

Part 1: Submittal Documents

Authorization and Acceptance Form

Owner/Board of Directors of: _____
Project Name: _____
Project Address: _____

By this action the Owner/Board of Directors accepts the responsibilities and requirements of all tax credit, grant and loan programs applied for in this Application. In accordance with the corporation's by-laws, effective this date, authorization has been given by the Owner/Board of Directors to the following named parties to apply for programs, grants or loans in this application:

The undersigned, being duly authorized to submit this application on behalf of the named Applicant, hereby represents and certifies that all required documents have been submitted in this application packet, and that the information provided in this application, to the best of his/her knowledge, is true, complete, and accurately describes the proposed project. The undersigned further authorizes the release of project information to Oregon Housing and Community Services ("Department," "OHCS") from all financial partners listed in the Application and authorizes the Department to verify any Application information, including financial information, as required to complete its due diligence.

Primary

Signature Title

Print Name Date

Secondary

Signature Title

Print Name Date

Signed:

Owner/ Board Chair Name Signature

Organization Date

Board of Directors Resolution

Is a Board Resolution required to authorize this application? If it is, include a copy of the Resolution here.

Sample Resolution

(Date)

(Name of sponsor), acting through its Board of Directors, at its regularly scheduled meeting, with a quorum present, did after due deliberation, authorize **(name of authorized signatory(s))** to apply to Oregon Housing and Community Services for funding for **(number)** units of affordable housing in a project to be known as **(name of project)**. The person(s) named on the Authorization and Acceptance Form are duly authorized to encumber, by this action, the Board of Directors accepts the responsibilities and requirements of any tax credit and/or grant or loan programs applied for in this application for this project. The site is located at **(address and city of site)**.

Motion was made by _____ and seconded by _____

Signature of Board President _____
(Typed name of president)

Application Submittal Checklist

Please submit the application pages in the following order. Fill out this checklist with the appropriate tabs and page numbers.

Checkboxes are for applicant's use only.

Part 1 Submittal Documents

Authorization and Acceptance Form	Pg.	<input type="checkbox"/>
Board of Directors Resolution, if applicable	Pg.	<input type="checkbox"/>
Application Submittal Checklist	Pg.	<input type="checkbox"/>
Application and Charge Transmittal Form and Payment	Pg.	<input type="checkbox"/>

Part 2 Threshold

Certification of Zoning	Pg.	<input type="checkbox"/>
Verification of Site Control	Pg.	<input type="checkbox"/>
Site Control documents, including all amendments, addendums and extensions	Pg.	<input type="checkbox"/>
OHCS Environmental Review Checklist (signed by Applicant <u>and</u> RAD)	Pg.	<input type="checkbox"/>
Vicinity Map	Pg.	<input type="checkbox"/>
Floodplain map	Pg.	<input type="checkbox"/>
Site Map or Plan, if the project site contains wetlands.....	Pg.	<input type="checkbox"/>
Contextual photos of site and surrounding areas.....	Pg.	<input type="checkbox"/>
USGS Map	Pg.	<input type="checkbox"/>
Physical description of any building over 50 years old.....	Pg.	<input type="checkbox"/>
If applying for HOME funds, documentation to support Vegetation and Wildlife Section Responses	Pg.	<input type="checkbox"/>
Visitability Exemption Request Form, if applicable	Pg.	<input type="checkbox"/>
Maximum Unit Floor Area/Two bath Exemption Request Form, if applicable..	Pg.	<input type="checkbox"/>
<u>Architectural Plans – New Construction:</u>		
Preliminary Site Design & Development Plan	Pg.	<input type="checkbox"/>
Preliminary Building Exterior Elevations	Pg.	<input type="checkbox"/>
Preliminary Building Floor Plans	Pg.	<input type="checkbox"/>
Preliminary Building Sections, if applicable	Pg.	<input type="checkbox"/>
Typical Unit, Showing Furniture Layout Plan	Pg.	<input type="checkbox"/>
<u>Architectural Rehabilitation:</u>		
Rehabilitation/Capital Needs Assessment	Pg.	<input type="checkbox"/>
Rehabilitation Scope of Work	Pg.	<input type="checkbox"/>
Pest and Dry Rot	Pg.	<input type="checkbox"/>
Roof Inspection Report	Pg.	<input type="checkbox"/>
<u>All Projects:</u>		
List of Codes and Regulations, if applicable to the Scope of Work	Pg.	<input type="checkbox"/>
Architect's Letter of Intent, if applicable	Pg.	<input type="checkbox"/>
<u>Optional Documents:</u>		
Phase 1 Executive Summary, if complete	Pg.	<input type="checkbox"/>
Soils Report Summary, if completed	Pg.	<input type="checkbox"/>

Part 3 Applicant and Project Information

Applicant Data Pg. _____
Project Data Pg. _____

Part 4 Narrative Question

Narrative Question Pg. _____

Part 5 Self-Scored Section

Excel Spreadsheet Self-Scored Section Pg. _____
"Needs" Scoring Worksheet Pg. _____
Greenbuilding Worksheet Pg. _____
OHCS Path Worksheet, if applicable Pg. _____
Request for Reassignment of Target Population Priority, if applicable Pg. _____
Two to five supportive letters from local/state/federal governmental entities
or officials, if points were claimed Pg. _____
Two to five supportive letters from local community members or
associations, if points were claimed Pg. _____
Letters of committed funding, if points were claimed Pg. _____

Part 6 Resident Services

Resident Services Description Pg. _____

Part 7 Market and Rent Assessment

Group Home Demand Analysis Pg. _____
Special Needs Demand Analysis Pg. _____
Special Needs Market Assessment Excel Workbook – Page 1 Pg. _____
General Population Demand Analysis Pg. _____
Third Party Market Analysis (Attach as separate document)

Part 8 Sponsor Capacity

Sponsor Capacity Pg. _____

Part 9 Financial Feasibility and Readiness to Proceed

Project Schedule Pg. _____
Financial Assumptions Pg. _____
Preservation and Expiring Use Status, if applicable Pg. _____
Schedule of the maximum rental rates allowed by the rental subsidy (i.e.
HUD or RD) for any project-based rental assistance, if applicable Pg. _____
Existing Tenant Survey, if existing structure is occupied Pg. _____
Tenant Relocation Pg. _____

Part 10 Pro Forma Spreadsheets

Excel Pro Forma	Pg.	<input type="checkbox"/>
Utility Allowance Verification	Pg.	<input type="checkbox"/>

Part 11 Construction Cost Documents

Contractor's construction cost itemization or applicant's cost estimate document	Pg.	<input type="checkbox"/>
OR Rehabilitation itemized costs or cost estimate document	Pg.	<input type="checkbox"/>

Part 12 Supplemental HOME Forms

HOME Application Checklist	Pg.	<input type="checkbox"/>
Architect Certification – meets Section 504 accessibility	Pg.	<input type="checkbox"/>
Copies of URA General Information Notices to residential and commercial tenants (Forms can be located in Section 7: HOME Program Description & Requirements)	Pg.	<input type="checkbox"/>
Notice 5A or 5B and 5D signed by the seller	Pg.	<input type="checkbox"/>
Tenant Participation Plan (if sponsor is a CHDO)	Pg.	<input type="checkbox"/>
Transition Plan (if there are transitional housing units)	Pg.	<input type="checkbox"/>
Lead Disclosure Notices, testing or assessment reports if housing built pre-1978)	Pg.	<input type="checkbox"/>
Consolidated Plan Consistency statement (if project is located in Medford or Ashland jurisdiction's Consolidated Plan)	Pg.	<input type="checkbox"/>
For Special Needs populations, a letter from Dept. of Human Services agreeing to the requirements of the HOME program. (See discussion under Special Needs in the HOME Program Description and Requirements section of the application)	Pg.	<input type="checkbox"/>

Part 13 Supplemental Low Income Housing Tax Credit Forms

Elections and Rental Assistance Information	Pg.	<input type="checkbox"/>
Tax Credit Sale Information	Pg.	<input type="checkbox"/>
Rehabilitation of an Existing Building	Pg.	<input type="checkbox"/>
Form 8821	Pg.	<input type="checkbox"/>
Letter of Intent from equity investor	Pg.	<input type="checkbox"/>

