

UNIFIED FUNDING

Section II

Exhibits

- I. Unified Funding Capital Project Application Exhibits Checklist**
- II. Application Exhibits**

Unified Funding Capital Project Application Exhibits Checklist

The column on the left lists each of the exhibits that may be required for submission with your Unified Funding Capital Project Application. The column on the right establishes the conditions under which an exhibit is required.

Please Note the following before reviewing this document:

Seed money exhibit requirements are not included in the chart below. The only required exhibits for seed money applications are:

- 1 – Application Summary;
- 2 – Community Needs Strategy;
- 3 - Development Budgets/Funding Sources;
- 4 - Unit Rents/Maintenance Fees & Affordability;
- 7 – Development Team’s Relevant Experience; and,
- 8 – Site and Building Information.

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP.

Exhibit 1 – Application Summary	Required for all applications.
Exhibit 2 – Community Needs Strategy	Required for all applications.
Exhibit 3 – Development Budgets/Funding Sources	Required for all applications.
Exhibit 4 – Unit Rents/Maintenance Fees & Affordability	Required for all applications except UI or RARP standalone applications. Required for UI or RARP standalone applications when residential units are involved.
Exhibit 5 – Project Income & Operating Budget	Required for all applications.
Exhibit 6 – Development Timetable	Required for all applications.
Exhibit 7 – Development Team’s Relevant Experience	Required for all applications.
Exhibit 8 – Site and Building Information	Required for all applications.
Exhibit 9 – LIHC/SLIHC Qualified Building Information	Required for all applications requesting LIHC and/or SLIHC funding.
Exhibit 10 – LIHC/SLIHC Project Summary	Required for all applications requesting LIHC and/or SLIHC funding.

Exhibit 1 – Application Summary

A. Applicant Information

1. Applicant Name: _____ 2. Federal EIN: _____ - _____

3. DOS Charities Registration Number: _____ 4. Fiscal Year End Date: ____/____/____ (mm/dd)

5a. Select the type(s) of applicant:

- | | | |
|---|--|--|
| <input type="checkbox"/> Housing Development Fund Company | <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Town Government |
| <input type="checkbox"/> Village Government | <input type="checkbox"/> City Government | <input type="checkbox"/> County Government |
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> For-Profit Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Partnership (not limited) |

5b. If the applicant is a non-profit organization, select the applicable IRS tax-exempt category:

- 501(c)(3) 501(c)(4) 501(c)(6) Other (specify) _____

5c. If the applicant is a non-profit, have all required periodic or annual written reports been filed with the New York State Attorney General's Office in a timely manner? Yes No

5d. Non-profit applicants, enter the date of legal incorporation: (mm/dd/yyyy) ____/____/____

5e. Is the applicant a certified M/WBE? Yes No If yes, select the type: WBE MBE W/MBE

6. Applicant Mailing Address for this Application

Extra Address Info. (building name, c/o, etc.): _____ PO Box: _____

Street No.: _____ Street Name: _____ Suffix: _____ Room No. _____

City: _____ State: _____ Zip Code: _____ - _____ County: _____

7. Applicant Phone & Internet Data

Phone No.: () - Extension: Fax No.: () - E-Mail Address: _____

URL: _____

8. Primary Contact Person for Correspondence Related to this Application

First Name: _____ Last Name: _____ Salutation: _____

Title: _____ Phone No.: () - Extension: Fax No.: () -

E-Mail Address: _____

Is this person the applicant's authorized signatory? Yes No (If no, complete question 9)

9. Applicant's Authorized Signatory

First Name: _____ Last Name: _____ Salutation: _____

Title: _____ Phone No.: () - Extension: Fax No.: () -

E-Mail Address: _____

Mailing Address: _____

B. Owner Information

1. Will the applicant transfer title to another entity? Yes No If yes, complete the following questions:

2. Owner Name: _____ This entity is (select one): Proposed Existing

3. Federal EIN: _____ - 4. Fiscal Year End Date: _____ / _____ (mm/dd)

5a. Select the type(s) of organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing Development Fund Company | <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> For-Profit Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Limited Partnership | |

5b. Is the owner's IRS tax-exempt category 501(c)(3)? Yes No

5c. If the owner is a limited liability corporation or a limited partnership, complete the following:

No. of members/partners: _____

List names of members/partners below:

6. Owner's Mailing Address

PO Box: _____ Street No.: _____ Street Name: _____ Suffix: _____
Room/Suite No: _____ City: _____ State: _____ Zip: () - _____
Phone No.: () - _____ Extension: _____ Fax No.: () - _____
Prime Contact Person: _____ Title: _____

C. General Project Information

1a. Has this project previously received DHCR/HTFC funding? Yes No

1b. If yes, enter the funded project's SHARS ID Number: _____

2. Project Name: _____

3. Project County: _____

4. Project Municipality: _____

5. Chief Elected Official

Provide the following information for the chief elected official of the municipality listed in question 4 above:

First Name: _____ Last Name: _____ Salutation: _____
Title: _____ Phone No.: () - _____ Extension: _____ Fax No.: () - _____
E-Mail Address: _____

D. Program Funding

1. Seed Money Requests

1a. Is this an application requesting seed money only? Yes No

1b. If yes, select the applicable program, and enter the total amount of seed money funds you are requesting:

Select one: Seed money funds requested: \$

2a. Capital Project Funding Requests

1. Housing Trust Fund (HTF) Program funds requested: \$

2. NYS HOME Program funds requested: \$

3. Homes for Working Families (HWF) Program funds requested: \$
(Applicants requesting HWF funds must also request 4. As-of-Right 4% LIHC below)

4. As-of-Right 4% Low-Income Housing Credit (LIHC) annual amount requested **with HWF** \$

5. Standalone As-of-Right 4% LIHC annual amount requested (**non-HWF**): \$

6. State Low Income Housing Credit (SLIHC) Program annual amount requested: \$

7. 9% LIHC Program annual amount requested: \$

8. Urban Initiative (UI) Program funds requested: \$

9. Rural Area Revitalization Program (RARP) funds requested: \$

10. Housing Development Fund (HDF) Program total funds requested: \$

(Applicants requesting HDF funds must also request NYS HOME Program funds. HDF may only be used for construction financing).

2b. If you entered funding requests for both the HTF and HOME Programs, choose **one** of the following statements:

This application is seeking funding from **EITHER** the HTF **OR** HOME Programs, but not from both.

This application is seeking funding from **BOTH** the HTF **AND** HOME Programs.

E. Project Initiatives and Program-Specific Application Designations

1. Special DHCR/HTFC Project Initiatives - Select each type of initiative that you are requesting that this application be reviewed as:

Green Building Initiative Housing Choice Voucher Project Based Assistance Initiative

Mixed Income Family Rental Housing Initiative Senior Housing Initiative

Small Project Initiative Rural Housing Initiative/Leveraged Loan Projects

2. Will your project include units which will serve one or more of the NY/NYIII Special Populations? (NYC Projects Only)

Yes No

3. 9% LIHC Program Set-Aside Designations

If applicable, select the type of LIHC special designation that this application should be reviewed as. (Refer to the application instructions for assistance in answering this question).

Preservation Project Redevelopment of Public Housing

2. Units in Project – By Permanent Funding Source

Complete Table H2 by entering each project permanent funding source (including non-DHCR/HTFC sources), the source's regulatory term, and the total number of units of each type that will be assisted by that source.

<u>Table H2 – Units in Project – By Permanent Funding Source</u>									
<u>SOURCE NAME/TERM</u>		<u>RESIDENTIAL UNITS</u>		<u>COMMUNITY SVC. FACILITY UNITS (LIHC/SIHC ONLY)</u>		<u>CIVIC UNITS</u>		<u>COMMERCIAL UNITS</u>	
<u>Source Name:</u>	<u>Regulatory Term</u>	<u>Existing Units</u>	<u>New Units</u>	<u>Existing Units</u>	<u>New Units</u>	<u>Existing Units</u>	<u>New Units</u>	<u>Existing Units</u>	<u>New Units</u>

I. Income Targets

1. Will the project include a **non-rent-bearing** unit for a resident manager/superintendent/maintenance individual?

Yes No

2. Income Target Groups

	<u>Total Units</u>	<u>DHCR/HTFC Units</u>
Public Assistance Households	_____	_____
<= 50% of Median Income	_____	_____
>50% through 60% of Median Income	_____	_____
>60% through 80% of Median Income	_____	_____
>80% through 90% of Median Income	_____	_____
Greater than 90% of Median Income	_____	_____
Non-Rent Bearing Unit for resident manager/superintendent	_____	_____

J. Project Occupants

If applicable, complete Table J1 by recording the type of special population households that you are proposing to target for occupancy. Do not enter more than one special population type on a single line. In Table J2, record the units in the project that will **not** be occupied by any of the special population households listed in Table J1, including **elderly occupants who are not frail**. The total units in Column B of Tables J1 and J2 must add up to the total number of residential units in the project recorded in Table H1 of this Exhibit. The total units in Column C of Tables J1 and J2 must add up to the greatest number of DHCR/HTFC Program units recorded in Table H2 of this Exhibit. See the Exhibit 1 Instructions for examples.

1. Special Population Households

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following populations AND which include a supportive service component (service contract, referral system, commitment by other State agency) will be considered a Special Population Project.

