

# Attachment #1 – Application Self Score Sheet & Certification

**1. Income Targeting – 5 Points Possible** \_\_\_\_\_ **Self-Score**  
\_\_\_\_\_ Percent (\_\_\_\_%) of the Development's Tax Credit units will be designated to persons at or below fifty percent (50%) AMI for the Extended Use Period.

**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. The Applicant/Owner waives the right to request a Qualified Contract.

**3. Development Location and Housing Characteristics- 10 Points Possible** \_\_\_\_\_ **Self-Score**

**4. Development Team Experience – 5 Points Possible** \_\_\_\_\_ **Self-Score**

**5. Management Experience – 9 Points Possible** \_\_\_\_\_ **Self-Score**

**6. Tenant Targeted Population – 5 Points Possible** \_\_\_\_\_ **Self-Score**

Ten percent (10%) of the units will be designated to serve the Special Needs population throughout the Extended Use Period.

**7. Development Amenities - 40 Points Possible for New Construction and 35 Points Possible for Rehabilitation** \_\_\_\_\_ **Self-Score**

**8. 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.

**9. Preservation of Affordable Housing Developments - 5 Points Possible** \_\_\_\_\_ **Self-Score**

**10. Energy Efficiency/Green Building –18 Points Possible** \_\_\_\_\_ **Self-Score**

**11. Historic Credits –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.**

**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:

- The facts and circumstances surrounding the Commitments for the Selection Criterion.
- 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.
- 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 #2 – Publication Notice Form

NOTICE TO THE PUBLIC OF A TAX CREDIT APPLICATION  
(ACQUISITION, SUBSTANTIAL REHABILITATION & NEW CONSTRUCTION)  
OF AFFORDABLE (SINGLE/MULTI)  
FAMILY HOUSING

\_\_\_\_\_, Applicant, will submit an Application to the Oklahoma Housing Finance Agency (OHFA) to obtain tax credits on the (acquisition, substantial rehabilitation or new construction) of a proposed Development, the name of which will be \_\_\_\_\_. Said Development is proposed to be located at \_\_\_\_\_ (street address, city or town, zip, OR describe corner of street/road intersection, OR legal description. The street address is required unless unavailable, then the intersection and lastly the legal description).

There will be a total of \_\_\_\_\_ units in the Development:

Of this total, \_\_\_\_\_ percentage will be rent and Income restricted units.

OHFA Trustees will consider this Application at OHFA's \_\_\_\_\_, 20\_\_ Trustees meeting. Trustee meeting dates can be found on OHFA's website, [www.ohfa.org](http://www.ohfa.org).

Any questions regarding this Application may be directed to \_\_\_\_\_ (name, address and phone and fax numbers of contact of Owner/Applicant).

For information regarding the hearing of the Application, contact Darrell Beavers, Housing Development Team Manager, OHFA, P.O. Box 26720, Oklahoma City, OK 73126-0720, (405) 419-8261, [darrell.beavers@ohfa.org](mailto:darrell.beavers@ohfa.org)

**NOT PART OF FORM** NOTE: OHFA encourages contact with local government agencies at the earliest possible stage in the planning of the Development. In larger jurisdictions, OHFA recommends the Applicant investigate the proposed Development's conformance with neighborhood or local area plans.

Items in ( ) need to be replaced with actual information selected.

## Attachment #3- 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.**

An electronic copy of this Market Study submitted for OHFA.

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.

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.

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 #4 – Nonprofit Owners**

Development Name: \_\_\_\_\_

Applicant 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, if awarded in any set-aside and Allocated AHTCs will be reported to IRS as a Nonprofit.

**Representative of Nonprofit Entity**

**Representative of Ownership Entity**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DO NOT MODIFY THIS FORM**

## Attachment #5 – Suggested Form: Local Resolution of Support

BE IT RESOLVED:

WHEREAS, \_\_\_\_\_ (Owner/Applicant), is proposing to construct (and/or acquire/rehabilitate/substantially rehabilitate) a \_\_\_\_\_ (insert number of units proposed) unit housing Development to be located in the limits of the of \_\_\_\_\_ (insert County, Town or City) at \_\_\_\_\_ (insert street address or site description); and

WHEREAS, the \_\_\_\_\_ (insert County, Town or City) supports economic Development and promotes affordable housing for the benefit of the citizens of \_\_\_\_\_ (Insert County, Town or City)

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES (or CITY COUNCIL, COUNTY COMMISSIONERS, ETC.) OF \_\_\_\_\_, (insert County, Town or City) that the Board of Trustees (or City Council, County Commissioners, Etc. supports favorable consideration to be given for a tax credit award for this Development.

BE IT FURTHER RESOLVED, it is noted that the proposed Development is consistent with \_\_\_\_\_ (insert County, Town, or City) affordable housing strategies and comprehensive plan.

APPROVED AND PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOT PART OF FORM NOTE:** If the community is in support of the Development and is offering fee waivers, tax abatements, public improvements, donations of materials and/or labor specifically to this Development, please include those items in the Resolution of Support.

Items in ( ) need to be replaced with actual information or choose one item and delete the rest.

# Attachment #6 – Release of Information Form

## Authorization to Release Compliance Status Information (To be completed by Applicant)

The Principal named below is applying for funding from the Oklahoma Housing Finance Agency (OHFA) for the following Developments \_\_\_\_\_

The undersigned hereby requests and authorizes the agency named below to release to OHFA information regarding any low-income housing Development that the agency monitors and in which this Principal is currently participating. (Provide Attachment #9 or list containing all information required on Attachment #9 to State Agency.)

