

Final Application

Low Income Housing Tax Credit Program



Oregon Housing and Community Services

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**OREGON HOUSING AND COMMUNITY SERVICES
LOW-INCOME HOUSING TAX CREDIT (LIHTC) PROGRAM
REQUIRED DOCUMENTATION TO OBTAIN FORM(S) 8609**

LIHTC FINAL APPLICATION

Once project has been Placed In Service (PIS) the Department can begin the final review process for issuing IRS Form(s) 8609.

I. Initiating a Request for Issuance of IRS Form(s) 8609

A final financial feasibility analysis will be required before the Department may issue the Form(s) 8609. **(Allow a minimum of three weeks for this review).** The Sponsor must provide the Department with the following information as soon as possible after the project has received its Certificate of Occupancy. Documentation that must be submitted in order to initiate the final review process includes:

- **Final Application**, including but not limited to:
 - a) Data Summary (format attached)
 - b) Updated Project Financial Pro Formas (format attached);
 - c) Certification of Use of Tax Credit proceeds (sample language attached);

If the CFC electronic spreadsheets were used the final application may be submitted in that format.

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.

- Copies of the **Certificates of Occupancy** or Final Inspection Certificate;
- Copy **Total Cost and Eligible Basis Certification** (as prepared by a third party). A third party Cost Certification of total costs and eligible basis must be prepared and submitted to the Department.
- Copy of **Placement Memorandum or Syndication Agreement** indicating tax credit proceeds available to the project together with a contribution schedule.
- Copy of on-site **Property Management Plan** acceptable to the Department and Permanent lender; if there are substantial changes from what is on file with the Department.
- Copy of **tenant lease and tenant selection criteria** to be used for the development.
- Final **Resident Services Plan**, if not already on file with the Department.
- **Certification from the Architect** that the project has been built in accordance with the plans submitted to the Department which provide that the project is built in accordance with all applicable local, state and federal laws and those requirements of the Department. (See Attached Certification Form).
- A **map of the site showing building addresses**, numbers or letters (identifiers) and the unit numbers in each building.

II. Recordation of the Declaration of Land Use Restrictive Covenants

Once the Department has received and reviewed all necessary documents, a determination of the final tax credit allocation amount will be made. The Department will then prepare a Declaration of Land Use Restrictive Covenants. The Sponsor will be required to have the Declaration recorded and the original or a certified copy of the recorded Declaration returned to the Department.

III. Issuance of the IRS Form(s) 8609

As soon as the Department receives the recorded Declaration, the Form(s) 8609 can be prepared. A copy of the Form(s) 8609 are then issued to the Sponsor (the original of the Form(s) 8609 is forwarded to IRS as part of the Department's annual report).

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Final Application Checklist

	Data Summary
	Updated Project Financial Pro Forma
	Certification of Use of Tax Credit proceeds.
	Copies of the Certificates of Occupancy or Final Inspection Certificate.
	Copy Total Cost and Eligible Basis Certification
	Copy of Placement Memorandum or Syndication Agreement.
	Copy of on-site Property Management Plan.
	Copy of tenant lease and tenant selection criteria.
	Final Resident Services Plan (if not already submitted and approved)
	Architect's As Built Certification.
	Site Map

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DATA SUMMARY

APPLICANT INFORMATION

Project Name: _____

Project Address: _____
Street City Zip Code County

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

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

APPLICANT

CO-APPLICANT

Name: _____
Contact: _____
Street: _____
City/St/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Tax I.D. #: _____

Name: _____
Contact: _____
Street: _____
City/St/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Tax I.D. #: _____

Applicant Type ("X"box)

Co-Applicant Type ("X"box)

For Profit	<input type="checkbox"/>	Housing Authority	<input type="checkbox"/>	
Nonprofit	<input type="checkbox"/>	CHDO	<input type="checkbox"/>	
		Local Government	<input type="checkbox"/>	

For Profit	<input type="checkbox"/>	Housing Authority	<input type="checkbox"/>	
Nonprofit	<input type="checkbox"/>	CHDO	<input type="checkbox"/>	
		Local Government	<input type="checkbox"/>	

OWNERSHIP ENTITY (LP, LLC, etc.)