Use the following special population categories when completing the Table below:

- Alcohol Abusers**
- Frail Elderly Persons**
- Homeless Families**
- Homeless Persons**
- Mentally Retarded/Developmentally Disabled**
- Persons with AIDS/HIV-Related Illness**
- Persons with Physical Disabilities/Traumatic Brain Injury**
- Persons with Psychiatric Disabilities**
- Substance Abusers**
- Victims of Domestic Violence**

NY/NYIII Supportive Housing Agreement Special Populations

See the 2007 Request for Proposals (RFP) and the application instructions concerning this Supportive Housing Agreement and the following Special Populations. If your project will include units which will serve one or more of the NY/NYIII Special Populations, enter the special population(s) in the Table below:

- Persons who suffer from serious and persistent mental illness (SPMI)**
- Single adults with substance abuse disorder – Office of Alcohol and Substance Services (OASAS)**
- Persons living with HIV/AIDS**
- Young adults (aged 25 or younger) leaving or having recently left foster care**
- Families in which the head of the household suffers from substance abuse disorder, a disabling medical condition, or HIV/AIDS**

<u>Table J1. Special Population Households</u>		
A.	B.	C.
<u>Special Populations</u>	<u>No. of Units</u>	<u>No. DHCR/HTFC Units</u>
Total Table J1		

2. Other Households

Complete the Table below by recording the number of units which will be occupied by **non-frail** elderly households and/or by households which are not included in the special population categories listed in Table J1 above.

<u>Table J2. Other Households</u>		
A. <u>Household Type</u>	B. <u>No. of Units</u>	C. <u>No. of DHCR/HTFC Units</u>
Elderly Households (non Frail)		
Households with No Special Population		
Total Table J2		
Total Table J1 and J2:		

3. Elderly Population Targeted

Read the Application Instructions carefully before completing this question. If applicable, select **one** of the following:

- Age 55 or Older (at least 80% of units age 55 or older) Age 62 or Older (all occupants age 62 or older)
- Age 62 or Older and/or Handicapped Persons of Any Age with Joint USDARD/HTFC Funding

K. Development Team Members

Provide the requested information for each of the development team members. Items 1, 2 and 3 are required. If you do not yet know the identity of any members who would be listed in items 4 – 8, enter “unknown” under Staff Name.

1. <u>Developers:</u>					
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>
2. <u>Owners:</u>					
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>
3. <u>Architects:</u>					
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>
4. <u>General Contractors:</u>					
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>
5. <u>Management Agents:</u>					
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>

6. <u>Syndicators:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
7. <u>Housing Consultants:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
8. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
9. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
10. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
11. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
12. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
13. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
14. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
15. <u>Additional Team Members:</u>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>

16. <u>Additional Team Members:</u> <u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
17. <u>Additional Team Members:</u> <u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
18. <u>Additional Team Members:</u> <u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>

L. Disclosure of Identities of Interest – See the Application Instructions for guidance in completing this section.

M. 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 Development Team's Relevant Experience (Exhibit 7) 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 Development Team'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

Date

Print Name/Title

Signature of Other Principal

Date

Print Name/Title

Signature of Other Principal

Date

Print Name/Title

Signature of Other Principal

Date

Print Name/Title

Signature of Other Principal

Date

Print Name/Title

Exhibit 2 – Community Needs Strategy

Applicant Name _____ Project Name _____

A. Documentation of Community/Housing Needs

1. New York State Consolidated Plan Objectives/Priorities

This section must be completed by all applicants requesting NYS HOME funds. It must also be completed for projects in localities for which no other documents identifying community/housing needs exist.

1a. NYS Consolidated Plan Objectives Addressed by Project

Select each objective addressed by the project:

- Improve availability and accessibility by preserving existing privately-owned affordable housing while eliminating health and safety hazards.
- Improve availability and accessibility by building new housing for working families.
- Improve availability and accessibility by creating new rental and homeownership opportunities through expanded housing production.
- Improve availability and accessibility by building affordable senior housing.
- Improve affordability by creating new homeownership opportunities.
- Improve affordability by creating new rental assistance opportunities.

1b. NYS Consolidated Plan Priority Needs to be Addressed by Project

Complete the Table below by selecting the project target population in Column D for the applicable household category and income range in Columns A & B.

Table 1b. <u>NYS Consolidated Plan Priority Need Level by Household Type & Income Group</u>			
A. <u>Household Category</u>	B. <u>Income Range</u>	C. <u>Priority Need Level</u>	D. <u>Project Target Population</u>
Renters – Small Related	0 – 30 %	H	<input type="checkbox"/>
	31 - 50%	H	<input type="checkbox"/>
	51 - 80%	M	<input type="checkbox"/>
Renters – Large Related	0 – 30%	H	<input type="checkbox"/>
	31- 50%	M	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Renters – Elderly	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	H	<input type="checkbox"/>
	51 – 80?	M	<input type="checkbox"/>
Renters – All Others	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	M	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Owners	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	H	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Special Needs	0 – 80%	H	<input type="checkbox"/>

Table 2a – Existing Documentation of Local Need

Applicant Name _____ Project Name _____

Local Needs Document Types

Local Consolidated Plan Comprehensive Plan/Master Plan Community Revitalization Plan Needs Assessment Study Urban Renewal Plan
 Fair Housing Opportunity Plan NYS Quality Communities Task Force Report Other (specify)

A. Document	B. Needs Identified
Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table). Name: _____ Prepared For: _____ Geography Addressed: _____ Date Published: __/__/____	1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____ 2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____ 3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____

A. Document	B. Needs Identified
Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table). Name: _____ Prepared For: _____ Geography Addressed: _____ Date Published: __/__/____	1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____ 2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____ 3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____

Applicant Name _____ Project Name _____

<u>A. Document</u>	<u>B. Needs Identified</u>
<p>Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: ____/____/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p>

<u>A. Document</u>	<u>B. Needs Identified</u>
<p>Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: ____/____/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p>

<u>A. Document</u>	<u>B. Needs Identified</u>
<p>Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: ____/____/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: _____ - Page #(s): _____</p>

2b. Has the project received a HOUSE NY award from the NYS DHCR? Yes No

Applicant Name _____ Project Name _____

Table 3 – Local Housing Needs for Proposed Households to be Assisted

Data Source: _____ Date: __/__/____

Geography Covered: _____

Type of Housing Proposed: Family Elderly Special Needs Other (specify): _____

A. <u>Proposed Income Ranges</u>	B. # HHs at <u>Income Range for Project Type Proposed</u>	C. # HHs at <u>Income Range in Need of Affordable Housing</u>	D. % HHs in <u>Need of Affordable Housing</u>
<= 30% of Median Income: <input type="checkbox"/>			
>30% to <=50 % of Median Income: <input type="checkbox"/>			
> 50% to <= 60% of Median Income: <input type="checkbox"/>			
> 60% to <=80% of Median Income: <input type="checkbox"/>			
> 80% to <=90% of Median Income: <input type="checkbox"/>			
> 90% to <=120% of Median Income: <input type="checkbox"/>			
Market: <input type="checkbox"/>			

B. Evidence of Local Support

Complete Table B1 for each applicable type of local support for the project listed in the Table below.

Table B1 – Evidence of Local Support

Local Support Source Categories

Local Financial Assistance Real Property Tax Relief Infrastructure Improvement In-Kind Contribution Public Facilities
 Land Donations Resolution Fee Waivers Linkages with Job/Service Providers Zoning Approvals Other (specify)

A. <u>Local Support Category</u>	B. <u>Source Name</u>	C. <u>Description</u>	D. <u>\$ Value</u>	E. <u>Status</u>

Applicant Name _____ Project Name _____

C. Special Project Locality Designations

Complete Table C1 for each applicable type of special designation for the project locality listed below.

Special Designation Categories

Empowerment Zone
 Business Improvement District
 Historic District

Commercial Business District
 NYS Empire Zone
 CDBG Low/Mod Area

Enterprise Community
 Local Designation (specify)
 Other (specify)

<input type="checkbox"/> N/A		
<u>Table C1 – Special Project Locality Designations</u>		
<u>A. Special Designation Category</u>	<u>B. Name/Location</u>	<u>C. Year Initiated</u>

D. Community Needs Narrative

Referencing the documents identified in Table 2a above, provide a concise but thorough narrative summary for each of the three questions below. If there are no existing local planning documents available, reference the NYS Consolidated Plan:

1. Detail how the documents cited identify housing and/or community revitalization needs for the locality:
2. Detail the referenced strategy or plan for addressing community needs, and explain the relationship between the project, the strategy and identified needs. If this project has received technical and/or financial assistance from the House-NY Program, indicate that in your response.
3. Detail any referenced measures taken to implement the strategy/plan detailed above.

Applicant Name _____ Project Name _____

E. Communities Under Court-Order/Court Decision

1. Is the project located in a community in which a court decision or court-ordered plan to address desegregation or remedy a violation of law has been issued?

Yes

No If yes, complete the following questions:

2. Has a court monitor been appointed and issued written approval for the project?

Yes

No

N/A – a court monitor has not been appointed

3. Summarize the court decision or plan, and describe how the proposed project is consistent with the court's action.

Project Name

Exhibit 3

Fill out this exhibit if your project contains **1.1 Residential Financial Sources**

A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

Local Wage Rate
 State Prevailing Wage Rate
 Davis-Bacon Residential Wage Rate
 Davis-Bacon Building Wage Rate

B. Funding Sources

1. Construction Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
TOTAL		\$0			TOTAL		\$0	

2. Permanent Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
TOTAL		\$0					

Project Name

Fill out this exhibit if your project contains **1.2 Commercial Financial Sources**

A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

- Local Wage Rate
 State Prevailing Wage Rate
 Davis-Bacon Residential Wage Rate
 Davis-Bacon Building Wage Rate

B. Funding Sources

1. Construction Financing Sources

TOTAL					TOTAL			

2. Permanent Financing Sources

TOTAL							

Project Name

This is a Summary Sheet

1.5 Summary Financial Sources

A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

- Local Wage Rate State Prevailing Wage Rate Davis-Bacon Residential Wage Rate
 Davis-Bacon Building Wage Rate

B. Funding Sources

1. Construction Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term	
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets	See Detail Sheets		
Total		\$0	TOTAL			\$0			

2. Permanent Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term	
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets	see detail	See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets		See Detail Sheets	See Detail Sheets		
0	#N/A	\$0	See Detail Sheets					
0	#N/A	\$0	See Detail Sheets					
Total		\$0					See Detail Sheets	

