



OKLAHOMA HOUSING FINANCE AGENCY
Affordable Housing Tax Credits Program (AHTC)
2016 Application Form for Allocation

100 N.W. 63rd St., Suite 200
Oklahoma City, OK 73116 or
P.O. Box 26720
Oklahoma City, OK 73126-0720

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AHTC PROGRAM APPLICATION SUMMARY

Development Name: _____
 Address: _____
 Location, town: _____
 County: _____
 Ownership Entity: _____
 Managing General Partner: _____ Management
 Agent: _____

Ownership entity (check one): Nonprofit For-Profit

Funding sources: (check all that apply):

HOME CHDO Proceeds HTF Multi-Family Bonds AHP RHS Loan
 Conventional Loan State Tax Credits Historic Credits

Other _____

Project Base Subsidy (check one): No Yes (identify source and # of units) _____

Project Type (check one): Family Elderly Other (identify) _____

Construction Type (check all that apply): New Rehab Acq/Rehab
 One Story Multi-Story Garden Townhouse

Minimum Set-Aside (to be reflected on the 8609s) (check one):

- 20% of the units at 50% of the Area Median Gross Income
 40% of the units at 60% of the Area Median Gross Income

Targeted Set-Asides (indicate number of units):

_____ Units at 50% of AMGI _____ total proposed units _____ other restricted
 _____ Units at 60% of AMGI _____ total proposed buildings _____ unrestricted units

Unit Mix:

| Number of Bedrooms | Number of units | Net Rent | Utility Allowance | Gross Rent |
|--------------------|-----------------|----------|-------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

 Owner Signature

 Date

It is the Applicant's responsibility to confirm with OHFA that the Application submitted is the current one in use.

DOCUMENT & TAB REQUIREMENTS FORMAT

In order to facilitate your Application's review, organize your Application and its required supporting documentation by submitting them in a three-ring binder. All pages are to be numbered sequentially within each tab. Handwritten numbering is acceptable.

Check box to indicate completion.

TAB #

THRESHOLD CRITERIA

| | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | AHTC Program Application Summary and Application | <u>1</u> |
| <input type="checkbox"/> | Excel worksheets, Cost per Square Foot worksheet, and 15-Year Pro Forma | <u>1</u> |
| <input type="checkbox"/> | Source and Documentation of Utility Allowance, Construction Cost Breakdown, Project-Based Rent Approval (if applicable), National Non-Metro Documentation (if applicable) | <u>2</u> |
| <input type="checkbox"/> | QCT map (if applicable) | <u>2</u> |
| <input type="checkbox"/> | Letters of Credit/Funding Commitments for <u>All</u> Funding Sources, including Construction & Permanent | <u>3</u> |
| <input type="checkbox"/> | Syndication Commitment -Federal and if applicable State Credits | <u>3</u> |
| <input type="checkbox"/> | Location Map | <u>4</u> |
| <input type="checkbox"/> | Notice Requirements | <u>4</u> |
| <input type="checkbox"/> | Market Study & Market Study Summary Attachment #3 | <u>5</u> |
| <input type="checkbox"/> | Nonprofit Documentation (if applicable)- Attachment #4 | <u>6</u> |
| <input type="checkbox"/> | Resolution of Local Support | <u>7</u> |
| <input type="checkbox"/> | Capacity and Prior Performance Documentation and Identity of Interest- Attachments #6, #7, #8, & #9 | <u>8</u> |
| <input type="checkbox"/> | Acquisition Credits/Ten-Year Holding Requirement (if applicable) | <u>9</u> |
| <input type="checkbox"/> | Readiness to Proceed – Site Control, Preliminary Plans, and Zoning | <u>10</u> |
| <input type="checkbox"/> | Section 42 Leasing Language, Development Services, & Referral Acceptance Certification – Attachment #10 | <u>11</u> |
| <input type="checkbox"/> | Cost and Expense Separation Certification - Attachment #11 | <u>11</u> |

| | | |
|----------------------------|--|------------------|
| <input type="checkbox"/> | Fair Housing and ADA Certification-Attachment #12 | <u>11</u> |
| <input type="checkbox"/> | Capital Needs Assessment & C.N.A Certification (if applicable)-Attachment #13 | <u>12</u> |
| EVALUATION CRITERIA | | |
| <input type="checkbox"/> | Application Self Score Sheet & Certification-Attachment #1 | <u>13</u> |
| <input type="checkbox"/> | Development Location and Housing Characteristics | <u>14</u> |
| <input type="checkbox"/> | Development Team Experience | <u>15</u> |
| <input type="checkbox"/> | Management Experience | <u>16</u> |
| <input type="checkbox"/> | Development Amenities Certification-Attachment #14 | <u>17</u> |
| <input type="checkbox"/> | Tenant Ownership | <u>18</u> |
| <input type="checkbox"/> | Preservation of Affordable Housing Developments | <u>19</u> |
| <input type="checkbox"/> | Energy Efficiency/Green Building Certification-Attachment #15 | <u>20</u> |

OKLAHOMA HOUSING FINANCE AGENCY

2016 AFFORDABLE HOUSING TAX CREDIT APPLICATION FOR RESERVATION

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 _____

Site Address _____

City _____ County _____ Zip Code _____

Allocation Year _____ Application Cycle _____

Is this part of a multi-phase Development? [] Yes [] No

B. Amount of Annual Credit Requested

\$ _____

Amount of Annual State Tax Credit Requested, must be equal to LIHTC request.