CONSULTANT (if applicable)

Name: _____
Contact: _____
Street: _____
City/St/Zip: _____
Phone: _____
Fax: _____
E-Mail: _____
Ownership Tax ID #: _____

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

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All Correspondence Should Be Directed to:

Contact: _____ Title: _____
 Name: _____ Phone: _____
 Address: _____ Fax: _____
 City/St/Zip: _____ E-Mail: _____

Indicate to which entity funds should be disbursed: _____
 Indicate to which entity tax credits should be
 disbursed: _____

NONPROFIT INFORMATION
 (If Applicable)

Source of your exemption ("X" box)

<input type="checkbox"/>	IRC Section 501(a)	<input type="checkbox"/>	IRC Section 501(c)(3)
<input type="checkbox"/>	IRC Section 501(c)(4)	<input type="checkbox"/>	ORS 456

Date incorporated:	_____	Date IRS 501(c)(3) received:	_____
Date Articles of Incorporation & By-laws filed:	_____	Date Articles or By-laws amended:	_____
Date Purpose/Mission statement:	_____	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 / nonprofit joint venture?	<input type="checkbox"/>	<input type="checkbox"/>

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

Contractor:	_____	Ph:	_____	Email:	_____
Architect:	_____	Ph:	_____	Email:	_____
Tax Atty:	_____	Ph:	_____	Email:	_____
Tax Acct:	_____	Ph:	_____	Email:	_____
Syndicator:	_____	Ph:	_____	Email:	_____
Property Mgr:	_____	Ph:	_____	Email:	_____
Other:	_____	Ph:	_____	Email:	_____

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OHCS-BASED FUNDING REQUESTS

Sources of Funds-CFC	<u>\$ Amount</u>	Sources of Funds-Loans	<u>\$ Amount</u>
		<i>Requires application submittal to Housing Finance</i>	
Trust Fund	_____	Elderly/Disabled	_____
HOME	_____	Risk Sharing	_____
LIHTC (annual allocation)	_____	Loan Guarantee	_____
HELP	_____	Lease Guarantee	_____
OAHTC (loan amount)	_____	Seed Money	_____
LIWP (Weatherization)	_____	Predevelopment	_____
	_____	Oregon Rural Rehab	_____
Other?	_____	Conduit	_____
	_____	MDPP	_____

DESIGNATION OF BETC CREDITS

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

The Financial Section of this Application contains more information about the BETC, as well as the waiver form to submit if you will not be pursuing BETC as a source for this project.

PROJECT INFORMATION

Target Population: _____

Number of Years of Affordability: _____

PROJECT TYPE (“X” all boxes, which apply)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Multi-Family Rental Housing	<input type="checkbox"/> Elderly/Disabled
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Single-Family Housing	<input type="checkbox"/> Independent Living
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Congregate Care
<input type="checkbox"/> Vacant	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Occupied	<input type="checkbox"/> Group Home	<input type="checkbox"/> SRO
_____ If rehabilitation, year built		<input type="checkbox"/> Modular Units

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UNIT TYPE

In the table below, list the unit type (SRO, studio, one bedroom, etc.), the total number of each unit type, number of the units designated as HOME, LIHTC, Trust Fund, HELP, etc. units, square footage of units *and total square footage for each unit type*. The number of various Program units may exceed the Total Number of Units. For the unit square footage, the inside wall measurement should be used.

