required Exhibits</u>	<u>Description</u>
<input type="checkbox"/> EXHIBIT 1	Provide a one (1) page summary of the proposed development
<input type="checkbox"/> EXHIBIT 2	Details of any sale or transfer of LIHTC
<input type="checkbox"/> EXHIBIT 3	Non-profit information ( <b>See Exhibit Examples</b> )
<input type="checkbox"/> EXHIBIT 4	Relocation assistance plan
<input type="checkbox"/> EXHIBIT 5	Evidence of rental assistance
<input type="checkbox"/> EXHIBIT 6	Current utility allowance documentation
<input type="checkbox"/> EXHIBIT 7	Pictures of the site or structure taken from each direction. ( <b>North, South, East, &amp; West</b> )
<input type="checkbox"/> EXHIBIT 8	City location map with the development location identified
<input type="checkbox"/> EXHIBIT 9	Development Worksheets ( <b>See Exhibit Examples</b> )
<input type="checkbox"/> EXHIBIT 10	Initial No Objection Letter ( <b>Bond Projects</b> )
<input type="checkbox"/> EXHIBIT 11	Final No Objection Letter ( <b>Bond Projects</b> )
<input type="checkbox"/> EXHIBIT 12	Environmental review record and process ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 13	Notice of Public Hearing or Public Meeting ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 14	Authorizing Resolution for local governments ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 15	Statement of assurances and certifications for local governments ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 16	Residential anti-displacement and relocation assistance plan ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 17	Applicant certification for non-profits and housing authorities ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 18	Authorizing Resolution for non-profits and housing authorities ( <b>HOME Funds</b> )
<input type="checkbox"/> EXHIBIT 19	Certification of rental project federal assistance ( <b>HOME Funds</b> )

<u>Threshold Exhibits</u>	<u>Description</u>	<u>Points Available</u>	<u>Score</u>
<input type="checkbox"/> EXHIBIT 100	Architectural Plans	1	_____
<input type="checkbox"/> EXHIBIT 101	Fair Housing Act and Section 504 – Design	1	_____
<input type="checkbox"/> EXHIBIT 102	Affirmative Marketing Plan	1	_____
<input type="checkbox"/> EXHIBIT 103	Site Control	1	_____
<input type="checkbox"/> EXHIBIT 104	Site Visit Review and Approval ( <b>HOME Funds</b> )	1	_____
<input type="checkbox"/> EXHIBIT 105	Zoning	1 or 2	_____
<input type="checkbox"/> EXHIBIT 106	Utilities	1	_____
<input type="checkbox"/> EXHIBIT 107	Subsidies \ Public Funds	1, 2, or 3	_____
<input type="checkbox"/> EXHIBIT 108	Syndicator (LIHTC Investor) Letter of Interest	1	_____
<input type="checkbox"/> EXHIBIT 109	Construction Financing	1	_____
<input type="checkbox"/> EXHIBIT 110	Permanent Financing	1 or 2	_____
<input type="checkbox"/> EXHIBIT 111	Underwriting Criteria	1 or 2	_____
<input type="checkbox"/> EXHIBIT 112	Market Study	1	_____
<input type="checkbox"/> EXHIBIT 113	Pre-notification of Local Jurisdiction	1	_____
<input type="checkbox"/> EXHIBIT 114	Capital Needs Assessment ( <b>Rehabilitations only</b> )	1	_____
<input type="checkbox"/> EXHIBIT 115	Ten Year Rule ( <b>Acquisition credits only</b> )	1	_____

**D. OTHER SELECTION CRITERIA**

**COMPLIANCE & EXTENDED USE PERIOD:**

Please check the following compliance period and extended use period that will be applicable to this development. (The minimum term of the low-income occupancy commitment is 30 years.) Points will be awarded when the Owner elects to extend the compliance period for additional years.

- 15-year compliance period + 15-year extended use period = 30 total **(0 points)**
- 20-year compliance period + 15-year extended use period = 35 total **(1 point)**
- 25-year compliance period + 15-year extended use period = 40 total **(2 points)**
- 30-year compliance period + 15-year extended use period = 45 total **(3 points)**

The commitment to extend the compliance period will be reflected in the LURA.

CROWN developments must elect the 15-year compliance period and 15-year extended use period.

**RIGHT OF FIRST REFUSAL:**

Will the Owner offer a right of first refusal to tenants, tenant groups, tenant cooperatives, non-profit entities under IRC Section 501 (c)(3) or 501 (c)(4), governmental entities and/or resident management corporations?  Yes  No

If Yes, please list to whom the Owner intends to offer the right of first refusal: \_\_\_\_\_

IRC Section 42 (i)(7) references a formula for determining this purchase price, equal to outstanding debt remaining on the development (excluding any debt added in the five years prior to the sale) plus federal, state, and local taxes due as a result of the sale.

The commitment of the right of first refusal will be reflected in the LURA. **(2 points)**

**EVENTUAL TENANT HOMEOWNERSHIP (CROWN):**

Will qualified tenants have a lease-purchase homeownership option?  Yes  No

The homeownership program will be operated as:  Short-term model  Long-term model

The commitment of eventual tenant homeownership will be reflected in the LURA (see [www.nifa.org](http://www.nifa.org) for a copy of the CROWN Land Use Restriction Agreement). **(2 points)**

The points in this category are limited to developments proposing a condo regime or that have separate legal descriptions to enable the units to be deeded or conveyed to low-income tenants.

