



North Dakota
Housing Finance Agency

**2005 LOW INCOME HOUSING
TAX CREDIT PROGRAM**

APPLICATION

North Dakota Housing Finance Agency
1500 East Capitol Avenue
PO Box 1535
Bismarck, ND 58502-1535
www.ndhfa.org



*Equal Housing
Opportunity*

**NORTH DAKOTA HOUSING FINANCE AGENCY
2005 LOW-INCOME HOUSING TAX CREDIT APPLICATION**

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2005 LOW-INCOME HOUSING TAX CREDIT APPLICATION

North Dakota Housing Finance Agency
SFN 14649 2/05

PO Box 1535
Bismarck, ND 58502

This is an application for federal low-income housing tax credits ("Credits"). The application must be **signed**, and **dated** with the application fee attached. **The application submitted must contain the original signatures.**

Application Type (check one)

- Initial Application
 Reservation
 Allocation (Placed-in-Service)

The applicant must fill out all applicable parts of the application form fully and include all documents and supplementary materials required. Agency staff will be available to assist you prior to the submission of this application. **Once the application is submitted, no further changes relating to project selection criteria will be accepted.**

I. GENERAL PROJECT INFORMATION

A. Project Name _____
 Site Address _____
 City _____ County _____ Zip Code _____
 Allocation Year 2005 Application Cycle _____ Application Date _____

B. Amount of Annual Credit Requested \$ _____ (From Part X)
 Requesting from Non-Profit set-aside? Yes No
 Requesting from Indian Reservation set-aside? Yes No
 Requesting from Preservation set-aside? Yes No

C. Type of Credit Requested (check **all** that apply)

- New Construction *without* Federal Subsidies
- New Construction *with* Federal Subsidies
- Rehabilitation *without* Federal Subsidies
- Rehabilitation *with* Federal Subsidies
- Rehabilitation *without* Federal Subsidies and Acquisition with units occupied or suitable for occupancy on acquisition date.
- Rehabilitation *with* Federal Subsidies and Acquisition with units occupied or suitable for occupancy on acquisition date.
- Rehabilitation *without* Federal Subsidies and Acquisition with units occupied or suitable for occupancy upon completion of the rehabilitation.
- Rehabilitation *with* Federal Subsidies and Acquisition with units occupied or suitable for occupancy upon completion of the rehabilitation.
- Acquisition with 10-year rule waiver from Federal Agency

D. Is this a USDA Rural Development (FmHA) project? Yes No

E. Is this project using **HUD Section 8** rental assistance? Yes No project based

F. Is this project using **HOME** funding? Yes No

G. Are **any** of the above to be treated as "**Federal Funds**"? Yes No

H. Minimum Low-income Threshold for Credit eligibility (check **one**)

- 20% of the units serving households at 50% of the area median
- 40% of the units serving households at 60% of the area median

- I. Low-income Compliance Period
To receive extra points, this project will remain low-income with the occupancy described above for _____ years beyond the required initial and extended compliance period.
- J. Total Low-income Targeting
 _____ (#) _____(%) of the low-income units will serve households at 30% of the area median income
 _____ (#) _____(%) of the low-income units will serve households at 40% of the area median income
 _____ (#) _____(%) of the low-income units will serve households at 50% of the area median income
 _____ (#) _____(%) of the low-income units will serve households at 60% of the area median income
- K. Total number of buildings _____ Total number of units _____
 Total number of Low-income units _____ Percentage of total units _____%
 Total square footage _____ Sq. ft of low-income units _____
 Common Units _____ Handicapped units _____
(as defined in the QAP)
- L. Type of Housing
 Multifamily Residential Single Family
- M. Type of Units
 Apartments Townhouse Semi-Detached
 Detached SRO Manufactured Other
- N. Number of Floors in the Tallest Building _____; Elevator Construction? Yes No
- O. Targeting of Units (Indicate type and % of units) _____ Elderly _____ Disabled
 _____ Family _____ Homeless _____ Other
- P. Is this project located in a Qualified Census Tract or Difficult Development Area?
 Yes No If yes, Census Tract Number _____ (evidence of eligibility must be submitted)
- Q. State Senate District _____ State House District _____ Congressional District _____
- R. Is the site part of an organized plan? Yes No. If yes, explain and provide documentation.

- S. Site Control (e.g. ownership, option, purchase contract, or long-term lease) is a requirement for eligibility for a tax credit reservation. Is site currently under control? Yes No
 If yes, control is in the form of:
 Deed – attached Option – attached (expiration date _____)
 Purchase Contract – attached (expiration date _____)
 Long term lease – attached (expiration date _____)
- T. Is site properly zoned? Yes No **If yes, include third party documentation. Tab# _____**
 If no, is site currently in the process of rezoning? Yes No Provide details:

 When is zoning issue scheduled to be resolved (month and year)? _____
- U. Are all utilities available to and of the appropriate size for the project?
 Yes No If no, provide explanation, including dates, when all utilities will be available.

- V. Will support services be provided to the tenants? Yes No
 If Yes, are they included in the rent? Yes No
- W. Are there any environmental issues related to the property? Yes No
 If yes, describe _____

X. Legal description of the property that identifies it as the site in the site control document.

Y. **Provide a location map**, showing location of the site relative to the surrounding area.

- Z. Immediately Adjacent Land Uses.
1. North: _____
 2. South: _____
 3. East: _____
 4. West: _____

AA. If project includes acquiring buildings, buildings acquired or to be acquired from:
 related party unrelated party FHA, FDIC and/or other insured depository institution in default

BB. List below, by building address, the date the building(s) was last placed in service, date the building was or will be acquired, and the number of years between the date the building was last placed in service and date of acquisition. If applicable, applicant must submit evidence of approved waiver of ten-year rule by a letter ruling from the IRS. Attorney's opinion must be submitted if building(s) is to be included in eligible basis.

