



2016

Carryover Application

Low Income Housing Tax Credit Program

Oregon Housing and Community Services

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INTRODUCTION

If a project is not placed in service by December 31 of the year the project received a tax credit allocation, the credit award will be lost. An exception to the general rule is made if:

1. The ownership entity (taxpayer) has incurred more than 10% of the reasonably expected basis* in the development within twelve (12) months after the date the allocation is made; and
2. The project is placed in service not later than the close of the second calendar year following the calendar year in which the allocation was made.

*for the purposes of this rule, the term basis means adjusted basis of land and depreciable property whether or not it is included in the eligible basis.

**NOTE: It is crucial to ensure that the same entity that receives the credit allocation satisfies the 10% of costs incurred test.

To qualify for this exception the ownership entity must complete an application for a Carryover Allocation (Allocation) and submit the application and all of the required documentation to OHCS prior no later than November 1 of the tax credit year for which they received a reservation of award, as specified in the Reservation and Extended Use Agreement (Reservation).

(e.g., if the project received a Reservation of 2016 credits, the Carryover Application must be submitted no later than November 1, 2016, and the project must be placed in service no later than December 31, 2018 in order to be able to use its allocation of credits).

This Carryover Application is intended to assist project owners in demonstrating that they have met Section 42 carryover allocation requirements.

All owners that have executed the Reservation agreement for 2016 credits must complete the Carryover Application. Failure to complete the Carryover Application and execute the Allocation agreement as outlined in the QAP and this application will result in loss of LIHTC resources to the project. (For the purpose of Section 42 administration, funds that supplement and/or replace the original award of tax credits constitute the tax credit award, and both the carryover allocation and the associated 10% test remain valid processes that must be completed.)

The complete Carryover Application and required documentation must be received at OHCS' office no later than November 1, 2016 or a late charge of \$1,000 will be assessed. An additional charge of \$200 per business day after December 1st will also be assessed. If the application requires OHCS to re-review the application due to substantial changes, an additional review charge of \$100 per hour may be assessed.

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REQUIRED DOCUMENTATION TO ENTER INTO A CARRYOVER ALLOCATION

1. **Carryover Application**, including but not limited to:
 - a. Updated Applicant and Project Summary;
 - b. Updated Project Schedule;
 - c. Updated project pro forma, including sources and uses, income and expenses;
 - d. Certification of receipt of subsidies and grants;
 - e. Third party certification on the format attached, that the owner's basis (incurred costs) in the project is more than 10% of the reasonably expected basis of the completed project OR;
 - f. an owner's self-certification that cost will be expended within the twelve months after the allocation, followed by the independent third party cost certification, but no later than December 31, 2017;
 - g. Certification that the owner has received title to the project site or control of the project site. Control of the site shall, at a minimum, correspond in length of time to the period of project affordability.
2. **If the project includes any non-residential and/or commercial costs, please separate those costs and also state them as a percent of total costs.**
3. Copy of **Draft Partnership Agreement (if available)** indicating tax credit proceeds available to the project together with a contribution schedule.

EXECUTION OF THE CARRYOVER ALLOCATION

Once OHCS has received all necessary documents and determined that the carryover requirements have been met, OHCS will then prepare a Carryover Allocation agreement. **(Allow a minimum of three to five days for preparation). The Carryover Allocation must be executed by both the Sponsor and OHCS before December 31. Failure to fully execute the Allocation will result in the loss of LIHTC to the development. Please return the executed Allocation agreement to OHCS as soon as possible, to allow time for OHCS to execute the document by December 30, 2016. Be sure to verify your signatory officers will be available when needed to sign during the holiday season. Please plan according.**

*NOTE: If the entity receiving the credit allocation is different than the entity in the original application, you will need to submit a Board Resolution and Authorization and Acceptance form for the new entity indicating authorized signors.

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APPLICANT and PROJECT INFORMATION FORM

Project Name: _____

Project Address: _____

Street _____ City _____ Zip Code _____ County _____

Legislative Districts: Federal _____ State Senate _____ State House _____

Applicant

Business Name: _____

Contact _____:

Title: _____

Street: _____

City/St/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Applicant Tax ID #: _____

Co-Applicant

Business Name: _____

Contact: _____

Title: _____

Street: _____

City/St/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Co-Applicant Tax ID #: _____

Applicant Type ("X" box)

For Profit Housing Authority

Nonprofit Local Government

CHDO

Co-Applicant Type ("X" box)

For Profit Housing Authority

Nonprofit Local Government

CHDO

Ownership Entity (LP, LLC, etc.)

