

D. Capital Project CDOL Application Exhibits

Capital Project - Exhibit 1 - Application Summary

1A. Applicant Information

1. Applicant Name:

2. Federal EIN:

3. DOS Charities Registration Number:

4. Fiscal Year End Date:

5a. Applicant Types:

Not applicable

5b. IRS tax-exempt status:

Other IRS tax-exempt status (specify):

5c. Have all required periodic or annual written reports been filed with the Attorney General's Office in a timely manner?

5d. Date of legal incorporation:

Not applicable

5e. M/WBE Certification:

5f. DUNS Number:

5g. LP/ LLC Partner name(s):

+add

6. Applicant Mailing Address for this Application (Select appropriate address)

7. Applicant Phone and Internet Data

Phone Number:

Phone Extension:

E-Mail Address:

URL:

8. Primary Contact Person for Correspondence Related to this Application

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

Is this person the applicant's authorized signatory? *

9. Applicant's Authorized Signatory

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

Capital Project - Exhibit 1 - Application Summary

1B. Owner Information

1. Will the Applicant transfer title to another entity? * If 'No', click the Submit button and continue to the next page.

2. Owner Name: * or Unknown

This owner is: *

3. Federal EIN: Example: 123456789

4. Fiscal Year End Date: Example: 01/31

5a. Organization Type(s):

Public Housing Authority

Housing Development Fund Company

Town Government

Village Government

City Government

County Government

Non-Profit Corporation

For Profit Corporation

Charitable Organization

Limited Partnership

Limited Liability Corporation

5b. If the owner is a Non-Profit or Charitable Organization is the IRS tax-exempt category 501(c)(3)?

5c. If the owner is a Limited Liability Corporation or a Limited Partnership, enter the names of Members/Partners:

+add

6. Owner's Mailing Address

Care Of:

P.O. Box:

Room/Suite Number:

Street Number:

Street Name:

Street Suffix:

City: *

State: *

Zip Code: * Example: 12345-0000

Phone Number: * Example: 212-555-1212

Fax Number: Example: 212-555-1212

Prime Contact Person

First Name: *

Last Name: *

Title:

Capital Project - Exhibit 1 - Application Summary

1D. Program Funding

1. Read the Application instructions carefully before completing this section. Once this section is completed it cannot be changed. Please verify that your selection is correct before clicking the 'Submit' button.

1a. Is this application requesting seed money only?

2. Seed Money Requests

2a. Enter the amount of seed money funds being requested from **one** of the following programs

HTF Program Seed Money: \$ or

NYS HOME Program Seed Money: \$

DHCR/HTFC CHDO:

CHDO Determination Letter Date:

3. Capital Project Funding Requests

3a. Enter the amount of non-seed money funds being requested:

NYS DHCR Funding Programs:

1. HTF: \$

2. NYS HOME: \$

3. HWF: \$

4. SLIHC annual amount: \$

5. 9% LIHC annual amount: \$

6. UI: \$

7. RARP: \$

8. HDF: \$

NYS HFA Funding Programs:

9. As-of-Right 4% LIHC annual amount: \$

10. HFA Low-Interest Second Mortgage: \$

11. Bond Financing:

a. Construction Period Bond Amount: \$

b. Permanent Period Bond Amount: \$

c. Total Bond Financing Amount: \$

Total funds requested: \$

3b. If you entered funding requests for both the HTF and NYS HOME Programs, complete the following:

This application is seeking funding from:

3c. If you are requesting HWF funds with HFA financing, complete the following:

Proposed Credit Enhancement Provider:

Third Party (specify):

3d. If you are requesting HWF funds with non-HFA bond financing, complete the following:

Bond Issuing Agency:

4% LIHC Allocating Agency:

Non-HFA 4% LIHC annual amount being requested: \$

Capital Project - Exhibit 1 - Application Summary

1E. Project Initiatives and Program-Specific Application Designations

1. Funding Initiatives

Select the type(s) of initiative you are requesting that this application be reviewed as:

- Not Applicable
- Green Building Initiative
- Housing Choice Voucher Project Based Assistance Initiative
- Energy Efficiency Initiative
- OMH Priority Population

2. Policy Priorities

Select the applicable type(s) of Policy Priorities:

- Not Applicable
- Mitchell-Lama Preservation
- Mixed Income/Mixed Use Revitalization
- Transit Oriented Development
- Housing Opportunity
- Lead Abatement
- Green Plus
- Supportive Housing

3. Occupied Rehabilitation

Is this project currently occupied and will it be preserved as affordable housing? *

Not applicable

4. New York/New York III Supportive Housing Agreement

Will your project include units which will serve one or more NY/NYIII Special Populations?

Not applicable

5. 9% LIHC Program set-aside Designations

Select the type of LIHC set-aside for which you are applying:

- Not Applicable
- Preservation Project
- Supportive Housing Project
- High Acquisition Cost Project

6. 9% LIHC/SLIHC Project Amenities

Are you seeking LIHC/SLIHC scoring points per the Qualified Application Plan by:

Providing access to discounted broadband internet service?

Including on-site Energy Star appliances or equivalent in common laundry facilities or washer/dryer hook-ups?

Including Energy Star central air conditioning or the equivalent that will produce the same or comparable energy efficiency or savings?

Including an outdoor patio or garden space?

Including Energy Star dishwashers or the equivalent that will produce the same or comparable energy efficiency or savings in the units and the community kitchen, if any?