CC. Do you wish to have your name included on a list that we provide upon request to equity investors and other interested parties? Yes No

II. APPLICANT INFORMATION

The Applicant must be either a legal entity (e.g. partnership, corporation etc.) or individual who will be named on IRS Form 8609 as the project owner. If that person/entity is not known yet or to be formed the applicant must be the project developer.

- A. Applicant is current owner and will retain ownership.
 Applicant is the Project Developer and *will be* part of the final ownership entity
 Applicant is the Project Developer who *will not be* a part of the final ownership entity

Name of Final Ownership Entity _____

Partnership Taxpayer I.D. _____ Date Obtained _____

Applicant/Developer _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Email _____

Phone _____ Fax _____

Email _____

Type of ownership

- General Partnership*
- Limited Partnership*
- Limited Liability Co*
- Corporation*
- Individual
- Non-Profit Corporation**
- Local Government
- Housing Authority
- Other (specify)

* **Required materials:** articles of incorporation, by-laws, partnership agreement and other relevant information regarding legal status

** **Required materials:** articles of incorporation, IRS letter of 501(c)3 or 501(c)4 status, non-profit Certificate of Incorporation and Certificate of Good Standing (Secretary of State), non-profit questionnaire (Exhibit A)

- B. Legal status of ownership Incorporated Registered Chartered
- C. Non-profit status of ownership 501(c)(3) 501(c)(4) 501(a) Exemption
- D. Capacity of Applicant Developer General Partner Sponsor Management Co
 Contractor Attorney, Tax CPA Other (specify) _____
- E. If the Applicant is the Project Developer, who will not retain ownership, briefly describe the planned process and timing for disposition of this project.

(Please note: The HFA reserves tax credits to the ownership entity listed on the initial application. Reservations are not transferable. Any change in controlling ownership interest requires a new application.)

- F. Have you or other principals previously received tax credits in North Dakota? Yes No
 In other states? Yes No If yes, which year _____
- Have you placed your project(s) in service? Yes No If applicable, who is/are the limited partners using the previously allocated credits? (If multiple projects, please list.)

Name _____

Address _____

City _____ State _____ Zip Code _____

G. Contact Person during Application Process:

Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Capacity (i.e. sponsor, consultant, etc.) _____

III. DEVELOPMENT TEAM

- A. Detailed information (address, phone, contact person, qualifications and Federal Taxpayer ID#S) for each of the development team is to be included with application. (Exhibit B)

Name of Developer _____

Name of General Partner _____

Name of General Contractor _____

Name of Management Company _____

Name of Sponsoring Organization _____

Name of Consultant _____

Name of Tax Attorney _____

- B. Identity of Interest among Development Team and/or Ownership Entity (Identity of interest statement, Exhibit C, must accompany all applications.)

Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used) as described in 2004 Allocation Plan? Yes No

If yes, provide a description of the relationship.

- C. Disclosure of Interest

The Applicant must also disclose the names and addresses, including corporate officials where applicable, of all parties, which have a significant role in the project. These parties include, but are not limited to: the general contractor, all subcontractors whose aggregate contract will exceed ten percent of the cost of project (this cost shall be calculated excluding the acquisition of land), accountants, architects, engineers, financial consultants, and any other consultants. Please list below.

IV. APPLICABLE FRACTION DETERMINATION

				<u>Site Size</u>
Total Site / Land	<i>(Number of acres or square feet)</i>			_____
		<u>Number of Units*</u>	<u>%</u>	<u>Square Footage*</u>
Total of All Buildings (A+B+C)		_____	100%	_____
A. Total Commercial (not common) Space		_____	_____	_____
B. Total Residential Space		_____	_____	_____
C. Total Residential Common Space		_____	_____	_____
Employee-Occupied Residential Units		_____	_____	_____
Owner-Occupied Residential Units		_____	_____	_____

FOR INFORMATION ONLY (NOT INCLUDED IN APPLICABLE FRACTION DETERMINATION)

Total Low-Income/Rent Restricted Units and SQ.FT.:	_____	_____%	_____
• LIHTC Units	_____		_____
• LIHTC Units that will be HOME assisted	_____		_____
• Project Based Assisted Units	_____		_____
(rents approved by HUD?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Other Restricted Units	_____		_____
Market Rate Units	_____	_____%	_____

NOTE: LOW-INCOME/RENT RESTRICTED UNITS AND MARKET RATE UNITS MUST TOTAL 100%.

PERCENTAGE OF LOW-INCOME UNITS: _____%

*This data must agree with the number of units and square footage on pages 3 and 7 of this application.

