

# Project Application

Low-Income Housing Credit Program  
NYS Low-Income Housing Tax Credit Program  
Homes for Working Families Program  
New York State Housing Trust Fund  
New York State HOME Program



George E. Pataki, Governor  
Judith A. Calogero, Commissioner and Chairperson

New York State  
Division of Housing and Community Renewal  
and  
New York State  
Housing Trust Fund Corporation

38-40 State Street/Hampton Plaza/Albany, NY 12207  
World Wide Website: [www.dhcr.state.ny.us](http://www.dhcr.state.ny.us)  
E-Mail: [CDInfo@dhcr.state.ny.us](mailto:CDInfo@dhcr.state.ny.us)

Applicant Name

For HTF use only:

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SHARS ID Number: \_\_\_\_\_

**UNIFIED FUNDING**  
**Section I**  
**Application Instructions**

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**New York State  
Division of Housing and Community Renewal  
Unified Funding Application  
for  
Project Funding**

## **INTRODUCTION**

This Section contains the following parts:

- I. General Instructions
- II. Exhibit Instructions
- III. Attachment Instructions

### **I. GENERAL INSTRUCTIONS**

Applicants are reminded that there are two applications for funding this round. One application is available for those applicants who are requesting Program funding and another application is available for those requesting Project funding. Applicants are responsible for obtaining the proper application for funding.

Applicants requesting HOME funds to develop single family (1-4 unit) homeownership projects or condominiums must utilize the Local Program application to apply for funds. **HOME project applications proposing these activities will not be accepted this round.**

This application is for **PROJECT FUNDING ONLY**. Applicants preparing an application for project funding must observe the following points:

- All applications are to be submitted to the:

New York State Division of Housing and Community Renewal  
Office of Community Development  
Hampton Plaza  
38-40 State Street  
Albany, New York 12207

- For HTF, HWF and HOME (**site-specific**) projects, provide one original and four copies of the complete application (exhibits and attachments) with two sets of plans (a CD Rom of the preliminary plan submission may be submitted in lieu of one set of preliminary plans) -- as specified in the **Application Submission Requirements Chart and Checklist**. No additional copies are required when LIHC/SLIHC is requested under the same application.
- Unless otherwise noted in these instructions, LIHC shall refer to the federal low-income housing credit program and SLIHC shall refer to the New York State low-income housing tax credit program.

- For stand-alone LIHC/SLIHC projects, provide one original and two copies of the complete application submission and submit them to the above address.
- For HTF and HOME Seed Money Applications provide one original and three copies of **Exhibits 1-4, 8, 11, Attachment A1, Evidence of Site Control, Attachment B, Community Needs, and, if applicable, Attachment F1, Applicant’s Certificate of Incorporation.**
- **If a proposal is to be reviewed under the provisions of more than one program, submit the appropriate Exhibits and Attachments for each program which show how the provisions of that program will affect the substance and structure of the proposal.**
- All information should be typed, or completed using word processing software/equipment, onto each **Exhibit**, as requested, and each **Attachment** must be entitled, completing any heading where the applicant's name and project name are required. **Handwritten exhibits are strongly discouraged to minimize misinterpretation due to illegibility.**
- All **Exhibits** and **Attachments** must be separated by tabs and bound, as directed below, and in the order listed in the **Application Submission Requirements Chart and Checklist**. Permanent binding methods, or those which mutilate the edges of the paper, should be avoided. It is recommended that applicants use three-ring binders.
- The application pages must be numbered consecutively, with the first page of each Exhibit and Attachment entered into the Submission Requirements Chart and Checklist.
- Architectural plans should be bound within the submission package. Plans which are not bound must be clearly marked with the applicant's name, the project name, the site address and date submitted. On the cover of the application copies which include the plans, indicate “Design Documents Included”, if all copies do not include this material. A CD Rom of the preliminary plan submission, in Autocad or compatible format, may be submitted in lieu of one of the two required sets of paper preliminary plans.
- Unless applicants are otherwise instructed to add information in the form of an **Attachment**, all requested documentation should be provided in the appropriate **Exhibits**.
- Applicants are expected to complete each **Exhibit** using "Not Applicable" (N/A) for questions not pertinent to the applicant's project.
- Failure to complete Exhibits or answer questions may affect the applicant's chances for receiving an award.
- Applications for Technical Assistance must include only **Exhibits 1,2 & 8** and are submitted to the Regional Office where the proposed project is to be located. NOTE: Technical Assistance requests may be submitted at any time.
- All responses to questions and all documentation requested in the application instructions must be inserted in an applicant’s submission in the location prescribed by the instructions. When the same supporting documents are required in multiple locations, the narrative in the Exhibit(s) or Attachment(s) that **do not** contain the supporting documents should clearly state

the nature of the documents and their location in the application by page number. Any response or documentation not provided as directed by the application instructions, or not properly cross-referenced as to its location in the application, may adversely impact the rating and review of that application.

- Documentation of any approved waiver(s) must be included with the exhibit or attachment to which the waiver applies.
- Applications are logged into the **Statewide Housing Activity Reporting System (SHARS)**, according to the date they are received by the Housing Trust Fund Corporation (HTFC)/Division of Housing and Community Renewal (DHCR), and are assigned identifying Project Numbers.

For applicants using the Omniform version of this application, the following additional instructions apply:

- Use the number "0" to indicate NA in a numeric field.
- Use hard return and spacebar when indenting; using the TAB key will move the cursor to the next field.
- If additional pages are needed, use the Record button in the standard toolbar or the commands in the Records menu.
- Refer to the HELP menu for online tutorials to step you through the basics, especially if you have never used Omniform before.
- For technical assistance with the filler software, refer to the phone number in your Omniform filler manual.
- To obtain Omniform Filler contact ScanSoft at 1-800-654-1187 between 8:30 AM and 5:30 PM Eastern time or on the Internet at [www.scansoft.com](http://www.scansoft.com).

The following Sections give detailed accounts of all the information that must be entered onto each **Exhibit** page and **Attachment** of the **Application**.

## **II. EXHIBIT INSTRUCTIONS**

The **Application Submission Requirements Chart Section II** specifies the **Exhibits** and **Attachments** required for each program.

As stated above in the General Instructions, if an applicant seeks consideration under more than one program, documents appropriate to each program must be submitted.

For every **Exhibit**, enter applicant's name in the upper right hand corner.

### **Unified Funding Application Submission Requirement Chart and Checklist**

These pages must be completed as described above and treated as the **Table of Contents** for the application submission.

## Exhibit 1. Application Summary

In the **applicant** box in the upper left corner, enter the submission or resubmission date, and check the applicable box to indicate whether this is an initial submission or a resubmission of this application.

### A. Program Funds Requested

1. Check the box to the left of each program from which you are requesting funding, and enter the dollar amount of funds requested from that program on the applicable line. The amount requested from the Low-Income Housing Credit (LIHC) and/or the State Low-Income Housing Credit (SLIHC) Program should be the annual Credit amount. For Homes for Working Families (HWF) projects, the 4% As-of-right LIHC amount anticipated must be filled in. Please note that you may not request both project funding and seed money funding at the same time.
2. If applying under one of the funding initiatives, check the appropriate box to the left of that initiative. If applying under the Mixed Income Family Housing Initiative, indicate the number of units over 90% of Area Median Income (AMI).
3. Indicate with a Y(es) or N(o) whether or not this project has received DHCR/HTFC funding in the past (including seed money), and enter the project's SHARS ID # in the space provided.
4. Indicate your intentions concerning obtaining other government funding for this project over the next year. If you answer yes, provide the name of the funding source, date of or anticipated date of application, funding program, and the funding agency's decision if known, in Exhibit 2, Section 4, Project Financing.

### B. Applicant Information

1. **SHARS Applicant ID #:** Enter the SHARS applicant ID number previously assigned to your organization, if known.
2. **Applicant Name:** Enter the legal name of the organization or individual applying for funding from a DHCR/HTFC-administered program. (Enter only one - **MUST BE AN EXISTING ENTITY**)
3. **Federal ID#/Social Security No.:** Enter the applicant's federal employer ID number or social security number, whichever is applicable.
4. **DOS Charities Registration No.:** Enter the applicant's New York State Department of State charities registration number.
5. **Fiscal Year End Date:** Enter the month and day the applicant's fiscal year ends.

6. **Applicant Type(s):** Enter as many of the following two-digit applicant type codes as are applicable:

- |                              |                                  |                                |
|------------------------------|----------------------------------|--------------------------------|
| 01=Individual                | 05=Public Housing Auth.          | 06=HDFC                        |
| 07=Town Government           | 08=Village Government            | 09=City Government             |
| 10=County Government         | 11=Municipal Designee            | 12=Non-Profit Corporation      |
| 13=Limited Profit Corp.      | 14=For Profit Corporation        | 15=Unincorporated Assoc.       |
| 16=Charitable Organization   | 17=Financial Institution         | 20=Native American Tribal Org. |
| 21=Partnership (not limited) | 22=NYS Agency                    | 23=Public Benefit Corp.        |
| 24=Limited Partnership       | 27=Limited Liability Corporation |                                |

7. Indicate whether or not the applicant is a certified Minority- and/or Women-owned Business Enterprise (M/WBE). M/WBE's must be certified by the NYS Empire State Development's Minority and Women's Business Division.

**M/WBE Status:** Enter the one-digit code below which describes the applicant's Minority and Women-Owned Business Enterprise (M/WBE) status:

0 = Not an MBE or WBE    1 = WBE    2 = MBE    3 = W/MBE    4 = Prior W/MBE

8. If an MBE or M/WBE, the applicant should indicate the type of minority group it represents. Minority group member is defined under part 540 of Article 15-A. Questions should be referred to DHCR's Office of Fair Housing and Equal Opportunity (FHCO)

**MBE Type:** If applicable, enter the code which describes the applicant's MBE category:

0=Unknown    1=Black    2=Hispanic    3=Asian/Pacific Islander    4=Native American

9. **IRS Tax Exempt Category:** Provide the applicant's IRS tax exempt category.

10.-21. **Applicant's Mailing Address:** Enter the applicant's mailing address, phone and fax number in the spaces provided. If the address includes a building name, or receives mail in care of someone, use #11, Street Additional, for such information.

22.-28. **Applicant's Prime Contact Person Information:** Enter the requested information for the applicant's prime contact person. **This is the person to whom all correspondence from DHCR/HTFC will be addressed, and who has the authority to legally represent the applicant.**

29.-33. **Applicant's Authorized Signatory:** In cases where the contact person is not an officer or employee of the applicant, provide the name of an officer or employee authorized to sign documents on behalf of the applicant.



**34.-37. Chief Elected Official of Project Municipality:** Enter the name, title, telephone number and mailing address of the chief elected official of the municipality in which the project will be located.

**C. Project Owner Information -** This section **must** be completed if the owner entity of the property is or will be different than the applicant.

1. **Organization's Legal Name:** Enter the legal (or proposed legal) name of the organization which owns or will own the project upon transfer of title.

2. **Federal Employer ID No.:** Enter the organization's federal employer ID number.

3. **Fiscal Year End Date:** Enter the owner's fiscal year end date.

4. **Organization Type:** Using the applicant Type codes provided in Section B, #6 of these instructions, enter the applicable type(s) in the space(s) provided.

5. **IRS Tax Exempt Category:** Enter the IRS tax exempt category of the owner organization.

6.-15. **Owner's Mailing Address:** Enter the mailing address of the owner organization.

16.-19. **Owner's Prime Contact Person Information :** Enter the requested information for the owner's prime contact person.

**D. General Project Information**

1. **Project Name:** Enter the name of the proposed project.

2. **Project County:** Enter the name of the county in which the project is located.

3. **Municipality:** Enter the name of the village, town or city in which the project is located.

4. **Type of Municipality:** Indicate whether city, town or village.

5. **Number of Sites in Project:** Enter the number of proposed sites in the project. (A site is defined as a distinct parcel of land, unless the applicant has proposed to combine two or more adjacent sites into one, with one address).

6. **Number of Buildings in Project:** Enter the proposed number of buildings in the project.

**E. Project Political Districts:**

Enter the district numbers and **full names** of the New York State Assembly, Senate and Congressional members who represent the sites on which the project will be located.

Example:	<u>District Type</u>	<u>District No.</u>	<u>Member's Name</u>
	Assembly	199	John Jones

**F. Project Unit Information**

- Total Project Units:** Provide the total number of residential, civic/community and commercial units which will exist upon project completion, including those units which will not be funded by DHCR/HTFC sources. Be sure to enter the total number of residential units in the appropriate column (existing/rehab and/or new construction). Provide the total square footage of non-residential units.
- Residential Units Assisted by Funding Source(s):** List each funding source of the project's residential units, beginning with DHCR/HTFC sources. Then enter the number of existing/rehab and/or new construction units which that funding source will assist. Enter the source's regulatory term for those units, if applicable. Note: If you are requesting both LIHC and SLIHC, be sure to identify each on a separate "Source Name" line.

**Example: Your project involves the rehabilitation of a 15-unit building, and the new construction of a 15-unit building on an adjacent site. HTF will provide funding for all 30 units, and HHAP will provide funding for the 15 rehab units:**

	<b>Residential Units</b>		<b>Regulatory</b>
	<u>Total Existing/Rehab</u>	<u>Total New Construction</u>	<u>Term</u>
<b>Source Name: HTF</b>	<b>15</b>	<b>15</b>	<b>30 years</b>
<b>Source Name: HHAP</b>	<b>15</b>	<b>0</b>	<b>25 years</b>

**NOTE:** If the proposed project will include a non rent bearing unit for a resident manager or maintenance personnel, that unit will not be counted as an HTF/HOME assisted unit unless the unit will remain affordable to income eligible households. If a project is receiving LIHC and/or SLIHC, the applicant may elect to have the resident manager/maintenance personnel unit be considered as common space for the low income housing project.

- Non-Residential Units Assisted by Funding Source(s):** List each funding source for non-residential units, and the total number of civic/community and/or commercial units and square footage of each that the source will assist.

**G. Income & Population Targets:**

- Income Targets:** In the "No. of Units" columns, list the total number of units in the project which are targeted to each income range category. Please include all units in the project, including the superintendent's unit, if applicable. See the examples below for assistance with completing this section.

**Example 1: The project consists of 30 units; 10 will serve persons at 60% of median income, 10 will serve those at 48% of median income and 10 units will not receive DHCR/HTFC funding.**

<u>Income Target Group</u>	<u>Total No. of Units</u>	<u>No. of DHCR/HTFC Units</u>
41% through 50% of Median Income	10	10
51% through 60% of Median Income	10	10
91% or above	10	

**Example 2: The project consists of 30 units; 10 will serve persons at 38% of median income, 10 will serve those at 48% of median income and 10 units will serve those at 58% of median income.**

<u>Income Target Group</u>	<u>Total No. of Units</u>	<u>No. of DHCR/HTFC Units</u>
31% through 40% of Median Income	10	10
41% through 50% of Median Income	10	10
51% through 60% of Median Income	10	10

2. **Target Populations:** Using the codes provided below, record the total number of units in the project which will be targeted to one or more special populations, including the superintendent’s unit. All units not targeted to a specific population need to be identified using 00, No Target Population. See the examples that follow for assistance with completing this section.

- |   |   |
|---|---|
| 00 = No Target Population               | 08 = Ex-Offenders                                       |
| 01 = Persons with AIDS/HIV              | 11 = Substance Abusers                                  |
| 02 = Alcohol Abusers                    | 12 = Veterans   |
| 03 = Mentally Ill                       | 13 = Victims of Domestic Violence                       |
| 04 = Elderly*                           | 14 = Mentally Retarded/Developmentally Disabled Persons |
| 05 = Homeless Families                  | 17 = Persons on Public Assistance                       |
| 06 = Homeless Persons                   | 18 = Seasonal Farmworkers                               |
| 07 = Persons with Physical Disabilities | 19 = Frail Elderly Persons**                            |

\* For elderly projects, identify which age structure will be used - a) **age 55 or older**, where at least 80% of occupied units are occupied by at least one person who is 55 years of age, b) **age 62 or older**, where all occupants are persons 62 years of age or older or c) for HTFC projects which are **jointly financed by the US Department of Agriculture Rural Housing Services (USDARHS) only, age 62 or older, or handicapped persons of any age.**

\*\* Frail elderly persons or households may only be a targeted population in a project for the elderly.

**Example 1. If the persons you are targeting fit into more than one category, include all applicable codes for those units. For example, you are proposing a 25 unit project which has 15 units assisted by DHCR/HTFC. Ten units will be targeted to mentally ill homeless persons, ten units will target persons with physical disabilities and five units will not be targeted to any specific population.**

<u>Target Population</u>	<u>Total No. of Units</u>	<u>No. of DHCR/HTFC Units</u>
<u>03 06</u>	<u>10</u>	<u>10</u>
<u>07</u>	<u>10</u>	<u>5</u>
<u>00</u>	<u>5</u>	<u>0</u>

**Example 2. Your 15 unit project will target 10 units to the elderly, 4 units to physically disabled frail elderly and have a superintendent’s unit. All the units are DHCR/HTFC assisted.**

<u>Target Population</u>	<u>Total No. of Units</u>	<u>No. of DHCR/HTFC Units</u>
<u>04</u>	<u>10</u>	<u>10</u>
<u>07 19</u>	<u>4</u>	<u>4</u>
<u>00</u>	<u>1</u>	<u>1</u>

**If you are targeting units to any of the following populations, AND it includes a supportive service component (e.g., service contract, referral system, commitment by other state agency), your project will be considered a special needs project:**

- homeless persons
- homeless families
- persons with mental illness
- alcohol and/or substance abusers
- mentally retarded/developmentally disabled persons
- persons with physical disabilities including persons with traumatic brain injury
- persons with AIDS/HIV
- victims of domestic violence
- frail elderly persons

**H. Project Costs** - After completing the Development Budget (Exhibit 3), enter the following project cost items, using the figures from the Budget, as instructed below:

**1. Total Project Costs:**

- a. site acquisition cost: (Total Land/Structures) from line 3, column E;
- b. total soft costs: from line 22, column E;
- c. total construction costs: from line 38, column E;
- d. total development costs (TDC): from line 41, column E;
- e. total working capital: from line 46, column E;
- f. total project reserves: from line 49, column E; and
- g. total project costs (TPC): from line 50, column E.

**2. Per Unit Costs:**

- a. TDC/Unit: Enter the gross development cost per unit (i.e., TDC, line d, above, divided by the TOTAL number of residential units in the project, including the superintendent's/employee's unit(s)).
- b. TDC Minus Site Acquisition/Unit: Subtract acquisition costs, line a, above, from TDC, line d, above, and divide the result by the TOTAL number of residential units in the project. Enter the result.
- c. TPC/Unit: Enter the project cost per unit, by dividing TPC (line g above) by the TOTAL number of residential units in the project.
- d. Construction Costs/Unit: Enter the construction cost per unit, by dividing total construction cost, line c, above, by the TOTAL number of residential units in the project.

**3. Wage Rates:** Indicate which of the wage rates the total construction cost calculation was based on. (**NOTE:** HOME projects with 12 or more units must use Davis-Bacon wage rates.)

**I. Sources of Funds** - Provide information on each funding source for the project, including non-DHCR/HTFC sources.

**Column A - Source Name:** List each source of funds for this project, beginning with DHCR/HTFC sources.

**Column B - Requested Dollars:** Enter the dollar amount of funds requested or committed from that source.

**Column C - Financing Type:** Using the following codes, enter the type of financing to be provided by that source.

**Financing Type Codes:** B=Both Permanent and Construction; C=Construction Financing; P=Permanent Financing; and O=Other Financing (LIHC, SLIHC, RRAP, etc.).

**Column D - Assistance Type:** Enter the type of assistance to be provided by the source, using the following codes:

Assistance Type Codes: 01=Loan; 02=Grant; 03=Other; 04=Non-Capital Program Assistance

**Column E - Financing Term:** Enter the financing term for the source, if applicable.

**J. Profile Sheet** - Complete the Profile Sheet as instructed in the example incorporated on the following page using information provided elsewhere in Exhibit 1. In completing the Project Address information, please provide street number and name, municipality and zip code.

**K. Applicant/Owner Certification**

An authorized representative of the applicant (and the owner if different), must certify that all the information in the application is true and accurate, that the representative is authorized to file this submission, and the performance of the applicant and its principals on prior government-assisted projects has been satisfactory. The applicant certification must be signed by any individual who is an applicant, all general partners of a limited partnership, all individuals with an ownership interest of 10% or more in the applicant, all officers of a corporation which is an applicant, or the authorized representative of a not-for-profit or government entity which is an applicant.

**L. Development Team Members** - For each member of the development team identified at the time of application (e.g., developer, architect, management agent, general contractor, housing consultant, construction manager, etc.), provide the role, name of the contact person, the organization name and the telephone and fax numbers. As a minimum, must include developer, owner, architect, general contractor and management agent.

**M. Disclosure of Identities of Interest** - Disclose and describe any identities of interest between; a) the members of the development team, b) the members of the development team and the seller of the property on which the project will be developed. This disclosure must include the nature of their fiduciary relationship and their financial relationship, past, present and future, to the project and to each other. Refer to the definition of identity of interest in the Capital Programs Manual (CPM) Glossary for guidance.