Residential only										
Unit Type (SRO, 1 bdr, 2 bdr, 3 bdr, etc.)	Total No. of Units	NUMBER OF UNITS DESIGNATED AS							Actual Square Footage of Unit	Total Square Footage
		OHCS HOME	LIHTC	Trust Fund	HELP	LIWP				
<i>* Note: Manager unit(s) must be included in this table.</i>										
Total (by column) ▶										
Common Areas ▶										
Comm'l Areas ▶										
Other ▶										
								TOTAL FLOOR AREA ▶		

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 %? _____

Other units designated for operations/management? (how many) _____

If applying for HELP, indicate the number of units per population: _____

Chronically Homeless _____ Persons In Recovery _____ Group Home for DD or CMI _____

Is the operation of this housing licensed through the Dept. of Human Services?	_____ Yes	_____ No
--	-----------	----------

UNITS PER TARGET POPULATION

Indicate number of units per target population type: (Do not double count)

- | | |
|--|--|
| _____ Family
_____ Elderly
_____ Physically Disabled
_____ Developmentally Disabled
_____ Psychiatrically Disabled/CMI
_____ Homeless
_____ Other (please describe): _____ | _____ Persons in Alcohol and Drug Recovery
_____ Farmworkers
_____ Children
_____ Persons with HIV/AIDS
_____ Victims of Domestic Violence
_____ Ex-Offenders |
|--|--|

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Indicate number of units in which amenity is provided: (may be double counted)

- | | |
|--|--|
| <input type="checkbox"/> Number of units accessible to the disabled | <input type="checkbox"/> Number of units that will be visitable |
| <input type="checkbox"/> Number of transitional housing units | <input type="checkbox"/> Number of beds, i.e., group home or dormitory |
| <input type="checkbox"/> Number of internet stations in community building | <input type="checkbox"/> Number of units with high speed internet access |
| <input type="checkbox"/> Number of units designated as Alcohol and Drug Free | <input type="checkbox"/> Number of units that are permanent supportive housing |

PROJECT SITE

Unit density of site per local zoning code:

Maximum # units _____ Minimum # units _____ Proposed # units _____

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

Acres: _____ or Square Feet: _____

	Yes (X)	No (X)
Are all utilities presently at site?	<input type="checkbox"/>	<input type="checkbox"/>
If no, what needs to be brought to the site? _____		

Site Location:

	Yes (X)	No (X)
Is property located inside the city limits?	<input type="checkbox"/>	<input type="checkbox"/>

Building(s) Information:

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. . . .	_____		

If the project has day care facilities, indicate the number of children the facilities will serve:

	Yes (X)	No (X)
1) Will green/sustainable building methods be utilized to construct the building?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are the residential units available to the general public within the population you're serving?	<input type="checkbox"/>	<input type="checkbox"/>
3) Will the day care facility be available on a preference basis to project residents?.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Will the project have a community room, common area or commercial space?	<input type="checkbox"/>	<input type="checkbox"/>
5) Will there be a use or rental fee for these spaces?	<input type="checkbox"/>	<input type="checkbox"/>

If the project consists of more than one building or type of use, are they:

	Yes (X)	No (X)
Located on the same tract of land?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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PROJECT RENTS AND INCOME LEVELS

Legislation requires that when OHCS resources are utilized, OHCS will give substantial preference to applicants who rent to tenants whose net income is at 2 times or less than 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?

Yes (X)	No (X)
<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 assistance _____

*In the table below, indicate the **proposed** income and rental limitations of the units. Assume all funding source restrictions when completing. Before rounding up, rents must correspond with the Income page of the Operating Budget. (If requesting OAHTC, rents must correspond with the Income with OAHTC page. Round up to the nearest 10%, i.e.: a 47% rental charge on the Income page of the Operating Budget would be listed as 50% in this table.*

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:
<i>Example:</i>	<i>Example:</i>	<i>Example:</i>	<i>Example:</i>
2 bedroom	8	50%	50%
3 bedroom	12	60%	60%

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. (For instance, if the rent limitation is 40% of area median income and the household income will be 30% or less of area median income (indicate the reasoning behind the choices).

X _____

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

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

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UPDATED FINANCIAL PRO FORMAS

IMPORTANT

Please use the Final Application proforma worksheets to complete the financial information requested. With the exception of Cost Certification: Determining Qualified Basis on a Building-by-Building Basis all worksheets are available in excel format. They may be obtained on Oregon Housing and Community Service's (OHCS) web site or by calling the Housing Resources Section at OHCS. The instructions for Determining Qualified Basis on a Building-by-Building Basis and the accompanying form are included in this material. For ease of completion the financial information is available in excel format.