*Attach a copy of the homeownership plan as Exhibit 200.*

**DEVELOPMENT CHARACTERISTICS:**

Is the development a federally assisted building (within the meaning of IRC Section 42(d)(6)(B)) in danger of having the mortgage assigned to HUD or RD, or in danger of creating a claim on a federal mortgage insurance fund?  Yes  No **(3 points)**

*Attach a letter from the institution to which the development is in danger of being assigned to as Exhibit 201.*

Does the development involve preservation of existing affordable housing?  Yes  No **(2 points)**

List any existing funding programs: \_\_\_\_\_

**UNIT MIX:**

Will the development include units that target low-income families with children, with at least 10% or more of the LIHTC units being three bedroom units or larger? Yes No

Number of units that are three bedroom or larger: \_\_\_\_\_

To receive the points in this category, each of the targeted units must have at least a net of 1,000 square feet of living space for three bedroom units or 1,100 for four bedroom units **(2 points)** and a minimum of 1 ¾ bathrooms. The development’s LURA will reflect this targeting.

**SENIOR DEVELOPMENT:**

Will the development be reserved for elderly tenants? Yes No If Yes, Age 55+ Age 62+

The applicant must certify that the following requirements will be met by checking the following:

- Units will meet the minimum square footage of 650 square feet for a one bedroom units and 800 square feet for a two bedroom unit.
- The development will include handrails along steps and common areas, grab bars in bathrooms, routes that allow for barrier-free access, lever-type doorknobs, single-lever faucets and elevators for developments with more than two stories.
- The development is located on a suitable site that is within reasonable walking distance of basic services or has adequate access to public transportation.
- The units will be restricted to seniors who qualify for an exception of exemption under the Fair Housing Act.

Note: The Fair Housing Act prohibits discrimination against families with children. However, it exempts from this prohibition certain types of elderly housing. The exemption applies to “62 or over projects” and “55 and over projects,” each of which must meet particular standards. The former requires that all units in a development be restricted to tenants who are at least 62 years of age. The latter requires that at least 80% of the units in a development have at least one resident who is at least 55 years of age and that the development have “policies and procedures” which make it clear that the development is for senior tenants. **(2 points)**

**MIXED INCOME DEVELOPMENT:**

Will the development include at least 10% of the units for market rate tenants? Yes No

- Check the appropriate box:
- At least 10% of the units are market rate **(1 point)**
  - At least 15% of the units are market rate **(2 points)**
  - At least 20% of the units are market rate **(3 points)**



**DESIGN STANDARDS:**

A maximum of 12 points are available in this category.

Please check the following design standards that apply to the proposed development.

*In addition, attach a certification from the development architect that the design standards will be met as **Exhibit 202**.*

- Development will be designed in accordance with the Nebraska “Green Built Home Program” (For additional information, visit [http://www.neo.ne.gov/home\\_const/worksheet\\_g1-06.pdf](http://www.neo.ne.gov/home_const/worksheet_g1-06.pdf)) **(5 points)**
- OR**
- Development will include a geothermal (ground source), closed loop heat pump system.
- Buildings will have brick or stone exterior finish material in excess of 25% of the exterior wall surfaces on the whole elevation of the building. **(2 points)**
- Development will have significant landscaping on street-visible elevations. *Attach a proposed landscape plan detailing the plant and tree types and sizes, as well as their location in **Exhibit 202**.* **(2 points)**
- Development will meet the Secretary of the Interior’s Standards for Rehabilitation as interpreted by the National Park Service. (For additional information, visit <http://www.cr.nps.gov/hps/tps/tax/rehabstandards.htm>) **(2 points)**
- 20% or more of the units will meet the “visitability” design standards as defined by the Nebraska Assistive Technology Partnership. (For additional information, visit <http://www.atp.ne.gov/pages/resources-house.html>) **(2 points)**
- Buildings will include exterior additions, such as pre-finished shutters, decorative exterior finishes, patio/porch fencing or additional decorative trim. **(1 point)**
- The roofing and siding of all buildings exceed the relevant standards set by the American Society for Testing and Material (ASTM). **(1 point)**

Note: Failure to fulfill the commitment to provide any of the above design standards will result in the revocation of LIHTC.

**DENSITY CONFIGURATIONS:**

Please check any of the following that apply to the proposed development.

- Density configuration is 12 units or less per acre (1 acre equals 43,560 sq. ft.) **(1 point)**
- Density configuration is 12 units or less per acre and all buildings do not exceed two stories and each unit includes a separate outside entrance. **(2 points)**

**SMALL COMMUNITY:**

The development is located in a community with a total population of 5,000 or less:

- Yes  No **(3 points)**
- If Yes, please list the total population of the community: \_\_\_\_\_

**ECONOMIC DEVELOPMENT CERTIFIED COMMUNITY:**

Is the development located in an Economic Development Certified Community by the Nebraska Department of Economic Development: Yes No (2 points)

**TRACK RECORD:**

Number of previous LIHTC developments: \_\_\_\_\_  
Primary role in development: \_\_\_\_\_ (1 point)

*Include a list of developments, detailing name and location, number of units, and number of years owned as Exhibit 203.*

Developers\Owners with unfavorable prior performance as determined solely in NIFA's\NDED's opinion may not qualify for points in this category.

**PHA REFERRAL AGREEMENT:**

The development Owner has entered into an agreement with the local Public Housing Authority (PHA) to consider households from the PHA waiting list as potential tenants: Yes No (1 point)

*Attach a copy of the agreement as Exhibit 204.*

Note: A sample agreement is included in the Exhibit Examples. The agreement must be dated within 12 months of the final application deadline. If the community does not have a PHA, the Owner may utilize the nearest PHA or the office responsible for administering the Section 8 program.