Project Name

0

C. Development Budget 1.1 Residential Financial Sources

A. Costs	B. Funding Sources										C. Totals
Funding Sources	0	0	0	0	0	0	0	0	0	0	0
a. ACQUISITION											
1. Land:											\$0
2. Structure(s):											\$0
3. TOTAL Acquisition (Sum Lines 1 + 2):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. SOFT COSTS											
4. Appraisal(s):											\$0
5. Housing Consultant:											\$0
6. Survey:											\$0
7. Soil Borings:											\$0
8. Asbestos/Lead-Based Paint Testing:											\$0
9. Architecture/Engineering Fee:											\$0
10. Construction Manager Fee:											\$0
11. Legal Fees:											\$0
12. Non-Profit Developer's Allowance:											\$0
13. Cost Certification Audit:											\$0
14. Insurances:											\$0
15. Taxes:											\$0
16. Interim Interest : \$ (Allocated Interim Interest)											\$0
17. Closing Costs:											\$0
18. Title and Recording Fees:											\$0
19. Relocation Expenses:											\$0
20. LIHC/SLIHC Application Fee:											\$0
21. LIHC/SLIHC Credit Allocation Fee:											\$0
22. Other DHC/HTFC Fees:											\$0
23. Other Soft Costs (specify in Tab3):											\$0
24. TOTAL Soft Costs (Sum Lines 4 - 23):	0	0	0	0	0	0	0	0	0	0	0
c. CONSTRUCTION											
25. Site Work:											\$0
26. Off-Site Work:											\$0
27. Demolition:											\$0
28. Environmental Remediation:											\$0
29. Other Construction Costs (specify in Tab 3):											\$0
30. SUBTOTAL Site Preparation (Sum Lines 25 -29):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Project Name											0

Project Name	1.4 UHC/SLHC Community Service Facility Budget												
41. Project Contingency:													\$0
42. LHHC/SLHC Developer's Fee:													\$0
43. TOTAL Development Cost (Sum Lines 3,24,40,41 & 42):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. WORKING CAPITAL													\$0
44. Initial Operating Deficit:													\$0
45. Supplemental Mgmt. Fee & Marketing:													\$0
46. Purchase of Maintenance & Other													\$0
47. Other Working Capital (specify in Tab.3):													\$0
48. TOTAL Working Capital (Sum Lines 44 - 47):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. PROJECT RESERVES													\$0
49. Capitalization of Operating Reserve:													\$0
50. Capitalization of Replacement Reserves:													\$0
51. Reserve for Adapting Units:													\$0
52. TOTAL Project Reserves (Sum Lines 49-51):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
53. TOTAL PROJECT COST (Sum Lines 4,3, 48 &52)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f. LHHC/SLHC-ONLY COSTS (Not Part of TPC)													\$0
54. Syndication Costs:													\$0
55. Partnership Expense:													\$0

0

Project Name 0

Residential Detail

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name

0

Commercial Detail

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name

0

Civic Detail

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name 0

CSF Detail

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment, or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name

0

Summary Detail

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
				Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
Totals:	\$0		\$0		\$0

Exhibit 4 - Rents/Maintenance Fees & Affordability

Project Name

This Exhibit must be completed by all applicants proposing to assist residential units. All residential units in the project must be recorded on this Exhibit, including those not funded by DHCR/HTFC, and building superintendent's/resident manager's units.

A. Tenant Affordability Plan for Rental Units

1. Do you anticipate that any units in the project will receive a rental subsidy? YES NO

2. If yes, check the applicable subsidy source, and enter the total number of units that you expect to receive that subsidy:

- a. DSS Housing Allowance - No. of units to receive subsidy
- b. Section 8 - No. of units to receive subsidy
- c. DHCR RRAP - No. units to receive subsidy
- d. USDA - RD Section 521 - No. of units to receive subsidy
- e. Other (specify) - No. of units to receive subsidy

3. If the project includes a non-rent bearing unit to be occupied by a building superintendent/resident manager, complete the following table.

A. Unit Size	B. No of Occupants in Unit	C. Monthly Utilities	D. Total Annual Housing Cost
			\$0

Project Name 0

Table A1 - Monthly Housing Cost for Rental Units with Subsidies						
A. Unit Size	B. # of Units	C. # Occs. Per Unit	D. Comparable Market Rent	E. Monthly Basic Rent	F. Tenant Paid Utilities	G. Total Monthly Housing Cost
1						\$0
2						\$0
3						\$0
4						\$0
5						\$0
6						\$0
7						\$0
8						\$0
9						\$0
10						\$0

Table A2 - Affordability for Rental Units with Subsidies					
A. Total Annual Housing Cost	B. Min. Annual Income Needed to Afford Unit	C. Area Median Income (AMI)	D. % of AMI Unit is Affordable to	E. % of AMI Unit will be Targeted to	F. Max Rent at 60% LIHC Eligibility
1	\$0	\$0		30%	\$0
2	\$0	\$0		30%	\$0
3	\$0	\$0		30%	\$0
4	\$0	\$0		30%	\$0
5	\$0	\$0		30%	\$0
6	\$0	\$0		30%	\$0
7	\$0	\$0		30%	\$0
8	\$0	\$0		30%	\$0
9	\$0	\$0		30%	\$0
10	\$0	\$0		30%	\$0

Project Name

Table A3 – Monthly Housing Cost for Rental Units <i>without Subsidies</i>						
A. Unit Size	B. # of Units	C. # Occs. Per Unit	D. Comparable Market Rent	E. Monthly Basic Rent	F. Tenant Paid Utilities	G. Total Monthly Housing Cost
1						\$0
2						\$0
3						\$0
4						\$0
5						\$0
6						\$0
7						\$0
8						\$0
9						\$0
10						\$0

Project Name

Table A4 – Affordability for Rental Units <i>without Subsidies</i>					
A. Total Annual Housing Cost	B. Min. Annual Income Needed to Afford Unit	C. Area Median Income (AMI)	D. % of AMI Unit is Affordable to	E. % of AMI Unit will be Targeted to	F. Max Rent at 60% LIHC Eligibility
1	\$0	\$0			\$0
2	\$0	\$0			\$0
3	\$0	\$0			\$0
4	\$0	\$0			\$0
5	\$0	\$0			\$0
6	\$0	\$0			\$0
7	\$0	\$0			\$0
8	\$0	\$0			\$0
9	\$0	\$0			\$0
10	\$0	\$0			\$0
	\$0	\$0			\$0

4. LIHC Monitoring Fee (Applicable only for projects where all units will be assisted by LIHC)

5. Do the comparable market rents entered in Tables A1 and A3, Column D above include:
 a. Heat YES NO b. Hot water YES NO c. Electricity YES NO

Exhibit 5

Project Name

Table 1 -Total Effective Income									
Section A. Effective Residential Income					Residential and Non Residential				
Income/Vacancy & Arrears					\$ Amount				
1. Total Residential Monthly Income/Maintenance Fees:									
2. Annual Gross Residential Income (Line 1 x 12):					\$0				
3. Residential Vacancy & Arrears (Line 2) x					\$0				
4. Net Residential Income (Line 2 minus Line 3):					\$0				
5. Ancillary Residential Income:									
a. Laundry:									
b. Parking:									
c. Other (specify):									
6. Total Ancillary Residential Income (Sum of Lines 5a through 5c):					\$0				
7. Total Effective Residential Income (Sum of Lines 4 and 6):					\$0				
Section B. Effective Non-Residential Income									
Income/Vacancy & Arrears					\$ Amount				
8. Gross Commercial/Civic Income:									
9. Commercial/Civic Vacancy and Arrears (Line 8) x					\$0				
10. Net Commercial Income (Line 8 minus Line 9 *)					\$0				
11. Total Effective Income – Residential & Non-Residential (Sum of Lines 7 & 10):					\$0				

* Will the income for this portion of the project be guaranteed through a master lease and/or developer guarantee?"

Table 2 - Basis for Projections of Operating Budget For Years 1 – 15													
						Residential							
A. Expenses						B. Year 1 Cost		C. Type		D. Rationale for Estimates		E. Source	
								Type	% Increase				
1. Total Effective Income						\$0		Fixed					
2. Manager						\$0		Fixed					
3. Management Fee						\$0		Fixed					
4. Accounting & Audit						\$0		Fixed					
5. Legal						\$0		Fixed					
6. Advertising						\$0		Fixed					
7. Office Supplies & Equipment						\$0		Fixed					
8. LIHC Monitoring Fee						\$0		Fixed					
9. Other Admin. (specify)						\$0		Fixed					
11. Janitor and Cleaning Payroll						\$0		Fixed					
12. Janitor and Cleaning Supplies						\$0		Fixed					
13. Exterminating						\$0		Fixed					
14. Garbage and Trash Removal						\$0		Fixed					
15. Security						\$0		Fixed					
16. Ground Expense						\$0		Fixed					
17. Maintenance and Repair Payroll						\$0		Fixed					
18. Maintenance and Repair Materials						\$0		Fixed					
19. Maintenance and Repair Contracts						\$0		Fixed					
20. Elevator						\$0		Fixed					
21. Snow Removal						\$0		Fixed					
22. Painting and Decorating						\$0		Fixed					
23. Other M & O (specify)						\$0		Fixed					
25. Fuel Oil						\$0		Fixed					
26. Lighting/Electricity						\$0		Fixed					
27. Water and Sewer						\$0		Fixed					
28. Gas						\$0		Fixed					
29. Other Utilities (specify)						\$0		Fixed					
31. Real Estate Taxes						\$0		Fixed					
32. Payroll Taxes						\$0		Fixed					
33. Other Taxes (specify)						\$0		Fixed					
34. Property and Liability Insurance						\$0		Fixed					
35. Fidelity Bond Insurance						\$0		Fixed					
36. Other Insurance (specify)						\$0		Fixed					
38. Operating Reserve						\$0		Fixed					
39. Replacement Reserve						\$0		Fixed					
40. Total Expenses						0							
41. Net Operating Income						0							
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
42. Debt Source						\$0		Fixed					
43. Total Debt Service						\$0							
44. Cash Flow						\$0							
45. Repayment of Deferred Dev's. Fee						\$0		Fixed					

