

**NEVADA'S 2010 LOW-INCOME HOUSING TAX CREDIT  
PROJECT SPONSOR PREFERENCE POINT SELF-SCORING WORKSHEET**  
EFFECTIVE 3/15/10

Project Name \_\_\_\_

Project Location \_\_\_\_

Project Owner \_\_\_\_

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**Part One:** Project Scoring (see Project Scoring, Sections 26-33 of QAP) – Choose Project Type (One Category Only) The points are only for the project type selected in Part One and are not inclusive. See Section 15 of the QAP. **Maximum of 20 points.**

Individuals, Families w/Children	15 pts <input type="checkbox"/>	Eventual Tenant Ownership	10 pts <input type="checkbox"/>
Senior Housing	10 pts <input type="checkbox"/>	Acquisition/Rehab/Conversion Rehab only	10 pts <input type="checkbox"/>
Special Needs	10 pts <input type="checkbox"/>	Multiple Projects (same parcel)	10 pts <input type="checkbox"/>
Assisted Living Developments	20 pts <input type="checkbox"/>	Mixed Income Residential	10 pts <input type="checkbox"/>

**Part Two: Standard Scoring Factors (See Sections 16-25 of QAP). Maximum of 75 points.**

	Maximum Points Available	Points Claimed	Amount Claimed
Project Location	3	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Project Readiness	21	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Project Amenities	25	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Nevada Based Applicant	10	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Nevada Projects Out of State Developers	5	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Extended Compliance	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Landscape Water Efficiency	5	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Historic Character	3	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Green Building	11	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Negative Compliance	-20	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
		<b>POINTS</b>	_____

**Part Three: Special Scoring Factors, (See Sections 34-40 of QAP). Maximum of 47 points.**

	Maximum Points Available	Points
Rent Targeting	12	
Low Income Targeting	2	
Paid Utilities	5	
Supportive Services	8	
Lowest Developer Fee	5	
Lowest Contractor Fee	5	
Affordable Housing	10	
Incentives		
<b>Total Points</b>	<b>47</b>	

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**Total Maximum Points Allowed in the 2010 QAP: 142 (see attached)**  
**Application Total:**

## NOTICE

This Self-Scoring worksheet must accompany your application if Preference Points are being claimed in any category. Claimed Preference Points that lack sufficient supporting documentation will not be counted. (See Attachment 1A, Required Documentation to Qualify for Preference Points)

Date \_\_\_\_\_

\_\_\_\_\_  
Project Owner

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Signature

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
HOUSING DIVISION**

This is a uniform application package which will be used in conjunction with the various Housing Division multi-unit rental programs: 1) tax-exempt financing, 2) taxable financing, 3) financing through the General Reserve Trust Loan Program and/or 4) allocation of credits from the federal low-income housing tax credit program. All sections applicable to the particular type of program(s) must be completed in full. Failure to complete any section or omission of any documentation pertaining to the application could result in: 1) disqualification of tax credits application for a particular application cycle, or 2) a delay in processing of a bond financing or General Reserve Trust Loan.

NOTE: ALL SECTIONS MUST BE ADDRESSED. IF NOT APPLICABLE, SO STATE.

**THE 2010 ALLOCATION PLAN APPLICATION DEADLINE IS 5:00 p.m. May 7, 2010.** Please note: Pre-construction energy audits due within 30 days of application (For rehab and acquisition/rehab projects)

**Section 1 Project Identification**

Project Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State NV Zip Code \_\_\_\_\_

Are Preference Points for Project Location being claimed? Yes  No  QAP Section 16

Allocation Year **2010** Application Cycle **One** Application Closing Deadline: **May 7, 2010**

Date of Application \_\_\_\_\_ Real Estate Taxes \$ \_\_\_\_\_

Amount of Tax Credits Requested \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

**Sub-Section A- Application Type, Governmental Funding Source and Set-Aside/Geographical Apportionment**

Application for:  9% LIHTC  4% LIHTC with Federal Funds  Tax Exempt Bond/Tax Credit  
 New construction  Acquisition/Rehab

Governmental Funding:  HOME  General Revenue Trust  Local Authority  Other\*

Set Aside / Geographical Apportionment:  Non-Profit  USDA-RD  Clark Co.  Washoe Co.  Other\*

Project Redevelopment Area \_\_\_\_\_

Project Assigned to: (For Division Use Only) \_\_\_\_\_

Farmers Home Yes  No  Section 8 Yes  No  HOME Yes  No

Are these funds to be treated as Federal Funds? Yes  No

Minimum Set Aside **30 years** Additional Compliance Years \_\_\_\_\_ Total Restricted Use Years \_\_\_\_\_

Are Preference Points for Extended Compliance Period being claimed? Yes  No  QAP Section 21

RTC Yes  No  State Tax Credit Yes  No  Date of Extended Use Agreement \_\_\_\_\_

Is there an Identity of Interest? Yes  No  Are State or County Taxes to be abated? Yes  No

**Sub-Section B Rent Restrictions:** Is this a Mixed-Income project? Yes  No  If yes, Complete Exhibit 9

**Tax Credit Unit Covenants**

_____	% of units at rents/income of _____	_____	% of AAMI or Maximum rents of \$ _____
_____	% of units at rents/income of _____	_____	% of AAMI or Maximum rents of \$ _____
_____	% of units at rents/income of _____	_____	% of AAMI or Maximum rents of \$ _____
_____	% of units at rents/income of _____	_____	% of AAMI or Maximum rents of \$ _____
_____	% of units at rents/income of _____	_____	% of AAMI or Maximum rents of \$ _____

Are Preference Points for Lower Rent / Income Targeting being claimed? Yes  No  QAP Section 34 and 35

**Sub-Section C. Description and Site Information**

Number of Buildings \_\_\_\_\_ Tallest Building # of Floors \_\_\_\_\_ Elevators Yes  No  How Many? \_\_\_\_\_

Project Description:  Single Building, Multi-Family  Row/Townhouse  Detached Single Family  Duplex,  Triplex, or  Four-plex  Garden Apartment  Slab on Grade  Crawl Space  Partial Basement  Full Basement

Targeting of Units:

\_\_\_\_\_ Units for Individuals/Families w/Children \_\_\_\_\_ %

\_\_\_\_\_ Senior Housing \_\_\_\_\_ %

\_\_\_\_\_ Special Needs\* \_\_\_\_\_ %

\_\_\_\_\_ Assisted Living Developments \_\_\_\_\_ %

\_\_\_\_\_ Mixed Income Projects \_\_\_\_\_ %

\_\_\_\_\_ Eventual Tenant Ownership \_\_\_\_\_ %

\_\_\_\_\_ Acquisition / Rehab \_\_\_\_\_ %

\_\_\_\_\_ Multiple Projects Same Parcel \_\_\_\_\_ %

\*Special Needs Population(s) Targeted \_\_\_\_\_

Preference Points for Above Projects – see QAP Sections 26-33

\*\*Number and percentage of:

One bedroom \_\_\_\_\_ / \_\_\_\_\_ %, Two bedroom \_\_\_\_\_ / \_\_\_\_\_ %,

Three bedroom \_\_\_\_\_ / \_\_\_\_\_ %, Four bedroom \_\_\_\_\_ / \_\_\_\_\_ %, Other\* \_\_\_\_\_ / \_\_\_\_\_ %

Commercial Space- Does the project contain any commercial / retail space? Yes  No

Census Tract Number \_\_\_\_\_ QCT? Yes  No  DDA? Yes  No

State Senate District \_\_\_\_\_ State Assembly District \_\_\_\_\_ Congressional District \_\_\_\_\_ City District \_\_\_\_\_ N/A

Metropolitan Statistical Area Number \_\_\_\_\_

is the project part of an organized plan? Yes  No

Does the Sponsor/Owner have ownership of the land? Yes  No

Total Cost of Land \_\_\_\_\_ Size of the Site \_\_\_\_\_

(Acres or Square Footage)

Date of Purchase \_\_\_\_\_

Title Insurance Company \_\_\_\_\_

Title Officer \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Name of vested owner on Preliminary Title Report \_\_\_\_\_  
Name of Seller \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If the land is not owned by the project sponsor/ owner. Is it under site control Yes  No

If yes, control is in the form of: Deed  Option  Purchase Contract  Other\* \_\_\_\_\_

Expiration date of Contract or Option \_\_\_\_\_

Is site property zoned for the project?  Yes  No  
If no, is site currently in the process of rezoning?  Yes  No  
When is the zoning issue to be resolved? \_\_\_\_\_  
Are all utilities presently available to the site?  Yes  No  
If no, which utilities need to be brought to the site and how far? \_\_\_\_\_

Do you have the required permits?  Yes  No  
Are special use permits required?  Yes  No  
Is a site plan prepared?  Yes  No  
Will support services be provided?  Yes  No  
If yes, are they included in the rent?  Yes  No

Are Preference Points for Readiness to Proceed being claimed? Yes  No  QAP Section 17

**Sub-Section D Ownership Information**

Federal Tax ID # \_\_\_\_\_  
**(The Federal Tax ID # must be received prior to carryover)**

Owner/Sponsor \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Ownership \_\_\_\_\_  
Legal Status \_\_\_\_\_  
Non-Profit Status \_\_\_\_\_

Previous Low-Income Housing Experience

Project Name City/State	Allocating Agency	Amount of Allocation	Date of Allocation	Date Placed
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				In Service
#1				
#2				
#3				
#4				
#5				

\*Individual(s) authorized to act in an Official Capacity for the project owner/sponsor

*Developer	_____	Telephone number	_____
*General Contractor	_____	Telephone number	_____
*Management Company	_____	Telephone number	_____
Consultant	_____	Telephone number	_____
Tax Attorney	_____	Telephone number	_____
Tax Account	_____	Telephone number	_____
Architect	_____	Telephone number	_____
Seller of Land	_____	Telephone number	_____
Syndicator	_____	Telephone number	_____
Investors	_____	Telephone number	_____

\*Resumes must be submitted.