Including a computer lab equipped with Energy Star or equivalent computers and equipment, with a minimum of one computer for every 20 residential units?

6. Not for Profit Application Designations:

Select the Not for Profit designation that this application should be reviewed as:

- Not Applicable
- CHDO
- 9% LIHC Not for Profit Set-Aside
- HTF Not for Profit Set-Aside

Capital Project - Exhibit 1 - Application Summary

1F. Project Political Districts

Indicate the Assembly Member(s), Senator(s), and Member(s) of Congress who represent the district(s) the project site(s) is located in. Select Members one at a time. Click them once then click the right arrow to move the member to the selection box on the right. To remove a Member from the selection box on the right select the name, click once then click the left arrow.

1. New York State Assembly District(s):

049 - ABBATE, JR., PETER J	▲	▶	◀	
001 - ALESSI, MARC	■			
021 - ALFANO, THOMAS W	■			
084 - ARROYO, CARMEN E	▼			
118 - AUBERTINE, DARREL J	▼			

2. New York State Senate District(s):

20 - ADAMS, ERIC L	▲	▶	◀	
55 - ALESI, JAMES	■			
42 - BONACCIO, JOHN	■			
46 - BRESLIN, NEIL D	▼			
43 - BRUNO, JOSEPH L	▼			

3. New York State Congressional District(s):

05 - ACKERMAN, GARY L	▲	▶	◀	
24 - ARCURI, MICHAEL	■			
01 - BISHOP, TIMOTHY	■			
11 - CLARK, YVETTE	▼			
07 - CROWLEY, JOSEPH	▼			

Capital Project - Exhibit 1 - Application Summary

1G Tenure and Construction Type

1a. Residential Tenure Type of Project *

1b. Will the project include a community room or separate community building that is for the exclusive use of the tenants, and is therefore, considered residential space? *

2a. Does this project involve Residential Construction only? *

2b. Non-Residential Construction Type(s):

1. Commercial

2. Civic

3a. Community Service Facility (CSF)

Complete only if 3a Community Service Facility is selected and LIHC and/or SLIHC have been requested:

Project County/Municipality:

Qualified Census Tract (QCT):

Use the HUD [Qualified Census Tract Table Generator](#) to find the QCT for your project.

3c. Agency from which Credit is being requested:

3d. Will you include a portion of the expenses associated with the CSF as eligible basis?

Capital Project - Exhibit 1 - Application Summary

1H. Units Assisted

Residential Units

Residential Existing/Rehab:

Residential New Construction:

Community Room Existing/Rehab:

Community Room New Construction:

Non-Residential Units

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic New Construction:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

1. Total Units in Project - All Sources

All Sources	Residential		Community Room		CSF		Civic		Commercial		Options
	Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	
											edit

2. Units In Project - By Permanent Funding Source

Source Name	Reg. Term	Residential		Community Room		CSF		Civic		Commercial		Options
		Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	Existing/Rehab	New Const	
												edit/delete

Capital Project - Exhibit 1 - Application Summary

11. Income Targets

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

2. Income Target Groups:

<u>Target Groups</u>	<u>All Sources</u>	<u>Units DHCR/HTFC</u>	<u>Units HFA</u>
Public Assistance Households or <=30% Median Income			
>30% through 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/super			

3. Residential Unit information from Section H. Units Assisted:

a. Total Residential Units - All Sources:

b. Highest Residential Unit Total for a DHCR/ HTFC source:

c. Highest Residential Unit Total for an HFA source:

Capital Project - Exhibit 1 - Application Summary

1J. Project Occupants

1. Special Population Households

Table J1. Special Population Households

<u>Special Population</u>	<u>Units - All Sources</u>	<u>Units - DHCR/HTFC</u>	<u>Units - HFA</u>
Families who are Homeless			
Persons and Families who are in Long Term Recovery from Alcohol Abuse			
Persons and Families who are in Long Term Recovery from Substance Abuse			
Persons who are Frail Elderly			
Persons who are Homeless			
Persons who are Mentally Retarded/Developmentally Disabled			
Persons who are Victims of Domestic Violence			
Persons with AIDS/HIV Related Illness			
Persons with Physical Disability/Traumatic Brain Injury			
Persons with Psychiatric Disabilities			

<u>NY/NYIII Supportive Housing Agreement Special Populations</u>	<u>Units - All Sources</u>	<u>Units - DHCR/HTFC</u>	<u>Units - HFA</u>
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness			
Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless			
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/AIDS			
Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of becoming chronically homeless			
Total Special Population Households			

2. Other Households

Table J2. Other Households

<u>Household Type</u>	<u>Units - All Sources</u>	<u>Units - DHCR/HTFC</u>	<u>Units - HFA</u>
Non-Frail Elderly Households			
Households without Special Needs			
Total Other Households			
Total Special Population and Other Households:			

Residential Unit information from Section H. Units Assisted

a. Total Residential Units - All Sources:

b. Highest Residential Unit Total for a DHCR/ HTFC source:

c. Highest Residential Unit Total for an HFA source:

3. Elderly Population Targeted:

*

Capital Project - Exhibit 1 - Application Summary

1K. Development Team Members

Company/Organization: *

Team Member First Name: *

Team Member Last Name: *

Title:

Email Address:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Proposed Project Role(s): * Select all that apply

- Developer
- Owner
- Architect
- General Contractor
- Management Agent
- Syndicator
- Housing Consultant
- Letter of Credit Provider/Enhancer Const
- Letter of Credit Provider/Enhancer Perm
- Other (specify):

Does this Team member have previous experience *
in all of the roles identified above?