V. TENANT UTILITY INFORMATION

- A. Indicate which of the following costs (if any) are paid by the tenant
- | | | | |
|----------------------------------|------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Heating | <input type="checkbox"/> Hot Water | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Water |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Sewer | <input type="checkbox"/> Electricity | <input type="checkbox"/> Trash |
- B. Utility Allowance by bedroom size
- | | | |
|-----------------|-----------------|-----------------|
| 0 BDRM \$ _____ | 1 BDRM \$ _____ | 2 BDRM \$ _____ |
| 3 BDRM \$ _____ | 4 BDRM \$ _____ | 5 BDRM \$ _____ |
- Source of Utility Allowance Information (Check One) **Documentation Required**
(Show how utility allowance derived)
- Public Housing Authority _____ Utility Company _____
- Other (Specify) _____
- Effective Date of Source Information: _____

VI. UNIT DISTRIBUTION AND RENTS

For a low-income unit, the combination of tenant-paid monthly rent and utilities or utility allowance may not exceed the maximum allowable rents under the federal tax credit statute. **List employee unit(s) separately and show manager in the rent column.**

Low-income Units

Number of Bedrooms	Number of Units	Average Sq. Ft Per Unit	Total Sq. Ft Per Size	Monthly Tenant-Paid Rent	Total Monthly Rent*	Tenant % of Median Income (i.e. 30%, 40%, 50%, 60%)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals:	=====	_____	=====	_____	=====	_____

Employee Units

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals:	_____	_____	_____	_____	=====	_____

Non-Restricted Units

_____	_____	_____	_____	_____	_____	N/A
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals:	=====	_____	=====	_____	=====	_____

Final application package must include a listing of units, showing unit numbers, square footage, and bedroom size for each unit in each building.

***DO THESE RENTS INCLUDE UTILITIES?** YES NO

A. Project Income

1. TOTAL MONTHLY TENANT PAID RENT FOR ALL UNITS \$ _____
 Miscellaneous **MONTHLY** Income Related to Residential Use (specify: i.e. laundry, garages, etc.)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
2. TOTAL MONTHLY MISCELLANEOUS INCOME \$ _____
3. TOTAL ANNUAL TENANT PAID RENT FOR ALL UNITS (#1 x 12) \$ _____
4. TOTAL ANNUAL MISCELLANEOUS RESIDENTIAL INCOME (#2 x 12) \$ _____
5. TOTAL ANNUAL POTENTIAL GROSS INCOME FROM ALL RESIDENTIAL SOURCES (#3 + #4) \$ _____
6. TOTAL ANNUAL GROSS COMMERCIAL INCOME \$ _____

7. TOTAL PROJECT INCOME FROM ALL SOURCES (#5 + #6) \$ _____

Vacancy Allowance _____ %
 Number of Parking Spaces in Project _____
 Number of Garages in Project _____

VII. PROJECT FINANCING (SOURCES OF FUNDS)

A. Construction Financing

List all preliminary and enforceable (firm) financing commitments, including grants (tax credit syndication information to be listed in section XII) and provide copies of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to NDHFA's satisfaction that such resources are available and committed solely for this purpose. If a mortgage broker is involved in arranging financing from another source, so indicate. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing.

Indicate with an asterisk (*) enforceable financing commitments.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Commitment Date
1.			%		
2.			%		
3.			%		
4.			%		
5.			%		
	Total Residential Construction Funds				

(Please include commercial space on a separate sheet.)

Make copies of this page and complete the following for each Residential Construction Lender or source of funds.

1. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> CDBG	<input type="checkbox"/> HOME
	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal	<input type="checkbox"/> Private
	<input type="checkbox"/> Other (Specify) _____				

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> CDBG	<input type="checkbox"/> HOME
	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal	<input type="checkbox"/> Private
	<input type="checkbox"/> Other (Specify) _____				

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

*** Below Market Interest Rate

B. Permanent Financing

List all preliminary and enforceable (firm) financing commitments, including grants (tax credit syndication information to be listed in section XII.) and provide copies of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to NDHFA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. If a mortgage broker is involved in arranging financing, so indicate. Indicate with an asterisk (*) enforceable financing commitments.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term/Amort	Annual Debt Service	Commitment Date
1.		\$	%		\$	
2.			%			
3.			%			
4.			%			
5.			%			
6.			%			
	Subtotal Permanent Financing	\$			\$	
	Gross Proceeds Historic Tax Credit	\$				
	Gross Proceeds Low-Income Tax Credits	\$				
	Total Permanent Financing Sources	\$				

(Please include commercial space on a separate sheet.)

Make copies of this page and complete the following for each Residential Permanent Lender or source of funds.

1. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> CDBG	<input type="checkbox"/> HOME
	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal	<input type="checkbox"/> Private
	<input type="checkbox"/> Other (Specify) _____				

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> CDBG	<input type="checkbox"/> HOME
	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal	<input type="checkbox"/> Private
	<input type="checkbox"/> Other (Specify) _____				

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

*** Below Market Interest Rate

VIII. SUBSIDIES

A. Loan and Grant Subsidies If none apply, so indicate here

If one or more of the following are to be used, indicate with an "X" in the appropriate column.

Included in Eligible Basis?

Federal:

Tax Exempt Financing	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
HOME Investment Partnership Act (HOME)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
RD 515 (formerly FmHA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
Other (specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant

Does the use of any of the above categorize this project as "federally subsidized" and, therefore, eligible only for the 30% present value tax credit? No Yes

If yes, which ones? _____

Included in Eligible Basis?

Federal:

Community Development Block Grant (CDBG)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
State: (specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
Local: (specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
Private: (specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant
Other: (specify) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Loan	<input type="checkbox"/> Grant

Is taxable bond financing expected to be used? No Yes

What, if any, Credit Enhancements are expected to be used?