Please list any direct, financial or other interest a member of the development team may have with another member of the development team. List "none" if there are no identities of interest.

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Are Preference Points for Nevada based being claimed? Yes  No   
QAP Section 19 and NAC 319.989(4)

Are Preference Points for Nevada based project by out of State applicants being claimed? Yes  No   
QAP Section 20

**General Partner # 1 Information**

Federal Tax ID# \_\_\_\_\_ Percent \_\_\_\_\_ of \_\_\_\_\_ %  
Ownership

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**General Partner # 2 Information**

Federal Tax ID# \_\_\_\_\_ Percent Ownership \_\_\_\_\_ of \_\_\_\_\_ %

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Limited Partner Information**

Federal Tax ID# \_\_\_\_\_ Percent Ownership \_\_\_\_\_ of \_\_\_\_\_ %

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Non-Profit Organization Information**

Federal Tax ID# \_\_\_\_\_ Percent Ownership \_\_\_\_\_ of \_\_\_\_\_ %

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Non-Profit Determination** (Attach Exhibit 7)

Under the Low-Income Housing Tax Credit program to qualify for the nonprofit set-aside, the nonprofit general partner, applicant must materially participate in the development and operation of the project throughout the extended use period. Within the meaning of Internal Revenue Code 469(h), "a Non-Profit shall be treated as materially participating in an activity only if the Non-profit is involved in the operations of the activity on a basis which is regular, continuous, and substantial."

Type of exemption held? \_\_\_\_\_ Date of determination letter \_\_\_\_\_

Describe the Non-Profits participation in the development and operation of the project.

\_\_\_\_\_

List the names and title of the Board Members of the nonprofit organization.

\_\_\_\_\_

Identify the Non-Profit Organization's contact person responsible for this project.

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Sub-Section E**

**Applicable Fraction**

Project site size in \_\_\_\_\_ or square  
acres \_\_\_\_\_ footage \_\_\_\_\_

	Number of Units	Square Footage
Total Number of Buildings	_____	_____
Total Residential and Common Area	_____	_____
Total Commercial	_____	_____
Total Common Area	_____	_____
Employee Occupied Residential	_____	_____
Owner Occupied Residential	_____	_____
Total Residential	_____	_____
Rent Restricted Units	_____	_____
LIHTC Units	_____	_____
HOME Units	_____	_____
Project Based Assistance Units	_____	_____
HUD/FmHA Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Restricted Units	_____	_____
Market Rate Units	_____	_____

**Section 2 Tenant Utilities**

**Tenant Paid Utilities?** Yes  No

Are Preference Points for Project Paid Utilities being claimed? Yes  No  QAP Section 36

Source of Utility Allowance \_\_\_\_\_ Effective Date \_\_\_\_\_  
E= Electric, G= Natural Gas, P= Propane, LNG = Liquefied Natural Gas, O = Oil, S = Solar  
(Use all that apply)

Usage	Energy or Fuel Source	Number of Bedrooms	Monthly Allowance
Heating	_____	_____	_____
Air Conditioning	_____	_____	_____
Cooking	_____	_____	_____
Lighting	_____	_____	_____
Hot Water	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Trash	_____	_____	_____
Range	_____	_____	_____
Refrigerator	_____	_____	_____

Please note PHA or Utility allowance being used \_\_\_\_\_.

Appliances supplied in the unit. Check all applicable items.

- Range  
  Oven  
  Refrigerator  
  Disposal  
  Dishwasher  
  Air Conditioner  
 Kitchen exhaust fan  
  Washer & Dryer  
  Washer & Dryer hook-up  
  Other

If different than in market rate units please explain.

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**Section 3                      Unit Distribution and Rents**

Total number of Restricted Units                     
 Total number of Market Rate Units                     
 Total number of Common Use Units

Number of Bedrooms	Unit Count	Square Footage	Contract Rent	Mandatory Charges*	Utility Allowance	Gross Rents
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\*Mandatory Charges must be identified (Add addendum)

**Sub-Section A      Income Recap**

Rental Income	Monthly Rents	Annualized
Low-Income Housing Tax Credit Units	_____	_____
HOME Units	_____	_____
Project Based Assisted Units	_____	_____
Market Rate Units	_____	_____
Common Use Areas	_____	_____
 Rental Income Sub-Total	_____	_____
 Non-Rental Income		
Laundry Facilities	_____	_____
Garage/Parking	_____	_____
Other Income (identify the source)	_____	_____
_____		
 Non-Rental Income Sub-Total	_____	_____
 Totals	_____	_____
 Vacancy Factor	% Number of Parking Spaces in the Project	

**Section 4      Sources of Funds- All Information Needs to be completed**

**Sub-Section A              Construction Financing**

**Source Number 1**

Providers  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

Contact  
Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax  
Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment Date \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ % Percentage of Construction Funding \_\_\_\_\_ %  
LTC Ratio \_\_\_\_\_

**Source Number 2**

Providers Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  HOME  
 Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment Date \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ % Percentage of Construction Funding \_\_\_\_\_ %  
LTC Ratio \_\_\_\_\_



**Source Number 3**

Providers Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment Date \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ % Percentage of Construction Funding \_\_\_\_\_ %

LTC Ratio \_\_\_\_\_

**Source Number 4**

Providers Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_

Date \_\_\_\_\_  
 Interest Rate \_\_\_\_\_ % Percentage of Construction Funding \_\_\_\_\_ %  
 LTC Ratio \_\_\_\_\_

**Sub-Section B Permanent Financing- All information Needs to be Completed**

**Source Number 1** Market Interest Rate \_\_\_\_\_ %  
 Exclude Grants From Basis? Yes  No   
 Exclude Federal Sources From Basis? Yes  No

Providers Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment Date \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
 Interest Rate \_\_\_\_\_ % Terms in \_\_\_\_\_ Amortization Term \_\_\_\_\_  
 Years Loan Payment \_\_\_\_\_  
 LTC Ratio \_\_\_\_\_

Payment Frequency:  monthly  quarterly,  semi-annual,  annual,  at maturity  
 Amortization Begins in year \_\_\_\_\_ Interest is  paid  accrued  
 number \_\_\_\_\_

**Source Number 2** Market Interest Rate \_\_\_\_\_ %  
 Exclude Grants From Basis? Yes  No   
 Exclude Federal Sources From Basis? Yes  No

Providers Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  HOME  
 Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment Date \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
Interest Rate \_\_\_\_\_ % Terms in \_\_\_\_\_ Amortization Term \_\_\_\_\_  
LTC Ratio \_\_\_\_\_  
Years Loan Payment \_\_\_\_\_

Payment Frequency:  monthly  quarterly,  semi-annual,  annual,  at maturity  
Amortization Begins in year \_\_\_\_\_ Interest is  paid  accrued

**Source Number 3** Market Interest Rate \_\_\_\_\_ %  
Exclude Grants From Basis? Yes  No   
Exclude Federal Sources From Basis? Yes  No

Providers Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment \_\_\_\_\_ Principal \$ \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_  
 Interest \_\_\_\_\_ % Terms \_\_\_\_\_ Amortization Term \_\_\_\_\_  
 Rate \_\_\_\_\_ Years \_\_\_\_\_  
 LTC \_\_\_\_\_ Loan Payment \_\_\_\_\_  
 Ratio \_\_\_\_\_

Payment Frequency:  monthly  quarterly,  semi-annual,  annual,  at maturity  
 Amortization Begins in year \_\_\_\_\_ Interest is  paid  accrued  
 number \_\_\_\_\_

**Source Number 4** Market Interest Rate \_\_\_\_\_ %  
 Exclude Grants From Basis? Yes  No   
 Exclude Federal Sources From Basis? Yes  No

Providers  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact  
 Person \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Finance Source  Bond Financing  CDBG  Conventional  Federal  
 HOME  Local Government  Non-Qual/Non-Recourse  Owner Equity  
 Private  Other (Describe) \_\_\_\_\_

Finance Type  BMIR Loan  Balloon Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Insurance  
 Amortizing Loan  Manual Debt Service  Tax Deferral/Increments  
 Other (Describe) \_\_\_\_\_

Commitment \_\_\_\_\_ Principal Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_  
 Interest \_\_\_\_\_ % Terms \_\_\_\_\_ Amortization Term \_\_\_\_\_  
 Rate \_\_\_\_\_ Years \_\_\_\_\_  
 LTC \_\_\_\_\_ Loan Payment \_\_\_\_\_  
 Ratio \_\_\_\_\_

Payment Frequency:  monthly  quarterly,  semi-annual,  annual,  at maturity  
 Amortization Begins in year \_\_\_\_\_ Interest is  paid  accrued  
 number

**Sub-Section C Tax Credits**

Provide information below concerning syndication and estimated proceeds from sale of tax credits.

