



OKLAHOMA HOUSING FINANCE AGENCY
Affordable Housing Tax Credits Program (AHTC)
2022 Application Form for Allocation

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Table of Contents

AHTC PROGRAM APPLICATION SUMMARY3

DOCUMENTS FORMAT4

2022 AFFORDABLE HOUSING TAX CREDIT APPLICATION FOR ALLOCATION6

 I. GENERAL DEVELOPMENT INFORMATION6

 II. APPLICANT/OWNER INFORMATION8

 III. DEVELOPMENT TEAM CONTACT INFORMATION9

 IV. SUBSIDIES10

 V. APPLICABLE FRACTION DETERMINATION11

 VI. TENANT UTILITY INFORMATION11

 VII. DEVELOPMENT SOURCES OF FUNDS12

 A. CONSTRUCTION FINANCING12

 B. PERMANENT FINANCING14

 VIII. TAX CREDIT SYNDICATION16

 IX. DEVELOPMENT BUDGET17

 X. CREDIT CALCULATION BY BASIS METHOD17

 XI. CREDIT CALCULATION BY GAP METHOD17

 XII. TAX CREDIT FEES17

 XIII. COST PER SQUARE FOOT17

 XIV. MAXIMUM COSTS PER UNIT17

 XV. UNIT DISTRIBUTION & RENTS17

 XVI. INCOME17

 XVII. DEVELOPMENT EXPENSES17

 XVIII. PRO FORMA17

 XIX. SUBSIDY PER UNIT17

 XXI. DEVELOPMENT TIMETABLE18

 XXII. APPLICATION FEE18

 XXIII. APPLICANT AFFIDAVIT19

AHTC PROGRAM APPLICATION SUMMARY

Development Name _____
Address _____
City/Town _____
Zip Code _____
County _____
Ownership Entity _____
General Partner/Managing Member _____
Management Co _____

Funding sources, check all that apply

OHFA HOME Other/City HOME CHDO Proceeds OHTF
Multi-Family Bonds AHP RHS Loan Conventional Loan
State Tax Credits Historic Credits
Other _____

Project Based Subsidy Yes No identify source and # of units) _____
Development Type Family Elderly Other (identify) _____

Construction Type, check all that apply New Rehabilitation Acquisition
Unit Type, check all that apply One Story Multi-Story Townhouse 2, 3, 4 Plexes
Housing Type, check all that apply Multifamily Single Family

Minimum Set-Aside

- 20% of the units at 50% of the Area Median Gross Income
- 40% of the units at 60% of the Area Median Gross Income
- Average Income Limit of 60% or less of the Area Median Gross Income

Targeted Set-Asides, number of units

_____ Units at 20% of AMGI _____ Units at 50% of AMGI _____ Units at 80% of AMGI
_____ Units at 30% of AMGI _____ Units at 60% of AMGI
_____ Units at 40% of AMGI _____ Units at 70% of AMGI

_____ total proposed units _____ other restricted
_____ total proposed Buildings _____ unrestricted units

Provide copy of Unit Distribution and Rents for unit mix.

Signature

Date

DOCUMENTS FORMAT

In order to facilitate your Application's review, organize your Application and its required supporting documentation according to Attachment F – Electronic Application Information in the Application Instructions and this generic checklist. Verify that all necessary documentation is in each TAB.

THRESHOLD CRITERIA

TAB #1

- AHTC Program Application Summary and Application
- All Excel worksheets - print all tabs

TAB #2

- Source, Calculation, and if applicable, Documentation of Utility Allowance
- Construction Cost Breakdown – Signed by a representative of the General Contractor listed in Tab 1
- Project-Based Rent Approval, if applicable
- National Non-Metro, if applicable
- QCT map, if applicable

TAB #3

- Letters of Credit/Funding Commitments for All Funding Sources, including Construction & Permanent
- Syndication Commitment - Federal and if applicable, State Credits

