

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 2a: 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"/>
Verification of Submittal Documents	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"/>

Part 2b: Threshold – Architectural

Architectural Threshold Question	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"/>

All Projects:

- List of Codes and Regulations, if applicable to the Scope of Work Pg. _____
- Architect's Letter of Intent, if applicable Pg. _____

Optional Documents:

- Phase 1 Executive Summary, if completed Pg. _____
- Soils Report Summary, if completed Pg. _____

Part 3: Applicant and Project Information

- Applicant and Project Information Pg. _____
- 2011 CFC Housing Council Report..... 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 Executive Summary Pg. _____
- Third Party Market Analysis..... (Attach as separate document)

Part 8: Sponsor Capacity

- Sponsor Capacity Pg. _____
- Asset Management Information Request Form Pg. _____

Part 9: Financial Feasibility and Readiness to Proceed

Project Schedule	Pg. _____	<input type="checkbox"/>
Financial Assumptions.....	Pg. _____	<input type="checkbox"/>
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. _____	<input type="checkbox"/>
Schedule of Real Estate Holdings	Pg. _____	<input type="checkbox"/>
30 Year Replacement Reserve Schedule	Pg. _____	<input type="checkbox"/>
Data Sheet and Comparables Report, if applicable	Pg. _____	<input type="checkbox"/>
Preservation and Expiring Use Status, if applicable.....	Pg. _____	<input type="checkbox"/>
Existing Tenant Survey, if existing structure is occupied.....	Pg. _____	<input type="checkbox"/>
Tenant Relocation	Pg. _____	<input type="checkbox"/>

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 6: 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 Section 6: HOME Program Description and Requirements).....	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"/>
Request To Use 130% Basis Boost Form.....	Pg. _____	<input type="checkbox"/>

Letter of Intent from equity investor Pg. _____

Part 14: Supplemental Low Income Weatherization Forms

Energy Efficiency Plans – Narrative..... Pg. _____
Energy Efficiency Plans – Rehabilitation Worksheet..... Pg. _____
Energy Efficiency Plans – Rehabilitation Calculator Page Pg. _____
Energy Efficiency Plans – New Construction Worksheet Pg. _____
Energy Efficiency Plans – New Construction Calculator Page..... Pg. _____

Part 15: Supplemental Oregon Affordable Housing Tax Credit Forms

Loan Information Pg. _____
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:

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

Multifamily Housing Section (MHS) 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.			
<ul style="list-style-type: none">• 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 2a: 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. The jurisdiction requires no additional land use approvals.
 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 resolution of the following land use issue(s):

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

Verification Submittal Documents

	Yes (x)	No (x)
AIES Comparables Report (Tax Credit/Non Preservation Projects) – Submitted in Financial Feasibility and Readiness to Proceed section?	<input type="checkbox"/>	<input type="checkbox"/>

Options and sales agreements must, at a minimum, be valid through December 31, 2011 for 2011 applications when 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, 2011 for 2011 applications if funds other than those requested through the CFC application are being used for acquisition.

Read [Instructions for Completing the Application](#) section carefully. Attach complete site control document(s), including all extensions and addendums, behind this page.

Environmental Review Checklist

Submit the complete Environmental Review Checklist 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 site review. For HOME applicants, this Checklist will guide 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

Identify the source of all information you provide. 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 person completing the Environmental Review Checklist.)

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

Provide a vicinity map with scale included. The site location must be visible on every copy. Note: Original colored maps copied in black and white can be difficult to read.

Mark the following on the map:

- Location of an Airport (if applicable)
- Railroad (if applicable)
- Nearest 4-lane highway or arterial
- Social Service 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:

- The most recent FEMA Flood Plain map including the panel number and date. Mark the project location on the map.
- A USGS map of the appropriate Township, Range and Section. The map you submit may be 8 ½ by 11", as long shows 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	_____	_____
Parks and Open Space	High	_____	_____
	_____	_____	_____
Recreation/Cultural opportunities			
Social Services			
Emergency Services			
	Police Station	_____	_____
	Fire Station	_____	_____
	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
2. 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

3. Is the site level or sloped? _____
4. If sloped, give the range of degrees of the slope. _____
5. Are there any signs of unstable soils in the vicinity? (e.g. cracked foundations, sinkholes) Yes No
6. Are area soils highly erodible? Submit soil reports if available. Yes No
7. Describe soil type and bearing. Get soil type from Natural Resource Conservation Service (local county jurisdiction).

Hazards

Source _____

FO

8. Are any natural hazards apparent? (dangerous trees, sinkholes, ravines, avalanche-prone slopes, etc.) Yes No
9. If "yes", give details.
10. Are any of the following present? (circle each that applies)
- 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 or dust
 - field crops
 - livestock
 - other (list)
11. Provide details for each hazard present.

Contamination Screening

Source PS, FO, PL

11. If this is a rehabilitation project or if you plan to demolish 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 any inspection that identified the lead and/or asbestos hazard. Provide the results of the inspection(s). If no inspections have been made, are they planned?
13. Do you have or know of any "environmental due diligence" investigation of the site performed (TSQ, Phase I or II, site characterization, etc.)? Yes No
14. If "yes", are the results available? (If yes, you need only submit the executive summary and any recommendations.) Yes No

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

15. Is there evidence of contamination pollution or potential possible contamination on immediately adjacent land? Such signs include 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 the site? This may include discarded steel or plastic drums, chemical containers, distressed soil or vegetation, odors, accumulation of trash or debris, contaminated wells, transformers, or potential USTs (underground storage tanks) [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

Runway Clear Zones are areas immediately beyond the end of runways at civil airports. Oregon Housing and Community Services will not approve a 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

Explosive and flammable hazards are aboveground 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 be refilled legally are considered 'live.'

24. Are there any aboveground tanks containing explosive or flammable materials within line of sight from any part of the proposed site? Yes No

25. Are there any aboveground tanks containing explosive or flammable materials 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.

If the answer is yes to questions 23, 24 or 25, OHCS will contact the applicant 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

OHCS may not approve sites next to freeways or heavily traveled rail lines. The department may find most other sites acceptable as-is or acceptable with changes so that the units meet the standard for interior noise levels.

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 close to anything – such as a freeway, gravel pit, pulp mill or other source of air pollution – that affects air quality at 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** _____
County assessor, current owner
 PL, R1 appropriate sources for first four questions.

Every application whether for the development of bare land or scheduled for the rehabilitation and/or demolition of existing buildings, must include answers to the following questions below. Identify the source of the information. Possible sources include State Historic Preservation Office, local historical societies, and 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 in 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 or near the site or on adjacent sites or in the vicinity? Yes No

40. Is the site located on any historical or current Tribal land? Yes No

41. If "yes" to either question 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 organizations that help answer the above questions.

Name/Title: _____ Date: _____ Phone: _____

Address: _____

Note to all applicants (regardless of types of funds requested):

If any building is 50 or more years old, include the following items with this application. You must submit the items separately for each building 50 years of age or older: requires submission of these items separately:

- Photographs, laser-printed 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 and the immediate surrounding neighborhood area.
- A physical description, including date of construction, of any building affected by the proposed project. If the structures have been altered since they were originally built, please provide the dates of the updates.

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 you are requesting HOME funds from a source other than OHCS, you must work with that HOME source to determine regarding who will complete the SHPO process.