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INSTRUCTIONS FOR

Cost Certification: Determining Qualified Basis on a Building-by-Building Basis

Column A: this lists the building number or letter (1,2,3 . . . A,B,C . . .)

Section 42 requires that the lesser of the Floor Area Ratio (square footage) or unit ratio be used to determine eligible basis for the **project**. If your project is less than 100% LIHTC note which of the two ratios (Floor Area or Unit) are smaller for the **project overall**. If it is the Floor Area Ratio, use only Columns B and C in the following table. If the unit ratio is less, use only Columns E and F.

For Example: 40 unit building, 20 units are LIHTC, 20 units are not. Unit ratio is 50% affordable

Same Building, same unit ratio but the 20 LIHTC units are each 600 SqFt and the 20 non-LIHTC units are each 800 SqFt. The Floor Area Ratio is $(20*600)/(20/800)=12000/16000=75\%$

Overall, the unit ratio is lower so we must use this to determine eligible basis.

Column B: Enter the total square footage for the given building.

Column C: Enter the affordable square footage for the given building

Column D: Enter the ratio of Column C to Column B

Column E: Enter the total number of units in the given building

Column F: Enter the affordable units in the given building

Column G: Enter the ratio of Column F to Column E

Column H: Depending on the overall ratios as determined above, use either $(C/\text{Total of Column B}) * \text{total Qualified Basis}$ **OR** $(F/\text{total of Column E}) * \text{total Qualified Basis}$. This will provide the building by building qualified basis amount. If the building is 100% affordable (all units are LIHTC units). Either the Floor Area Ratio or the Unit Ratio may be used.

Column I: Enter the individual building address

Column J: Enter the Placed in Service date from the Certificate of Occupancy

Column K: Enter the credit rate locked at the Reservation Agreement.

Column L: Enter the Building Identification Number from the Carryover Agreement. (NOTE: this can be done by OHCS if you are unsure of the Building Identification Number.)

Column M: Enter the result of Column H * Column K. This will provide the total possible credit per building. This may be different than what was awarded.

Column N: If the credits awarded were less than the total possible credit available (very common), enter the following: $(\text{Amount of credit awarded}/\text{total credit available}) * M$. This pro-rates the credit amount per building. If the total possible credit is the amount that was awarded, then M will equal N. If the credits awarded are MORE than the total possible credits, you allocation must be reduced to the total possible credits.

Column O: Enter the date the Carryover Agreement was executed. This is the allocation date. (NOTE: this can be done by OHCS if you are unsure of the carryover date.)

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Documentation of calculation for building-by -building basis. Please provide the specific information regarding the building-by-building basis below.
This information is essential for issuing the IRS 8609 forms

COST CERTIFICATION DETERMINING QUALIFIED BASIS ON A BUILDING-BY-BUILDING BASIS														
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Bldg #	Total Bldg Sq Ft	Bldg Affordable Square Footage	Floor Area Ratio (C/B)	Total # Units	# Unit Aff	% Units Aff	Qualified Basis Either (C/Total of Column B)*total Qualified Basis OR (F/total of Column E)*total Qualified Basis	Building Address	PIS Date	APR	BIN #	Credit Available (H*K)	Credit Allocated (Amount of credit awarded/total credit available)*M	Allocation Date Carryover date
1														
2														
3														
4														
5														
TOT.	Total of column	Total of column	Total of column	Total of column								Total of Column	Amount of Credit Awarded	

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SAMPLE ACCOUNTANT LETTER

Independent Auditors' Report

Owner's Name: _____

Project Name: _____

Project Number: _____ (OHCS Number)

We have audited the costs included in the accompanying Tax Credit Allocation Agency ("TCAA") Final Cost Certification (the "Final Cost Certification") of _____, L.P. (the "Owner") for _____ ("the Project") as of **DATE**. The Final Cost Certification is the responsibility of the Owner's management. Our responsibility is to express an opinion on the Final Cost Certification based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Final Cost Certification is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Final Cost Certification. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Final Cost Certification presentation. We believe that our audit provides a reasonable basis for our opinion.