	Estimated Price	Percentage of Tax Credits	Anticipated Proceeds
Historic Rehabilitation Tax Credits:	_____	_____ %	\$ _____
Low-Income Housing Tax Credits:	_____	_____ %	\$ _____
<b>Total Proceeds</b>			<b>\$ _____</b>

**Section 5 Acquisition/Rehabilitation/Conversion of Existing Buildings**

Are Preference Points for Acquisition/Rehabilitation being claimed? Yes  No  QAP Section 32

How many buildings will be acquired for the project? \_\_\_\_\_

Are all the buildings currently under control for the project?  Yes  No

If no, how many buildings are under control for the project? \_\_\_\_\_

When will the rest of the buildings be under control for acquisition? \_\_\_\_\_

Address of Buildings Under Control	Type of Control	Expiration Date	Number of Units	Acquisition Cost

Attach additional sheet(s) if necessary

**Acquisition Projects need energy requirement and cost data completed and submitted with application.** (Section 12C(2) requires pre-rehab energy audit. Please attach Exhibit 11 of application or Attachment C and D of QAP)

**Sub-Section A Acquisition Information**

Provide the information listed below concerning the acquisition of building(s) for the project.

Building(s) acquired or to be acquired from  Related Party  Unrelated Party  
**(All must pass 10% test)**

Name, address and Identity of Related Party \_\_\_\_\_

Building(s) acquired or to be acquired with Buyer's Basis:

- Determined with reference to Seller's Basis
- Undetermined with reference to Seller's Basis

List below by building address, the date the building was placed in service, date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and date of acquisition. Attach additional sheet(s) if necessary.

Building Address	Original Placed In Service Date	Proposed Date Of Acquisition	Number of Years Between Placed in Service And Acquisition

**Sub-Section B                      Relocation Information**

Provide the following information concerning any relocation plans for the project.

Number of tenants involved \_\_\_\_

The total estimated cost of relocation \$ \_\_\_\_

The estimated date that the relocation will be complete \_\_\_\_

Name of the relocation  
coordinator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip

Code \_\_\_\_\_

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

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

Other pertinent information \_\_\_\_\_

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**Section 6 Cost and Uses**

<u>ITEM</u>	<u>ESTIMATED COST</u>	<u>30% VALUE ELIGIBLE BASIS</u>	<u>70% VALUE ELIGIBLE BASIS</u>
Land			
Land Cost	_____	Ineligible	Ineligible
Density:			
Number of Units			
Per Acre ____			
Buildings			
Existing	_____		
Demolition	_____	Ineligible	Ineligible
Other*	_____		
Site Work			
On-Site	_____		
Off-Site	_____	Ineligible	Ineligible
Other*	_____	Ineligible	Ineligible
<b>Land, Building and Site-Work Sub-Total</b>	_____		
Construction & Contractor Fees			
New Structures	_____		
Rehabilitation	_____		
Accessory Buildings	_____		
General Requirements	_____		
Other*	_____		
Overhead	_____		
Profit	_____		
Other*	_____		
<b>Construction Sub-Total</b>	_____		



<u>ITEM</u>	<u>ESTIMATED COST</u>	<u>30% VALUE ELIGIBLE BASIS</u>	<u>70% VALUE ELIGIBLE BASIS</u>
Contingency			
Construction	_____	_____	_____
Rehabilitation	_____	_____	_____
Other*	_____	_____	_____
<b>Contingency Sub-Total</b>	_____	_____	_____
Professional Fees			
Architect Design	_____	_____	_____
Architect	_____	_____	_____
Supervision	_____	_____	_____
Real Estate Attorney	_____	_____	_____
Consultant/Agent	_____	_____	_____
Engineer/Survey	_____	_____	_____
Permits/Impact Fees	_____	_____	_____
Other*	_____	_____	_____
<b>Professional Fee Sub-Total</b>	_____	_____	_____
Construction Interim Cost			
Hazard Insurance	_____	_____	_____
Liability Insurance	_____	_____	_____
Payment Bond	_____	_____	_____
Performance Bond	_____	_____	_____
Credit Report	_____	_____	_____
Interest	_____	_____	_____
Origination Points	_____	_____	_____
Discount Points	_____	_____	_____
Credit Enhancement	_____	_____	_____
Inspection Fees	_____	_____	_____
Title and Recording	_____	_____	_____
Legal Fees	_____	_____	_____
Taxes	_____	_____	_____
Other*	_____	_____	_____
<b>Construction Interim Cost Subtotal</b>	_____	_____	_____
Permanent Financing			
Bond Premium	_____	Ineligible	Ineligible
Credit Report	_____	Ineligible	Ineligible
Discount Points	_____	Ineligible	Ineligible

Origination Fees		Ineligible	Ineligible
Credit Enhancement		Ineligible	Ineligible
Cost of Issuance		Ineligible	Ineligible
Title and Recording		Ineligible	Ineligible
Legal Fees		Ineligible	Ineligible
Prepaid MIP		Ineligible	Ineligible
Other*		Ineligible	Ineligible
<b>Permanent Financing Sub-Total</b>			
Soft Cost			
Feasibility Study			
Market Study			
Environmental Study			
Tax Credit Fees			
Compliance Fees			
Rent-up Expense			
Appraisal			
Cost Certification			
Survey			
Other*			
<b>Soft-Cost Sub-Total</b>			

<u>ITEM</u>	<u>ESTIMATED COST</u>	<u>30% VALUE ELIGIBLE BASIS</u>	<u>70% VALUE ELIGIBLE BASIS</u>
Syndication Cost			
Organization	_____	_____	_____
Bridge Loan	_____	_____	_____
Tax Opinion	_____	_____	_____
PV Adjustment	_____	_____	_____
Other*	_____	_____	_____
<b>Syndication Sub-Total</b>	_____	_____	_____
Developer Fees**			
Overhead	_____	_____	_____
Profit	_____	_____	_____
Consultant	_____	_____	_____
Other*	_____	_____	_____
<b>Developer Sub-Total</b>	_____	_____	_____
Project Reserves			
Lease Up	_____	_____	_____
Operating	_____	_____	_____
Replacement	_____	_____	_____
Escrows	_____	_____	_____
Other*	_____	_____	_____
<b>Reserves Sub-Total</b>	_____	_____	_____
<b>Project totals</b>	_____	_____	_____
High Cost Adjustment	_____	_____	_____
Applicable Tax Credit Percentage	_____	_____	_____
<b>Amount of Tax Credit Requested</b>	_____	_____	_____

**\*\*Detail Payment Schedule of Developer Fee:**

Payment Number One	\$ _____	Due _____
Payment Number Two	\$ _____	Due _____
Payment Number Three	\$ _____	Due _____
Others	\$ _____	Due _____

ITEM	COST	30% VALUE ELIGIBLE BASIS	70% VALUE ELIGIBLE BASIS
<b>Adjusted Basis Calculation, Less Exclusions</b>			
Grants			
Federal Subsidies			
Non-Recourse Financing			
Historic Credits			
High Quality Units			
Adjusted Basis Sub-Total			

**GAP CALCULATION**

Total Project Cost	\$ _____
Less: Mortgages	- _____
Grants	- _____
Owner Investment	- _____
Developer Notes	- _____
Other Items*	- _____
Equity Gap	\$ _____
LIHTC Syndication Pricing (Attach Syndicate Commitment Letter)	_____
LIHTC (10 Years) Required to Meet TEG (GAP ÷ Price)	\$ _____
Annual LIHTC	\$ _____





**Sub-Section E**

**Replacement Reserves and Annual Increase Factors**

Reserves

Per Unit

\$ \_\_\_\_\_

Other

\*

\_\_\_\_\_

\_\_\_\_\_

Reserves

\$

Sub-Total

\_\_\_\_\_

Annual Increase

Factors

Rent

\_\_\_\_\_  
%

Expenses

\_\_\_\_\_  
%

Replacement

\_\_\_\_\_  
%

Other

\_\_\_\_\_  
%

\*

\_\_\_\_\_

\_\_\_\_\_

**Section 8**

**Syndication**

Estimated proceeds from Low-Income Housing Tax Credit Syndication \$ \_\_\_\_\_

Number of Annual Pay-Ins \_\_\_\_\_

First Pay-In Year \_\_\_\_\_

Interest Rate \_\_\_\_\_

%

Equity Factor \_\_\_\_\_

%

Historic Tax Credits

\$

Received \_\_\_\_\_

\_\_\_\_\_

Type of Low-Income Housing Tax Credit offering.