FHA Insurance Private Mortgage Insurance Letter(s) of Credit
 Other (specify) _____

B. Rent Subsidy Anticipated If none apply, so indicate here

Approval Date

RD (formerly FmHA)	_____ %	_____
HUD Project-Based Section 8 Certificates or HAP Contracts	_____ %	_____
HUD Vouchers	_____ %	_____
HUD Tenant-Based Certificates	_____ %	_____
Other HUD (specify) _____	_____ %	_____
State	_____ %	_____
Local	_____ %	_____
Owner	_____ %	_____
Other (specify) _____	_____ %	_____

C. Pre-Existing Subsidies (Rehab and Rehab/Acquisition projects only) Indicate with an "X" any of the following that are currently utilized by the project.

<input type="checkbox"/> HUD Sec 221(d)(3)	<input type="checkbox"/> HUD Sec 236	<input type="checkbox"/> HUD Sec 236 and Tax Exempts
<input type="checkbox"/> HUD Sec 8 New Constr/Sub Rehab	<input type="checkbox"/> HUD Rent Sup/RAP	<input type="checkbox"/> RD (formerly FmHA) 515
<input type="checkbox"/> RD (formerly FmHA) 521 (rent subsidy)	<input type="checkbox"/> Tax Exempt Bonds	<input type="checkbox"/> State/Local

Will the mortgage insurance or financing subsidy continue? No Yes (specify term) _____

IX. PROJECT COSTS AND USES

List all residential project costs (including non-LIHTC units) under "Actual Costs" and carry the cost amount over to the appropriate eligible basis category. (Specify what ALL "other" costs are.)

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)	130% Adjustment High Costs Area*
LAND AND BUILDINGS				
Land		N/A	N/A	N/A
Existing Structures			N/A	N/A
Demolition		N/A	N/A	N/A
1. SUBTOTAL				N/A

SITE WORK				
On site Work				
Off Site Work		N/A	N/A	N/A
Environmental				
2. SUBTOTAL				

REHABILITATION AND NEW CONSTRUCTION				
New Structures				
Rehabilitation				
Accessory Structures				
General Requirements**				
Contractor Overhead **				
Contractor Profit**				
Construction Contingency				
Other (Specify)				
3. SUBTOTAL				

*Difficult Development Area or Qualified Census Tract.

See Allocation Plan for limitations - **must be broken out from total contract.

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)	130% Adjustment High Costs Area*
PROFESSIONAL FEES				
Architect, Design				
Architect, Supervision				
Attorney, Real Estate				
Agent, Real Estate				
Engineer / Surveyor				
Other (Specify)				
4. SUBTOTAL				

CONSTRUCTION INTERIM COSTS				
Hazard & Liability Insur				
Payment Bond				
Performance Bond				
Credit Report				
Construction Interest				
Origination Points				
Discount Points				
Credit Enhancement				
Inspection Fees				
Title and Recording				
Legal Fees				
Taxes				
Other (Specify)				
5. SUBTOTAL				

*Difficult Development Area or Qualified Census Tract

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)	130% Adjustment High Costs Area*
PERMANENT FINANCING				
Bond Premium		N/A	N/A	N/A
Credit Report		N/A	N/A	N/A
Discount Points		N/A	N/A	N/A
Origination Fees		N/A	N/A	N/A
Credit Enhancement		N/A	N/A	N/A
Title and Recording		N/A	N/A	N/A
Legal Fees		N/A	N/A	N/A
Prepaid MIP		N/A	N/A	N/A
Other (specify)		N/A	N/A	N/A
6. SUBTOTAL		N/A	N/A	N/A

SOFT COSTS				
Feasibility Study (Appraisal)				
Market Study				
Environmental Study				
Tax Credit Fees		N/A	N/A	N/A
Cost Certification				
Other (Specify)				
7. SUBTOTAL				

*Difficult Development Area or Qualified Census Tract

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)	130% Adjustment High Costs Area*
SYNDICATION COSTS				
Organization Costs		N/A	N/A	N/A
Bridge Loan		N/A	N/A	N/A
Tax Opinion		N/A	N/A	N/A
Other (Specify)		N/A	N/A	N/A
8. SUBTOTAL		N/A	N/A	N/A

DEVELOPER FEES**				
Developer Overhead				
Developer Profit				
Consultant Fee				
Other (Specify)				
9. SUBTOTAL				

PROJECT RESERVES				
Rent-Up Reserves		N/A	N/A	N/A
Operating Reserves		N/A	N/A	N/A
Replacement Reserves		N/A	N/A	N/A
Escrows		N/A	N/A	N/A
Other (Specify)		N/A	N/A	N/A
10. SUBTOTAL		N/A	N/A	N/A

TOTAL RESIDENTIAL COST				
TOTAL				

*Difficult Development Area or Qualified Census Tract

**See Allocation Plan for limitations.

IF PROJECT CONTAINS COMMERCIAL USE SPACE, PLEASE PROVIDE BREAKDOWN OF COMMERCIAL COSTS ON SEPARATE SHEET.

X. DETERMINATION OF TAX CREDIT AMOUNT

	30% PV (4% Credit)	70% PV (9% Credit)
Total Development Cost	\$ _____	\$ _____
Less Amounts not Allowed into Basis	\$ _____	\$ _____
Less Grants	\$ _____	\$ _____
Less Amounts of Nonqualified Nonrecourse Financing	\$ _____	\$ _____
Less Historic Tax Credit Basis	\$ _____	\$ _____
Total Eligible Basis	\$ _____	\$ _____