\$ _____

Amount of Annual Credit Requested Plan B (only if there are insufficient State Tax Credits)

\$ _____

Check all applicable Set-asides:

Nonprofit [] New Construction [] Acquisition/Rehabilitation []

C. Type of Development Proposed (check all that apply)

- [] New Construction
[] Rehabilitation
[] Acquisition/Rehabilitation

D. If this is a Rehab project is it a past/current Tax Credit property? [] N/A [] Yes [] No

If yes, explain and provide previous file number and end date of compliance period: _____

E. Is this property utilizing Historic Credits? [] Yes [] No

F. Is this a USDA Rural Development (515, 538, or other) Development? [] Yes [] No

G. Is this Development using HOME funding? [] Yes [] No

H. Is this Development using Tax Exempt Bond financing? (If "yes" it must be at least 50% of aggregate basis) [] Yes [] No

I. Minimum Low-income Threshold for Credit eligibility (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

J. Low-Income Compliance Period

This Development will remain low-income with occupancy described above for _____ (up to 40) years.

K. Total Low-income Targeting

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

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

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

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

M. Type of Housing: Multifamily Single Family

N. Type of Units

- Apartments Townhomes Semi-Detached Detached
- Duplex 4-Plex Other _____

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

P. Is this Development located in a Metropolitan Statistical Area? Yes No

Q. Census Tract Number _____

R. Does this Development qualify for 130% increase in basis by being in a QCT or Difficult to Develop Area (DDA)? Yes No

Submit a map or other documentation in Tab #2

Does this Development qualify for 120% increase in basis by having a general financial need?

- Yes No

The Development can only qualify for one boost.

S. State Senate District: _____ State House District: _____ Congressional District: _____

T. Site Control 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: **(Include documentation):**

Tab# 10

- Deed Option Lease Other (specify) _____
- Expiration Date: _____

U. Is site properly zoned? Yes No

Include documentation from entity providing zoning.

Tab# 10

V. Are all 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.

W. Are you purchasing land from a related party? Yes No

X. If Development includes acquiring Buildings, Buildings acquired or to be acquired from:

Related Party Unrelated Party

Y. List below, by Building address, the date the Building(s) was/were 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. An opinion from independent legal counsel must be submitted if Building(s) is to be included in Eligible Basis.

| <u>Building Address</u> | <u>Last Placed-In-Service Date</u> | <u>Acquisition Date</u> | <u># Years since PIS</u> |
|-------------------------|------------------------------------|-------------------------|--------------------------|
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WHEN IS THE ACQUISITION PLACED-IN-SERVICE?

- IF HABITABLE, THE DATE THE BUILDING IS “READY AND AVAILABLE” FOR ITS SPECIFICALLY DESIGNED FUNCTION.
- IF NOT HABITABLE, THE PLACED-IN-SERVICE DATE WILL BE THE SAME AS THE REHAB PLACED-IN-SERVICE DATE, WHEN THE BUILDING IS HABITABLE.

II. OWNER/APPLICANT INFORMATION

A. Applicant must be a formed entity.

Taxpayer I.D. (Applicant) _____ Date Obtained _____

Applicant _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person (name, title) _____

Phone (____) _____ Fax (____) _____

E-mail _____

Taxpayer I.D. (Owner) _____ Date Obtained _____

Owner _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person (name, title) _____

Phone (____) _____ Fax (____) _____

E-mail _____

Type of Ownership:

General Partnership

Nonprofit Corporation

Limited Partnership

Local Government

Limited Liability Co

Housing Agency

Corporation

Other (specify)

Individual

B. Legal Status of Owner

Incorporated

Registered

Chartered

C. Nonprofit Status of Owner

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. Contact Person during Application Process:

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
Capacity (i.e. sponsor, consultant, etc.) _____
E-mail _____
Address to receive packages (if different) _____

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 receive an electronic copy of the preliminary Review Report:

III. CONTACT INFORMATION

A. Detailed contact information: **Please do not list any personal Social Security Numbers.**

Developer _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Co-Developer _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

General Partner or Managing Member _____
Tax Id # _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____ Percentage of Ownership _____
Email: _____

Contractor _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Management Company _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Co-Management Company _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Management Consultant _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Nonprofit Participant
Organization _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____ Non-Profit Status _____
Email: _____

Consultant/Packager _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Attorney _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Architect _____ **Tax Id #** _____
Contact Person (name, title) _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
Email: _____

Accountant/Tax Professional _____

Tax Id # _____

Contact Person (name, title) _____

Address _____

City, State, Zip _____

Phone () _____

Fax () _____

Email: _____

Add any other Development Team Member for which points are being claimed. Add additional pages as necessary.