Public

Private

Type of Investors.

Individuals

Corporations

Others\*

**Syndicator**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip

Code \_\_\_\_\_

Contact

Person \_\_\_\_\_

Telephone

Number \_\_\_\_\_

Fax

Number \_\_\_\_\_

**Section 9 Property Management Company Information**

Federal Tax ID # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Administrative Contact  
Person \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

On-Site Contact  
Name\* \_\_\_\_\_  
On-Site Contact  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Attach copy of Nevada Housing Division's Training Certificate or LIHTC Training Cert. from Nationally Recognized Firm (per Section 11B of QAP)**

**Section 10 Minimum Set-Aside Election**

The project sponsor irrevocably elects one of the minimum set-aside requirements (check one only)

- At least 20% of the rental residential units in this project are rent-restricted and are to be occupied by individuals whose income is 50 percent or less of area median income (Tax-exempt and/or Tax Credit program). See QAP§35 for Low Income Targeting preference points info.
- At least 40% of the rental residential units in this project are rent restricted and are to be occupied by individuals whose income is 60 percent or less of area median income (Tax-exempt and/or Tax Credit program).
- Deep Rent Skewing Option as defined in Internal Revenue Code Section 42. (Applicable to Tax Credit program only)





## Section 12 Project Schedule

The following will be considered a commitment.

### Phase:

#### Site-Control (Item)

Option/Contract in  
Place

Carryover

Record Declaration of Restrictive  
Covenants

Acquisition

Zoning Approval

Special Use Permit

Tax Abatement

Other\* \_\_\_\_\_

### Scheduled Completion

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#### Phase: Plans (Item)

Site Plan

Grading Permit

Building Permit

Final Plans &

Specifications

Other\* \_\_\_\_\_

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#### Phase: Closing (Item)

Property Transfer

Other\* \_\_\_\_\_

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#### Phase: Construction Financing (Item)

Loan Application

Conditional

Commitment

Final Commitment

Closing

Other\* \_\_\_\_\_

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**Phase: Construction**

**(Item)**

Start  
Progress Review (quarterly Beginning  
Completion  
Certificate of  
Occupancy  
Other\* \_\_\_\_\_

**Scheduled  
Completion**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phase: Permanent Financing**

**(Item)**

Loan Application  
Conditional  
Commitment  
Final Commitment  
Closing  
Other\* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Loans and Grants**

**(Item)**

Scheduled Completion  
Application  
Award  
Funding Date  
Type and  
Source \_\_\_\_\_  
(Add addendum(s) if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phase: Lease-Up**

**(Item)**

Start  
Set-Aside requirements satisfied

\_\_\_\_\_  
\_\_\_\_\_

**Low-Income Housing Tax Credits (Item)**

Final Cost Certification \_\_\_\_\_

Final Application \_\_\_\_\_

NHD Inspection and Training \_\_\_\_\_

8609s (usually within 60 days) \_\_\_\_\_

**Section 13 Project Market Area**

**Sub-Section A Demographics**

Primary Type of Zoning  Commercial  Industrial  Residential

Type of Neighborhood  Declining  Emerging  Revitalizing  
 Stable  Single Family  Transient  
Prevalent Type of Housing  Manufactured  Multi-Family

Average Age of Housing \_\_\_\_\_ to \_\_\_\_\_

Average Purchase Price \_\_\_\_\_ to \_\_\_\_\_

Average Monthly Rents \_\_\_\_\_ to \_\_\_\_\_

Other Low-Income Housing in Area? No  Yes  Within \_\_\_\_\_ Miles

Public Housing Authority in Area? No  Yes  Within \_\_\_\_\_ Miles

If yes, please identify \_\_\_\_\_

Estimated Number of Low-Income Units in Area \_\_\_\_\_

**Prevalent Racial/Ethnic Composition**

**Prevalent Type of Employment**

- African American
- Asian/Pacific Islander
- Caucasian
- Chinese American
- Cuban American
- Haitian American
- Hispanic
- Jewish
- Korean American
- Mexican American
- Middle Eastern/Arab
- Native American
- Puerto Rican
- Other

- Agriculture
- Business/Professional
- Clerical/Office
- Government/Public Service
- Industrial/Manufacturing
- Unemployed
- Skilled/Specialized
- Unskilled
- Retired
- Self Employed
- Other
- Full Time Student
- Married Filing Joint Tax Return
- Single Parent with Dependents
- Title IV Assisted
- Enrolled in Job Training

**Sub-Section B Area Facilities**

<b>Education/Retail Facilities</b>	Distance In Miles	<b>Community Facilities</b>	Distance In Miles
Preschool/Daycare	_____	Activity Center	_____
Elementary	_____	Park & Recreation	_____
Middle School	_____	Senior Center	_____
High School	_____		
Community College	_____	<b>Medical Facilities</b>	
Colleges/Universities	_____	Clinic/Dispensary	_____
Vocational/Technical	_____	Doctors Offices	_____
		Emergency Care	_____
<b>Retail Facilities</b>		Hospital	_____
Convenience	_____	Public Health Agency	_____
Groceries/Staples Shopping	_____		
Health & Pharmacy	_____	<b>Transportation</b>	
Other	_____	Public Transportation	_____
		Major Highways	_____
<b>Religious Worship</b>			
Church/Temple	_____	<b>Employment</b>	
		Major Employer	_____
		Other Full Time	_____
		Part Time	_____
		Volunteer	_____

**Section 14. Mandatory Energy Efficiency Requirements. (QAP Section 12)**

To comply with the program New Construction projects must meet an energy rating of eighty-six (86) as defined by the Architectural Energy Corporation's REM rate index. Applicants are required to complete Attachment D of the 2009 QAP (Ex. 11 of application) within 90 days of the application date of May 7, 2010.

Acquisition/ Rehabilitation projects must meet a energy rating of eighty-six (86) as defined by the Architectural Energy Corporation's REM rate index. Applicants are required to complete Attachment C of the 2010 QAP (Exhibit 11 of application) at the time of the application.

In the case of Acquisition/ Rehabilitation projects, the Division recommends the energy audit requirements be in place at the time of the application. This is intended to offer the Sponsor/Developer appropriate energy cost data in arriving at a final cost for the project.

**Please contact the Division for approved testers, pricing, and scheduling.**

**PLEASE READ THE FOLLOWING IMPORTANT PARAGRAPHS AND ACKNOWLEDGE YOUR UNDERSTANDING BY INITIALING ALL APPLICABLE PARAGRAPHS.**

If this is an application for an allocation under the low-income housing tax credit program, the undersigned is responsible for ensuring the project consists or will consist of a qualified low-income building or buildings as defined in Section 42 of the Internal Revenue Code and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the project to receive the low-income housing credit. In addition, the undersigned is responsible for all calculations and figures relating to the determination of the eligible basis for the building and understands and agrees that the amount of the credit is calculated by reference to the figure submitted with this application as to the eligible basis and qualified basis of the project and individual buildings \_\_\_\_\_  
\_\_\_\_\_Initial

The undersigned hereby makes application to the Nevada Housing Division for reservation, carryover allocation, or allocation of housing credit dollar amounts. The undersigned agrees that the Nevada Housing Division and its officers, agents and employees will, at all times, be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from any action by the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or of disapproval such tax credit application request. \_\_\_\_\_Initial

If this is an application for bond financing, the undersigned is responsible for ensuring that the project complies or will comply with the requirements of Section \_\_\_\_\_ of the Internal Revenue Code. The undersigned agrees to indemnify and save and hold the Nevada Housing Division, its agents, officers and employees harmless against all losses, costs, damages, expenses and liabilities, whatsoever the nature and kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to satisfy a judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of this application for bond financing. \_\_\_\_\_  
\_\_\_\_\_Initial

If this is an application for funding from the Nevada Housing Division's general reserve trust loan program, the undersigned is responsible for ensuring that the project complies or will comply with the requirements of Chapter 319 of the Nevada Revised Statutes and the Nevada Administrative Code, pertaining to the provision of low and moderate income housing. The undersigned agrees to indemnify and save and hold the Nevada Housing Division, its agents, officers and employees harmless against all losses, costs, damages, expenses and liabilities, whatsoever the nature and kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to satisfy a judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of this application for fund from the general reserve trust. \_\_\_\_\_Initial

In all cases, the undersigned acknowledges and agrees that the project will be regulated in accordance with the terms of a regulatory agreement or declaration of restrictive covenant as a first priority between the project sponsor of the project, the Nevada Housing Division, and in some cases, the Division trustee. \_\_\_\_\_Initial

The undersigned further acknowledges that a sample of the applicable documentation is available for inspection at the Division's office in Carson City, Nevada, and that a copy of said document may be sent to him/her upon written request following payment of the cost of copy and mailing (if any). \_\_\_\_\_Initial

**THE UNDERSIGNED, BEING DULY SWORN AND UNDER PENALTY OF PERJURY, HEREBY REPRESENTS AND CERTIFIES THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS**

APPLICATION ON BEHALF OF THE PROJECT SPONSOR AND THAT THE FOREGOING INFORMATION, TO THE BEST OF HIS/HER KNOWLEDGE, IS TRUE, COMPLETE AND ACCURATELY DESCRIBES THE PROPOSED PROJECT.