**RESIDENTIAL PROVIDER REFERRAL AGREEMENT:**

The development Owner has entered into an agreement with a local supportive service provider and/or a Medicaid-enrolled provider authorized through the Nebraska Health and Human Services as a regional network provider that offers services to persons with physical or mental disabilities: Yes No (1 point)

*Attach a copy of the agreement as Exhibit 205.*

Note: A sample agreement is included in the Exhibit Examples. The agreement must be dated within 12 months of the final application deadline.

**OWNER FINANCIAL SUPPORT:**

A partner\member of the development agrees to defer payment of a fee payable by the development or a partner\member agrees to make a capital contribution to the development: Yes No

Aggregate of deferred fees and\or capital contribution equals between 5%-10% of the total cost of the development. (1 point)

Aggregate of deferred fees and\or capital contribution is more than 10% of the total cost of the development. (3 points)

Note: This financial support must be in addition to any personal loans, any proceeds of the syndication of the LIHTC, and/or third party loans. This commitment of financial support must be part of the sources and uses of funds at all review levels to receive points in this category.

**LOCAL CONTRIBUTION:**

The developer\owner will make a cash contribution of at least \$10,000 to a local or regional community-based 501(c)(3) or 501(c)(4) organization OR a local public housing authority that evidences the fostering of affordable housing in its mission\by-laws. **(2 points)**

Yes  No

If Yes, identify the community-based organization or public housing authority: \_\_\_\_\_

NOTE: This contribution must be in addition to any Owner Financial Support shown above and can **NOT** be contributed to an organization that is part of the Ownership Entity. Evidence of the contribution will be required at the time of the cost certification if the development is awarded LIHTC's.

*Attach a copy of the community-based organization's or public housing authority's mission statement and by-laws as **Exhibit 206.***

**AMENITIES:**

A maximum of 8 points are available in this category.

Please check the following amenities that will be included in the proposed development.

*In addition, attach a certification from the development architect that the amenities will be included as **Exhibit 207.***

- On-site furnished community room with a minimum of 600 square feet **(2 points)**
- Washer and dryer installed and maintained in each unit **(2 points)**
- Garage for each unit (n/a if points awarded for carports) **(2 points)**
- Washer and dryer hook-ups in each unit (n/a if points awarded for installed in each unit) **(1 point)**
- Community laundry room (n/a if points awarded for installed in each unit) **(1 point)**
- Covered parking (carport) (n/a if points awarded for garages) **(1 point)**
- Dishwasher in each unit **(1 point)**
- Designated exterior playground area with sufficient equipment for usage by all units **(1 point)**

OR

- Individual playground equipment for each unit in CROWN developments **(1 point)**
- High-speed internet access and service **(1 point)**
- Electronic security system for exterior doors **(1 point)**
- Storage area for each unit that is an enclosed and secure space. **(1 point)**

(Minimum size: 6w x 6d x 8h = 288 cubic feet. Closets in bedrooms are not eligible)

**DIFFICULT TO HOUSE POPULATION:**

The development will provide a specified percentage of the units equipped for persons with special needs, such as physical and/or mental disabilities.  Yes  No

If Yes, the percentage of units that will serve persons with special needs:

- 75% to 100% of the units will serve persons with special needs **(6 points)**
- 50% to 74% of the units will serve persons with special needs **(4 points)**
- 20% to 49% of the units will serve persons with special needs **(2 points)**

*In addition, attach the following as **Exhibit 208:** certification from development architect stating the number of units that will be designed to meet the American National Standards for buildings and facilities providing accessibility and usability for persons with disabilities and an executed agreement with a local service provider with the demonstrated capacity to provide on-site supportive services.*

### Difficult to House Population Cont.

Note: "Equipped" means features that make the units fully usable to such persons will be installed in the units at the time of construction or provisions have been included in construction for easy modification to meet the standards.

Supportive services may target one or more of the following:

- Homeless or displaced individuals or families eligible under IRC Section 42 who lack a fixed, regular, and adequate nighttime residence.
- Persons with physical disabilities (which may include vision impairment, hearing impairment, etc.) manual disabilities or speaking disabilities, in each case which result in a functional limitation in access to and use of a building or facility (housing for the physically disabled must be accessible, not merely adaptable).
- Adults with developmental disabilities as defined in NEB. REV. STAT. § 83-1205.
- Adults who (1) have been committed to the State for mental health services, (2) have a serious mental illness or (3) have a substance abuse problem, have received primary treatment for such problem and who are in recovery.
- Other special needs populations (specify).

Services may include, but are not limited to the following:

- Hiring a full-time social service coordinator. If a social service coordinator is provided through a third party, an executed agreement between the two parties must be submitted, and the coordinator must be dedicated to the LIHTC development for at least 20 hours a week.
- Providing child care services either on-site or linked to outside child care centers.
- Providing health care services either on-site or linked with a local health care provider.
- Providing job training programs on-site or linked with a local training center.
- Providing personal care and/or housekeeping services on-site.
- Providing at least one congregate meal on-site.
- Providing adult day-care services.
- Providing transportation services for the tenants.
- Providing services targeted to adults with a behavioral health disorder (per NEB. REV. STAT. § 71-804(2), behavioral health disorder means mental illness or alcoholism, drug abuse, problem gambling or other addictive disorder). Services in this category can be medical treatment and/or services designed to promote recovery. Medical treatment includes services to prescribe, administer and monitor psychiatric and other medications. Recovery services include day rehabilitation, community support, residential rehabilitation, assertive community treatment and other related services.