Project Name

0

D. Taxes & Insurance															
31. Real Estate Taxes:															
32. Payroll Taxes:															
33. Other Taxes (specify):															
34. Property & Liability Insurance															
35. Fidelity Bond Insurance:															
36. Other Insurance (specify):															
37. Total Taxes & Insurance: (sum lines 31-36)															
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
38. Operating Reserve:															
39. Replacement Reserve:															
40. Total Expenses: (sum lines 10, 24, 30, 37, 38 & 39)															
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41. Net Operating Income:															
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Debt Service															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
43. Total Debt Service (Sum of all Line 42):															
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44. Cash Flow (Line 41 minus Line 43)															
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45. Repayment Deferred Dev. Fee															

4. Repayment of Deferred Developer's Fee

A. Total Deferred Developer's Fee

B. Total Repaid in 15 years

C. Discrepancy

Project Name

0

D. Taxes & Insurance																				
31. Real Estate Taxes:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32. Payroll Taxes:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
33. Other Taxes (specify):				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
34. Property & Liability Insurance				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
35. Fidelity Bond Insurance:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
36. Other Insurance (specify):				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
37. Total Taxes & Insurance: (sum lines 31-36)				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
38. Operating Reserve:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
39. Replacement Reserve:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
40. Total Expenses: (sum lines 10, 24, 30, 37, 38 & 39)				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41. Net Operating Income:				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Debt Service																				
42. Debt Source		\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source	0	\$0	0.00%	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
43. Total Debt Service (Sum of all Line 42):				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44. Cash Flow (Line 41 minus Line 43)				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45. Repayment Deferred Dev. Fee				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

4. Repayment of Deferred Developer's Fee

A. Total Deferred Developer's Fee

B. Total Repaid in 15 years

C. Discrepancy

Table 2 - Basis for Projections of Operating Budget For Years 1 – 15									
Non Residential									
A. Expenses					B. Year 1 Cost	C. Type		D. Rationale for Estimates	E. Source
						Type	% Increase		
1. Total Effective Income					\$0	Fixed			
2. Manager					\$0	Fixed			
3. Management Fee					\$0	Fixed			
4. Accounting & Audit					\$0	Fixed			
5. Legal					\$0	Fixed			
6. Advertising					\$0	Fixed			
7. Office Supplies & Equipment					\$0	Fixed			
8. LIHC Monitoring Fee					\$0	Fixed			
9. Other Admin. (specify)					\$0	Fixed			
11. Janitor and Cleaning Payroll					\$0	Fixed			
12. Janitor and Cleaning Supplies					\$0	Fixed			
13. Exterminating					\$0	Fixed			
14. Garbage and Trash Removal					\$0	Fixed			
15. Security					\$0	Fixed			
16. Ground Expense					\$0	Fixed			
17. Maintenance and Repair Payroll					\$0	Fixed			
18. Maintenance and Repair Materials					\$0	Fixed			
19. Maintenance and Repair Contracts					\$0	Fixed			
20. Elevator					\$0	Fixed			
21. Snow Removal					\$0	Fixed			
22. Painting and Decorating					\$0	Fixed			
23. Other M & O (specify)					\$0	Fixed			
25. Fuel Oil					\$0	Fixed			
26. Lighting/Electricity					\$0	Fixed			
27. Water and Sewer					\$0	Fixed			
28. Gas					\$0	Fixed			
29. Other Utilities (specify)					\$0	Fixed			
31. Real Estate Taxes					\$0	Fixed			
32. Payroll Taxes					\$0	Fixed			
33. Other Taxes (specify)					\$0	Fixed			
34. Property and Liability Insurance					\$0	Fixed			
35. Fidelity Bond Insurance					\$0	Fixed			
36. Other Insurance (specify)					\$0	Fixed			
38. Operating Reserve					\$0	Fixed			
39. Replacement Reserve						Fixed			
40. Total Expenses					\$0				
41. Net Operating Income					\$0				
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
42. Debt Source					\$0	Fixed			
43. Total Debt Service					\$0				
44. Cash Flow					\$0				
45. Repayment of Deferred Dev's. Fee					\$0	Fixed			

Project Name

0

D. Taxes & Insurance															
31. Real Estate Taxes:															
32. Payroll Taxes:															
33. Other Taxes (specify):															
34. Property & Liability Insurance															
35. Fidelity Bond Insurance:															
36. Other Insurance (specify):															
37. Total Taxes & Insurance: (sum lines 31-36)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
38. Operating Reserve:															
39. Replacement Reserve:															
40. Total Expenses: (sum lines 10, 24, 30, 37, 38 & 39)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41. Net Operating Income:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Debt Service															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
42. Debt Source															
43. Total Debt Service (Sum of all Line 42):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44. Cash Flow (Line 41 minus Line 43)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45. Repayment Deferred Dev. Fee															

4. Repayment of Deferred Developer's Fee

A. Total Deferred Developer's Fee

B. Total Repaid in 15 years

C. Discrepancy

Project Name

0

D. Taxes & Insurance																	
31. Real Estate Taxes:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
32. Payroll Taxes:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
33. Other Taxes (specify):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
34. Property & Liability Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
35. Fidelity Bond Insurance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
36. Other Insurance (specify):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
37. Total Taxes & Insurance: (sum lines 31-36)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
38. Operating Reserve:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
39. Replacement Reserve:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
40. Total Expenses: (sum lines 10, 24, 30, 37, 38 & 39)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
41. Net Operating Income:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Debt Service																	
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source	0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
43. Total Debt Service (Sum of all Line 42):	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44. Cash Flow (Line 41 minus Line 43)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45. Repayment Deferred Dev. Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

4. Repayment of Deferred Developer's Fee

A. Total Deferred Developer's Fee

B. Total Repaid in 15 years

C. Discrepancy

Project Name 0

Table 2 - Basis for Projections of Operating Budget For Years 1 – 15								
Residential and Non Residential								
A. Expenses				B. Year 1 Cost	C. Type		D. Rationale for Estimates	E. Source
					Type	%		
						Increase		
1. Total Effective Income				\$0	Variable			
2. Manager				\$0				
3. Management Fee				\$0				
4. Accounting & Audit				\$0				
5. Legal				\$0				
6. Advertising				\$0				
7. Office Supplies & Equipment				\$0				
8. LIHC Monitoring Fee				\$0				
9. Other Admin. (specify)				\$0				
11. Janitor and Cleaning Payroll				\$0				
12. Janitor and Cleaning Supplies				\$0				
13. Exterminating				\$0				
14. Garbage and Trash Removal				\$0				
15. Security				\$0				
16. Ground Expense				\$0				
17. Maintenance and Repair Payroll				\$0				
18. Maintenance and Repair Materials				\$0				
19. Maintenance and Repair Contracts				\$0				
20. Elevator				\$0				
21. Snow Removal				\$0				
22. Painting and Decorating				\$0				
23. Other M & O (specify)				\$0				
25. Fuel Oil				\$0				
26. Lighting/Electricity				\$0				
27. Water and Sewer				\$0				
28. Gas				\$0				
29. Other Utilities (specify)				\$0				
31. Real Estate Taxes				\$0				
32. Payroll Taxes				\$0				
33. Other Taxes (specify)				\$0				
34. Property and Liability Insurance				\$0				
35. Fidelity Bond Insurance				\$0				
36. Other Insurance (specify)				\$0				
38. Operating Reserve				\$0				
39. Replacement Reserve				\$0				
40. Total Expenses				\$0				
41. Net Operating Income				\$0				
42. Debt Source 0	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
42. Debt Source	\$0	0.00%	0	\$0				
43. Total Debt Service				\$0				
44. Cash Flow				\$0				
45. Repayment of Deferred Dev's. Fee				\$0				

Project Name

0

D. Taxes & Insurance																						
31. Real Estate Taxes:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
32. Payroll Taxes:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
33. Other Taxes (specify):					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
34. Property & Liability Insurance					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
35. Fidelity Bond Insurance:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
36. Other Insurance (specify):					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
37. Total Taxes & Insurance: (sum lines 31-36)					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
38. Operating Reserve:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
39. Replacement Reserve:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
40. Total Expenses: (sum lines 10, 24, 30, 37, 38 & 39)					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
41. Net Operating Income:					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E. Debt Service																						
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42. Debt Source					\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
43. Total Debt Service (Sum of all Line 42):					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44. Cash Flow (Line 41 minus Line 43)					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45. Repayment Deferred Dev. Fee					\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

4. Repayment of Deferred Developer's Fee

A. Total Deferred Developer's Fee

B. Total Repaid in 15 years

C. Discrepancy

Exhibit 6 - Development Timetable

Applicant Name _____ Project Name _____

1. Indicate which development track the project will follow:

- permanent financing with fixed price/negotiated contract
- construction financing with fixed price/negotiated contract
- construction financing with competitive bidding

2. Development & Approvals Timetable

A. <u>Activity/Approval</u>	B. <u>Status</u>	C. <u>Contact Person/Phone</u>	D. <u>Completion Date</u>
1. HTF/HWF/HOME Commitment Executed	N/A	N/A	10/07
2. Site Ownership			
3. HTFC Predevelopment Award (if applicable)	N/A	N/A	
4. Planning Board/Site Plan Approvals			
5. ULURP (NYC Only)			
6. UDAAP (NYC Only)			
7. Village/Town/City Council Review/Approval			
8. PILOT/Tax Abatement			
9. SHPO Determination			
10. Archaeological Survey			
11. Phase I Environmental Site Assessment			
12. Zoning Approval			
13. Zoning Change/Variance			
14. Subdivision Approval			
15. SEQR Determination			
16. Flood Plain (FP)/Waterfront/Coastal Zone (W/CZ) Approval		FP - W/CZ -	
17. Lead Agency Designation for Coordinated Review			
18. Full EAF under SEQR/CEQR			
19. SPDES Discharge Permit			
20. SPDES General Storm Water Permit			

