

Attachment #1- Market Study Summary

(To be included at the beginning of the market study)

Development Name: _____

The Market Study prepared by: _____

Date of Study: _____

Page # of specific answers requested below. Please do not list a large range of pages.

A map delineating the primary market area (PMA).

A photograph of the site.

A full description of the site.

Discussion of the appropriateness of the location.

A demographic summary of the market area, including incomes, households, growth trends, economic factors relating to employment, labor force, and community facilities (i.e. parks, schools, etc.)

An evaluation of the current affordable housing stock existing in the market area, including an identification of geographical location, occupancy levels, age of stock, upkeep condition, bedroom mix, amenities and rents being charged.

Include comparable rental residential Developments in the primary market area and all Tax Credit Developments.

A discussion of any relevant information regarding existing rent overburden statistics. (Not applicable to rehabs with current occupancy of 90% or more.)

An evaluation of the need for affordable housing within the primary market area. (Not applicable to rehabs with current occupancy of 90% or more.)

A discussion of whether or not the proposed Development, in light of vacancy and absorption rates for the applicable market areas, is likely to result in an increased vacancy rate for comparable units within such market area, (i.e., standard, well-maintained units within such market area that are reserved for occupancy by low and very low Income tenants).

A projection of the time necessary for the Development to achieve sustaining occupancy. (Not applicable to rehabs with current occupancy of 90% or more.)

Provide the recommended vacancy rate.

Discuss the capture rate for the primary market area. A 30% affordability factor must be used when calculating the number of Income Qualified Renter Households. For family developments, a capture rate over 10% will result in a failed threshold. For elderly developments, a capture rate over 15% will result in a failed threshold.

An evaluation of whether the projected initial rents for the Development are or are not reasonably affordable by low and very low-Income tenants and within the rental range for the comparable Developments within the market area. Include market advantage/disadvantage analysis. Also include Income Averaging analysis that shows adequate demand, this includes capture rates for each applicable percentage the Development wishes to serve, if the Development is utilizing such option.

A summary of qualifications for the individuals who participated in the Development of the market study.

A signed written statement is required from the preparer of the market study which certifies that the market study is true and correct to the best of the professional's knowledge and belief, and that there is no identity of interest between the professional and the Applicant, Developer, Owner or the entity for whom the report is prepared.

Attachment #2 – Nonprofit Owners

Development Name: _____

Nonprofit Name: _____

I hereby Certify that the Qualified Nonprofit:

- Owns more than fifty percent (50%) Ownership interest of the general partner or managing member.
- Will materially participate on a regular basis, in the planning and construction of the Development.
- Will materially participate on a regular basis, in the operation and management of the Development throughout the entire Compliance Period.
- Is not affiliated with or controlled by any for profit entity.
- Will be bound to all Nonprofit requirements.

Representative of Nonprofit Entity

Representative of Ownership Entity

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

DO NOT MODIFY THIS FORM

Attachment #3 – Suggested Previous Participation Form

Name: _____

List all current and past Developments, regardless of continued involvement, for Oklahoma, as well as other States.

Incomplete forms and lack of full disclosure may result in disqualification of the Application.

[If this funding source involved,]
 [indicate with an X or ✓.]
 [↓ ↓ ↓]

Property ID:	Property Name and Address	Total # of Units	AHTC	HOME	Bond	Principal's Role	Status (Active, Sold, Expired)	Date 8609 Issued

Make copies as needed.