List name, address and phone number of persons or organizations contacted about buildings older than 50 years:

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) and are not eligible for federal funds, 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

Submit a copy of the appropriate FEMA map panel marked 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. You can get the flood plain maps from your local government.

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

Wetlands

Source _____
PL, FO

HUD defines 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 areas identified as wetlands by state, county or local entities.

NOTE: Staff at the local planning department should know of any local, state or federal wetland designations. Submit available documentation about the site's wetland status.

The investigation can be brief (such as an inquiry with the planning department and field observation if the site

- Has no wetland characteristics (such as lots in established "high and dry" urban neighborhoods,
- Is in the desert,
- Is un-vegetated or is artificially planted with irrigation providing the needed water

The applicant must conduct a more thorough investigation when

- water resources are on or near the site
- the planning department indicates likelihood of nearby wetlands
- the public has raised wetlands as an issue
-

The services of a qualified professional may be necessary. OHCS consider the Oregon Department of State Lands' determination of wetland status as final.

Officials contacted about wetland status:

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, submit a site map showing an overlay of the wetland area and the planned building(s). 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? 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? Yes No

54. If "yes," provide details.

55. Describe the predominate ground cover and any wildlife observed. *Field observation is acceptable..*

**HOME and Risk Sharing Specific
ENVIRONMENTAL REVIEW QUESTIONS**
Skip this section if the project does not includes OHCS HOME funds or Risk Sharing Bond Financing.

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 _____

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 two-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. Please submit a map showing their location relative to the site.

Part 2b: Threshold - Architectural

Architectural Threshold Question

Use one to three sentences to describe the overall characteristics of the project and the intended population. Read the [Instructions for Completing the Application](#) section before answering this question.

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 for the local government to exempt the site from the local design standard.

Describe the effect the requested exemption would have on visitability for people with mobility impairments.

Please refer any questions regarding your Visitability Exemption Request to:

Frank Silkey, OHCS Architect
 503-986-2043
 email: frank.silkey@hcs.state.or.us

_____ Approved _____ Not Approved _____ Not Applicable

Name

Date

Title

**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:

Frank Silkey, OHCS Architect
503-986-2043
email: frank.silkey@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 AND PROJECT INFORMATION

Project Name: _____

Project Address: _____
Street City Zip Code County

Applicant

Business Name: _____
Contact: _____
Street: _____
City/St/Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Applicant Tax ID #: _____

Co-Applicant

Business Name: _____
Contact: _____
Street: _____
City/St/Zip: _____
Phone: _____
Fax: _____
E-mail: _____
Co-Applicant Tax ID #: _____

Applicant Type ("X" box)

For Profit Housing Authority
Nonprofit Local Government
CHDO

Co-Applicant Type ("X" box)

For Profit Housing Authority
Nonprofit Local Government
CHDO

Ownership Entity (LP, LLC, etc.)

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

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/State/Zip: _____

Title: _____
Phone: _____
Fax: _____
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.)

--

OHCS-Based Funding Requests

Sources of Funds	\$ Amount	Grant Request (x)	Loan Request (x)	Recipient will loan to limited partnership (x)
HDGP (Trust Fund/Doc Recording fee)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHAP		<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"/>
HELP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAHTC (loan amount)				
LIHTC (annual allocation)				

Breakout of Total GHAP Listed Above

GHAP – Capital grants		<input type="checkbox"/>		<input type="checkbox"/>
GHAP – Capital loan			<input type="checkbox"/>	<input type="checkbox"/>
GHAP – Operating subsidy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHAP – Capital needs assessment short term loan			<input type="checkbox"/>	

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.

Designation of BETC Credit: (“X” box)

<input type="checkbox"/>	Will be pursuing BETC
<input type="checkbox"/>	Will not be pursuing BETC – OHCS may pursue

Applicant is applying under the following OHCS set-aside: (“X” box)

<input type="checkbox"/>	Preservation
--------------------------	--------------

UNIT TYPE AND FUNDING PROGRAM DESIGNATION

In the table below, list the unit type (SRO, studio, one bedroom etc), the total number of each unit type, number of units designated as HOME, LIHTC, HDGP/GHAP, HELP, LIWP, 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									
		Number of Units Designated As							
Unit Type*	Total No. of Units**	OHCS HOME	LIHTC	HDGP/GHAP	HELP	LIWP	Other	Actual Square Footage of Unit	Total Square Footage
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) _____

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

UNITS PER TARGET POPULATION

The sum of targeted number of units for each population type must equal (not exceed) the total number of units in the project. (e.g.: a 40 unit project serving families may have 30 units family, 8 disabled (family), and 2 homeless (family) for a total of 40 family units.

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

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

PROJECT RENTS AND INCOME LEVELS

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

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

Number of RD units receiving project-based assistance? _____

Number of Section 8 units project-based assistance? _____

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

Explain other type of assistance: _____

In the table below, indicate the income and rental limitations of the proposed units. Assume all funding source restrictions when completing. Round up to the nearest 10%, i.e., a 47% rental charge would be listed as 50%.

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.

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

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

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: _____

2011 CFC HOUSING COUNCIL REPORT

Project Name: _____	No. of Units: _____
Project Address: _____	County: _____
Project City/St/Zip: _____	US House Dist: _____
Sponsor Name: _____	State Senate Dist: _____
Consultant: _____	State House Dist: _____
Architect: _____	Affordability: _____
Contractor: _____	Target Population: _____
Property Mgmt: _____	_____

Project Description (brief narrative):

Project and Unit Information: (“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"/> Modular Units
<input type="checkbox"/> Vacant	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Congregate/Assisted Living
<input type="checkbox"/> Occupied	<input type="checkbox"/> Group Home: _____ (# units)	<input type="checkbox"/> SRO

If rehabilitation, year built: _____

<input type="checkbox"/> Family	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Alcohol/Drug Recovery
<input type="checkbox"/> Elderly	<input type="checkbox"/> Psychiatrically Disabled (CMI)	<input type="checkbox"/> Ex-Offenders
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Homeless
<input type="checkbox"/> Farmworkers	<input type="checkbox"/> Permanent Supportive Hsg.	Other: _____
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> Victims of Domestic Violence	Other: _____

<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

Proposed Sources and Uses

Uses:	\$ Amount	Sources:	\$ Amount
Acquisition		HOME	
Construction/Rehab		Perm Loan/OAHTCs	
Development		Trust Fund	
		GHAP	
		Weatherization	
		HELP	
		Tax Credit Equity	
		Deferred Developers Fee	
		Other:	
		Other:	
		Other:	
		Other:	
Total:		Total:	

Use	Total Cost	Cost per Unit	Cost per S.F.
Residential	\$	\$	\$
Commercial	\$	\$	\$
Total Cost	\$	\$	\$

Provide a brief description of improvements (for both new construction and acquisition/rehabilitation):

Proposed Improvements	Description	Comments
Exterior:		
Interior:		
General:		

For Acquisition/Rehabilitation Projects: The scope of rehabilitation meets or exceeds the department's 30-year sustainability requirement.