TAB #4

- Market Study
- Attachment #1

TAB #5, if applicable

- Nonprofit Information
- Attachments #2, #5

TAB #6

- Capacity and Prior Performance Information
- Attachments #3, #4, #5

TAB #7, if applicable - Acquisition Credits

TAB #8

- Site Control
- Preliminary Plans
- Zoning

TAB #9 – Certifications - Attachments #6, #7, #8, #9

TAB #10 – Fair Housing Training

TAB #11, if applicable

- Capital Needs Assessment
- Attachment #10

TAB #12 – Development Amenities Certification - Attachment #11

EVALUATION CRITERIA – As applicable

TAB #13 – Application Self Score Sheet & Certification - Attachment #12

TAB #14 – Development Location Information

TAB #15 – Tenant Ownership Plan

TAB #16 – Preservation of Affordable Housing

TAB #17 – Energy Efficiency/Green Building Certification - Attachment #13

TAB #18 – Historic Nature

OKLAHOMA HOUSING FINANCE AGENCY

2022 AFFORDABLE HOUSING TAX CREDIT APPLICATION FOR ALLOCATION

The Applicant must fill out ALL applicable parts of the Application form FULLY and include ALL documents and supplementary materials required. ALL blanks must be typed and filled out completely. If a section is not applicable, then mark it as such.

I. GENERAL DEVELOPMENT INFORMATION

A. Development Name _____
Address _____
City _____ County _____
Zip Code _____

B. Part of a multi-phase Development Yes [] No []

C. Amount of Annual Credit Requested \$ _____
Amount of Annual State Tax Credit Requested \$ _____

D. Check all applicable Set-asides Nonprofit [] New Construction [] Rehabilitation []
Choice Neighborhoods Implementation (CNI) []

E. Type of Development Proposed, check all that apply
New Construction – Urban [] New Construction – Rural []
Rehabilitation []
Acquisition []

F. Rehabilitation Development that is a past/current Tax Credit property
N/A [] Yes [] No []
If yes, provide previous file number and end date of compliance period.

G. Historic Credits Yes [] No []
Name of the property, as identified with SHPO.

H. USDA Rural Development (515, 538, or other) Development Yes [] No []

I. HOME funding Yes [] No []
OHFA HOME Yes [] No []
Other/City HOME Yes [] No []

J. Tax Exempt Bond financing Yes [] No []
If yes, amount of Bonds Requested \$ _____

K. Minimum Low-Income Set-Aside, check one
20% of the units serving households at 50% of the Area Median Income []
40% of the units serving households at 60% of the Area Median Income []
Average Income Limit of 60% of the Area Median Gross Income []

L. Extended Use Period - _____ years.

M. Total Low-income Targeting

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

_____ (#) of the Low-Income Units for households at _____% of the Area Median Income

N. Total number of Buildings with residential units _____ Total number of Buildings _____

O. Type of Housing Multifamily Single Family

P. Development Type Family Elderly Other (identify) _____

Q. Type of Units

Apartments Townhomes Semi-Detached Detached 2, 3, 4 Plexes

Other _____

R. Number of Floors in the Tallest Building _____; Elevator Construction Yes No

S. Development located in a Metropolitan Statistical Area Yes No

T. Census Tract Number _____

U. Development qualifies for 130% increase in Basis by being in a QCT, DDA,
or Opportunity Zone Yes No **Submit a map or other documentation in Tab #2.**

Development qualifies for 120% increase in Basis by having a general financial need and
meets the Underwriting criteria in Attachment C.

Yes No

The Development can only qualify for one basis increase (boost).