Signature of Representative

Attachment #4 – Development Team Member Certificate

OKLAHOMA HOUSING FINANCE AGENCY
AFFORDABLE HOUSING TAX CREDIT PROGRAM

Development Name: _____

Team Member Role: Check box/boxes that apply

- Accountant/Tax Professional Architect Attorney Developer
- Consultant General Contractor Owner Mgmt. Company
- Gen. Partner/Managing Member Co-Developer Co-Management Company
- Other (please specify) _____

The undersigned Development Team Member for the referenced Applicant and Development hereby affirms to Oklahoma Housing Finance Agency and its Trustees that the undersigned has not:

- Been involved in uncured financing defaults, foreclosures, or placement on HUD's list of debarred contractors;
- Had events of material uncorrected noncompliance with any Federal or State assisted housing programs within the prior seven (7) year period;
- Had Appointment of a Receiver or bankruptcy within the prior seven (7) year period;
- Been removed as a general partner or managing member.
- Failed to meet and maintain any material aspect of a Development as represented in an Application;
- Failed to meet and maintain minimum property standards;
- Failed to bring any Development back into compliance after receiving written notice from OHFA's Compliance Staff.
- Failed to comply with OHFA's requests for information or documentation on any Development funded or administered by OHFA;
- Intends to participate in the Development proposed by the Application.

By: _____

Printed Name: _____

Company: _____

SUBSCRIBED AND SWORN to before me on this the _____ day of, _____
_____ 20____.

NOTARY PUBLIC

(SEAL)

My commission expires: _____

DO NOT MODIFY THIS FORM

Attachment #5 – Identity of Interest Certification

Development Name: _____

OHFA has determined the following constitutes an **Identity of Interest**:

Identity of Interest between of the parties to this Tax Credit Application and general contractors, subcontractors, materials suppliers, or equipment lessors (hereinafter “Contractors”) will be construed as existing under any of the following conditions:

- When there is any financial interest of the Applicant and any other member of the Development Team, management team, or any Contractors.
- When one or more of the officers, directors, stockholders, members, or partners of the Applicant is also an officer, director, stockholder, member, or partner of any other member of the Development Team, management team, or any Contractors.
- When any officer, director, stockholder, member, or partner of the Applicant has any financial interest whatsoever in any other member of the Development Team, management team, or any Contractors.
- When any member of the Development Team, management team, or Contractors advances any funds to the Applicant.
- When any member of the Development Team, management team, or Contractors provides or pays, on behalf of the Applicant, the cost of any materials and/or services including architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by any other member of the Development Team, management team, or Contractor in connection with its obligations under its contract with the Applicant.
- When any member of the Development Team, management team or Contractors takes stock or any interest in the Applicant entity as part of the consideration to be paid him/her.
- When any relationship exists which would give the Applicant or any other member of the Development Team, management team or Contractors Control or influence over the price of the contract or the price paid to any other member of the Development Team, management team or to Contractors.
- When there exists or comes into being any side deals, agreements, contracts or understandings entered into thereby altering, amending, or cancelling any of the management plan/management agreement documents, organization documents or other legal documents pertaining to the property, except as approved by OHFA.

IDENTITY OF INTEREST DISCLOSURE

The following list constitutes a listing of those who have an **Identity of Interest** to this Application.

Do any of the following have an **Identity of Interest** in any other party to this Development?

General Partner/Managing Member: No Yes

Developer: No Yes

Management Company: No Yes

Sponsor: No Yes

Contractor: No Yes

Sub-contractors: No Yes

Tax Attorney: No Yes

CPA: No Yes

Material Suppliers: No Yes

Equipment Lessors: No Yes

Other Service Providers: Please identify: No Yes

Describe relationship, identifying percentage of any Ownership, percentage of materials or services to the Development and all financial matters in the Development.

I, _____ (please print name), hereby Certify that I have read the **Identity of Interest** statement above and understand what OHFA has determined constitutes an **Identity of Interest**.

The undersigned _____ (please print) hereby Certifies that,
Check one:

No Identity of Interest relationship exists.

An Identity of Interest relationship exists and hereby disclosed on the following page(s) of this qualification form those entities with which an **Identity of Interest** relationship exists.

I hereby Certify, under penalty of law, and with knowledge that this information may be verified, that the information submitted is true and accurate.

I further understand that failure to disclose any **Identity of Interest** to OHFA will also subject me to any administrative remedies available to OHFA. Such remedies may include suspension and debarment from participating in any OHFA programs.