J. PROFILE SHEET- Complete As Instructed Below:

J. PROFILE SHEET

SHARS ID#: (Leave Blank) PROJECT/PROGRAM NAME: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE#: ( ) - \_\_\_\_\_

FAX #: ( ) - \_\_\_\_\_

PROJECT ADDRESS/PROGRAM LOCATION: *Street #, Street Name, Municipality and Zip Code* \_\_\_\_\_

COUNTY: *Project-County located,* \_\_\_\_\_ HOUSING TYPE: *Indicate if*  
*LPA-County serviced:* \_\_\_\_\_ *rental, owner-occupied* \_\_\_\_\_

SENATE DISTRICT #(s): \_\_\_\_\_ SENATOR(s): \_\_\_\_\_

*District project* \_\_\_\_\_

*located, Program* \_\_\_\_\_

*will serve* \_\_\_\_\_

ASSEMBLY DISTRICT #(s): \_\_\_\_\_ ASSEMBLY PERSON(s): \_\_\_\_\_

PROJECT/PROGRAM SUMMARY: *Briefly describe the project/program in a manner similar to the following:*

*For (new construction)(substantial rehabilitation) of # units of (rental)(homeownership) located in municipality/county.*

*# units will be targeted for incomes between %- % of the area median income. # units will be targeted*

*for the following special populations* \_\_\_\_\_

CONSTRUCTION FINANCING

SOURCE: *Enter all sources and amount received from each:* \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMANENT FINANCING

SOURCE: *Enter all sources and amount received from each:* \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL PROJECT/PROGRAM COST: \_\_\_\_\_

HTF/HWF/HOME: *Amount Requested* \_\_\_\_\_

HTF/HWF/HOME AWARD RECOMMENDATION: *Leave Blank*

LIHC: Annual Amount Requested: \_\_\_\_\_ SLIHC: Annual Amount Requested: \_\_\_\_\_

LIHC AWARD RECOMMENDATION: *Leave Blank* SLIHC AWARD RECOMMENDATION: *Leave Blank*

PARTICIPATING PARTIES & TRACK RECORD: *Provide name and short history of Applicant/Owner. History should include total number of previous awards, dollar amount involved, approximate number of units involved, types of projects (restoration, first time homebuyer, new construction, etc.). Entry should be 3-4 lines only. Identify Architect, Contractor and Management Agent.*

J. PROFILE SHEET- EXAMPLE:

**J. PROFILE SHEET**

SHARS ID#: *(Leave Blank)* PROJECT/PROGRAM NAME: Mountainview Hills

APPLICANT: Housing Rehabilitations, Inc.

PRIMARY CONTACT: John Q. Smith PHONE#: (123) 456-7890

FAX #: (123) 456-7891

PROJECT ADDRESS/PROGRAM LOCATION: 24 Maple Street, Easton, 12345

COUNTY: *Project-County located,* Cayuga HOUSING TYPE: *Indicate if*  
*LPA-County serviced:* Cayuga *rental, owner-occupied* Rental

SENATE DISTRICT #(s): 53 SENATOR(s): Michael F. Nozzolio

*District project* \_\_\_\_\_  
*located, Program* \_\_\_\_\_  
*will serve* \_\_\_\_\_

ASSEMBLY DISTRICT #(s): 126 ASSEMBLY PERSON(s): Daniel J. Fessenden

PROJECT/PROGRAM SUMMARY: Briefly describe the project/program in a manner similar to the following:

For substantial rehabilitation of 64 units of rental located in Town of Easton, Cayuga County. 32 units will be targeted for incomes between 31 %-50 % of the area median income. 64 units will be targeted for the following special populations: Homeless Families, Homeless Persons.

CONSTRUCTION FINANCING

SOURCE: *Enter all sources and*

*amount received from each:* First Community Bank AMOUNT: \$1,500,000  
Low-Income Housing Tax Credits \$6,200,000

PERMANENT FINANCING

SOURCE: *Enter all sources and*

*amount received from each:* Housing Trust Fund Corporation AMOUNT: \$1,500,000  
Low-Income Housing Tax Credits \$6,200,000

TOTAL PROJECT/PROGRAM COST: \$7,700,000

HTF/HWF/HOME: *Amount Requested* \$1,500,000

HTF/HWF/HOME AWARD RECOMMENDATION: *Leave Blank*

LIHC: Annual Amount Requested: \$880,000 SLIHC: Annual Amount Requested: \_\_\_\_\_

LIHC AWARD RECOMMENDATION: *Leave Blank* SLIHC AWARD RECOMMENDATION: *Leave Blank*

PARTICIPATING PARTIES & TRACK RECORD: Housing Rehabilitations, Inc., (HRI) an organization specializing in rehabilitation projects in central NY, has received 3 previous HTFC awards totaling \$3,250,000. With these funds, 168 units of housing have been rehabilitated and placed in service. Architect on this project is J. W. Smith Architects, Inc. The Contractor is WCW Construction. Both have worked with HRI on previous projects. HRI will be the Management Agent.



## Exhibit 2. Proposal Summary

Briefly describe the Project. If requesting Technical Assistance and/or Seed Money for a project provide a brief narrative identifying the type(s) of assistance and/or Seed Money needed. If additional space is needed, attach no more than one additional page clearly marked "Proposal Summary". Be sure to adhere to the following definition when doing so:

A project is a building, a set of buildings or an infrastructure enhancement. It may have multiple sites and multiple buildings.

Provide a summary of the project following the six sections outlined below. This summary should communicate the applicant's understanding of the pieces of the development proposal and how it intends to manage the implementation. Provide the location of supporting documents referenced in the narrative. (e.g. Market study, Attach. C2, pg. 226)

Note that sponsors of potentially complex projects are required to provide additional information. Instructions in *italics* apply only to the type of project named and underlined (for example, mixed use projects).

**NOTE: Applicants requesting LIHC who: are proposing a preservation project, as defined in DHCR's Qualified Allocation Plan; are proposing to include a community service facility in their project ; or are proposing a project involving the redevelopment of public housing, should review the Request for Proposals for specific guidance on these types of projects.**

1. General project description -- Provide a 1 to 2 paragraph general overview of the proposed project, including:
  - the location of the proposed project;
  - the proposed improvements;
  - the proposed unit/occupant mix, including any mixed use or mixed income aspects as appropriate even if you are not requesting to fund these portions of the project in this application. For elderly projects, identify which age structure will be used - a) **age 55 or older**, where at least 80% of occupied units are occupied by at least one person who is 55 years of age, b) **age 62 or older**, where all occupants are persons 62 years of age or older or c) for HTFC projects **which are jointly financed by the US Department of Agriculture Rural Housing Services only, age 62 or older, or handicapped persons of any age**;
  - the public purpose(s) served and the project beneficiaries; and
  - any economic development linkage with the project.
  - LIHC Applications: If any portion of the project will qualify as a community service facility under the terms of the DHCR Qualified Allocation Plan and a portion of the cost of that facility will be included in the project basis, describe the facility, operator and service provided.

2. Project design and use - Provide a brief description of the property and/or building (if existing) and the level of improvements proposed. Describe any special design features that promote efficiency in operating and management costs, including energy efficient improvements. As necessary, describe any complicating issues and risks in environmental review and design/construction (particularly for substantial rehab and adaptive reuse projects), and the proposed design solutions for those issues:
- For special needs projects and units, describe any physical features and design modifications which address these needs, (e.g., one story or elevator serviced design for elderly).
  - For mixed use/mixed income projects, describe solutions to mixed uses and shared spaces, and describe your management approach to mixed uses;
  - For occupied properties, describe how interim and permanent relocation issues are to be addressed; and
  - For adaptive reuse of existing non-residential properties, describe any project design features that have a significant impact on utility costs (i.e., large public spaces, large windows, high ceilings) and design strategies that minimize the impact of these features.
3. Project location and market -- Provide a concise description of the positive and negative aspects of the location and neighborhood as a setting for this particular project, and the target population and market issues as identified in the market study. Specific terms to be addressed include:
- a. locational advantages/disadvantages of the project and how these are addressed, including how the project location meets the minimum requirements of site suitability outlined in the Instructions for Attachment A 2.
  - b. how project scale is supported by evidence of demand from the market study or other information, (i.e., evidence of waiting lists for similar projects) and how the applicant proposes to address any special market issues, including accessibility limitations, (i.e. walk up designs for special populations and elderly); possibility of adverse impact on occupancy of publicly assisted housing or other problems, (i.e., street rents vs. project rents, size of targeted population); and
  - c. the marketing strategy and the basis for the projected rent-up period as they are reflected in the Development Timetable (Exhibit 7), the Development Budget (Exhibit 3, Working Capital) and Operating Budget (Exhibit 6).

**In addition:**

- For special needs units, describe any special marketing efforts directed at the special population;
- For mixed income projects, address any marketing issues of each income level separately; and
- For mixed use projects, address the marketing of each use separately.

4. Project financing -- Provide a general overview of the financing plan. Specifically, the applicant should address:
- a. the sources of construction and permanent financing, and any issues pertaining to the timing of receipt of financing and need for bridge loans;
  - b. the status of financing commitments (other than DHCR/HTFC sources) and how the use of other financing affects the development timetable;
  - c. how the applicant will minimize any development cost risks;
  - d. how the applicant will address any operating expense issues (e.g., tax abatements and utility estimates); and,
  - e. whether rental assistance is anticipated or committed for any units and the source and duration of the assistance.

**In addition:**

- *For special needs units, describe how the services will be paid for and any impact provision of such services will have on the operating budget; and*
- *For mixed use projects, address the financial viability of each use independent of the other uses (note that a separate Development Budget (Exhibit 3) and Operating Budget (Exhibit 6) are required for residential and non-residential uses); explain any assumptions regarding cross-subsidization among uses and explain the methodology and rationale used to pro-rate development costs and operating expenses between residential and non-residential uses.*

5. Project organization and implementation -- Provide an overview of the organization of the project and the implementation plan. Specifically, the applicant should address:
- a. Project organization, including the roles of development team members identified in Exhibit 1L and Exhibit 8 in completing the key tasks in the proposed development (particularly acquisition, construction supervision, loan closings, organizational filings, marketing and rent-up, and management). Fully explain existing ownership structure or proposed ownership structure, as applicable, any ownership structure issues including the proposed general partner(s) if known and the roles and responsibilities of each general partner during development and operation of the project.
  - b. Project implementation schedule, including time frames for completion of major tasks such as obtaining all necessary local approvals, closing on financing, construction start and rent-up.
  - c. Describe the status of environmental reviews, including environmental conditions on the site, plans to mitigate any identified issues and governmental approvals required to develop the site. Provide copies of any existing environmental documents such as a Phase I Environmental Site Assessment Report (the summary portion only), wetland permits, asbestos surveys or lead-based paint surveys under Attachment A3. **Do not submit the data section of the Phase 1 report.**

**In addition:**

- *For all LIHC and/or SLIHC projects, explain the ownership structure and the role of the applicant, and who will be responsible for all aspects of the syndication;*
- *For historic preservation projects, explain who is responsible for SHPO filings, the status of the filings and any issues regarding placing the project in service as it relates to historic tax credits; and*
- *For special needs projects, identify who will be responsible for services planning and delivery, and how this will be coordinated with management.*

In addition to the above, HOME applicants must submit:

- *a plan to comply with all federally mandated regulations that are applicable throughout the HOME regulatory term.*

6. Project Impact - Briefly describe the impact the project will have on the community. Address the Fair Housing Impact of the proposed project.

**Exhibit 3. Development Budget**

The information required in this **Exhibit** is a line-item breakdown of the costs to portray **only** the permanent financing required to develop the project. The information must be provided by source(s) and amounts for each applicable line item.

One Budget **Exhibit** must be submitted for the entire project.

For mixed-use projects, three or four separate versions of this **Exhibit** are required as follows:

1. a budget for the residential portion of the project;
2. a budget for the non-residential portion of the project, if applicable;
3. a budget for the community service facility as defined in DHCR's Qualified Allocation Plan portion of the project, if applicable;
4. a composite budget for the entire project.

Please clearly identify or label each version of the budget.

**I. Source of Funds -- Columns**

Columns (A)-(D): Each public or private funding source must be identified by naming the appropriate agency and program and entering the line-item amount(s) from each source.

Column (E): **Total Cost** per line item for all funding sources (the sum of Columns (A)-(D) is entered here.

Column (F): To be used by DHCR/HTFC staff only.

## II. Purposes -- Line Items

### A. Acquisition

1. Land. Enter value of the land and, in cases of rehabilitation, separate out the value of the structure.
2. Structure(s). Enter the amount from each source to cover acquisition costs of all buildings on the property.
3. Total Land/Structures. Enter the sums of Lines 1 and 2 for each column. Then enter the amount in Line 3, Column (e), onto Line H(1)a., **Exhibit 1**.

### B. Soft Costs

**General Note:** Refer to the **CPM, Section 5.00, Development Requirements**, for definitions and allowable fees and interim interest costs to be charged for DHCR/HTFC construction loans to private developers on **LIHC** and/or **SLIHC** projects. Enter the amount from each source to cover each Soft Cost Item. Remember to pro rate soft costs attributable to the non-residential component(s) of the project when completing separate budgets.

4. Appraisals. (Refer to the **CPM, Section 5.03.03, Appraisals**.)
5. Housing Consultant. (Up to 1% of TDC, Line 41, not to exceed \$20,000.) Note: For projects receiving LIHC, the maximum allowable developer's fee is calculated inclusive of payments to a consultant. (Refer to the **CPM, Section 5.05vii, Professional Fees**.)
9. Architecture/Engineering fees. While there are no absolute maximums, up to 15% of construction costs, Line 38, is allowed for small scale, highly complex, historic preservation projects with a sliding scale to 5% for larger, new construction projects.
10. Construction Manager fees. (Up to 5% of Line 38.) Note: This fee is only available to projects without a general contractor. Those projects requesting the construction manager fee may not include a builder's profit or overhead in the development budget. (Refer to **Section 5.05 of the CPM and Design Handbook**.)
12. Not-for-Profit Developer's Allowance (NPDA). For projects to be owned by a not-for-profit organization only. Please refer to **Section 5.05 of the CPM**.
20. DHCR/HTFC Fees. If applying for LIHC and/or SLIHC, enter a 4% allocation fee for each request calculated pursuant to Section 2040.3(C) of DHCR's Qualified Allocation Plan. If applying for "as-of-right" LIHC, enter 1% allocation fee calculated pursuant to Section 2040.4 (D) of the Qualified Allocation Plan. If application requests LIHC and/or SLIHC and either HTF or HOME as construction financing, add an additional \$12,500 for HTFC legal closing and construction monitoring.

21. Other. Specify other soft cost expenses. Include costs for the preparation of a Phase I Environmental Site Assessment (ESA) or other environmental studies here.
22. Total Soft Costs. Enter the sum of Lines 4-21 for each Column. Enter the amount in Line 22, Column (E), onto Line H(1)b., **Exhibit 1**.

**C. Construction**

**NOTE: Enter the projected cost figure for every applicable construction cost line item. "Lump sum" totals will not be accepted. Items such as off-site work, demolition, builders profit, overhead, general requirements, etc. must be specified. Appliances, if part of the construction contract, may be included in the construction line item.**

- 23-27. Site Work. Enter the amount from each source to cover each Site Preparation item. Include lead-based paint hazard control costs on line 26. Line 27, Other, must specify item(s).
28. Subtotal-Site Preparation. Enter the sum of Lines 23-27 for each column.
- 29-31. Contractor's Costs. Enter the amount from each source to cover each Contractor Cost item.
32. Other. If more than one expense item is included, provide a detailed breakdown on an additional page(s).
33. Performance Bond. (Typically between 1% to 2% of Line 35.)
34. General Requirements. (3%-6% of Line 35)
35. Subtotal-Contractor's Cost. Enter the sum of Lines 28-34 for each Column.
36. Builder's Overhead. (2%-4% of Line 35.)
37. Builder's Profit. (Up to 10% of Line 35.)
38. Total-Construction Cost. Enter the sum of Lines 35-37 for each Column. Enter the amount of Line 38, Column (E), onto Line H(1)c, **Exhibit 1**.
39. Project Contingency. Enter an amount to be set aside for all construction related cost items and estimates that represent an amount up to 5% of sum of lines 22 and 35.
40. Developer's Fee. (LIHC and/or SLIHC funding only, a maximum of 10% of line 3, plus a maximum of 15% of the sum of Lines 22, 38 and 39.) (Refer to **Section 5.05 of the CPM**)
41. Total-Development Cost (TDC). Enter the sum of Line 3 (Total Acquisition Costs), Line 22 (Total Soft Costs), Line 38 (Total Construction Costs), Line 39 (Project Contingency), and Line 40 (Developer's Fee), for each Column. Enter the amount in Line 41, Column (E), onto Line H(1)d., **Exhibit 1**.

## D. Working Capital/Initial Operating Deficit Reserve

Enter all costs through initial rent-up or sale of units for the first six months of project operations, including but not limited to: real property taxes, insurance, utility fees, management fees, advertising and marketing.

- I. **HTF and HWF Applicants:** HTF or HWF may capitalize a **Working Capital** fund for itemized and approved costs not to exceed 2% of Total Development Costs.
- II. **HOME Applicants:** HOME may fund HOME eligible costs for projects that are new construction/substantial rehabilitation, including the cost of funding an initial operating deficit reserve (Working Capital) to meet any shortfall in project income during the period of rent-up, which may not exceed 18 months.
42. Initial Operating Deficit. Enter the estimated shortfall between project operating expenses and operating income from time of initial rent-up through full rent-up for a period not to exceed 18 months. Expenses should include all applicable debt service.
43. Supplemental Management Fee and Marketing. Enter the costs for management and marketing fees from initial rent-up through full rent-up for a period not to exceed 18 months.
44. Purchase of Maintenance and Other Equipment. Enter any estimated amounts necessary to purchase needed and appropriate maintenance and other equipment. Provide an itemized list on a separate page.
45. Other. Please specify.
46. Total. Enter the sum of Lines 42-45 for each Column. Enter the amount in Line 46, Column (E) onto Line H(1)e, **Exhibit 1**.

## E. Project Reserves

47. Capitalization of Operating Reserve. Financing to capitalize the Operating Reserve must be from LIHC Proceeds Equity. HTF/HWF/HOME projects with LIHC and/or SLIHC, must fund an Operating Reserve based upon a minimum investment of 1% of Total Development Cost (TDC), Line 41, Column (E).
48. Replacement Reserve. If appropriate, an applicant may request funds to capitalize or partially capitalize a replacement reserve if the project cannot support the expense. Applicants should enter in each Column the amount to establish a replacement reserve. The reserve is used to replace major items and systems over the life expectancy of the structure including, but not limited to, flooring, appliances, plumbing fixtures, heating equipment, roof systems, windows and doors, cabinetry and replacement of site apparatus. This reserve is eligible for funding from HTF, HWF and LIHC. (Refer to **Section 5.05 of the CPM** for further information.)
49. Total Project Reserves. Enter the sum of Lines 47-48 for each Column. Enter Line 49, Column (E), onto Line H(1)f., **Exhibit 1**.

50. Total-Project Costs. Enter the sum of Line 41 (Total-Development Cost), Line 46 (Total-Working Capital) and Line 49 (Total-Project Reserve) from each source or Column. Enter Line 50, Column (E), onto Line H(1)g., **Exhibit 1**.

**F. LIHC and/or SLIHC Only Costs**

51-52. Syndication Cost/Partnership Expenses (LIHC/SLIHC only). Enter all Syndication Costs and Partnership Expenses incurred for LIHC and/or SLIHC projects that are syndicated. These costs should not be included in Total Project Cost (Line 50).

**III. Financing Information**

53. Equity Contribution (HTF or HWF). Enter the amount of cash and/or value of land contributed for equity. In order to receive an annual return on equity any applicant acting as a Private Developer is required to make an equity contribution. The minimum equity contribution is the greater of 2.5% of Total Project Cost (TPC); or 5% of TPC, minus all grants.

54-55. Sources of Construction and Permanent Financing. Enter the amount of money from each source, as follows: **Type** (i.e., loan or grant -- this information identifies grants to be deducted from TPC in computing minimum equity contributions for Private Developers (Line 53); **Term** (i.e., for construction, number of months through Cost Certification); **Interest Rate**; **Lien Positions** (In case of a default on a mortgage and note, indicate the proposed position (first, second, or third) each funding source will take).

**Exhibit 4. Affordability Plan**

**A. Tenant's Affordability Plan**

This exhibit should include information on all units in the project: DHCR/HTFC assisted and all others.

- (1) Unit Size. Number of bedrooms per unit. Distribute in the same manner as shown in **Exhibit 5, Rent Plan**.
- (2) Number of Units. Enter for each bedroom-distribution group as in **Exhibit 5, Rent Plan**.
- (3) Number of Units With Rental Subsidy. Enter the number of units within column 2 expected to receive a rental subsidy that is attached to the unit. All units by size with a rental subsidy should appear on a separate line.
- (4) Number of Occupants/Unit. Household size expected to occupy each unit size (use 1.5 persons per bedroom)



- (5) Comparable Rent for Unit in Primary Market Area. Median contract rent paid in the Primary Market Area for a comparable unit. Submit evidence of comparable rents for comparable units in the service area and include in the **Market Study** (refer to **Attachment C1**).
- (6) Monthly Basic Rent. Same as **Exhibit 5, Rent Plan** for each size of unit and income group.
- (7) Tenant Paid Utilities. The anticipated monthly cost of utilities to be paid by the Tenant
- (8) Total Monthly Housing Cost. Sum of Column (6), Monthly Basic Rent, plus Column (7), Tenant Paid Utilities.
- (9) Minimum Annual Income Needed to Afford Unit. Multiply Column (8), Total Monthly Housing Cost, by 12 to obtain the annual housing cost. Divide result by .3 for minimum annual income necessary to make unit affordable.
- (10) Area Median Income. Enter the appropriate Area Median Income (AMI) for the proposed unit size. Refer to the Median Income Adjusted by Bedroom Count in the Reference Materials to obtain this information.
- (11) Percentage of AMI. Divide Column (9) by Column (10) to determine to which income group the Total Monthly Housing Cost is affordable. (For example: If the Annual Income Needed is \$16,000 and the AMI is \$28,000, the income group to be targeted would be households at or below \$16,000 divided by \$28,000 = .57 or 57% of AMI.)
- (12)-(13) Market Rate Rent. HTFC will complete this block before executing the Project Regulatory Agreement.