Supportive services may range across a wide continuum of care (such as meal preparation, assistance with housecleaning, etc.) to a high level (such as substance abuse and mental health supports) to medically intense (such as skilled nursing) and can vary from tenant to tenant depending on their particular physical, psychosocial and/or mental limitations and may vary for each tenant over time. Each special-needs tenant need not utilize all of the services provided by the development; however, the services must be available to all tenants. If tenants are not utilizing the services that are available, NIFA/NDED may question whether or not the development is serving a special-needs population. Supportive services targeted to adults with a behavioral health disorder need to emphasize beneficial treatment outcomes and recovery, with appropriate individualized treatment planning.

**QUALIFIED CENSUS TRACT:**

Is the proposed development located in a Qualified Census Tract? Yes No

**(1 point)**

If "Yes", please identify the county: \_\_\_\_\_ and census tract number: \_\_\_\_\_

*Attach a letter from the highest governmental body stating that the development contributes to a concentrated community revitalization plan and attach a copy of the plan as **Exhibit 209**.*

**QUALIFIED CENSUS TRACTS BY COUNTY:**

Following are the Department of Housing and Urban Development statutorily mandated Qualified Census Tracts for IRC Section 42.

Douglas	3.00	5.00	6.00	7.00	8.00
	11.00	12.00	16.00	19.00	20.00
	27.00	29.00	32.00	39.00	40.00
	50.00	51.00	52.00	53.00	54.00
	59.01	59.02	60.00	61.01	
Sarpy	103.02				
Lancaster	4.00	5.00	6.00	7.00	8.00
	17.00	18.00	19.00	20.00	35.00
Buffalo	9696.00				
Burt	9401.00				
Keya Paha	9754.00				
Knox	9671.00				
Scotts Bluff	9537.00				
Thurston	9402.00				

**MANAGEMENT QUALIFICATIONS, EXPERIENCE, AND AGREEMENT:**

Please list the management company \ agent for the development: \_\_\_\_\_

Number of years of experience managing LIHTC properties: \_\_\_\_\_

**(1 point)**

*Attach a copy of the proposed management agreement and evidence of the management company's attendance at the 2007 NIFA-sponsored annual LIHTC Compliance Training as **Exhibit 210**.*

NOTE: Management entities with unfavorable prior performance, as determined in NIFA's sole discretion, may not qualify for a point in this category.

**E. OTHER SELECTION CRITERIA EXHIBIT CHECKLIST**

<u>Other Selection Criteria</u>	<u>Exhibit</u>	<u>Points Available</u>	<u>Score</u>
Compliance & Extended Use Periods	No	1, 2, or 3	_____
Right of First Refusal	No	2	_____
Eventual Tenant Homeownership	Exhibit 200 – Homeownership Plan	2	_____
Development Characteristics	Exhibit 201 – Letter from mortgage institution	2 or 3	_____
Unit Mix	No	2	_____
Senior Development	No	2	_____
Mixed Income Development	No	1, 2, or 3	_____
Design Standards	Exhibit 202 – Architect certification	Max = 12	_____
Density Configuration	No	1 or 2	_____
Small Community	No	3	_____
Track Record	Exhibit 203 – List of developments	1	_____
PHA Referral Agreement	Exhibit 204 – PHA Referral Agreement (See Exhibit Examples)	1	_____
Residential Provider Referral Agreement	Exhibit 205 – Residential Provider Referral Agreement (See Exhibit Examples)	1	_____
Owner Financial Support	No	1 or 3	_____
Local Contribution	Exhibit 206 – Mission statement & by-laws	2	_____
Amenities	Exhibit 207 – Architect certification	Max = 8	_____
Difficult to House Population	Exhibit 208 – Architect certification & supportive services agreement	2, 4, or 6	_____
Qualified Census Tract	Exhibit 209 – Letter from highest governmental body & revitalization plan	1	_____
LIHTC Management Plan, Qualifications, Experience, and Agreement	Exhibit 210 – Proposed management agreement & evidence of attendance at 2007 NIFA-sponsored annual LIHTC compliance training	1	_____
<b><u>In addition to the above scoring, all applications will be scored by NIFA \ NDED on the following criteria.</u></b>			
<b><u>For a description of the criteria, please refer to page 29.</u></b>			
<u>NIFA \ NDED Scored Criteria</u>	<u>Points Available</u>		
Threshold Criteria Met	1 or 2		
Supportive Services	Up to 3		
Targeting Gross Rents to Lower Levels	Up to 10		
Efficient Housing Production	Up to 12		
Efficient Use of HOME Funds (for developments applying for HOME)	Up to 3		
State Assessment / Housing Shortage	Up to 5		
Natural Disaster Designation	2		
Point Deductions	Up to Negative 20		