I further understand and agree that I will update this **Identity of Interest** if my circumstances change, and I agree to provide a new **Identity of Interest** at any time requested by OHFA.

IN WITNESS THEREOF, I have set my hand this ____ day of ____, ____.

Signature of Non Profit, General Partner/Managing Member (or Principal thereof)

Title of Officer, if General Partner/Managing Member is a Corporation

The **Identity of Interest** Affidavit was acknowledged before me this ____ day of _____, _____ by _____ known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

Notary Public

My commission Expires: _____

DO NOT MODIFY THIS FORM

Attachment #6 – Waiver of Qualified Contract

Development Name: _____

I, _____ (please print name), hereby Certify that I have read the **Waiver of Qualified Contract** statement below and understand what OHFA has determined constitutes a **Waiver of Qualified Contract**.

The undersigned _____ (please print) hereby Certifies that,

I waive my right to a Qualified Contract.

I hereby Certify, under penalty of law, and with knowledge that this information may be verified, that the information submitted is true and accurate.

IN WITNESS THEREOF, I have set my hand this ____ day of ____, ____.

Signature of Non Profit, General Partner/Managing Member (or Principal thereof)

Title of Officer, if General Partner/Managing Member is a Corporation

The **Waiver of Qualified Contract** Affidavit was acknowledged before me this ____ day of ____, ____ by _____ known to me to be the person described herein and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

Notary Public

My commission Expires: _____

DO NOT MODIFY THIS FORM

Attachment #7 – Section 42 Leasing Language, Development Services, & Referral Acceptance Certification

Development Name: _____

The undersigned hereby certifies:

- That the proposed Development will include the proper language in the Tenant Application and Lease Addendum. The Tenant Application language must include questions about full time students and felonies. The lease or an addendum must include Section 42 language.
- To notify tenants of Development and/or community services available in the area. Such notification shall be in the form but not limited to letters to tenants, flyers, posters, etc. Documentation shall be made available to OHFA at any time requested.
- That the Owner/Applicant will accept referrals from Public Housing waiting lists and/or OHFA.
- If Acquisition/Rehabilitation: that all the tenants who continue to reside in the property must qualify under the Tax Credit Program

Signature

Printed Name

Title

Date

DO NOT MODIFY THIS FORM

Attachment #8 – Cost and Expense Separation

Development Name: _____

The undersigned hereby certifies:

- The costs and expenses for this Development will be separate from the costs and expenses of any other phase of the Development if part of a multi-phase Development. This is not applicable to administrative/property management buildings that are to be shared by multiple phases of the same development.

- The costs and expenses for this Development will be separate from the costs and expenses of any other Development located in close proximity and sharing common Ownership or principals thereof with this Development.

Signature

Printed Name

Title

Date

DO NOT MODIFY THIS FORM

Attachment #9 – Fair Housing and ADA Certification

Development Name: _____

Team Member Role: Check box/boxes that apply

Owner Architect General Contractor

Name: _____

The undersigned hereby certifies the Development will comply with all Fair Housing and Americans with Disabilities Act (ADA) requirements including those dealing with accessibility.

Signature

Printed Name

Title

Date

The **Fair Housing and ADA Certification** was acknowledged before me this ____ day of _____, _____ by _____ known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

Notary Public

My commission Expires: _____

DO NOT MODIFY THIS FORM

Attachment #10 – Capital Needs Assessment Certification

Development Name: _____

The undersigned hereby certifies:

- That the proposed improvements plus reserves have a useful life that meets the full term of affordability.
- That an interview was conducted with either the owner or onsite personnel to assist in determining the historical and current physical condition of the Development.

