

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

This is a uniform application package which will be used in conjunction with various Housing Division Multi-Family 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 credit applications, 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 2012 TAX CREDIT ALLOCATION APPLICATION DEADLINE IS 5:00 P.M. May 4, 2012. Please note: Pre-construction energy audits due within 30 days of application. For acquisition/rehabilitation projects, the pre-construction energy audit is due immediately upon notification of credit allocation.

Section 1 Project Identification

Project Name _____

Address _____

City _____ County _____ State NV Zip Code _____

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 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 Points for an extended Affordability Period as described in QAP Section 24, Affordability Period,
being claimed? Yes No

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 Points as described in QAP Section 31, Low Rent Targeting, and Section 32, Low Income Targeting
being claimed? Yes No

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 _____

**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

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 _____

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 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	_____	Telephone	_____

Attorney	_____	number	_____
Tax Account	_____	Telephone	_____
		number	_____
Architect	_____	Telephone	_____
		number	_____
Seller of	_____	Telephone	_____
Land	_____	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.

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 _____

Sub-Section E

Applicable Fraction

Project site size in acres	_____	or square footage	_____
	Number Units	of	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 Utilities

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.

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 _____ %
 LTC Ratio _____
 Funding _____

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 _____ %
 LTC Ratio _____
 Funding _____

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 Date _____ Principal Amount \$ _____
 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 _____
 LTC Ratio _____
 Loan Payment _____

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 Loan Payment _____
Ratio _____

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

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 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
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 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
 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:	_____	_____ %	\$ _____
Total Proceeds			\$ _____

Section 5 Acquisition/Rehabilitation/Conversion of Existing Buildings

If the project involves the Acquisition/Rehabilitation of an existing development, the following information is required:

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

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

(Reference Section 11, Eligible Project Categories, for detail regarding related party transactions.)

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 _____

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
Land, Building and Site-Work Sub-Total	_____		
Construction & Contractor Fees			
New Structures	_____		
Rehabilitation	_____		
Accessory Buildings	_____		
General Requirements	_____		
Other*	_____		
Overhead	_____		
Profit	_____		
Other*	_____		
Construction Sub-Total	_____		

<u>ITEM</u>	<u>ESTIMATED COST</u>	<u>30% VALUE ELIGIBLE BASIS</u>	<u>70% VALUE ELIGIBLE BASIS</u>
Contingency			
Construction	_____	_____	_____
Rehabilitation	_____	_____	_____
Other*	_____	_____	_____
Contingency Sub-Total	_____	_____	_____
Professional Fees			
Architect Design	_____	_____	_____
Architect	_____	_____	_____
Supervision	_____	_____	_____
Real Estate Attorney	_____	_____	_____
Consultant/Agent	_____	_____	_____
Engineer/Survey	_____	_____	_____
Permits/Impact Fees	_____	_____	_____
Other*	_____	_____	_____
Professional Fee Sub-Total	_____	_____	_____
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*	_____	_____	_____
Construction Interim Cost Subtotal	_____	_____	_____
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
Permanent Financing Sub-Total			
Soft Cost			
Feasibility Study			
Market Study			
Environmental Study			
Tax Credit Fees			
Compliance Fees			
Rent-up Expense			
Appraisal			
Cost Certification			
Survey			
Other*			
Soft-Cost Sub-Total			

<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*	_____	_____	_____
Syndication Sub-Total	_____	_____	_____
Developer Fees**			
Overhead	_____	_____	_____
Profit	_____	_____	_____
Consultant	_____	_____	_____
Other*	_____	_____	_____
Developer Sub-Total	_____	_____	_____
Project Reserves			
Lease Up	_____	_____	_____
Operating	_____	_____	_____
Replacement	_____	_____	_____
Escrows	_____	_____	_____
Other*	_____	_____	_____
Reserves Sub-Total	_____	_____	_____
Project totals	_____	_____	_____
High Cost Adjustment	_____	_____	_____
Applicable Tax Credit Percentage	_____	_____	_____
Amount of Tax Credit Requested	_____	_____	_____

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

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

ITEM	COST	30% VALUE ELIGIBLE BASIS	70% VALUE ELIGIBLE BASIS
Adjusted Basis Calculation, Less Exclusions			
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	\$ _____

Section 7 Annual Expenses

Sub-Section A Administrative Expense

Accounting	\$ _____
Advertising	_____
Legal	_____
Leased Equipment	_____
Management Fees	_____
Management Salaries and Payroll Taxes	_____
Model Apartment Rent	_____
Office Supplies and Postage	_____
Telephone	_____
Annual Compliance Fees	_____
Miscellaneous	_____
Other*	_____
Administrative Expenses Sub-Total	\$ _____

Sub-Section B Operating Expense

Fuel (Heat and Water) \$ _____
Electrical _____
Water and Sewer _____
Gas _____
Garbage and Trash _____
Security _____
Cable Television _____
Other* _____

Operating Expenses Sub-Total \$ _____

Sub-Section C Maintenance Expense

Elevator \$ _____
Exterminating _____
Landscaping _____
Repairs _____
Maintenance Salaries and Payroll Taxes _____
Maintenance Supplies _____
Swimming Pool or Picnic/Barbecue Area _____
Snow Removal _____
Decorating _____
Other* _____

Maintenance Expenses Sub-Total \$ _____

Sub-Section D Fixed Expense

Real Estate Taxes \$ _____
In-Lieu Taxes _____
Insurance _____
Other* _____

Fixed Expenses Sub-Total \$ _____

*All "other" costs must be identified

Total Annual Expenses \$ _____

Taxes and Annual Expense Breakdown

<u>Unit Size</u>	<u>Monthly Per Unit Expense</u>	<u>Per Unit Tax</u>
------------------	---------------------------------	---------------------

Efficiency	\$ _____	\$ _____
One Bedroom	_____	_____
Two Bedroom	_____	_____
Three Bedroom	_____	_____
Four Bedroom	_____	_____
Other* _____	_____	_____
Total	_____	_____

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 Certificate from Nationally Recognized Firm (per QAP Section 13 General Requirements, Subsection B, Project Security and Management)

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).
- 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)

See Threshold #3, Project Income/Rent Restrictions described in QAP Section 12, Threshold Requirements.

Section 11 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**

Phase: Plans (Item)

Site Plan
Grading Permit
Building Permit
Final Plans &
Specifications
Other* _____

Phase: Closing (Item)

Property Transfer
Other* _____

Phase: Construction Financing (Item)

Loan Application
Conditional
Commitment
Final Commitment
Closing
Other* _____

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 12. Mandatory Energy Efficiency Requirements. (see QAP Section 14, Mandatory Energy Conservation Requirements)

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 Appendix C, Required Energy Forms of the 2012 QAP (also Exhibit 11 of application) within 90 days of the May 4, 2012 QAP application due date.

Acquisition/ Rehabilitation projects must meet an energy rating of eighty-six (86) as defined by the Architectural Energy Corporation's REM rate index.

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 _____, 2012.

Project Name

Project Sponsor

Authorized Agents Name

Title

Signature

STATE OF)

COUNTY OF)

On this _____ day of _____, 2012, 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