For Rehab Projects:

Current Site Manager (name) _____

Address _____

City, State, Zip _____

Phone () _____

Fax () _____

Email: _____

IV. SUBSIDIES

Rent Subsidy Anticipated _____

If none apply, so indicate here _____

| | | Approval Date |
|--|---------|---------------|
| RD | _____ % | _____ |
| HUD Development-Based Section 8 Certificates or HAP Contracts | _____ % | _____ |
| State | _____ % | _____ |
| Local | _____ % | _____ |
| Owner | _____ % | _____ |
| Other (specify) _____ | _____ % | _____ |

VII. DEVELOPMENT FINANCING (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 | Commitment Date |
|------------|--------------------------------------|-----------|---------------|------|-----------------|
| 1. | | | % | | |
| 2. | | | % | | |
| 3. | | | % | | |
| 4. | | | % | | |
| 5. | | | % | | |
| | Total Residential Construction Funds | | | | |

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

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

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity
 Other (Specify) *** Below Market Interest Rate

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

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity
 Other (Specify) *** Below Market Interest Rate

#3. Name of Lender/Source _____ Contact: _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity
 Other (Specify) *** Below Market Interest Rate

Make additional copies of this page if necessary.

VI. DEVELOPMENT FINANCING (SOURCES OF FUNDS) [cont.]

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 | Commitment Date |
|------------|---------------------------------------|-----------|---------------|-------------|---------------------|-----------------|
| 1. | | \$ | % | | \$ | |
| 2. | | \$ | % | | \$ | |
| 3. | | \$ | % | | \$ | |
| 4. | | \$ | % | | \$ | |
| 5. | | \$ | % | | \$ | |
| 6. | | \$ | % | | \$ | |
| | Subtotal Permanent Financing | \$ | | | \$ | |
| | Gross Proceeds 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 of Lender/Source _____ Contact: _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity Other (Specify)

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

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity Other (Specify)

#3. Name of Lender/Source _____ Contact: _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

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 BMIR *** Loan Credit Enhancement
 Deferred Loan Forgivable Loan Grant Owner Equity Other (Specify)

Make additional copies of this page if necessary.

VIII. TAX CREDIT SYNDICATION

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

A. Does this Development qualify for Historic Rehabilitation Credits? Yes No

If yes, what is the Credit amount? \$ _____ Estimated Gross Proceeds: \$ _____

Syndicator for Historic Credits _____

B. Actual or anticipated Syndicators or Equity Sources:

1. Name Source _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact _____

E-mail _____

2. Name Source _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact _____

E-mail _____

C. Actual or anticipated Syndicators or Equity Sources for State Tax Credits:

1. Name Source _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact _____

E-mail _____

2. Name Source _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Contact _____

E-mail _____

IX. DEVELOPMENT BUDGET

X. CREDIT CALCULATION BY BASIS METHOD

XI. CREDIT CALCULATION BY GAP METHOD

XII. UNIT DISTRIBUTION AND RENTS

XIII. UNIT DISTRIBUTION AND RENTS (cont.)

XIV. DEVELOPMENT EXPENSES

XV. PRO FORMA

XVI. TAX CREDIT FEES

XVII. COST PER SQUARE FOOT

XVIII. MAXIMUM COSTS PER UNIT

Double Click the EXCEL icon to complete IX through XVIII requirements:

Instructions are on the first tab.

Once complete, print the Excel Worksheets and insert at the end of Tab 1 of this Application.

***If the spreadsheets do not work for your project, contact OHFA Staff.**



Click here for Excel
Worksheets

XIX. DEVELOPMENT TIMETABLE

Indicate the actual or expected date (INCLUDE DAY) by which the following activities will have been completed.

| Actual or Scheduled <u>Month/Day/Year</u> | <u>Activity</u> |
|--|---|
| _____/_____/_____ _____/_____/_____ | <u>Site</u> Option/Contract Acquisition |
| _____/_____/_____ _____/_____/_____ | <u>Plan</u> Site Plan Review Building Permit Final Plans/Specs |
| _____/_____/_____ _____/_____/_____ | <u>Closing</u> Property Transfer |
| _____/_____/_____ _____/_____/_____ | <u>Construction Financing</u> Closing and Disbursement |
| _____/_____/_____ _____/_____/_____ | <u>Construction</u> Construction Start Construction Completion |
| _____/_____/_____ _____/_____/_____ | <u>Permanent Financing</u> Closing and Disbursement |
| _____/_____/_____ _____/_____/_____ | <u>Other Loans and Grants</u> Closing or Award |
| _____/_____/_____ _____/_____/_____ | <u>Equity Syndication</u> Partnership Closing |
| _____/_____/_____ _____/_____/_____ | <u>Other</u> Placed-In-Service Occupancy of All Low-Income Units |

XX. APPLICATION FEE

Amount of application fee submitted: \$ _____

(Make check payable to **OHFA**)

Refer to Section 330:36-4-3(a) (1) or page 7 of Application Instructions for fee amounts.

XXI. 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 #