Part 14 Supplemental Low Income Weatherization Forms

Energy Efficiency Plans – Narrative	Pg.	<input type="checkbox"/>
Energy Efficiency Plans – Rehabilitation Worksheet	Pg.	<input type="checkbox"/>
Energy Efficiency Plans – Rehabilitation Calculator Page	Pg.	<input type="checkbox"/>
Energy Efficiency Plans – New Construction Worksheet	Pg.	<input type="checkbox"/>
Energy Efficiency Plans – New Construction Calculator Page	Pg.	<input type="checkbox"/>

Part 15 Supplemental Oregon Affordable Housing Tax Credit Forms

Loan Information	Pg.	<input type="checkbox"/>
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Letter of interest, intent or commitment from permanent lender, if received..... Pg. _____ □

ATTACH CHECK(S) HERE

Application and Charge Transmittal

Project Name: _____

Project Address: _____

Applicant Name: _____

Applicant Address: _____

Contact Name, Address: _____

Submit the original application, specified copies, Application Charge and this form to:

Housing Resources Section
Oregon Housing and Community Services
725 Summer Street NE, Suite B
Salem OR 97301-1266

Check which Application Charge applies below:

Housing Resources Section (HRS) Programs and CFC Application: (259)

Minimum CFC Application charge: _____ = (a) \$100.00

units in your proposed project: _____ x 25 = (b) \$ _____

Maximum CFC Application charge:

Total of all CFC sources requested*: _____ x .5% (.005) = (c) \$ _____

*includes all grant funds, amount of OAHTC requested, and equity generated by the LIHTC allocation.

If the total of (b) is less than \$100, you must pay the minimum charge of \$100.

If the total of (b) is more than \$100, you must pay the lesser of (b) or (c).

Amount Due: \$ _____

Make Checks Payable to:
Oregon Housing and Community Services

Amount Enclosed: \$ _____

Part 2: Threshold

**ZONING:
LOCAL GOVERNMENT VERIFICATION THAT DEVELOPMENT IS CONSISTENT
WITH ZONING AND LAND USE REGULATIONS**

Project Name: _____

Project Type and # of units: _____

Project Location: _____

Acreage of Project Site: _____ Tax Account #(s): _____

Assessor's Map & Tax Lot(s): _____

.....
(Must be completed by local jurisdiction)

Certification

1. The zoning for this development site is: _____

2. The number of units (not buildings) [density] allowed for this development site is:
Minimum number: _____ Maximum Number: _____

3. The number of on-site parking spaces required per dwelling unit is: _____

4. Check the applicable box. (Check only one box):

The proposed use is consistent with the above referenced zoning and applicable land use regulations, and there are no additional land use approvals required.

The proposed use will be consistent with the above referenced zoning and applicable land use regulations upon obtaining of the following land use approval(s): _____
_____, or resolutions of the following land use issues:

Applicant has _____ has not _____ submitted the required application(s) for review.

The proposed use _____ Is not allowable or _____ cannot be determined to be allowable with the above referenced zoning and applicable land use regulations because: _____

I certify that the City/County of _____ has vested in me the authority to verify consistency with local land use regulations and I further certify that the foregoing information is true and correct to the best of my knowledge.

Signature Date Phone

Print Name Title

Verification of Site Control

Type of Site Control (check all that apply) (X)	Date of Last Amendment or Addendum	Date of Last Extension	Current Expiration Date
Deed	n/a	n/a	n/a
Final Land Sale Contract	n/a	n/a	n/a
Earnest Money Agreement			
Option			
Other:			

Options and sales agreements must, at a minimum, be valid through September 1 for Spring applications and March 1 of the following year for Fall applications if HOME funding is a project resources or if other CFC funding will be used to acquire the property.

Options and sales agreements must be valid through July 1 for Spring applications and January 1 of the following year for Fall applications if funds other than those requested through the CFC application are being used for acquisition.

Read Instructions Section carefully. Attach complete site control document(s) behind this page.

OHCS Environmental Review Checklist

The complete Environmental Review Checklist must be submitted with the application.

Applicant/ Sponsor: _____ Project Name: _____
Site Address: _____

Legal description (required): Township: _____ Range: _____ Section: _____
Quarter Section: _____ Tax Lot(s): _____

The applicant must complete this environmental review checklist in its entirety and provide to the Regional Advisor to the Department (RAD) prior to the RAD's site visit. The RAD will review the information during the performance of the site review. For HOME applicants, the Checklist will be used during the HOME environmental review.

Certification

This checklist has been completed accurately to the best of our knowledge, and the RAD has conducted an in-person site review.

Applicant/Sponsor Name _____ Signature _____ Date _____

RAD Name _____ Signature _____ Date _____

Information Source Coding

The source of all information used must be identified. Record the source here and indicate the appropriate code in the space provided throughout the checklist.

FO - Field Observation. (On-site observation or personal knowledge of the preparer)

Preparer: _____ Date of field observation: _____

Address: _____ Phone: _____

PS - Project Sponsor.

PL - Planning Department.

(Information supplied by local planning department or local official previously listed)

R1 - Report.

(Information from consultant reports, databases, licenses, other authorities. Number such sources consecutively and list below)

R1 Title of Report: _____

Preparer: _____ Date: _____

R2 Title of Report: _____

Preparer: _____ Date: _____

Site/Area Maps

Sponsor must provide a vicinity map with scale included. The site location must be visible on any copies sent. Note: Original colored maps copied in black and white can be difficult to read.

On the map, indicate the following:

- Location of airport (if applicable)
- Railroad (if applicable)
- Nearest 4-lane highway or arterial
- Social Services agencies
- Hospital, police and fire depts.
- Recreational facilities (park, activity centers, etc.)
- Commercial/retail facilities (grocery, dept stores, etc.)
- Nearby industrial facilities
- Schools
- Rivers, streams, ponds, springs, wetlands

Also, provide the following:

- A photocopy of the most recent FEMA Flood Plain map including a copy of the panel number and date **with project site sketched in.**
- A USGS map of the appropriate Township, Range and Section. The map you submit may be 8 ½ by 11 size, as long as it covers the entire "section" where the site is located. The site location **must be sketched in.** USGS maps are available at planning offices, libraries and bookstores.

Source	Type	Distance from Project	Comments
Commercial Services Employment Centers	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Public Transportation	_____	_____	_____
	_____	_____	_____
Schools	Elementary	_____	_____
	Middle/Jr. High	_____	_____
	High	_____	_____
Parks and Open Space Recreation/Cultural opportunities	_____	_____	_____
	_____	_____	_____
Social Services	_____	_____	_____
	Police Station	_____	_____
	Fire Station	_____	_____
Emergency Services	Emergency Medical	_____	_____
	Hospital	_____	_____

Land Development

Existing Structures on Site

Source _____
FO

1. Are there other structures on the site that will not be included in the CFC-funded construction or rehabilitation? Yes No

If "yes," are there plans to demolish any or all of them? Describe all existing structures whether commercial, residential, storage, etc. and any plans for them. Indicate if each building listed is occupied or vacant.

Soil Suitability

Source _____
PS,FO

2. Is the site level or sloped? _____
3. If sloped, give the range of degrees of the slope. _____
4. Are there any signs of unstable soils in the vicinity? (e.g. cracked foundations, sinkholes) Yes No
5. Are area soils highly erodible? Submit soil reports if available. Yes No

6. Describe soil type and bearing. Get soils type from Natural Resource Conservation Service (local county jurisdiction).