List the Names and titles of all onsite personnel interviewed

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Representative of the Ownership Entity

Date

Printed Name

Individual who performed CNA

Date

Printed Name

DO NOT MODIFY THIS FORM

Attachment #11 – Development Amenities Certification

Development Name: _____

The Undersigned hereby certifies:

- The **amenities** will be included in the plans and specifications for the **Development** and that they have been included in the construction budget.
- **The amenities will be new and specific to the Development and/or unit or have been significantly restored and/or replaced to be in new condition and not included in any other phase of the Development if it is a multi-phase Development and are not included in any other Development located in close proximity to this Development.**
- That one hundred percent (100%) of the units in the Development will be located within ½ mile of any amenities meant to serve the entire Development even if more than one (1) of an amenity type must be included to meet this requirement. (N/A for Acquisition/Rehabilitation of Single Family Scattered Site Developments.)
- **This is an exclusive list and no substitutions will be permitted after a Development has been Awarded Credits.**

These five items must be provided.

- Ceiling fans in each bedroom and in each living room
- Carbon Monoxide detector in each unit with a fuel-burning heater or appliance, a fireplace or an attached garage
- Smoke detector in each unit
- Smoke free policy for the building(s)
- Storm shelter or Safe room that meets or exceeds FEMA guidelines and the ICC/NSSA standards (ICC-500). Storm shelters/Safe room must accommodate all possible residents based on number of bedrooms one and a half (1.5) people per bedroom. (please find helpful information regarding storm shelters within the links below)
 - To review a copy of the OUBCC Storm Shelter Fact Sheet, [Click Here](#)
 - To review the FEMA 320 Standard, [Click Here](#)
 - Copies of the ICC/NSSA 500 Standard can be ordered on the International Code Council (ICC) website, www.iccsafe.org or through your local book store.

Applicants must choose one (1) of the following:

- Dishwasher in each unit
- Garbage Disposal in each unit

Applicants must choose one (1) of the following:

- Sports Facilities which must be stationary and fixed to the Development. (e.g. Soccer Field, Basketball Court, Tennis Court, Badminton, Shuffle Board, etc.) _____

- Indoor Fitness Center (for Developments with 60 units or less: a minimum of two (2) pieces of equipment must be provided, for Developments with greater than 60 units: a minimum of four (4) pieces of equipment must be provided.) (e.g. Treadmills, Weight Sets, Stationary Bicycles, etc.)
- Playground with three (3) or more different features grouped together. (e.g. Swings, Seesaws, Slides, etc.)

Applicants must choose one (1) of the following:

- Onsite computer workstations reserved strictly for use by the tenants with internet access (for Developments with 60 units or less: a minimum of two (2) computers must be provided, for Developments with greater than 60 units: a minimum of four (4) computers must be provided.)
- Wireless internet connection for Development
- Security Alarm system in each unit

Applicants must choose one (1) of the following:

- Washer & Dryers in each unit
- Washer and Dryer hook-ups in each unit
- A shared laundry room facility

Applicants must choose one (1) of the following:

- Building facades that are a minimum of 60% brick or stone (man-made or natural)
- Building facades that are a minimum of 40% brick or stone (man-made or natural).
The remaining percentage shall be comprised of Cement type boards

Note: Building facades will be N/A for Rehabilitation Developments. Rehabilitation Developments are anything less than 100% new construction. New Construction includes removing all existing structures, including slab(s).

Representative of the Ownership Entity

Date

Printed Name

Architect

Date

Printed Name

General Contractor

Date

Printed Name

DO NOT MODIFY THIS FORM

Attachment #12 – Application Self Score Sheet & Certification

1. **Income Targeting - 5 Points Possible** _____ Self-Score

2. **Term of Affordability - 10 Points Possible** _____ Self-Score

YES NO The Development will remain affordable to Low-Income persons for ten (10) years beyond the required minimum of thirty (30) years.

3. **Development Location - 7 Points Possible** _____ Self-Score

QCT with plan _____

DDA _____

High Opportunity Areas

Poverty _____

AMI _____

Opportunity Zones _____

2 year award _____

4. **Tenant Targeted Populations - 8 Points Possible** _____ Self-Score

Family with 10% targeted populations _____

Elderly with 10% targeted populations _____

5. **Tenant Populations of Individuals with Children - 3 Points** _____ Self-Score

6. **Tenant Ownership - 10 Points Possible** _____ Self-Score

The Development is claiming points for Tenant Ownership and the Owner Certifies that the units not sold will remain affordable to Low-Income persons for ten years (10) years beyond the required minimum of thirty (30) years.