Check the boxes that apply. Also, provide evidence of comparable rents in the service area, and include the information in the **Market Study** (refer to **Attachment C1** ).

**B. Owner's Affordability Plan.** (Complete for all owner-occupied projects, including 1-4 Family Homesteading, Cooperatives, and Condominiums. For Homesteading projects with Rental units, complete only the one line. This will include costs to the owner plus income from the rental units. (Complete **A. Tenant's Affordability Plan** for rental units)

- (1)-(2) See information for Columns (1)-(2), above, in **A. Tenant's Affordability Plan**.
- (3) Purchase Price. Enter the amount of the Purchase Price. If Sweat Equity is contributed, include its value in the Purchase Price as the Down Payment.
- (4) Down Payment. Enter the amount of the Down Payment and its percentage of the Purchase Price (i.e., 2%, 5%, 10%).
- (5) Amount to be Financed. Subtract Column (4) from Column (3).
- (6) Monthly Financing Payment. Enter the total of monthly principal and interest on the mortgage loan for the 1-4 unit properties or for the individual owner's unit (whether Single-Family Detached, Condominium, or Cooperative).

- (7) Monthly Taxes and Insurance. Enter the total amount of property taxes and home insurance, including flood insurance (if necessary), computed on a monthly basis.
- (8) Monthly Maintenance and Carrying Costs. For a single-family, detached unit, enter the monthly utility costs. For a Condominium or Cooperative Unit, enter the monthly costs to maintain and amortize the buildings and grounds.
- (9) Total Monthly Costs. Enter the sum of Columns (6)-(8). NOTE: For HTF Homesteaders, this total should not exceed 30% of monthly income.
- (10) Total Annual Costs. Enter the product of Column (9) x 12. NOTE: For HTF Homesteaders, this total should not exceed 30% of annual income
- (11) Proposed Annual Net Rental Income. Enter the net Rental Income to the Homesteader from the rental unit(s) in 2-4 unit projects. Net income is line 40 of the **Exhibit 6, Operating Budget**.
- (12) Annual Income Needed to Afford Unit. For Homesteading projects, subtract the Proposed Annual Net Rental Income, Column (11) from the Total Annual Housing Costs, Column (10) then divide the difference by .30 to determine the affordability of the unit. For Condominium or Cooperative projects, divide Column (10) by .30 to determine the annual household income necessary to make the unit affordable.
- (13)-(14) See information in Columns (10)-(11) in **A. Tenant's Affordability Plan**, above.

<b>Exhibit 5. Rent Plan</b>
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**NOTE:** If the project is to be a Cooperative or Condominium, use carrying/maintenance charges where rent figures are required. Also, do not include non-revenue units to be occupied by employees, in the calculation.

**Refer to the Capital Programs Manual for allowable vacancy rates and for each program's income requirements for occupancy prior to completing this Exhibit.**

1. Persons at Public Assistance (P.A.) and/or Very Low-Income (VLI) Levels.
  - a. Definitions.
    - **Public Assistance Level:** Units in the building to be occupied by households receiving Public Assistance rent payments or households who can afford to pay rents no greater than the rent paid by Public Assistance households. (Refer to **Reference Material** for a listing of shelter allowances by county).
    - **Very Low-Income Level:** Units in the building to be occupied by households having income less than, or equal to, 50% of the HUD Adjusted Area Median Family Income.

b. Columns.

- **Number of Revenue Units.** Enter the total number of P.A. level revenue-producing units within each bedroom-distribution group.
- **Basic Rent (or Carrying Charge) Per Month.** Enter the applicable shelter rent allowance, as defined above, for the household size to occupy each size unit or the proposed basic rent or carrying charge.
- **Monthly Revenue.** Multiply the Revenue units times the Rent Per Month for each size unit. Total Monthly Income is the sum of the Monthly Revenue Column.

2. Persons at Low-Income (L.I.) Level

a. Definitions.

- **Low-Income Level.** Units in the building to be occupied by households having incomes greater than 50% but less than or equal to 80% of the Area Median Income in New York City or 90% in the rest of the State (for HTF applications) or less than or equal to 80% of the Area Median Income anywhere in the State (for HOME applications).

b. Columns.

- **Number of Revenue Units.** Enter the total number of revenue-producing Low-Income units within each bedroom-distribution group.
- **Rent (or Carrying Charge) Per Month.** Enter the proposed basic rent or carrying charge. (Refer to **Reference Materials** for Low Income limits for New York State metropolitan areas and counties).
- **Monthly Revenue.** Multiply the Number of Revenue units times the Rent Per Month for each size unit. Total Monthly Income is the sum of the Monthly Revenue Column.

3. Persons Above Low-Income Level

- **Number of Revenue Units.** Enter the total number of market rate units (above low-income) within each bedroom-distribution group.
- **Rent (or Carrying Charge) Per Month.** Enter the proposed basic rent or carrying charge.
- **Monthly Revenue Column.** Multiply the Number of Revenue units times the Rent Per Month for each size unit. Total Monthly Income is the sum of the Monthly Revenue Column.

4. Total Monthly Income. Sum of Lines 1, 2 and 3.

5. Annual Gross Rents. Multiply Line 4 times 12 months.

6. Vacancy and Arrears. Estimated percent of vacancy and arrears expected for the building. Multiply percent by Line 5. (Refer to **CPM Section 5.06(ii)(a)** for further information.)
7. Net Residential Income. Line 5 minus Line 6.
8. Ancillary Income. Enter income -- other than tenant rental income or carrying charges -- received from building operations, such as from a laundry, parking facilities, or other source(s). Under “c. Other”, enter amounts of dedicated project operating subsidy from public agencies and fully capitalized Operating Reserves. Also, a Homesteader's contribution to the Operating Budget is entered here. Do not include interest from Operating or Replacement Reserves.
9. Total Ancillary Income. Sum of Lines 8a, 8b, and 8c.
10. Gross Commercial and/or Civic Income. Enter the estimated amount of revenue to be generated from commercial rents and/or civic rents, if building is mixed-use.
11. Vacancy and Arrears. Enter the percent of revenue expected to be lost from commercial rents due to vacancies and arrears. Multiply the percent by Line 10.
12. Net Commercial Income. Line 10 minus Line 11.
13. Total Effective Income. Sum of Line 7, Net Residential Income, Line 9, Total Ancillary Income, and Line 12, Net Commercial Income. Enter this amount onto Line 1, "Year 1" Column, of the **Operating Budget**, Exhibit 6.

<b>Exhibit 6. Operating Budget</b>
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Submit one operating budget for the entire project. Realistic operating and maintenance expenses must be estimated for every building in a project. Projected costs should be based on quotes or verifiable comparable project data. Please refer to the Instructions for **Attachment D2, Operating Budget Documentation**.

This Exhibit **must** be submitted for Rental projects, rental units in Homesteading projects of 2-4 units, and Cooperatives and Condominiums. For Co-ops/Condos, use the carrying cost and/or maintenance fees to reflect rental income.

For mixed use projects, three or four separate versions of this Exhibit are required as follows:

1. a budget for the residential portion of the project;
2. a budget for the non-residential portion of the project, if applicable;
3. a budget for the community service facility portion of the project, if applicable;
4. a composite budget for the entire project.

Please clearly identify or label each version of the budget.

1. Enter the Total Effective Income from line 13 **Exhibit 5**, the **Rent Plan**.

Assumptions for any changes in each line item for years 2 through 5 in the Exhibit must be explained in **Attachment D2, Operating Budget Documentation** form included in the Attachment Section of the Application.

- 2-39. Estimate the building's Operating expenses for the first 5 years of the project. Year one should represent the first complete year of occupancy. Applicants' are reminded to pay particular attention to utilities, taxes and insurance items. Applicants are required to document the basis for these three expenses as part of **Attachment D2 - Operating Budget Documentation**.

Before calculating Lines 37, Operating Reserve, and 38, Replacement Reserve, refer to **Section 5.06 of the CPM** for definitions and a discussion of the concepts.

40. Net Operating Income. Subtract Line 39 from Line 1.
- 41-44. Debt Service. List each source of debt financing, the amount(s), the interest rate (%), and the term. Calculate the annual dollar amount for each year, then total them on Line 44.
45. Cash Flow. Subtract Line 44 from Line 40.
46. Return on Equity. Financing pertains only to LIHC and/or SLIHC projects with or without HTF/HWF/HOME. For the **HTF/HWF/HOME** Programs, owners are limited on assisted units to the greater of a nominal return on equity (not to exceed \$240/unit annually) or an amount equal to debt service coverage required by another participating permanent lender.

### Exhibit 7. Development Timetable

For each project proposed, mark with an [x] to show by months the timeframes involved for the completion of each step as indicated below. **If a step is completed prior to the date shown for Activity 1, type "completed" on that line. Omniform users enter [x] under "SEP 2004".**

Activity 2-5. Indicate when these activities will be completed. Applicants should allow 30 business days for review and approval of pre-development documents.

Activity 6 - Bid Document Submission. NOTE: There are three development tracks: Permanent or construction financing with fixed price/negotiated contract and construction financing with competitive bidding. Applicants who are bidding construction contracts are required to submit bid documents. Applicants should allow 30 business days for review and approval of bid documents.

Activity 7 - Contract Document Submission. All applicants must submit contract documents prior to loan closing. Applicants should allow 45 business days for review and approval of contract documents.

Activity 8-10. Indicate when these activities will be completed.

Activity 11 - Rent-up Conference. Ninety to one hundred days prior to construction completion a rent-up conference is to be held between the Owner and/or manager of the project and DHCR staff from the Housing Management Office of DHCR.

Activity 12. Indicate when this activity will be completed.

Activity 13. For projects receiving LIHC and/or SLIHC only, this is the in-service date. For all others, this is the anticipated construction completion and Certificate of Occupancy date.

### **Exhibit 8. Organization's Relevant Experience**

The requested information **must** be provided for each project in which the applicant, the owner (if different from the applicant), the project architect, the contractor, housing consultant and the management agent has participated during the past ten years.

Only include information about activities similar to those being proposed in this particular application. Similar projects include those previously funded from the same funding source (e.g., HHAP, HFA, etc.), or those which are relatively similar in construction type, size, population served, financing and tenure.

List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. Attach additional pages as needed, marked "Exhibit 8 Organization's Relevant Experience."

### **Exhibits 9 -10. LIHC and SLIHC**

**NOTE: Complete the following Exhibits if applying for LIHC and/or SLIHC. Separate Exhibits 9 and 10 must be submitted when applying for LIHC and SLIHC in the same project. Check the appropriate box at the top of each Exhibit to indicate whether the Exhibit refers to a LIHC or SLIHC request.**

Applicants seeking an allocation of **LIHC** and/or **SLIHC** are directed to the following sources before preparing these **Exhibits**:

- DHCR's Qualified Allocation Plan (QAP).
- Article 2-A of the Public Housing Law (SLIHC)
- New York State Low Income Housing Tax Credit Regulations (SLIHC)
- Section 42 of the **Internal Revenue Code** and related regulations for information on definitions and program eligibility; and
- Professional guidance from a tax consultant, attorney, or accountant in preparing this **Exhibit** and related documentation, which may affect tax liability status through the **LIHC and/or SLIHC Program**.

## Exhibit 9. LIHC/SLIHC Project Summary

### A. Project Information

1. Number of Sites: Enter the number of non-contiguous sites in the project.
- 2-7. Enter as requested. Refer to the terms defined in DHCR's Qualified Allocation Plan (QAP) and the **Glossary** in the **CPM**.
8. Enter the name, address and title of the Chief Elected Official of the municipality in which the project is located.

### B. Minimum Set-Aside Election

Check the box that applies.

### C. Use of Credit Proceeds

Attach a description of the syndication of the low-income housing credit anticipated and explain the amount and use of the investor financing for the project. In your description be sure to include the following: will syndication be public or private; how much of the ownership will be retained by sponsor/developer; the name of the syndicator; a contact person and phone number; the total amount anticipated to be raised through the syndication; the net amount of the investor pay-in anticipated for this project; a break down of how the difference between the total raised and net pay-in is distributed/expended; the anticipated investor pay-in schedule including year of payment, amount and use; all expenses related to syndication fee, placement fee, acquisition fees, broker fees, etc.; attach all documentation from the syndication including letter agreements, offering statements, syndication agreements, and all side agreements.

If the investor (equity provider) will be involved in construction loans, bridge loans and/or permanent loans to the project, the description must include; a list of any and all loans from the investor to the project; the terms, timing and length of such loans.

If supporting documentation for this exhibit is located in another section of the application, provide that location, e.g. Attachment D3, pg. 175.

**Note:** Net Amount of Investor Pay-in is the amount after reduction for syndication, legal, placement or acquisition fees, upper tier reserves, bridge loan, interest, etc. is applied to project costs.

## Exhibit 10. LIHC/SLIHC Qualified Building Information

**NOTE:** A separate copy of this Exhibit (parts A, B, C and D) **must** be submitted for each unique Qualified Building in terms of cost in a project. If there are multiple unique Qualified Buildings, a summary Exhibit 10 which reflects the costs for all buildings must be included and the references in the Identification Block (upper right corner) must be appropriately completed. If there are multiple identical qualified buildings in a project, a separate copy of the Exhibit representing the costs of a typical building and a summary exhibit

including costs for all buildings must be submitted. Line item costs in these submissions must be consistent with those in Exhibit 3.

Enter the appropriate information regarding the location of the building. Refer to the terms listed above and to DHCR's QAP and the **Glossary** in the **Capital Programs Manual**.

**A. Acquisition Information**

1-3. Enter the appropriate information regarding how each building will be, or has been, acquired. Enter the acquisition cost for the building and whether the cost is based upon the Seller's or Buyer's Basis. Enter the date the building was acquired or the proposed date of acquisition.

**B. Determination of Qualified Basis**

NOTE: This exhibit should reflect expenses for the residential portion of the building only.

The **Exhibit** pages are the worksheet by which the **applicant** shows how the qualified basis of the building is derived from actual residential expenditures. If there is to be more than one qualified low-income building in the project, an appropriate means should be used to distribute between buildings any expenditures for common facilities that are eligible (e.g., proportion of the eligible residential floor space attributable to each building).

**Column Information.**

- A. Actual Cost. Enter what is -- or is expected to be -- the Acquisition cost of Land and the actual cost of the residential portion of the project which constitutes the eligible basis.
- B. Adjustment to Eligible Basis. Enter all adjustments to the eligible basis. The reduction shown on Line 2d is transferred to Line 3, Column C. The reduction shown on Line 5f (see below) is to be transferred to Column C or D.
- C/D. Eligible Basis by Credit Rate Type. Enter the dollar amounts of eligible basis in the building under either Column C (30% present value) or Column D (70% present value).

**Project Costs and Adjustments.**

The following amounts must be entered as specified:

- 1. Acquisition. Enter the actual costs of Land and Building Acquisition in Column A.
- 2. Adjustments Reducing Eligible Basis for Acquisition. Enter the amount in Column B.
- 3. Adjusted Eligible Basis of Acquisition. Line 1c minus Line 2d. Enter in Columns B & C.
- 4. Construction Improvements. Enter the amounts required in Columns A & B. Then complete C or D as applicable.
- 5. Adjustments Reducing Eligible Basis of Construction/Rehabilitation. Enter the amount required in Column B. Then complete C or D as applicable.



6. Adjusted Eligible Basis of Construction/Rehabilitation. Line 4e minus Line 5f.
7. High Cost Increase. Enter the amounts required in Columns C & D. If the building is located in a "Difficult Development Area" or a Qualified Census Tract, multiply Line 6 by 0.30 (Line 7a.) and enter the product in Line 7b. Otherwise enter N/A (not applicable).
8. Adjusted Eligible Basis of Construction/Rehabilitation Improvement. Enter the amounts required in Columns C & D.
9. Total Eligible Basis. Enter the amounts required in Columns C & D.
10. Applicable Fraction. Enter the percentage required in Columns C & D, based on units or square-footage.
11. Qualified Basis by Credit Rate. Enter amounts required in Columns C & D.
12. Credit Rate (Applicable Percentage). Enter the percentage required in Columns C and/or D.
13. Credit Amount from Qualified Basis. Line 11 times Line 12.

**C. Declaration of Public Subsidies**

Enter requested information for all government subsidies (including the LIHC and/or SLIHC being applied for) planned for the project as outlined in the **Exhibit**. The form must be completed for each building and **must** be signed, dated, and submitted at each stage of the **LIHC** processing; at application; at allocation (i.e., binding commitment and/or carry-over); and at project completion when applying for issuance of IRS Form 8609 and/or an eligibility statement (SLIHC).

**D. Unit Information**

Enter the information requested by bedroom distribution regarding rentable floor space, rent per month, and tenant-paid utilities.

**Exhibit 11. Building & Site Information**

Check whether the project has a **single site** or has **multiple sites**. For the purposes of this Exhibit, a site is either:

- (i) a building; or
- (ii) a set of multiple buildings each receiving funding from identical agencies;

Enter the number of each site in the upper right-hand corner of each **Exhibit**, and explain the method of numbering the sites.

**A. Site Control**

1. Enter the street address(es) for the site(s).

2. Check whether the governing municipality is a City, Town, or Village.
3. Enter the number of the Census Tract or Enumeration District in which the site is located.
4.
  - a. Check current site control type and give date of site control document.
  - b. For applicants purchasing a site, refer to the **CPM, Section 5.03.02, Site Acquisition** requirements.
  - c. If the applicant currently holds a lease, enter the annual rent paid and the number of years remaining on the lease.
  - d. Check the box to identify the current owner of the site.
5. If the applicant is a Neighborhood or Rural Preservation Company (NPC or RPC), check the box that indicates whether the site is located within the applicant's service area.

**NOTE: New York City applicants - the following information regarding New York City's policy toward the use of City-owned sites by DHCR/HTFC applicants has been provided by the New York City Department of Housing Preservation and Development (HPD).**

#### **HPD Site Requirements**

For the properties owned by the City of New York, the following process is required:

- Not-for-profit applicants in New York City considering the use of a City-owned site must submit a written request for a site to:

Mary Bolton, Assistant Commissioner  
Program Planning  
New York City Department of Housing  
Preservation and Development  
100 Gold Street, Room 5-K4  
New York, New York 10038

The request must be received by February 20, 2004 and must include:

- A description of the applicant organization's service or catchment area identifying the streets that form the boundaries of the service area and the Community Planning District in which the area is located.
- A general description of the proposed project which must include the homeless population to be served, whether the project will serve a special needs group and a description of any non-residential elements of the proposed project.
- A brief description of the main functions of the applicant's organization including any involvement in housing and community development.

- Applicants may suggest sites. However, HPD will in its sole discretion, accept or reject such proposed sites.
- Authorization to utilize a City-owned site for an application is conditional, non-exclusive and provided at the sole discretion of HPD.
- Authorization will automatically expire if the applicant organization does not receive funding under the HTFC 2002-2003 RFP within six (6) months from the date of authorization.
- HPD will require evidence of support from the local Community Board for development of a DHCR/HTFC project on the proposed site.
- HPD reserves the right to require that a minimum of ten percent (10%) of the dwelling units be provided to homeless families and/or individuals referred from HRA, the New York City Human Resources Administration or any such other referral source approved by HPD.
- HPD, at its sole discretion, shall have the right at any time and for any reason whatsoever to cancel and revoke authorization to utilize a City-owned site, prior to conveyance of title to the sponsor. Effected applicants are encouraged to call Mary Bolton at (212) 863-8492 for further information.

**B. Site Characteristics**

**NOTE: Site suitability is a primary threshold and scoring criterion and will be an important factor in considering project feasibility. Applicants should carefully read the Instructions for site characteristics and service area. Applicants should also refer to the Capital Programs Manual, Section 5.03, for further information on site requirements.**

1. Enter the total site area in acres or square feet.
2.
  - a. Indicate the current zoning classification.
  - b. Indicate the minimum site area required by zoning.

**NOTE: For Questions 3, 4 and 5, check with the municipality for verification, and submit documentation of the municipality's findings. For more information regarding the following questions, refer to the CPM.**

3. Indicate whether the site is in a Federal Flood Plain Area. (See Attachment E6.)
4. Indicate whether the site is in a Waterfront Revitalization Area.
5. Indicate whether the site is in or adjacent to a Coastal Area.
6. Indicate whether the site is eligible for or listed in the National Register of Historic Places. If available, a letter of determination from the State Historic Preservation Officer (SHPO) must be attached (**Attachment E3, Section III**).