Hazards

Source _____
FO

7. Are any natural hazards apparent? (dangerous trees, sinkholes, ravines, valanche-prone slopes, etc.) Yes No

8. If "yes", give details.

9. Are any of the following present: overgrown adjacent property, abandoned adjacent buildings, unfenced commercial/industrial adjacent property, high pressure petroleum or natural gas pipelines, irrigation canals, drainage ditches, old wells, improperly screened street drains, deteriorated streets or sidewalks, adjacent power substations, high voltage power transmission lines through or adjacent, excessive vibration, odors, dust, field crops, livestock? Yes No

10. If "yes", give details.

Contamination Screening

Source _____
PS, FO, PL

11. If this is a rehabilitation project or the demolition of an existing structure is contemplated, is there evidence of the presence of asbestos or lead-based paint? (generally, lead-based paint can be found in most buildings constructed prior to 1978). Yes No
12. If "yes", describe the inspections made to identify these two hazards and results of inspections. If no inspections have been made, are they planned?
13. Has there been an "environmental due diligence" investigation of the site performed (TSQ, Phase I or II, site characterization, etc.)? Yes No
14. If "yes", is it available? (If available, only the executive summary and any recommendations need to be submitted.) Yes No

If no "environmental due diligence" investigation is available, answer the following questions:

15. Is there evidence of contamination or potential contamination on immediately adjacent properties (landfills, chemical storage facilities, service stations, chemical processors, plating plants, dry cleaners, vehicle storage, wrecking or repair businesses, underground storage tanks, drums, distressed soil or vegetation, fill, contaminated wells, transformers, major transmission line, adjacent substation)? Yes No
16. If "yes", provide details.
17. Is there evidence of contamination or potential contamination on site (drums, chemical containers, distressed soil or vegetation, odors, accumulation of trash or debris, contaminated wells, transformers, potential USTs [look for old foundations, slabs, pipes in the ground])? Yes No
18. If "yes", provide details.
19. Is there evidence of fill on site? Yes No
20. If "yes", does documentation exist to demonstrate that the fill was engineered and is appropriate for the intended use?
21. Are all utilities presently at the site? Yes No
22. If "no", what needs to be brought to the site?

Site Safety

Source _____
FO, PL

List names, addresses and phone numbers of local officials and the date contacted regarding the following:

Site Safety Name/Title: _____ Date: _____ Phone: _____
Address: _____

Runway Clear Zones are areas immediately beyond the end of runways at civil airports. **NO SITE IN A RUNWAY CLEAR ZONE OR ACCIDENT POTENTIAL ZONE WILL BE APPROVED.**

23. Is the site located in a runway Clear Zone? Yes No

Explosive and flammable hazards are above ground tanks that contain explosive or flammable materials. Common examples are: commercial propane tanks, fuel oil depots, gasoline storage, industrial solvent storage, refineries. Residential fuel oil tanks of 100 gallons or less are excepted. Tanks that are currently empty but have not been decommissioned and can legally be refilled will be considered 'live.'

24. Are there any explosive or flammable above-ground tanks within line of sight of any part of the proposed site? Yes No

25. Are there any explosive or flammable above-ground tanks within 500 feet of any part of the proposed site shielded from line of sight by buildings but not topography (buildings may or may not be an effective barrier, topography is an effective barrier)? Yes No

26. If "yes" to either question 24 or 25, describe them and the distance from the site.

OHCS will contact applicants later for the detailed information necessary to complete HUD's site requirements for projects near hazardous facilities.

Noise

Effects of Noise

Source _____
FO, PS, PL

27. Is any part of the site within 15 miles of an airport with scheduled service (passenger, cargo) or 2.5 miles of a military airport? Yes No
Check which type(s): passenger/cargo military

28. Is any part of the site within 3,000 feet of a railroad? Yes No

29. Is any part of the site within 1,000 feet of a freeway or a busy road or highway? Yes No

30. Are any other noise generators located nearby (such as heavy industrial facilities, rail yards, shipyards, and fire stations)? Yes No
Comment: Sites immediately adjacent to freeways and heavily traveled rail lines may not be acceptable. Most other sites will either be acceptable or acceptable with design mitigation to achieve the required interior standard.

31. If "yes," identify them and give their distance from the site.

Air Quality

- Air Quality Screening** **Source** FO, PL
32. Is the site subject to air quality impacts not generally shared with the entire community? (e.g., close proximity to freeway, gravel pit, pulp mill or other source generator or air pollution). Yes No

33. If "yes," please describe.

Historic and Preservation Values

- Historic Preservation Screening** **Source** _____
PL, RI appropriate sources for first 4 questions. County assessor, current owner

Every site, whether bare land or scheduled for rehabilitation and/or demolition of existing buildings, must address the questions below. Identify the source of the information. Possible sources include SHPO, local historical societies, city and county planners.

34. Is any part of the site in an established, eligible or proposed historic or conservation district? Yes No
35. Is the site or any structure on the site listed in a local historic or cultural resources inventory or the National Register of Historic Places (NRHP)? Yes No

36. If "yes" on either question 34 or 35, please describe

37. Are any immediately adjacent sites or structures listed in a local historic or cultural resource inventory or the NRHP? Yes No

38. If "yes," please describe.

39. Are there any known or suspected archaeological resources on the site, adjacent sites or in the vicinity? Yes No

40. Is the site located on any historical or currently owned Tribal lands? Yes No

41. If "yes" to either #39 or #40, please describe.

42. List the year(s) built of any structure(s) on the site: _____

List names, addresses and phone numbers of persons or entities contacted for answers to above:

Name/Title: _____ Date: _____ Phone: _____

Address: _____

Note to all applicants (regardless of funding requests):

If any building is 50 or more years old, include the following items with this application. Each individual building over 50 years of age requires submission of these items separately:

- Photographs, laser-copy photos, or color-printed digital images (no photocopies) of the targeted building(s) or of the proposed site, showing architectural context of the project. The photos must clearly show the entire building as well as the immediate surrounding neighborhood area.
- A physical description, including date of construction, of any building affected by the project completion. If alterations to the structures have been made, they need to be dated also.

IMPORTANT: Note regarding HOME projects and SHPO:

For projects applying for HOME funding from OHCS, the above historic and preservation answers and photos, as well as the description of the project, the address of the property and the site/locality maps included with the Environmental Checklist will be forwarded to the State Historical Preservation Office (SHPO) for approval on the project's behalf. Applicants should not forward these items to SHPO themselves.

However, if application is being made for HOME FUNDS from a source other than OHCS, applicants must work with that HOME source regarding who will complete the SHPO process.

List name, address and phone number of persons or entities contacted re: buildings over 50 years of age:

Name/Title: _____ Date: _____ Phone: _____

Address: _____

Natural Resources

Flood Plains

Source _____
PL

Federally supported construction activities are prohibited within the 100-year flood plain as mapped by the Federal Emergency Management Agency (FEMA), except under limited circumstances. Federally supported construction activities within the floodway are totally prohibited under any circumstances.

43. FEMA Map _____ Effective Date _____
44. Is any part of the site located within the 100-year flood plain according to the FEMA map? Yes No
45. Is any part of the site located within the floodway according to the FEMA map? Yes No
46. Will any off-site construction occur within the 100-year flood plain? Yes No

A copy of the applicable FEMA map panel **must be submitted** with the proposed site sketched in or identified. Please use dark ink. Colored ink or markers do not photocopy well. If the panel is not printed, the site is not in the flood plain. Local governments are required to have flood plain maps available.

For applications for which HOME is a requested source, in addition to answering the following, you must submit documentation from participating local officials to back up their determinations for questions 47 through 55.

Wetlands

Source _____
PL, FO

HUD has defined wetlands as "...only those designated wetland areas identified or delineated on maps issued by the Fish and Wildlife Service of the U.S. Department of the Interior as areas that are inundated by surface or ground water with a frequency sufficient to support, and under normal circumstances do or would support, a prevalence of vegetative or aquatic life that requires saturated or seasonally saturated soil conditions for growth or reproduction." The project site may also contain wetland designation areas from state, county or local entities.

List name, address and phone number of local officials and the date contacted regarding wetlands:

Name/Title: _____ Date: _____ Phone: _____
Address: _____

47. Has any part of the site (including off-site construction areas) been identified as potentially a jurisdictional wetland by one of the following sources?
If jurisdictional wetlands are anywhere on the site or adjacent to the site, a site map showing an overlay of the wetland area and the planned building(s) must be submitted. Use dark ink. Colored ink or markers do not photocopy well.

Source		
US Army Corp of Engineers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oregon Division of State Lands	<input type="checkbox"/> Yes	<input type="checkbox"/> No
US Fish and Wildlife (Nat'l Wetlands Inventory Maps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Natural Resource Conservation Service (rural areas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Planning Department (Goal 5 Inventories)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wetlands Delineation consultant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comment: The local planning department should be cognizant of any identification's made by the above authorities. Submit any documentation available concerning the wetland status of the site.

48. If potential jurisdictional wetlands have not been identified, does the site exhibit any of the following characteristics?