Applicant Name _____ Project Name _____

2. Development & Approvals Timetable

A.	B.	C.	D.
<u>Activity/Approval</u>	<u>Status</u>	<u>Contact Person/Phone</u>	<u>Completion Date</u>
21. Bid Document Submission	Pending	Pending	
22. Contract Document Submission	Pending	Pending	
23. Contract (Construction) Execution	Pending	Pending	
24. Pre-Construction Meeting	Pending	Pending	
25. Construction Start	Pending	Pending	
27. Rent-Up Conference with DHCR/Housing Management	Pending	Pending	
28. Final Inspection	Pending	Pending	
29. Construction Complete/Certificate of Occupancy	Pending	Pending	
30. Project Rent-Up/Occupancy	Pending	Pending	
31. Cost Certification/Audit/Close-Out Document Submission	Pending	Pending	
32. Permanent Financing Closing	Pending	Pending	
33. 8609/Eligibility Submission (LIHC/SLIHC only)		N/A	
34. Other (specify): _____			

Exhibit 8 - Site and Building Information

Applicant Name _____ Project Name _____

A. Site Information

Site No. ____ of ____
(Complete Section A for each site in the project)

1. Site Basics:

a. Is the site vacant land, free of buildings? Yes No

b. If no, enter the number of buildings on the site: ____

c. Tax Parcel Data for Vacant Land: If this site is vacant land, complete this section for each tax parcel comprising the site. For upstate sites, enter the standard section, block and lot (S/B/L) assigned by the county. For sites located within the City of New York, enter the block, lot and easement code (B/L/E). Do not complete this Section if the site is not vacant land.

SBL/BLE: _____

d. Site Address:

Street #: _____ Street Name: _____ Municipality: _____ Zip: _____

2. Site Area and Zoning: Provide the requested information below.

a. Total site area: _____ b. Current zoning classification: _____

c. Minimum site area for proposed project to meet zoning regulations: _____

3. Special Site Locations/Designations. Select each correct statement below:

- | | |
|---|--|
| <input type="checkbox"/> a. the site is located in a flood plain area | <input type="checkbox"/> b. the site is located in a waterfront revitalization area |
| <input type="checkbox"/> c. the site is in or adjacent to a coastal area | <input type="checkbox"/> d. the site is eligible for or listed in the National Register of Historic Places |
| <input type="checkbox"/> e. the site is located in an Economic Development Zone (EDZ) | <input type="checkbox"/> f. the site is located in a locally-designated CDBG Target Area |
| <input type="checkbox"/> g. the site is located in a Local Economic Development Area | <input type="checkbox"/> h. the site is located in another local community revitalization area |

4. Site Utilities. For each utility listed, indicate whether the source is public or commercial, and whether it is on- or off-site. If off-site, enter the distance from the site in feet in Column D.

<u>Site Utilities</u>			
A. <u>Utility</u>	B. <u>Source</u>	C. <u>On- or Off-Site</u>	D. <u>Distance from Site</u>
Water			
Sewer			
Paving			
Gas			
Electric			
Telephone			

Applicant Name _____ Project Name _____

5. Unusual Site Features. Select each unusual site feature present:

- a. cuts b. fill c. erosion d. poor drainage
 e. retaining walls f. wetlands g. subsurface bedrock h. high water table
 i. Other (specify): _____ N/A

6. Existing Structures/Facilities/Parking.

- a. Describe any accessory structures on the site, including their size: N/A _____
- b. Describe any recreational facilities on the site, including their size (family projects must have adequate space to accommodate an on-site play area): N/A _____

c. Site Parking: Select each applicable description of available parking:

- The site is vacant land with sufficient space to accommodate local off-street parking requirements.
 The site is vacant land without sufficient space to accommodate local off-street parking requirements.
 The site has on-site parking (not enclosed/covered) No. of spaces: _____ Total sq. ft on grade: _____
 The site has enclosed/covered parking No. of spaces: _____ Total sq. ft. of enclosed/covered parking: _____

7. Site Suitability: Answer the following questions:

- a. Is the site free of hazardous materials and incompatible adjacent uses? Yes No
- b. If you answered no to a above, describe the conditions: _____
- c. Is the site directly accessible from a public road? Yes No

8. Proximity of Support Services: Check the appropriate boxes regarding project type below, and then complete the chart, using Xs to Indicate the nearest distance between the site and the support service.

- a. What type of area is the site located in: Urban Non-Urban
- b. Check the box that describes the primary occupants of the project: Elderly Family Other (specify): _____

c. <u>Distance to Support Services</u>							
Service	Within 500 ft.	Within 1,000 ft.	Within 2,500 ft.	Within One Mile	Within Five Miles	Within Ten Miles	More than Ten Miles
Grocery Stores							
Other Retail Stores							
Schools							
Bus/Subway Lines							
Municipal Services							
Libraries							
Pharmacies							
Health Facilities							

Section B - Building Characteristics

Applicant Name _____ Project Name _____

Building ___ of ___ on Site No. ___

(Complete Section B for each building that will exist upon completion of the project).

1. Type of Activity Proposed

Select the appropriate activity below

- a. new construction on vacant land b. substantial rehabilitation c. moderate rehabilitation
- d. an existing building to be acquired only (HOME standalone, UI and RARP Programs only)
- e. demolition of existing buildings prior to new construction

2. Existing Buildings Characteristics - Complete this ONLY if you selected b, c, d or e in question 1 of this Section.

a. Street Address: _____ b. Date Built: _____

c. Tax Parcel ID(s) (S/B/L or B/L/E): _____

d. How is the building currently being used? Select the appropriate response below:

- Residential Mixed-Use Civic Civic/Commercial Other (specify): _____

e. Number of current residential units: _____ f. Number of current non-residential units: _____

3. Occupied Units - Complete this ONLY if you selected b, c, d or e in question 1 of this Section.

a. Are any of the residential or non-residential units in this building occupied? Yes No

b. No. of occupied residential units: _____ c. No. of occupied non-residential units: _____

d. Will relocation of tenants be necessary? Yes No If Yes, enter the number: Residential: _____ Non-Residential: _____

4. Building Use Upon Completion

Select the boxes below which describe the building use & tenure type upon completion. Select all that apply.

a. Building Use:

1. Residential 2. Commercial 3. Community Service Facility
4. Civic 5. Other (describe): _____

b. Residential Tenure Type: Select the applicable residential tenure type for the completed building:

1. Rental - Multi-Family 2. Rental - Single Family 3. Homeowner – Condominium
4. Homeowner – Cooperative 5. Other (specify): _____ 6. N/A

5. Building Units Assisted by HTFC/DHCR

Line 1 - Indicate the number and sq. footage of all residential and non-residential units in the building in Columns B and C, respectively.
Line 2 – Repeat, but only for those units which will be funded by DHCR/HTFC.

<u>Building Units Assisted by HTFC/DHCR</u>			
<u>A. Units</u>	<u>B. Residential Units/Sq. Ft</u>		<u>C. Non-Residential Units/Sq. Ft.</u>
1. Total Units in Building:			
2. Total Units Assisted by DHCR/HTFC			

Applicant Name _____ Project Name _____

6. Building Details

a. No of floors in building upon completion: ____

b. Type of Structure: Select the box that indicates the type of structure the building will be upon completion.

1. Detached
 2. Semi-Detached
 3. Row House
 4. Walk-Up
 5. Multi-Story
 6. Other: _____

7. Residential/Non-Residential Space Breakdown			
A. Dwelling Units – Space Breakdown			
A. Unit Size	B. Sq. Footage	C. No. of Units	D. Total Sq. Footage
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15. Dwelling Unit Total SF:			
B. Common Area – Space Breakdown			
16. Community Room			
17. Lobby			
18. Hall & Stairs			
19. Basement			
20. Laundry			
21. Other (specify):			
22. Common Area Total SF			
C. Non-Residential Space Breakdown			
23. Commercial Floor Area			
24. Community Service Facility Floor Area			
25. Civic Floor Area			
26. Total Non-Residential Area			
27. Total Gross Floor Area			

8. Items in Rent/Carrying Charge Select each item which is included in the rent or carrying charge.

a. Equipment:

- range and oven
 microwave oven
 refrigerator
 cable TV hookup
 laundry facilities in common area
 laundry facilities in living unit
 laundry hook-up only
 central air conditioning
 air conditioning sleeve only
 Other (specify): _____

b. Services:

- heat - specify type:
 gas
 electric
 oil
 other (specify):
 hot water - specify type:
 gas
 electric
 oil
 other (specify):
 central air conditioning
 lights, etc. in units

c. Parking: surface
 covered/enclosed
 unavailable
 other (specify): _____

Applicant Name _____ Project Name _____

9. Tenant-Paid Utilities

Place an X next to each item that is **not** included in the rent/carrying charge.

electricity heat repairs gas water other (specify): _____

Exhibit 9 - LIHC/SLIHC Qualified Building Information

Applicant Name _____ Project Name _____

In instances where you are applying for both LIHC and SLIHC, this Exhibit must be completed separately for both Programs.

Select the applicable Program: LIHC (9%) LIHC (4% As-of-Right) SLIHC

A. General Project Information

If you answer yes to either of the following two questions, you must complete this entire Exhibit for each LIHC/SLIHC-assisted building in the project. If you answer no to both of the questions, the following Sections of this Exhibit must be completed only once as a summary for all LIHC/SLIHC-assisted buildings in the project.

1. Does this project involve rehabilitation of occupied buildings with varying levels of occupancy?

No Yes Number of buildings: ____

2. Does this project involve multiple buildings, of which some, but not all, are eligible for high-cost treatment as set forth in Section 42?