Eligible Basis 30% PV	% low-income units	IRS Applicable Percentage *	Amount of Credit Requested (Eligible basis x % of low-income units x Applicable IRS Percentage)	High Cost Credit Area **	Total Annual Credit 30% PV
(Example) \$695,000	x 100%	x 4%	= \$27,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$27,000
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligible Basis 70% PV	% low-income units	IRS Applicable Percentage *	Amount of Credit Requested (Eligible basis x % of low-income units x Applicable IRS Percentage)	High Cost Credit Area **	Total Annual Credit 70% PV
(Example) \$1,500,000	x 100%	x 9%	= \$135,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$135,000
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL ANNUAL CREDIT AMOUNT ALLOWABLE FOR THE PROJECT					

Gap Calculation

1. Total Development Cost \$ _____
2. Less Total Sources of Funds Including Owner Equity \$ _____
3. Equals Equity Gap \$ _____
4. Estimated Market Value of Tax Credit (cents) \$ _____
5. Tax Credits Needed (line 3 divided by line 4 divided by 10) \$ _____
6. Maximum Allowable Credit Amount (from above) \$ _____
7. Allowable Reservation Amount (lesser of line 5 & line 6) \$ _____

XI. PROJECT EXPENSES

A. Annual Operating Expenses (Estimated as of the **end** of the first full year of operation). **All** residential expenses must be broken out by line item. Category totals only **will not** be accepted.

Administration

Accounting	\$ _____
Advertising	_____
Legal	_____
Leased Equipment	_____
Management Fees	_____
Management Salaries + PR Taxes	_____
Office Supply/Postage	_____
Telephone	_____
Compliance Monitoring Fees	_____
Other (specify) _____	_____

TOTAL ADMINISTRATION COST \$ _____ (a)

Operating Expenses

Fuel (Heat/Water)	\$ _____
Electrical	_____
Water & Sewer	_____
Gas	_____
Trash/Garbage	_____
Security	_____
Cable	_____
Other (specify) _____	_____

TOTAL OPERATING COST \$ _____ (b)

Maintenance Expenses

Elevator	\$ _____
Exterminating	_____
Grounds	_____
Repairs	_____
Maintenance Salaries	_____
Maintenance Supplies	_____
Other (specify) _____	_____

TOTAL MAINTENANCE COST \$ _____ (c)

Fixed Expenses

Real Estate Taxes	\$ _____
In Lieu of Taxes	_____
Other Tax Assessments	_____
Insurance	_____
Other	_____

TOTAL FIXED COST \$ _____ (d)

TOTAL ANNUAL RESIDENTIAL EXPENSE (a + b + c + d) \$ _____

ANNUAL OPERATING EXPENSE PER UNIT \$ _____

ANNUAL REPLACEMENT RESERVES PER UNIT \$ _____

NUMBER OF UNITS: X \$ _____

TOTAL ANNUAL COMMERCIAL OPERATING EXPENSES \$ _____

B. Projections for Financial Feasibility and Long-Term Viability

Provide a 15-year projection of cash flow using the income and expense figures stated in A. Use the following or a similar format:

Potential Residential Gross Income	Year 1.....	Year 15
Less Vacancy and Collection Loss (_____%)		
Effective Gross Income (EGI)		
Less Annual Operating Expenses		
Net Annual Operating Income (NOI)		
Less Annual Debt Service		
Annual Cash Flow		

What projected annual percentage increase in income will be used? _____%

What projected annual percentage increase in expenses will be used? _____%

What projected annual percentage increase in replacement costs will be used? _____%

PROVIDE SAME CASH FLOW INFORMATION SEPARATELY FOR ANY COMMERCIAL SPACE

XII. TAX CREDIT SYNDICATION

Tax Credit Syndication (Provide as much information and documentation as is available at time of application.)

A. Does this project qualify for Historic Rehabilitation Credits? Yes No
 If yes, what is the credit amount? \$ _____ Estimated Gross Proceeds: \$ _____

B. Will the Housing Tax Credits be offered to investors? Yes No
 1. If no, attach a description explaining how the tax benefits will be used and how that will benefit the project.
 2. If yes, answer each of the following:
 Type of offering: Public Private
 Type of Investor: Individuals Corporations

C. LIHTC Syndication costs will be evaluated along with other project costs. Please list all estimated or actual costs of syndication associated with the project.

LIHTC Gross Proceeds	\$ _____
Less:	
Attorney	\$ _____
Accountant	\$ _____
Consultant(s)	\$ _____
Broker(s)	\$ _____
Bridge Loan & Interest	\$ _____
Syndicator	\$ _____
Other (specify)	\$ _____
Total Costs	\$ _____
Net LIHTC Proceeds	\$ _____
Net Proceeds/Gross Proceeds	_____%

Number of Annual Pay-In Periods _____ First Pay-in Year _____

Bridge Loan Required Yes No

Syndicators or Equity Sources which have been contacted:

1. Name Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

2. Name Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

3. Name Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Please use an additional sheet of paper if necessary to list all Syndicators.

XIII. DEVELOPMENT TIMETABLE

Indicate the actual or expected date by which the following activities will have been completed.

Actual or Scheduled

Month/Year	Activity
_____/_____ _____/_____ _____/_____ _____/_____	<u>Site</u> Acquisition Zoning Approval Tax Abatement Environmental Review Completed
_____/_____ _____/_____ _____/_____ _____/_____	<u>Construction Financing</u> Loan Application Conditional Commitment Firm Commitment Closing and Disbursement
_____/_____ _____/_____ _____/_____ _____/_____	<u>Permanent Financing</u> Loan Application Conditional Commitment Firm Commitment Closing and Disbursement
_____/_____ _____/_____ _____/_____ _____/_____ _____/_____	<u>Local Permits</u> Conditional Use Permit Variance Site Plan Review Building Permit Other (specify) _____
_____/_____ _____/_____	<u>Other Loans and Grants</u> Type & Source: _____ Application Closing or Award
	<u>Equity Syndication</u>

/_____

Letter of Commitment
Partnership Closing

/_____

/_____

/_____

/_____

Other
10% of Project Costs Incurred
Tax Credit Carryover Allocation
Final Plans/Specs
Construction Start
Construction Completion
Placed in Service
Occupancy of All Low-Income Units

XIV. NOTIFICATION OF LOCAL OFFICIAL

A. Provide the name of the local political jurisdiction (town or city, if incorporated, otherwise, county) in which the project will be located and include the name and address of the chief executive officer of the political jurisdiction.