Characteristic		
Wetland vegetation (cattails, rushes, reeds, sedges, reed canary grass, creeping buttercup)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydric Soils (Soil Conservation Service Maps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seasonally saturated conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water table within 18 inches of surface	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wetland wildlife (ducks, salamanders, frogs, nutria, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

For sites which possess no potential wetland characteristics (such as building lots in established urban neighborhoods that are "high and dry," desert sites with no water resources in the vicinity, or sites with no water resources in the vicinity that are un-vegetated or artificially planted [irrigation is a water resource], the above investigation may be cursory (an inquiry with the planning department and field observation).

If water resources are on site or adjacent, the planning department indicates potential for wetlands in the vicinity, any of the above characteristics are present or the public has raised wetlands as an issue, a more thorough examination is merited. The services of a qualified professional may be necessary. OHCS will not debate the delineation of any wetland (or the determination that no wetland is present) that has been documented as acceptable to the Oregon Division of State Lands

Vegetation and Wildlife

Source _____

List names, addresses and phone numbers of local officials and the date contacted regarding vegetation and wildlife:

Name/Title: _____ Date: _____ Phone: _____

Address: _____

49. Have any endangered, threatened or candidate species (fish, animals, plants) been identified in the quarter section of land surrounding the site? Use Oregon State University's Oregon Natural Heritage Information Center for communities with identified species within their UGBs. Yes No

50. If "yes," provide details.

51. Have any endangered, threatened or candidate species of plants, fish or animals been identified on the actual site? *PL is appropriate source.* Yes No

52. If "yes," provide details.

53. Has the locality identified the site or vicinity as wildlife habitat as part of its Goal 5 Inventory process? *PL is appropriate source.* Yes No

54. If "yes," provide details.

55. Describe the predominate ground cover and any wildlife observed. *FO is appropriate source.*

HOME and Risk Sharing Specific
ENVIRONMENTAL REVIEW QUESTIONS
 If the project includes OHCS HOME funds or Risk Sharing Bond Financing, this section must be completed.
 If not, this section can be skipped.

List names, addresses and phone numbers of local officials and the date contacted regarding the following:

Public Water Name/Title: _____ Date: _____ Phone: _____
 Address: _____

Public Sewer Name/Title: _____ Date: _____ Phone: _____
 Address: _____

Storm Sewer Name/Title: _____ Date: _____ Phone: _____
 Address: _____

Solid Waste **Source** _____
FO, PS, PL

56. Is garbage collection available? Yes No

57. If "yes," by commercial service? Yes No

58. Will curbside residential recycling be available to the proposed project? Yes No

59. Is construction waste recycling available in the community? Yes No

Waste Water **Source** _____
FO, PS, PL

60. Is public sewer available at the site? Yes No

61. If "no," explain waste-water arrangements

Storm Water **Source** _____
FO, PS, PL

62. Is public storm sewer available at the site? Yes No

63. If "yes," is this a combined waste/storm sewer? Yes No

64. If public storm sewer is not available, how will storm water drainage be handled?

65. What will be the total square footage of impervious surfaces (roofs, parking areas, walkways) on the site: _____

Nearby Water

Source _____
FO, PS, PL

66. Are there rivers, creeks or lakes within a 2 mile radius of the proposed project? Yes No
(Ponds and irrigation canals are not necessary to consider).

67. If so, submit their official names and approximate distance from the site. A map showing their location with respect to the site would be helpful now, and will ultimately be required.

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Visitability Exemption Request

Sponsor: _____ Project Name: _____

Site Address: _____

Visitability Exemption Category (check all that apply). See OAR 813-310-080

<input type="checkbox"/> Topographical Concerns	<input type="checkbox"/> Funding Conflicts
<input type="checkbox"/> Undue Costs	<input type="checkbox"/> Undue Constraints
<input type="checkbox"/> Initial Project Rejection	<input type="checkbox"/> Community and Design Standards
<input type="checkbox"/> Community Powder Room / Adaptable Powder Rooms in each Visible Unit	

Number of Units Requesting Exemption:

Full Exemption: _____ Partial Exemption: _____

Describe the circumstances relating to the exemption request. Be as specific as possible. Use other sheets and provide documentation drawings, cost information or other data as necessary. Be sure to provide justification for each exemption category requested.

If the exemption request is based upon conflicting community design standards, provide a written statement below stating whether it would be reasonably possible to obtain from the local government an exemption from the local design standard.

Describe the effect the requested exemption would have on visitability for the mobility impaired.

Please refer any questions regarding your Visitability Exemption Request to:

John Czarnecki, OHCS Architect
 503-986-0972
 email: john.czarnecki@hcs.state.or.us

_____ Approved _____ Not Approved _____ Not Applicable

 Name

 Title

 Date

**Request for Exemption from
Minimum or Maximum Unit Floor Area Requirements
Including Requests for Single-Level Two Bedroom /Two-Bath Designs**

Sponsor: _____ Project Name: _____

Site Address: _____

List which Minimum or Maximum Unit Floor Area Limitation(s) your project is unable to meet. Include the location and number of specific units affected:

Describe the reason(s) why the Minimum or Maximum Limitation(s) cannot be met in this/these particular unit design(s):

Describe the specific reasons it is necessary to include two full baths in your two-bedroom unit design(s):

Please refer any questions regarding your Exemption Request to:

John Czarnecki, OHCS Architect
503-986-0972
email: john.czarnecki@hcs.state.or.us

_____ Approved _____ Not Approved _____ Not Applicable

Name

Date

Title

Attach Architectural Plans or Rehabilitation documents here.

Part 3: Applicant and Project Information

Applicant Data

Applicant

Business Name: _____
 Contact: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Co-Applicant

Business Name: _____
 Contact: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Applicant Type ("X" box)

For Profit Housing Authority
 Nonprofit Local Government
 CHDO

Co-Applicant ("X" box)

For Profit Housing Authority
 Nonprofit Local Government
 CHDO

Ownership Entity (LP, LLC, etc.)

Business Name: _____
 Contact: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Consultant (if applicable)

Business Name: _____
 Contact: _____
 Street: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

All correspondence should be directed to:

Business Name: _____
 Contact: _____
 Street: _____
 City/St/Zip: _____

Title: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Non-Profit Information: (if applicable)

	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"/>

Development Team Information

Contractor Firm:

Contact Name:

Phone:

E-Mail:

Architect Firm:

Contact Name:

Phone:

E-Mail:

Tax Attorney Firm:

Contact Name:

Phone:

E-Mail:

Tax Acct Firm:

Contact Name:

Phone:

E-Mail:

Syndicator Firm:

Contact Name:

Phone:

E-Mail:

Prop Mgmt Firm:

Contact Name:

Phone:

E-Mail:

Turnkey Developer:

Phone:

E-Mail:

Other:

Phone:

E-Mail:

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. (See instructions section for a discussion of this question.)

--

Project Data

Project Name: _____

Project Address: _____
Street
City
Zip Code
County

Legislative Districts: _____ U.S. House _____ State Senate _____ State House

Note: To find the project's district numbers visit <http://www.leg.state.or.us/findlegsltr/findset.htm>

OHCS-Based Funding Requests

Sources of Funds	\$ Amount	Grant Request (x)	Loan Request (x)	Recipient will loan to limited partnership (x)
Trust Fund	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIWP (Weatherization)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAHTC (loan amount)	_____			
LIHTC (annual allocation)	_____			

List all other OHCS resources (non-CFC) you have received, or will apply for, for this project, including any loans, Farmworker Housing Tax Credits, Oregon Rural Rehab loan, etc:

Number of Years of Affordability: _____

Applicant is applying under the following OHCS set-asides: (See complete definitions of the populations which qualify and additional details about set-asides in the "Resources Available and Allocation of Funds" and "OHCS Performance Measurements and Preferences" sections of the Application).