The accompanying Final Cost Certification was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in conformity with the format and qualified allocation plan rules set by TCAA, which is a comprehensive basis of accounting other than generally accepted accounting principles. The accompanying Final Cost Certification was also prepared with consideration of all guidance issued from the Internal Revenue Service including but not limited to any rule changes, Private Letter Rulings, Technical Assistance Memoranda, considerations, IRS guidance, etc., that the eligible basis as reported herein is consistent with such guidance.

In our opinion the Final Cost Certification presents fairly, in all material respects, the actual costs and eligible basis of the Owner for the Project as of **DATE**, on the basis of accounting described above.

This report is intended solely for the information and use of management of the Owner and for filing with TCAA and should not be used for any other purpose.

We have no financial interest in the Project other than in the practice of our profession.

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City, State
DATE

CERTIFICATION OF THE USE OF TAX CREDIT PROCEEDS

Sample Language for sponsor/owner letterhead

LIHTC Program
Oregon Housing and Community Services
PO Box 14508
Salem OR 97309-0409

The (Owner/sponsor/partnership name) hereby certifies that the proceeds from the sale of the Low Income Housing Tax Credit for the (development name) have been used exclusively for expenses related to the development of the (development name) project.

BY: _____

FOR: _____

ITS: _____

DATE: _____

**OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT
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SAMPLE TOTAL COST AND ELIGIBLE BASIS CERTIFICATION

INDEPENDENT AUDITORS' REPORT

Owner's Name: XXXXXXXXXXXXXXXXXX
Project Name: XXXXXXXXXXXXXXXXXX
Project Number: XXXXXXXXXX

We have audited the accompanying Tax Credit Allocation Agency ("TCAA") Final Cost Certification (the "Final Cost Certification") of XXXXXXXXXXXXXXXXXXXX (the "Owner") for XXXXXXXXXXXXXXXXXXXXXXXXXXXX (the "Project") as of November 30, 20XX. The Final Cost Certification is the responsibility of the Owner's management. Our responsibility is to express an opinion on the Final Cost Certification based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Final Cost Certification is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Final Cost Certification. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Final Cost Certification presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 1, the accompanying Final Cost Certification was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service and with the format and qualified allocation plan rules set by the TCAA.

In our opinion, the Final Cost Certification presents fairly, in all material respects, the actual costs and eligible basis of the Owner for the Project as of November 30, 20XX, on the basis of accounting described in Note 1.

This report is intended solely for the information and use of management of the Owner and the TCAA and is not intended to be and should not be used by anyone other than these specified parties.

January 27, 20XX

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TAX CREDIT ALLOCATION AGENCY FINAL COST CERTIFICATION		
NOVEMBER 30, 20XX		
Owner:		
Address:		
Employer ID:		
Project:		
	Actual	Eligible
	Costs	Basis
CALCULATION OF ELIGIBLE BASIS		
LAND		
CONSTRUCTION:		
Residential building		
Furniture and equipment		
Site work		
Offsite costs		
Landscaping		
Parking garage		
Building permits and system development		
Bond and insurance		
Subtotal		
CONTRACTOR OVERHEAD AND PROFIT		
ARCHITECTURAL, ENGINEERING AND OTHER FEES:		
Architectural and engineering fees		
Legal and accounting fees		
Environmental report		
Subtotal		
INTERIM COSTS:		
Construction insurance		
Interest		
Project management fee		
Construction loan fees		
Closing costs		
Testing and inspections		
Market study		
Subtotal		
SOFT COSTS:		
Property appraisal		
Marketing and lease up		
Tax credit fees		
Syndication		
Organization		
Permanent financing		
Subtotal		
FEES:		
Developer fee		
TOTAL		
See accompanying notes to tax credit allocation agency final cost certification		

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THE XXXXXXXXXXXXXXXXXXXX PROJECT

**NOTES TO TAX CREDIT ALLOCATION AGENCY FINAL COST CERTIFICATION
NOVEMBER 30, 20XX**

1. BASIS OF PRESENTATION

The accompanying Final Cost Certification was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in conformity with the format and qualified allocation plan rules set by the Tax Credit Allocation Agency, which is a comprehensive basis of accounting other than generally accepted accounting principles. The accompanying Final Cost Certification was also prepared with consideration of all guidance issued from the Internal Revenue Service including, but not limited to, any rule changes, Private Letter Rulings, Technical Assistance Memoranda, and IRS guidance.