Name of Political Jurisdiction _____

Name of Chief Executive Officer _____

Address _____

City/State _____ Zip Code _____

Phone _____

A letter of support is required before a conditional commitment of credits will be issued. (See page 12 of Allocation Plan for details.)

B. Rent Floor Election

The owner elects the rent floor to be established:

- on the date of the allocation on the placed-in-service date

C. Start of Credit Period (To be completed at time of final application only.)

- Placed-in-service date Defer to year following placed-in-service

XV. APPLICANT CERTIFICATION

Developments addressing special needs-based and other priorities will be awarded bonus points in the selection process. Please check applicable sections as they apply to your project and reference pages 18 through 22 of the 2005 Allocation Plan for a further explanation of each section.

Development will exceed the minimum set-aside election and makes the following income Targeting election:

- At or below 30% of median income (Number of units? _____)
 At or below 40% of median income (Number of units? _____)
 At or below 50% of median income (Number of units? _____)

Owner agrees to a permanent extension of low-income use beyond the normal 15-year compliance period. (Check one.)

- 5 additional years
 10 additional years
 15 additional years

Development will set aside _____ units for persons with special needs of which _____ units will be two bedroom or larger.

- Project is located in a qualified census tract and the development of it contributes to a concerted community revitalization plan.
- Development qualifies for design standard points
 - Elevator
 - 2 stories or less and no more than 4 units per outside entrances
 - 2 stories or less and a separate outside main entrance for each unit
 - Single family detached homes
 - Community room with kitchen facilities
- Development will incur rehabilitation costs
 - Of \$7,500 up to \$25,000 per unit
 - In excess of \$25,000 per unit
 - Rehabilitation of existing housing that is part of a community revitalization plan
- Development will rebate a percentage of the tenant-paid rent upon termination of occupancy for homeownership. (See page 21 of Allocation Plan.)
- Development is a federally assisted property currently serving low-income residents or an existing Housing Credit property which is at risk of being converted to market rate units or that would be subject to foreclosure or default if tax credits are not allocated.
- Development will be located in a rural community defined as any area 10 miles outside the city limits of Bismarck, Mandan, Fargo, West Fargo, Grand Forks, or Minot.
- Development sponsor is a tax-exempt organization as defined in the 2005 Allocation Plan.
- Development will have 20% or more of the total units three bedroom or larger
- Development is intended for eventual homeownership.
- Development is designed for and marketed to households 55 years and older
- Development will be constructed with high speed internet wiring.

The undersigned is responsible for ensuring that the project consists or will consist of a qualified low-income building or buildings as defined in the Internal Revenue Code, Section 42, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the project to receive the low-income housing credit.

The undersigned is responsible for all calculations and figures relating to the determination of the eligible basis for the building and understands and agrees that the amount of the credit is calculated by reference to the figures submitted with this application, as to the eligible basis and qualified basis of the project and individual buildings.

The undersigned has read and understands the 2005 Allocation Plan and is aware that any project selected to receive tax credits will be subject to all requirements of the Plan including, but not limited to, compliance monitoring and the project owner will be responsible to pay a reasonable fee to the NDHFA for their compliance monitoring activities.

The undersigned hereby makes application to the State of North Dakota, for commitment, reservation or allocation of housing credit dollar amounts that are listed in the application. The undersigned agrees that the North Dakota Housing Finance Agency will at all times be indemnified and held harmless against all losses, costs, damages, expenses, and liabilities of whatsoever nature or kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such reservation request.

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed project. Misrepresentations of any kind will be grounds for denial or loss of the tax credits and may affect future participation in the tax credit program in State.

The undersigned applicant hereby certifies that all consultant fees, architect fees, builder fees, and developer fees are properly disclosed and conform to the Allocation Plan.

The undersigned applicant and any of its employees, agents, or sub-contractors in doing business with the North Dakota Housing Finance Agency understands and agrees that it is the total responsibility of the applicant to adhere to and comply with all Federal Civil Rights legislation inclusive of the Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, the American With Disabilities Act as well as any State and local Civil Rights legislation along with any required related codes and Laws. It is the Applicants responsibility to be aware of and comply with all non-discrimination provisions relating to race, color, religion, sex, handicap, familial status, national origin and any other classes protected in the State. This includes design requirements for construction or rehabilitation, Equal Opportunity in regard to marketing and tenant selection and reasonable accommodation and modification for those tenants covered under the Laws.

IN WITNESS WHEREOF, the applicant has caused this document to be duly executed in its name on this

_____ day of _____, 20_____

Legal Name of Applicant

By: _____
Signature

Title

Legal Name of Co-Applicant

By: _____
Signature

Title

Exhibit A

FOR NONPROFIT APPLICANTS ONLY

Nonprofit Questionnaire

To be considered for the nonprofit set-aside and for points for nonprofit sponsorship under the Project Ratings Section, the following information must be provided.