1L. Disclosure of Identities of Interest/Project Principals

First Name: *

Last Name: *

Title: *

Organization: *

Type: *

Disclosure of Identity of Interest:

Note: Text will be limited to 4,000 characters which is approximately 1 page of 12 point Times New Roman single spaced text.

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2A1. Documentation of Community/Housing Needs

1. New York State Consolidated Plan Objectives/Priorities

1a. NYS Consolidated Plan Objectives Addressed by 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

Household Category	Income Range	Priority Need Level	Project Target Population
Renters - Small Related	0-30%	High	
	31-50%	High	
	51-80%	Medium	
Renters - Large Related	0-30%	High	
	31-50%	Medium	
	51-80%	Medium	
Renters - Elderly	0-30%	High	
	31-50%	High	
	51-80%	Medium	
Renters - All Others	0-30%	High	
	31-50%	M	
	51-80%	M	
Owners	0-30%	H	
	31-50%	H	
	51-80%	M	
Special Needs	0-80%	H	

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2A2. Documentation of Community/Housing Needs

2a Existing Documentation of Local Need

A. Local Needs Document

Document Type: *

Other (specify):

Name: *

Prepared For: *

Geography Addressed: *

Date Published:

B. Needs Identified

1. Identifies this project as type needed for community revitalization?

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

2. Identifies project's targeted income groups and household types as specific need?

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

3. Specifically mentions need for proposed project?

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

2b. Has the project received a HOUSE NY award from the NYS DHCR?

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2A3. Documentation of Community/Housing Needs

3. Local Housing Needs for Proposed Households to be Assisted

Data Source: *

Date:

Geography Covered: *

Type of Housing Proposed: *

Other (specify):

Proposed Income Ranges	#HHs at Income Range for Project Type Proposed	#HHs at Inc. Range in Need of Affordable Housing	%HHs in Need of Affordable Housing
<= 30% of Median Income			
>30% to <=50% of Median Income			
>50% to <=60% of Median Income			
>60% to <=80% of Median Income			
>80% to <=90% of Median Income			
>90% to <= 120% of Median Income			
> Market			

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2B. Evidence of Local Support

1. Local support for the proposed project:

Local Support Category: *

Other (specify):

Source Name: *

Description: *

Dollar Value: * \$ or Not applicable

Status: *

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2C. Special Project Locality Designations

A. Special Designation Categories: *

Other (specify):

B. Name/Location: *

C. Year Initiated: *

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2D1. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing needs – 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

1. Provide information on: the amount of subsidized housing which has been built in the primary market area of the proposed location of the project within the past 10 years; and the extent of unmet demand for affordable housing for the income group(s) which are proposed to be served by the proposed project. In your response include the sources for the data and other information provided and any additional information regarding past inability of the current market to adequately provide adequate affordable housing.

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2D2. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing needs – 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

Provide information on the general housing market in the primary market area of the proposed project. Include the current vacancy rates for units in the primary market area which are comparable to the proposed units.

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2D3. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing needs – 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

Describe how the proposed project is part of a comprehensive community revitalization strategy which includes the use or reuse of existing buildings, including the historic rehabilitation of existing buildings, and which addresses employment, educational, cultural and recreational opportunities within the community in which the proposed project will be located. Refer to information provided elsewhere in this exhibit including the New York State Consolidated Plan, documents listed in table 2a of this exhibit and the information provided in Attachment C1, Community Needs Support Documentation.

CAPITAL PROJECT - EXHIBIT 2 - COMMUNITY IMPACT REVITALIZATION

2E. 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 been issued? If yes, complete the following:

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

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

Capital Project - Exhibit 3 – Development Budget/Funding Sources

3A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract?

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

Capital Project - Exhibit 3 – Development Budget/Funding Sources

3B. Funding Sources

Source

Financing Type:

Source:

Specify Source:

Amount of Funds

Residential Amount: \$

Community Services Facility Amount: \$

Civic Amount: \$

Commercial Amount: \$

Total Funds from Selected Source:

Assistance

Assistance Type:

Financing Term:

Financing Term Type:

Interest Rate Percent: %

Residential Interim Interest: \$

Community Services Facility Interim Interest: \$

Civic Interim Interest: \$

Commercial Interim Interest: \$

Lien Position: or Not Applicable

Regulatory Term: Years

As you enter each source, they will be redisplayed in a grid as shown below:

Construction Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
Developer Contribution	98,000	Other	N/A	N/A	N/A	N/A	N/A	edit/delete

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
Developer Contribution	98,000	Other	N/A	N/A	N/A	N/A	edit delete

Capital Project - Exhibit 3 – Development Budget/Funding Sources

3C. Development Budget

Select a Budget Type 

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
Developer Equity - Other	\$1,621,771	add