Yes (x) No (x) N/A (x)

Relocation Plan (if applicable):

Proposed Rents:

Unit Size(s)	# of Units	% Area Median Income	Proposed Rent
1-Bedroom			\$
2-Bedroom			\$
3-Bedroom			\$
-Bedroom (Mgrs)			\$

Proposed Annual Operating Budget:

Gross Potential Income	\$
Vacancy: 5%	()
Effective Gross Income	\$
Operating Expenses	()
Net Operating Income	\$
Debt Service/Loan Amt.	
Rate: 0.00%	
Term: years	
Annual Payment:	\$
Total Debt Service	\$
Annual Cash Flow	\$
DCR	1.00

Market Demographics: (Provide bullet points under each area)

Economy:	
Job Growth:	
Supply:	
Demand:	

Sponsor Experience:	
----------------------------	--

Proposed Resident Services:	
------------------------------------	--

Conditions for Funding:	<i>(To be completed by the Department)</i>
OHCS Funds Reserved:	<i>(To be completed by the Department)</i>

Recommended Motion:	<i>To be completed by the Department)</i>
----------------------------	---

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 Construction 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. Project based rental assistance or operating subsidy commitments can be provided after funding reservation. However, attach the cost verification in the Construction Cost Section of the application, not in the Self-Scored Section.

To claim Priority Population points, the sum of targeted number of units for each population type must equal (not exceed) the total number of units in the project. (e.g.: a 40 unit project serving families may have 30 family units, 8 disabled units (family), and 2 homeless units (family) for a total of 40 family units).

ATTACH EXCEL SELF-SCORED SECTION, "NEEDS" SCORING WORKSHEET AND GREEN BUILDING WORKSHEET(S) HERE.

REQUEST FOR NEEDS PRIORITY REASSIGNMENT

The points in the Consolidated Funding Cycle (CFC) application awarded for “population priority need” are based on the Housing Needs Analysis that utilizes accessible data to assess the supply of housing the population for both the low-income workforce and those populations with special housing needs. Additionally, there are some policy based needs priorities established by the department (such as a priority 1 assigned statewide for housing that serves people experiencing homelessness).

If you believe the priority assigned to your target population is not correct, you may request either a **policy** –or– **data** based **priority reassignment**. To do this you will need to complete the reassignment request forms no later than February 11, 2011.

In order to pursue requesting a **policy based** reassignment of your target population priority, you will be asked to substantiate your policy argument for the department considering your groups requested priority. Policy based requests will be reviewed by the OHCS Housing Division within 2 weeks of receipt.

Questions about **policy based** requests should be directed to your Regional Advisor to the Department (RAD).

When requesting a **data based** reassignment for your target population priority, OHCS Research & Analysis may be of assistance to you in identifying useful data. If the information justifies a higher priority assignment, a change in priority will be granted. The data and methods used in the Needs Analysis can be found online at:

http://www.ohcs.oregon.gov/OHCS/RA_Needs_Analysis.shtml

For more information, or to get feedback on your community’s situation, please contact OHCS Research Analyst Natasha Detweiler at: Natasha.Detweiler@state.or.us or 971-673-7183.

Here are a couple narrative **examples** of requests for reassignment:

- **Policy based request** – a project has committed housing subsidy funds (for example, 202 funds) in the project. The applicant could, through a policy based request for reassignment, make the policy argument that bringing new subsidy to the state is as critical as preserving existing subsidy and as such should be considered a Priority 1 along with all preservation projects.
- **Data based request** –new low income jobs may create an increased demand for low income housing. Recent job growth may not be reflected in the Census or American Community Survey data. When making a request for reassignment the applicant may provide information concerning the businesses coming into the community, anticipate wage rates, and any new rental housing stock data. OHCS would incorporate that information into the population or household data to estimate the comparative demand for low income affordable housing relative to other communities.

Request for Reassignment of Target Population Priority

Requesting Organization: _____

Submitted by: _____ Date: _____

Submitted to (RAD): _____

Contact E-mail: _____ Phone: _____

Project Name: _____

Project Address: _____

Target Population Priority:

Current Priority Level: _____

Proposed Priority Level: _____

Request Type: _____ Data based _____ Policy based

Explain why the population (s) you want to provide housing for should be considered a Priority _____ (1, 2, or 3) using defensible data OR an OHCS policy argument.

If data based request: 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: _____

Date: _____

This form must be completed and provided to your RAD no later than February 11, 2011. The request will be either approved or denied and returned to you.

Part 6: Resident Services

Resident Services Description

1. 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

1. 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.)

2. 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

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

--

2. 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?

--

3. 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.)

--

4. 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?

--

5. 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?

--

6. 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.

7. 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?

8. 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.

9. Attach Excel [Special Needs Market Assessment Workbook](#) – Page 1.

General Market Assessment

Please answer all of the following:

1. 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?

2. 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?

3. 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.

4. 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)

5. 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.)

6. 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.

7. 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?

8. 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.

9. Average Vacancy Rates

Specified Unit Type	Market Rate Complexes			Affordable Complexes		
	Total Units	No. Units Vacant	Vacancy Rate	Total Units	No. Units Vacant	Vacancy 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.

10. 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

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

2. List all projects (a maximum of five) you have completed (project is in operation, all OHCS conditions have been met, OHCS notified you the development file is closed) 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)

3. 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)

4. List all housing projects currently under development, including all projects not funded by OHCS. Note: If your project has not completed all reservation requirements, final application has not been approved by OHCS or you have not been notified by the OHCS the project file is closed, the project is considered still under development.

None

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

5. 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		
Envelope Consultant		
Other		
Other		

6. 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.

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

8. 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:

9. 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	_____

10. 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](#) of the CFC application.

REQUESTS FOR SPONSOR CAPACITY ON ASSET MANAGEMENT

The Department's Asset and Property Management section will conduct an evaluation of sponsor capacity as it relates to meeting compliance and asset management obligations on projects in operation by the owner or managing general partner of the ownership entity. APM will review if a sponsor is in compliance with program rules and regulations, has submitted Analysis of Income and Expense reports as required, is current on all charges, fees, and loan payments, is meeting all financial reporting requirements, and if in compliance with Section 8 properties. APM will identify sponsors who are in compliance and those sponsors who may have material or reoccurring non-compliance issues. In the 2011 Round, the APM evaluation will be worth 5 points in the application.

Process Steps

The following form must be submitted to your Regional Advisor within the following time frame:

- ◆ Beginning January 7, 2011
- ◆ No later than 30 days prior to close of the CFC application.

Asset and Property Management Division at OHCS will then conduct an evaluation of sponsor capacity as it relates to asset management and on-going program compliance. APM will return the completed form and ranking score to Multifamily Housing Section. The final APM ranking will remain in effect until the following year, when APM will again accept requests for Sponsor Capacity on Asset Management from CFC sponsors. (OHCS is increasing its on-site evaluation of physical condition to better understand the portfolio)

APM will take the following items into consideration, if applicable, when determining sponsor asset management and program compliance.

- ◆ Sponsor in good standing with all compliance rules and regulations
- ◆ Sponsor submitting the Analysis of Income and Expense report as required
- ◆ Sponsor is current on all charges, fees and loan payments owed to OHCS
- ◆ Sponsor has met all financial reporting requirements
- ◆ Sponsor in compliance on Section 8 properties

Note: For the 2011 CFC cycle, OHCS will begin adding a physical asset management performance to the sponsor capacity criteria. This measure will assess the sponsor's capacity to protect the public investment in affordable housing. OHCS shall evaluate the sponsor to assure its ability to adequately provide routine maintenance to OHCS funded projects and keep those projects in good repair over their lifetime. The Department will take into consideration ongoing condition, physical deficiencies and maintenance of existing assets. Owners and sponsors that have deficient existing projects may be required by the Department to bring the existing project back to safe, sanitary, and livable condition before applying in a CFC round.