No Yes Number of buildings: ____

3a. Are the sites/buildings located in a Qualified Census Tract (QCT)? No Yes

3b. QCT No.: _____

4a. Are the sites/buildings located in a Difficult Development Area (DDA)? No Yes

4b. DDA County: ____

B. Site/Building Acquisition

1. The sites/buildings will be acquired from: a related party an unrelated party

2. If this project involves the acquisition of existing buildings, and the buildings were or will be acquired with Buyer's Basis, indicate how the basis will be determined:

a. not determined with reference to Seller's Basis

b. determined with reference to Seller's Basis c. Enter the amount of Seller's Basis: _____

3. If the building(s) have been owned by the seller for at least ten years, complete the following:

a. Enter the date the building was placed in service by the owner: / /

b. Enter the proposed date of acquisition by the applicant: / /

4. If the building(s) have been owned by the seller for less than ten years, select any of the following acquisition options that apply:

a. acquisition from a person or organization which acquired the building(s) by foreclosure

b. acquisition from a governmental unit or qualified non-profit organization

c. acquisition with a ten-year waiver from a Federal agency

C. Determination of Qualified Basis Worksheet

Complete this worksheet to show how the qualified basis of the building is derived from actual **residential** expenditures.

13. Amount of Non-Qualified Non-Recourse Financing:		
14. Amount of Subsidized Federal Assistance (optional):		
15. Non-Qualifying Excess Expense or Higher Quality Units:		
16. Reduction for Historic Tax Credits (residential portion only):		
17. Total Construction/Rehab Improvements Actual Costs, Adjustments & Eligible Basis Prior to High Cost Increase:	\$0	\$0
Increase in Eligible Basis of Construction/Rehab for High Cost		
18. Increase in Eligible Basis for High Costs (line 17 x .30)		\$0
19. Adjusted Eligible Basis of Construction/Rehab Improvements:		\$0
20. Total Eligible Basis of Acquisition & Construction/Rehab Improvements:		\$0
Determination of Qualified Basis		
21. Applicable Fraction (Enter Applicable Fraction):		
22. Qualified Basis by Credit Rate:		\$0
23. Credit Rate (Enter Applicable Percentage): Month: Year:		
24. Credit Amount from Qualified Basis:		\$0

Exhibit 9 - LIHC/SLIHC Qualified Building Information

Applicant Name _____ Project Name _____

E. Declaration of Public Subsidies: This Section must be completed for each LIHC/SLIHC-assisted building in the project.

1. Number of LIHC/SLIHC-assisted buildings in project: ____

2. Building Address: _____ 3. Municipality: _____ 4. Zip Code: _____

A. <u>Source</u>	B. <u>Program</u>	C. <u>Type</u>	D. <u>Value</u>	E. <u>Interest Rate</u>	F. <u>Monthly Debt Service</u>	G. <u>Term</u>

I, (Name) _____, (Title) _____, acting in the capacity of the duly authorized representative of (Applicant) _____, 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.

Signed _____ Date of signature: / /

Exhibit 10 – LIHC/SLIHC Project Summary

Applicant Name _____ Project Name _____

In instances where you are applying for both LIHC and SLIHC, this Exhibit must be completed separately for each Program.

A. Project Details

Select the Program that this Exhibit is being completed for: LIHC (9%) LIHC 4% As-of-Right SLIHC

- 1. No. of sites in project: ____ 2. No. qualified low-income buildings in project: ____
- 3. No. of residential units in project: ____ 4. No. of rent-restricted units in project: ____
- 5. Amount of qualified basis of project subject to lower credit rate (30% of present value): _____
- 6. Amount of qualified basis of project subject to higher credit rate (70% present value): _____
- 7. Annual amount of credit requested by applicant: _____
- 8. Annual amount of credit per unit: _____

B. Minimum Set-Aside Election

Check the applicable box below:

- 1. At least 20% of the rental residential units in this development are rent-restricted, and to be occupied by individuals with incomes which are 50% or less of the area median.
- 2. The project is located out side of New York City, and at least 40% of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.
- 3. The project is located in New York City, and at least 25% of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.
- 4. Deep rent skewing option as defined in Section 42 of the Internal Revenue Code.

C. Use of Credit Proceeds

- 1. The syndication will be: Private Public 2. Percentage of ownership retained by developer is: _____%
- 3. Name of Syndicator: _____ 4. Contact Person: _____ 5. Phone No: _____
- 6. Total amount anticipated from syndication: _____ 7. Net amount of anticipated investor pay-in: _____
- 8. If the investor (equity provider) will provide construction, bridge and/or permanent loans for the project, complete this Table:

<u>Type</u>	<u>Terms</u>	<u>Length of Loan</u>
Construction Loan		
Bridge Loan		
Permanent Loan		

UNIFIED FUNDING

Section III

Attachments

Unified Funding Capital Project Application Attachment Checklist

A4 – SHPO Transmittal Letter

B1 – Outline Specification

B2 – Construction Cost Estimate

B7 – Physical Needs Assessment

B9 – Energy Efficient Construction Costs

F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants

F2 – Credit Fee Transmittal/Deferral Letter

F6 – Existing Occupant Information/Relocation Plan

Unified Funding Capital Project Application Attachments Checklist

The column on the left lists each of the attachments that may be required for submission with your Unified Funding Capital Project Application. The column on the right establishes the conditions under which an attachment is required.

Please Note the following before reviewing this document:

Seed money attachment requirements are not included in the chart below. The only required attachments for seed money applications are:

- A1 – Evidence of Site Control;**
- B6 – Flood Plain Letter;**
- C1 - Community Needs Support Documentation; and,**
- F3 - Non-Profit Applicant’s Certificate of Incorporation, only if applicable**

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP.

Attachments A1 – A6: Project Readiness

Attachment A1 – Evidence of Site Control	Required for all applications.
Attachment A2 – Zoning Compliance	Required for all applications.
Attachment A3 – Public Approvals	Required for all applications where any of the referenced public approvals are necessary.
Attachment A4 – SHPO Submissions	Required for all applications, except LIHC and SLIHC standalones
Attachment A5 – SEQR Submissions	Required for all applications, except LIHC and SLIHC standalones
Attachment A6 – Environmental Approvals	Required for all applications where any of the referenced environmental approvals are necessary

Attachments B1 – B9: Project Design/Construction/Site Suitability

Attachment B1 – Outline Specifications	Required for all applications.
Attachment B2 – Construction Cost Estimate	Required for all applications.

Attachment B3 – Preliminary Plans	Required for all applications.
Attachment B4 – Site Photographs	Required for all applications.
Attachment B5 – Map of Primary Service Area	Required for all applications.
Attachment B6 – Flood Plain Letter	Required for all applications.
Attachment B7 – Physical Needs Assessment	Only required for LIHC or SLIHC standalone applications involving rehabilitation of an existing structure
Attachment B8 – RESchek	Only required for applications seeking funding under the Green Building Initiative.
Attachment B9 – Energy Efficient Construction Costs	Only required for applications seeking funding under the Green Building Initiative, and/or those seeking LIHC scoring points under Section 2040.3(F)(12) of the QAP.
<u>Attachments C1-C3: Community Need/Market Demand</u>	
Attachment C1 – Community Needs Support Documentation	Required for all applications.
Attachment C2 – Market Study	Required for all applications.
Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation	Submission is optional and is advisable for applications seeking potential LIHC scoring points under Section 2040.3(F)(7) of the QAP, or SLIHC scoring points under Section D(9) of the SLIHC Regulations.
<u>Attachments D1-D4: Project Underwriting</u>	
Attachment D1 – Appraisal	Appraisal required only if the project includes an individual site with acquisition costs of \$100,000 or more, or where there is an identity of interest between project participants and the seller.
Attachment D2 – Operating Budget Documentation	Required for all applications.
Attachment D3 – Funding Commitments	Required for any application that requires funding from non-DHCR/HTFC sources.
Attachment D4 – Participants in Bond Financing/Time Frame & Status of Bond Issuance	Required only for: applications requesting HWF; 4% LIHC standalone projects; or, applications for the Senior Housing Initiative.

Attachments E1-E3: Support Services for Elderly & Special Needs Tenants

Attachment E1 – Plan for Aging in Place of Elderly Tenants	Required for any application proposing to serve an elderly population.
Attachment E2 – Plan for Projects Serving Special Needs Tenants	Required for any application proposing to serve one or more special needs populations.
Attachment E3 – Tenant Services Plan	Required for any application proposing to provide a program of tenant services, or that will serve a special needs population, or where a portion of the project will be used for a program of health or social services.

Attachments F1-F8: Miscellaneous Attachments

Attachment F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants	Required for any application requesting LIHC or SLIHC.
Attachment F2 – Credit Fee Transmittal/Deferral Letter	Required for any application requesting LIHC or SLIHC.
Attachment F3 – Non-Profit Applicant’s Certificate of Incorporation	Required for all applications submitted by a non-profit applicant, with the exception of DHCR-funded NPCs and RPCs.
Attachment F4 – HOME Program CHDO Determination Letter	Required only if the application is requesting HOME funds and seeks review as a CHDO application.
Attachment F5 – Request for Waiver from HTFC Standards	Required for any application seeking a waiver from HTFC standards. HWF applications may submit waiver requests with the application, all others must comply with CPM Section 1.04.
Attachment F6 – Existing Occupant Info./Relocation Plan	Required for any application proposing funding for an occupied project.
Attachment F7 – Tenant Buy-Out Plan	Required for any application which proposes a project which will be purchased by tenants at the end of the program compliance period.
Attachment F8 – LIHC/SLIHC Right of First Refusal	Required for any LIHC or SLIHC application which proposes that a not-for-profit entity will acquire the project at the end of the compliance period

Attachment A4
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/Sponsor: _____

Applicant's Address: _____

Applicant's Contact Person: _____

Project Name: _____

Project Address: _____

Please review the following form(s) enclosed for the above-referenced Project to determine if it is eligible to be listed in the National Register of Historic Places:

Project Review Cover Form

Historic Resource Inventory Form

Please respond in writing with your findings within ten (10) business days to the contact person mentioned above. Thank you.

We are applying for project funding from the following sources:

HTF or HOME Program

New York Main Street (NYMS) Program

State Program funding other than NYMS, HTF or HOME

Federal Program

Historic Tax Credits

Attachment B1

Outline Specification

Outline Specification

Note: This Outline is based on the "Uniform System" for Construction Specifications, Data Filing, and Cost Accounting developed by AIA, CSI and AGC.