7. Indicate whether the project is located in an EDZ, local CDBG, local economic development area or other local community revitalization area and provide a map showing the designated area and the proposed site.
8. Check all utilities present at the site. If utilities are off-site, enter the distance(s) from the site.
9. Check if any unusual features limit the development potential of the site.
10. Indicate whether the site is currently vacant land. If no, answer questions 11-14.
11. Enter the number of buildings on the site.
12. List all accessory building(s) by type. An accessory building is any structure secondary to a primary structure, such as a garage, utility shed, etc.
13. List any recreational facilities on the site, such as a basketball court, playground, tennis court, swimming pool, etc.
14. If any parking areas exist on the site, enter the number of spaces and area of parking in square feet.

### C. Existing Building and Parcel Information

A separate **Exhibit 11** must be completed for each building.

Complete Section A of this **Exhibit** to describe the building and/or the parcel in its current condition.

A building is a structure or vacant parcel uniquely identified by standard Section, Block, and Lot (SBL), or -- in New York City -- by Block, Lot, and Easement (BLE) number. Applicants should contact the tax assessment office of the municipality in which the project site is located in order to determine the correct tax parcel identification number(s).

1. Physical Location.
  - Provide descriptive or identifying information in addition to the address, if available -- for example "Corner of State and Broadway".
  - Enter the street address of the site, its municipal location, postal address, zip code and municipality code. (A municipality is the Real Property taxing authority.) (Codes: County = 0; City = 1; Town = 2; Village = 3; Town Outside of Village = 4.)
2. Parcel Identification.
  - Enter the number of real property tax parcels on which the building is located. (In most cases, "parcel" is interchangeable with the term "lot".)
  - To complete the number of buildings on the parcel, for a rehab project, enter the number of buildings to be renovated. If the site is vacant, enter the number of buildings to be constructed.

- Check the box that applies to the appropriate parcel information type for each parcel in the project/program then enter the appropriate identifying numbers in the spaces provided:
  1. Standard: Section/Block/Lot Values.
  2. NY City: NYC Block/Lot and Easement Code Values.
  3. Other: Tax Parcel ID Values other than Standard or City.

3. Building Mailing Address.

To be completed **only** if the mailing address is different from the information in "**1. Physical Location**"

4. Building Identifiers.

Enter any code number that reflects a system used by the locality to identify the building, if different from the parcel ID number system shown in "**2. Parcel Identification**".

5. Building Characteristics.

- Enter the number that indicates the current use of the site.
- Enter the number of residential units and the number of non-residential units the building currently contains.
- Enter the appropriate number regarding the issuance of a Certificate of Occupancy. Enter the date of issue, if appropriate.

6. For residential units assisted by DHCR/HTFC Only. Enter the information requested.

**D. Existing Occupancy Information**

Provide the requested information for each unit in each building with residential occupancy. Subsidy source refers to rental assistance or mortgage interest subsidy received by any occupant.

**E. Proposed Building Information**

Complete Section E consistent with the preliminary plans to describe the building characteristics upon completion of the project. Make and label additional copies of this page for each proposed building. Do not complete this section for accessory buildings.

1. Building Use. Check the box which describes the use of the building upon completion.
2. Tenure Type. Check the applicable tenure type of the building upon completion. Definitions of tenure type are:
  - (01) **Single Family**: A one dwelling unit structure.
  - (02) **Rental**: Rent is paid for the right to occupy a unit.

- (03) **Condominium:** Individual ownership of units combined with joint ownership of common property (sidewalks, hallways, stairs, etc.)
  - (04) **Cooperative:** Tenant is a shareholder in a corporation owning the building and each tenant has the right to occupy the unit.
  - (05) **Homesteading:** Owner-occupied 1-4 unit building.
  - (06) **Other:** Specify.
3. Type of Work Proposed. Check the box indicating the type of work proposed for this project.
  4. Type of Structure. Check the box indicating the type of structure proposed. Definitions of structure types include:
    - a. **Detached:** A structure consisting of a single dwelling unit not connected to any other.
    - b. **Semi-detached:** A structure containing two dwelling units separated by a common vertical wall.
    - c. **Rowhouse:** A structure containing three or more dwelling units, each separated by vertical walls and usually having individual entrances and interior stairs.
    - d. **Walk-up:** A multi-level low-rise (2-5 stories) containing two or more dwelling units, each separated horizontally and/or vertically.
    - e. **Multi-story:** A structure for which an elevator is required by local or state building codes.
    - f. **Other:** Specify.
  5. For Entire Building. Complete for the entire building, including all market rate units or units not requiring funding assistance.
  6. For Residential Units Assisted by DHCR/HTFC Only: Complete for units for which the applicant is requesting DHCR/HTFC funding assistance for Acquisition, Rehabilitation or New Construction.
  7. Residential Floor Area. Enter number of residential units by number of bedrooms or Single Room Occupancy (SRO) units. Enter the average floor area for each type of unit. Enter the total floor area by multiplying the number of units by the average square footage for each unit type.
  8. Enter the total floor area of all other related residential spaces, as shown (i.e., Community Room, Lobby, etc.).
  9. Obtain the Total Residential Gross Floor Area by adding Line 7g., (Total Square Footage), and the Total Other Residential Floor Area, from Line 8g.

10. Enter the Total Gross Commercial Floor Area, if any.
11. Enter the Total Community (Civic) Gross Floor Area, if any.
12. Add the Total Residential Gross Floor Area from Line 9, the Total Gross Commercial Floor Area from Line 10 and the Total Community (Civic) Gross Floor Area from Line 11, to obtain the Total Gross Floor Area of the building.
13. Equipment and Services. Check the boxes for equipment, services and parking which will be provided by the applicant.
14. Tenant Paid Utilities. Check all utilities not included in the basis rent which the tenant must pay. Do not include telephone service, increases in revenues and expenses during these years.

### III. ATTACHMENT INSTRUCTIONS

Listed below are the instructions for completing the Application **Attachments**. The applicant should refer to the **Application Submission Requirements Chart** to determine which **Attachments** are required for each program.

The applicant should title each **Attachment**, and use letters to label them, as indicated in the **Application Submission Chart and Checklist**.

Any **Attachments** which are too large to be bound into the application submission may be left unbound but must be submitted with the application. All **Attachments** must be titled, dated, and have the applicant's and project's name and site address located at the top right corner of every first page.

#### **Attachment A1. Evidence of Site Control/Right of First Refusal**

In order for the project to be considered eligible, applicants must identify and provide evidence of site control for all sites/buildings expected to be part of the project. The following are acceptable forms of site control, in order of preference:

- Executed Deed evidencing ownership by applicant or owner;
- A title report not more than 90 days old at the time of application submission showing that the applicant holds title;
- A contract of sale between applicant and the property owner which describes the terms and conditions for the conveyance of title of the site at a designated price during a specific period;
- An option to purchase which is renewable or with a term of no less than six months from the date of the application deadline;
- A local Land Disposition Agreement; or
- A letter from a public agency providing a site to the applicant under specified conditions within a time frame consistent with the proposed Development Timetable.

- A letter from the NYC Department of Housing Preservation and Development (HPD) which specifies expiration date and clearly matches property included in plans and project summary.
- A lease with a term that equals the applicable program's regulatory period.
- For applications requesting LIHC or SLIHC, include in this attachment copies of any agreement(s) or a summary of plans to offer Right of First Refusal to a qualified non-profit organization at the conclusion of the tax credit compliance period.

**Attachment A2. Map of Primary Service Area**

**NOTE:** Site suitability is a primary threshold criterion and is an important factor in considering project feasibility. The minimum requirements, listed below, will be applied to each application. Applicants should also refer to the Capital Programs Manual for further information on site requirements.

Applicants are required to:

- Attach a map of the neighborhood showing the project site and the location(s) of all support services within a 1/2 mile of the project site. In addition, indicate on the map, the location of all recent capital investments as well as any other low-income housing facilities.

Low-income housing projects located within an urban neighborhood must meet the following minimum requirements:

1. The site must be free from hazardous materials and incompatible adjacent uses. There must be no environmental conditions that significantly impair the intended residential purpose.
2. The site must have power, telephone, water and sewer connections adjacent to the site.
3. The site must have local/public transportation or be within walking distance to community services and retail establishments including a grocery store.
4. The site must have adequate space to accommodate local off-street parking requirements.
5. The site must be relatively level and of **no greater size than that which is necessary to accommodate the proposed project.**

Low-income housing projects located in a non-urban area must meet the following minimum requirements:

Items 1, 4 and 5 as enumerated above plus:

6. Where public utilities are not included, the site must have the capacity to provide a cost effective on-site water and/or septic system.
7. For family projects, the site must be within a five mile distance of a municipality that provides community services and retail establishments including a grocery store.
8. Family projects must have adequate space to accommodate an on-site play area for children.



9. The site must be directly accessible from a public road.
10. Elderly projects must be located within a rural community and have local public transportation or be within walking distance, (i.e., one-half mile) of essential services, including a grocery store.

### **Attachment A3. Zoning Compliance and Public Approvals**

- Using the list of approvals given at the bottom of the page, and the chart in **Section III, Attachments**, provide a detailed list of all public approvals needed for the project including those necessary for zoning compliance, historic or landmark regulations, environmental and real property tax relief. The list should indicate the status (approved or pending), the estimated dates for securing the pending approvals, the name of the agency responsible for such approval and their telephone number and contact person who can confirm this information. Attach copies of existing documents related to issues on the list.

Select from the list of possible approvals provided on the attachment or include any local requirements not listed to provide a complete list. Applicants should attempt to list required approvals in the chronological order in which application will be made or has been made.

- Applicants shall include documentation or confirmation from municipal officials that the project site is zoned to permit construction of the project as proposed in this application, or municipal or applicant documentation that an action for zoning approval is in progress.
- Applications involving the rehabilitation or restructuring of existing public housing units under the HUD HOPE VI Program must include evidence that the proposed project has received all approvals required under the State Public Housing Law prior to the submission of an application for HTFC assistance.

### **Attachment B. Community Needs Strategy**

Applicants should identify the affordable housing needs within the community (i.e. service area/primary market area), describe the strategy adopted to address those needs and any measures which have been or are being undertaken to implement the strategy. For the purposes of identifying affordable housing needs, the Community Needs Strategy may be part of an existing multi-purpose or municipal comprehensive plan, urban renewal plan, or the local or New York State Consolidated Plan. Applicants must demonstrate how the project addresses the State or appropriate local consolidated plan and include only those pages of the applicable plan which support the project. Applications requesting HOME must address how the proposed project will meet objectives of the State's Consolidated Plan. Community needs strategies that are consistent with the recommendations of the Quality Communities Interagency Task Force Report, including strategies prepared with funding from the Quality Communities Demonstration Program, are encouraged. Applicants employing a Quality Communities strategy to respond to this question must explain how the strategy is consistent with the Task Force Report. If this application is requesting funding for a project which has received technical and/or financial assistance under the House-NY Program, indicate that in your responses to these questions. If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.

In those communities in which a court decision or court-ordered plan to address desegregation or remedy a violation of law has been issued, applicants should provide a summary of the decision or plan and describe how the proposed project is consistent with the court's action.

Applicants may also cite fair housing opportunity plans, area wide or regional housing choice plans or any formally adopted plan which includes the opening of housing opportunities for low-income or minority households in areas where they are currently under represented as a basis for a community needs strategy and responses to the questions below.

Applicants are required to adhere to the following format using data and information from the plan or strategy relied upon to answer this question:

- a. Describe the affordable housing needs within the community in terms of number and percentage of eligible households without affordable housing;
- b. Describe the strategy or plan for addressing housing and/or community needs and its relationship to the project and the housing need described in section a. and in **Attachment C1, Market Study**. The strategy should show how a coordinated series of public and/or private actions will address the identified community or housing needs over a reasonable period of time.
- c. Describe the measures taken to implement the community needs strategy and the proposed project as part of the strategy. Measures should include: financial investments in infrastructure and supporting activities, linkages with providers of jobs and services, and actions by local government in support of the strategy and/or the project.
- d. Attach any letters from local officials explaining the project in relationship to the community's affordable housing needs, the community needs strategy and/or evidencing local action in supporting of the project.
- e. Attach a copy of only the pertinent sections of an existing multi-purpose or municipal comprehensive plan if used as outlined above.

**Note:** Applicants are advised to include in their response for this section only the information and only those documents which are directly relevant to the questions. Include only limited excerpts from other documents or publications and only those which have a direct relationship to your answers. Place excerpts from other documents or publications at the end of your narrative response to this section. Reference any excerpts in your narrative by application page number so that they will be considered in the review of your application.

#### **Attachment C1. Market Study**

All applicants must firmly establish that a sufficient number of income-eligible households exist in the service area which can afford the project rents and which can be expected to live in the project. Applicants requesting LIHC/SLIHC must submit a market study prepared in accordance with the requirements of Section 5.06 of the DHCR/HTFC Capital Programs Manual (dtd. 11/03) accompanied by a signed statement from the preparer of the study certifying that no identity of interest exists between the preparer and the developer or owner of the project and that the market study complies with the requirements of the Capital Programs Manual. Applicants proposing projects located in the City of New York may prepare an analysis utilizing data from the "Housing NYC: Rents, Market and Trends 2002" report issued by The Rent Guidelines Board for inclusion in their application.

If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.

To do this, applicants may submit their own market analysis or a professional market study. In either case, the following should be addressed: the geographic area from which households are expected to be drawn, the number of income-eligible households within that area able to afford the required monthly housing expense, current vacancy rates, the impact of the project on other housing stock (including other publicly assisted housing); rents of similar housing in close proximity to the proposed project, identification of other comparable housing that is planned or under development, and the availability of project based rent subsidies. Only projects proposed having projected rents which are less than comparable rents will be considered feasible.

Generally, the HTFC will not fund a project competing for the same market when comparable housing is under development. In such cases the market support is undeterminable until any project under development is built and rented. An exception to this may be made for those projects that are supported by unusually strong demand or are part of a housing/community development strategy or serving a special needs population. See Section 5.06(i)(b) of the Capital Programs Manual or, for LIHC and SLIHC projects, DHCR's Qualified Allocation Plan.

**OR**

- Professional Market Studies - in lieu of such evidence as listed above, an applicant may submit a professional market study which:
  - i. Defines the market area boundaries, giving any physical, social, governmental and/or economic reasons for their selection;
  - ii. Estimates the number of income-eligible households in the market area (and any specific subset which the project is intended to serve) which are prospective tenants, describing their characteristics (i.e., age, income, household size, special requirements, etc.) and analyzing any relevant social-economic, demographic and housing information in the context of current economic conditions;
  - iii. Estimates the available housing supply in the market area through analysis of the current housing inventory and anticipated additions, giving the number, vacancy levels, type, condition, age, rent levels, and other relevant information;
  - iv. Includes the net demand from income-eligible households (or a specific subset), which can be expected to support the project as proposed, given the number and type of units, the proposed rents and utility allowances and the existing housing supply;
  - v. Identifies the sources of statistics used in the analyses and, when statistics are not from public sources, includes means for verification (e.g., list of contacts with telephone numbers or attachment of source documents); and
  - vi. Fully explains the reasoning behind any assumptions used in the analyses.

## Attachment C2. Elderly and Special Needs Population Documentation

### Elderly

- An Elderly Project is a project which excludes non-elderly persons based on age and as prescribed by the federal Fair Housing Act and the New York State Human Rights Law, Section 296 of the Executive Law. (See Exhibit 1G, page 8, for definition of Elderly.) For projects proposing to serve the elderly, the applicant must describe a plan to address the aging in place of elderly tenants. The plan should identify 1) project staff functions related to tenant requests for information/assistance, 2) what services are anticipated to be requested/required by elderly tenants, 3) means for helping tenants to access services they may request/require and 4) any community organizations that will address residents' service needs and any existing or anticipated working relationships with these organizations and 5) the design features which will be included to accommodate tenants' aging-related changes in physical and mental abilities.

Based on guidance from industry professionals, DHCR, and staff from the State Office for the Aging, the following are examples of services which may be considered in an elderly housing project:

- information and referral;
- service coordination/facilitation;
- social and educational activities;
- health/wellness activities;
- meals;
- housekeeping/chores;
- transportation;
- informal counseling;
- legal and financial assistance, and
- forms completion/processing.

### Other Special Needs Populations

- Applicant must describe how market and need to provide housing for special needs populations was researched and documented. Identify any agencies which were contacted and whether eligible clients of such agencies are in need of housing in the project's proposed service area, and the affordability of the project to such populations
- If research indicates that housing needs for special needs populations exist in the project's service area, the applicant must provide evidence that at least one local service/provider will refer clients to the project at time of rent up and/or will provide on or off-site support services for such clientele and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.
- **Tenant Services Plan**

To be completed ONLY if a program of tenant services is to be provided. If no program of tenant services other than recreation is planned for the Project, enter "Not Applicable." If the Project is to house a special population, or if a portion of the Project is to be used for a

program of health or social services except recreation, complete this Exhibit. If additional space is needed, attach no more than two additional pages clearly marked "Tenant Services Plan." In your Tenant Services Plan describe in a clear, concise narrative the following:

1. Describe the type and frequency of services to be provided and to what proportion of the tenants.
2. Identify any entity other than the Applicant which will be responsible for providing services and the status of contractual or other agreements and the source of payment for such services.
3. Describe space and equipment needed to support the planned services including the sources of funds for the purchase of such equipment.
4. Describe any fees that will be charged to the tenants for any services described in this exhibit.

- **Tenant Support Services Budget**

Describe the budget for a program of support services. Detail under "Income Sources, Other", what sources of funds are available to pay for the program of support services.

For Personal Services and Service Contract Agreements, enter the title of the provider and/or the name of the contractor.

For Materials and Supplies, Insurance, and Utilities, enter those expenses associated with the provision of support services. (Refer to **Tenant Services Budget, Section III, Attachments**, pg. 133.)

If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.

**Attachment C3. Tenant Relocation Plan (if applicable)**

- If a proposed project is currently occupied (residential or non-residential tenants in place at the time of application) and work is to be performed in or adjacent to the occupied units, a Tenant Relocation Plan **must** be submitted at the time of application.

NOTE: For HTF and HWF, only temporary relocation expenses are eligible.

- Such a plan must include details of the relocations, the number of tenants to be relocated, the length of the relocation and when it will occur, how the relocation will be handled (to include third party involvement), a description of the facilities tenant(s) are being relocated to and the cost, if any (to include storage), to the tenant(s).
- For applications requesting HOME funds to assist occupied rental properties, applicants **must** provide copies of advisory notices given to tenants occupying units in each building that will be assisted (pursuant to 49 CFR 24.203). Sample notices are contained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition.

- If applicant is requesting HOME funds to acquire a property, applicants **must** provide copies of notices provided to owners (seller), informing the seller that the property is not being acquired by an agency that has the power of eminent domain, and providing the owner with the applicant's estimate of fair market value of the property (pursuant to 49 CFR 24.101). In those cases where there is an existing option or contract, the seller must be provided the opportunity to withdraw from the agreement after this information is provided.

Applicants should also refer to Exhibit 11 Building Information, D, Existing Occupancy Information. If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.

**Attachment C4. Tenant Buy-Out Plan**

- If a proposed project includes a plan for existing tenants to purchase the project at the end of the program compliance period (particularly LIHC/SLIHC), the tenant buy-out plan proposed by the applicant must include:
  1. A rationale for the inclusion of a tenant buy-out plan in the project scenario;
  2. A detailed description of the tasks involved in the buy-out plan;
  3. Identification of all parties involved in the plan and their roles and responsibilities in the tasks that make up the plan;
  4. A time line of the transactions that will bring the plan to fruition;
  5. The manner in which any reserve or escrows that are to be used to finance the buy-out will be established and financed;
  6. The costs and financing necessary to implement the plan, with names of the sources of financing, the terms, timing and length of that financing involved in the plan;
  7. What, if any, capital improvements will be made to the project prior to tenant purchase;
  8. A description of the role, if applicable, of the project's equity investor.

**Attachment C5. Waiting List/Referral Documentation**

- If the applicant has entered into an agreement for the purpose of marketing the completed project, with a Public Housing Authority or any other entity which maintains a waiting list for subsidized housing, include that document under this attachment.

**Attachment D1. Appraisal**

- An Appraisal is required for any project that includes acquisition costs of \$100,000 or more. If there is an identity of interest between project participants and the seller, then an appraisal is required regardless of the cost. If the acquisition costs exceed \$250,000 two appraisals may be required. (**Refer to Section 5.03 CPM** for further appraisal information.)

- If the applicant is applying for the Housing Choice Voucher Project Based Assistance Initiative, a rent survey completed by a state certified appraiser must be included.

**Attachment D2.     Operating Budget Documentation (Refer to Section III for Basis for Projection of Operating Budget form and CPM Section 5.06 (iii) for further information on expense documentation)**

- Submit documentation of expected utility expenses from either the local utility company or the project architect. Documentation must also be included for any tenant paid utilities.
- Submit a quotation from an insurance agent or company for all required insurance items.
- Applicant must provide evidence of any Tax Abatement or Payment-In-Lieu-of-Taxes (PILOT) proposed for or approved by the municipality having jurisdiction over the project. Evidence must include a letter from the Municipality's tax assessment office, indicating the nature of the proposed tax relief, the method used for determining valuation, the duration of relief, the estimated full taxes on the completed project proposed, the estimated percentage of relief, and the status of the relief (i.e., under review, approval pending, approved, as of right, etc.). If no tax abatement/exemption is to be granted, the applicant must submit an estimate of the taxes from the local tax assessor's office. If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.
- Applicants for projects in New York City must submit evidence that their proposals are eligible for consideration under J-51 or 421.