Principal's Signature \_\_\_\_\_

Principal's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

State Agency name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## State Agency Response to Request (To be completed by State Agency)

1. Has this state agency issued an 8823 for any violations in the last 36 months in the following categories? Corrected      Non-Corrected

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Refusal to lease to person with Section 8 Vouchers<br><input type="checkbox"/> Determination of a violation under the Fair Housing Act<br><input type="checkbox"/> Development is out of compliance and is never expected to comply as reported to the IRS via an 8823. | <input type="checkbox"/> <span style="float: right;">Corrected</span><br><input type="checkbox"/><br><input type="checkbox"/> <span style="float: right;">Non-Corrected</span> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|--|--|--|

2. Does your agency identify a pattern concerning the list above? Yes  No

3. Are all the Developments on the attached list in compliance? Yes  No

4. Are there any comments you wish to share? \_\_\_\_\_

This response represents this agency's evaluation of the Principal's compliance status as of \_\_\_\_\_.

Prepared By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form** to OHFA by \_\_\_\_\_. This documentation can **either** be mailed to OHFA, Tax Credit Allocation, P.O. Box 26720, Oklahoma City, OK 73126-0720 **or** emailed to Darcy Green at [darcy.green@ohfa.org](mailto:darcy.green@ohfa.org). For questions please call Darcy Green at (405) 419-8145. Your prompt response and any information that you are able to share is greatly appreciated.



## Attachment #7 – Suggested Previous Participation Form

Name: \_\_\_\_\_

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

I Certify that due to my role in all listed Developments the state(s) these Developments are located in would have no record of my involvement/performance.

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	LIHTC	HOME	Other	Principal's Role	Status (Active, Sold, Expired)	Date 8609 Issued

**Make copies as needed.**

\_\_\_\_\_  
**Signature of Representative**

## Attachment #8 – 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     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.
- 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: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me on this the \_\_\_\_\_ day of, \_\_\_\_\_  
\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My commission expires: \_\_\_\_\_

**DO NOT MODIFY THIS FORM**

## Attachment #9 – Identity of Interest Certification

Development Name: \_\_\_\_\_

Owner 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.

Applicant: \_\_\_\_\_

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

General Partner: 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 General Partner (or Principal thereof)

\_\_\_\_\_  
Title of Officer, if General Partner 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 #10 – Section 42 Leasing Language, Development Services, & Referral Acceptance Certification**

Development Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

The Owner 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 the local PHA and or OHFA.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DO NOT MODIFY THIS FORM**

## Attachment #11 – Cost and Expense Separation

Development Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

The Owner 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.
- 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.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DO NOT MODIFY THIS FORM**

## Attachment #12 – 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 #13 – Capital Needs Assessment Certification**

Development Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

The Owner 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 #14 – Development Amenities Certification

Development Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

### The Owner hereby certifies:

- The **amenities marked below** will be included in the plans and specifications for the **Development** and that they have been included in the construction budget.
- **The amenities marked below 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. However, additional points will not be awarded for duplication.
- **That no substitutions will be permitted after a Development has been Awarded Credits.**

### Included (Check all that apply)

- Ceiling fans in each bedroom and in each living room (1 point)
- Dishwasher in each unit (2 points)
- Garbage Disposal in each unit (1 point)
- Microwave in each unit (either built-in or free standing) (1 point)
- Onsite computer workstations with internet access (computers must be provided and dedicated to the tenants) (2 points)
- Playground or Tot Lot w/ Equipment (3 points)
- Outdoor Covered Seating (2 points)
- Club House/Community Room (3 points)
- Sports Facilities (e.g. Soccer Field, Basketball Court, Tennis Court, Badminton, Shuffle Board, etc.) **May only select one (1) type** (4 points)
- Indoor Fitness Center with equipment (4 points)
- Security Alarm system in each unit (5 points)
- Tobacco free policy for the building(s) (3 points)
- Storm shelter that meets or exceeds FEMA guidelines (10 points)
  - Points will be awarded to Developments that provide storm shelters that meet or exceed the FEMA guidelines and the ICC/NSSA standards (ICC-500).
  - Storm shelters must accommodate all possible residents based on number of bedrooms two (2) people per bedroom.

Applicants may choose one (1) of the following:

Building facades that are a minimum of 60% brick or stone (man-made or natural) (5 points)

OR

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 (3 points)

**Note:** Building facades will be N/A for Rehabilitation Developments. Rehabilitation Developments are anything less than 100% new construction.

Applicants may choose one (1) of the following:

Washer & Dryers in each unit (5 points)

OR

Washer and Dryer hook-ups in each unit (3 points)

OR

A shared laundry room facility (1 point)

\_\_\_\_\_  
Representative of the Ownership Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Architect

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
General Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**DO NOT MODIFY THIS FORM**

# Attachment #15 – Energy Efficiency/Green Building Certification

Development Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

### The Owner 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.
- **That No Substitutions will be permitted after a Development has been Awarded Credits.**

### Included (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)
- Radiant barrier per ASTM standards in attic and/or roof sheathing and/or exterior wall sheathing (may not be combined with spray foam insulation) (2 points)
- Use of Low or no VOC paint throughout the Development for compliance period (1 point)
- On-site recycling for aluminum, newspaper, glass, and plastics (1 point)
- Programmable thermostats (1 point)
- Insulation: R-3 or better insulation installed around the exterior foundation of every Building (2 points)
- 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)

\_\_\_\_\_  
Representative of the Ownership Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Architect

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
General Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**DO NOT MODIFY THIS FORM**