Business Name: _____

Contact: _____

Title: _____

Street: _____

City/St/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Ownership Tax ID #: _____

Consultant (if applicable)

Business Name: _____

Contact: _____

Title: _____

Street: _____

City/St/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

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All Correspondence should be directed to:

Business
Name: _____
Contact: _____
Title: _____
Street: _____
City/State/Zip: _____

Phone: _____
Fax: _____
E-mail: _____

Disbursement of Funds

Indicate to which entity funds should be disbursed: (1) _____
(2) _____

Indicate to which entity tax credits should be awarded: _____

NONPROFIT INFORMATION (If Applicable)

Source of the exemption ("X" box)

_____ IRC Section 501(a)
_____ IRC Section 501(c)(4)

_____ IRC Section 501 (c)(3)
_____ ORS 456

Date Incorporated: _____
Date Articles of Incorporate & By-laws
filed: _____
Date Purpose/Mission Statement: _____

Date IRS 501(c)(3) received: _____
Date Articles or By-laws
amended: _____
Date Purpose/Mission
statement amended: _____

| | Yes (x) | No (x) |
|--|--------------------------|--------------------------|
| Do the By-laws set forth the development of affordable housing as a purpose? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the project a for-profit/non-profit joint venture? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the project consistent with the organization's Strategic/Business Plan? | <input type="checkbox"/> | <input type="checkbox"/> |

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DEVELOPMENT TEAM INFORMATION

(Provide the following information, as it applies to the project.)

All correspondence should be directed to:

| | | | | | |
|-----------------|-------|-----------|-------|--------|-------|
| Contractor: | _____ | Ph.: | _____ | Email: | _____ |
| Architect: | _____ | Ph.: | _____ | Email: | _____ |
| Tax Attorney: | _____ | Ph.: | _____ | Email: | _____ |
| Tax Acct: | _____ | Ph.: | _____ | Email: | _____ |
| Syndicator: | _____ | Ph.: | _____ | Email: | _____ |
| Property Mgr. | _____ | Ph.: | _____ | Email: | _____ |
| Other: | _____ | Ph.: | _____ | Email: | _____ |
| Title Company: | _____ | Address: | _____ | | |
| Escrow Officer: | _____ | Phone: | _____ | | |
| E-mail: | _____ | Escrow #: | _____ | | |

Define all direct or indirect financial or other identity of interest members of the development team may have with other members of the development team.

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OHCS-Based Funding Requests

| Sources of Funds | \$ Amount | Grant Request (x) | Loan Request (x) | Recipient will loan to limited partnership (x) |
|------------------|-----------|--------------------------|--------------------------|--|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List other OHCS resources received, or applied to for this project, including any loans, Agriculture Workforce Housing Tax Credits, Oregon Rural Rehabilitation loan, etc.

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Type of: Project:

- New Construction**
- Acquisition**
- Acquisition Rehabilitation**
- Acquisition Rehab/New Construction**
- Rehab Project in OHCS Portfolio**

If this is a Rehab, what year was the project built? _____

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Project Description

Provide a brief description describing the scope of your project and who you will be serving. Please keep your response to one (1) page.

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Unit Type and Percent of Median Income Designation

In the table below, please insert the following information:

- List the unit type (SRO, studio, one (1) bedroom, etc.).
- List the total number of each unit type.
- Indicate the income and rental limitations of the proposed units. Assume all funding source restrictions when completing. Round up to the nearest ten percent (10%), i.e., a forty-seven percent (47%) rental charge would be listed as fifty percent (50%).
- Indicate the number of units in each unit type that has site-based rental assistance.
- List the square footage of units and total square footage for each unit type. For the unit square footage, the inside wall measurement should be used.
- Please Note: Manager unit(s) must be included in this table.