Actual costs include all costs incurred by the Project as of November 30, 20XX. Eligible basis costs represent residential rental property costs as defined by the Internal Revenue Service.

2. CONSTRUCTION COMMITMENT

The Owner entered into a construction contract that provides for total construction costs of \$XXXXXXXX. The construction was substantially completed by April 1, 20XX.

3. RELATED PARTIES

Total developer fees of \$XXXXXX are to be paid to XXXXXXXXXXXXX, managing member of the LLC.

* * * * *

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“AS BUILT” ARCHITECT CERTIFICATION

I have inspected the development known as _____ (project name) _____ located in _____ (City, state) _____ and hereby certify that the development has been built in accordance with the drawings and specifications dated _____ and prepared by _____.

Based upon this inspection, to the best of my knowledge and belief, the development has been constructed in conformance with all local, state and federal laws designated as the development standard for the project including, but not limited to, the Fair Housing Laws as they pertain the disabled accessibility and adaptability, all local health, safety and building codes, any and all Section 504 requirements as applicable and those requirements related to design or construction of the project as set forth in the OHCS Low-Income Housing Tax Credit Allocation Plan.

Architect

Owner

Print Architect Name

Print Owner Name

Date: _____

Date:

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RESIDENT SERVICES PLAN

(It is optional to submit this Plan with the CFC Application. It will be required for submission if your project receives a reservation of funding)

Date:	Project Name:
Sponsor:	Contact:
Sponsor Phone:	Sponsor Fax:
Management Agent:	
Project Location:	
Number of Units:	Bedroom sizes:
Target Population:	Income levels:
Projected number of children on-site at full occupancy:	

Department Funding:

Trust Fund: \$	HOME: \$
HELP: \$	LIHTC: \$
OAHTC: \$	ADF/Other: \$

Policy Statement

Sponsors who receive Department Resources must include in their affordable housing development a provision for residents to access services appropriate to the identified needs of the target population.

The anticipated outcomes of the Resident Services Plan are:

- 1) Through coordination, collaboration, and community linkages, provide residents the opportunity to access appropriate services which promote self-sufficiency, maintain independent living, and support residents in making positive life choices; and
- 2) To effectively maintain the fiscal and physical viability of the development by incorporating into the ongoing management appropriate services which address resident issues as they may arise.

**OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT
LOW-INCOME HOUSING TAX CREDIT (LIHTC) PROGRAM
REQUIRED DOCUMENTATION TO OBTAIN FORM(S) 8609**

Describe the delivery of resident services. Who is responsible for implementation of the service plan, and will services be offered on-site or on a referral-basis to other providers?

x

Describe how the physical amenities of the project will be utilized in implementing the provision of services: (i.e., use of the community room, etc.)

x

List the sources and amounts of additional resources, if any, that will be used to implement the Resident Services Plan. Include a statement describing how services will be funded on an ongoing basis. Indicate if a collaborative agreement, a memorandum of understanding, or a contract has been negotiated in order to provide appropriate services to the target population:

x

Section Four: Evaluation and Coordination with Management

The intent of this section is to establish a method of evaluating the effectiveness of the Resident Services Plan and create the essential link to ongoing management of the development. Evaluating the plan will ensure, that as resident populations are often in flux, the services can be adapted to changing needs. Effective delivery of services must be coordinated with the management agent, especially the on-site staff.

Describe the methods used to evaluate the specific services offered, including how and when the anticipated results will be measured:

x

If results are not as anticipated, describe what corrective action will be taken:

x

Describe the criteria used for selecting a management agent committed to coordination of resident services, including the hiring and training of “service sensitive” staff:

x

Describe the process of ensuring ongoing coordination of the Resident Services Plan with the proposed management agent:

x