IN WITNESS WHEREOF, the project sponsor has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Project Sponsor

\_\_\_\_\_  
Authorized Agents Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

STATE OF                    )  
                                  )  
COUNTY OF                )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2010, before me personally came \_\_\_\_\_

\_\_\_\_\_ to me known who, being by me duly sworn, did depose and say that (s)he \_ executed the above.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal.

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

EXHIBIT ONE  
REQUIRED DOCUMENTATION

The following documentation **must** accompany the application for Low-Income Housing Tax Credits and must be received by 5:00 p.m. May 7, 2010 (the application deadline) in order for the application to be deemed accepted by the Division. See NAC 319.974(3). Deficiencies that cannot be corrected or clarified by the application deadline will result in rejection of the application. Please dedicate one section of your application package to required documents.

1. Index and narrative description of the project.
2. Application fee, as required, payable to the Nevada Housing Division. This fee is non-refundable.
3. Signed, dated application.
4. Preference points work sheet.
5. Copies of the organizational documents of the sponsor, general partner and limited partner of the project, including Articles of Incorporation and/or Partnership Agreements/Limited Partnership Agreements. All entities must provide documentation showing proper registration with the Secretary of State to do business in the State of Nevada.
6. If there is a non-profit or owner/sponsor or partner, a copy of the Internal Revenue Service Document of Non-Profit Status with evidence that one of its except purposes is the provision of providing low-income or affordable housing. Also complete **Exhibit Seven** of application.
7. Preliminary title report vested to the sponsor/owner or copy of the purchase contract/option.
8. Letter of intent from each of the proposed sources of funds, including any grants. Commitment must include specific terms under which the loan or grant will be made; stating the outstanding contingencies for funding; one being that the sponsor receives \$ \_\_\_\_\_ in tax credits. Projects applying for tax credits that will receive direct financial assistance from HUD will be subject to a subsidy layering review by HUD staff. Evidence of a completed review must be included with application.
9. Resumes of the individual authorized to act in an Official Capacity for the project owner, the Developer, the General Contractor and the Management Company, per Section 1, subsection D of application.
10. Agreement to Commence Construction in 270 days from the date of receiving a reservation of tax credits, complete **Exhibit Five**. See QAP Section 10K.
11. Current financial statements of the sponsor or owner as required (within 12 months).
12. Project Signage Agreement. See **Exhibit Four**.
13. An estimated cost breakdown of each building within the project.



14. Sources and Uses of Funds statement.
15. A minimum 15-year pro-forma, operating and expense statement and cash flow statement.
16. Report in accordance with Statements on Standards for Attestation engagements for Agreed Upon Procedures under AICPA Professional Standards by a certified public accountant attesting to the eligibility of construction costs. See **Exhibit Two**.
17. A report from an architect or professional engineer who is licensed in the State of Nevada which certifies that the project costs set forth in the application are true and accurate. See **Exhibit Three**.
18. An independent third party Market Study. See QAP Section 10F.
19. For acquisition/rehabilitation projects, a Capital Needs Assessment. See QAP Section 9G Key Requirements.
20. Evidence acceptable to the Division supporting the utility allowance figures reported in the application.
21. Notice to Local Housing Authority or other Public Housing Agency. See **Exhibit Eight**.
22. Letter agreeing to a minimum thirty (30) year compliance period if not opting to extend compliance period (excluding projects intended for eventual tenant ownership, frail elderly, assisted housing for seniors, and housing for seniors with Alzheimer's Disease).
23. Project Owner/Architect Certification, **Exhibit Ten**, that the project's architectural plans meet all applicable mandated design standards, such as the Americans with Disabilities Act, Fair Housing and HUD Sec. 504 (as applicable). To be submitted to the Division once a reservation of Tax Credits is awarded and immediately upon approval of the architectural plans by the local building department. See QAP Section 13.

Additional Information (if required)

1. Copy of USDA-RD authorization letter.
2. Copy of the Division's determination letter that a project will be considered as qualifying to serve a particular Special Needs population. See QAP Sections 9C and 28.
3. A statement and accompanying documentation to qualify for the point scoring in QAP Section 40 Incentive Preference. Statement must include documentation a land donation, combined funding sources and tax credit investment information.
4. For Green Building Design (Section 24 of QAP) provide documentation and/or statements from a planner, designer, engineer, etc., to verify location information and specifications relating to the absence of volatile organic compounds (VOC), tank-less hot water heaters; photovoltaic cells, etc.

**EXHIBIT ONE A- REQUIRED DOCUMENTATION TO QUALIFY FOR PREFERENCE POINTS**

The following documentation must be provided with the application if the project is seeking Preference Points. Failure to provide the proper documentation will result in those Preference Points being disallowed. Please dedicate one section of your application package to the Preference Point support documentation.

1. Preference Points for Project Location. QAP Section 16. Certification from local government if required.  
Maximum number of Preference Points allowed: **3**.
2. Preference Points for Project Readiness. QAP Section 17. Attach supporting documentation verifying the points claimed.  
Maximum number of Preference Points allowed: **21**.
3. Preference Points for Project Amenities. QAP Section 18. Attach list of amenities for the project (per section 11) of the application.  
Maximum number of Preference Points allowed: **25**.
4. Preference Points for Nevada Based. QAP Section 19. Letter certifying project owner/sponsor meets the requirements of QAP Section 19.  
Maximum number of Preference Points allowed: **10**.
5. Preference Points for Nevada Projects by out of State Developers. QAP Section 20. Provide a list of projects developed within the State within the last 10 years  
Maximum number of Preference Points allowed: **5**.
6. Preference Points for Extended Affordability. QAP Section 21. Execute **Exhibit Six** of the application.  
Maximum number of Preference Points allowed: **4**.
7. Preference Points for Landscape Water Efficiency. QAP Section 22. Attach certification by architect/landscape architect that at least 75% of the total land area of the project is desert/zero landscaped.  
Maximum number of Preference Points allowed: **5**.
8. Preference Points for Historic Character. QAP Section 23. Attach letter from State Historic Preservation Office  
Maximum number of Preference Points allowed: **3**.
9. Preference Points for Green Building Design. QAP Section 24. Attach certification from appropriate source (architect, engineer, market analyst) that properly addresses all issues related to site/location and for VOC compounds, Tankless water heaters; photovoltaic cells, etc.  
Maximum number of Preference Points Allowed: **11**.
- 10\* Preference points for Projects for Individuals/Families w/Children. QAP Section 26.  
To be determined upon review of application  
Maximum number of Preference Points allowed: **15**.

11\* Preference points for Senior Projects (age 55 and older). QAP Section 27. To be determined upon review of application.

Maximum number of Preference Points allowed: **10**.

12\* Preference Points for Special Needs Housing. QAP Section 28. Attach documentation per QAP Section 28 regarding the experience of the organization and the list of housing developed. To be determined upon review of application.

Maximum number of Preference Points allowed: **10**.

13\* Preference Points for Assisted Living Developments. QAP Section 29. To be determined upon review of application. Attach documentation per QAP Section 29.

Maximum number of Preference Points allowed: **20**.

14. \* Preference Points for Mixed Income Projects. QAP Section 30. Complete **Exhibit Nine**; to be determined upon review of application.

Maximum number of Preference Points allowed: **10**.

15. \* Preference Points for projects Promoting Eventual Tenant Ownership projects. QAP Section 31. To be determined upon review of application. Provide documentation per QAP Section 31.

Maximum number of Preference Points allowed **10**.

16. \* Preference Points for Acquisition/Rehab and Rehab Only projects. QAP Section 32. To be determined upon review of application. Provide CNA per unit cost info.

Maximum number of Preference Points allowed: **10**.

17. \* Preference Points for Multiple Project on same parcel QAP Section 33.

To be determined upon review of application. Provide total cost information per QAP Section 33 as well as information indicating the project is on one parcel.

