

## AHTC Program Application Summary

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

Applicant entity (check one):                      Non-profit                       For-Profit   
 Funding sources that Applicant has applied for or has received funding approval: (check all that apply):  
 HOME       HTF       Multi-Family Bond Financing       Linked Deposit

Other Funding Sources (check all that apply):  
 Conventional Loan       RHS Loan       Bond Financing   
 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 8609's) (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      \_\_\_\_\_ units unrestricted (market)

Unit Mix:

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

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Date

**NOTE:                      It is the applicant's responsibility to confirm with OHFA that the application submitted is the current one in use.**



**OKLAHOMA HOUSING FINANCE AGENCY**  
Affordable Housing Tax Credits Program (AHTC)  
**2010 Application Form for Reservation**

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

## DOCUMENT & TAB REQUIREMENTS FORMAT

In order to facilitate your application's review, please organize your application and its required supporting documentation by submitting them in a three-ring binder, fully indexed. Some form of logical pagination throughout the Application is both recommended and appreciated by Staff.

Check box to indicate completion.

	<u>TAB #</u>
<input type="checkbox"/> AHTC Program Application Summary and Application	<u>1</u>
<input type="checkbox"/> Source and Documentation of Utility Allowance and Project-based Rent Approval (if Applicable)	<u>2</u>
<input type="checkbox"/> Construction Cost Breakdown	<u>3</u>
<input type="checkbox"/> 15-year pro forma	<u>3</u>
<input type="checkbox"/> Letters of Credit/Funding Commitments for <u>All</u> funding sources, including Construction & Permanent	<u>4</u>
<input type="checkbox"/> Syndication Commitment/Letter of Intent	<u>4</u>
<input type="checkbox"/> Location Map	<u>5</u>
<input type="checkbox"/> Notice Requirements	<u>5</u>
<input type="checkbox"/> Market Study	<u>6</u>
<input type="checkbox"/> Non-Profit Documentation (if applicable)	<u>7</u>
<input type="checkbox"/> Capacity and Prior Performance Documentation and Identity of Interest	<u>8</u>
<input type="checkbox"/> Resolution of Support	<u>9</u>
<input type="checkbox"/> Acquisition Credits/ten-year holding requirement (if applicable)	<u>10</u>
<input type="checkbox"/> Readiness to Proceed- Site Control, Preliminary Plans or Specifications, Zoning	<u>11</u>
<input type="checkbox"/> Capital Needs Assessment & C.N.A Certification (if applicable)	<u>12</u>
<input type="checkbox"/> Self certification for Development Amenities	<u>13</u>
<input type="checkbox"/> Development Amenities waiver for rehab projects (if applicable)	<u>13</u>

<input type="checkbox"/>	<b>Self Certification for Section 42 Leasing Language</b>	<b><u>13</u></b>
<input type="checkbox"/>	<b>Self Certification for Development Services</b>	<b><u>13</u></b>
<input type="checkbox"/>	<b>Self Certification on Acceptance of Referrals from the local PHA and/or OHFA and Public Housing Waiting List</b>	<b><u>13</u></b>

**EVALUATION AND RATING CRITERIA REVIEW**

<input type="checkbox"/>	<b>Applicant's Self Score Sheet &amp; Certification</b>	<b><u>14</u></b>
<input type="checkbox"/>	<b>Income Targeting</b>	<b><u>14</u></b>
<input type="checkbox"/>	<b>Term of Affordability</b>	<b><u>14</u></b>
<input type="checkbox"/>	<b>Tenant/Special Needs Populations</b>	<b><u>14</u></b>
<input type="checkbox"/>	<b>Development Location and Housing Characteristics</b>	<b><u>15</u></b>
<input type="checkbox"/>	<b>Development Leverage</b>	<b><u>16</u></b>
<input type="checkbox"/>	<b>Community Support</b>	<b><u>17</u></b>
<input type="checkbox"/>	<b>Energy Efficiency</b>	<b><u>18</u></b>
<input type="checkbox"/>	<b>Development Team Experience</b>	<b><u>19</u></b>
<input type="checkbox"/>	<b>Management Experience</b>	<b><u>19</u></b>
<input type="checkbox"/>	<b>Tenant Populations of individuals with children</b>	<b><u>20</u></b>
<input type="checkbox"/>	<b>Tenant Ownership</b>	<b><u>21</u></b>
<input type="checkbox"/>	<b>Preservation of affordable housing developments</b>	<b><u>22</u></b>
<input type="checkbox"/>	<b>Historic Nature</b>	<b><u>23</u></b>

**OKLAHOMA HOUSING FINANCE AGENCY**  
**2010 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 \_\_\_\_\_ Application Date \_\_\_\_\_

B. Amount of Annual Credit Requested \$ \_\_\_\_\_ (From Part XIV)

Check **all** applicable Set-asides: Non-Profit  Rural 515  Other Rural   
Elderly  General Pool

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

New Construction

Rehabilitation

Rehabilitation and Acquisition with units occupied or suitable for occupancy on acquisition date.