Implementation of these changes will help identify capable partners and sustainable projects in which to invest Department resources.

Asset Management Information Request

Note: The term sponsor refers to the proposed project owner or the managing general partner of the ownership entity.

Sponsor: _____ Date: _____

Project Name: _____

Project Location: _____

Project Type: _____ # of Units: _____

Funding Sources Requested (x): LIHTC HOME Trust Fund LIWP OAHTC
 GHAP HELP ORR

List all developments in operation funded with OHCS resources. _____

Area below to be completed by APM:

Score _____

1. Sponsor currently in good standing with all compliance rules and regulations on all projects funded with OHCS grant, loan or tax credit resources.	<u>In Compliance</u>	<u>Concern</u>
	<input type="checkbox"/>	<input type="checkbox"/>

APM Comment: _____

1 Point to be awarded if the Sponsor is responsive and working toward a resolution (if there is a compliance issue) with the assigned Compliance Officer/Contract Officer. This would refer to issues of non-compliance such as: a) Outstanding 8823's b) Outstanding items from the Management and Occupancy review/Inspections c) Outstanding issues dealing with the Section 8 Program to include the voucher process and whether properties in the sponsor's portfolio have been referred to the HUD Departmental Enforcement Center (DEC)? If applicable, what steps were taken to remedy the non-compliance? d) Programmatic requirements as it applies to rent limits and income eligibility.

The point will not be awarded if they are not responsive and working toward a resolution.

2. Sponsor is submitting the Analysis of Income and Expense (AIES) report as required.	<u>In Compliance</u>	<u>Concern</u>	<u>N/A</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APM Comment: _____

1 Point will be awarded if Sponsor has submitted 75% of the AIES reports as required.

3. Sponsor on any project funded with OHCS loan proceeds, has been cited for unauthorized distribution of surplus cash within the last three years.	<u>In Compliance</u>	<u>Concern</u>	<u>N/A</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APM Comment: _____

1 Point will be awarded if Sponsor has not been cited for unauthorized distribution of Surplus Cash within the last three years. Applicable to Sponsors who have a loan with the Department.

If this question is not applicable, the Sponsor will receive 1 point.

4. Sponsor is current on all charges, fees, and loan payments owed to OHCS.	<u>In Compliance</u>	<u>Concern</u>	<u>N/A</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APM Comment: _____

1 Point will be awarded if Sponsor is current on all charges, fees and loan payments owed to OHCS.

5. Sponsor has submitted the audited financial statement as required by the Loan Documents.	<u>In Compliance</u>	<u>Concern</u>	<u>N/A</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APM Comment: _____

1 Point will be awarded if Sponsor has submitted the audited financial statement as required by the Loan Documents. Applicable to Sponsors who have a loan with the Department.

If this question is not applicable, the Sponsor will receive 1 point.

 Name and Signature of APM Reviewer

 Date

Part 9: Financial Feasibility and Readiness to Proceed

1. 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

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

3. Describe in detail line item expenses that are outside the range of the AIES report provided by APM. Sponsor must attach supporting information to validate the data used in the Financial Feasibility.

4. If your project is a preservation project, what arrangement has been made with the seller regarding existing reserve accounts?

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

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

7. Discuss any sources that are not currently committed to the project. At what point in development will these sources be available?

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

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

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

11. 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	Institution Contact person and phone number	Anticipated Terms	Status (committed, conditional, tentative)
i.e. lender, grantor, etc.	i.e. 25,000 grant	I.M. Generous 503.123.4567	ie. 3%, 30 years	ie. loan committee meeting 9/1/02
Lender				
Donated land				
Waived system development charges				
CDBG from city/county				

Local general revenue funds				
Property tax exemption				
Corporate or private contributions				
Operating subsidies (Non-OHCS)				
Other?				
Other?				
Other?				
Other?				

12. 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:		_____ %

13. List below the amount of contractor overhead and profit to be paid (including contractor liability insurance but excluding builders' risk insurance and/or performance bond).

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	_____ %

14. 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.

15. 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: _____

16. Number of years remaining in Rental Assistance Contract? _____

17. Describe how the Replacement Reserve Schedule was developed. Identify how the Architect, Contractor, or other professionals provided input. (e.g. – costs used for the items, materials, appliances, and fixtures in the spreadsheet and expected life span).

--

*ATTACH A SCHEDULE OF THE MAXIMUM RENTAL RATES ALLOWED BY THE RENTAL SUBSIDY SOURCE (I.E., HUD OR RD), IF APPLICABLE.

**ATTACH A [SCHEDULE OF REAL ESTATE HOLDINGS](#)

The Department is now requiring all partners submit a Schedule of Real Estate Holdings on projects with 10 or more units or the project cost is more than \$500,000. The REO schedule can be provided in a format currently in use by the sponsor or see the attached link for a format provided by OHCS.

***ATTACH THE [30 YEAR REPLACEMENT RESERVE SCHEDULE](#).

The Department is now requiring all partners submit a 30 Year Replacement Reserve Schedule. The form must be submitted in the OHCS format. See the attached link for the form provided by OHCS.

****ATTACH THE [DATA SHEET](#) FOR AIES COMPARABLES REPORT AND COMPARABLES PROVIDED BY APM.

18. 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 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.*			
Project is at risk of turning to market rate			
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			

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

--

20. 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>Hispanic? 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>
---	---

Unit #	Hispanic?	Race code	Unit #	Hispanic?	Race code	Unit #	Hispanic?	Race code	Unit #	Hispanic?	Race code

21. 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 12: Supplemental HOME Forms

HOME Application Checklist

(For OHCS - funded HOME Applicants only)

Complete this checklist and **return it with the application**. If all questions cannot be answered fully, the application may not be ready to proceed with this funding round for HOME funds.

	Yes (X)	No (X)	N/A (X)
Have you read and do you fully understand Section 6, which includes the Program Description and Requirements applicable to HOME funded projects? (If no, stop now and read the entire Section 6 before continuing with this Checklist).*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this project consist of transitional housing? (If yes, a plan for moving tenants to self-sufficiency is required to be submitted with this application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the grantee a CHDO? (If yes, a Tenant Participation Plan must be included with this application) **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a new construction project with 5 or more HOME units, or if a rehabilitation project with 15 or more HOME units, do the specs or plans address Section 504 requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the project architect certified that these units meet Section 504 in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are 5% of <u>total</u> units (not just HOME units) accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are an additional 2% of <u>total</u> units accessible for sight and hearing impaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write in the number of accessible units in the project. _____			

If the project involves occupied units:	Yes (X)	No (X)	N/A (X)
Does either a residential or commercial tenant currently occupy the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a tenant survey been completed for each unit or commercial space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are proposed rents greater than 30% of tenant's income? (If yes, then tenants are economically displaced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a General Information Notice sent to each tenant? (Attach signed copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will any tenants - commercial or residential - be temporarily displaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many? _____			
Will any tenants - commercial or residential - be permanently displaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many? _____			
Has the RAD for the project area been contacted for additional information on relocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have funds been budgeted for relocation and are they reflected in the "Uses" pro forma page? (If yes, write in the amount)			\$ _____

* If project serves special needs and has funding from Department of Human Services, a letter of confirmation is required. See discussion in HOME Section.