Applicant:	Project Number:
Project Name:	Architect:
Location:	Date: / /

Instructions: Describe all materials and equipment to be used. Include no alternates or equivalents. Show extent of work and typical details on drawings. Attach additional sheets 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, plantings, 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:

<u>Miscellaneous Iron</u>	<u>Material</u>	<u>Size</u>
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, 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 piles. Type of permanent protection of waterproofing (parging) if used. Method of damp proofing above grade. Flashing materials if other than sheet metal. Spandrel waterproofing.

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

Roofing: Roof covering materials and method of application, weight of shingles, numbers 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.

Window Grade:

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.

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

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.

<u>Weatherstripping</u>	<u>Material</u>	<u>Type</u>
Windows		
Exterior Doors		
Thresholds		
Screens: Mesh		
Frames		

9. Finishes:

Grade, material, and thickness of all finishes.

Painting

<u>Exterior</u>	<u>Type</u>	<u>No. of Coats</u>	<u>Interior</u>	<u>Type</u>	<u>No. of Coats</u>
Wood			Wood		
Metal			Metal		
Masonry			Masonry		
			Kitchen & Bath		

Tile & Ceramic Bathroom Accessories:

Floor & Wall Covering
(thickness, grade finish, wainscott height)

<u>Location: (specify)</u>	<u>Floors</u>	<u>Walls</u>
a.		
b.		
c.		
d.		
e.		

Bathroom Accessories

	<u>Material</u>	<u>Quantity</u>
Attached		
Recessed		

Resilient Flooring: Location, type and gauge, for all materials.**10. Specialties: (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.

Energy Star:

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

Kitchen Cabinets
(detail on drawings)

	<u>Material</u>	<u>Finish</u>
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.

Energy Star:

12. Furnishings - Shades: Types 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, trim and color)

Sink:

Lavatory:

Water Closet:

Bathtub:

Shower Over Tub:

Stall Shower:

Laundry Trays:

Other:

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 combined 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.

15. Mechanical (continued)

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:
Equipment (Make and Model):		
AFUE:		
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):		
Calculated Load:		
Equipment: Make, model, operating voltage and capacity in BTUH for each size serving individual rooms, apartments units, or zone:		
Central System:		
Calculated Load:		
Equipment (Make, model, operating voltage and capacity in BTUH for each size serving individual rooms, apartment units, or zone):		
SEER:		

15. Mechanical (continued)

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, space 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): Energy Star: <input type="checkbox"/>
Electric light standards for lighting grounds, streets, courts, etc. Underground or overhead service:

All items of construction, equipment and finish, together with all incidentals, 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):

Attachment B2

Construction Cost Estimate

Applicant Name:

Project Name:

Construction Cost Estimate Summary

Place "X" in box if Davis Bacon wage rates used in determining construction costs.		Cost	Cost/S.F.
1. General Requirements (3%-6% of Ex. 3, Line 36)			
2. a. Site Work			
b. Off-site Work			
c. Asbestos Removal			
d. Environmental Remediation			
3. Concrete			
4. Masonry			
5. Metals			
6. Wood and Plastics			
7. Thermal			
8. Doors and 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	\$0.00	
	Insurance		
	Builders Overhead (2%-4% of Ex. 3, line 36)		
	Profit (Up to 10% of Ex. 3, line 36)		
	Total	\$0.00	\$0.00

Construction Cost Estimate Worksheet

Applicant Name

Project Name

Applicant's Name will go here

Project name will go here

	Trade/Item	Unit	Quantity	Unit Cost	Total
Division 1: General Requirements					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 1 Total					\$0.00
Division 2: Sitework					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 2 Total					\$0.00
Division 3: Concrete					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 3 Total					\$0.00
Division 4: Masonry					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 4 Total					\$0.00

Applicant Name			Project Name		
Applicant's Name will go here			Project name will go here		
Division 5: Metals					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 5 Total					\$0.00
Division 6: Wood and Plastics					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 6 Total					\$0.00
Division 7: Thermal and Moisture Protection					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 7 Total					\$0.00
Division 8: Doors and Windows					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 8 Total					\$0.00
Division 9: Finishes					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 9 Total					\$0.00

Applicant Name				Project Name	
Applicant's Name will go here				Project name will go here	
Division 10: Specialties					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 10 Total					\$0.00
Division 11: Equipment					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 11 Total					\$0.00
Division 12: Furnishings					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 12 Total					\$0.00
Division 13: Special Construction					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 13 Total					\$0.00
Division 14: Conveying System					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 14 Total					\$0.00

Applicant Name				Project Name	
Applicant's Name will go here				Project name will go here	
Division 15A: HVAC					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 15A Total					\$0.00
Division 15B: Plumbing					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 15B Total					\$0.00
Division 15C: Sprinklers					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 15C Total					\$0.00
Division 16A: Electrical					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 16A Total					\$0.00
Division 16B: Fire Alarm System					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
Division 16B Total					\$0.00

Attachment B7

Physical Needs Assessment

Attachment B7 - Physical Needs Assessment
Part A – Project Information/Credit Recipient Certification

Part A of the Physical Needs Assessment must be completed, signed, dated and submitted at each of the following stages of LIHC/SLIHC processing: at the time of application; at the time of allocation (binding commitment and/or carryover); and at the time of project completion (when applying for issuance of IRS Form 8609 for LIHC and/or an Eligibility Statement for SLIHC).

- Applicant Name:**
- SHARS ID #:**
- Contact Person/Title:**
- Phone Number:**
- Fax Number:**
- E-Mail Address:**
- Project Name:**
- Building County:**
- Building Address(es)/Municipality:**

Certification:

As the undersigned for the _____ development (SHARS ID #: _____), who has requested an allocation of credit from the NYS DHCR for the project described above, I hereby certify as owner, general partner, and/or managing member that, to the best of my knowledge, all improvements for each building and each unit listed in Part B of this Form (“Physical Needs Assessment”) are sufficient for the project to function in good repair, as affordable housing for a period equal to at least 30 years, and at least 15 years beyond the remaining term of any existing affordability restrictions.

I further certify that, prior to the final allocation of Housing Tax Credits, all required improvements will be completed to the architect’s satisfaction according to the “Physical Needs Assessment.”

Certification at Time of Application

Credit Recipient Name: _____

By (Signature): _____ **Date:** _____

DHCR Approval: _____ **Date:** _____

Certification at Time of Binding/Carry-Over

Credit Recipient Name: _____

By (Signature) : _____ **Date:** _____

DHCR Approval: _____ **Date:** _____

Certification at Time of 8609/Eligibility Statement

Credit Recipient Name: _____

By (Signature): _____ **Date:** _____

DHCR Approval: _____ **Date:** _____

Physical Needs Assessment
Part B – Architect/Engineering Firm Certification

Applicant Name:

SHARS ID:

The information in Part B must be completed by a professional architect or engineer. Providing the most accurate information will assist the Division in reviewing the scope of the work for this proposed project. **The applicant must request a site visit from the Division to observe the building's existing condition and discuss proposed renovations PRIOR to the application submission.**

Instructions:

1. Fill out the following form for all site and building elements to indicate what is being replaced and what will be maintained.
2. Describe existing conditions (materials, age, level of deterioration, etc.) and proposed rehabilitation in as much detail as possible for each item.
3. If any item is not applicable to this specific project please identify as "not applicable" (NA).
4. If there are any conditions that are not specifically identified below, please identify in column marked "other".
5. Attach back-up material and reports, as necessary, to explain conditions which cannot be fully explained herein.
6. Provide current hazardous materials testing report for the existing building, if applicable.
7. For mechanical, life safety and other specialized equipment to be maintained, attach an engineer's report which evaluates the complete system, all required maintenance, life expectancy, and applicable code compliance issues.
8. In the Life Expectancy of System column, cite the reference standard or the other evaluation method used in making this determination.

GENERAL INFORMATION

Date building constructed:

Date of previous renovations:

Is this building listed or eligible to be listed on the National Register of Historic Places?: No Yes

Date Listed:

Type of construction:

Physical Needs Certification:

As the undersigned for the _____ development (SHARS #: _____), I hereby certify as the project architect/engineer, that based on our inspection of the property and findings set forth in this part that all improvements for each building and each unit listed in the "Physical Needs Assessment" form, Part B, are sufficient for the project to function in good repair, as affordable housing for a period equal to at least 30 years, and at least 15 years beyond the remaining term of any existing affordability restrictions. We further certify that, prior to the final allocation of Housing Tax Credits, all the required improvements will be completed to our satisfaction according to the "Physical Needs Assessment."

Certification at time of Application:

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	
Architect/Engineering Firm	Seal
By: _____	License Number _____
Date: _____	

Certification at time of 8609:

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	
Architect/Engineering Firm	Seal
By: _____	License Number _____
Date: _____	

Physical Needs Assessment

<u>Hazardous Materials</u>			
<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Site			
Asbestos			
Lead-Based Paint			
Underground Storage Tank			
Radon			
Other (specify):			
Site Work:			
<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Walkways & Ramps			
Patios			
Exterior Stairs & Railings:			
Structure			
Balustrade			
Railing			
Handrail			
Parking Lots			
Roadways			
Site Drainage Structures			
Retention Basins			
Site Amenities:			
Fences			
Playgrounds			
Benches			
Mail Stations			
Swimming Pool			
Other (specify):			
Accessory Structures:			
Storage Sheds			
Garbage Stations			
Other (specify):			
Landscaping:			
Lawns			
Plantings			
Retaining Walls			
Grading			
Other (specify):			

Structural Evaluation

<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Foundation			
Floors			
Frame			
Walls			
Roof			
Other (specify):			
Roof and Bulkheads			
<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Low Slope Roofs			
Membrane			
Insulation			
Deck			
Drains			
Flashings			
Railings			
Penetrations			
Parapets			
Copings			
Other (specify):			
Step Slope Roofs			
Shingles			
Sheathing			
Flashings			
Vents			
Penetrations			
Gutters			
Downspouts			
Other (specify):			
Walls			
Masonry			
Siding			
Precast or Stone Systems			
Curtain Wall Systems			
Insulation			
Other (specify):			
Foundations			
Masonry			
Concrete			
Stone			
Vents			
Other (specify):			

Building Exterior			
Item	Existing Conditions	Proposed Rehabilitation	Life Expectancy of System
Doors and Windows			
Main entry door			
Hardware			
Operators			
Exit Doors			
Secondary Doors			
General Door Hardware			
Weather Stripping			
Windows			
Insect Screens			
Security Guards			
Child Guards			
Weather Stripping			
Balconies			
Floor			
Railings			
Exterior Painting			
Caulking and Sealants			
Windows			
Doors			
Roof			
Building Joints			
Attic Insulation			
Type/Thickness			
Condition			

Building Interiors – Public Spaces

Note: Indicate rooms and finishes needing repairs vs. those in good repair. Add sheets if needed to document different conditions.