Check all that apply
(X)

- Housing for the developmentally disabled
- Preservation
- Homeless, chronically homeless or at risk of homelessness

Designation of BETC Credit: (Check one box)

- Will be pursuing BETC
- Will not be pursuing BETC – OHCS may pursue

Project Type: (Check all boxes which apply)

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Permanent Housing |
| _____ If rehabilitation, year built | <input type="checkbox"/> Group Home _____ No. of residents |
| <input type="checkbox"/> Vacant | <input type="checkbox"/> Modular Units |
| <input type="checkbox"/> Occupied | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Multi-Family Rental Housing | <input type="checkbox"/> Independent Elderly |
| <input type="checkbox"/> Single-Family Rental Housing | <input type="checkbox"/> Congregate Elderly |

	Yes (x)	No (x)
Will the operation of this housing be licensed through the Dept. of Human Services?	<input type="checkbox"/>	<input type="checkbox"/>
Are the residential units available to the general public within the population you're serving?	<input type="checkbox"/>	<input type="checkbox"/>

Target Population

Target Population: _____

Indicate number of units per target population type. (Complete all boxes which apply.)	
_____ Family	_____ Persons in Alcohol and Drug Recovery
_____ Frail Elderly	_____ Children (0 – 21 years)
_____ Independent Elderly	_____ Youth (17 – 21 years)
_____ Homeless	_____ Persons with HIV/AIDS
_____ Veterans	_____ Victims of Domestic Violence
Persons with a presence of a disability with services designed to assist:	_____ Previously Incarcerated
_____ Physically disabled	_____ Other (please describe):
_____ Developmentally disabled	_____ Other (please describe):
_____ Psychiatrically disabled	_____ Farm workers

Indicate number of units in which the listed feature is provided. (may be double counted)	
_____ Visitable	_____ Permanent Supportive Housing
_____ Alcohol and drug free	_____ Adaptable for the physically disabled
_____ Fully accessible to the physically disabled	_____ Units with high speed internet access, wired or wireless.
_____ Number of beds, i.e., group home or dormitory	_____ Number of internet stations in community building
_____ Transitional housing	

Unit Type and Funding Program Designation

Residential only

Unit Type*	Total No. of Units**	Number of Units Designated As					Actual Square Footage of Unit	Total Square Footage
		OHCS HOME	LIHTC	Trust Fund	LIWP	Other		
Note: Manager unit(s) must be included in this table.								

Manager's Unit(s)
Total by Column

Common Areas
Commercial Areas
Other

Total Floor Area

* Unit Type can be abbreviated - Group Home, SRO, 0 bdr, 1 bdr, 2 bdr, 3 bdr, etc.
** Group Homes = 1 unit

If there is a Manager unit, what is its size? (1 bdrm, 2 bdrm, etc.) _____
 If the manager unit is income-qualified, what is the AMI %? _____
 List other units designated for operations or management. (how many) _____

Complete the Rent Table below.

Unit Type by bedroom size:	Number of units by bedroom size:	Percent of Median Income as adjusted for family size will not exceed:	Rents not to exceed the following percent of median income:	Project based rental assistance is available for these units (Yes/No)
i.e. 2 bedroom	i.e. 8	i.e. 50%	i.e. 50%	i.e. Yes

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.

Site and Building Information

Note: Green building features are addressed in the Self-Scored Section.

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)	<input type="checkbox"/>	<input type="checkbox"/>
Will the public facility be available on a preference basis to project residents?	<input type="checkbox"/>	<input type="checkbox"/>
Will the project have a community room or common area?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a use or rental fee for these spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Will the project have commercial space?	<input type="checkbox"/>	<input type="checkbox"/>
If project consists of more than 1 building or type of use, are they located on the same tract of land?	<input type="checkbox"/>	<input type="checkbox"/>

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	_____ Shower
_____ Sink	_____ 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: _____

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: _____

Part 4: Narrative Question

Please carefully read the Instructions Section before responding to this question.

Maximum of three typed pages in response to this question. Read the instructions carefully before beginning.

Sponsor's Summary of Project.

Provide a brief summary of the project. Include all information that is important for the reviewer to know about the project and population(s) to be served.

Part 5: Self-Scored Section

NOTE: The cost analysis or document from which cost estimates are based must be provided with the application along with other documents submitted as verification of points scored. However, attach the cost verification in the Construction Cost Section of the application, not in the Self-Scored Section.

Place Excel Self-Scored Section, "Needs" Scoring Worksheet and Green Building Worksheet(s) Here.

Request for Reassignment of Target Population Priority

Requesting Organization: _____

Submitted by: _____ Date: _____

Contact E-mail: _____ Phone: _____

Project Name:

Project Address:

Target Population according to Priority definitions on next page:

Current Priority Level: _____

Proposed Priority Level: _____

Explain why the population (s) you want to provide housing for should be considered a Priority _____ (1, 2, or 3). Discuss how the population(s) meets at least one of the definitions of a Priority population (see next page), using defensible data.

List each of the data sources you used to arrive at your conclusions in Question #1. Document the source(s) of the data you propose using. Include the justification for using this data.

OHCS DETERMINATION:

Proposed Priority Population

**Approved as Priority
Level 1, 2 or 3**

Not Approved

Comments: _____

Signed by: _____
Policy, Planning and Research Section

Date: _____

This form must be completed and provided to your RAD at least two weeks before the CFC application submittal deadline. The request will be either approved or denied and returned to you.

Priority Population Definitions

Priority 1 populations are defined as:

- 1) being designated by OHCS as a top priority need for all regions of the state. There are currently two populations and one project type designated as Priority 1 for all locations. They are:
 - a. Homeless and Chronically Homeless, or
 - b. Preservation projects which have been financed by HUD or RD and which have an existing rental assistance contract with HUD or RD for at least 25% of the project units; or
- 2) a special need group whose housing needs have been addressed in the community at a rate significantly lower than the those of other groups: or
- 3) renter households (earning 30-60% median income that are rent burdened (spending more than 30% of their income on housing) at rates higher than the state value: or
- 4) any acquisition rehabilitation project in a location where workforce housing priority is 2 or 3.

Priority 2 populations are defined as:

- 1) a special need group whose housing needs have been addressed in the community at a rate above those of the Priority 1 need groups within that county; or
- 2) renter households earning 30-60% median income that are rent burdened (spending more than 30% of their income on housing) at index rates 0.88-1.00 which translates into slightly below the state rate of rent burden.

Priority 3 populations are defined as:

- 1) a special need group whose housing needs have been addressed in the community at rates significantly higher than those of Priority 1 need groups and at rates that are also higher than Priority 2 population groups: or
- 2) renter households earning 30-60% median income that are rent burdened (spending more than 30% of their income on housing) at index rates below 0.88 which translates into lower than the state rate of rent burden.

NOTE: The Department may make an exception for any project with committed federal funds for development which also includes operating or rental assistance funding.

Part 6: Resident Services

Resident Services Description

Describe the specific resident services that will be provided or coordinated for the tenants of this project. Why are these services appropriate for the tenants? List any actual or proposed contractual agreements with local service providers. Describe how resident services will be coordinated with ongoing property management of the project.

Complete the Table below:

Description of Proposed Resident Services

Type of Resident Service	Who will provide or coordinate	Anticipated outcome or goal

Part 7: Market and Rent Assessment

Note: LIHTC Third Party Market Analysis instructions are included in the Instructions Section.

Summary of Demand for Group Home

Describe the data that confirms a group home serving the designated population is needed in the community, and that there will be sufficient demand to keep all of the home's bedrooms consistently rented to the targeted population throughout the period of affordability.
(Read Instructions Section carefully before answering. Limit response to two pages maximum.)

Describe how this project is consistent with the priorities and objectives of the state or local jurisdiction's consolidated plan and other community planning processes. (e.g. urban renewal district plan, community development plans, public housing agency plans, OMNIPLAN, etc.)

Summary Special Needs Market Assessment

Describe the Primary Market Area (PMA), which is the geographic boundary encompassing the prospective tenants. Support your reasoning for selecting this area

Specifically identify the target population. What is the population(s) targeted (DD, CMI, A&D, other)? What are the household sizes? What are the income ranges (\$ and % MFI) of the population served at the subject project?

Describe how this project is consistent with the priorities and objectives of the state or local jurisdiction's consolidated plan and other community planning processes. (e.g. urban renewal district plan, community development plans, public housing agency plans, OMNIPLAN, etc.)

Quantify the target special needs population and the specific housing needs. Precisely identify how many targeted special needs persons are in the PMA. Identify how many households are in this population, which are income qualified for your project. What unit types (group home, studios, 1, 2 bedrooms) are needed for these household sizes?

Describe the competition for this project in the market area. How many existing Special Needs units (include all ages) are currently present in the PMA that would compete with the project? Where is the population currently residing? How many units are proposed or in the pipeline that could compete with your project?