V. State Senate District _____ State House District _____ Congressional District _____

W. Utilities available to and of the appropriate size for the Development Yes No

If no, provide explanation, including dates, when all utilities will be available. _____

X. For Rehabilitation Developments, the last Building, Placed in Service date. _____

II. APPLICANT/OWNER INFORMATION

A. Applicant-must be a formed entity.

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

B. Owner

To Be Formed
Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Type of Ownership

- | | |
|---|--|
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Nonprofit Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Limited Liability Co | <input type="checkbox"/> Housing Agency |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other (specify) _____ |

C. Contact Person during Application Process*

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____
Role of Contact Person _____

* This person(s) will be designated as the contact respecting all issues concerning this Application. It is the responsibility of the Applicant to notify OHFA of any changes in the contact person. This notification should be sent in writing to the Housing Development Team as soon as the change occurs.

List names and email addresses of all people who should be contacted during the Review process.

III. DEVELOPMENT TEAM CONTACT INFORMATION

Please do not list any personal Social Security Numbers. Add additional pages as necessary.

A. **Developer**

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

B. **Co-Developer**

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

C. **General Partner or Managing Member**

To Be Formed
Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

D. **Contractor**

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

E. **Management Company**

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

F. **Co-Management Company**

Name _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

G. **Management Consultant**

Name _____
Contact Person _____
Address _____

City _____ State _____ Zip Code _____
 Phone _____ E-mail _____

H. Nonprofit Participant

Name _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ E-mail _____

I. Consultant/Packager

Name _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ E-mail _____

J. Attorney

Name _____
 Contact Person _____
 Phone _____ E-mail _____

K. Architect

Name _____
 Contact Person _____
 Phone _____ E-mail _____

L. Accountant/Tax Professional

Name _____
 Contact Person _____
 Phone _____ E-mail _____

Current Site Manager for Rehabilitation Developments with Tenants

Name _____
 Contact Person _____
 Phone _____ E-mail _____

IV. SUBSIDIES

Project Based Subsidy Yes No

	<u>Percentage of Units</u>	<u>Number of Units</u>
RD	_____ %	_____
HUD Development-Based Section 8 Certificates	_____ %	_____
State	_____ %	_____
Local	_____ %	_____
RAD-Public Housing Units	_____ %	_____
Type _____		
Other (specify) _____	_____ %	_____

V. APPLICABLE FRACTION DETERMINATION

Total Site / Acreage _____

		<u>Number of Units</u>	<u>Amount of Square Footage</u>
A	Commercial Use -not common	XXXXXXXXXXXXXXXXXX	
B	Employee or Owner-Occupied Residential Units		
C	Common Use - not including B	XXXXXXXXXXXXXXXXXX	
D	Low Income Residential Units		
E	Non Low Income (like Market) Residential Units		
F	Total Residential Units - B+D+E		
G	Total of all Buildings – A + B + C + D + E		

Divide line D by the sum of lines D and E. Enter the percentages in the spaces provided. Calculate a percentage for each column, units and square footage.

_____ % _____ %

The lower of the two percentages must be used when calculating Credits using the basis method.

- AHTC Units _____
- HOME Units _____
- Project Based Assisted Units _____
- Other Restricted Units (Specify) _____

VI. TENANT UTILITY INFORMATION

A. Indicate which of the following costs, if any, are paid by the tenant.

All Bills Paid Yes No If no, Please mark which utilities are paid by the tenant below:

Heating Cooking Electricity Air Conditioning Hot Water Water
 Sewer Trash

Utility is gas or electric Individually metered Yes No

B. Utility Allowance by bedroom size

Indicate by square footage or type of unit if more than one allowance per bedroom size.

0 BDRM \$ _____ 1 BDRM \$ _____ 2 BDRM \$ _____ 2 BDRM \$ _____
 3 BDRM \$ _____ 3 BDRM \$ _____ 4 BDRM \$ _____ 5 BDRM \$ _____

VII. DEVELOPMENT SOURCES OF FUNDS

A. CONSTRUCTION FINANCING

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

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

Complete the following for each Construction Lender or source of funds.