- **Basis for Projection of Operating Budget**

Provide assumptions used in estimating expenses for years one through five for each building, each site, and the project summary. Year one should represent the first full year of operation after achieving full rent-up. (All expenses should be based on quotes from providers or comparable projects.) The name and phone number of every contact person or provider of a quote must be submitted in order that estimates may be verified. Describe rationale for the projections.

**Attachment D3.     Funding Commitment(s)**

- If funding from sources other than DHCR/HTFC is needed, evidence must be provided of their interest in or intent to provide construction financing and/or permanent financing or rental assistance for the proposed project. (Firm commitments are desirable.) Documentation of funding required for non-residential space or community service facilities, if applicable, should also be provided. If a construction lender is willing to enter into a loan participation agreement for purposes of administering the construction financing, it should be indicated in the commitment letter. If funds have been applied for, provide documentation of application for funds. If supporting documentation for this attachment is located in another section of the application, provide that location, e.g. Exhibit 2, pg. 31.

**Attachment E1. Outline Specification and Construction Cost Estimate (Refer to Section III)**

- Preliminary specifications are to be prepared by an architect or engineer licensed to practice in New York State. The applicant **must** provide written specifications based on HUD Contractor Outline Specifications, HUD form 5087 or the Construction Specification Institute's (CSI) format division of work items. List and describe all work to be performed and type of materials to be provided.
- Provide a construction cost estimate prepared by a cost estimator, by major trade items, including estimated costs of general requirements, builder's overhead and profit. Include all attached worksheets.

**Note:** If the project contains multiple buildings/and or sites and the scope of work for each property varies, than a detailed cost estimate for each property **must** be submitted. All proposals must have a cost estimate prepared by a builder or construction estimator. Consultant cost estimates that are more than five percent greater or less than those presented by a project sponsor will be used in the final evaluation and may result in a change of rank due to adjustments in reevaluating scoring and feasibility.

**Attachment E2. Preliminary Plans**

- The preliminary design documents are required to be submitted by the project sponsor as part of the application submission for project funding for OCD's review and approval. A CD Rom of the preliminary design documents, in Autocad or compatible format, may be submitted in lieu of one of the two required sets of paper preliminary design documents. The following documents are to be prepared by an architect or engineer licensed to practice in New York State:

A. Site Plan:

1. Use scale 1 in. = 20 ft. or larger;
2. Use a North arrow;
3. Show existing locations of building(s); roadway(s), parking area(s), utilities, plantings, etc.;
4. Show existing site restrictions including set-backs; rights of way, boundary lines, etc.;
5. Show all proposed changes to building(s) roadway(s), parking, utilities, plantings, etc.;
6. Show zoning classification; and
7. Show notations of all new and existing materials.
8. Show boundaries of any unusual site features, e.g. 100 year flood plain, wetlands, bedrock outcroppings, etc.
9. Show existing and proposed site slopes and approximate grade elevations.

B. Floor Plan(s):

1. Use scale 1/8 in. = 1 ft. or larger;
2. Use a North arrow;
3. Show all proposed changes to building components identifying removals and new construction;
4. Show room/space designation;



5. Show occupancy classification;
6. Show building construction classification;
7. Show fire area allowances;
8. New York City projects must include zoning calculations;
9. New York City projects must indicate which code and chapter the project is designed under;
10. Show gross building square footage and gross dwelling unit square footage; and
11. Show general notes identifying all new and existing materials.
12. Show any deviations that were allowed by an official code variance.

C. Elevations:

1. Use scale 1/8 in. = 1 ft. or larger;
2. Show existing elevations of buildings (if applicable);
3. Show all new conditions of building exteriors;
4. Show general notes identifying all existing and new materials;
5. Show overall building height dimensions; and
6. Show finished floor height dimensions.

D. Wall Sections:

1. Use scale 1/8" = 1 ft or larger.
2. Show construction system.
3. Show ceiling heights.
4. Show window dimensions.

**NOTE:** If the project contains multiple buildings/and or sites and the scope of work for each property varies, than plans and specifications for each property **must** be submitted.

**Attachment E3. State Historic Preservation Office (SHPO) Submissions (Refer to Section III)**

- Forms provided in the **Application Attachments**. All applicants **must complete** the SHPO Transmittal Letter **and** the two page Project Review Checklist and submit these forms to the State Office of Parks, Recreation and Historic Preservation for eligibility review prior to submitting the application (not required for RRAP and LIHC programs). If there are existing structures on the proposed project site(s) which will be rehabilitated or removed, applicants **must complete** and submit to SHPO a Building Structure Inventory Form for each existing structure prior to application submission. If a response is has been received from SHPO prior to the application due date, the applicant should include the response in this attachment.

**Attachment E4. State Environmental Quality Review (SEQR) Environmental Assessment Form (EAF) (Refer to Section III)**

- Submission of the Short EAF (found in the **Application Attachments**) with the application is required for compliance with the SEQR procedures.
- If coordinated SEQR review will be conducted by another involved agency, include Full EAF, and make sure HTFC is identified as an involved agency.

**Attachment E5. Site Photographs**

- Provide six (6) color photographs of the site, one facing the front of the site, one facing the rear of the site, and views from the site looking east, west, north and south.

**Attachment E6. Flood Plain Letter**

- For HOME, HWF and HTF projects, applicants **must** provide a flood plain letter from the jurisdictional authority indicating whether the project/site(s) are in a Federal Flood Plain Area.

**Attachment F1. Applicant's Certificate of Incorporation**

- Documentation that a not-for-profit applicant corporation has been lawfully incorporated; submission of a certified copy of the Certificate of Incorporation together with a copy of the filing receipt.

**Note:** The submission of this document is not required of DHCR-funded Neighborhood and Rural Preservation Companies.

**Attachment F2. Community Housing Development Organization (CHDO) Determination Letter (HOME applications only)**

If applying for funding as a CHDO, attach a CHDO Determination Letter from the appropriate DHCR regional office to show that the applicant qualifies as a community housing development organization. Do not attach qualifying documentation.

To be considered a developer, the CHDO must own, sponsor or develop the proposed project. Rehabilitation of property involving less than \$1,000 per unit of rehabilitation expense is not a CHDO-eligible activity.

**Attachment F3. CHIEF EXECUTIVE OFFICER NOTIFICATION (ALL LIHC AND/OR SLIHC)**

A requirement of the LIHC and SLIHC programs is that the Chief Executive Officer of the locality in which a project is located must be informed and given time to comment on the proposed project. Specifically, Section 42(m)(A)(ii) of the Internal Revenue Code states:

"(A) IN GENERAL - Notwithstanding any other provision of the this section, the housing credit dollar amount with respect to any buildings shall be zero unless- (i) such amount was allocated pursuant to a qualified allocation plan ....., and (ii) such agency notifies the chief executive officer (or the equivalent) of the local jurisdiction within which the building is located of such project and provides such individual a reasonable opportunity to comment on the project."

In order to meet the requirements of Section (m)(A)(ii) all applicants applying for the LIHC and/or SLIHC Programs must forward a copy of their application to the Chief Executive Officer of the locality in which their proposed project is located. Applicants must complete and use one of the formats shown in Attachment F3, CEO Letter, of this application when submitting a copy of their LIHC and/or SLIHC application to the appropriate Chief Executive Officer. **Applicants applying for LIHC and/or SLIHC for projects located in New York City (counties of New York, Kings, Queens, Bronx and Richmond) should use the letters on pages 203 (LIHC) or 205 (SLIHC) and forward a copy of the application to:**

Mary Bolton, Assistant Commissioner  
Program Planning  
New York City Department of Housing  
Preservation and Development  
100 Gold Street, Room 5-K4  
New York, New York 10038

**DO NOT SEND NEW YORK CITY APPLICATIONS TO THE MAYOR'S OFFICE!!!**

All other applicants should use the letters on pages 199 (LIHC) and 201 (SLIHC).

As proof that the applicant has met their portion of the "CEO notification" requirement, the applicant must forward to the addressee at the end of the CEO cover letter, a copy of the signed and completed certified mail receipt and a copy of the completed CEO cover letter.

**Attachment F4. FEE TRANSMITTAL/ DEFERRAL LETTER (ALL LIHC/SLIHC APPLICATIONS)**

A requirement of the LIHC and SLIHC programs is the payment of a \$100 application fee or, for not-for-profit applicants, submission of a request for deferral until credit allocation. A request for deferral may only be submitted by not-for-profit applicants (or their wholly-owned subsidiaries) which will be the sole general partner of the partnership/project owner.

In order to meet this requirement, all applicants applying for LIHC and/or SLIHC consideration must send their application fee to the DHCR Finance and Budget Unit using the Credit Program Fee Transmittal letter located in Attachment F4 or include with their application a completed LIHC Program Fee Deferral Request Transmittal also located in Attachment F4. A \$100 fee payment is required for LIHC and SLIHC. For applications requesting both LIHC and SLIHC, only one \$100 application fee payment is required.

**Checks should not be included with the application.**

As proof that the fee paying applicant has met the "Fee Payment" requirement, the applicant must enclose a copy of the Program Fee Transmittal letter and a copy of the check sent to the Finance and Budget Unit.

**Failure to meet this requirement will result in the application being deemed incomplete.**

**NOTE: Applicants requesting funding under the Homes for Working Families Program or Senior Housing Initiative must also include the following attachments.**

**ATTACHMENT G1. PARTICIPANTS IN BOND FINANCING**

A supplement to the information requested in Exhibit 2, Proposal Summary, and Attachment D3, Funding Commitments, which identifies and describes the functions of the bond issuer, source and preliminary terms of credit enhancement, bond underwriter, bond counsel, bond purchaser and any other entity expected to participate in financing the project.

**ATTACHMENT G2.****TIME FRAME FOR BOND ISSUANCE**

A supplement to the information requested in Exhibit 2, Proposal Summary, and Exhibit 7, Development Timetable, and Attachment A3, Zoning Compliance and Public Approvals, which shows the steps and timing of the bond issuance process.

**ATTACHMENT G3.****STATUS OF BOND ISSUANCE**

A supplement to Attachment D3, Funding Commitments, which provides evidence of the allocation of private activity bond volume cap to the project and/or other documentation from the bond issuer indicating the status of the bond issuance.

**ATTACHMENT G4.****REQUEST FOR WAIVER FROM HTFC STANDARDS**

If applicable, add the **Request for Waiver from HTFC Standards** which identifies specific areas in which the proposed project differs from standard HTFC design and/or underwriting requirements, providing justification for the waivers and the impact, if any, on long term affordability during the HTF or HWF loan term.



**UNIFIED FUNDING**

**Section II**

**Application**

**Application Submission Requirements  
Chart and Checklist**

**Pg. 53**

**Application Exhibits**

**Pg. 59**



## Application Submission Requirements Chart and Checklist

Note: Applicants should refer to the Exhibit Instructions and the CPM.

Key:    **x** Required    **o** Required, if applicable

Blank - Not Applicable

Exhibits	HTF Project	HDF	HOME	LIHC/SLIHC	HWF	SHI	SEED	Page Number
1. Application Summary	X	X	X	X	X	X	X	
2. Proposal Summary	X	X	X	X	X	X	X	
3. Development Budget	X	X	X	X	X	X	X	
4. Affordability Plan	X	X	X	X	X	X	X	
5. Rent Plan	X	X	X	X	X	X		
6. Operating Budget	X	X	X	X	X	X		
7. Development Timetable	X		X	X	X	X		
8. Organization's Relevant Experience	X		X	X	X	X	X	
9. LIHC/SLIHC Project Summary	O		O	X	X			
10. LIHC/SLIHC Qualified Building Information	O		O	X	X			
11. Site & Building Information	X		X	X	X		X	





# Application Submission Requirements Chart and Checklist

<p><b>Key:</b>        <b>x</b>   Required        <b>o</b>   Required, if applicable</p> <p style="text-align: center;">Blank - Not Applicable</p>								
Attachments	HTF/ Project	HDF	HOME	LIHC/ SLIHC	HWF	SHI	SEED	Page Number
A1. Evidence of Site control/Right of First Refusal	X	X	X	X	X	X	X	
A2. Map of Primary Service Area	X	X	X	X	X	X		
A3. Zoning Compliance and Public Approvals *	X	X	X	X	X	X		
B. Community Needs Strategy	X		X	X	X	X	X	
C1. Market Study	X	X	X	X	X	X		
C2. Elderly and Special Needs Population Documentation	O		O	O	O	O		
C3. Tenant Relocation Plan	O		O	O	O	O		
C4. Tenant Buy-out Plan	O		O	O	O	O		
C5. Waiting List/Referral Documentation				O				
D1. Appraisal	O	O	O	O	O	O		
D2. Operating Budget Documentation *	X		X	X	X	X		
D3. Funding Commitments	X	X	X	X	X	X		
E1. Outline Specifications * Construction Cost Estimate*	X	O	X		X	X		
E2. Preliminary Plans *	X		X		X	X		
E3. SHPO Submissions * - Transmittal Letter - Project Review Checklist - Bldg./Structure Inv. Form	X	X  Acq/Const	X		X	X		

\*See Section III Application Instructions



## Application Submission Requirements Chart and Checklist

Key:        **x**   Required        **o**   Required, if applicable

Blank - Not Applicable

Attachments	HTF/ Project	HDF	HOME	LIHC/ SLIHC	HWF	SHI	SEED	Page Number
E4. SEQR EAF*	X	X Acq/Const	X		X	X		
E5. Site Photographs	X	X Acq/Const	X	X	X	X		
E6. Flood Plain Letter	X		X		X	X		
F1. Applicant's Certificate of Incorporation	o		o		o	X	o	
F2. CHDO Determination Letter			o					
F3. CEO Notification Letter				X	X			
F4. Fee Transmittal/Deferral Letter *				X	X			
G1. Participants in Bond Financing					X	X		
G2. Timeframe for Bond Issuance					X	X		
G3. Status of Bond Issuance					X	X		
G4. Request for Waiver From HTFC Standards					o	o		

**\*See Section III Application Instructions**



**Date Submitted,**  
**Check One:**  
 **Initial Submission**  
 **Resubmission**

**Exhibit 1- Application Summary**

**A. Program Funds Requested**

1. Check the box to the left of each program from which you are requesting funds. Enter the dollar amount of funds requested from that program on the applicable line.

**NYS HOME Program Project Funds Requested:**  
 Homebuyer Assistance: \_\_\_\_\_ Rental: \_\_\_\_\_  
 Seed Money Funds Requested: \_\_\_\_\_

**HTF Program**  
 Project Funds Requested: \_\_\_\_\_  
 Seed Money Funds Requested: \_\_\_\_\_

**HWF Program Funds Requested:** \_\_\_\_\_  
 4% As-of-right LIHC Annual Amount Requested: \_\_\_\_\_

**LIHC Program Annual Amount Requested:** \_\_\_\_\_

**SLIHC Program Annual Amount Requested:** \_\_\_\_\_

2. If you are applying under one of the following initiatives, check the appropriate box to the left of that initiative.

- Mixed Income Family - If checked, # of units over 90% AMI \_\_\_\_\_
- Rural Housing/Leveraged Loan
- Senior Housing
- Small Project (15 units or less)
- Housing Choice Voucher Project Based Assistance

3. Has this project or property previously received funds from DHCR/HTFC (y/n)?: \_\_\_\_  
 If yes, enter the project's SHARS ID # \_\_\_\_\_

4. Have you or will you submit this project to another government funding source over the next year in place of or to supplement the funding requested in this application (y/n)? \_\_\_\_  
 If yes, in Exhibit 2, Section 4, Project Financing, provide name of funding source, date of or anticipated date of application, funding program, and the funding agency's decision, if available.



## B. Applicant Information

1. SHARS Applicant ID # \_\_\_\_\_ 2. Applicant Name: \_\_\_\_\_  
(MUST BE EXISTING ENTITY)

3. Fed ID #/ Soc. Security No: \_\_\_\_\_ 4. DOS Charit. Reg. # \_\_\_\_\_ 5. Fiscal Year End:   /

6. Applicant Type(s): \_\_\_\_\_ 7. M/WBE Status: \_\_\_\_\_ 8. M/WBE Type: \_\_\_\_\_

9. IRS Tax Exempt Category: \_\_\_\_\_

### **Applicant's Mailing Address:**

10. P.O. Box: \_\_\_\_\_ 11. Street Additional: \_\_\_\_\_

12. Street No.: \_\_\_\_\_ 13. Street Name: \_\_\_\_\_ 14. Street Suffix: \_\_\_\_\_

15. Room/Suite No.: \_\_\_\_\_ 16. City \_\_\_\_\_ 17. County: \_\_\_\_\_

18. State:   19. Zip Code:      -     20. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

21. Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **Applicant's Prime Contact Person:**

22. Last Name: \_\_\_\_\_ 23. First Name: \_\_\_\_\_ 24. Middle Initial: \_\_\_\_\_

25. Mr.  Mrs.  Ms.  26. Title: \_\_\_\_\_

27. Phone #: \_\_\_\_\_ 28. E-Mail Address : \_\_\_\_\_

### **Applicant's Authorized Signatory:** (If different from above)

29. Last Name: \_\_\_\_\_ 30. First Name: \_\_\_\_\_ 31. Middle Initial: \_\_\_\_\_

32. Mr.  Mrs.  Ms.  33. Title: \_\_\_\_\_

### **Chief Elected Official of Project Municipality:**

34. Name: \_\_\_\_\_ 35. Title: \_\_\_\_\_ 36. Telephone: \_\_\_\_\_

37. Mailing Address: \_\_\_\_\_





### C. Project Owner Information

**Note:** If the Applicant intends to transfer title of the property to another entity, even if not yet formed, please complete this section:

1. Organization's Legal Name: \_\_\_\_\_  Existing  Proposed
2. Federal Employer ID No.: \_\_\_\_\_ 3. Fiscal Year End Date:   /
4. Organization Type: \_\_\_\_\_ 5. IRS Tax Exempt Category: \_\_\_\_\_
6. Owner's Mailing Address: \_\_\_\_\_
- 6a. P.O. Box: \_\_\_\_\_ 7. Street Additional: \_\_\_\_\_
8. Street No.: \_\_\_\_\_ 9. Street Name: \_\_\_\_\_ 10. Street Suffix: \_\_\_\_\_
11. Room/Suite No.: \_\_\_\_\_ 12. City: \_\_\_\_\_ 13. County: \_\_\_\_\_
14. State:   15. Zip Code:      -
16. Owner's Prime Contact Person: \_\_\_\_\_ 17. Title: \_\_\_\_\_
18. Phone Number: (     )     -     19. Fax Number: (     )     -

### D. General Project Information

1. Project Name: \_\_\_\_\_
2. Project County: \_\_\_\_\_ 3. Municipality: \_\_\_\_\_
4. Type of Municipality:  City  Town  Village
5. Number of sites in project: \_\_\_\_\_ 6. Number of buildings in project: \_\_\_\_\_

### E. Project Political Districts

<u>District Type:</u>	<u>District Number:</u>	<u>Member's Name:</u>
<b>1. Assembly</b>	_____	_____
	_____	_____
	_____	_____
<b>2. Senate</b>	_____	_____
	_____	_____
	_____	_____
<b>3. Congress</b>	_____	_____
	_____	_____

### F. Project Unit Information

1. Total Project Units: Enter the total number of units of each type which will exist upon project completion, including those units which will not be funded by DHCR/HTFC sources.

<u>Residential Units</u>	<u>Civic/Community Units</u>	<u>Commercial Units</u>
<u>Total Existing/Rehab</u>	<u>Total Units/Total SF</u>	<u>Total Units/Total SF</u>
<u>Total New Construction</u>	<u>Total Units/Total SF</u>	<u>Total Units/Total SF</u>
_____	_____ / _____	_____ / _____



2. **Residential Units Assisted by Funding Source(s):** List each funding source of residential units, beginning with DHCR/HTFC sources; then enter the number of units of each type (existing/rehab and/or new construction) that the source will assist. Enter the source's regulatory term for those units, if applicable.

	Residential Units		Regulatory Term
	<u>Total Existing/Rehab</u>	<u>Total New Construction</u>	
Source Name: _____	_____	_____	_____
Source Name: _____	_____	_____	_____
Source Name: _____	_____	_____	_____
Source Name: _____	_____	_____	_____
Source Name: _____	_____	_____	_____
Source Name: _____	_____	_____	_____

3. **Non-Residential Units Assisted by Funding Source(s):** List the funding source for non-residential units, the number of units and the total square footage of each type.