**YOUR APPLICATION IS COMPLETE!**

**PLEASE ATTACH EXHIBITS FOLLOWING THIS PAGE.**

**F. DESCRIPTION OF EXHIBITS (DO NOT SUBMIT THIS SECTION WITH APPLICATION)**

<b><u>EXHIBIT 100 – ARCHITECTURAL PLANS</u></b>	
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<ol style="list-style-type: none"> <li>1. Provide preliminary architectural drawings to include <u>all</u> plot plan(s), elevation drawings (front, rear, and side), and schematic floor plans of the various unit sizes.</li> <li>2. In addition, <u>provide a signed certification from the Architect</u> that confirms that the development will be constructed in accordance/compliance with: <ol style="list-style-type: none"> <li>(i) The applicable local energy conservation code, or, if no such code is applicable, then in accordance with the 2003 International Energy Conservation Code.</li> <li>(ii) Local Codes <u>or</u> Uniform Building Code, International Residential Building Code, National Building Code Standard Building Code <u>or</u> Council of American Officials one- or two-family code <u>or</u> minimum property standards at 24 CFR 200.925 (for multi-family) <u>or</u> 200.926 (for one- and two-unit dwellings)</li> <li>(iii) If applying for HOME Funds, <u>for rehabilitation</u>: The development will meet or exceed the <u>NDED rehabilitation standards</u>, and local code requirements or Uniform Building Code, International Residential Building Code, National Building Code Standard Building Code <u>or</u> Council of American Officials one- or two-family code <u>or</u> minimum property standards at 24 CFR 200.925 (for multi-family) or 200.926 (for one- and two-unit dwellings). The <u>NDED rehabilitation standards</u> can be found at: <a href="http://crd.neded.org/housing/home_manual.htm">http://crd.neded.org/housing/home_manual.htm</a></li> </ol> </li> </ol> <p><i>NOTE: Material changes to the floor plan(s) without prior approval of NIFA could result in cancellation of the reservation or allocation of LIHTC.</i></p>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 101 – FAIR HOUSING ACT &amp; SECTION 504</u></b></p> <ol style="list-style-type: none"> <li>1. Provide a <u>signed certification from the Architect</u> that confirms that the development will be constructed in accordance/compliance with: <ol style="list-style-type: none"> <li>(i) The Fair Housing Act Amendments of 1988; consideration being given to the accessibility/adaptability of units to handicapped occupancy.</li> <li>(ii) If applying for HOME funds, Section 504 accessibility requirements are applicable to the development. Describe what Section 504 requirements apply to the project and how they will be met and/or exceeded. Information regarding Section 504 accessibility requirements can be found at: <a href="http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html">http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html</a></li> </ol> </li> </ol>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 102 – AFFIRMATIVE MARKETING PLAN</u></b></p> <ol style="list-style-type: none"> <li>1. Provide an Affirmative Marketing Plan that includes requirements and procedures with the following elements: <ol style="list-style-type: none"> <li>(i) Methods for informing the public, owners, and potential tenants about fair housing laws and the property owner’s policies. For example, this</li> </ol> </li> </ol>	

<p>covers the use of the fair housing logo or equal opportunity language in marketing materials;</p> <ul style="list-style-type: none"> <li>(ii) A description of how the owner(s) will affirmatively market the development.</li> <li>(iii) A description of what the owner(s) will do to inform persons of the fair housing policies and availability of units to persons that are not likely to apply for housing if there were no special outreach efforts;</li> <li>(iv) Maintenance of records to document actions taken to affirmatively market the development and to assess marketing effectiveness; and</li> <li>(v) Description of how affirmative marketing efforts will be documented.</li> </ul>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 103 – SITE CONTROL</u></b></p> <p>Provide evidence of site control in the form of one of the following eligible forms (if multiple sites, the applicant must have control of <u>each site</u> making up the single Development).</p> <ul style="list-style-type: none"> <li>1. Exhibit 103 must also include a legal description and evidence of current fee ownership (e.g. a copy of the current seller’s recorded deed or a valid title commitment confirming Seller’s ownership).</li> <li>2. The expiration of any purchase/option agreement must not occur until at least <b>90 days</b> after the deadline for submitting the <b>final</b> application. (Note: not the threshold deadline).</li> </ul> <p><u>Eligible Types of Site Control:</u></p> <ul style="list-style-type: none"> <li>a. A valid contract/option to purchase the land (and building(s), if any) between the seller (who must be the current fee owner) &amp; the Owner, its general partner or an affiliated entity.</li> <li>b. Executed disposition and development agreement with a public agency. (Example: city owns the land (and building(s), if any) and has a transfer agreement with the Owner).</li> <li>c. Signed and recorded long term land lease (with a minimum term of 50 years) in a form acceptable to NIFA\NDED with evidence that the lessee owns the land.</li> <li>d. Recorded Warranty Deed in the name of the Owner, its general partner or an affiliated entity.</li> </ul>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 104 – SITE VISIT REVIEW AND APPROVAL</u></b></p> <ul style="list-style-type: none"> <li>1. If applying for HOME funds from NDED, a site visit review must be requested in writing to Paula Rhian via email at <a href="mailto:paula.rhian@ded.ne.gov">paula.rhian@ded.ne.gov</a> at least 45 days prior to the current application deadline. Please attach a copy of the NDED Site Visit Review as Exhibit 104.</li> <li>2. If not applying for HOME funds, a site review is not required.</li> </ul>	<p>Points Available: 1</p>