Maximum number of Preference Points allowed: **10**.

(\*Project will only be eligible to receive a maximum of 10 /20 points in the respective category. Points listed in 10-17 above are not cumulative)

18. Preference Points for Low Rent Targeting. QAP Section 34. Reproduce the formula per QAP Section 34; to be determined upon review of application.

Maximum number of Preference Points allow: **12**.

19. Preference Points for Low income Targeting QAP §35. Indicate on Section 10 of application. The election of the 20% or 50%.

Maximum number of Preference Points allow: **2**.

20. Preference Points for Owner Paid Utilities. QAP Section 36. Submit a letter verifying an irrevocable 15 year commitment to pay all tenant utilities for the initial 15 year compliance period.

Maximum number of Preference Points allowed: **5**.

21. Preference Points for Supportive Services. QAP Section 37. To be determined upon review of application. Provide detailed information / contracts on the service provided, duration, etc.

Maximum number of Preference Points allowed: **8**.

22. Preference Points for Lowest Developer fee. QAP Section 38. To be determined upon review of application.

Maximum number of Preference Points allowed: **5**.

23. Preference Points for Lowest Contractor fee. QAP Section 39. To be determined upon review of application.

Maximum number of Preference Points allowed: **5**.

24. Preference Points for Public Private Incentives QAP Section 40. To be determined upon review of application. Submit verifying information to justify points claimed.

Maximum number of Preference Points allowed: **10**.

25. Negative compliance will be scored by the Division. QAP Section 25. To be determined upon review of application based on past year compliance review results.

Maximum number of Preference Points deducted: **-20**

EXHIBIT TWO  
CPA CERTIFICATION OF ESTIMATED COST  
INCLUDED IN ELIGIBLE BASIS

Part One Project Information

Project Name \_\_\_\_\_  
 Project Location \_\_\_\_\_  
 Project Owner \_\_\_\_\_

Project Type  
 New Construction  Acquisition/Rehabilitation  with  without Federal Subsidy

Part Two Building Information

	Number	Percentage
Residential Buildings	_____	_____ %
Total Buildings	_____	_____ %
Residential Units	_____	_____ %
Low-Income Housing Tax Credit Units	_____	_____ %
Square Footage of Project Site	_____	_____ %
Square Footage of Restricted Space	_____	_____ %
Square Footage of Common Area(s)	_____	_____ %

Part Three Project Construction Cost

Total Cost

Less: Grants/Subsidies	\$	_____
Total Eligible Basis		_____
Adjustments		_____
Qualified Basis		_____

Part Four ATTESTATION BY CPA:

In accordance with Statements on Standards for Attestation engagements for Agreed Upon Procedures under AICPA Professional Standards, the Certified Public Accountant of the Developer shall provide a report attesting to the eligibility of the estimated construction costs as set forth in Part III above in accordance with Internal Revenue Code Section 42.

Date \_\_\_\_\_

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Signature

EXHIBIT THREE  
 ARCHITECT OR PROFESSIONAL ENGINEER CERTIFICATION  
 OF COST BEING WITHIN THE GUIDE LINES OF NEVADA'S 2008 QAP

Part One Project Information

Project Name \_\_\_\_\_  
 Project \_\_\_\_\_  
 Location \_\_\_\_\_  
 Project Owner \_\_\_\_\_

Project Type  New Construction  Acquisition/Rehabilitation

Part Two Cost Information

Land, Building and Site Work	\$ _____
Construction & Contractor Fees	_____
Contingencies	_____
Professional Fees	_____
Construction Interim Cost	_____
Permanent Financing	_____
Soft Cost	_____
Syndication Cost	_____
Developer Fees	_____
Project Reserves	_____
 Total	 \$ _____

Cost Per Residential Building	\$		x		\$	
Cost Per Residential Unit						
Bedroom			x			
Bedroom			x			
Bedroom			x			
Bedroom			x			
Other			x			
Common Area						

Part Three

The estimated construction costs as set forth in Part II above are within the guidelines established as maximums in section 41 of the 2008 Qualified Allocation Plan. Further, I acknowledge that, in awarding tax credits, the Nevada Housing Division, Department of Business and Industry, State of Nevada, may reserve a portion of the annual state ceiling for the project but makes no representation that such credits can be claimed by the project owner.

Date \_\_\_\_\_

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Nevada License Number

\_\_\_\_\_  
Architect/Professional Engineer

\_\_\_\_\_  
Date Licensed

\_\_\_\_\_  
Signature



EXHIBIT FOUR  
AGREEMENT TO PROMOTE THE  
NEVADA HOUSING DIVISION

Project Name \_\_\_\_\_  
Project \_\_\_\_\_  
Location \_\_\_\_\_  
Project Owner \_\_\_\_\_

We hereby agree to promote the Housing Division's participation in the development of the above named project.

We understand and agree that the Division's Public Relations staff will provide signage for the project. The sign will be designed by the Division's staff, will be 2'x6' in overall size with reflex blue paint on a white background.

The cost of the sign and delivery to the project site will be the responsibility of the Division. Installation and maintenance of the sign or its replacement, prior to the end of the construction phase, will be the responsibility of the project owner.

We further understand and agree that the sign will be displayed during the construction phase of the project. The "Construction Phase" is defined as the period commencing when the project site is graded and "staked out" and ends when the project receives its final certificate of occupancy.

It is the responsibility of the project owner or designated representative to contact the Division at the appropriate time to make arrangements for delivery of the sign.

The project contact person will be;

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EXHIBIT FIVE  
AGREEMENT TO COMMENCE CONSTRUCTION  
(270 DAY LETTER)

Pursuant to Low Income Housing Tax Credit Qualified Allocation Plan  
For the Calendar Year of 2010

A. Parties & Project: This agreement is by and between the parties and involves construction as follows:

1. The "Division" Nevada Housing Division  
1535 Old Hot Springs Rd., # 50  
Carson City, Nevada 89706
  
2. The "Owner" Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_
  
3. The "Project" Name \_\_\_\_\_  
Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_
  
4. Commencement Date \_\_\_\_\_  
(Completed by Division)  
within 270 days after tax credits are reserved

2. Recitals:

1. The Division is the administrator in Nevada for Federal Low-Income Housing Tax Credit Program established in the Tax Reform Act of 1986, and as such has adopted the above identified allocation Plan for the allocation of tax credits to sponsors based on project and sponsor characteristics.
  
2. Under the Plan, the Division requires that the owner must convey construction of its projects by entering into this binding Agreement to commence construction on the project within 270 days after tax credits have been reserved for allocation. Under the plan, if an owner fails (for any reason) to commence construction within the 270 day period, then the total tax credits awarded are lost.
  
3. In order to induce the Division to award the tax credits to the owner of the above-described Project, owner promises and agrees as follows:

Owner Agreement: Owner represents, warrants and agrees as follows:

1. That all-organizational approvals have been obtained, and Owner has been duly authorized to enter into this agreement and that the person signing below has the power to and with his or her signature does create this binding Agreement with the Division.

2. Owner agrees to commence construction on the Project to the satisfaction of the Division not later than 270 days after tax credits are reserved, and will diligently pursue construction thereafter.

EXHIBIT FIVE

Page Two

In accordance with and pursuant to NAC 319.981, commencement of construction means that (1) all of the "closing indicators," including but not limited to: (e.g. site acquisition, signed construction agreement, signed permanent loan commitment, signed construction financing commitments, and notice to proceed on construction contract) have been satisfied; (2) all governmental approvals and permits have been obtained to commence construction of the buildings; (3) substantial visible and significant acts of construction, including site preparation and grading, have occurred on the Project site by a contractor or subcontractor; and (4) the construction contract provides for an uninterrupted schedule for completion of the construction (the contract may have "force major" provisions in it, but there must not be any scheduled delay between phases of construction).

**Owner understands and agrees that this requirement to commence construction by the Commencement Date is absolute, and in consideration for the tax credits awarded by the Division with respect to the Project, agrees to assume the risk of failure to comply for any reason, and therefore waives any defense (including force major, impossibility of performance, frustration of purpose or any other defense in law or equity), discharge, excuse, extenuation, or mitigation to performance.**

3. Owner agrees to provide proof of the commencement of construction in a form satisfactory to the Division within ten working days after the Commencement Date.

4. If all of the above requirements are not timely met, Owner and Division mutually agree that the reservation or allocation of all tax credits for the Project is automatically terminated. Notwithstanding NAC 319.981 (2), the Commencement Date is an absolute deadline and may only be extended by 45 days by the Division for "Acts of God." The tax credits reserved will be awarded to the next highest scoring owner as provided in the Plan.

D. In reliance on this Agreement, the Division agrees to award tax credits to the Owner as provided in the Plan, and if tax credits are reserved, the Division agrees to enter the Completion Date above and to return a copy of this Agreement to Owner.