** If the sponsor is a CHDO, a Tenant Participation Plan must be attached to the HOME Supplemental pages section of the application. If this is transitional housing, include a plan for self-sufficiency.

Historic Significance:	Yes (X)	No (X)	N/A (X)
Are there any existing structures on the project site?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the age of the improvements?			_____
Will the structures be "retained" or "demolished?"			_____

If "retained," do the plans or specs include any work that might interfere with the historic integrity of the structure(s)?

*If any improvements are over 50 years old, the project must be reviewed by the State Historic Preservation Office (SHPO). OHCS will contact SHPO for you.

If the project includes acquisition of land or improvements:

Yes (X) No (X) N/A (X)

Was either URA notice 5A or 5B issued to seller?

Was URA notice 5D completed and signed by the seller?

If the land purchase has closed, was URA notice 5C issued to the seller?

Was an appraisal obtained to support notice 5C?

(Notice 5A or 5B and 5D signed by seller must be submitted with this Application. If acquisition has closed, Notice 5C and 5D must be submitted with the Application - see back of this section for sample forms).

If project is located in the Cities of Medford or Ashland, was a letter submitted from the City indicating that the project is consistent with their Consolidated Plan?

Is there an application for CHDO set-aside funds for this project?

Determining the One-for-One Replacement Housing requirement:

Yes (X) No (X) N/A (X)

Are there affordable housing units being eliminated due to development of this project?

If yes, how many bedrooms are in the housing to be eliminated? _____

Describe how the eliminated housing will be replaced:

Calculating the minimum number of HOME assisted units

- (a) Total Project Cost amount \$
 Less Offsite costs \$()
 Less Community building costs (if detached from housing) \$()
 Less Commercial space costs \$()
 Total HOME eligible cost amount ▶ \$ _____
- (b) HOME request amount ▶ \$ _____
- (c) HOME request divided by HOME eligible costs equals percentage of units which are HOME-assisted.
 Line (b) ÷ Line (a) = Percentage
 _____ ÷ _____ = % ▶ _____ %
- (d) Total number of units in project times the percentage of HOME Assisted units equals minimum number of HOME-assisted units.
 Total units x Line (c) = number of HOME units
 _____ x _____ = ▶ _____
- (e) Verify that the HOME Subsidy Limit, based on the number of HOME-assisted units in Line (d), equals or exceeds the HOME request. The HOME Subsidy can be found in the HOME rent section.

(HOME subsidy per unit type times number of HOME-assisted units)

\$ _____	(Subsidy limit for _____ bedroom unit) x _____	=	\$ _____
\$ _____	(Subsidy limit for _____ bedroom unit) x _____	=	\$ _____
\$ _____	(Subsidy limit for _____ bedroom unit) x _____	=	\$ _____
\$ _____	(Subsidy limit for _____ bedroom unit) x _____	=	\$ _____

▶ \$ _____

- (f) HOME subsidy total from Section 2(e) equals or exceeds HOME request from Line 2(b)? If not, recalculate and increase number of HOME units in Section 2(e). _____
- (g) Minimum number of HOME-assisted units (greater of Lines 2(d) or 2(e) new total) _____
- (h) New % of HOME-assisted units? (if different from 2(C) above) _____ %

Davis-Bacon applies if either:

	Yes (X)	No (X)	N/A
The minimum number of HOME-assisted units from Line 2(g) is 12 or more or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The project is utilizing CDBG funds and has 8 or more units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either of the above, do the Sources and Uses reflect labor costs based on Davis-Bacon rates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calculating HOME match: (a 25% non-federal match is required)

(a) HOME \$ request ▶ \$ _____

X .25

(b) Match Requirement ▶ \$ _____

Indicate each source and amount of match to the HOME funds

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

(c) Total match resources Total ▶ \$ _____

Multiply 3(c) by "% of HOME assisted units" from Line 2(c or h).
If the greater of 2(c or h) exceeds 50%, then 100% of match can be credited.

x _____ %

(d) Total eligible match ▶ \$ _____

(e) Does line 3(d) equal or exceed line 3(b)? If not, then additional match must be identified or the amount of eligible match may be increased by designating additional units to be "HOME-like" units. HOME-like units must meet the rent, income, lease and tenant protection requirements.

Number of designated HOME-like units ▶ _____

(f) Total match resources from 3(c) ▶ _____

Times the percentage of HOME assisted units Line 2(g) and HOME-like units Line 3(e) to total units.

x %

Total ▶

\$

Total eligible match

▶

\$

In the table below, provide information on the rents and numbers of HOME-assisted units:

HOME Assisted Units

# of Home-Assisted Units	BDR Size	% of Median	Combined rent & tenant-paid utilities	Low Home Rent	High Home Rent

Yes (x) No (x)

Are the HOME-assisted units dispersed throughout the project?

Number of separate buildings in the project? _____

Number of HOME units in each building? _____

Are HOME-assisted units distributed by bedroom size?

For example, if a project contains 2 and 3 bedroom units and 16% of the 2-bedroom units are HOME-assisted, then 16% of the 3-bedroom units should be HOME assisted.

Are there 5 or more HOME assisted and HOME-like units in the project?

Do 80% of the HOME-assisted and HOME-like units have rents at or below the high HOME limits?

Do at least 20% of the HOME-assisted and HOME-like units have rents at or below the low HOME limits?

Yes (X) No (X) N/A (X)

Are the HOME funds being used with LIHTC?

Are the HOME funds being granted?

Are HOME funds being loaned to the owner entity or partnership?

If HOME will be loaned to the sponsor or if the sponsor will loan the HOME to the partnership, please provide terms of the loan below and be sure that the loan is listed under "Other Debt" on the pro forma's Housing Operating Budget – Expenses form.

HOME Grant Request	HOME loan Amount	If loan, Interest Rate	Term of Loan
\$ _____	\$ _____	% _____	_____

Lead Paint Issues for Rehabilitation Projects Using Home Funding

	Yes (x)	No (x)
Was the project built prior to 1978?	<input type="checkbox"/>	<input type="checkbox"/>
Has it been tested for presence of lead paint?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, by whom? _____ Date of test? _____

If not, what are the plans for doing so and when?

How much was budgeted for lead paint assessment, stabilization and final clearance?
(should be included in Uses of Funding) What method was employed to arrive at the budget figure?

How much has been budgeted for temporary relocation of tenants during lead paint work?
(should be included in Uses of Funding) What method was employed to arrive at the budget figure?

	Yes (x)	No (x)
Is a lead paint plan included in your Rehabilitation Assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Form 5A

Notes to sponsor:

- Re-type this notice on the Grantee or Organization letterhead
- A copy of either Guideform 5A or 5B must be signed by the prospective seller and submitted with this CFC Application for any HOME project in which land purchase is involved.
- Use this notice only if a purchase agreement has not yet been signed at time of application.
- If this notice is used, Form 5B can be disregarded

Sample

Notice of Disclosure to Seller with Purchase Offer

Dear _____:

This is to inform you that _____ (agency/purchaser) would like to purchase the property located at _____ (Street Address or other property identification), if a satisfactory agreement can be reached. We are prepared to pay \$_____ for clear title to the property under the conditions described in the attached proposed _____ (option/or sales agreement).