Rehabilitation and Acquisition with units occupied or suitable for occupancy upon completion of the rehabilitation.

Acquisition

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

E. Is this Development using **HOME** funding?  Yes  No

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

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

20% of the units serving households at 50% of the area median

40% of the units serving households at 60% of the area median

**I. GENERAL DEVELOPMENT INFORMATION (cont)**

H. Low-income Compliance Period  
This Development will remain low-income with occupancy described above for \_\_\_\_\_ (up to 40) years.

I. 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

J. Total number of buildings \_\_\_\_\_ Total number of units \_\_\_\_\_  
Total number of Low-income units \_\_\_\_\_ Percentage of total units \_\_\_\_\_ %  
Total square footage \_\_\_\_\_ Sq ft of low-income units \_\_\_\_\_  
Common Units \_\_\_\_\_

K. Type of Housing:  Multifamily  Single Family

L. Type of Units  
 Apartments  Townhomes  Semi-Detached  Detached  
 SRO  Manufactured  Other \_\_\_\_\_

M. Number of Floors in the Tallest Building \_\_\_\_\_; Elevator Construction?  Yes  No

N. Targeting of Units (**Indicate type and % of units**) - can total more than 100%  
\_\_\_\_\_ Elderly \_\_\_\_\_ AIDS/HIV \_\_\_\_\_ Disabled \_\_\_\_\_ Family  
\_\_\_\_\_ Homeless \_\_\_\_\_ Other

O. Census Tract Number \_\_\_\_\_

P. Is this Development located in a Qualified Census Tract or Difficult to Develop Area?  
 Yes  No If yes, **submit evidence of eligibility.** **Tab# 15**

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

Q. Are you requesting the non QCT/DDA 130% general adjustment boost?  Yes  No  
(Note that an Applicant can only check "yes" for either item P. or item Q. not both)

R. State Senate District: \_\_\_\_\_ State House District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

S. Is the site part of an organized plan?  Yes  No

If yes, explain and provide documentation. \_\_\_\_\_ **Tab# 12**

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# 12**

Deed  Option  Lease  Other (specify) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

U. Is site properly zoned?  Yes  No

**Include documentation from entity providing zoning.**

**Tab# 12**

V. Are all utilities available to and of the appropriate size for the Development?

**Tab# 12**

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

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W. Legal description of the property as identified in the site control document.

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

Related party  unrelated party

FHA, RTC and/or other insured depository institution in default

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

<u>Building Address</u>	<u>Last Placed in Service Date</u>	<u>Acquisition Date</u>	<u># Years since PIS</u>

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

Taxpayer I.D. (Applicant) \_\_\_\_\_ Date Obtained \_\_\_\_\_

Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Taxpayer I.D. (Owner) \_\_\_\_\_ Date Obtained \_\_\_\_\_

Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Ownership:

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

B. Legal Status of Owner

- Incorporated                       Registered                       Chartered

C. Non-profit Status of Owner

501(c) (3)

501(c) (4)

501(a) Exemption

D. Capacity of Applicant

Developer

General Partner

Sponsor

Mgmt 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) \_\_\_\_\_

\* 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.

This person(s) will be designated as the contact respecting all issues concerning this application.

**III. CONTACT INFORMATION**

A. Detailed contact information:

**Developer** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**General Partner or Managing Member** \_\_\_\_\_

**Tax Id #** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Percentage of GP Ownership \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Management Company** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Non-Profit Participant**

**Organization** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Non-Profit Status \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Consultant/Packager** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Tax Attorney** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Project Architect** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

Add any other development team member for which points are being claimed. Add additional pages as necessary.

**IV. APPLICABLE FRACTION DETERMINATION**

Total Site / Acreage \_\_\_\_\_

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

Add lines D and E divide the total by line D. 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.

- LIHTC Units \_\_\_\_\_
- HOME Units \_\_\_\_\_
- Development Based Assisted Units \_\_\_\_\_  
 (Rents approved by HUD or other issuer?)  Yes  No
- Other Restricted Units (Specify) \_\_\_\_\_

**V. TENANT UTILITY INFORMATION**

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

Heating \_\_\_\_\_ Hot Water \_\_\_\_\_ Air Conditioning \_\_\_\_\_ Water \_\_\_\_\_  
 Cooking \_\_\_\_\_ Sewer \_\_\_\_\_ Electricity \_\_\_\_\_ Trash \_\_\_\_\_

Please specify if utility is gas or electric: \_\_\_\_\_  
 Will these be individually metered? \_\_\_\_\_

B. Utility Allowance by bedroom size

**(Identify MF or SF or by square footage of unit if more than one square footage per bedroom size.)**

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

Source of Utility Allowance Information (Check **One**) Documentation Required **Tab# 2**  
 (Show how utility allowance derived)

Public Housing Authority  Utility Company  Other (Specify)

Effective Date of Source Information: \_\_\_\_\_

**VI. DEVELOPMENT FINANCING (SOURCES OF FUNDS)**

**A. CONSTRUCTION FINANCING**

List all preliminary and enforceable (firm) financing commitments, including grants tax credit syndication information and provide copies of same. **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.