Entered into \_\_\_\_\_ day \_\_\_\_\_ 2010  
this \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Project Owner

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Signature

EXHIBIT SIX  
AGREEMENT TO EXTEND COMPLIANCE PERIOD

Pursuant to the Low Income Housing Tax Credit Allocation Plan For the Calendar Year 2010.

Project Name \_\_\_\_\_  
Project Location \_\_\_\_\_  
Project Owner \_\_\_\_\_

In consideration of being awarded Preference Points pursuant to provisions of Nevada's 2010 Qualified Allocation Plan in the category of Extended Compliance Period I/we the undersigned hereby commit the above named project to a compliance period of \_\_\_\_\_years.

It is understood and agreed that by receiving Preference Points in this category I/we waive the provision of the Internal Revenue Code Section 42 that allows for sale of the property/project at year fifteen (15).

\_\_\_\_\_ Date

\_\_\_\_\_ Project Owner

\_\_\_\_\_ Name of Authorized Officer

\_\_\_\_\_ Signature

EXHIBIT SEVEN  
CERTIFICATION OF  
MATERIAL PARTICIPATION BY THE  
QUALIFIED NON-PROFIT ORGANIZATION

Project Name \_\_\_\_\_  
Project Location \_\_\_\_\_  
Project Owner \_\_\_\_\_  
Project Non-Profit Organization Name \_\_\_\_\_  
The Project Owner is organized as a \_\_\_\_\_

For purposes of Internal Revenue Code Section 42, and Treasury Regulation 1.42 the above named Non-Profit Organization hereby represent and certifies to the Nevada Housing Division the following:

- A. The Non-Profit Organization owns an equity interest in the above named business entity that is applying for Low-Income Housing Tax Credit under provision of Nevada's 2010 Qualified Allocation Plan.
- B. The Non-Profit Organization is a "Qualified Non-Profit Organization" within the meaning of IRC§42(h)(5)(c), for the purpose of this certification the term qualified Non-Profit organization means any organization if;
  - 1. such organization is described in paragraph (3) or (4) of the Internal Revenue Code §501(c) and is exempt from tax under Internal Revenue Code §501(a),
  - 2. such organization is determined by the state housing credit agency not to be affiliated with or controlled by a for-profit organization and,
  - 3. one of the exempt purposes of such organization includes the fostering of Low-Income Housing,

EXHIBIT SEVEN

Page Two

C. The Non-Profit will materially participate, within the meaning of Internal Revenue Code §469(h), in the development and operation of the project throughout the entire compliance period. For purposes of the material participation representation, the Non-Profit represent and certifies that it has satisfied one of the conditions under Treasury Regulation 1.469-5T. The condition with which the Non-Profit certifies material participation is item letter \_\_\_\_\_ of Exhibit Seven A of this application. Under penalties of perjury, the undersigned hereby certifies that the forgoing is true and correct.

Executed this \_\_\_\_\_ day \_\_\_\_\_ 2010  
of \_\_\_\_\_

\_\_\_\_\_  
Non-Profit Organization

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

EXHIBIT SEVEN A

- A. The individual participates in the activity for more than 500 hours during such year;
- B. The individual's participation in the activity for the taxable year constitutes substantially all of the participation in such activity of all individuals (including individuals who are not owners of interests in the activity) for such year;
- C. The individual participates in the activity for more than 100 hours during the taxable year, and such individual's participation in the activity for the taxable year is not less than the participation in the activity of any other individual (including individuals who are not owners of interests in the activity) for such year;
- D. The activity is a significant participation activity (within the meaning of paragraph (c) of this section) for the taxable year, and the individual's aggregate participation in all significant participation activities during such year exceeds 500 hours;
- E. The individual materially participated in the activity (determined without regard to this paragraph (a)(5)) for any five taxable years (whether or not consecutive) during the ten taxable years that immediately precede the taxable year;
- F. The activity is a personal service activity (within the meaning of paragraph (d) of this section), and the individual materially participated in the activity for any three taxable years (whether or not consecutive) preceding the taxable year; or
- G. Based on all of the facts and circumstances (taking into account the rules in paragraph (b) of this section), the individual participates in the activity on a regular, continuous, and substantial basis during such year.
- H. Other  
(Describe) \_\_\_\_\_

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EXHIBIT EIGHT  
CERTIFICATION OF  
NOTICE TO THE LOCAL HOUSING AUTHORITY  
OR  
OTHER PUBLIC HOUSING AGENCY

Project Name \_\_\_\_\_  
Project Location \_\_\_\_\_  
Project Owner \_\_\_\_\_

In accordance with provisions of the Nevada Housing Division's Adopted Regulation §24(3) the above named owner of the above named project hereby certifies that they will give notice to the Local Housing Authority or other Public Housing Agency that the above named project is available for persons who are on a public waiting list.

The owner further agrees to encourage applications, for housing, for such persons and will contact the local housing authority or other public housing agency(s) that administers a public housing program before the final application for Tax Credits and request for issuance of the projects 8609s.

The notification will include the number of affordable units available, the maximum income and rent levels for each type of unit. A copy of the notification must accompany the final application, certification of eligible basis and request for 8609s.

We plan to notify the following Housing Authorities or Public Agencies;

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Project Owner

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Signature

EXHIBIT NINE  
MIXED-INCOME PROJECT CERTIFICATION

Name of Project \_\_\_\_\_

Project Sponsor \_\_\_\_\_

Total # of Units \_\_\_\_\_ Total residential sq. ft. \_\_\_\_\_ New Construction: Y  N  Acquisition/Rehab: Y  N

Projected Eligible Basis \$ \_\_\_\_\_ Projected Qualified Basis \$ \_\_\_\_\_

Unit Mix	_____	_____	_____	_____	_____
	# studio	# 1 bdrm.	# 2 bdrms.	# 3 bdrms.	# Other _____

Total # of restricted T/C units \_\_\_\_\_ Total of T/C residential sq. ft. \_\_\_\_\_

% of T/C restricted units \_\_\_\_\_ % (minimum of 40% required) % of T/C residential sq. ft. \_\_\_\_\_ %

Project Tax Credit Minimum Set-Aside Election: 20/50  40/60

Anticipated T/C rent per unit/mo.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms	3 bdrms.	other

Utility Allowance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms	3 bdrms.	other

Anticipated Market rate rent per unit/mo.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	studio	1 bdrm.	2 bdrms	3 bdrms.	other

**Please include this information in the applicable sections of the application**

The \_\_\_\_\_ project will set-aside the number and percentage of tax credit  
e \_\_\_\_\_ restricted units indicated  
above for the duration \_\_\_\_\_ year compliance period opted by the project.  
of the \_\_\_\_\_

\_\_\_\_\_  
Signature of project sponsor

\_\_\_\_\_  
Date

EXHIBIT 10

PROJECT CERTIFICATION OF COMPLIANCE WITH ALL DESIGN STANDARDS MANDATED BY THE AMERICANS WITH DISABILITIES ACT, FAIR HOUSING AND HUD SEC. 504 (AS APPLICABLE)

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Architect: \_\_\_\_\_

WE, the project owner and architect, do certify that the project architectural plans for the above referenced project have

submitted to \_\_\_\_\_ and approved on \_\_\_\_\_  
(local building dept. or approving jurisdiction)

\_\_\_\_\_  
(date)

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009

By: \_\_\_\_\_  
(owner)

By: \_\_\_\_\_  
(owner)

By: \_\_\_\_\_  
(architect)

By: \_\_\_\_\_  
(architect)

EXHIBIT 11  
ENERGY EFFICIENCY REQUIREMENTS  
DATA COLLECTION

Housing Division Multi-Family Building

<b>Developer</b> _____	<b>Phone</b> _____
<b>Contact</b> _____	<b>Title</b> _____
<b>Email</b> _____	<b>Development</b> _____
<b>Property Address</b> _____	
<b>City/State /Zip</b> _____	
<b>Building #</b> _____	
<b>Type</b> ( ) From Plans ( ) Existing Building <b>Date</b> _____	
<b>Utilities:</b>	
<b>Gas</b> _____	<b>Electric</b> _____
<b>Other</b> _____	
<b>Utility type of service provided:</b> ( ) Residential ( ) Commercial	

**Please answer all sections that apply.**  
**The data requested is for one entire building in the complex**

<b>Total Building Conditioned* Floor Area</b> _____ sq ft (Common area + all living space)
<b>Volume of Conditioned* Area</b> _____ cu ft ( <b>Total floor area x average ceiling height</b> )
<b>Stories</b> ( ) 1 ( ) Multi <b>Year built</b> ( ) New ( ) _____
<b># of Units in Building</b> _____ <b>Total # of Bedrooms</b> _____
<b>Flat Ceiling Height</b> ( ) 8 Ft ( ) Other _____ ft
<b>Vaulted Ceilings</b> ( ) No ( ) Yes <b>Ceiling height @ median pt</b> _____ ft
<b>Floor Area w/vault</b> _____ sq ft
*Conditioned area is heated and /or cooled space

<b>Foundation Type</b> ( ) Crawl ( ) Slab on grade ( ) Other _____
<b>Total Floor area over crawl or on slab foundation</b> _____ sq ft
<b>Floor Area Over Garage</b> ( ) No ( ) Yes _____ Sq Ft & R Value _____
<b>Floor Area Exposed to Outside*</b> ( ) No ( ) Yes _____ Sq Ft & R Value _____
*Such as cantilevered floor

Energy Efficiency Requirements

Data Collection

**Crawlspace Foundations Only**

If Crawl Space  Operable vents  Unvented  Open

Type:  Concrete  Other \_\_\_\_\_

Total Crawl Height \_\_\_\_\_ ft Height below grade only \_\_\_\_\_ ft

Total Perimeter Length \_\_\_\_\_ ft Exposed Perimeter \_\_\_\_\_ ft

Crawl Wall Insulation  No  Yes R value \_\_\_\_\_  Batt  Foam bd.