Review the estimated marginal (unmet) demand and capture rate for your project as calculated on the excel table to confirm it represents the data discussed above. Estimate the number of qualified households that would actually move into your project and provide reasonable support for your figures. Narratively state the conclusions from the table. If any additional discussion is needed, be very short and concise.

Briefly discuss three additional demand indicators for the project and conclude this section. These other indicators include vacancy, wait lists (current and updated), and anecdotal data from market participants such as other service providers and managers. Discuss these variables as indicators of demand for the subject. Include all of the competitive complexes. What is the current vacancy rate of similar units in the PMA?

Precisely describe how individual unit rent is established for the project and how it compares with similar projects housing the same population. This analysis assumes tenants do not have incomes applicable to typical rental analysis. Therefore, how project rental income will be derived is critical. Describe the typical tenant's income and where it comes from. If tenants are on SSI, limited income with a voucher, or if the rent is supplied by another funding source, describe how the unit rents are derived from these sources. How do funding trends impact these rents? If tenants were not living in the subject project, where would they go? Compare other similar projects' rents to the proposed affordable project rents. Justify how and why the project rents are applicable to the subject project.

Attach Excel Special Needs Market Assessment Workbook – Page 1.

General Market Assessment

Please answer all of the following:

Specifically identify the target population.

- What specific population(s) is your project targeting (i.e. general family, seniors, farm workers)?
- What are the usual household sizes (number of persons per household) of this target population?
- What are the median family income levels in both percent (i.e. 40-50-60%) and income (i.e. \$19,655 to \$24,307) of the target population households?

Briefly discuss the following regional or local (city or county) economic variables and trends, and their impacts on demand for your project.

- **Population:** What are the most recent population and growth trends (positive, negative, stable) and do these recent trends indicate increased demand? What is the trend for the next 3 to 5 years?
- **Income:** What are the personal income trends for the area?
- **Employment:** Are employment trends indicating increased demand for this project?
- **Other:** Are there any additional regional economic variables impacting the success of this project?

Define and describe the Primary Market Area (PMA), which is the geographic boundary encompassing the prospective tenants.

- **Primary Market Area:** Describe the geographic boundaries of the primary market area and the reasoning for selecting these boundaries.
- **Secondary Market Area:** Do not include a secondary market area unless a compelling and defensible argument is presented for additional project capture from this area.

Qualify the specific housing needs of the target population.

- Based on the above household sizes, what unit types (i.e. 1, 2, 3-bedroom units) are required for the household sizes targeted? (Use 1.5 persons per bedroom for analysis)

Describe how this project is consistent with the priorities and objectives of the state or local jurisdiction's consolidated plan and other community planning processes. (e.g. urban renewal district plan, community development plans, public housing agency plans, OMNIPLAN, etc.)

Describe the competition for this project in the market area.

- Identify the existing market and affordable projects (and the number of units) in the PMA that would compete directly with this project.
- Identify the number of planned, proposed, or under construction projects (both market and affordable) and number of units in the development pipeline that will compete directly with the proposed project in the foreseeable future?
- Analyze and describe the impact of the proposed project on existing older projects and units in the PMA, which have similar or lower, rent levels as those proposed for the project.

Discuss the following five demand indicators from the market and conclude what these are indicating for your project's demand.

- **Vacancy:** What are current affordable and market-rate project physical vacancies and recent vacancy trends indicating about the demand for this project, both project and unit type? Insert vacancy data into the following table "Average Vacancy Rates".
- **Rental Concessions:** Are rent concessions present or absent in your PMA and what does this indicate about current demand?
- **Absorption Data:** If any projects in the area are undergoing absorption (lease-up), what do the rates of absorption indicate about demand, as well as demand by unit type?
- **Wait Lists:** How many households with the same income bands as the proposed project are on existing project wait lists, as well as the housing authority's wait lists. What does this indicate for demand by unit type? Segregate these household figures by both income bands and unit types.
- **Anecdotal Data:** During your interviews with market participants, such as onsite managers, what is the anecdotal data indicating about demand for your project and its unit types?

Conclude the estimated demand for your project.

Using the above regional and PMA data, existing and proposed (pipeline) supply data, combined with data analyzed from the five demand indicators, conclude with a reasonable and compelling argument for the project's demand in the marketplace. This demand should consider current needs as well as those forecast into the foreseeable future.

Average Vacancy Rates						
Specified Unit Type	Market Rate Complexes			Affordable Complexes		
	Total	No. Units	Vacancy	Total	No. Units	Vacancy
	Units	Vacant	Rate	Units	Vacant	Rate
SRO						
Studio						
1 Bedroom						
2 Bedroom						
3 Bedroom						
4 Bedroom						
Group						
Total						

Insert data only for the units targeted for your project, place a NA in those not applicable.

Rent Comparison Chart							
Project Units		Market Rate Projects		¹ Comparable Affordable Projects			
		Similar Age Projects		Rents @ 50% MFI		Rents @ 60% MFI	
Apartment Type	Project Rents	No. of Units	² Market Rents	No. of Units	Rents	No. of Units	Rents
SRO							
Studio							
1 Bedroom							
2 Bedroom							
3 Bedroom							
4 Bedroom							
Group							

Insert data only for the units targeted for your project, place a NA in those not applicable.

¹ Do not include any affordable units whose rent subsidy raises rents above fair market levels, i.e. some Section 202, Section 811, Section 236 or RD rental assistance contracts or agreements.

² Insert the concluded estimated market rent for each project unit type.

Third Party Market Analysis

See Market and Rent Assessment portion of the Instructions Section.

Part 8: Sponsor Capacity

Sponsor Capacity

Describe your experience and capacity to own, develop or sponsor this project:

List all projects (a maximum of five) you have completed (project is in operation) in the last five years using the OHCS funding source(s) you are requesting for this project:

None

Project Name	City	Target Population	OHCS Sources(s)
---------------------	-------------	--------------------------	------------------------

List all projects (a maximum of five) you have completed in the last five years using other funding source(s), including both commercial and residential ventures: (Do not include projects listed above.)

None

Project Name	City	Target Population or Use	Non-OHCS Sources(s)
---------------------	-------------	---------------------------------	----------------------------

List all housing projects currently under development, including all projects not funded by OHCS:

None

Project Name	City	Target Population	LIHTC (x)	Non-LIHTC (x)	Major Funding Sources	Estimated Completion Date
---------------------	-------------	--------------------------	------------------	----------------------	------------------------------	----------------------------------

For the proposed project, list below the names of agency staff members or the third party firm assigned to each task.

Position Name	Staff Person Name or Contracted Firm Name	Years of Experience Developing or Managing Multi-family Housing
Executive Director/owner		
CFC/grant application writer		
Project Developer		
Development Consultant		
Construction Manager		
Asset Manager		
Compliance Manager		
Other		
Other		

Explain the roles of each of the above positions in the development and management of the proposed project: Limit your response to two pages maximum.

If you have more than one project in development, explain how multiple projects will be managed within the organization:

If staff are expected to perform other agency duties in addition to the project's development, explain how the coordination of those duties will be carried out:

How long will the consultant (if applicable) be staying involved in the development process?

	(x)		(x)
Through application submission	_____	Through Certificates of Occupancy	_____
Through reservation award	_____	Through lease-up	_____
Through funding (conditions met)	_____	Through stabilization or beyond	_____
Through construction	_____	Not applicable	_____

What is the expertise of your board or for-profit officers and principal members as it relates to real estate development and operation?

NOTE: Sponsor capacity scoring will also include a review by the department of the applicant's past performance, if any, related to developing previous projects on time and on budget. See the Sponsor Capacity discussion in the OHCS Policies, Standards and Requirements part of the CFC Overview and Program Requirements Section.

Part 9: Financial Feasibility and Readiness to Proceed

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 per month)			_____

* Indicates completion by end of the month

Financial Assumptions

Describe in detail how you arrived at your development budget and operating budget figures.

Explain how the development budget figures in this application will still be valid at the time of construction.

Explain your timeline for obtaining funding and discuss why it is important that your project receive CFC funding in this cycle.

Explain how the choice of site for new construction or the physical aspects of the project for acquisition/rehab, including location, impact project costs.