<b><u>EXHIBIT 105 – ZONING</u></b>		
1. Provide a letter from the appropriate local governmental body dated within 12 months of the deadline for submitting the final application indicating the development’s status in relation to local zoning requirements for the proposed number and type of units or provide building permit(s). A form of Letter is included as Exhibit 105 in the Exhibit Examples.		
(i.) Development meets all local zoning requirements, including the proposed number and type of units, or provide building permits.		Points Available: 2
(ii.) If the development is not subjected to municipal zoning ordinances, then the Owner must supply NIFA\NDED with written documentation from the appropriate local governmental official, stating the proposed development can be built per the current governing land use regulations, subject only to review of final plans and specifications.		Points Available: 2
(iii.) If the development is currently a legal nonconforming use, as per zoning regulations, then the Owner must have the zoning administrator’s explicit evaluation that a conditional use permit, building permit or final approval will be obtained within <b><u>180 days</u></b> of the LIHTC reservation.		Points Available: 1
<b><u>EXHIBIT 106 – UTILITIES</u></b>		
1. For new construction, provide a letter from the appropriate local utility provider(s) indicating that applicable utilities are available <u>and</u> adequate to serve the development (water, sewer, electric, gas, as applicable). Building permits are acceptable evidence.		
2. For rehabilitation developments:		
(i.) Provide copies of current utility bills/receipts indicating the availability of services are also acceptable.		Points Available: 1
(ii.) NIFA\NDED will also require written confirmation from the development’s engineer that the existing utilities either require no upgrades, or that upgrades are required with an explanation detailing the nature and extent of necessary upgrades as appropriate.		
<b><u>EXHIBIT 107 – SUBSIDIES\PUBLIC FUNDS</u></b>		
1. Provide copies of all relevant documents, including the amount and terms of any committed funds. If multiple funding sources (i.e. HOME, FHLB, TIF) are included in the development, NIFA\NDED will score based upon the resource that has the least level of readiness and commitment.		
(i.) No subsidies\public funds are anticipated for the development.		Points Available: 3
(ii.) All anticipated subsidies\public funds are evidenced by firm commitments or awards (in the case of historic rehabilitation tax credits, a fully executed Part I or evidence that the development is listed on the National Historic Register).		Points Available: 3
(iii.) All anticipated subsidies\public funds <u>have been properly applied for</u> , and an acknowledgement letter has been provided by the subsidy provider(s). (If applying for HOME funds from NDED as part of this application, no further acknowledgement is required).		Points Available: 2
(iv.) All anticipated subsidies\public funds <u>have been discussed with all proper authorities</u> , and such discussions have been acknowledged in writing by all subsidy provider(s).		Points Available: 1

<p><b><u>EXHIBIT 108 – SYNDICATOR LETTER OF INTEREST</u></b></p> <ol style="list-style-type: none"> <li>1. Attach and label as Exhibit 108, a syndicator commitment or letter of interest for the development which includes the following: <ol style="list-style-type: none"> <li>(i.) Confirmation that the development’s pro forma financial statement, other financial projections and LIHTC assumptions meet or exceed the investor’s underwriting guidelines.</li> <li>(ii.) The assumptions made by the investor in connection with the commitment\letter of interest for the development.</li> </ol> </li> </ol> <p><b>NOTE: The commitment or letter of interest must not expire until at least 6 months after the deadline for submitting the final application, and an executed syndication agreement will be required within 90 days of the date of the conditional reservation.</b></p>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 109 – CONSTRUCTION \ INTERIM FINANCING</u></b></p> <ol style="list-style-type: none"> <li>1. Provide fully executed copies of all financing interest/commitment letters from bona fide lending institutions. Construction/interim financing must cover all financing needs not covered by equity contributions, grants, permanent financing or other funding sources; and be adequate to complete construction.</li> <li>2. Construction/Interim Financing Commitments and Letters of Interest must contain the amount of financing, the term of the loan, the interest rate, the amortization period of the loan and the proper signatures of all parties. An example form of Financing Commitment is included in the Exhibit Examples.</li> </ol>	
<ol style="list-style-type: none"> <li>(i.) Construction/Interim Financing Commitments or Letters of Interest, for the entire construction/acquisition/rehabilitation financing amount, binding upon the lender(s) for at least six months after the application is submitted for the final application deadline.</li> </ol>	<p>Points Available: 1</p>
<ol style="list-style-type: none"> <li>(ii.) The applicant intends to finance all of the construction/rehabilitation costs from its own resources. To qualify for these points, the applicant must provide a third-party verification or a notarized letter stating that it was signed under penalty of perjury that such resources are (A) available and (B) committed solely to finance the development.</li> </ol>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 110 – PERMANENT FINANCING</u></b></p> <ol style="list-style-type: none"> <li>1. Provide fully executed copies of all financing interest/commitment letters from bona fide lending institutions. Permanent financing must cover all financing needs not covered by equity contributions, grants or other funding sources; and must be adequate to achieve the minimum debt service coverage ratio required by NIFA\NDED, the lender and syndicator.</li> <li>2. Permanent Financing Commitments and Letters of Interest must contain the amount of financing, the term of the loan (Note: term must be for a minimum of 15 years), the interest rate, the amortization period of the loan and the proper signatures of all parties. An example form of Financing Commitment is included in the Exhibit Examples.</li> </ol>	

(i.) Permanent Financing Commitments, for the entire permanent financing amount, binding upon the lender(s) for at least six months after the application is submitted for the final application deadline.	Points Available: 2
(ii.) The applicant intends to finance all of the development costs from its own resources. To qualify for these points, the applicant must provide a third-party verification or a notarized letter stating that it was signed under penalty of perjury that such resources are (A) available and (B) committed solely to finance the development.	Points Available: 2
(iii.) Letters of Interest, for the entire permanent financing amount.	Points Available: 1

**EXHIBIT 111 – UNDERWRITING CRITERIA**

1. The pro forma operational statement must provide that the development will be financially viable for a minimum of 15 years. NIFA and/or NDED reserves the right to adjust the pro forma to reflect economic and/or market conditions as they deem appropriate. The pro forma must satisfy the following requirements:
  - a. Must be consistent with the spreadsheets completed in Exhibit 9.
  - b. Show the value of in-kind or donated services as both income and expense.
  - c. Show any cash flow distribution after debt service including partnership distributions, payment of any deferred developer fees, incentive management fees, and any repayment of hard and soft-debt (to including HOME funds).
  