Item	Existing Conditions	Proposed Rehabilitation	Life Expectancy of System
Floors			
Wood			
Vinyl			
Carpet			
Terrazzo			
Other (specify):			
Walls			
Finishes			
Trim			
Railings			
Ceiling Finishes			
Stairs			
Structure			
Risers & Treads			
Railings			
Handrails			

Building Interiors Public Spaces (continued)

Interior Doors			
Hardware			
Operator			
Kitchen Equipment			
Laundry Equipment			
Mailboxes			
Toilet Room Accessories			
Other Appliances or Equipment			
Trash Compactor			
Refuse Chutes			
Refuse Chutes Doors			
Other (specify):			

Building Interiors – Apartment Spaces

Note: Indicate percentage of apartment area or percentage of number of apartments needing repairs. Add sheets if needed to document different conditions, or apartment types

Item	Existing Conditions	Proposed Rehabilitation	Life Expectancy of System
Floors			
Wood			
Vinyl			
Carpet			
Tile			
Other (specify):			
Wall Finishes			
Ceiling Finishes			
Door – Main Entry			
Hardware			
Chime & Viewer			
Doors – Rooms			
Condition			
Hardware			
Kitchen Equipment			
Cabinets			
Appliances			
Other (specify):			
Bathroom Equipment			
Cabinets			
Sink Top			
Mirror			
Accessories:			
Other (specify):			

Major Building Systems

Note: Attach engineer's report on all existing equipment to remain.

<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Elevators			
Hoisting Equipment & Rails			
Motors			
Hydraulic Lines			
Controllers			
Emergency Phone			
Door Operation			
Door Safety Mechanisms			
Accessible Route Requirements			
Call System Buttons, Indicators			
Cabs Size			
Cab Interior Finish			
Other (specify):			

Mechanical Systems

<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Heating Equipment			
Efficiency (AFUE)			
Exhaust Vents			
Flue			
Fuel Tanks			
Fuel Lines			
Distribution			
Pumps			
Fans			
Radiation			
Registers & Grilles			
Controls			
Thermostat			
Other (specify):			
Mechanical Room Equipment			
Fans			
Registers & Grilles			
Vents			
Other (specify):			
Central Air Conditioning			
Building Ventilation			
Fans			
Registers & Grilles			
Vents			
Other (specify):			

<u>Plumbing Systems</u>			
<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Building Supply			
Water Meter & Valves			
Water Distribution Piping			
Water Control Valves			
Water Pumps			
Rooftop Storage Tanks			
Other (specify):			
Domestic Hot Water			
Hot Water Heaters			
Storage Tanks			
Control Valves			
Mixing Valves			
Circulators			
Domestic Hot/Cold Water Lines			
Other (specify):			
Plumbing Fixtures			
Water Closets			
Urinals			
Lavatories			
Sinks			
Service Sinks			
Public Toilets			
Other (specify):			
Drain & Vent Systems			
Sanitary Drains			
Sanitary Cleanouts			
Storm Drains			
Storm Cleanouts			
Sewage Ejector Pumps			
Sump Pumps			
Other (specify):			
Apartment Bathrooms			
Water Closets			
Bathtubs			
Showers			
Lavatories			
Sinks			
Fittings & Faucets			
Shower Valves			
<u>Fire Protection Systems</u>			
<u>Item</u>	<u>Existing Conditions</u>	<u>Proposed Rehabilitation</u>	<u>Life Expectancy of System</u>
Fire Pump			
Sprinkler Supply Manifold			

Fire Protection Systems (continued)	
Valves	
Test Valves	
Flow Alarms	
Sprinkler Heads	
Distribution Piping	
Fire Standpipe System	
Hose Valves, Cabinets, Fire Standpipe	
Hose Cabinets	
Other (specify):	

Electrical Systems		
Item	Existing Conditions	Proposed Rehabilitation
	Life Expectancy of System	
Service Entrance		
Service Equipment		
Distribution Equipment		
Electric Meters		
Main Electric Panels		
Exterior & Site Lighting		
Public Areas		
Audible Alarms		
Visual Alarms		
Pull Stations		
Detectors		
Annunciator Panels		
Apartments		
Apartment Panels		
Wire & Cable		
Lighting		
Cover Plates		
GFI-Circuits		
Arc-Circuits		
Fire Protection		
Smoke Detectors		
Heat Detectors		
Audible Alarms		
Visual Alarms		
Exit Lights		
Emergency Lights		
Building Alarm Systems		
Security System(s)		
Type/General Condition		
Communication Systems		
Type/General Condition		
Apartment Systems		
Master TV Antenna		
Cable TV		
Telephone		

Electrical Systems (continued)

Data Systems			
Intercom Systems			
Lightning Protections			
Emergency Generator			
Other (specify):			

Attachment B9
Energy Efficient Construction
Costs

Attachment B9: Energy Efficient Construction Costs

Applicant Name: _____

Project Name: _____

Instructions: Identify the costs (labor & material) of the basic Code/Design Handbook construction elements, then identify the total construction costs of those elements including the Green Building Initiative upgrades. Construction items to be included, but not limited to the elements identified in the Attachment B7 - REScheck, Energy Star appliances, Energy Star light fixtures, and HVAC system.

Construction Element	Unit	Quantity	Code and/or Design Handbook Compliant Description	Total Basic Compliant Construction Cost	Green Building Initiative Upgrade System Description	Total Construction Cost with the Upgrade	Total Difference Between Basic and Upgrade
Insulation:							
Roof							\$0.00
Wall							\$0.00
Basement							\$0.00
Floor							\$0.00
Other Insulation:							\$0.00
							\$0.00
							\$0.00
Windows							
Doors							
							\$0.00
Appliances:							
Refrigerators							\$0.00
Other Appliances:							\$0.00
							\$0.00
							\$0.00
HVAC:							
Boiler							\$0.00
Furnace							\$0.00
Air Conditioning							\$0.00
Domestic Hot Water							\$0.00
Control Systems							\$0.00
Other HVAC:							\$0.00
							\$0.00
							\$0.00
Electrical:							
Light Fixtures							\$0.00
Lighting Controls							\$0.00
Alternative Energy Technology:							
PV Panels							\$0.00
Fuel Cell							\$0.00
Wind Power							\$0.00
Geothermal							\$0.00
Other Alternative Energy Technology:							\$0.00
							\$0.00
							\$0.00
Other Systems:							
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
TOTALS				\$0.00		\$0.00	\$0.00

Attachment F1
Chief Executive Officer
Notification Letter for
LIHC/SLIHC Applicants

**CEO Notification Letter for
LIHC Projects – Outside of NYC**

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 and enclosed 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: Arnon Adler; Program Manager
(518) 474-3196

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(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: Arnon Adler;
New York State Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207

**CEO Notification Letter for
LIHC Projects – within NYC**

Certified Mail –
Return Receipt Requested

CEO Name: Holly Leicht
CEO Title: Assistant Commissioner for Planning and Pipeline Development,
NYC Department of Housing Preservation and Development
Mailing Address: 100 Gold Street, Room 9-G3, New York, New York 10038

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 and enclosed 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: Arnon Adler; Program Manager
(518) 474-3196

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(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: Arnon Adler;
New York State Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207

**CEO Notification Letter for
SLIHC Projects – Outside of NYC**

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 and enclosed 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.

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 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: Nina Moore; Program Manager
(518) 473-8551

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this State 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: Nina Moore
New York State Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207

**CEO Notification Letter for
SLIHC Projects – within NYC**

Certified Mail –
Return Receipt Requested

CEO Name: Holly Leicht
CEO Title: Assistant Commissioner for Planning and Pipeline Development,
NYC Department of Housing Preservation and Development
Mailing Address: 100 Gold Street, Room 9-G3, New York, New York 10038

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 and enclosed 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.

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 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: Nina Moore; Program Manager
(518) 473-8551

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this State 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: Nina Moore
New York State Division of Housing and Community Renewal
38-40 State Street
Albany, New York 12207

Attachment F2
Credit Fee Transmittal/Deferral
Letter

CREDIT PROGRAM FEE TRANSMITTAL

New York State Division of
Housing and Community Renewal
PO Box 1399
Albany, New York 12201

Attention: Sandra Johnson

Dear Finance and Budget Unit:

Applicant Name: _____

Project Name: _____

RE: LIHC/SLIC Program Fee Transmittal

Enclose you find a check for the LIHC and/or SLIHC Program application fee equal to \$2,000 (one program) or \$4,000 (both programs), payable to the Division of Housing and Community Renewal.

Sincerely,

Name

Title

CREDIT PROGRAM FEE DEFERRAL REQUEST

New York State Division of
Housing and Community Renewal
38-40 State St – 6th Floor South
Albany, New York 12207

Attention: Arnon Adler

Applicant Name: _____

Project Name: _____

RE: LIHC/SLIC 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 submitted to the attention of Arnon Adler at the address above.

Sincerely,

Name

Title

Attachment F6
Existing Occupant
Information/Relocation Plan