Because federal funds from the HOME Program may be used in the project, either for acquisition, rehabilitation, or new construction, we are required to disclose to you the following information:

1. This agency does not have the power of eminent domain. Your property will not be acquired through condemnation. If negotiations fail to result in an amicable purchase agreement, your property will not be acquired.
2. We are also required to inform you, in writing, of the fair market value of the property. The estimated fair market value will be determined by a fee appraisal or other approved means. You will be informed of the fair market value when it is established. At that time you may withdraw from the transaction.
3. The HOME program requires that the purchase price be justifiable if not comparable to the fair market value of the property.
4. If in addition to being the seller of the property, you occupy the property, you should be aware that you will not be eligible for relocation assistance under the Uniform Relocation and Real Property Acquisition Policies Act of 1970, as amended. This transaction is considered a voluntary arm's length transaction.

If you are willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. It is also our understanding that no tenants are occupying the property. If this is incorrect, please provide us with the names of the tenant-occupants of the property.

If you have any questions, please contact _____ (sponsor contact person) at _____ (phone number).

Sincerely,

Name/Title

Date

I accept the conditions of this purchase offer disclosure.

Seller

Form 5B

Notes to sponsor:

- Re-type this notice on the Grantee or Organization letterhead
- A copy of either Guideform 5A or 5B must be submitted with this application for any HOME project in which land purchase is involved.
- Use this notice only if a signed purchase agreement exists at time of Application and Form 5A was not given

**Notice of Disclosure to Seller
After Purchase Offer Has Been Executed**

Sample

Dear _____ :

This is a follow up to the purchase agreement that (agency/purchaser) has with you for the purchase of the property located at Street Address or other property identification.

Because federal funds from the HOME Program may be used in this project, either for acquisition, rehabilitation, or new construction, we are required to disclose to you the following information.

1. This agency does not have the power of eminent domain. Your property will not be acquired through condemnation. If negotiations fail to result in an amicable purchase agreement, your property will not be acquired.
2. We have offered and you have accepted a price of \$_____ for this property. We are also required to inform you, in writing, of the fair market value of the property. The estimated fair market value will be determined by a fee appraisal or other approved means. You will be informed of the fair market value when it is established. At that time you may withdraw from the transaction.
3. The HOME program requires that the purchase price be justifiable if not comparable to the fair market value of the property.
4. If in addition to being the seller of the property, you occupy the property, you should be aware that you will not be eligible for relocation assistance under the Uniform Relocation and Real Property Acquisition Policies Act of 1970, as amended. This transaction is considered a voluntary arm's length transaction.

If you are willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. It is also our understanding that no tenants are occupying the property. If this is incorrect, please provide us with the names of the tenant-occupants of the property.

If you have any questions, please contact (sponsor contact person) at (phone number).

Sincerely,

Name/Title

Date

I accept the conditions of this purchase offer disclosure.

Seller

Form 5C

Notes to sponsor:

- Re-type this notice on the Grantee or Organization letterhead
- **Must be used as a follow-up notice to Form 5A or 5B once fair market value has been determined.**
- A copy of Guideform 5C must be submitted with this application for any HOME project in which land purchase has occurred. The information necessary to provide this notice to the seller may not be available at time of CFC Application. It will be required that the notice be executed either before or at escrow closing.
- Fair market value (with comparatives) shall be determined and reported in writing by a licensed appraiser or real estate broker. Include only the summary and comparative portions of the appraisal. You may be asked for more information later if necessary.
- Any project which includes HOME funds may not pay more than appraised fair market value for any acquisition.

Notice of Disclosure to Seller of Fair Market Value

Sample

Dear _____ :

This is a follow up to the purchase agreement that (*agency/purchaser*) has with you for the purchase of the property located at (*street address or other property identification*).

This is to inform you that the fair market value for the property has been established at \$ _____. This value was determined by a (*fee appraisal or broker estimation*).

As previously notified, we are prepared to purchase the property for \$ _____ , which is the lesser of the following:

\$ _____ , the agreed upon purchase price; or,
\$ _____ , the fair market value.

If you are still willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. If you have any questions, please contact (*name*) at (*phone number*).

Sincerely,

Name/Title

Date

I accept the conditions of this fair market value disclosure.

Seller

Date

Form 5D

Notice – Seller’s Occupancy Certification:

- To be completed by and signed by the Seller of the Property at the time an option or earnest money agreement is executed.
- Type the certification below on Grantee or Organization letterhead.
- Submit a completed and signed copy with the application for HOME funds.

I / We the Seller(s) of the property located at: _____

Certify that:

Sample

_____ No tenant(s) has/have occupied the property for a period of one year prior to the date of this purchase or option to purchase contract.

_____ This property was occupied by tenant(s) within the past year prior to the date of this purchase or option to purchase contract, but the tenant(s) was/were not asked to move in order for me/us, as seller(s), to participate in this acquisition transaction. The tenant(s) moved for one of the following reasons(s):

Tenant One: _____	Evicted for Cause,	_____	Voluntarily Moved,	_____	Other*
Tenant Two: _____	Evicted for Cause,	_____	Voluntarily Moved,	_____	Other*
Tenant Three: _____	Evicted for Cause,	_____	Voluntarily Moved,	_____	Other*

Attach additional information as necessary.

*Explain Other Move(s): _____

_____ The property is tenant occupied, and I / We agree to allow egress / ingress to the site so that the required notices can be delivered to each resident, and that each resident can be surveyed to determine their eligibility or replacement housing needs and related moving costs.

NOTE: If the property is tenant occupied, and the buyer is not allowed access to obtain the required information and serve the required tenant notices, the offer may be withdrawn once the complexity and cost of tenant relocation has been determined.

Signature of Seller(s)

Date: _____

Date: _____

Part 13: Supplemental Low Income Housing Tax Credit Forms

Elections and Rental Assistance Information

Difficult to Develop Area's Basis Boost:

The LIHTC Program Description and Requirements Section of this Application lists 2010 Difficult to Develop Areas (DDAs) as published by the United States Department of Housing and Urban Development (HUD). HUD DDAs are subject to change without prior notice. A revised list is typically published in the Federal Register in the middle of December each year, in preparation for the following year.

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 HUD basis boost.

Projects receiving a forward reservation of Low Income Housing Tax Credits are always at risk of losing their HUD DDA status prior to receiving the allocation of tax credits. **A project receives the official allocation of tax credits through execution of the carryover agreement, 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.

State's Basis Boost QAP Policy:

If a project is not in a HUD DDA/QCT, the new construction or rehabilitation eligible basis of a project may be eligible for the state's basis boost up to 30%. The acquisition basis of a project (the eligible basis portion associated with acquisition expenses) is not eligible for this basis boost.

Projects with the following characteristics may qualify for the state's basis boost:

- a. Preservation projects
- b. Projects serving permanent supportive housing goals
- c. Projects that address workforce housing needs, as per the Needs Analysis in the CFC
- d. Projects that are located in Transit Oriented Districts (TODs) or Economic, Development Regions (EDRs) as designated by local governments, or projects in a designated state or federal empowerment/enterprise zone or Public Improvement District (PIDs), or other area or zone where a city or county has, through a local government initiative, encouraged or channeled growth, neighborhood preservation, redevelopment, or encouraged the development and use of public transportation.

The above notwithstanding and given the current financial market conditions and testing for financial feasibility of each project, the Department will consider the issuance of the state's 130% basis boost, for projects outside of Qualified Census Tracts and Difficult to Develop Areas, as identified by HUD, and projects not characterized above. At its sole discretion, the Department reserves the right to return to the above policy upon ample public notice (as outlined on page 10 of the 2009 Amended QAP), as soon as market conditions improve or within 12 months from the date this Amended Plan becomes effective, whichever date is later.