1. Articles of Incorporation
2. IRS documentation of status

To qualify for the nonprofit set-aside and points, the applicant must materially participate in the development and operation of the project throughout the compliance period. Within the meaning of IRC 469(h), "a (nonprofit) shall be treated as materially participating in an activity only if the (nonprofit) is involved in the operations of the activity on a basis which is regular, continuous, and substantial." The nonprofit must not be affiliated with or controlled by a for-profit organization. The nonprofit must not have been formed for the principal purpose of competition in the nonprofit set-aside and for purposes of project ranking.

The nonprofit organization involved in this project is a 501(c)(3) or 501 (c) (4) organization and is exempt from taxation under IRC Section 501(a) and has as an exempt purpose the fostering of Low Income Housing.

Describe the nonprofit's participation in the development and operation of the project: _____

List the names, addresses, and phone numbers of Board Members for the nonprofit organization: _____

Identify all paid full-time staff and sources of funds for annual operating expenses and current programs: _____

Give a full listing of all major nonprofit activities of organization within the past three years: _____

Exhibit B
DEVELOPMENT TEAM

1. **PROJECT NAME:** _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

2. **NAME OF GENERAL PARTNER:** _____

Individual Yes No Limited Partnership Yes No

Corporation Yes No Other (specify): _____ Yes No

Tax Identification #: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____

Describe experience in developing low-income housing. (Attach list of names, addresses, and nature of low-income projects.): _____

* Completed and signed IRS Form 8821 must be attached.

3. **NAME OF DEVELOPER:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Developer Tax Identification #: _____ Email: _____

Individual Yes No Company Yes No

Number of Years of Experience _____

Describe experience in developing low-income housing. (Attach list of names, addresses, and nature of low-income projects.): _____

* Completed and signed IRS Form 8821 must be attached.

4. **NAME OF GENERAL CONTRACTOR:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contractor Tax Identification #: _____

Individual Yes No Company Yes No

Number of Years of Experience _____

Describe experience in developing low-income housing. (Attach list of names, addresses, and nature of low-income projects.): _____

5. **NAME OF MANAGEMENT COMPANY:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Name of Contact Person: _____

Contact Phone: _____ Contact Email: _____

Management Company Tax Identification #: _____

Individual Yes No Company Yes No

Number of Years of Experience _____

Describe experience in management of low-income housing. (Attach list of names, addresses, and nature of low-income projects.): _____

* Completed and signed IRS Form 8821 must be attached.

6. **NAME OF CONSULTANT:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Consultant Tax Identification #: _____ Email _____

Individual Yes No Company Yes No

Number of Years of Experience _____

Describe experience in developing low-income housing. (Attach list of names, addresses, and nature of low-income projects.): _____

Exhibit C

NDHFA IDENTITY OF INTEREST STATEMENT

(I) or (we) understand and agree that the North Dakota Housing Finance Agency (NDHFA), as allocating agency of the Low Income Housing Tax Credit (LIHTC) will consider an Identity of Interest to exist between the sponsor/developer (Applicant) and any general contractor, architect, engineer, attorney, accountant, or any other entity (Participant) involved with the project/development (Project) under any of the following conditions:

- 1) When there is any financial interest of the Applicant in a Participant:
- 2) When one or more of the officers, directors, stockholders or partners of the Applicant is also an officer, director, stockholder or partner of the Participant;
- 3) When any officer, director, stockholder or partner of the Applicant has any financial interest whatsoever in a Participant;
- 4) When a participant advances any funds to the Applicant, other than an interim lender advancing funds to enable the Applicant to pay for construction and other Project costs;
- 5) When a Participant provides and pays on behalf of the Applicant for any Project costs;
- 6) When a Participant takes stock or any interest in the Applicant as part of the consideration to be paid them;
- 7) When there exists or comes into being any side deals, agreements, contracts, or undertakings entered into, which creates or will create an Identity of Interest as set forth above.

(I) or (we) certify that there is not now, nor will there be, an Identity of Interest between the Applicant and any Participant, or any of their officers, directors, stockholders or partners or beneficiaries without prior written identification to the NDHFA.

This statement is given for the purpose of inducing the NDHFA to make an allocation of LIHTC as requested in the application of which this statement is a part.

Any Identity of Interest must be disclosed and explained on page 6 of the Application for Low Income Housing Tax Credit Program for this Project.

Applicant: _____
By: _____
Title: _____
Signature: _____
Date: _____

Fair Housing Act Accessibility Checklist

The United States Department of Justice and the Department of Housing and Urban Development (“HUD”) currently recognize seven safe harbors for compliance with the Fair Housing Act’s design and construction requirements, 42 U.S.C. § 3604(f)(3)(C).

This checklist represents many, but not all, of the accessible and adaptive design and construction requirements of the Fair Housing Act. This checklist is **not** a safe harbor for compliance with the Fair Housing Act.

HUD and the Department of Justice recognize the following standards as safe harbors when used in conjunction with the Fair Housing Act, regulations, and Fair Housing Act Accessibility Guidelines (i.e. scoping requirements):

1. HUD’s March 6, 1991 Fair Housing Accessibility Guidelines (the Guidelines), and the June 28, 1994 Supplemental Notice to Fair Housing Accessibility Guidelines: Questions and Answers about the Guidelines;
2. HUD’s Fair Housing Act Accessibility Design Manual;
3. ANSI A117.1-1986, used in conjunction with the Act and HUD’s regulations, and the Guidelines;
4. CABO/ANSI A117.1-1992, used in conjunction with the Act, HUD’s regulations, and the Guidelines;
5. ICC/ANSI A117.1-1998, used in conjunction with the Act, HUD’s regulations, and the Guidelines;
6. *Code Requirements for Housing Accessibility 2000 (CRHA)*, approved and published by the International Code Council (ICC), October 2000;
7. *International Building Code 2000 (IBC)* as amended by the *IBC 2001 Supplement to the International Codes*.