#1. Name _____
 Contact Person _____
 Phone _____ E-mail _____

Type: Conventional <input type="checkbox"/> CDBG <input type="checkbox"/> Federal <input type="checkbox"/> HOME <input type="checkbox"/> Local Gov't <input type="checkbox"/> Owner Equity <input type="checkbox"/> Private <input type="checkbox"/> State Gov't <input type="checkbox"/> Taxable Bond <input type="checkbox"/> Tax Exempt Bond <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

Finance: Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> Below Market Loan <input type="checkbox"/> Credit Enhancement <input type="checkbox"/> Deferred Loan <input type="checkbox"/> Forgivable Loan <input type="checkbox"/> Grant <input type="checkbox"/> Owner Equity <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

#2. Name _____
 Contact Person _____
 Phone _____ E-mail _____

Type: Conventional <input type="checkbox"/> CDBG <input type="checkbox"/> Federal <input type="checkbox"/> HOME <input type="checkbox"/> Local Gov't <input type="checkbox"/> Owner Equity <input type="checkbox"/> Private <input type="checkbox"/> State Gov't <input type="checkbox"/> Taxable Bond <input type="checkbox"/> Tax Exempt Bond <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

Finance: Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> Below Market Loan <input type="checkbox"/> Credit Enhancement <input type="checkbox"/> Deferred Loan <input type="checkbox"/> Forgivable Loan <input type="checkbox"/> Grant <input type="checkbox"/> Owner Equity <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
--

#3. Name _____
 Contact Person _____
 Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity

#4. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

#5. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

Make additional copies of these Sources pages if necessary.

B. PERMANENT FINANCING

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

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

Complete the following for each Permanent Lender or source of funds.

#1. Name _____
 Contact Person _____
 Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
 Private State Gov't Taxable Bond Tax Exempt Bond
 Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity
 Other (Specify) _____

#2. Name _____
 Contact Person _____
 Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
 Private State Gov't Taxable Bond Tax Exempt Bond
 Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement

Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

#3. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

#4. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

#5. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement
Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

#6. Name _____
Contact Person _____
Phone _____ E-mail _____

Type: Conventional CDBG Federal HOME Local Gov't Owner Equity
Private State Gov't Taxable Bond Tax Exempt Bond
Other (Specify) _____

Finance: Amortizing Loan Balloon Below Market Loan Credit Enhancement

Deferred Loan Forgivable Loan Grant Owner Equity
Other (Specify) _____

Make additional copies of these Sources pages if necessary.

VIII. TAX CREDIT SYNDICATION

A. Development qualifies for Historic Rehabilitation Credits Yes No

If yes, the Credit amount (do not double) Federal \$ _____ State \$ _____

Syndicator for Historic Credits

Name _____

Contact Person _____

Phone _____ E-mail _____

B. Syndicators or Equity Sources

1. Name _____

Contact Person _____

Phone _____ E-mail _____

2. Name _____

Contact Person _____

Phone _____ E-mail _____

C. Syndicators or Equity Sources for State Tax Credits

1. Name _____

Contact Person _____

Phone _____ E-mail _____

2. Name _____

Contact Person _____

Phone _____ E-mail _____

IX. DEVELOPMENT BUDGET

X. CREDIT CALCULATION BY BASIS METHOD

XI. CREDIT CALCULATION BY GAP METHOD

XII. TAX CREDIT FEES

XIII. COST PER SQUARE FOOT

XIV. MAXIMUM COSTS PER UNIT

XV. UNIT DISTRIBUTION & RENTS

XVI. INCOME

XVII. DEVELOPMENT EXPENSES

XVIII. PRO FORMA

XIX. SUBSIDY PER UNIT

XX. PROJECT SUMMARY

[Access the EXCEL Worksheets to complete IX through XX requirements. This is now a separate Document.](#)

Instructions are on the first tab.

XXI. DEVELOPMENT TIMETABLE

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

Actual or Scheduled
Month/Day/Year

Activity

Site

Option/Contract
Acquisition

Plan

Site Plan Review
Building Permit
Final Plans/Specs

Closing

Property Transfer

Construction Financing

Closing and Disbursement

Construction

Construction Start
Construction Completion

Permanent Financing

Closing and Disbursement

Other Loans and Grants

Closing or Award

Equity Syndication

Partnership Closing

Other

Placed-In-Service
Occupancy of All Low-Income Units

XXII. APPLICATION FEE

\$2,000 - Make payable to OHFA.