If your project meets the requirements of the above policy, and needs the state's basis boost for financial feasibility, please complete the Request to Use 130% Basis Boost form located at the end of this section, and explain in detail the project's need for the State's basis boost. The answer needs to identify that the project meets the characteristics outlined in the QAP or the reasons why using the boost will make the project financially feasible.

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.

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 funding 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?

Financed pursuant to a common plan of financing?

Managed pursuant to a common property management plan?

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 the partnership 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 anticipated 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 the project has been reviewed by an investor for financial feasibility, and has determined a market price, terms and conditions of equity pay-in. Please complete the Tax Credit Sale Information and Investment Fund Information as thoroughly as possible.

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 Section 3003. Generally, the relationship between the taxpayer claiming acquisition credits and the seller of the property is increased to 50 percent, conforming it to the related party rule used in other parts of the Internal Revenue Code.

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

Is this property currently substantially assisted, financed, or operated under Section 8, 221(d)(3), 221(d)(4) or 236 of the National Housing Act; Section 515 of the Housing Act of 1949, or "any other housing program administered by the Department of Housing and Urban Development or by the Rural Housing Service? Alternatively, is the property substantially State assisted, financed, or operated under any state law similar in purpose to any of the federal laws listed above?	Yes (X)	No (X)
	<input type="checkbox"/>	<input type="checkbox"/>

If no, what was the precise date this property/bldg was last sold? (Prior to sponsor involvement) _____

(The Department may request additional information if the project, in whole or in part was previously placed in service within the last 10 years and is not or was not substantially assisted, financed or operated by HUD, RD or state programs as mentioned above.)

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.

Form 8821 <small>(Rev. August 2008) Department of the Treasury Internal Revenue Service</small>	Tax Information Authorization ▶ Do not sign this form unless all applicable lines have been completed. ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.	<small>OMB No. 1545-1105 For IRS Use Only</small> Received by: Name _____ Telephone (____) _____ Function _____ Date ____/____/____	
1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7. Taxpayer name(s) and address (type or print) _____			
	Social security number(s) _____ _____ _____ Daytime telephone number (____) _____	Employer identification number _____ _____ Plan number (if applicable) _____	
2 Appointee. If you wish to name more than one appointee, attach a list to this form. 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"/>			
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.			
<small>(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty</small>	<small>(b) Tax Form Number (1040, 941, 720, etc.)</small>	<small>(c) Year(s) or Period(s) (see the instructions for line 3)</small>	<small>(d) Specific Tax Matters (see Instr.)</small>
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"/>			
5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked): 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"/> b If you do not want any copies of notices or communications sent to your appointee, check this box ▶ <input type="checkbox"/>			
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"/> To revoke this tax information authorization, see the instructions on page 4.			
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. ▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED. ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.			
_____ <small>Signature</small>	_____ <small>Date</small>	_____ <small>Signature</small>	_____ <small>Date</small>
_____ <small>Print Name</small>	_____ <small>Title (if applicable)</small>	_____ <small>Print Name</small>	_____ <small>Title (if applicable)</small>
<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
<small>For Privacy Act and Paperwork Reduction Act Notice, see page 4.</small>		<small>Cat. No. 11506P</small>	<small>Form 8821 (Rev. 8-2008)</small>

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

For complete instructions, please go to: <http://www.irs.gov/pub/irs-pdf/f8821.pdf>.

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
725 Summer St NE Ste B
Salem, Oregon 97301-1266
Attn: LIHTC Program Manager
3. Tax Matters:
 - Type of Tax: Choose "Income"
 - 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.
 - Year(s) or Period(s): Type in the years. (5 yrs. prior to application. See example on form 8821, Line 3, tax matters.)
4. Specific Use Not Recorded on Centralized Authorization File (CAF):
5. Disclosure of Tax Information:
6. Retention/Revocation of Tax Information Authorization: See instructions on form 8821, line 6.
7. Signature of Taxpayer(s): Financial Beneficiary must sign and date

} Completed by OHCS

INSERT THE ORIGINAL SIGNED IRS FORM 8821 FOR EACH FINANCIAL BENEFICIARY INCLUDING THE DEVELOPER, IN THE ORIGINAL COPY OF THE 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.

Low Income Housing Tax Credits CFC Application

Request To Use 130% Basis Boost

Project Name: _____

Date of Application: _____

Projects requesting a boost to their eligible basis during the 2009-2010 CFC award cycles, which are not located in a HUD determined DDA/QCT as defined in the STATE AND FEDERAL LIHTC POLICIES section of the Amended 2009 LIHTC Qualified Allocation Plan, will need to submit this completed form. Applicants should carefully read page 46 of the Amended 2009 QAP, Policy on the State's Use of the 130% Basis Boost, before completing the request.

The form must be included in the LIHTC Supplemental Forms section of the CFC application for initial consideration in a completed state. It will be reviewed during the CFC application review process. Should the application receive a reservation of funds, the applicant will be notified at that time whether the request to use the 130% basis boost has been granted.

Please check all that apply (X):

- _____ The project meets the State's definition of a preservation project.
- _____ The project's target population serves permanent supportive housing goals.
- _____ The project addresses workforce housing needs as identified in the Needs Analysis for this funding cycle.
- _____ The project is located in a Transit Oriented District (TOD); or an Economic Development Region (EDR) as designated by the local jurisdiction; or the project is located in an empowerment/enterprise zone or Public Improvement District (PID). **Please provide documentation in support of the project's location in a TOD, EDR or PID.**

If your project does not meet at least one of the categories outlined above, please provide specific information why the project should be considered for the State Basis Boost by answering the following question:

Explain why the use of the boost is needed for this project. Describe the financial assumptions you have made for the project and compare these with and without the boost. What will the boost help you accomplish from a financing perspective? Please note that a request for the state's basis boost will not automatically result in additional credits being awarded to your project.

For comparison purposes in evaluating the financial feasibility with the boost, please, attach Sources of Funds and Tax Credit Calculation Page which do not incorporate the boost assumptions.

OHCS Determination

(To be completed by OHCS)

Project Name:	
Request to Use the State's Basis Boost is:	Approved _____ Denied _____

Notes:

(to be signed by OHCS)

Signed by:	
Title:	
Date:	

Part 14: Supplemental Low Income Weatherization Forms

Energy Efficiency Plans

For the 2011 Consolidated Funding Cycle (CFC), Low Income Weatherization (LIW) funding will only be available for projects located in PGE Service Areas. LIW Program funds are available for energy efficiency improvements on projects submitted for funding through the CFC. For new construction projects, all work must exceed the minimum required by the local or Oregon Residential Energy Code. For existing housing, funds may be used to bring current conditions up to code. Energy efficient appliances and energy saving lighting may also be eligible uses of the funds. The following outlines the current Oregon Residential Energy Code:

Building Components	
Maximum Allowable Window Area	No Limit
Window Class	U=0.35
Exterior Doors	U=0.20
Wall Insulation	R-21
Underfloor Insulation	R-30
Flat Ceilings	R-38
Vaulted Ceilings	R-38
Skylight Class	U=0.60
Skylight Area	<2%
Basement Walls	R-21
Slab Floor Edge Insulation	R-15
Forced Air Duct Insulation	R-8

It is highly recommended that all applicants refer to the Oregon DOE website for accurate code requirements and qualifying appliances and applications: <http://www.energy.state.or.us/>.