2. Applicant should prepare the pro forma in accordance with the following minimum underwriting guidelines:

<b>Minimum Underwriting Guidelines</b>		
	LIHTC Only	LIHTC with HOME Funds
Replacement Reserves (per unit, per year)	\$250	\$350
Operating Reserves (debt service + operating expenses)	Consult lender(s) & syndicator	8 months
Vacancy Rate	7%	7%
Revenue Escalator (maximum allowed)	2%	2%
Expense Escalator (minimum required)	3%	3%
Debt Service Coverage Ratio	1.15	1.15

3. The pro forma operating statement must show that, for the first full year after construction completion, the development will achieve a debt service coverage ratio of:

(i.) 1.20 or higher	Points Available: 2
(ii.) No permanent hard debt service	Points Available: 2
(iii.) Between 1.15 and 1.19	Points Available: 1

<p><b><u>EXHIBIT 112 – MARKET STUDY</u></b></p> <p>1. IRC Section 42 requires a comprehensive market study of the housing needs within the community in which the development will be located. A description of information required to be included in the market study is set forth in the Exhibit Examples labeled Exhibit 112.</p>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 113 – PRE-NOTIFICATION</u></b></p> <p>1. Provide a copy of the letter(s) submitted to the chief executive officer (or its designee) for each applicable local jurisdiction. The letter must describe the following characteristics of the Development: a) the Development’s configuration (i.e. number of units, bedroom types); b) density; c) planned use; d) intent to apply for LIHTC.</p> <p>2. Provide a confirmation of receipt, for each pre-notification. Confirmation can be evidenced by either certified mail receipt, overnight mail receipt or a confirmation letter from the appropriate official’s office.</p>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 114 – CAPITAL NEEDS ASSESSMENT</u></b></p> <p>1. If the development involves the rehabilitation of existing building(s), the application needs to include a capital needs assessment (a “CNA”) for the building(s). A description of information required to be included in the CNA is set forth in the Exhibit Examples.</p> <p>2. If the development does not involve rehabilitation of an existing building(s), a CNA is not required.</p>	<p>Points Available: 1</p>
<p><b><u>EXHIBIT 115 – TEN YEAR RULE</u></b></p> <p>1. If the development involves the acquisition of an existing building(s) and is requesting acquisition credits, provide a legal opinion from an attorney that the Ten Year Rule requirements are met or evidence of an IRS waiver.</p> <p>2. If the development is not requesting acquisition credits or the development does not involve the acquisition of an existing building(s), a legal opinion is not required.</p>	<p>Points Available: 1</p>

**ALL APPLICATIONS MUST SCORE IN EACH OF THE ABOVE THRESHOLD CRITERIA TO RECEIVE FURTHER CONSIDERATION BY NIFA AND/OR NDED.**

## G. NIFA \ NDED -SCORED CRITERIA

### 1. Threshold Criteria Met

- (i.) One point will be awarded if the entire completed application, including all Exhibits as set forth on pages 13-14, is provided on the due date specified in the Qualified Allocation Plan for the Threshold Review. As part of this review, NIFA will provide technical assistance and feedback regarding any deficiencies in threshold requirements only.
- (ii.) Two points will be awarded if the entire completed application, including all Exhibits as set forth on pages 13-14, is provided on the due date specified in the Qualified Allocation Plan for the Threshold Review and the application meets all of the threshold requirements.

Points Available:  
0, 1, or 2

### 2. Supportive Services

- (i.) Up to three points can be awarded if documentation is provided that the Owner has a plan with a qualified supportive services provider to provide supportive services that are not otherwise available to the tenants. The identified services must be tailored to the needs of the development's target population. Further, if the services will not be provided on site, a plan detailing the transportation of tenants to and from the service provider must be included for a point to be awarded in this category.
- (ii.) The supportive services may include, but are not limited to:
- Hiring a full time social service coordinator. If a supportive social service coordinator is being provided through a third party, an executed agreement between the parties must be submitted, and the coordinator must be dedicated to the development for at least 20 hours a week.
  - Providing child care services either on site or linked to outside child care centers.
  - Providing health care services either on site or linked with a local health care provider.
  - Providing job training programs on site or linked with a local training center.
  - Providing personal care and/or housekeeping services on site.
  - Providing at least one congregate meal on site.
  - Providing adult day care services.
- (iii.) Supportive services range across a wide continuum of care (such as meal preparation, assistance with housecleaning, etc.) from a high level (such as substance abuse and mental health supports) to medically intense (such as skilled nursing) and can vary from tenant to tenant depending on their particular physical, psychosocial and/or mental limitations and may vary for each person over time.