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 preliminary and enforceable (firm) financing commitments, including grants tax credit syndication information and provide copies of same. **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.

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 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.**

**VII. 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. Will the Tax Credits be offered to investors? Yes  No

1. If no, attach a description explaining how the tax benefits will be used and how that will benefit the Development.

2. If yes, answer each of the following:

Type of offering: Public  Private

Type of Investor: Individuals  Corporations

- C. LIHTC Syndication costs will be evaluated along with other Development costs. Please list all estimated or actual costs of syndication associated with the Development. If costs are listed here, they should not be included in the development budget.

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

Number of Pay-Ins \_\_\_\_\_ First Pay-in Year \_\_\_\_\_

Explain when Pay-In Periods will begin \_\_\_\_\_

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 \_\_\_\_\_

3. Name Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact \_\_\_\_\_  
 E-mail \_\_\_\_\_

**VIII. SUBSIDIES**

Rent Subsidy Anticipated \_\_\_\_\_ If none apply, so indicate here \_\_\_\_\_

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



**IX. UNIT DISTRIBUTION AND RENTS**  
**X. DEVELOPMENT BUDGET**  
**XI. DETERMINATION OF MAXIMUM ALLOWABLE CREDIT AMOUNT**  
**XII. DETERMINATION OF RESERVATION AMOUNT NEEDED**  
**XIII. DEVELOPMENT EXPENSES**  
**PROFORMA**

Double Click the icon below to complete the above requirements:

Instructions are on the first tab.

**Note!!!**

**Once complete, print the Excel Worksheets and insert as pages 17-25 of this Application. Pro forma should be inserted in Tab 3. If these pages are not included, this is an incurable Failed Threshold item.**

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



Click here for Excel  
Worksheets

**XIV. DEVELOPMENT TIMETABLE**

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

Actual or Scheduled  
**Month/Day/Year**

Activity

<u>          /          /          </u>	<u>Site</u>
<u>          /          /          </u>	Option/Contract
<u>          /          /          </u>	Carryover
<u>          /          /          </u>	Acquisition
<u>          /          /          </u>	Zoning Approval
<u>          /          /          </u>	Tax Abatement
<u>          /          /          </u>	Environmental Review Completed

<u>          /          /          </u>	<u>Plan</u>
<u>          /          /          </u>	Conditional Use Permit
<u>          /          /          </u>	Variance
<u>          /          /          </u>	Site Plan Review
<u>          /          /          </u>	Building Permit
<u>          /          /          </u>	Final Plans/Specs

<u>          /          /          </u>	<u>Closing</u>
	Property Transfer

<u>          /          /          </u>	<u>Construction Financing</u>
<u>          /          /          </u>	Loan Application
<u>          /          /          </u>	Conditional Commitment
<u>          /          /          </u>	Firm Commitment
<u>          /          /          </u>	Closing and Disbursement

<u>          /          /          </u>	<u>Construction</u>
<u>          /          /          </u>	Construction Start
<u>          /          /          </u>	Progress Review
<u>          /          /          </u>	Construction Completion

<u>          /          /          </u>	<u>Permanent Financing</u>
<u>          /          /          </u>	Loan Application
<u>          /          /          </u>	Conditional Commitment
<u>          /          /          </u>	Firm Commitment
<u>          /          /          </u>	Closing and Disbursement

<u>          /          /          </u>	<u>Other Loans and Grants</u>
<u>          /          /          </u>	Type & Source:
<u>          /          /          </u>	Application
<u>          /          /          </u>	Closing or Award

<u>          /          /          </u>	<u>Equity Syndication</u>
<u>          /          /          </u>	Letter of Commitment
<u>          /          /          </u>	Partnership Closing

**XIV. DEVELOPMENT TIMETABLE** (cont.)

_____ / _____ / _____	<u>Other</u>
_____ / _____ / _____	10% of Development Costs Incurred
_____ / _____ / _____	Tax Credit Carryover Allocation
_____ / _____ / _____	Placed in Service
_____ / _____ / _____	Occupancy of All Low-Income Units

**XV. APPLICATION FEE**

Amount of application fee submitted: \$ \_\_\_\_\_

(Make check payable to **OHFA**)

Refer to Section 330:36-4-3(a)(1) for fee amounts.

XVI. 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 Application 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 the no giving or offering of things of value to government personnel in return for special consideration in the allocation of Affordable Housing Tax Credits pursuant to the Application to which this statement is attached.
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 program in Oklahoma; and
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 Affordable Housing 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 Affordable Housing Tax Credit pursuant to the Application to which this statement is attached; and
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 Affordable Housing Tax Credit, 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 Affordable Housing Tax Credit 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 (b)(c) of OHFA's Rules.

**XVI. APPLICANT AFFIDAVIT (cont.)**

5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be identified 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 judgement, any loss from judgement 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 \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Applicant

By: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public

\_\_\_\_\_  
Commission #  
\_\_\_\_\_