It is important to note that the ANSI A117.1 standard contains only technical criteria, whereas the Fair Housing Act, the regulations and the Guidelines contain both scoping and technical criteria. Therefore, in using any of the ANSI standards it is necessary to also consult the Act, HUD’s regulations, and the Guidelines for the scoping requirements.

Failure to comply with all of the accessible and adaptive design and construction requirements of the Fair Housing Act may result in loss of tax credits pursuant to 26 C.F.R. § 1.42-9. Therefore, you should consult an attorney and/or design professional to ensure that the construction of the multi-family development complies with the accessible and adaptive design and construction requirements of the Fair Housing Act.

COVERED BUILDINGS

IS THE DEVELOPMENT SUBJECT TO THE ACT? Mark all applicable boxes.

- Development has buildings containing 4 or more units and was designed and constructed for first occupancy on or after March 13, 1991
- Building contains elevator so all units in building are “covered units”
- All units in buildings with elevators are designed and constructed with features required by the Act
- Building does not contain elevator so only ground-floor units in building are “covered units”
- All ground-floor units in buildings without elevators are designed and constructed with features required by the Act
- Development contains “covered units,” so the public and common use facilities must be designed and constructed with features required by the Act

NOTE: Fair Housing Act Accessibility Guidelines contains a narrow “Site Impracticality Exception” which provides that a non-elevator building does not have to meet all of the Act’s requirements if it is impractical to have an accessible entrance to the building because of the natural hilly terrain or other unusual characteristics of the site.

SEVEN DESIGN REQUIREMENTS

1. ACCESSIBLE BUILDING ENTRANCE ON AN ACCESSIBLE ROUTE

- The accessible route is a continuous, unobstructed path (no stairs) through the development that connects all buildings containing covered units and all public and common use facilities
- The accessible route also connects to parking lots and to at least one public street, public sidewalk, and to a public transportation stop, when provided
- All slopes on the accessible route are no steeper than 8.33%
- All slopes on the accessible route between 5% and 8.33% have handrails
- Covered units have at least one entrance on an accessible route
- There are a sufficient number of curb ramp cuts for a person using a wheelchair to reach every building in the development
- Curb ramp cuts meet slope and cross slope specifications

2. ACCESSIBLE COMMON AND PUBLIC USE AREAS

- At least 2 percent of all parking spaces serving covered units are designated as accessible handicapped parking spaces
- At least one parking space at each common and public use amenity is designated as handicapped accessible parking spaces
- All handicapped accessible parking spaces have adequate signage
- All handicapped accessible parking spaces are at least 96" wide with a 60" wide access aisle that can be shared between two spaces
- The accessible aisle is part of connects to a curb ramp and the accessible route
- The rental or sales office is readily accessible and usable by persons with disabilities as required by both the Fair Housing Act and the Americans with Disabilities Act
- A sufficient number of all mailboxes, swimming pools, tennis courts, clubhouses, rest rooms, showers, laundry facilities, trash facilities, drinking fountains, public telephones, and other common and public use amenities offered by the development are readily accessible and usable by persons with disabilities

3. USABLE DOORS

- All doors into and through covered units and common use facilities provide a clear opening of at least 32" nominal width
- All doors leading into common use facilities have lever door handle operating hardware that does not require grasping and twisting
- Thresholds at doors to common use facilities are no greater than 1/2"
- All primary entrance doors to covered units have lever door handle operating hardware that does not require grasping and twisting
- Thresholds at exterior primary entrance doors to covered units are no greater than 3/4" and beveled

4. ACCESSIBLE ROUTE INTO AND THROUGH THE COVERED UNIT

- All routes through all rooms in the covered units are no less than 36" wide

5. ACCESSIBLE ENVIRONMENTAL CONTROLS

- All light switches, electrical outlets, thermostats, and other environmental controls are no less than 15" and no greater than 48" from the floor

6. REINFORCED BATHROOM WALLS FOR GRAB BARS

- Reinforcements are built into the bathroom walls surrounding toilets, showers, and bathtubs for the later installation of grab bars

7. USABLE KITCHENS & BATHROOMS

USABLE KITCHENS

- 30 x 48" clear floor space centered at each fixture and appliance
- 40" of clear floor space between opposing elements (i.e. cabinets, appliances, etc.)
- U-Shaped kitchens with sink or cook top at end have 60" diameter turning space or have sink or cook top base with removable cabinets

USABLE BATHROOMS

Type A Bathroom

- 30 x 48" clear floor space outside the swing of the door
- 30 x 48" clear floor space at lavatory (if centered for parallel approach cabinet may be fixed)
- Toilet next to the tub allowing a perpendicular approach
- Centerline of toilet is 18" from bathtub and 15" from lavatory

Type B Bathroom

- 30 x 48" of clear floor space outside swing of door
- 30 x 48" of clear floor space centered in front of sink
- 30 x 48" of clear floor space adjacent to the bathtub
- If at least one Type B bathroom is included the other bathroom(s) is exempt from only the maneuvering space requirements

My signature below certifies that the construction of the multi-family development known as _____ will comply with the accessible and adaptive design and construction requirements of the Fair Housing Act.

Signature of Developer

Signature of Architect

Date

Date