| Residential Only | | | | | | | | | |
|------------------------------|---------------------|--------------------------|------|-----------|--|---|---|-------------------------------|----------------------|
| Unit Type* | Total No. of Units* | No. of Units Per Program | | | Percent of Median Income as adjusted for family size will not exceed | Rents not to exceed percent of Median Income as follows | Number of Units with Site-Based Rental Assistance | Actual Square Footage of Unit | Total Square Footage |
| | | HOME | LHTC | GHAP/HDGP | | | | | |
| <i>Example:</i> 2 bedroom | 8 | 1 | | 2 | 50% | 50% | | | |
| 3 bedroom | 12 | 2 | 8 | | 60% | 60% | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Manager's Unit(s) (___ Bdrm) | | | | | | | | | |
| Total by Column | | | | | | | | | |
| | | | | | | | | | |
| Common Areas | | | | | | | | | |
| Commercial Areas | | | | | | | | | |
| Other** | | | | | | | | | |
| Total Floor Area | | | | | | | | | |

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If the income limitation percentage of the household residing in the unit is not equal to the proposed rental percentage charge, then provide an explanation why.

If applying for HELP, indicate the number of units per population: _____ Farmworker _____ Homeless _____ Domestic Violence

Units per Target Population

Indicate number of units per target population type: (Unit counts may fall into more than one category.)

| | |
|---|--|
| _____ Family _____ Elderly _____ Homeless _____ Disabled, with Services for Physically Disabled _____ Disabled, with Services for Serious and Persistent Mental Illness _____ Disabled, with Services for Intellectual and Developmental Disabilities _____ Persons in Recovery _____ Other (please describe): _____ | _____ Workforce _____ Farmworkers _____ Veterans _____ Children (0-15 years) _____ Young Adults (16-21 years) _____ Survivors of Domestic Violence _____ Previously Incarcerated |
|---|--|

Indicate number of units in which the listed feature is provided:

| | |
|---|---|
| _____ Visitable (ORS 456.510 & 456.513) | _____ Fully accessible to the physically disabled |
| _____ Permanent Supportive Housing | _____ Adaptable for the physically disabled |
| _____ Alcohol and drug free | _____ Number of beds, i.e., group home or dormitory |

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Project Rents and Income Levels

| | Yes (x) | No (x) |
|---|--------------------------|--------------------------|
| Legislation requires that when OHCS resources are utilized, OHCS will give substantial preference to applicants who rent to tenants whose net income is at two (2) times the rent. (e.g. if rent is \$300 per month, a tenant who earns a net of \$600 should be considered income eligible.) Will the project accept this as its policy? | <input type="checkbox"/> | <input type="checkbox"/> |

Upon completion of the project, how many units will be receiving project based assistance? _____

Number of RD units receiving project-based assistance? _____

Number of Section 8 units project-based assistance? _____

Number of units receiving other type of project-based assistance? _____

Explain other type of assistance: _____

Site and Building Information

Size of site: (one acre = 43,560 square feet)

Acres: _____ or Square Feet: _____

Number of residential buildings _____ Number of non-residential buildings _____

Number of residential floors _____ Number of non-residential floors _____

Total no. of code required parking spaces _____ Number of proposed parking spaces _____

Code-required ratio of parking spaces to units is: _____

| | Yes | No |
|--------------------------------------|--------------------------|--------------------------|
| Are all utilities presently at site? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, what needs to be brought to the site? _____

Will the project offer a public facility? (i.e.: day care or community policing station) Yes No

Will the public facility be available on a preference basis to project residents? Yes No

Will the project have a community room or common area? Yes No

Will there be a use or rental fee for these spaces? Yes No

Will the project have commercial space? Yes No

If the project consists of more than one (1) building or type of use, are they located on the same tract of land? Yes No

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Adjacent Land Uses: North of site: _____
South of site: _____
East of site: _____
West of site: _____

Building Type: (See Instructions)

Indicate number of buildings

_____ Single Story Building
_____ Garden Style Building
_____ Elevator Building
_____ Non-elevator Multi-Story Building
_____ Row house / town house
_____ Corridor Building
_____ Other: _____

Building Construction Characteristics:

Foundation: Indicate number of buildings

_____ Slab-on-grade
_____ Crawl space
_____ Basement
_____ Piling
_____ Other: _____

SRO units include the following items in the unit: (check all that apply)