Insulation in Floor over crawl  No  Yes R value \_\_\_\_\_

**Slab Foundations Only**

If Slab on Grade  Uninsulated  Insulated Perimeter R \_\_\_\_\_

Total Perimeter Length \_\_\_\_\_ ft Exposed Perimeter \_\_\_\_\_ ft

**Ceiling Type & Insulation**

Roof Type  Tile  Asphalt  Other \_\_\_\_\_ Framing 2x \_\_\_\_\_; \_\_\_\_\_ oc

Attic Ceiling Area \_\_\_\_\_ sq ft % of Ceiling Area  100 % \_\_\_\_\_ %

Ceiling Insulation R value  R30  R38  Other \_\_\_\_\_

Describe Type \_\_\_\_\_

Vault Ceilings\* on top floor  No  Yes % of Ceiling Area \_\_\_\_\_ %

Vault Ceiling Area \_\_\_\_\_ sq ft (can be determined by ceiling rise per 1 ft length)

Vault Ceiling Insulation R value  R30  R38  Other \_\_\_\_\_

Describe Type \_\_\_\_\_

Exterior Color  Light  Medium  Dark Radiant Barrier  Yes  No

\* A ceiling with no attic above, otherwise include in "Attic" ceiling section

**Wall Type & Insulation**

Standard Stud Frame  Other \_\_\_\_\_  2x4  2x6  Other \_\_\_\_\_

Total Wall Area between Conditioned & Outside \_\_\_\_\_ sq ft

To determine wall area multiply length of walls x *ceiling height*, don't include band joists, enter them in rim/band joist section.

Wall Insulation R value  R13  R 15  Other \_\_\_\_\_

Describe Type \_\_\_\_\_

Exterior Color  Light  Medium  Dark

Total Wall Area Adjacent to Garage \_\_\_\_\_ sq ft

Wall Insulation R value  R13  R 15  Other \_\_\_\_\_

Describe Type \_\_\_\_\_

Total Wall Area Adjacent to Other Space \_\_\_\_\_ sq ft

Wall Insulation R value  R13  R 15  Other \_\_\_\_\_

Describe Type \_\_\_\_\_

Data Collection

**Rim & Band Joists**

**Rim/Band Joists between Conditioned & Outside:**

**Gross Area\*** \_\_\_\_\_ sq ft **R Value** \_\_\_\_\_ **Insulation type** \_\_\_\_\_

**Rim/Band Joists between Conditioned & Garage or Other Space**

**Gross Area\*** \_\_\_\_\_ sq ft **R Value** \_\_\_\_\_ **Insulation type** \_\_\_\_\_

\* Typical rim & band joists are 12" wide so gross area = linear feet x 1.

**# Opaque Doors Between Conditioned & Outside** \_\_\_\_\_ Do not include sliding glass doors here

**Door Type** ( ) 1 3/4" Insulated Metal ( ) Other \_\_\_\_\_

**Size** ( ) 3' x 7' ( ) Other \_\_\_\_\_

**Mechanical Systems – Living Units**

**Heating Systems Same system in each unit** ( ) Yes ( ) No

If no, please describe each system by copying this page and completing for each different one.

**Type** ( ) Forced Air ( ) Boiler ( ) Other \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Efficiency** ( ) 78% AFUE ( ) Other \_\_\_\_\_ **Size** \_\_\_\_\_ kBtu

**Fuel Type** ( ) Natural gas ( ) Other \_\_\_\_\_ **Location** \_\_\_\_\_

**Set Back Thermostats** ( ) Yes ( ) No **Notes** \_\_\_\_\_

**Cooling Systems Same system in each unit** ( ) Yes ( ) No

If no, please describe each system by copying this page and completing for each different one.

**Type** ( ) Air Conditioner ( ) Heat Pump ( ) Other \_\_\_\_\_

**Fuel** ( ) Electric ( ) Other \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Efficiency** ( ) 10 SEER ( ) Other \_\_\_\_\_ **Size** \_\_\_\_\_ ton

**Ventilation** ( ) Natural, windows ( ) Whole house fan

**Location** \_\_\_\_\_ **Set up Thermostats** ( ) Yes ( ) No

**Notes** \_\_\_\_\_

**Energy Efficiency Requirements**

Data Collection

**Hot Water Heaters Same system in each unit** ( ) Yes ( ) No

If no, please describe each HW by copying this page and completing for each different one.

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_  
**Energy Factor** (if available) \_\_\_\_\_ **Size** \_\_\_\_\_ gal  
**Type** ( ) Natural gas ( ) Electric **Location** \_\_\_\_\_

Mechanical Systems – Common Areas

**Heating Systems Common Area System** ( ) Yes ( ) No

**Type** ( ) Forced Air ( ) Boiler ( ) Other \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_  
**Efficiency** ( ) 78% AFUE ( ) Other \_\_\_\_\_ **Size** \_\_\_\_\_ kBtu  
**Fuel Type** ( ) Natural gas ( ) Other \_\_\_\_\_ **Location** \_\_\_\_\_  
**Set Back Thermostats** ( ) Yes ( ) No

**Cooling Systems Common Area System** ( ) Yes ( ) No

**Type** ( ) Air Conditioner ( ) Heat Pump ( ) Other \_\_\_\_\_

**Fuel** ( ) Electric ( ) Other \_\_\_\_\_  
**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_  
**Efficiency** ( ) 10 SEER ( ) Other \_\_\_\_\_ **Size** \_\_\_\_\_ ton  
**Ventilation** ( ) Natural, windows ( ) Whole house fan  
**Location** \_\_\_\_\_ **Set up Thermostats** ( ) Yes ( ) No

**Hot Water Heaters Common Area System** ( ) Yes ( ) No

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_  
**Energy Factor** (if available) \_\_\_\_\_ **Size** \_\_\_\_\_ gal  
**Type** ( ) Natural gas ( ) Electric **Location** \_\_\_\_\_  
Note \_\_\_\_\_



**Energy Efficiency Requirements**

Data Collection

**Heating and Cooling System Ducts**

**Supply Ducts Location(s)\*** \_\_\_\_\_

**Length** \_\_\_\_\_ **ft** **Width** \_\_\_\_\_ **ft**

**Type** ( ) Flex duct R4.2 ( ) Other \_\_\_\_\_ ( ) Combination \_\_\_\_\_

**Return Ducts Location(s)\*** \_\_\_\_\_

**Length** \_\_\_\_\_ **ft** **Width** \_\_\_\_\_ **ft**

**Type** ( ) Flex duct R4.2 ( ) Other \_\_\_\_\_ ( ) Combination \_\_\_\_\_

\* If more than 1 location indicate % in each.

**Indoor Air Quality Ventilation**

( ) No Automatic Ventilation\* ( ) Automatic Exhaust ( ) Automatic Supply

\*Check this if occupant must turn ventilation fans on and off

**Appliances**

**Oven/range** ( ) Gas ( ) Electric ( ) In each apt ( ) Other # \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Refrigerator** ( ) In each apt ( ) Other # \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Clothes Washer** ( ) In each apt ( ) Other # \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Clothes Dryer** ( ) Gas ( ) Electric ( ) In each apt ( ) Other # \_\_\_\_\_

**Manufacturer** \_\_\_\_\_ **Model #** \_\_\_\_\_

**Windows - Please include sliding glass doors as windows.**

**Type** ( ) Dbl pane, vinyl frame ( ) Low E, Dbl pane, vinyl frame

( ) Other \_\_\_\_\_

Energy Efficiency Requirements

Data Collection

List all windows on each side of house. Please include sliding glass doors.  
Copy this page for additional windows.

Number	Rough Opening Size	Side of House	Shading* Winter	Shading* Summer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Shading: N=None, S=Some, M=Most, C=Compete

Please attach a building diagram and number the sides of the house.