7. **Preservation of Affordable Housing - 3 Points Possible** _____ Self-Score

8. **Energy Efficiency/Green Building - 18 Points Possible** _____ Self-Score

9. **Historic Credits - 3 Points Possible** _____ Self-Score

10. **Subsidy per Unit - 10 Points Possible** _____ Self-Score

Total Self-Score _____

In no event will an Applicant receive more points on any specific Selection Criteria than the self-score requested above at the time of Application for that particular category.

Cannot receive both Term of Affordability and Tenant Ownership points.

Verify all documentation in individual Tabs is complete, accurate, and coincides with this Applications Self-Score Sheet and Certification. Substitutions for Energy Efficiency/Green Building items must be approved by OHFA.

Certification:

The undersigned, being duly authorized, hereby represents and Certifies the Selection Criterion information, to the best of his/her knowledge, is true, complete and accurately describes the proposed Development.

The undersigned is fully aware of:

- o The facts and circumstances surrounding the Commitments for the Selection Criterion.
- o 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 Oklahoma.
- o That all Selection Criterion will be part of the recorded Regulatory Agreement.

The undersigned has executed this Certification in the name of the Owner this _____ day of _____, 20_____.

Representative of the Ownership Entity

Printed Name

Title

Date

ACKNOWLEDGEMENT

The **Applications Self Score Sheet and Certification** was acknowledged before me this day of _____, _____, by _____ known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

Notary Public

My commission Expires: _____

DO NOT MODIFY THIS FORM

Attachment #13 – Energy Efficiency/Green Building Certification

Development Name: _____

The Undersigned hereby certifies:

- That the energy efficient/green building items marked below will be **included in the plans** and specifications for one hundred percent (100%) of units in the Development and that they have been included in the budget.
- That the energy efficient/green building items marked below **exceed the minimum requirements** of the applicable building codes.
- **Substitutions will be permitted after a Development has been Awarded Credits. The total points after the substitution must equal the total points at the time of the award.**

Check all that apply

- Shower heads with a maximum of 2.5 gallons per minute flow rate (1 point)
 - The use of better than R-2 insulation on exposed hot water pipes (1 point)
 - Installation of Energy Star qualified appliances (1 point)
 - Energy Star qualified windows with Low E glass (3 points)
 - Energy Star qualified HVAC (3 points)
 - Energy Star qualified Efficiency Water Heaters (2 points)
 - LED lighting throughout the entire development (units, common areas, parking lots, etc.) (2 points)
 - Drought tolerant exterior plantings and grass to limit need for watering (2 points)
 - Use of Low or no VOC paint throughout the Development for compliance period (1 point)
 - Programmable thermostats (1 point)
 - Foaming gaps at windows, doors, eave lines, electrical outlets, switches (2 point)
 - Mold guard drywall, at least in bathrooms, kitchen, and laundry rooms. (3 Points)
- Applicants may select one (1) of the following:
- Insulation: Attic insulation better than R- 38, wall insulation better than R – 13 and floor insulation (if applicable) better than R-19 (2 points)
- OR
- Spray foam insulation exceeding code requirements (5 points)

Applicants may select one (1) of the following:

Radiant barrier per ASTM standards in attic and/or roof sheathing and/or exterior wall sheathing. **May not be combined with spray foam insulation. N/A for Rehabilitation Developments.** (2 points)

OR

Insulation: R-3 or better insulation installed around the exterior foundation of every Building (2 points)

Representative of the Ownership Entity

Date

Printed Name

Architect

Date

Printed Name

General Contractor

Date

Printed Name

DO NOT MODIFY THIS FORM