

OKLAHOMA HOUSING FINANCE AGENCY
Affordable Housing Tax Credits Program (AHTC)
2012 Application Form for Reservation

100 N.W. 63rd 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, 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.

	<u>TAB #</u>
<input type="checkbox"/> AHTC Program Application Summary and Application	<u>1</u>
<input type="checkbox"/> Source and Documentation of Utility Allowance, Project-Based Rent Approval (if applicable), and National Non-Metro Documentation (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"/> Nonprofit 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, and Zoning	<u>11</u>
<input type="checkbox"/> Certification for Section 42 Leasing Language	<u>12</u>
<input type="checkbox"/> Certification for Development Services	<u>12</u>
<input type="checkbox"/> Certification on Acceptance of Referrals From the Local PHA/OHFA	<u>12</u>

<input type="checkbox"/>	Capital Needs Assessment & C.N.A Certification (if applicable)	<u>13</u>
<input type="checkbox"/>	Certification for Development Amenities	<u>14</u>
<input type="checkbox"/>	Development Amenities Waiver for Rehab Projects (if applicable)	<u>14</u>

EVALUATION AND RATING CRITERIA REVIEW

<input type="checkbox"/>	Applicant's Self Score Sheet & Certification	<u>15</u>
<input type="checkbox"/>	Income Targeting	<u>15</u>
<input type="checkbox"/>	Term of Affordability	<u>15</u>
<input type="checkbox"/>	Tenant/Special Needs Populations	<u>15</u>
<input type="checkbox"/>	Development Location and Housing Characteristics	<u>16</u>
<input type="checkbox"/>	Incentivizing Expanded Distribution of Housing Credit Funds	<u>16</u>
<input type="checkbox"/>	Development Leverage	<u>17</u>
<input type="checkbox"/>	Community Support	<u>18</u>
<input type="checkbox"/>	Development Team Experience	<u>19</u>
<input type="checkbox"/>	Management Experience	<u>20</u>
<input type="checkbox"/>	Tenant Populations of Individuals With Children	<u>21</u>
<input type="checkbox"/>	Tenant Populations of Elderly Individuals	<u>21</u>
<input type="checkbox"/>	Tenant Ownership	<u>22</u>
<input type="checkbox"/>	Preservation of Affordable Housing Developments	<u>23</u>
<input type="checkbox"/>	Energy Efficiency	<u>24</u>
<input type="checkbox"/>	Historic Nature	<u>25</u>

OKLAHOMA HOUSING FINANCE AGENCY
2012 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

Are you purchasing land from a related party? Yes No

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

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

C. Type of Development Proposed (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. If this is a Rehab project is it a past/current Tax Credit property? N/A Yes No

If yes, Explain _____

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

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

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

H. 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. Low-Income Compliance Period

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

J. 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

K. Total number of Buildings with residential units _____

L. Type of Housing: Multifamily Single Family

M. Type of Units

Apartments Townhomes Semi-Detached Detached
 SRO Manufactured Other _____

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

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

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

Q. Census Tract Number _____

R. Is this Development located in a Qualified Census Tract or Difficult to Develop Area?

Yes No If yes, **submit evidence of eligibility.** **Tab# 15**

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

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

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

If yes, explain and provide documentation. _____ **Tab# 11**

V. 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# 11**

Deed Option Lease Other (specify) _____

Expiration Date: _____

W. Is site properly zoned? Yes No

Include documentation from entity providing zoning. **Tab# 11**

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 (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:

- | | |
|---|--|
| <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) |
| <input type="checkbox"/> 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.

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: _____

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

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: _____

Project Architect _____ **Tax Id #** _____

Contact Person (name, title) _____

Address _____

City, State, Zip _____

Phone () _____ Fax () _____

Email: _____

Accountant _____ **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.

IV. APPLICABLE FRACTION DETERMINATION

Total Site / Acreage _____

		Number of Units	Amount of Square Footage
A	Commercial Use -not common	XXXXXXXXXXXXXXXXXXXX	
B	Employee or Owner-Occupied Residential Units		
C	Common Use - not including B	XXXXXXXXXXXXXXXXXXXX	
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.

- 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 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: <input type="checkbox"/> 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 (Specify)

Finance: <input type="checkbox"/> Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> BMIR *** 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 (Specify) *** Below Market Interest Rate
--

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

Type: <input type="checkbox"/> 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 (Specify)

Finance: <input type="checkbox"/> Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> BMIR *** 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 (Specify) *** Below Market Interest Rate
--

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

Type: <input type="checkbox"/> 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 (Specify)

Finance: <input type="checkbox"/> Amortizing Loan <input type="checkbox"/> Balloon <input type="checkbox"/> BMIR *** 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 (Specify) *** Below Market Interest Rate
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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 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. 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 _____

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. CREDIT CALCULATION BY BASIS METHOD
XII. CREDIT CALCULATION BY GAP METHOD
XIII. DEVELOPMENT EXPENSES
PRO FORMA

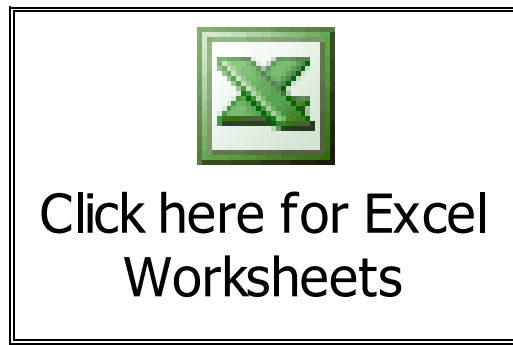
Double Click the icon below to complete the above requirements:

Instructions are on the first tab.

Note!!!

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



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

Site

/	/	/	Option/Contract
/	/	/	Carryover
/	/	/	Acquisition
/	/	/	Zoning Approval
/	/	/	Tax Abatement
/	/	/	Environmental Review Completed

Plan

/	/	/	Conditional Use Permit
/	/	/	Variance
/	/	/	Site Plan Review

_____ / _____ / _____	Building Permit
_____ / _____ / _____	Final Plans/Specs

Closing

_____ / _____ / _____	Property Transfer
-----------------------	-------------------

Construction Financing

_____ / _____ / _____	Loan Application
_____ / _____ / _____	Conditional Commitment
_____ / _____ / _____	Firm Commitment
_____ / _____ / _____	Closing and Disbursement

Construction

_____ / _____ / _____	Construction Start
_____ / _____ / _____	Progress Review
_____ / _____ / _____	Construction Completion

Permanent Financing

_____ / _____ / _____	Loan Application
_____ / _____ / _____	Conditional Commitment
_____ / _____ / _____	Firm Commitment
_____ / _____ / _____	Closing and Disbursement

Other Loans and Grants

_____ / _____ / _____	Type & Source:
_____ / _____ / _____	Application
_____ / _____ / _____	Closing or Award

Equity Syndication

_____ / _____ / _____	Letter of Commitment
_____ / _____ / _____	Partnership Closing

Other

_____ / _____ / _____	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.

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 #