XXIII. APPLICANT AFFIDAVIT

STATE OF _____)
) SS:
COUNTY OF _____)

The undersigned, _____ of lawful age, being first duly sworn, on oath says that:

1. The undersigned is the duly authorized agent of _____, the Applicant submitting the Affordable Housing Tax Credit (AHTC) Program Application for Allocation which is attached to this statement, for the purpose of Certifying the facts pertaining to the Application, facts pertaining to the nonexistence of collusion among Applicants and between Applicants and State officials or employees, as well as facts pertaining to not giving or offering of things of value to government personnel in return for special consideration in the Allocation of AHTCs pursuant to the Application to which this statement is attached. All statements in the Application, documentation, Certifications, and this Affidavit also apply to Oklahoma Affordable Housing Tax Credits (OAHTC). Tax Credits refers to both AHTCs and OAHTCs, and both are covered under Tax Credit Program.
2. 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 Development. The undersigned is fully aware of the facts and circumstances surrounding the making of the Application to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such Application. 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.
3. Neither the Applicant nor anyone subject to the Applicant’s direction or Control has been a party (i) to any collusion among Applicants by agreement to refrain from making Application, (ii) to any discussions between Applicants and any State official concerning exchange of money or other things of value for special consideration in granting an Allocation of Tax Credits, (iii) to paying, giving or donating or agreeing to pay, give or donate to any officer or employee of the State of Oklahoma or to any officer or employee of Oklahoma Housing Finance Agency, any money or other thing of value, either directly or indirectly, in procuring an Allocation of Tax Credits pursuant to the Application to which this statement is attached.
4. The undersigned is responsible (i) for ensuring that the Development consists or will consist of a Qualified Building(s) as defined in the Code, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Development to receive an Allocation of Tax Credits, and (ii) for all calculations and figures relating to the determination of the Eligible Basis for the Building(s) and understands and agrees that the amount of the Tax Credits is calculated by references to the figure submitted with this Application, as to the Eligible Basis and qualified basis of the Development and individual Buildings. The undersigned Applicant certifies that all builder fees, and Developer fees are properly disclosed and conform to Section 330:36-4-2.1 (b)(c) of OHFA’s Rules.

5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation and/or court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such Application.
6. The undersigned acknowledges and agrees that the Application, upon filing, becomes subject to the Oklahoma Open Records Act and as such becomes public record and further that all or a portion of the Application may be provided to the Internal Revenue Service.
7. The undersigned warrants and represents that the Applicant has knowledge and experience in financial and business matters that enable it to evaluate the merits and risks of participation in the Tax Credit Program. The Applicant has not based its decision to participate in the Tax Credit Program upon any oral or written information provided by OHFA or OHFA's Trustees, employees, agents, or representatives and acknowledges and understands that no Trustee, employee, agent or representative of OHFA has been authorized to make, and that the Applicant has not relied upon, any statements or representations other than those specifically contained in this Application. The Applicant understands, acknowledges, and agrees that participation in the Tax Credit Program involves a certain element of uncertainty and risk and represents and warrants that the Applicant has consulted with the Applicant's tax advisors with respect to participation in the Tax Credit Program.
8. The written instructions and guidance for this Application are not intended or written to be used, and cannot be used as legal or tax advice and cannot be used by an Applicant or any other Person for the purpose of avoiding penalties imposed by the Internal Revenue Code or promoting, marketing or recommending to another party any transaction or matter addressed herein.

In witness whereof, the undersigned has caused this Affidavit to be duly executed in the name of the Applicant this _____ day of _____, 20_____.

Applicant

By: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires: _____ Notary Public

Commission #