	<u>Civic/Community Total Units/Total SF</u>	<u>Commercial Total Units/Total SF</u>
Source Name: _____	_____ / _____	_____ / _____
Source Name: _____	_____ / _____	_____ / _____
Source Name: _____	_____ / _____	_____ / _____

### G. Project Income & Population Targets

1. <u>Income Target Group</u>	<u>Total No. of Units</u>	<u>No. of DHCR/ HTFC Units</u>
Public Assistance (≤ 30% of Median Income)	_____	_____
31 % through 40% of Median Income	_____	_____
41% through 50% of Median Income	_____	_____
51% through 60% of Median Income	_____	_____
61% through 70% of Median Income	_____	_____
71% through 80% of Median Income	_____	_____
81% through 90% of Median Income	_____	_____
More than 90%	_____	_____



**G. Project Income & Population Targets (cont'd)**

<u>2. Target Populations</u>	<u>Age</u> <u>55</u>	<u>Age</u> <u>62</u>	<u>USDARHS</u>	<u>Total No.</u> <u>of Units</u>	<u>No. of DHCR/</u> <u>HTFC Units</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**H. Project Costs**

**1. Total Project Costs**

- |   |       |  |       |
|---|-------|--|-------|
| a. Site Acquisition (Line 3, Col. E)          | _____ | b. Total Soft Costs (Line 22, Col. E)        | _____ |
| c. Total Construction Costs (Line 38, Col. E) | _____ | d. Total Development Costs (Line 41, Col. E) | _____ |
| e. Total Working Capital (Line 46, Col. E)    | _____ | f. Total Project Reserves (Line 49, Col. E)  | _____ |
| g. Total Project Costs (Line 50, Col. E)      | _____ |  |       |

**2. Total Construction Cost:** Is Total Construction Cost based upon a guaranteed price contract (y/n)? \_\_\_\_\_

- 3. Per Unit Costs.**
- |              |       |                                     |       |
|--------------|-------|-------------------------------------|-------|
| a. TDC/Unit: | _____ | b. TDC Minus Site Acquisition/Unit: | _____ |
| c. TPC/Unit: | _____ | d. Construction Cost/Unit:          | _____ |

**4. Wage Rates:** (Check one) Local wage rates used in estimating construction costs:

State prevailing wage rates used in estimating construction costs:  Davis-Bacon wage rates used in estimating construction costs:

**I. Source of Funds**

Beginning with DHCR/HTFC sources, list each source of funds for the Program, as well as the dollars requested from that source, the financing and assistance type to be provided by that source, and the source's financing term, if applicable.

<u>A. Source Name</u>	<u>B. Requested Dollars</u>	<u>C. Financing Type</u>	<u>D. Assistance Type</u>	<u>E. Financing Term</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**J. PROFILE SHEET - Complete As Instructed Below:**

**J. PROFILE SHEET**

SHARS ID#: *(Leave Blank)* PROJECT/PROGRAM NAME: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE #: ( ) - \_\_\_\_\_

FAX # ( ) - \_\_\_\_\_

PROJECT ADDRESS/PROGRAM LOCATION: \_\_\_\_\_

COUNTY: *Project-County located,* HOUSING TYPE: *Indicate if*  
*LPA-County serviced:* \_\_\_\_\_ *rental, owner-occupied* \_\_\_\_\_

SENATE DISTRICT #(s): \_\_\_\_\_ SENATORS(s): \_\_\_\_\_  
*District Project* \_\_\_\_\_  
*Located, Program* \_\_\_\_\_  
*Will Serve* \_\_\_\_\_

ASSEMBLY DISTRICT #(s): \_\_\_\_\_ ASSEMBLYPERSON(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT/PROGRAM SUMMARY: *Briefly describe the project/program in a manner similar to the following:*  
*For new construction/substantial rehabilitation of \_\_\_\_\_ units of rental/homeownership located in \_\_\_\_\_*  
*\_\_\_\_\_ units will be targeted for incomes between \_\_\_\_\_ % - \_\_\_\_\_ % of the median income. \_\_\_\_\_ units will*  
*be targeted for the following special populations* \_\_\_\_\_

CONSTRUCTION FINANCING  
SOURCE: *Enter all sources and*  
*amount received from each:* \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMANENT FINANCING  
SOURCE: *Enter all sources and*  
*amount received from each:* \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PROJECT/PROGRAM COST: \_\_\_\_\_

HTF/HWF/HOME: *Amount Requested* \_\_\_\_\_

HTF/HWF/HOME AWARD RECOMMENDATION: *Leave Blank*

LIHC: *Annual Amount Requested* \_\_\_\_\_ SLIHC: *Annual Amount Requested* \_\_\_\_\_

LIHC AWARD RECOMMENDATION: *Leave Blank* SLIHC AWARD RECOMMENDATION: *Leave Blank*

PARTICIPATING PARTIES & TRACK RECORD: *Provide name and short history of Applicant/Owner. History should include total number of previous awards, dollar amount involved, approximate number of units involved, types of projects (rehabilitation, first time homebuyer, new construction, etc.) Entry should be 3-4 lines only: Identify Architect, Contractor and Management Agent.*





## K. Applicant /Owner Certification

I certify that I am authorized to file this submission with the Division/HTFC on behalf of the corporation/municipality/person/firm/association/partnership to execute all necessary documents; that the corporation/municipality/person/firm/association/partnership is authorized to carry out the proposed activities and that the corporation/municipality/person/firm/association/partnership will comply with all applicable, statutes, rules and regulations established. I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application. I (individual, corporation, partner, or other principal) am applying to HTFC for approval to participate in the Project/Program described in this application.

I certify that all the statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data contained in the Organization's Relevant Experience (Exhibit 8) and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.

A. I further certify that:

1. The Organization's Relevant Experience Exhibit contains a listing of every assisted or insured project of HUD, USDA, DHCR, HTFC and other State and local government housing finance agencies in which I have been or am now a principal.
2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate:
  - a. No mortgage on a project listed by me has ever been in default, assigned to the State or foreclosed, nor has mortgage relief by the mortgagee been given;
  - b. I have not experienced default or non-compliances under any HUD, USDA, DHCR, HTFC, or other State and local government housing finance agency's project;
  - c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, DHCR, or HTFC audits, management reviews or other governmental investigations concerning me or my projects;
  - d. There has not been a suspension or termination of payment under any HUD, DHCR, USDA, HTFC and other State and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence.
  - e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony (a felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
  - f. I have not been suspended, debarred or otherwise restricted by any department, agency or authority of the Federal government or any state or local government from doing business with such department, agency or authority; and
  - g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
3. All the names of the parties, known to me to be principals in this project(s) in which I proposed to participate, are listed below.

B. For general partners and project owners only - I further certify that all the parties who are principals or who are proposed as principals here are listed, and have signed below and no principals or identities of interest are concealed or omitted.

C. Statements which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances which help qualify me as a responsible principal for participation in this project.

Signature of Authorized Representative/Principal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Print Name/Title
Signature of Other Principal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Print Name/Title
Signature of Other Principal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Print Name/Title
Signature of Other Principal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Print Name/Title
Signature of Other Principal	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Print Name/Title



**L. Development Team Members**

<b>Role</b>	<b>Name</b>	<b>Organization</b>	<b>Organization Phone &amp; Fax #</b>
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -
			Phone Number: (      ) - Fax Number: (      ) -

**M. Disclosure of Identities of Interest**



**Exhibit 2 - Proposal Summary**

Applicant Name: \_\_\_\_\_

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

1. General Project Description

2. Project Design and Use

3. Project Location and Market



**Exhibit 2 - Proposal Summary**  
(continued)

Applicant Name: \_\_\_\_\_

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

4. Project Financing

5. Project Organization and Implementation

6. Project Impact





### Exhibit 3 - Development Budget

Date Submitted: \_\_\_ / \_\_\_ / \_\_\_

- Residential     Non-Residential Commercial  
 Non-Residential Community Service Facility  
 Project Summary

Applicant Name: \_\_\_\_\_

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

**Source of Funds:** Identify each funding source by name and list in the following order: Division/HTFC programs, then other state programs, federal and local, public funds, private financing and lastly Developer's equity.

II. Purposes	I. Source of Funds (Specify)				(E) Total (A-D Totalled)	(F) State Agency Staff Only
	(A)	(B)	(C)	(D)		
<b>A. ACQUISITION</b>						
1. Land:	1.					
2. Structure(s)	2.					
3. <b>Total-Land/Structures</b> (Lines 1-2):	3.					
<b>B. SOFT COSTS</b>						
4. Appaisal(s)	4.					
5. Housing Consultant	5.					
6. Survey	6.					
7. Soil Borings	7.					
8. Asbestos and Lead Based Paint Testing	8.					
9. Architecture/Engineering Fee	9.					
10. Construction Manager fee	10.					
11. <b>Legal Fees</b>	11.					
12. NPDA (Not-for-Profit Developer's Allowance)	12.					
13. Cost Certification Audit	13.					
14. Insurances	14.					
15. Taxes	15.					
16. Interim Interest (_____ @ _____ % _____ months)	16.					
17. Closing Costs	17.					
18. Title and Recording fees	18.					
19. Relocation Expenses	19.					
20. DHCR/HTFC Fees	20.					
21. Other (specify):	21.					
22. <b>Total Soft Costs</b> (sum of Lines 4 through 21)	22.					



**Exhibit 3 - Development Budget**  
(continued)

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

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

II. Purposes	I. Source of Funds (Specify)				(E) Total	(F) State Agency Staff Only
	(A)	(B)	(C)	(D)		
<b>CONSTRUCTION</b>						
23. Site Work	23.					
24. Off Site Work	24.					
25. Demolition	25.					
26. Asbestos Removal/Environmental Remediation	26.					
27. Other (specify)	27.					
<b>28. Subtotal-Site Preparation</b> (sum of Lines 23 through 27)	28.					
29. Residential	29.					
30. Community (civic)	30.					
31. Commercial	31.					
32. Other (specify)	32.					
33. Performance Bond Premium	33.					
34. General Requirements	34.					
<b>35. Subtotal-Contractor's Cost</b> (sum of Lines 28 through 34)	35.					
36. Builder's Overhead	36.					
37. Builder's Profit (maximum 10% of Line 35)	37.					
<b>38. Total-Construction</b> (sum of Lines 35, 36 and 37)	38.					
39. Project Contingency (Up to 5% of Lines 22 and 35)	39.					
<b>40. Developer's Fee</b>	40.					
<b>41. Total-Development Cost</b> (sum of Lines 3, 22, 38, 39 and 40)	41.					
<b>D. Working Capital</b> (HOME - Initial Operating Deficit Reserve)						
42. Initial Operating Deficit	42.					
43. Supplement Mgmt Fee & Marketing	43.					
44. Purchase of Maintenance & Other Equipment	44.					
45. Other (specify):	45.					
<b>46. Total- Working Capital -</b> (sum of Lines 42 through 45)	46.					
<b>E. Project Reserves</b>						
47. Capitalization of Operating Reserve (only LIHC/SLIHC or HTF Private Developers, for HTF minimum of 1 % x Line 41, Col. E)	47.					
48. Replacement Reserve	48.					



**Exhibit 3 - Development Budget**  
(continued)

Date Submitted: \_\_\_ / \_\_\_ / \_\_\_

Applicant Name: \_\_\_\_\_

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

II. Purposes	I. Source of Funds (Specify)				(E) Total	(F) State Agency Staff Only
	(A)	(B)	(C)	(D)		
49. <b>Total-Project Reserves</b> (sum of Lines 47 and 48)	49.					
50. <b>Total Project Cost</b> (sum of Lines 41, 46 and 49)	50.					
<b>F. LIHC/SLIHC Only Costs</b>						
51. Syndication Cost (LIHC/SLIHC only)	51.					
52. Partnership Expense (LIHC/SLIHC only)	52.					

**Financing Information for LIHC, SLIHC, HTF, HWF, HOME**

53. Equity Contribution (Contribution to Total Project Cost plus cash contribution for Capitalization of Operating Reserve)

- a. Cash \_\_\_\_\_ (minimum of 2% X Line 41, TDC Column E for HTF Private Developers)
- b. Land \_\_\_\_\_ (minimum of 3% X Line 50, TPC Column E for FmHA, 515 Private Developers)
- Total \_\_\_\_\_ (the greater of 2.5% X Line 50, Column E, or 5% X Line 50, Column E, minus grants for HTF Private Developers)

54. Sources of Construction Financing	Total	Type	Interest Rate	Term Years/Months	Lien Positions
a.					
b.					
c.					
d.					
e.					
Total					
55. Sources of Permanent Financing	Total	Type	Interest Rate	Term Years/Months	Lien Positions
a.					
b.					
c.					
d.					
e.					
Total					



**Exhibit 4 - Affordability Plan**

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Building  Site/ Site Number: \_\_\_\_\_  Project Summary

Applicant Name: \_\_\_\_\_

**A. Renter's Affordability Plan** Project Name: \_\_\_\_\_

Unit Size of Units (1)	Number of Units with Rental Subsidy (3)	Number of Occupants/ Unit (4)	Comparable Rent for Unit Primary Market Area (5)	Monthly Basic Rent (6)	Tenant Paid Utilities (7)	Total Monthly Housing Cost (8)	Minimum Annual Income Needed to Afford Unit (item 8 x 12 months divided by .3) (9)	Area Median Income (10)	Percent of Area Median Income (11)	For HTF Only	
										Market Rate Rent	
										Surcharge (12)	Rent (13)

Indicate whether comparable rent includes (check all which apply):  Heat  Hot Water  Electricity

Provide evidence of comparable rents for comparable units in the service area and include in the Market Study/Needs Statement.  DSS Housing Allowance  Section 8

Indicate if tenants are to receive rental assistance:  Other (specify): \_\_\_\_\_





**Exhibit 4 - Affordability Plan**  
(continued)

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

**B. Owner's Affordability Plan**

Unit Size (1)	Number of Units (2)	Purchase Price (3)	Down Payment ( _____ ) (4)	Amount to be Financed (5)	Monthly Financing Payment (6)	Monthly Taxes/Ins. (7)	Monthly Maint/Carrying Costs (8)	Total Costs (items 6 + 7 + 8) (9)	Total Annual Costs (items 9 x 12 mths.) (10)	Proposed Annual Net Rental Income (11)	Annual Income Needed to Afford Unit (12)	Area Median Income (13)	Percent of Area Median Income (14)



**Exhibit 5 - Rent Plan**

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

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

Building       Site /Site Number \_\_\_\_\_

Project Summary

1. Persons at Public Assistance or Very Low Income level ( $\leq 50\%$ of Area Median Income)	Number of Revenue Units		Basic Rent Per Month		Monthly Revenue
SRO		X		=	
0 Bedroom/Studio		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
			<b>1. Total Monthly Income</b>		
2. Persons at Low-Income Level ( $> 50\%$ but $\leq 80\%$ NYC, $\leq 90\%$ rest of state, of Area Median Income)	Number of Revenue Units		Basic Rent Per Month		Monthly Revenue
SRO		X		=	
0 Bedroom/Studio		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
			<b>2. Total Monthly Income</b>		
3. Persons above Low-Income Level ( $> 80\%$ NYC, $> 90\%$ rest of state, of Area Median Income)	Number of Revenue Units		Basic Rent Per Month		Monthly Revenue
SRO		X		=	
0 Bedroom/Studio		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
Bedroom(s)		X		=	
			<b>3. Total Monthly Income</b>		



**Exhibit 5 - Rent Plan**  
(continued)

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

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

Building       Site /Site Number \_\_\_\_\_

Project Summary

- 4. Total Monthly Income (Sum of 1 + 2 + 3) \_\_\_\_\_
- 5. Annual Gross Rent (Line 4 X 12 Months) = \_\_\_\_\_
- 6. Vacancy and Arrears (line 5 X \_\_\_\_\_ % ) \_\_\_\_\_
- 7. **Net Residential Income** (Line 5 minus Line 6) \_\_\_\_\_
- 8. Ancillary Income
  - a. Laundry \_\_\_\_\_
  - b. Parking \_\_\_\_\_
  - c. Other (specify): \_\_\_\_\_
- 9. Total Ancillary Income (8a + 8b +8c) \_\_\_\_\_
- 10. Gross Commercial Income \_\_\_\_\_
- 11. Vacancy and Arrears (Line 10 X \_\_\_\_\_ % ) \_\_\_\_\_
- 12. Net Commercial Income (Line 10 minus Line 11) \_\_\_\_\_
- 13. Total Effective Income (Line 7 + Line 9 + Line 12) \_\_\_\_\_



## Exhibit 6 - Operating Budget

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Project Summary     Residential  
 Non-Residential Commercial  
 Non-Residential Community Service Facility

Applicant Name: \_\_\_\_\_

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

Prepare an Operating and Maintenance Budget for: (and include worksheets)	Year 1	Year 2	Year 3	Year 4	Year 5
<b>1. Total Effective Income</b> (from Rent Plan Line 13)					
<b>ESTIMATE OF ANNUAL EXPENSE</b>					
<b>A. Administration</b>					
2. Manager					
3. Management Fee (_____)					
4. Accounting and Audit					
5. Legal					
6. Advertising					
7. Office Supplies and Equipment					
8. Other (specify):					
<b>9. Total Administration</b> (sum of Lines 2 through 8)					
<b>B. Maintenance and Operations</b>					
10 Janitor and Cleaning Payroll					
11. Janitor and Cleaning Supplies					
12. Exterminating					
13. Garbage and Trash Removal					
14. Security					
15. Ground Expense					
16. Maintenance and Repair Payroll					
17. Maintenance and Repair Materials					
18. Maintenance and Repair Contracts					
19. Elevator					
20. Snow Removal					
21. Painting and Decorating					
22. Other (specify):					
<b>23. Total Maintenance and Operations</b> (sum of Lines 10 through 22)					





**Exhibit 6 - Operating Budget**  
(continued)

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

- Project Summary   
  Residential   
  Non-Residential Commercial  
 Non-Residential Community Service Facility

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

Prepare an Operating and Maintenance Budget for: (and include worksheets)	Year 1	Year 2	Year 3	Year 4	Year 5
<b>C. Utilities</b> (Provide Documentation in Attachment D2)					
24. Fuel Oil					
25. Lighting/Electricity					
26. Water and Sewer					
27. Gas					
28. Other (specify)					
29. <b>Total Utilities</b> (sum of Lines 24 through 28)					
<b>D. Taxes and Insurance</b> (Provide Documentation In Attachment D2)					
30. Real Estate Taxes (reference any PILOT or abatement In Attachment D2)					
31. Payroll Taxes (documentation not required)					
32. Other taxes (specify):					
33. Property and Liability Insurance					
34. Fidelity Bond Insurance					
35. Other Insurance (specify)					
36. <b>Total Taxes and Insurance</b> (sum of Lines 30 through 35)					
37. Operating Reserve					
38. Replacement Reserve					
39. <b>Total Expenses</b> (sum of Lines 9, 23, 29, 36, 37 and 38)					
40. <b>Net Operating Income</b> (Line 1 minus Line 39)					
<b>Debt Service</b>					
41. Source: ( _____ @ _____ % _____ years)					
42. Source: ( _____ @ _____ % _____ years)					
43. Source: ( _____ @ _____ % _____ years)					
44. <b>Total Debt Service</b> (sum of Lines 41 through 43)					
45. Cash Flow (Line 40 minus Line 44)					
46. Return on Equity (LIHC, SLIHC and HTF Private Developers only)					



## Exhibit 7 - Development Timetable

Applicant Name: \_\_\_\_\_

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

Activity	Year: 2004				2005							
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1. HTF/HWF/HOME Commitment Executed	XXX											
2. Site Ownership												
3. HTF Predevelopment Award (if applicable)												
4. Zoning Approval												
5. SEQR Approval												
6. Bid Document Submission												
7. Contract Document Submission												
8. Contract (Construction) Execution												
9. Pre-Construction Meeting												
10. Construction Start												
11. Rent up Conference with DHCR/Housing Management												
12. Final Inspection												
13. Construction Complete/ C of O												
14. Project Rent-up/Occupancy												
15. Cost Certification/Audit/Close-out Document Submission												
16. Permanent Financing Closing												
17. LIHC/SLIHC only - 8609/Eligibility Submission												

Activity	Year: 2005				2006							
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
1. HTF/HWF/HOME Commitment Executed												
2. Site Ownership												
3. HTF Predevelopment Award (if applicable)												
4. Zoning Approval												
5. SEQR Approval												
6. Bid Document Submission												
7. Contract Document Submission												
8. Contract (Construction) Execution												
9. Pre-Construction Meeting												
10. Construction Start												
11. Rent up Conference with DHCR/Housing Management												
12. Final Inspection												
13. Construction Complete/ C of O												
14. Project Rent-up/Occupancy												
15. Cost Certification/Audit/Close-out Document Submission												
16. Permanent Financing Closing												
17. LIHC/SLIHC only - 8609/Eligibility Submission												



Applicant

Architect

Owner

General Contractor

Management Agent

### Exhibit 8 - Organization's Relevant Experience

Applicant Name: \_\_\_\_\_

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

Development Team Member's Name: \_\_\_\_\_

Project	Project Information				Applicant's Role	Funding Source(s)	
	Project Use Key 1	Project Type Key 2	Number of Units	Date Construction Started	Status of Project: a. Applicant's role Key 3 b. Percentage of project completed c. Completion date or projected completion date d. Populations to be served	Total Development Cost (in thousands)	Funding Source(s), Name of Agency, Contact Person and Telephone Number
Project Name _____ SHARS ID # _____ Project Director _____	_____	_____	_____	____/____	a. _____ b. _____ c. ____/____ d. _____	_____	_____ _____ _____ ( ) - _____
Project Name _____ SHARS ID # _____ Project Director _____	_____	_____	_____	____/____	a. _____ b. _____ c. ____/____ d. _____	_____	_____ _____ _____ ( ) - _____
Project Name _____ SHARS ID # _____ Project Director _____	_____	_____	_____	____/____	a. _____ b. _____ c. ____/____ d. _____	_____	_____ _____ _____ ( ) - _____
Project Name _____ SHARS ID # _____ Project Director _____	_____	_____	_____	____/____	a. _____ b. _____ c. ____/____ d. _____	_____	_____ _____ _____ ( ) - _____
Project Name _____ SHARS ID # _____ Project Director _____	_____	_____	_____	____/____	a. _____ b. _____ c. ____/____ d. _____	_____	_____ _____ _____ ( ) - _____

Key 1: Project Use:

Use the following codes:

- 1 = Residential
- 2 = Civic/Commercial
- 3 = Commercial

Key 2: Project Type:

Use the following codes (list all that apply):

- 1 = Acquisition
- 2 = Pre-development
- 3 = Construction/Rehab
- 4 = Mod Rehab
- 5 = Rental Assistance
- 6 = Emergency Repairs
- 7 = Tax Credit

Key 3: Applicant Role:

Use the following codes: (list all that apply)

- D = Developer
- MA = Managing Agent
- S = Sponsor
- CO = Co-Sponsor
- O = Owner



**Exhibit 9 - LIHC/SLIHC Project Summary**

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

LIHC     SLIHC

4% As-of-Right LIHC (HWF)

**A. Project Information**

- 1. Number of Sites in Project: \_\_\_\_\_
- 2. Number of Qualified Low-Income Buildings in Project: \_\_\_\_\_
- 3. Total Number of Residential Units in Project: \_\_\_\_\_
- 4. Total Number of Rent Restricted Units in Project: \_\_\_\_\_
- 5. Amount of qualified basis of project subject to lower credit rate (30% present value): \_\_\_\_\_
- 6. Amount of qualified basis of project subject to higher credit rate (70% present value): \_\_\_\_\_
- 7a. Annual amount of Credit requested by applicant: \_\_\_\_\_ (per year)
- 7b. Annual amount of Credit requested by applicant: \_\_\_\_\_ (per unit)

**B. Minimum Set-Aside Election**

- At least 20% of the rental residential units in this development are rent-restricted and to be occupied by individuals whose income is 50% or less of area median income.
- At least 40% (25% if project is located in New York City) of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% (90% if SLIHC) or less of area median income.
- Deep Rent skewing Option as defined in Section 42 of the Internal Revenue Code.