_____ Toilet
_____ Sink
_____ Shower
_____ Bath tub

Ground Floor Construction: Indicate number of buildings

_____ Wood/light gauge metal
_____ Concrete
_____ Steel Frame
_____ Other: _____

Upper Floor Construction: Indicate number of buildings

_____ Wood/light gauge metal
_____ Concrete
_____ Steel Frame
_____ Other: _____

Roof Construction: Indicate number of buildings

_____ Wood/light gauge metal
_____ Concrete
_____ Steel Frame
_____ Other: _____

Exterior Walls: Indicate number of buildings

_____ Wood or fiber cement siding
_____ Pre-fab panel
_____ Masonry
_____ Other: _____

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Planned Project Elements to be incorporated: (Check all boxes which apply)

- Separate Community Building
- Community Room in Residential Building
- Structured Parking # Spaces _____
- Surface Parking # Spaces _____
- Underground Parking # Spaces _____
- Common Laundry Room
- Common Kitchen
- Common Restrooms (other than Community Rm)
- Playground
- Exterior Security Locked Building
- Garden Plots
- On-site Leasing Office
- 24-Hr. Manager on site
- Secure Outdoor Storage Space
- In-unit Storage Space
- Range/oven in unit
- Washer/dryer in unit
- Washer/dryer hook-up in unit
- Patio/Balcony for each unit
- Refrigerator in unit
- Microwave in unit
- Dishwasher in unit
- Garbage Disposal
- Ceiling Fan

- Front Porch
 - Other: _____
 - Other: _____
-

Flooring

- Carpet
- Vinyl
- Wood
- Ceramic Tile
- Other: _____

Heating/Cooling/Venting

- Building-wide Central Ventilation
- Individual Unit Ventilation
- Hydronic
- Natural Gas
- Heat Pump
- Electric resistance heating
- Central Air Conditioning
- Window Air Conditioning
- Radiant Heating
- Forced Air
- Thru-Wall HVAC
- Other: _____

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Proposed Project Schedule

Project Name:

Schedule Date:

| Activity | Proposed Date (month/year)* | Revised Date (month/year)* | Completed Date (month/year)* |
|---|--------------------------------|-------------------------------|---------------------------------|
| Site | | | |
| Option/Contract executed | | | |
| Site Acquisition | | | |
| Zoning Approval | | | |
| Site Analysis | | | |
| Building Permits & Fees | | | |
| Off-Site Improvements | | | |
| Pre-Development | | | |
| Plans Completed | | | |
| Final Bids | | | |
| Contractor Selected | | | |
| Financing | | | |
| Construction Loan: | | | |
| Proposal | | | |
| Firm Commitment | | | |
| Closing/Funding of Loan | | | |
| Permanent Loan: | | | |
| Proposal | | | |
| Firm Commitment | | | |
| Closing/Funding of Loan | | | |
| Development: | | | |
| Syndication/Partnership Agreement (LIHTC) | | | |
| Construction Begins | | | |
| Construction Completed | | | |
| Certificate of Occupancy | | | |
| Marketing: | | | |
| Lease Up Begins | | | |
| Lease Up Completed | | | |
| Absorption* (units/mo.) | | | |

* Indicates completion by end of the month

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Financial Description

Please complete the following financial forms in Excel:

- Sources and Uses
- Operating Budget
- Utility Allowance
- Tax Credit Calculation

The Uses page includes columns for Carryover and for Final Application cost adjustments and comparison to initial application figures. For this Carryover Application, update your original application pro forma by completing column G and updating columns N and O.

Financial Assumptions

| |
|---|
| Describe any changes to your development budget and operating budget figures That have materially changed (5-10%) since the original application. |
| |

Update the table below to show all current non-OHCS sources of funding for project development.

| Non-OHCS Source of funds | Anticipated amount and type | Contact person and phone number | Anticipated Terms | Status (committed, conditional, tentative) |
|------------------------------------|-----------------------------|---------------------------------|---------------------|--|
| i.e. lender, grantor, etc. | i.e. 25,000 grant | I.M. Generous 503.123.4567 | ie. 3%, 30 years | ie. loan committee meeting 9/1/02 |
| Lender | | | | |
| Donated land | | | | |
| Waived system development charges | | | | |
| CDBG from city/county | | | | |
| Local general revenue funds | | | | |
| Property tax exemption | | | | |
| Corporate or private contributions | | | | |
| Operating subsidies (non OHCS) | | | | |
| Other? | | | | |
| Other? | | | | |