Points Available:  
Up to 3

<p>(iv.) The supportive services will be evaluated based upon the following:</p> <ul style="list-style-type: none"> <li>• The terms of the supportive service agreement.</li> <li>• Independent financing of fees to pay for the supportive services.</li> <li>• The experience of the supportive service provider.</li> <li>• The importance of the supportive service in enhancing a tenant’s standard of living.</li> <li>• The supportive service agreement will be incorporated into the LURA. A fully executed agreement with a supportive services provider memorializing the terms of the supportive services plan will be due within 90 days of the date of the conditional reservation.</li> </ul>	
<p><b>3. Targeting Gross Rents to Lower Levels</b></p> <p>(i.) Up to 10 points may be awarded based upon the depth of the targeted gross rent levels for the development in comparison to other applicants in the current round. To receive points an applicant must either have the gross rent amounts for all LIHTC units in the development combine to an average amount affordable for an income level at or below 55% of the county’s area median income. NOTE: Applicants must agree to have the development rents bound by the stated targeted percentage on the application form for the duration of the compliance period which will be incorporated in the LURA.</p>	<p>Points Available: Up to 10</p>
<p><b>4. Efficient Housing Production</b></p> <p>(i.) The development represents an efficient production of housing. Up to 12 points will be awarded when comparing current applicants, in a measure of the quality of effort made to minimize development costs, and leverage funding sources in the production of affordable housing. Development cost per bedroom (up to 4 points); development cost per square foot (up to 4 points) and LIHTC per occupant (up to 4 points) are within reasonable limits as compared to local and national standards.</p>	<p>Points Available: Up to 12</p>
<p><b>5. Efficient Use of HOME Funds (for developments applying for HOME funds)</b></p> <p>(i.) The development represents an efficient use of HOME funds. Up to 3 points will be awarded when comparing current applicants requesting both LIHTC and HOME in a measure of HOME funds per occupant.</p>	<p>Points Available: Up to 3</p>
<p><b>6. State Assessment / Housing Shortage</b></p> <p>(i.) Based solely upon NIFA’s statewide assessment of communities, up to five points may be awarded to Developments in communities with low-income housing shortages as determined by NIFA.</p>	<p>Points Available: Up to 5</p>

## 7. Natural Disaster Designation

- (i.) Two points will be awarded to developments located communities that, at any time during the past five (5) years, have been designated as natural disaster areas, pursuant to a State or Presidential Disaster Declaration. Points will be awarded only if it is demonstrated that the natural disaster resulted in the loss of housing in the community.

Points Available: 2

## 8. Point Deductions

- (i.) Points may be deducted if the proposed development includes, but is not limited to:
- a. Persons who have an undisclosed or conflicting identity of interest.
  - b. The applicant's existing developments have reoccurring events of uncorrected noncompliance. Note: Significant events of noncompliance in NIFA's discretion could result in removal of an application from consideration.
  - c. Failure to pay fees.
  - d. Involvement in a foreclosure or deed in lieu of a foreclosure within past seven years.
  - e. An applicant's previous development received a reservation of LIHTC but did not meet the minimum 10% carryover requirement resulting in returned LIHTC.
  - f. An applicant's previous development was not placed-in-service by the close of the second calendar year in which the Carryover Allocation was made.

Points Available:  
Up to Negative 20

## H. FINAL RANKING

1. NIFA\NDED will rank each application according to the total number of points awarded in each of the Threshold, Other and NIFA-scored criteria. The results of the evaluation will be determined by NIFA\NDED in its discretion.
2. After evaluating and scoring all applications received for each application acceptance round, NIFA\NDED will utilize the following factors in determining which development will receive a LIHTC commitment if there is a tie between applications:
  - (i.) which serves the lowest-income tenants;
  - (ii.) which obligates the Owner to serve qualified tenants for the longest period of time;
  - (iii.) which application demonstrates the highest readiness to proceed with the development;
  - (iv.) which provides the most efficient usage of the LIHTC on a per-unit basis; and
  - (v.) which is located in a QCT and contributes to a concerted community revitalized plan.



## **OVERVIEW OF RANKING PROCESS – CONSIDERATIONS**

1. In reaching the final ranking of an application, NIFA will take into consideration the Owner's history of placing into service developments which have been awarded LIHTC in other states. NIFA may disqualify applications from applicants who are delinquent in payment of fees to NIFA (with respect to current or prior developments), who have previously failed to place into service developments which have received a Carryover Allocation or who have not fulfilled its obligation of any previously issued LIHTC commitment notice.
2. NIFA shall award LIHTC only in the amount needed based on the review of the development. The award of LIHTC or the determination of any allocation amount in no way represents or purports to warrant the feasibility or viability of the development by NIFA. NIFA will, from time to time, set a maximum amount of LIHTC that can be allocated to a development in an amount which it deems appropriate, given the demand for Nebraska's LIHTC and the relative proposed costs of currently competing development applications. No member, officer, agent or employee of NIFA shall be personally liable concerning any matters arising out of, or in relation to, the allocation of the LIHTC.
3. NIFA has the discretion to award additional points when scoring an application previously receiving an allocation of LIHTC when, upon re-application and re-award of LIHTC, the original allocation of LIHTC is returned to the authority and the following conditions are met:
  - (a) The original LIHTC allocation is determined to be inaccurate, as originally prepared, but was submitted in good faith; or
  - (b) The original LIHTC allocation requires development's modification due to community need; and
    - (i) The development is under construction, greater than 40% of the hard construction costs will be incurred by December 1st of the current year, and the costs are certified by an independent third-party certified public accountant or independent third-party attorney;
    - (ii) The rent AMI targeting will not exceed the originally proposed; and
    - (iii) The resubmitted development is requesting no more than a 115% of the original LIHTC allocation.
  - (c) All applications that do not receive a reservation of LIHTC in any given round will be considered in the next available Round in 2007 if:
    - (i) The applicant notifies NIFA, in writing, that it wants the development to be considered for LIHTC;
    - (ii) The development meets or exceeds the minimum threshold criteria established by NIFA;
    - (iii) Evidence is provided to NIFA showing that site control, financing commitments and any other required time-sensitive documents remain valid; and
    - (iv) There are no substantial or material changes to the original application.

NOTE: Should the IRS or the Department of the Treasury release rulings, notices or regulations that modify or change any of the information of this application, these rulings, notices or regulations will take precedence over the written material in Nebraska's LIHTC Allocation Plan and application. All information submitted to NIFA shall be kept confidential and shall not be available to any other applicant. Applicants will be given their scoring results upon request and may receive the scoring results of other developments on an anonymous basis.