Please describe all the energy efficient measures proposed for this project.

Calculating Energy Savings

To assist you in completing the Energy Efficiency Plan worksheets, the Department has developed two spreadsheets (calculators) for calculating energy savings for new construction and rehabilitation. These calculators are located at: www.ohcs.oregon.gov/OHCS/HD/HRS/LIWX/WXCalculator_NewConst.xls or www.ohcs.oregon.gov/OHCS/HD/HRS/LIWX/WXCalculator_Rehab.xls. You may choose to use this tool or any other U.S. Department of Energy (DOE) approved tool. The calculator in this application is designed for most weatherization activities. It reflects the kWh savings for the first year.

It is recommended that you contact an energy consultant if unsure of weatherization measures that need to take place in the construction or rehabilitation of your proposed project. A listing of possible contractors for Weatherization application assistance can be found at: www.ohcs.oregon.gov/OHCS/HD/HRS/LIWX/WXContactList.doc.

The compilation of this list does not imply that the State of Oregon or Oregon Housing and Community Services Department (OHCS) endorses or recommends any particular contractor, nor does it imply the selection of any contractor is any guarantee of project feasibility or receipt of funding. This list is NOT an all-inclusive list of qualified energy analysts or energy technicians. OHCS reserves the right to review any analysis submitted with the Weatherization application as well as the qualifications of the preparer, when application forms have been completed by an outside independent third party.

Rehabilitation Worksheet Instructions

Proposed R/U Value: Refer to the Manufacturer's Info Tag

Increased R/U Value: Difference between existing and proposed R/U Values

Square Feet: Square footage (footprint) of the total conditioned area to be weatherized.

Cost: Labor and materials for weatherization activities only.
For appliances, the cost of the appliance only
For CFLs, cost of installed Energy Star approved pin-based fixtures and lamps.

Energy saved: From Excel "CFC Wx Calculator Spreadsheet" provided on the website.

Analysis: The OHCS goal is to allow Weatherization funding of one dollar for every kilowatt hour (kWh) saved the first year or the cost of installation, whichever is less.

- Appliances
- REFRIGERATORS 1) must be metered (10% sample required of each type in a multi-family complex). OR 2) supply usage value from refrigerator usage reference available in the CFC Wx spreadsheet of each type of refrigerator within the units.
 - CLOTHES WASHERS must be 8 years or older for eligibility in replacement. Please supply annual usage of the model in kWh and use calculator. See instructions.
 - DISHWASHERS must be 8 years or older for eligibility requirements. Please supply annual usage of the existing and proposed model in kWh and use calculator. See instructions.

New Construction Worksheet Instructions

Code or Minimum Standard:	On windows, insulation, etc., self-explanatory. On appliances and Energy Star Compact Fluorescent Lighting fixtures (CFLs), use normal rating from the yellow tag (energy guide) on the appliance or manufacturer's information and subtract the baseline KWh usage to determine savings.
Proposed R or U-Value	On anything rated in U-values, a lower number is better. R-values must exceed code to increase energy savings. U / R values are the reciprocal of each other.
Square Footage	Total only the conditioned area that is improved. Square footage is not applicable for appliance calculations.
Increased Cost:	Labor and materials for weatherization activities only. For appliances, the cost of the appliance only. For CFLs, cost of installed Energy Star approved pin-based fixtures and lamps.
Kilowatts Saved:	Use the CFC Wx spreadsheet or any DOE approved tool to project your energy savings.
Appliances	<ul style="list-style-type: none">• REFRIGERATORS must be new. The kWh can be found on the energy guide for the appliance• CLOTHES WASHERS must be new. The kWh can be found on the energy guide for the appliance.• DISHWASHERS must be new. The kWh can be found on the energy guide for the appliance.

CFC Wx Workbook (Excel spreadsheet) Instructions

For electrically heated units, shell measures must be calculated in kWh savings.

Insert information into the BLUE cells only, when entering data into the CFC Wx calculator.

CFC Wx Calculator:

Project Name: Insert name of project

Location: Insert street address and city

Degree Days/Design Temp: These are the heating degree days for the climate location of the project. By selecting the geographic region from the drop down box, the degree days and design temperature will automatically change to coincide with that area.

Salem area = 4740 degree days/design temp 22

Redmond area = 6746 degree days/design temp 6

Portland area = 4693 degree days/design temp 22

North Bend area = 4664 degree days/design temp 32

Medford = 4803 degree days/design temp 23

Astoria = 5250 degree days/design temp 29

Pick an area closest to your located project and apply.

Air Heat Capacity: Leave as is. Worksheet will not allow changes

Project Volume: Remember, volume is square foot time's height. You can do the entire complex or one unit of each type depending on design differences, as long as each unit is represented and modeled.
If the entire complex has units that are all the same, then you can do one unit in the calculator and multiply the savings by the amount of total units OR do the whole facility as one unit. If you have multiple buildings and each one is different design you will need to run the calculations on each building.

Heat Pump: Please insert "1" if a heat pump exists (rehab) or is being proposed. "0" is the default.

Component: These are the measures that this tool can consider. If you have other measures, i.e. GFX systems, solar systems or heating recovery systems, etc., another DOE approved tool will need to be used.

Area: Total square footage of project.

U-Values: Existing and Proposed values must be indicated in U-values. U-values and R-values are related in that they are a reciprocal of one another. R-Values can be added together. U-values are numbers needed for the calculator. You can convert R-values to U-values by $1/R$ (1 divided by R). Example: The R-value of the batt of insulation is R-19. The U-value of this would be $1 \div 19 = .052$. Therefore the U-value is .052.

When entering your U-values please only round to the thousandth position.

Table of Values: Worksheet will not allow you to alter numbers or formulas.

Totals: Will be displayed via category and total in KWH's at the bottom.

For more information or technical assistance with the CFC Wx workbook spreadsheet or the Low Income Weatherization Program, contact your [Regional Advisor to the Department](#) (RAD).

Part 15: Supplemental Oregon Affordable Housing Tax Credit Forms

Loan Information
For OAHTC Applicants only

Project Name: _____

NOTE: If your application is for a qualified Preservation project, fill out this page even though pass-through is not required. An estimate of tax credit provided to the bank is still needed, along with your lender and loan information.

Lender Information:

Lending Institution: _____

Address: _____

City/Zip: _____

Telephone: _____

Loan Officer: _____

Loan Details

Date of loan application: _____

Proposed loan amount: \$ _____

Portion of loan covered by OAHTC: \$ _____

Market Lending Rate Terms:

Interest rate: _____ %

Number of years to amortize: _____

Number of years until due in full: _____

Monthly payment amount: \$ _____

Reduced Rate Terms:

Interest rate: _____ %

Number of years to amortize: _____

Number of years until due in full: _____

Monthly payment amount: \$ _____

Projected Average Loan Balance/Yearly Tax Credit Amounts

A letter from the lender indicating their willingness to participate in the OAHTC Program must be attached if it is not mentioned in the letter of intent. The Lender must provide a Projected Average Loan Balance and the projected Yearly Tax Credit Amounts for twenty years of annual participation.

Total tax credit reflected in above information: \$ _____