<u>Costs</u>	<u>Developer Equity</u>	<u>Total</u>
A. Acquisition		
1. Land		
2. Structure(s)		
3. Total Acquisition (sum lines 1 & 2)		
B. Soft Costs		
4. Appraisal(s)		
5. Housing Consultant		
6. Survey		
7. Soil Borings		
8. Asbestos/Lead-Based Paint Testing		
9. Architecture/Engineering Fee		
10. Construction Manager Fee		
11. Legal Fees		
12. Non-Profit Developer's Allowance		
13. Cost Certification Audit		
14. Insurance		
15. Taxes		
16. Interim Interest		
17. Closing Costs		
18. Title and Recording Fee		
19. Relocation Expenses		
20. LIHC/SLIHC Application Fee - \$3000		
21. LIHC/SLIHC Allocation Fee - \$60000		
22. Other DHCR/HTFC Fees		
23. Other Soft Costs - Specify		
24. Total Soft Costs (sum lines 4 - 23)		
C. Construction		
25. Site Work		
26. Off-Site Work		
27. Demolition		
28. Environmental Remediation		
29. Other Construction Costs - Specify		
30. Subtotal Site Preparation (sum lines 25 - 29)		
31. Residential		
32. Community Service Facility or Civic Space		

33. Commercial		
34. General Contractor's Insurance		
35. Performance Bond Premium		
36. Subtotal Contractor's Costs (sum lines 30 - 35)		
37. General Requirements		
38. Builder's Overhead		
39. Builder's Profit		
40. Total Construction (sum lines 36 - 39)		
41. Project Contingency		
42. LIHC/SLIHC Developer's Fee		
43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)		
D. Working Capital		
44. Initial Operating Deficit		
45. Supplemental Management Fee & Marketing		
46. Purchase of Maintenance & Other Equipment - Specify		
47. Other Working Capital - Specify		
48. Total Working Capital (sum lines 44 - 47)		
E. Project Reserves		
49. Capitalization of Operating Reserve		
50. Capitalization of Replacement Reserve		
51. Reserve for Adapting Units		
52. Other Project Reserves		
53. Total Project Reserves (sum lines 49 - 52)		
54. Total Project Costs (sum lines 43, 48 & 53)		

Capital Project - Exhibit 4 - Rents & Affordability

4A. Tenant Affordability Plan for Rental Units

1. Do you anticipate that any units in the project * will receive a rental subsidy?

2. If yes, enter the number of units that you expect to receive the subsidy by source:

a. DSS Housing Allowance:

b. HTFC Section 8:

c. Section 8 Other:

d. DHCR RRAP:

e. USDA - RD Section 521:

f. Other Subsidy Source:

Other (specify):

Total Number of Units:

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

a. Unit size:

b. Number of occupants in unit:

c. Total cost of monthly utilities paid by occupant: \$

d. Total annual housing cost:

4. Will the comparable market rents entered include:

a. Heat: *

b. Hot Water: *

c. Electricity: *

Capital Project - Exhibit 4 - Rents/Maintenance Fees & Affordability

4A1. Monthly Housing Costs for Rental Units

Rental Subsidy: *

Unit Size: *

Number of Units: *

Comparable Market Rent: *\$

Monthly Basic Rent: *\$

Tenant Paid Utilities: *\$

Area Median Income: *\$

Percent of Area Median Income Unit will be Targeted to:

Unit information:

- a. Total Residential Units - All Sources:
- b. Total Rental Units to Receive Subsidy:
- c. Total Rental Units without Subsidy:
- d. Total Owner Occupied Units:

A1. Monthly Housing Costs for Rental Units with Subsidies:

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
							edit delete

A2. Affordability for Rental Units with Subsidies:

Total Annual Housing Cost	Minimum Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to	Max Rent at 60% LIHC Eligibility
n/a					

A3. Monthly Housing Costs for Rental Units without Subsidies:

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
							edit delete

A4. Affordability for Rental Units without Subsidies:

Total Annual Housing Cost	Minimum Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to	Max Rent at 60% LIHC Eligibility

Capital Project - Exhibit 5 - Operating Budget

5A1. Total Effective Income

A. Effective Residential Income

1. Total Residential Monthly Income/ Maintenance Fees: \$

2. Annual Gross Residential Income: \$

3. Estimated Percentage of Vacancy and Arrears: %

3a. Total Residential Vacancy and Arrears: \$

4. Net Residential Income: \$

5. Ancillary Residential Income:

a. Annual income from laundry facilities: \$

b. Annual income from parking facilities: \$

Other (specify):

c. Annual income from other sources: \$

6. Total Ancillary Residential Income: \$

7. Total Effective Residential Income: \$

B. Effective Non-Residential Income:

8. Gross Commercial/Civic/CSF Income: \$

9. Estimated Percentage of Commercial/Civic/CSF Vacancy and Arrears: %

9a. Total Commercial/Civic/CSF Vacancy and Arrears:

10. Net Commercial Income:

10a. Will the income for this portion of the project be guaranteed through a master lease and/or developer guarantee?