Explain how the site location, project design and unit amenities are beneficial and appropriate for the target population.

Describe the sponsor's financial investment or contribution to the project, such as land donation, pre-development resources, etc.

Complete the Sources Table below to show all 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) ie. loan committee meeting 9/1/02
i.e. lender, grantor, etc.	i.e. 25,000 grant	I.M. Generous 503.123.4567	ie. 3%, 30 years	

Lender

Donated land

Waived system development charges

CDBG from city/county

Local general revenue funds

Property tax exemption

Corporate or private contributions

Operating subsidies

Other?

Other?

Other?

Other?

List the amount of Developer Fee (including consultant fee and project management fee) to be paid.

	Cash	Deferred
Project Sponsor	\$ _____	\$ _____
Project Developer (if different from sponsor)	\$ _____	\$ _____
Project Consultant	\$ _____	\$ _____
Project Management Fee to sponsor, developer or consultant	\$ _____	\$ _____
Total development fees (including management fee above) for this project	\$ _____	\$ _____
Term of deferred developer fee:		_____ %
Interest rate charged for the deferred developer fee:		_____ %

List below the amount of contractor overhead and profit to be paid (excluding contractor liability insurance).

Total contractor's overhead to be paid	\$ _____
Total contractor's profit to be paid	\$ _____
Total contractor's general conditions to be paid	\$ _____
Total contractor overhead, profit and general conditions for this project	\$ _____
Percent of construction total	_____ %

Describe how the project will remain affordable over the entire period of affordability. If applicable, discuss the plan to maintain current levels of affordability when the benefits of OAHTC and/or LIHTC funding expire.

Existing Subsidies with Acquisition Projects (Show number of subsidized units)

_____ Section 221(d)(3) Below Market Interest Rate (BMIR)
_____ Project-based Section 8
_____ Section 236
_____ Other. Describe: _____

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

Number of units receiving RD rental assistance? _____

Number of units with HUD Section 8 project-based rental assistance? _____

Number of units with local housing authority Section 8 project-based assistance? _____

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

Explain other type of assistance: _____

Number of years remaining in Rental Assistance Contract? _____

*Attach a schedule of the maximum rental rates allowed by the rental subsidy source (i.e., HUD or RD), if applicable.

Preservation or Expiring Use

(Do not complete unless project is HUD or RD preservation or expiring use)

Status of Negotiations	Yes (x)	Date Completed or Expected	No (x)
Project is at risk of turning to market rate			
Project is at risk of losing rental subsidy			
Project was developed with HUD funding and HUD has been notified of intent to purchase.*			
Project was developed with RD funding and RD has been notified of intent to purchase.*			
Sales price has been negotiated with seller.			
Sales price has been submitted to HUD or RD for approval			
Scope of rehab has been submitted to HUD or RD for approval			
Acquisition date has been set			
Existing loan is being assumed and the terms are being modified.			
Rents will increase under the new financing			

* Identify the person and the office location of who was notified of intent to purchase.

Existing Tenant Survey

For HOME and LIHTC Applications, complete the entire form.

*For all other applicants, complete the following columns: unit #, # of bedrooms, existing and proposed rents.

Owner's Name: _____ Project Name: _____ Address: _____

Management Company Name: _____ Address: _____

Contact name and phone number: _____ Number of Units: _____

Unit Mix		Family Mix	Household Information					Rental Charges*		
*Unit #	*# of Bdrms	No. of Adults-Ages No. of Children-Ages	Name	Sex	Date of First Occupancy	Section 8	Annual Household Income	30% of Monthly Income	Existing Rent	Proposed Rent
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		C								

* Excluding tenant paid utilities

If existing business(es) are located in the project, list the business name and address, owner/contact person, and phone number of each.

Are there any accessible units? (yes/no) _____ List the unit number(s) of the accessible unit(s) _____

Unit Mix		Family Mix	Household Information					Rental Charges		
*Unit #	*# of Bdrms	No of Adults-Ages No. of Children-Ages	Name	Sex	Date of First Occupancy	Section 8	Annual Household Income	30% of Monthly Income	Existing Rent	Proposed Rent
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								
		A								
		C								

HOME Projects Only

In October 1997, OMB significantly revised standards for federal agencies that collect, maintain or report Federal data on race and ethnicity for statistical purposes, program administrative reporting or civil rights compliance reporting. Under the revised policy, HUD must offer respondents the option of selecting one or more of five racial categories. HUD must also treat ethnicity as a category separate from race. Finally, terminology for certain racial groups and ethnic groups has been changed. The changes will have two significant impacts on grantee data collection and reporting: (1) Hispanic will now be considered an ethnicity category rather than a race category; and (2) Asian/Pacific Islander will be split into the two categories of Asian and Native Hawaiian/Other Pacific Islander.

These changes were added to federal funds data collection forms in December, 2002. The new designation categories (for head of household) are listed below. Head of Household tenants are allowed to self-designate which ethnic and racial groups they belong to.

Please indicate ethnic and racial choices by housing unit below: (use "y/n" and "race number" codes)

<p>Hisp? y – yes n – no</p> <p>Race of Head of Household Code 11 – White 12 - Black/African American 13 – Asian</p>	<p>14 - American Indian/Alaska Native 15 - Native Hawaiian/Other Pacific Islander 16 - American Indian/Alaska Native and White 17 - Asian and White 18 - Black/African American and White 19 - American Indian/Alaska Native and Black/African American 20 - Other Multi Racial</p>
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Unit #	Hisp?	Race code	Unit #	Hisp?	Race code	Unit #	Hisp?	Race code	Unit #	Hisp?	Race code

Tenant Relocation

Information below is to be completed for all projects with possible temporary or permanent relocation, regardless of funding sources.

Type of displacement and possible number of households affected:	Temporary (# Households)	Permanent (# Households)
	_____	_____

What process will be used to relocate residents?

How will displacement and specialized housing for tenants with disabilities and/or households with limited financial means be addressed?

What funding source will be used to accomplish the relocation?

What amount of funding will be set aside for relocation assistance? \$ _____

What guidelines will be used for calculating relocation assistance?

Tenant Relocation – Continued:

Additional information required if OHCS HOME is a requested source of funding:

What is the availability of comparable replacement units?

Describe the local jurisdiction's established displacement/relocation policy (if applicable):

How can work be phased to avoid moving tenants?

How will the newly rehabbed units be affordable to original and new tenants?

Projects that are applying for the HOME program **will** trigger federal Uniform Relocation Act requirements. These requirements may have a significant financial impact on the project. For more information refer to "Relocation" in the HOME Program Section of this Application.

Part 10: Pro Forma Spreadsheets

Attach pro forma spreadsheets and utility allowance verification here.

Part 11: Construction Cost Documents

Attach cost estimate verification document(s) here.

Part 13: Supplemental Low Income Housing Tax Credit Forms

Elections and Rental Assistance Information

Disclaimer:

The LIHTC Program Description and Requirements Section of this Application lists Difficult to Develop Areas (DDAs) as identified by HUD. The eligible basis of a project located within a DDA may be increased up to 30 percent. Only the eligible basis attributable to new construction or rehabilitation qualifies for the basis boost. Acquisition expenses do not qualify for the basis boost.

The listing of DDAs is prepared annually by the United States Department of Housing and Urban Development (HUD) and is subject to change without prior notice. A revised list is typically published in the Federal Register in the middle of December each year.

Projects receiving a forward allocation of Low Income Housing Tax Credits are always at risk of losing their HUD DDA status prior to receiving an allocation of tax credits. **Remember, a project receives the official allocation of tax credits at the time of carryover, not at the time of funding reservation.** Should the DDA status of a project change prior to carryover allocation, i.e., a project is no longer located in an area with DDA status due to HUD revision, see the HUD Rule on Effective Date in the LIHTC Program Description and Requirements Section of the application.

Minimum Set-Aside Election

The sponsor elects one of the Minimum Set-Aside Requirements: (X) Mark only one

_____ At least 20% of the rental residential units in this development are rent-restricted and are to be occupied by individuals whose income is 50% or less of family adjusted area median income.

_____ At least 40% of the rental residential units in this development are rent-restricted and are to be occupied by individuals whose income is 60% or less of family adjusted area median income.

If you are requesting to use the state's 130% basis boost, please explain why the boost is needed.