**C. Use of Credit Proceeds**

As part of this Exhibit attach, on a separate page, a description of the type of syndication anticipated and explain the amount and use of investor financing for the project. See Page 28 of the instructions for information that must be included in this description.

Also attach documentation from the syndication including letter agreements, offering statements, syndication agreements, purchase agreements and all side agreements.





**Exhibit 10 - LIHC/SLIHC Qualified Building Information**

- LIHC       SLIHC
- 4% As-of-Right LIHC (HWF)

Date Submitted:    \_\_\_ / \_\_\_ / \_\_\_

Applicant Name: \_\_\_\_\_

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

Building #: \_\_\_\_\_

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

Is building located in a Qualified Census Tract or an Enumeration District? (check one)     Yes     No

If yes, enter Tract or District Number: \_\_\_\_\_

Is building located in a Difficult Development Area - (check one)     Yes     No

If yes, enter County: \_\_\_\_\_

**A. Acquisition Information**

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

a. Building acquired or to be acquired from:     Related Party     Unrelated Party

b. Building acquired or to be acquired with Buyer's Basis:     Determined with reference to Seller's Basis  
 Not Determined with reference to Seller's Basis

c. If determined with reference to Seller's Basis, enter amount of Seller's Basis: \_\_\_\_\_

2. Placed In service date of building by seller:      /   /

3. Proposed date of acquisition by applicant:      /   /

Acquisition from a person or organization which acquired the building by foreclosure

Acquisition from a governmental unit or qualified non-profit organization

Acquisition with 10 year waiver from Federal Agency



**Exhibit 10 - LIHC/SLIHC Qualified Building Information**  
(continued)

Date Submitted: \_\_\_ / \_\_\_ / \_\_\_

Applicant Name: \_\_\_\_\_

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

Building #: \_\_\_\_\_

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

- LIHC       SLIHC  
 4% As-of-Right LIHC (HWF)

**B. Determination of Qualified Basis**

Project Costs and Adjustments	A. Actual Cost	B. Adjustment to Eligible Basis	Eligible Basis by Credit Rate Type	
			C. Lower Rate (30%PV) Eligible Basis	D. Higher Rate (70%PV) Eligible Basis
1. Acquisition		XXXXXX	XXXXXX	XXXXXX
a. Land				XXXXXX
b. Building				XXXXXX
c. Total (Sum of Lines 1a and 1b)				XXXXXX
2. Adjustments Reducing Eligible Basis for Acquisition				
a. Grants	XXXXXX		XXXXXX	XXXXXX
b. Amount of Non-Qualified and Non-Recourse Financing	XXXXXX		XXXXXX	XXXXXX
c. Amount of Subsidized Federal Assistance (optional)	XXXXXX		XXXXXX	XXXXXX
d. Total Reduction of Eligible Basis of Acquisition (sum of Lines 2a through 2c)	XXXXXX		XXXXXX	XXXXXX
3. Adjusted Eligible Basis of Acquisition (Line 1c less 2d)	XXXXXX			XXXXXX
4 Construction Improvements				
a. Soft Costs (excluding developer's fee)				
b. Construction				
c. Other (specify): _____				
(1.)				
(2.)				
(3.)				
d. Developer's Fees				
e. Total Construction/Rehabilitation Improvements (sum of Lines 4a through 4d)				



**Exhibit 10 - LIHC/SLIHC Qualified Building Information**  
(continued)

- LIHC       SLIHC
- 4% As-of-Right LIHC (HWF)

Date Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Building #: \_\_\_\_\_

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

**B. Determination of Qualified Basis**

Project Costs and Adjustments	A. Actual Cost	B. Adjustment to Eligible Basis	Eligible Basis by Credit Rate Type	
			C. Lower Rate (30% PV) Eligible Basis	D. Higher Rate (70% PV) Eligible Basis
5. Adjustments Reducing Eligible Basis of Construction/Rehabilitation Improvements Prior to High Cost Increase	XXXXXX			
a. Grants	XXXXXX			
b. Amount of Non-qualified Non-recourse Financing	XXXXXX			
c. Amount of Subsidized Federal Assistance (optional)	XXXXXX			
d. Non-Qualifying Excess Expense or Higher Quality Units	XXXXXX			
e. Reduction for Historic Tax Credits (residential portion only)	XXXXXX			
f. Total Reduction of Potential Eligible Basis prior to High Cost Increase (sum of Lines 5a through 5e)	XXXXXX			
6. Adjusted Eligible Basis of Construction/Rehabilitation Improvements prior to High cost Increase (Line 4e minus line 5f)	XXXXXX	XXXXXX		
7. High cost Increase - Applicable only if Located in Qualified Census Tract or Difficult Development Area	XXXXXX	XXXXXX	XXXXXX	XXXXXX
a. High Cost Multiplier (30%)	XXXXXX	XXXXXX	0.30	0.30
b. Increase in Eligible Basis for High Cost (multiply Line 6 by 7a)	XXXXXX	XXXXXX		
8. Adjusted Eligible Basis of Construction/Rehabilitation Improvements (sum of Line 6 and Line 7b)	XXXXXX	XXXXXX		
9. Total Eligible Basis of Acquisition and Construction/Rehabilitation Improvements (sum of Lines 3 and 8 for Lower Rate, Line 8 for Higher Rate)	XXXXXX	XXXXXX		
10. Applicable Fraction (the lower percentage of residential units or square footage which will be Credit restricted)	XXXXXX	XXXXXX		
11. Qualified Basis by Credit Rate (Line 9 x Line 10)	XXXXXX	XXXXXX		
12. Credit Rate (Applicable Percentage)	XXXXXX	XXXXXX		
13. Credit Amount from Qualified Basis (Line 11 x Line 12)	XXXXXX	XXXXXX		



**Exhibit 10 - LIHC/SLIHC Qualified Building Information**  
(continued)

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

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

Building #: \_\_\_\_\_

LIHC       SLIHC

4% As-of-Right LIHC (HWF)

**C. Declaration of Public Subsidies**

Building address: \_\_\_\_\_

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

List all Federal, State and local government subsidies which are or will be applied to the above identified project. State the source (e.g., HUD, DHCR, etc.), program (e.g., HTF, HWF, CDBG, etc.), type (e.g., grant, loan, tax exempt bonds, mortgage insurance, negotiable development rights or tax certificates, and rental assistance), and value (e.g., dollar amount or units). For loans give the interest rate, monthly debt service and loan term.

Source	Program	Type	Value	% Interest Rate	Monthly Debt Service	Term

I, acting in the capacity of the duly authorized representative of \_\_\_\_\_, who has requested an Allocation of Credit from the New York State Division of Housing and Community Renewal for the project described above, hereby certifies that to the best of my knowledge the information given above on public subsidies accurately discloses the full extent of Federal, State, and local government assistance which are or will be applied to such building.

□□ / □□ / □□  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title





**Exhibit 10 - LIHC/SLIHC Qualified Building Information**  
(continued)

Date Submitted: \_\_\_ / \_\_\_ / \_\_\_

Applicant Name: \_\_\_\_\_

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

Building #: \_\_\_\_\_

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

LIHC:       SLIHC:

4% As-of-Right LIHC (HWF)

**D. Unit Information**

Unit distribution by rentable floor space with schedule of rents.

Residential Rental Units

	Number of Bedrooms (Apartment Type)	No. of Units	Rentable Floor Area of Unit (sq. ft.)	Total Rentable Floor Area (sq. ft.)	Rent per Month	Tenant Paid Utilities
LIHC/SLIHC Rent Restricted						
	Sub-Total					
Other Rental Units						
	Sub-Total					
	Total					



**Exhibit 11 - Building & Site Information**

Applicant Name: \_\_\_\_\_

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

- Single Site
- Multiple Sites

**Complete one for each site in the Project**

**A. Site Control**

1. Street Address: \_\_\_\_\_

2. Indicate whether Municipality where Project is located is a (check one):  City  Town  Village

3. Enter the number of the Census Tract: \_\_\_\_\_, or Enumeration District: \_\_\_\_\_  
(Provide numbers for each building in each site.)

4. Site Control:

a. Check type of site control and insert appropriate date.

Municipal Site Commitment Letter (inc. NYC HPD) Date  /  /

Local Government approval or executed Land Disposition Agreement: Date  /  /

Deed Date:  /  /  Deed book no. \_\_\_\_\_ Page no.: \_\_\_\_\_  
Name of Deed \_\_\_\_\_

Lease - Term in years \_\_\_\_\_ Expiration Date  /  /

Option to Purchase: Expiration Date  /  /

Contract of Sale: Closing Date  /  /

Other, specify: \_\_\_\_\_

b. If you do not have site control, please describe how, when, and in what form site control will be secured (HDF only).  
\_\_\_\_\_

c. If you are purchasing the site, describe the relationship between seller and buyer. \_\_\_\_\_

d. If you are a leaseholder, provide annual ground rent: \_\_\_\_\_ Lease term remaining (years): \_\_\_\_\_

e. Check to indicate who currently owns the site:  Private Owner  Municipality  Applicant  
 Other: \_\_\_\_\_

5. For Neighborhood and Rural Preservation Companies only:

Is this site located within your preservation service area:  Yes  No



**Exhibit 11 - Building & Site Information**  
(continued)

Applicant Name: \_\_\_\_\_

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

**B. Site Characteristics**

1. Total Site Area: \_\_\_\_\_ Acres; or \_\_\_\_\_ sq. ft.

2. a. Indicate the current zoning classification \_\_\_\_\_

b. Minimum site area for proposed project based on zoning regulations: \_\_\_\_\_ acres; or \_\_\_\_\_ sq. ft.

3. Is the site located in a flood plain area?  Yes  No

4. Is the site located in a waterfront revitalization area?  Yes  No

5. Is the site located in or adjacent to a coastal area?  Yes  No

6. Is site eligible for or listed in the National Register of Historic Places ?  Yes  No

7. Is the site located in any of the following initiatives:  
 EDZ  Local Designated CDBG Target Area  
 Local Economic Development Area  
 Other local community revitalization area

8. Utilities/Facilities:	Public	Commercial	At Site	Off Site	Distance From Site
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. Unusual Site Features:  None  Cuts  Fill  Erosion  Poor Drainage  Retaining Walls  
 Wetlands  Subsurface Bedrock  High Water Table  Other (specify): \_\_\_\_\_

10. Is the site vacant land?  Yes  No If no, answer questions 11 thru 14.

11. Number of Buildings located on site: \_\_\_\_\_

12. List Accessory Buildings: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.

13. Recreation Facilities: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.

14. If Parking exists indicate: a. Total square feet on grade \_\_\_\_\_ Number of Spaces \_\_\_\_\_  
b. Total square feet on enclosed parking \_\_\_\_\_ Number of Spaces \_\_\_\_\_













**Exhibit 11 - Building & Site Information**  
(continued)

Applicant Name: \_\_\_\_\_

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

**E. Proposed Building Information**

Please complete the following by indicating the characteristics of the building at the **completion of this Project**.

1. Building Use:

- (01) Residential       (03) Commercial       (05) Non-Residential (Civic/Commercial Mixed)  
 (02) Rental       (04) Mixed Use

2. Tenure Type:

- (01) Single Family Homeowner       (03) Condominium       (05) Homesteading  
 (02) Rental       (04) Cooperative       (06) Other: \_\_\_\_\_

3. Type of Work Proposed:

- a.  New Construction      d.  Moderate Rehabilitation - Rental Property  
b.  Substantial Rehabilitation      e.  Moderate Rehabilitation- Homeownership  
c.  Acquisition      f.  First-time Homebuyer Assistance

4. Type of Structures:

- a.  Detached      b.  Semi-Detached      c.  Row House      d.  Walk-up  
e.  Multi-story      f.  Other (specify): \_\_\_\_\_

5. **For Entire Building:** Complete the following for all units in the building, including units not requiring funding.

Number of Floors: \_\_\_\_\_

Residential Square Footage: \_\_\_\_\_ Non-Residential Square Footage: \_\_\_\_\_ Other: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Residential Units: \_\_\_\_\_ Number of Non-Residential Units: \_\_\_\_\_

6. **For Units Assisted by DHCR/HTFC Only:** Same as for entire building:  Yes  No If no, complete the following

Number of Floors: \_\_\_\_\_

Total Residential Square Footage: \_\_\_\_\_ Total Non-Residential Square Footage: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Residential Units: \_\_\_\_\_ Number of Non-Residential Units: \_\_\_\_\_



**Exhibit 11 - Building & Site Information**  
(continued)

Applicant Name: \_\_\_\_\_

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

**E. Proposed Building Information**  
(continued)

7. Indicate the Dwelling Unit Gross Floor Area

Unit Size	Number of Dwelling Units	Floor Area Per Unit (Sq. Ft.)	Total Square Footage
a. SRO	_____	_____	a. _____
b. 0-BR/Studio	_____	_____	b. _____
c. 1-BR	_____	_____	c. _____
d. 2-BR	_____	_____	d. _____
e. 3-BR	_____	_____	e. _____
f. 4+-BR	_____	_____	f. _____
g. Total (7a thru 7f)	_____	_____	g. _____

8. Shared Common Area(s)

- a. Community Room \_\_\_\_\_
- b. Lobby \_\_\_\_\_
- c. Hall and Stairs \_\_\_\_\_
- d. Basement \_\_\_\_\_
- e. Laundry \_\_\_\_\_
- f. Other (specify) \_\_\_\_\_
- g. Total Other Residential Floor Area (a-f) \_\_\_\_\_

9. Total Residential Gross Floor Area (Items 7g + 8g) \_\_\_\_\_

10. Total Gross commercial Floor Area \_\_\_\_\_

11. Total Community (Civic) Gross Floor Area \_\_\_\_\_

12. Total Gross Floor Area (lines 9+10+11) \_\_\_\_\_

13. Equipment and Services:

Check items listed below which are included in the Rent or Carrying Charge:

- a. Equipment  Range and Oven  Microwave Oven  Refrigerator  Cable T.V. Hookup
- Laundry Facilities  In Common Area  In Living Unit  Laundry Hookup Only
- Central Air Conditioning  Air Conditioner Sleeve Only  Other (specify): \_\_\_\_\_

- b. Services
- Heat  Gas  Electric  Oil
- Hot Water  Gas  Electric  Oil
- Central Air Conditioning
- Lights, etc. in units

- c. Parking:  Surface  Covered  Not available  Other

14. Tenant Paid Utilities

Check Utilities and Services **not** included in the Rent and paid directly by the Tenant.

- Electricity  Heat  Repairs  Gas  Water  Other: \_\_\_\_\_



# **Unified Funding**

## **Section III**

### **Attachments**

Provided for Applicant's Use

Zoning Compliance and Public Approvals

Special Needs Documentation - Tenant Support Services Budget

Operating Budget Documentation - Basis for Projection of Operating Budget

Outline Specification & Construction Cost Estimate Worksheets

SHPO Transmittal Letter

SHPO Project Review Checklist

SHPO Building/Structure Inventory Form

SEQR Short Environmental Assessment Form (EAF)

CEO Notification Letter (LIHC/SLIHC only)

Fee Transmittal/Deferral Letter(LIHC/SLIHC only)





**ZONING COMPLIANCE  
AND  
PUBLIC APPROVALS**







**Tenant Support  
Services Budget**



Tenant Support Services Budget

Applicant Name: \_\_\_\_\_

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

**Income Sources:**

Rent: \_\_\_\_\_

Other \_\_\_\_\_

A. Total Income: \_\_\_\_\_

Support Services Expenses: \_\_\_\_\_

Personal Services: \_\_\_\_\_

Title 1. \_\_\_\_\_

    2. \_\_\_\_\_

    3. \_\_\_\_\_

    4. \_\_\_\_\_

Administrative Costs: \_\_\_\_\_

Materials and Supplies: \_\_\_\_\_

Insurance: \_\_\_\_\_

Utilities:      Gas: \_\_\_\_\_

                  Electric \_\_\_\_\_

                  Phone: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Total Expenses: \_\_\_\_\_

Net Income: (A Minus B) \_\_\_\_\_





**Basis for Projection  
of Operating Budget**



**Basis for Projection of Operating Budget**

Applicant Name: \_\_\_\_\_

Building       Site/Site No.: \_\_\_\_\_

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

Project Summary

<b>Expenses</b>	<b>Source Explanation</b>
2. Manager	
3. Management Fee	
4. Accounting and Audit	
5. Legal	
6. Advertising	
7. Office Supplies and Equipment	
8. Other (Administration):	
10 Janitor and Cleaning Payroll	
11. Janitor and Cleaning Supplies	
12. Exterminating	
13. Garbage and Trash Removal	
14. Security	
15. Ground Expense	
16. Maintenance and Repair Payroll	
17. Maintenance and Repair Materials	
18. Maintenance and Repair Contracts	
19. Elevator	
20. Snow Removal	
21. Painting and Decorating	
22. Other (Maintenance and Operations):	
24. Fuel Oil	
25. Lighting/Electricity	
26. Water and Sewer	
27. Gas	
28. Other (Utilities)	
30. Real Estate Taxes	
31. Payroll Taxes	
32. Other taxes	
33. Property and Liability Insurance	
34. Fidelity Bond Insurance	
35. Other (Insurance)	



**Outline Specification &  
Construction Cost Estimate  
Worksheets**



## Outline Specification

Applicant \_\_\_\_\_ Project Number \_\_\_\_\_  
Project Name \_\_\_\_\_ Project Architect \_\_\_\_\_  
Project Location \_\_\_\_\_ Date Submitted   /   /

**Instructions:** Describe all materials and equipment to be used. Include no alternate or equivalents. Show extent of work and typical details on drawings. Attach additional sheet if necessary to completely describe the work. The Cost Estimate will recognize quality products and materials in excess of acceptable minimums, when specified. Certain parts of the work cannot be put in their proper classification until more information about their materials and construction is known; therefore describe, under suitable categories below, the following: main service and other stairs, treads, risers, handrails, balusters, etc.; sound insulation of partitions and floors separating apartments and between apartments and public spaces, utility conduits and tunnels, waterproofing and draining, utilities, and related insulation; retaining walls; garages and accessory buildings; and off-site improvements required to serve the project such as roads, curbs, walks, utilities, storm sewers, planting, etc.

### 1. General Requirements

**2. Site Work**    Type of Soil \_\_\_\_\_    Bearing Capacity \_\_\_\_\_

Material and thickness of fill and base course.

Demolition: Construction of structures to be demolished and materials to be reused.

Storm Drainage: Culverts, pipes, manholes, catch basins, downspout connection (dry well, splash blocks, storm sewer).

Site Preparation: Tree protection, surgery, wells, walls, topsoil, stripping, clearing, grubbing, and rough grading.

Curbs and Gutters: Type and material

Pavement: Material and thickness of base and wearing surface for drives, parking areas, streets, alleys, courts, walks, drying yards and play areas. Steps, handrails, checkwalls.

Equipment for Special Areas and Enclosures: Play equipment, benches, fences.

Finish Grading: Approximate existing depth and method of improving topsoil. Extent of finish grading.

Lawns and Planting: Type, size, quantity and location of lawn seeded or sodded; ground cover and hedge material, trees, shrubs, etc.





**3. Concrete**

Concrete strength for exterior walls below and above grade, interior walls and partitions, piers, footings, columns and girders. Size, thickness and location on drawings. Note portions having reinforcing steel on drawings. Location, size and material of footing drains and outlets.

Structural system of concrete floors at basement, other floors and roof. Thickness of slabs and strength of concrete. Attached exterior concrete steps and porches. If more than one type of construction is used, list separately and state locations.

Slab Perimeter Insulation:

**4. Masonry**

Material and thickness of exterior walls above and below grade, interior walls and partitions, fire walls, stair, hall and elevator enclosures, chimneys, incinerators, veneer, sills, copings, etc.

**5. Metals**

Miscellaneous Iron	Material	Size
Access Doors		
Area Gratings		
Lintels		
Fire Escapes		

Foundation Vents

Structural Steel: (Framing or structural system used.)

---

**6. Carpentry**

Size, spacing and grade of lumber to be used for floor, roof, exterior walls above grade and interior partition framing, subfloor, sheathing, underlayment and exterior finish materials (wood siding, shingles, asbestos siding, etc.).

Grade and species for interior and exterior finish woodwork.



**7. Moisture Protection**

Materials and method of waterproofing walls and slabs below grade, location, thickness or number of plies. Type of permanent protection of waterproofing (parging) if used. Method of damp proofing above grade. Flashing materials if other than sheet metal. Spandrel waterproofing.

Thermal Insulation	Thickness	R-Value & Type of Material	Method of Installation
Exterior Walls			
Ceiling Below Roof			
Roof			
Other			

Roofing: Roof covering materials and method of application, weight of shingles, number of felt plies, bitumen, etc.

Sheet metal: Material and weight or gauge for flashings, copings, gutters and downspouts, roof ventilators, scuppers, etc.

Caulking: (Materials and Locations)

**8. Doors, Windows, and Glass**

Windows and Frames: Type and Material. Special construction features or protective treatment.

Glazing: Thickness, strength and grade of glass and method of glazing.

Metal Curtain Walls:

Doors and Frames:

Exterior: Thickness, material and type at all locations.

Interior: Thickness, material and type for public halls and stairs, apartments (entrance and interior), boiler rooms, fire doors and doors at other locations.



**8. Doors,  
Windows,  
and Glass  
(Cont'd)**

Finish Hardware: Material and finish of exterior and interior locksets, sliding and folding door hardware, window and cabinet hardware, door closers, door knockers, numbers, etc.

Weatherstripping	Material	Type
Windows		
Exterior Doors		
Thresholds		
Screens	Mesh	
	Frames	

**9. Finishes**

Grade, material, and thickness of all finishes.

Painting: Exterior	Type	Number of Coats	Interior	Type	Number of Coats
Wood			Wood		
Metal			Metal		
Masonry			Masonry		
			Kitchen & Bath		

Tile & Ceramic Bathroom Accessories:

Floor and Wall Covering: Location	Material (Thickness, grade, finish and wainscot height)	
	Floors	Walls
a.		
b.		
c.		
d.		
e.		
Bathroom Accessories	Materials	Quantity
Attached		
Recessed		

Resilient Flooring: Location, type and gauge, for all materials



**10. Specialities  
(List  
Significant  
Items)**

Interior partitions other than concrete, masonry or wood.

Medicine Cabinets: Material, size and type.

Mail Boxes, Package Receivers

Packaged Incinerators

**11. Equipment**

Refrigerators: Capacity and type for each size of living unit.

Kitchen Ranges: Size and type for each size of living unit.

Kitchen Cabinets (Detail on drawings)	Material	Finish
Wall Units		
Base Units		

Counter Top and Backsplash Material

Other cabinets and built-in storage units

Equipment: Garbage disposal units, dishwashers, clothes washers and dryers.

**12. Furnishings**

Shades: Type of shades, draperies or other devices for privacy and control of natural light.





**13. Special Construction** (Incinerator - Job Constructed)

---

**14. Conveying Systems** Elevators: Attach letter from manufacturer whose elevator installation is proposed, containing a brief comprehensive specification for the complete elevator installation, and the manufacturer's statement that the number of elevators proposed and the installation described will provide adequate service, and that manufacturer maintains an effective service organization in the project locality.

---

**15. Mechanical** Plumbing and Hot Water Supply:

Fixtures: (Material, size, fittings, time and color)

Sink

---

Lavatory

---

Water Closet

---

Bathtub

---

Shower Over Tub

---

Stall Shower

---

Laundry Trays

---

Other

---



**15. Mechanical  
(Continued)**

Piping: (Material)

Soil Lines	_____	Gas Lines	_____
Waste Lines	_____	Stand pipes	_____
Vents	_____	Interior Downspouts	_____
Water	_____		_____
Valve Shutoff for Servicing	_____		

Domestic Water Heating  
Direct fired (Type, capacity, and recovery rate.)

Indirect fired (Separate boiler or combines with space heating boiler. Storage and recovery capacity.)

Solar Energy:  
Application \_\_\_\_\_ System \_\_\_\_\_

Subsystem \_\_\_\_\_

System Capacity \_\_\_\_\_

Insulation: Type and thickness of insulation on water lines and water heating equipment.

Heating  
Kind of System: Hot water, steam, forced warm air, gravity warm air, etc.

Fuel Used: \_\_\_\_\_ Calculated Load: \_\_\_\_\_

Heating Load: \_\_\_\_\_ Domestic Hot Water Load \_\_\_\_\_ Total \_\_\_\_\_



**15. Mechanical  
(Continued)**

Equipment: (Make & Model)

Input (per hr.):  
Coal (lbs.) \_\_\_\_\_ Oil (gals.) \_\_\_\_\_ Gas (BTUH) \_\_\_\_\_

Output  
(BTUH): \_\_\_\_\_

Distribution System:

Insulation: Type and thickness of insulation on heating equipment and distribution system.

Room Heating Units: Baseboard units radiators, convectors, registers, etc.

Solar Energy:  
Application \_\_\_\_\_ System

Subsystem

System Capacity

Space Heaters: Type, make, model, location and output of heating systems such as wall heaters, floor furnaces and unit heaters.

Temperature Controls: Individual unit, zone, central, etc.

Ventilation: Location, capacity and purpose of ventilating fans.

Air Conditioning  
Unitary Equipment (Self Contained or packaged units.)



**15. Mechanical  
(Continued)**

Calculated Load:

Equipment: Make, Model, operating voltage and capacity in BTUH for each size serving individual rooms, apartment units, or zone.

Central System:

Calculated Load:

Equipment: Make, Model, capacity, etc. of compressor, cooling tower, water chillers, air handling equipment, and other components which make up the complete system.

Utilities On-site: Material for distribution system for all piped utilities.

Water Supply: fire hydrants, yard hydrants, lawn sprinkler systems, exterior drinking fountains.

Gas:

Sanitary Sewerage: Treatment plants, pumping stations, manholes.

**16. Electrical**

Electrical Wiring: Type of wiring and load centers, number of circuits per unit, individual unit metering or project metering, spare conduit for future load requirements, radio or TV antenna systems. Show receptacles, light outlets, switches, power outlets, telephone outlets, door bells, fire alarm systems, etc. on drawings.

Electric Fixtures: Type for various locations.





**16. Electrical  
(Continued)**

Electric light standards for lighting grounds, streets, courts, etc. Underground or overhead service.

All items of construction, equipment and finish, together with all incidents, which are essential to the completion of the project will be of a type, quality and capacity acceptable to DHCR/HTFC and appropriate to the character of the project.

Signed (Applicant):

---

By (Architect):

---



Applicant Name: \_\_\_\_\_

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

<b>Construction Cost Estimate Summary</b>		
	<b>Cost</b>	<b>Cost/S.F.</b>
1. General Requirements	_____	_____
2. a. Site Work	_____	_____
b. Asbestos Removal	_____	_____
c. Environmental Remediation	_____	_____
3. Concrete	_____	_____
4. Masonry	_____	_____
5. Metals	_____	_____
6. Wood & Plastics	_____	_____
7. Thermal	_____	_____
8. Doors. & Windows	_____	_____
9. Finishes	_____	_____
10. Specialities	_____	_____
11. Equipment	_____	_____
12. Furnishings	_____	_____
13. Special Construction	_____	_____
14. Conveying Systems	_____	_____
15. Mechanical		
a. Heating/Ventilation	_____	_____
b. Plumbing	_____	_____
c. Fire Protection	_____	_____
d. Sprinklers	_____	_____
16. Electrical		
a. Electrical	_____	_____
b. Fire Alarm System	_____	_____
	Subtotal	_____
General Conditions _____ %		_____
	Subtotal	_____
Overhead _____ %		_____
Profit _____ %		_____
	Total	_____



Applicant Name: \_\_\_\_\_

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

### Construction Cost Estimate Work Sheets

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
<b>Division 1: General Requirements</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 2: Site work</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 3: Concrete</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					



**Construction Cost Estimate Work Sheets**

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
------------	------	----------	-----------	-------	----------------

<b>Division 4: Masonry</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

<b>Division 5: Metals</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

<b>Division 6: Wood &amp; Plastics</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					





## Construction Cost Estimate Work Sheets

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
<b>Division 7: Thermal &amp; Moisture Protection</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 8: Doors &amp; Windows</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 9: Finishes</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					



**Construction Cost Estimate Work Sheets**

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
------------	------	----------	-----------	-------	----------------

**Division 10: Specialties**

1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

**Division 11: Equipment**

1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

**Division 12: Furnishings**

1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					



## Construction Cost Estimate Work Sheets

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
<b>Division 13: Special Construction</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 14: Conveying Systems</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 15A: HVAC</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					



## Construction Cost Estimate Work Sheets

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
<b>Division 15B: Plumbing</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 15C: Sprinklers</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					
<b>Division 16A: Electrical</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					





## Construction Cost Estimate Work Sheets

Trade/Item	Unit	Quantity	Unit Cost	Total	Division Total
<b>Division 16B: Fire Alarm Systems</b>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

### Floor Plans

**Drawing Number**

**Drawing Title**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SHPO Transmittal Letter**



State of New York  
**DIVISION OF HOUSING AND COMMUNITY RENEWAL**  
38-40 State Street  
Albany, New York 12207

**George E. Pataki, Governor**

Date:   /   /

## SHPO Transmittal Letter

**To:** James Warren  
New York State Office of Parks Recreation  
& Historic Preservation  
Historic Preservation Field Services Bureau  
Peebles Island, PO Box 189  
Waterford, New York 12188-0189  
Phone: (518) 237-8643 Ext. 3283

**From:** Applicant's Sponsor: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Applicant's Contact Person: \_\_\_\_\_  
Project's Name: \_\_\_\_\_  
Project's Address: \_\_\_\_\_

Please review the SHPO Building Structure Inventory Form enclosed for the above referenced Project to determine if it is eligible to be listed in the National Register of Historical Places. Please respond in writing within ten (10) business days to our contact person mentioned above with your findings. Thank you.

We are applying for Project funding from the following sources:

- State
- Federal
- Historic Tax Credit



## **Project Review Checklist**









3. **Building Structure** - Include a photo for any building that will be:
- demolished
  - rehabilitated/restored/altered - on interior as well as exterior
  - abandoned
  - located adjacent to a blasting site

The photos can be black and white or color prints, or Polaroids, if clear.

- a. Be sure to locate each building on your map (#2).
- b. Give the date of construction for each building (s), if known.

Bldg.: _____	Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						
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- c. **If available**, include the plans/specifications for any building that will be rehabilitated/restored/altered.

4. **New Construction**

- a. Mark the location of the construction site on your map (#2).
- b. Include photographs of the construction site if there are any buildings/structures on the site. Key your photos to the map.
- c. Include photographs of the adjacent surrounding areas if there are any buildings/structures surrounding the site. Key your photos to the map. Photos of the surrounding area are an important ingredient in our review because of the effect new construction can have on adjacent historic properties or districts.
- d. If the surrounding area is open, undeveloped land in every direction, check here.

5. **Blasting** - If blasting will occur as part of your project:

- a. Mark location of blasting sites on your map (#2).
- b. Photograph any buildings adjacent to blasting sites.

6. **Landscaping** - Describe any work not already described that will **permanently** change landscape features.



**SHPO Building/Structure  
Inventory Form**



**Building-Structure Inventory Form**

**For Office Use Only:**

Unique Site No. \_\_\_\_\_  
Quad \_\_\_\_\_  
Series \_\_\_\_\_  
Neg. No. \_\_\_\_\_

New York State Office of Parks, Recreation &  
Historic Preservation  
Division for Historic Preservation  
(518) 237-8643 ext. 3283

YOUR NAME: \_\_\_\_\_ DATE:  /  /   
YOUR ADDRESS: \_\_\_\_\_ TELEPHONE: (  ) \_\_\_\_\_ - \_\_\_\_\_  
ORGANIZATION (if any) \_\_\_\_\_

**Identification**

- 1. Building Name(s): \_\_\_\_\_
- 2. County: \_\_\_\_\_ Town/City \_\_\_\_\_ Village \_\_\_\_\_
- 3. Street Location: \_\_\_\_\_
- 4. Ownership  a. Public  b. Private
- 5. Present Owner \_\_\_\_\_ Address: \_\_\_\_\_
- 6. Use: Original: \_\_\_\_\_ Present: \_\_\_\_\_
- 7. Accessibility to Public Exterior visible from public road:  Yes  No  
Interior accessible: Explain: \_\_\_\_\_

**Description**

- 8. Building Material:  a. clapboard  b. stone  c. brick  d. board and batten  
 e. cobblestone  f. shingles  g. Stucco  f. other: \_\_\_\_\_
- 9. Structural System:  a. wood frame with interlocking joints  
(if known)  b. wood frame with light members  
 c. masonry load bearing walls  
 d. metal (explain): \_\_\_\_\_  
 a. other \_\_\_\_\_
- 10. Condition:  a. excellent  b. good  c. fair  d. deteriorated
- 11. Integrity:  a. original site  b. moved if so, when?: \_\_\_\_\_  
c. list of major alterations and dates (if known)::

12. Photo:

13. Map:





14. Threats to Building:  a. none known     b. zoning     c. road  
 d. developers     e. deterioration  
 f. other: \_\_\_\_\_

15. Related Outbuildings and Property

- a. barn                       b. carriage house             c. garage  
 d. privy                       e. shed                               f. greenhouse  
 g. shop                       h. gardens  
i. landscape features: \_\_\_\_\_  
j. other: \_\_\_\_\_

16. Surroundings of the Building (check more than one if necessary)

- a. open land                       b. woodland  
 c. scattered buildings             d. densely building-up  
 e. commercial                       f. industrial  
 g. residential                       h. other: \_\_\_\_\_

17. Interrelationship of Building and Surroundings: (Indicate if building or structure is in an historic district)

18. Other Notable Features of Building and Site (including interior features if known):

**Significance**

19. Date of Initial Construction:   /   /

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

Builder: \_\_\_\_\_

20. Historical and Architectural Importance: \_\_\_\_\_

21. Sources: \_\_\_\_\_

22. Theme: \_\_\_\_\_



**SEQR Short Environmental  
Assessment Form (EAF)**



Project I.D. Number (DHCR Use Only)

State Environmental Quality Review

Short Environmental Assessment Form

Part I - Project Information (To be completed by Applicant or Project sponsor)

1. Applicant/Sponsor

2. Project Name

\_\_\_\_\_

3. Project Location:

Municipality

County

\_\_\_\_\_

4. Precise Location (Street address and road intersections, prominent landmarks, etc. or provide map)

\_\_\_\_\_

5. Is Proposed Action:  New  Expansion  Modification/alteration

6. Describe Project Briefly:

7. Amount of Land Affected: Initially \_\_\_\_\_ acres Ultimately \_\_\_\_\_ acres

8. Will proposed action comply with existing zoning or other existing land use restrictions?

Yes  If No, describe briefly:

9. What is present land use in vicinity of project?

Residential  Industrial  Commercial  Agriculture  Park/Forest/Open Space  Other

Describe:

10. Does action involve a permit approval or funding, now or ultimately from any other governmental agency (Federal, State or Local)?  Yes  No

If yes, list agency name and permit/approval

11. Does any aspect of the action have a currently valid permit or approval?  Yes  No

If yes, list agency name and permit/approval

12. As a result of proposed action will existing permit/approval require modification?  Yes  No

I certify that the information provided above is true to the best of my knowledge.

Applicant/Sponsor Name: \_\_\_\_\_ Date:  /  /

Signature: \_\_\_\_\_

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.



**CEO Notification Letter**





Certified Mail-  
Return Receipt Requested

CEO Name \_\_\_\_\_  
CEO Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Date \_\_\_\_\_

RE: Transmittal of LIHC Program

Application for: \_\_\_\_\_  
Project name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_:

This is to inform you of our intention to submit the above referenced application under the Low-Income Housing Credit Program (LIHC) to the New York State Division of Housing and Community Renewal. This Program was established by the Tax Reform Act of 1986 (with a new Section 42 in the Internal Revenue Code) which authorized federal assistance in the form of tax credits for owners of rental housing that is reserved for households earning 60% or less of the area median income.

Under the Internal Revenue Code Section 42(m)(1)(A)(ii), an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located, is notified and is provided a reasonable opportunity to comment on the project.

If you have any comments regarding the enclosed application, please submit them within 20 days of receipt of the enclosed application to:

New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6th Floor  
Albany, New York 12207  
Attention: Michael F. Sullivan; Program Manager  
(518) 474-3196

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be forwarded to DHCR to serve as proof that the requirements of Section 42 (m)(A)(ii) have been met by this Low-Income Housing Credit Program applicant.

If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

Sincerely,

Project Representative/Sponsor/Developer;  
and Project Representative/Sponsor Developer Organization

cc: Michael F. Sullivan  
New York State Division of Housing and Community Renewal  
38-40 State Street, 6th Floor  
Albany, New York 12207



Certified Mail-  
Return Receipt Requested

CEO Name \_\_\_\_\_  
CEO Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Date \_\_\_\_\_

RE: Transmittal of SLIHC Program

Application for: \_\_\_\_\_  
Project name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to inform you of our intention to submit the above referenced application under the New York State Low-Income Housing Credit Program (SLIHC) to the New York State Division of Housing and Community Renewal. This Program was established by Article 2-A of the Public Housing Law which authorized state tax credits for owners of rental housing that is reserved for households earning 90% or less of the area median income.

Furthermore, the Internal Revenue Code Section 42(m)(1)(A)(ii), states an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located, is notified and is provided a reasonable opportunity to comment on the project.

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New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6th Floor  
Albany, New York 12207  
Attention: Nina Moore; Program Manager  
(518) 473-8551

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If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

\_\_\_\_\_  
Sincerely,

Project Representative/Sponsor/Developer;  
and Project Representative/Sponsor Developer Organization

cc: Nina Moore  
New York State Division of Housing and Community Renewal  
38-40 State Street, 6th Floor  
Albany, New York 12207



Certified Mail-  
Return Receipt Requested

CEO Name Mary Bolton  
CEO Title Assistant Commissioner, Program Planning, NYC Department of Housing Preservation and Development  
Mailing Address 100 Gold Street, Room 5-K4, New York, NY 10038

Date \_\_\_\_\_

RE: Transmittal of LIHC Program  
Application for: \_\_\_\_\_  
Project name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

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If you have any comments regarding the enclosed application, please submit them within 30 days of receipt of the enclosed application to:

New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6th Floor  
Albany, New York 12207  
Attention: Michael F. Sullivan; Program Manager  
(518) 474-3196

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Sincerely,

Project Representative/Sponsor/Developer;  
and Project Representative/Sponsor Developer Organization

cc: Michael F. Sullivan  
New York State Division of Housing and Community Renewal  
38-40 State Street, 6th Floor  
Albany, New York 12207



Certified Mail-  
Return Receipt Requested

CEO Name Mary Bolton

CEO Title Assistant Commissioner, Program Planning, NYC Department of Housing Preservation and Development

Mailing Address 100 Gold Street, Room 5-K4, New York, NY 10038

Date \_\_\_\_\_

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Application for: \_\_\_\_\_

Project name: \_\_\_\_\_

Project Location: \_\_\_\_\_

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

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Albany, New York 12207  
Attention: Nina Moore; Program Manager  
(518) 473-8551

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If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

\_\_\_\_\_  
Sincerely,

Project Representative/Sponsor/Developer;  
and Project Representative/Sponsor Developer Organization

cc: Nina Moore  
New York State Division of Housing and Community Renewal  
38-40 State Street, 6th Floor  
Albany, New York 12207





**Fee Transmittal/Deferral Letter**



**CREDIT PROGRAM FEE TRANSMITTAL**

New York State Division of  
Housing and Community Renewal  
Finance and Budget Unit  
38-40 State Street - 3rd Floor North  
Albany, New York 12207

Attention: Sandra Johnson

Dear Finance and Budget Unit:

Applicant Name: \_\_\_\_\_

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

RE: LIHC/SLIHC Program Fee Transmittal

Enclosed you will find a check for the LIHC and/or SLIHC Program application fee equal to \$100, payable to the Division of Housing and Community Renewal.

Sincerely,

\_\_\_\_\_

Name

\_\_\_\_\_

Title



**LIHC PROGRAM FEE DEFERRAL REQUEST TRANSMITTAL**

New York State Division of  
Housing and Community Renewal  
38-40 Sate Street - 6th Floor South  
Albany, New York 12207

Attention: Michael F. Sullivan

Applicant Name: \_\_\_\_\_

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

RE: LIHC/SLIHC Program Fee Deferral Request

This will serve to inform the Division of this applicant's intent to seek the "non-profit" deferral of the low-income housing credit program application fee.

I certify that the LIHC and/or SLIHC applicant is a not-for-profit corporation or that the general partner is a wholly owned subsidiary of the not-for-profit applicant. This request is being made pursuant to Section 2040.3(C) of the Division's Low-Income Housing Credit Qualified Allocation Plan. This transmittal is being returned to the attention of Michael F. Sullivan at the address above.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title