11. Total Effective Income - Residential and Non-Residential: \$

Capital Project - Exhibit 5 - Operating Budget

5A2. Basis for Projections of Operating Budget

Budget Type						Options
Residential						add
Annual Expenses Estimates						
Income	Year1 Income	Type	Pct. (+/-)	Rationale	Source	Options
1. Total Effective Income	\$					edit
A. Administration						
Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
2. Manager						edit
3. Management Fee:						edit
4. Accounting & Audit						edit
5. Legal						edit
6. Advertising						edit
7. Office Supplies/Equipment						edit
8. LIHC Monitoring Fee						edit
9. Other Admin. (Specify):						edit
10. Total Administration						
B. Maintenance & Operations						
11. Janitor & Cleaning Payroll						edit
12. Janitor & Cleaning Supplies						edit
13. Exterminating						edit
14. Garbage & Trash Removal						edit
15. Security						edit
16. Ground Expense						edit
17. Maintenance/Repair Payroll						edit
18. Maintenance/Repair Materials						edit
19. Maintenance/Repair Contracts						edit
20. Elevator						edit
21. Snow Removal						edit
22. Painting & Decorating						edit
23. Other M/O (Specify):						edit
24. Total Maint./Operations						
C. Utilities						
25. Fuel Oil						edit

26. Lighting/Electricity		edit
27. Water & Sewer		edit
28. Gas		edit
29. Other Utilities (Specify):		edit
30. Total Utilities		
D. Taxes & Insurance		
31. Real Estate Taxes		edit
32. Payroll Taxes		edit
33. Other Taxes (Specify):		
34. Property & Liability Insurance		edit
35. Fidelity Bond Insurance		edit
36. Other Insurance (Specify):		edit
37. Total Taxes & Insurance		
38. Operating Reserve		edit
39. Replacement Reserve		edit
40. Total Expenses		
41. Net Operating Income	\$	
E. Debt Service		
42. Debt Source		add
43. Total Debt Service		
44. Cash Flow	\$	
45. Repayment Deferred Dev Fee		

Capital Project - Exhibit 5 - Operating Budget

5A3. Operating Budget

Years: [1-5] [6-10] [11-15]

Income	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
1. Total Effective Income	\$						
A. Administration							
2. Manager							
3. Management Fee:							
4. Accounting & Audit							
5. Legal							
6. Advertising							
7. Office Supplies/Equipment							
8. LIHC Monitoring Fee							
9. Other Admin. (Specify):							
10. Total Administration							
B. Maintenance & Operations							
11. Janitor & Cleaning Payroll							
12. Janitor & Cleaning Supplies							
13. Exterminating							
14. Garbage & Trash Removal							
15. Security							
16. Ground Expense							
17. Maintenance/Repair Payroll							
18. Maintenance/Repair Materials							
19. Maintenance/Repair Contracts							
20. Elevator							
21. Snow Removal							
22. Painting & Decorating							
23. Other M/O (Specify):							
24. Total Maintenance/ Operations							
C. Utilities							
25. Fuel Oil							
26. Lighting/Electricity							
27. Water & Sewer							
28. Gas							
29. Other Utilities(Specify):							
30. Total Utilities							
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

38. Operating Reserve

39. Replacement Reserve

40. Total Expenses

41. Net Operating Income

E. Debt Service

42. Debt Source

43. Total Debt Service

44. Cash Flow

45. Repayment Deferred Dev Fee

Deferred Developer's Fee

Amount

A. Total Deferred Developers Fee

B. Total Repaid in 15 years

C. Discrepancy

Capital Project - Exhibit 6 - Development Timetable

6A1. Development Track

1. Indicate which development track the project will follow:

6A2. Additional Approvals

Select each additional approval required for the project. Selected additional approvals will be added to Exhibit 6A3 - Development and Approvals Timetable.

- ULURP (NYC Only)
- UDAAP (NYC Only)
- Zoning Change/Variance
- Subdivision Approval
- Archaeological Survey
- Village/Town/City Council Review/Approval
- PILOT/Tax Abatement
- Flood Plain/Waterfront/Coastal Zone Approval
- Lead Agency Designation for Coordinated Review
- Full EAF under SEQR/CEQR
- SPDES Discharge Permit
- SPDES General Storm Water Permit
- HTFC Predevelopment Award
- N/A - No Additional Approvals necessary
- Other (specify)

+add

Capital Project - Exhibit 6 - Development Timetable

6A3. Development and Approvals Timetable

Activity/Approval	Status	Contact Name/Phone	Completion Date	Options
1. HTFC Board Approval				edit
2. HTFC Funding Commitment Letter				edit
3. Site Ownership				edit
4. Planning Board/Site Plan Approvals				edit
5. SHPO Determination				edit
6. Phase I Environmental Site Assessment				edit
7. Zoning Approval				edit
8. SEQR Determination				edit
9. HFA Conditional Commitment & Term Sheet (HWF only)				edit
10. HTFC Board Approval for SEQR/Environ. Clearance				edit
11. HFA Board Approval (HWF only)				edit
12. HWF Funding Commitment (HWF only)				edit
13. Non-HFA Bond Issuer Commitment & Term Sheet				edit
14. Bid Document Submission				edit
15. Bond Issuance/Construction Loan Closing (HWF only)				edit
16. Contract Document Submission				edit
17. Contract (Construction) Execution				edit
18. Pre-Construction Meeting				edit
19. Construction Start				edit
20. Rent-Up Conference with DHCR/Housing Management staff or HFA Staff				edit
21. Final Inspection				edit
22. Construction Complete/ Certificate of Occupancy				edit
23. Project Rent-Up/Occupancy				edit
24. Cost Cert/Audit/Close-Out Document Submission				edit
25. Permanent Financing Closing				edit
26. 8609 Eligibility Submission (LIHC/SLIHC only)				edit

Capital Project - Exhibit 7 - Development Timetable

7A. Development Team's Relevant Experience

Similar Project Details:

1. Project Name: *

2. Total Project Cost: *\$

If the similar project included HTFC/DHCR funding:

3. SHARS ID:

If the similar project did not include HTFC/DHCR funding:

4. Project Use:

5. Project Type:

6. Construction Start Date:

7. Percent Completed: %

8. Number of Units:

9. Population Served:

Development Team Members:

Team Member: *

Team Member Role(s) in Similar Project:

- * Developer
- Owner
- Architect
- General Contractor
- Management Agent
- Syndicator
- Housing Consultant
- Other

+add

Capital Project - Exhibit 8 - Site and Building Information

8A. Site Information

1. Site Basics

a. Is the site vacant land, free of buildings? *

b1. If no, enter the number of buildings on the site:

b2. Enter the number of non-accessory buildings on the site that will be demolished:

c. Tax Parcel Data for Vacant Land or Land which will be Vacant After Demolition

SBL/BLE

SBL/BLE

+add

d. Site Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: *

Example: 12345-0000

2. Site Area and Zoning

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 all that apply) *

- a. The site is located in a flood plain area
- b. The site is located in a waterfront revitalization area
- c. The site is adjacent to a coastal area
- d. The site is listed in the National Register of Historic Places
- e. The site is located in an Economic Development Zone (EDZ)
- f. The site is located in a locally-designated CDBG Target Area
- g. The site is located in a Local Economic Development Area
- h. The site is located in another local community revitalization area
- i. Not Applicable

4. Site Utilities

Utility	Source	On or Off Site	Distance from Site (in feet)
Water			
Sewer			
Paving			
Gas			
Electric			
Telephone			

5. Unusual Site Features (select all that apply) *

- a. Cuts
- b. Fill
- c. Erosion
- d. Poor Drainage
- e. Retaining Walls
- f. Wetlands
- g. Subsurface Bedrock
- h. High Water Table
- i. Other (specify)
- j. Not Applicable

6. Existing Structures/Facilities/Parking

- a. Describe any accessory structures on the site, including their size: *
- Or Not Applicable
- b. Describe any recreational facilities on the site, including their size: *
- Or Not Applicable

c. Site Parking (select all that apply)*

- 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 Existing on-site parking (not enclosed) No. of Spaces: Total SF:
- The site has Existing on-site parking (enclosed) No. of Spaces: Total SF:
- Not Applicable

7. Site Suitability

a. Is the site free of hazardous materials and incompatible adjacent uses?

b. If you answered "No" to a. (above), describe the conditions:

c. Is the site directly accessible from a public road?

8. Proximity of Support Services

a. What type of area is the site located in? *

b. Primary occupants of the project: *

Other primary occupants (specify):

c. Distance to Support Services

<u>Service</u>	<u>Distance</u>
Grocery Stores	<input type="text"/>
Other Retail Stores	<input type="text"/>
Schools	* <input type="text"/>
Bus/Subway Lines	* <input type="text"/>
Municipal Services	* <input type="text"/>
Libraries	* <input type="text"/>
Pharmacies	* <input type="text"/>
Health Facilities	* <input type="text"/>

Capital Project - Exhibit 8 - Site and Building Information

8A1. Buildings to be Demolished

Current Tenure:

Number of Occupied Residential Units:

Number of Occupied Non-Residential Units:

Capital Project - Exhibit 8 - Site and Building Information

8B1. Building Characteristics

Site:

Building 1

1. Type of Activity Proposed

Proposed Activity *

2. Existing Buildings Characteristics - Complete for Rehab Buildings ONLY

a. Building Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: *

b. Year Built:

c. Tax Parcel ID(s):

SBL/BLE

+add

d. How is the building currently being used? *

Other current use (specify):

e. Number of current residential units:

f. Number of current non-residential units:

3. Occupied Units

a. Are any of the residential or non-residential units* in this building occupied?

b. Number of occupied residential units:

c. Number of occupied non-residential units:

d. Will relocation of tenants be necessary? *

e. Number of residential tenants to be relocated:

f. Number of non-residential tenants to be relocated:

4. Building Use upon Completion

a. Building Use (select all that apply): *

- 1. Residential
- 2. Community Room
- 3. Commercial
- 4. Community Service Facility
- 5. Civic
- 6. Other (specify):

b. Residential Tenure Type:

Other Residential Tenure Type (specify):

5. Building Units Assisted

<u>Units</u>	<u>Residential</u>		<u>Community Room</u>		<u>Non-Residential Units</u>	
	<u>Units</u>	<u>Sq. Feet</u>	<u>Units</u>	<u>Sq. Feet</u>	<u>Units</u>	<u>Sq. Feet</u>

1. Total Units in Building
2. Total Units Assisted by HTFC/DHCR
3. Total Units Assisted by HFA

6. Building Details

a. Number of floors in building upon completion: *

b. Type of structure: *

Other Type of Structure (specify):

c. Will the building include an elevator?: *

7. Items in Rent/Carrying Charge (select all that apply)

a. Equipment

- Range and Oven
- Microwave Oven
- Refrigerator
- Cable TV Hook-up
- 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 - Type:
Specify:

Hot Water - Type:
Specify:

Central Air Conditioning

Lights, etc. in units

Other (specify):

c. Parking

Surface

Covered

Unavailable

Other (specify):

8. Tenant-paid Utilities (select all that apply)

Electricity

Heat

Repairs

Gas

Water

Other (specify):

Capital Project - Exhibit 8 - Site and Building Information

8B2. Building Space Breakdown

A. Dwelling Units - Space Breakdown

[Add New Dwelling Unit](#)