Federal Preferences

This project will address one or more of the following federal tax credit preferences: (X) Mark all that apply

_____ Serves very low-income tenants for more than 30 years

_____ Is located in a Qualified Census Tract or Difficult to Develop Area as published by HUD

_____ Serves tenants with special needs

_____ Selects tenants from Public Housing wait list

_____ Serves tenants with children

_____ Is intended for tenant ownership

_____ Includes energy efficiency features

_____ Rehabilitates and helps preserve a certified historic structure

Funding Set-Asides

Will the project be considered under one or more of the following? (Mark X, as applicable)

- _____ 10% Federally mandated non profit set aside, or
- _____ 25% State Preservation Projects set-aside

Preservation projects include, but are not limited to:

- those federally financed existing projects where at least 25% of the existing project's units have project based rental assistance which are currently offering rents below market. Projects participating in, but not limited to the following programs, are considered federally financed: HUD and USDA Rural Development.
- projects participating in programs that include the replacement of existing affordable housing units including the HOPE VI program as long as 25% of the units have project based assistance.
- expiring LIHTC projects if proposed rents are at least 10% below market.

In funding preservation projects, the Department will give preference to those preservation projects where at least 25% of the units have project based rental assistance.

Non-Profit Set Aside

If the applicant wishes to be considered under the 10% federally mandated nonprofit set aside, nonprofit participants will be subject to Material Participation requirements as defined by the Internal Revenue Service and any other LIHTC program requirements. Applicants may want to seek professional advice prior to making this election.

Compliance Period Election and Owner Agreements

1. Owner agrees to extend the low income commitment period to be _____ years beyond the required 30 year compliance period.
2. Choose one of the below: The earliest date upon which the Owner may request the Department to procure a qualified contract for acquisition of the Project:

- _____ Set to after year 29 but before the end of year 30 (or)
- _____ Postpone from after year 29 to year _____

3. Maintain the applicable fraction for each building in the project as _____% (% of the units to be LIHTC units). Provide a building by building applicable fraction as follows:

Building Number	Floor Area Ratio (SF affordable/Total SF	Unit Ratio (Affordable units/Total units)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		

The applicable fraction for the project will be the lesser of the Floor Area Ratio or the Unit Ratio Total.

If the project consists of more than one building or type of use, are they:	Yes (X)	No (X)
Common ownership for federal tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Financed pursuant to a common plan of financing?	<input type="checkbox"/>	<input type="checkbox"/>
Common property management?	<input type="checkbox"/>	<input type="checkbox"/>

Name, title and address of the Chief Executive Officer (i.e.: Mayor, City Manager) of the project's locality:

Name: _____ Title: _____
Address: _____ City: _____ Zip: _____

Tax Credit Sale Information

Proceeds from sale of Low-Income Housing Tax Credits \$ _____
Is agreement signed?* (yes/no) _____
Proceeds from sale of Historic Rehabilitation Tax Credits \$ _____
Proceeds from sale of other Tax Credits (type) _____ \$ _____
Type of offering: (x) Public _____ Private _____
Type of investors: (x) Individuals _____ Corporations _____ Local Employer _____
Type of bonds: (x) Taxable _____ Tax-Exempt _____ Percentage Taxable _____

Describe the tentative LIHTC equity pay-in schedule and amounts to be received:

Investment Fund Information

Fund: _____
Syndicator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: () _____ Facsimile: () _____

* Attach letter of intent or commitment indicating price and terms of equity pay-in.

Rehabilitation of an Existing Building

Note: If the project involves the rehabilitation of an existing building, this form must be completed.

Acquisition of Existing Buildings

Building(s) acquired or to be acquired from: _____ Related party _____ Unrelated party

For a definition of the term "unrelated party," applicants may wish to consult IRC Sections 42(d)(2)(D)(iii) as well as the Housing and Economic Recovery Act of 2008.

For acquired building(s), how is the value of the land determined?

To qualify for acquisition credits, projects, with a few exceptions, must not have been sold or undergone substantial improvement for at least 10 years.

What was the precise date this property/bldg was last sold? (Prior to sponsor involvement) _____

List below by building address, either the date the building was placed-in-service (PIS) by the most recent owner, or the date of the most recent non-qualified substantial building improvement. List also the date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and date of acquisition.

Building Address(es)	Most Recent PIS or Non-qualified Substantial Improvement Date	Proposed Date of Acquisition by Applicant	Number of Years Between PIS Date & Acquisition

List below by building address under sponsor's control, the type and expiration of control, the number of units in the building and the agreed-upon acquisition cost.

Building Address(es)	Type of Control: Ownership, Option, Purchase Contract, etc.	Expiration of Control	# of Units	Acquisition Cost

Please use the most recent form 8821 and IRS instructions as posted at the following link: <http://www.irs.gov/pub/irs-pdf/f8821.pdf> . The form is attached below for reference only.

<p>Form 8821 (Rev. August 2008) Department of the Treasury Internal Revenue Service</p>	<p>Tax Information Authorization</p> <p>▶ Do not sign this form unless all applicable lines have been completed.</p> <p>▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.</p>	<p style="text-align: right; font-size: small;">OMB No. 1545-1165</p> <p style="text-align: center;">For IRS Use Only</p> <p>Received by: _____</p> <p>Name _____</p> <p>Telephone (____) _____</p> <p>Function _____</p> <p>Date ____/____/____</p>	
<p>1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.</p>			
Taxpayer name(s) and address (type or print)	Social security number(s) ____ : ____ : ____ ____ : ____ : ____	Employer identification number ____ : ____ : ____ ____ : ____ : ____	
	Daytime telephone number (____) _____	Plan number (if applicable) _____	
<p>2 Appointee. If you wish to name more than one appointee, attach a list to this form.</p>			
Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
<p>3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.</p>			
(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
<p>4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6 .▶ <input type="checkbox"/></p>			
<p>5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):</p>			
<p>a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶ <input type="checkbox"/></p>			
<p>b If you do not want any copies of notices or communications sent to your appointee, check this box ▶ <input type="checkbox"/></p>			
<p>6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ▶ <input type="checkbox"/></p> <p>To revoke this tax information authorization, see the instructions on page 4.</p>			
<p>7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.</p> <p>▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.</p> <p>▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.</p>			
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Print Name	_____ Title (if applicable)	_____ Print Name	_____ Title (if applicable)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature	
For Privacy Act and Paperwork Reduction Act Notice, see page 4.		Cat. No. 11596P	Form 8821 (Rev. 8-2008)

Additional Instructions for Filling out IRS Form 8821, Tax Information Authorization

Complete one IRS Form 8821 for each Financial Beneficiary, including the Developer:

- | | | |
|----|---|--|
| 1. | Taxpayer Information: | Fill in Financial Beneficiary Name, address and other requested information |
| 2. | Appointee: | If not already printed, fill in Oregon Housing and Community Services Dept.
1600 State Street
Salem, Oregon 97301-4246
Attn: LIHTC Program Representative |
| 3. | Tax Matters: | Choose "Income" |
| | <ul style="list-style-type: none"> • Type of Tax: • Tax Form Number | Fill in the tax forms normally filed by the Financial Beneficiary; i.e.: Individual - Form 1040, Corporation - Form 1120, Small Corporation - Form 1120-S, Partnership - Form 1065, etc. |
| | <ul style="list-style-type: none"> • Year(s) or Period(s): | Type in the years "1996 through 2004" |
| 4. | Specific Use Not Recorded on Centralized Authorization File (CAF): | <div style="display: inline-block; vertical-align: middle;"> } Completed by OHCS </div> |
| 5. | Disclosure of Tax Information: | |
| 6. | Retention/Revocation of Tax Information Authorization: | |
| 7. | Signature of Taxpayer(s): | Financial Beneficiary must sign and date |

INSERT THE ORIGINAL SIGNED IRS FORM 8821 FOR EACH FINANCIAL BENEFICIARY, INCLUDING THE DEVELOPER, IN THE ORIGINAL COPY OF THE 2000 CONSOLIDATED FUNDING CYCLE APPLICATION

For the purposes of this form, a Financial Beneficiary is defined as any party with a financial benefit of 10% or more from the proposed project. This includes, but not be limited to, the General Partner, and in certain cases where the financial benefit is 10% or more, the developer and/or contractor.