Residential Space Breakdown

Unit Size: *

Number Of Units: *

Square Footage Per Unit: *

B2. Building Space Breakdown

A. Dwelling Units - Space Breakdown

[Add New Dwelling Unit](#)

Building Number	Unit Size	Number Of Units	Square Footage Per Unit	Total Square Footage	Options
					edit delete

Dwelling Unit Total Square Footage:

B. Common Area - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
1	Community Room		edit
1	Lobby		edit
1	Hall and Stairs		edit
1	Basement		edit
1	Laundry		edit
1	Other:		edit

Common Area Total Square Footage:

C. Non-Residential - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
1	Commercial Floor Area		edit
1	Community Service Facility Floor Area		edit
1	Civic Floor Area		edit

Non-Residential Total Square Footage:

Total Gross Floor Area:

Capital Project - Exhibit 9 – LIHC/SLIHC Qualified Building Information

9A. General Project Information

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

1b. Number of buildings:

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

2b. Number of buildings:

3a. Are the sites/buildings located in a Qualified Census Tract (QCT)? *

3b. QCT Number:

Use the HUD [Qualified Census Tract Table Generator](#) to find the QCT for your project.

4a. Are the sites/buildings located in a Difficult Development Area (DDA)? *

4b. DDA County:

5. Is the applicant willing to enter into a regulatory agreement with DHCR and/or HFA for extended low income use of the project with a minimum extended use period, ending no earlier than 30 years after the project is placed in service, that is in conformance with the requirements of Section 42?

Capital Project - Exhibit 9 – LIHC/SLIHC Qualified Building Information

9B. Site/Building Acquisition

Program:

Building:

1. The site(s)/building(s) will be acquired from: *

If this project involves the acquisition of existing buildings, complete the following:

2. If the buildings were or will be acquired with Buyer's *
Basis, indicate how the basis will be determined:

Enter the amount of Seller's Basis:

Has the seller owned the building(s) for at least ten years?

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 Example: 01/31/2006
the owner:

b. Enter the proposed date of acquisition by the applicant: Example: 01/31/2006

4. If the building(s) have been owned by the seller for less than ten years, complete the following:

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

Capital Project - Exhibit 9 – LIHC/SLIHC Qualified Building Information

9C. Determination of Qualified Basis Worksheet

Program:

Building:

Acquisition - Actual Costs, Adjustments & Eligible Basis

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
-------------------------------	-------------	-------------------------------	--------------------	---------------------	---------

1. Cost of Land Only					edit
----------------------	--	--	--	--	----------------------

2. Acquisition Costs (excluding Land)					edit
---------------------------------------	--	--	--	--	----------------------

Reductions to Eligible Basis for Acquisition of Buildings

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
-------------------------------	-------------	-------------------------------	--------------------	---------------------	---------

3. Grants					edit
-----------	--	--	--	--	----------------------

4. Amount of Non-Qualified and Non-Recourse Financing					edit
---	--	--	--	--	----------------------

5. Amount of subsidized federal assistance					edit
--	--	--	--	--	----------------------

6. Total building acquisition actual costs, adjustments and eligible basis		\$0	\$0		
--	--	-----	-----	--	--

Construction Improvements - Actual Costs, Adjustments & Eligible Basis

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
-------------------------------	-------------	-------------------------------	--------------------	---------------------	---------

7. Soft costs 					edit
---	--	--	--	--	----------------------

8. Construction					edit
-----------------	--	--	--	--	----------------------

9. Contingency					edit
----------------	--	--	--	--	----------------------

10. Developer's fees					edit
----------------------	--	--	--	--	----------------------

11. Other(Specify) :					edit
----------------------	--	--	--	--	----------------------

Reductions to Eligible Basis of Construction/Rehab Improvements Prior to High Cost Increase

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
-------------------------------	-------------	-------------------------------	--------------------	---------------------	---------

12. Grants					edit
------------	--	--	--	--	----------------------

13. Amount Of Non-Qualified Non-Recourse Financing					edit
--	--	--	--	--	----------------------

14. Amount Of Subsidized Federal Assistance (Optional)					edit
--	--	--	--	--	----------------------

15. Non-Qualifying Excess Expense Or Higher Quality Units					edit
---	--	--	--	--	----------------------

16. Reduction For Historic Tax Credits (Residential Portion Only)					edit
---	--	--	--	--	----------------------

17. Total Construction/Rehab Improvements Actual Costs, Adjustments / Eligible Basis Prior to High Cost Increase		\$0			edit
--	--	-----	--	--	----------------------

Increase in Eligible Basis of Construction/Rehab for High Cost

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
18. Increase in Eligible Basis for High Costs ?					
19. Adjusted Eligible Basis of Construction/Rehab Improvements					
20. Total Eligible Basis of Acquisition/Construction/Rehab Improvements					
Determination of Qualified Basis					
Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
21. Applicable Fraction (Enter Applicable Fraction)					edit
22. Qualified Basis by Credit Rate					
23. Credit Rate (Enter Applicable Percentage) : Month/Year Used :					edit
24. Credit Amount from Qualified Basis					

Capital Project - Exhibit 9 – LIHC/SLIHC Qualified Building Information

9D. Unit Information

Program:

Building:

Percentage of LIHC/SLIHC units in building:

Percentage of LIHC/SLIHC rentable floor area in building:

Unit Information

Type: *

Number of Bedrooms: *

Number of Units: *

Rentable Floor Area of Unit (sq. ft.): *

Monthly Rent: * \$

Tenant Paid Utilities: * \$

Capital Project - Exhibit 9 – LIHC/SLIHC Qualified Building Information

9E. Declaration of Public Subsidies

Program:

Building:

Total Number of LIHC/SLIHC assisted buildings in the project:

Public Subsidy

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: * Example: 12345-0000

Source: *

Program: *

Type: *

Value: Value Type *

Interest Rate: * or Not Applicable

Monthly Debt Service: * or Not Applicable

Term: * or Not Applicable

Capital Project - Exhibit 10 – LIHC/SLIHC Project Summary

10A/B. Project Details & Minimum Set-Aside

A. Project Details

1. Number of sites in project: *

2. Number of qualified low-income buildings in project: *

3. Number of residential units in project:

4. Number of rent-restricted units in project: *

5. Amount of qualified basis of project subject to lower credit rate:
(30% present value)

6. Amount of qualified basis of project subject to higher credit rate:
(70% present value)

7. Annual amount of credit requested by applicant:

8. Annual amount of credit per unit:

9. Anticipated credit equity price (per dollar): *\$

10. Anticipated total amount raised from syndication: *\$

11. Net amount from syndication to be provided to the project: *\$

B. Minimum Set-Aside Election

- 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 outside 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.

Capital Project - Exhibit 10 – LIHC/SLIHC Project Summary

10C. Use of Credit Proceeds

- 1. The syndication will be: *
- 2. Percentage of ownership retained by developer is: * %
- 3. Name of Syndicator: *
- 4. Contact Person: *
- 5. Phone Number: * Example: 212-555-1212
- 6. Total amount anticipated from syndication: * \$
- 7. Net amount of anticipated pay-in: * \$
- 8. Total project syndication costs: * \$
- 9. Total project partnership expenses: * \$

10. If the investor (equity provider) will provide construction, bridge, and/or permanent loans for the project, complete the following:

Construction Loan:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

Bridge Loan:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

Permanent Loan:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

Capital Project - Exhibit 10 – LIHC/SLIHC Project Summary

10D. Investor Pay-In Schedule

Program:

Pay-In Schedule

Event: *

Pay-In Amount: * \$

Projected Pay-In Date: * Example: MM/YYYY

Pay-In Use: *

Event	Amount	Pay-In Projected Date	Pay-In Use	Options
				add

E. OMNIBUS CERTIFICATION

On my behalf and on behalf of the parties listed herein (collectively referred to as the Applicant), I hereby certify to the New York State Housing Finance Agency ("HFA") and the New York State Housing Trust Fund Corporation ("HTFC") (collectively, "Agencies") that I am duly authorized to file this submission on behalf of the Applicant, and that the following statements and information, including information contained in any attachments to this Omnibus Certification are to the best of my knowledge based on due inquiry, true, accurate and complete. I agree to immediately inform the agencies of any material change in the information provided herein and acknowledge that a false certification or failure to disclose material information shall be grounds for termination of any award. The information is submitted to the Agencies in order that the Applicant may be approved as the controlling principal of the borrowing entity for the Project for which the Applicant has submitted an application for financing.

For the period beginning ten (10) years prior to the date of this omnibus certification:

- Yes No The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
- Yes No The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
- Yes No There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
- Yes No The Applicant has not been convicted of a felony, nor is the Applicant presently 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 not including any offense classified as a misdemeanor under the laws of a state and punishable by imprisonment of two years or less).
- Yes No The Applicant has not been suspended, disbarred 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.
- Yes No The Applicant is not the subject of any bankruptcy or insolvency proceeding nor has the Applicant been a subject of a bankruptcy or insolvency proceeding for the time period covering this omnibus certification.
- Yes No The Applicant has not defaulted on an obligation covered by any surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
- Yes No There are no hazardous violations or immediately hazardous violations filed against the project for which the applicant has submitted a financing application for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
- Yes No Neither the borrowing entity for the project for which the Applicant has submitted a financing application nor any party of said entity has a managerial position and/or ownership interest in excess of 25% in any other property in New York against which any hazardous violations or immediately hazardous violations for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
- Yes No The project for which the Applicant has submitted a financing application is not located in a jurisdiction in which there is a court decision or court entered plan to address housing desegregation or remedy some other violation of law. [If the project is located in such a jurisdiction provide the evidence for your conclusion that it is consistent with such court decision or court entered plan in an attachment to this omnibus certification].
- N/A Attached Attach a description of any pending or current litigation or judgments related to: (i) the ownership or operation of any real estate which could materially and adversely impact the financial condition

of the Applicant, (ii) the Applicant's ownership of a significant interest (25% or greater) in any entity, or (iii) any entity in which the Applicant owns a significant interest (25% or greater) which could materially and adversely impact the entity's financial condition.

*** If the answer to any question is NO, please provide a detailed explanation in a separate attachment.**

The Development Team's Relevant Experience (Exhibit 7 to the application) contains a listing of every assisted or insured project of HUD, USDA, DHCR, HTFC, HFA, SONYMA, AHC or other state or local government housing finance agency in which the Applicant has been, or is now, a principal.

All of the parties known to the undersigned to be principals in the project for which the Applicant has submitted a financing application are listed below, and no principals or identities of interest are concealed or omitted:

CDOL Password:

Title: