



2006 MULTIFAMILY UNIFORM APPLICATION

Texas Department of Housing and Community Affairs (TDHCA)
Mailing Address: P.O. Box 13941, Austin, Texas 78711-3941
Physical Address: 221 East 11th Street, Austin, TX 78701

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NOTE: The following additional **multifamily** exhibits are contained in a separate Excel workbook:

VOLUME 1, TAB 2

- PART B. RENT SCHEDULE
- PART C. UTILITY ALLOWANCES
- PART D. ANNUAL OPERATING EXPENSES
- PART E. 30 YEAR RENTAL HOUSING OPERATING PROFORMA
- PART F. BUILDING/ UNIT TYPE CONFIGURATION
- PART G. AREAS EXCLUDED

VOLUME 1, TAB 3

- PART A. DEVELOPMENT COST SCHEDULE
- PART B. OFFSITE COSTS BREAKDOWN
- PART C. SITE WORK COSTS

VOLUME 1, TAB 4

- PART A. SUMMARY OF SOURCES AND USES



2006 MULTIFAMILY UNIFORM APPLICATION

Application # (TDHCA Use)

Texas Department of Housing and Community Affairs (TDHCA)
Mailing Address: P.O. Box 13941, Austin, Texas 78711-3941
Physical Address: 221 East 11th Street, Austin, TX 78701-2410

Special Notation Symbols Used in the Application:

Attachment may be required. X Section does not apply to all applicants. ! Significant Issue

The undersigned hereby makes application to TDHCA for financial assistance, has read and understands the application instructions, and certifies that all information herein is true and correct to the best of their knowledge and belief.

Submitted Application must have the original signature from the representative or person with authority to execute documents on the Applicant's behalf.

Applicant's Authorized Representative's Signature

Representative's Printed Name, Title

Date

Volume 1, Tab 1

PART A. ACTIVITY OVERVIEW

1. MULTIFAMILY RENTAL DEVELOPMENT NAME AND LOCATION

Development Name: Region:

Address: ZIP Code:

City: County:

2. TARGET POPULATION (CHECK ONLY ONE)

- Family
Elderly
Intergenerational Housing

PART B. APPLICANT INFORMATION

Provide the contact data for the Applicant's staff person who is responsible for application and contract administration. This primary contact will not be the consultant or the end service provider.

1. APPLICANT CONTACT INFORMATION

Applicant Legal Name: Phn.:

Applicant Contact Name: Fax:

Applicant Mailing Address:

City, State, ZIP: Email:

If Applicant's Physical Address is different from the Mailing Address, provide the physical address below:

Applicant Physical Address:

City, State, ZIP:

2nd Contact Name(required): Fax:

Email:

2. APPLICANT LEGAL DESCRIPTION

Legal Form of Applicant is/will be a (check only one):

Applicant is legally formed? No Yes

- For-profit Corporation Non-profit Corporation General Partnership Limited Partnership
Limited Liability Company Unit of Local Government Individual/D.B.A. Housing Authority

Other Designations (Mark all that apply): Historically Underutilized Business CHDO COG Federal Tax Exemption

Applicant is in good standing with the Secretary of State? No Yes The State Filing # is:

3. APPLICATION TECHNICAL ASSISTANCE AND CAPACITY BUILDING

Has the Applicant or its Principals received technical assistance or capacity building training for their organization in completing this application or for the activity for which this application is being made? No Yes

If "Yes", it was sponsored by: TDHCA Other (Sponsor Name): _____

The activity was: Workshop Field Office Assistance Capacity Building Funds Predevelopment Funds

Other (describe activity): _____

Was a Consultant or Administering Agent used to complete the application? No Yes

PART C. FUNDING REQUEST

1. PROGRAM ALLOCATION AND SET-ASIDE

Next to the program name, check the box to indicate under which allocation and set-aside or set-asides this application will be made.

TDHCA Programs for which this Application will be used:	Rural	Urban/ Exurban	At-Risk/ Preservation	Non-Profit	CHDO	USDA Allocation	Special Needs	General
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Housing Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>
Housing Tax Credit (Cyclical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
Private Activity Mortgage Revenue Bond	<input type="checkbox"/>	<input type="checkbox"/>						

HOME does not use allocations. Both HOME and Bonds must indicate whether Rural or Urban/Exurban area.

2. PROGRAM ELIGIBLE ACTIVITIES

Check the boxes next to the program name to indicate the activities this application will fund.

TDHCA Programs for which this Application will be used:	Acquisition	New Construction	Rehab. Construction
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Income Housing Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Activity Mortgage Revenue Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
501(c)(3) Mortgage Revenue Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. FUNDING REQUEST

Complete the table below to describe this application's funding request.

If the award will be in the form of a loan, the requested terms are:

TDHCA Programs for which this Application will be used:	Requested Amount	Interest Rate (%)	Amortization (Yrs.)	Term (Yrs.)
HOME Activity Funds	\$			
HOME CHDO Operating Expenses	\$			
Housing Trust Fund	\$			
Housing Tax Credit (Annual Amount)	\$			
Private Activity Mortgage Revenue Bond	\$			
501(c)(3) Mortgage Revenue Bond	\$			

4. PREVIOUSLY AWARDED STATE AND FEDERAL FUNDING

Has this site/activity previously received TDHCA funds? No Yes

If yes, enter Project # _____ and TDHCA Funding Source _____

Has this site/activity previously received non-TDHCA federal funding? No Yes

Will this site/activity receive non-TDHCA federal funding for costs described in this application? No Yes

Volume 1, Tab 2

PART A. POPULATIONS SERVED

1. UNIT COMPOSITION ⁽³⁾

Type of Unit	# of Designated Units	% of Total Units in Development
Migrant Farm Workers		%
Elderly		%
Victims of Domestic Violence		%
Persons with Disabilities		%
Homeless Populations		%
Intergenerational		%
Persons with alcohol and/or drug addictions		%
Persons with HIV/AIDS		%
Other: (specify)		%

(1) "Type of Unit" categories are not mutually exclusive. (For a 200 unit Qualified Elderly Development with 10% of the units set-aside for Persons with Disabilities, the table would read 200 Elderly units and 20 units for Persons with Disabilities with corresponding %s of total units.)

PART B. RENT SCHEDULE

[Insert “*Part B. Rent Schedule (Required for All Rental Developments)*” from Excel portion]

PART C. UTILITY ALLOWANCES

[Insert “*Part C. Utility Allowances*” from Excel portion]

PART D. ANNUAL OPERATING EXPENSES

[Insert “*Part D. Annual Operating Expenses*” from Excel portion]

PART E. 30 YEAR RENTAL HOUSING OPERATING PROFORMA

[Insert “*Part E. 30 Year Rental Housing Operating Proforma*” from Excel portion]

PART F. BUILDING/ UNIT TYPE CONFIGURATION

[Insert “*Part F. Building/ Unit Type Configuration*” from Excel portion]

Part G. Areas Excluded from the Total Development Area

[Insert “*Vol.1 Part G Areas Excluded*” from Excel portion]

Volume 1, Tab 3

PART A. DEVELOPMENT COST SCHEDULE

[Insert “*Part A. Development Cost Schedule*” from Excel portion]

PART B. OFFSITE COSTS BREAKDOWN

[Insert “*Part B. Offsite Costs Breakdown*” from Excel portion]

PART C. SITE WORK COSTS

[Insert “*Part C. Site Work Costs*” from Excel portion]

PART A. SUMMARY SOURCES AND USES OF FUNDS

[Insert “*Part A. Summary Sources and Uses of Funds*” from Excel portion]

PART B. FINANCING PARTICIPANTS

All current and proposed non-TDHCA financing sources should be identified below. Use additional sheets if necessary and/or attach a written narrative to further describe any funding source other than grants, loans or equity described herein. A copy of the commitment letter for each funding source confirming the elements below should be attached. The "Source #" should correspond to those listed on the Summary Sources and Uses of Funds" form. Subsequent changes to the proposed financing participants requires TDHCA's written consent.

Source #:	<input type="text"/>	Amount: \$	<input type="text"/>	<input type="checkbox"/> Interim	<input type="checkbox"/> Permanent	<input type="checkbox"/> Equity	Commitment Date: _____	
Source Name:	_____						Contact Name:	_____
Address:	_____						City:	_____
State:	_____	ZIP:	_____	Phn.:	() _____	Fax:	_____	
Level of Commitment: <input type="checkbox"/> Closed <input type="checkbox"/> Firm <input type="checkbox"/> Conditional <input type="checkbox"/> Letter of Interest <input type="checkbox"/> Other: Describe								
<input type="checkbox"/> Grant Terms:								
<input type="checkbox"/> Loan <input type="checkbox"/> Recourse <input type="checkbox"/> Non-Recourse Amortization Term: _____ Yrs. Repayment Term: _____ Yrs.								
Interest Rate: _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Floating								
Rate Index: _____ Annual Payment: \$ _____ Lien Priority: _____								
<input type="checkbox"/> Syndication Tax Credit Estimate \$ _____ Syndication Factor: \$ _____ Per Credit Dollar								

Source #:	<input type="text"/>	Amount: \$	<input type="text"/>	<input type="checkbox"/> Interim	<input type="checkbox"/> Permanent	<input type="checkbox"/> Equity	Commitment Date: _____	
Source Name:	_____						Contact Name:	_____
Address:	_____						City:	_____
State:	_____	ZIP:	_____	Phn.:	() _____	Fax:	_____	
Level of Commitment: <input type="checkbox"/> Closed <input type="checkbox"/> Firm <input type="checkbox"/> Conditional <input type="checkbox"/> Letter of Interest <input type="checkbox"/> Other: Describe								
<input type="checkbox"/> Grant Terms:								
<input type="checkbox"/> Loan <input type="checkbox"/> Recourse <input type="checkbox"/> Non-Recourse Amortization Term: _____ Yrs. Repayment Term: _____ Yrs.								
Interest Rate: _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Floating								
Rate Index: _____ Annual Payment: \$ _____ Lien Priority: _____								
<input type="checkbox"/> Syndication Tax Credit Estimate \$ _____ Syndication Factor: \$ _____ Per Credit Dollar								

Source #:	<input type="text"/>	Amount: \$	<input type="text"/>	<input type="checkbox"/> Interim	<input type="checkbox"/> Permanent	<input type="checkbox"/> Equity	Commitment Date: _____	
Source Name:	_____						Contact Name:	_____
Address:	_____						City:	_____
State:	_____	ZIP:	_____	Phn.:	() _____	Fax:	_____	
Level of Commitment: <input type="checkbox"/> Closed <input type="checkbox"/> Firm <input type="checkbox"/> Conditional <input type="checkbox"/> Letter of Interest <input type="checkbox"/> Other: Describe								
<input type="checkbox"/> Grant Terms:								
<input type="checkbox"/> Loan <input type="checkbox"/> Recourse <input type="checkbox"/> Non-Recourse Amortization Term: _____ Yrs. Repayment Term: _____ Yrs.								
Interest Rate: _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/> Floating								
Rate Index: _____ Annual Payment: \$ _____ Lien Priority: _____								
<input type="checkbox"/> Syndication Tax Credit Estimate \$ _____ Syndication Factor: \$ _____ Per Credit Dollar: \$ _____								

PARTICIPANTS IN THE APPLICATION INFORMATION

! Applicants should note that subsequent changes to the ownership structure presented in this section will require the written consent of the Department.

The purpose of this section is to identify and describe the organizations and persons that will own, control and benefit from the application activity to be funded with TDHCA assistance. The Applicant's ownership structure must be traced down to the level of the individual Principal.


Persons that will exercise Control over a partnership, corporation, limited liability company, trust, or any other private entity should be included in the organizational chart. In the case of:

(A) partnerships, Principals include all General Partners and Special LP ;

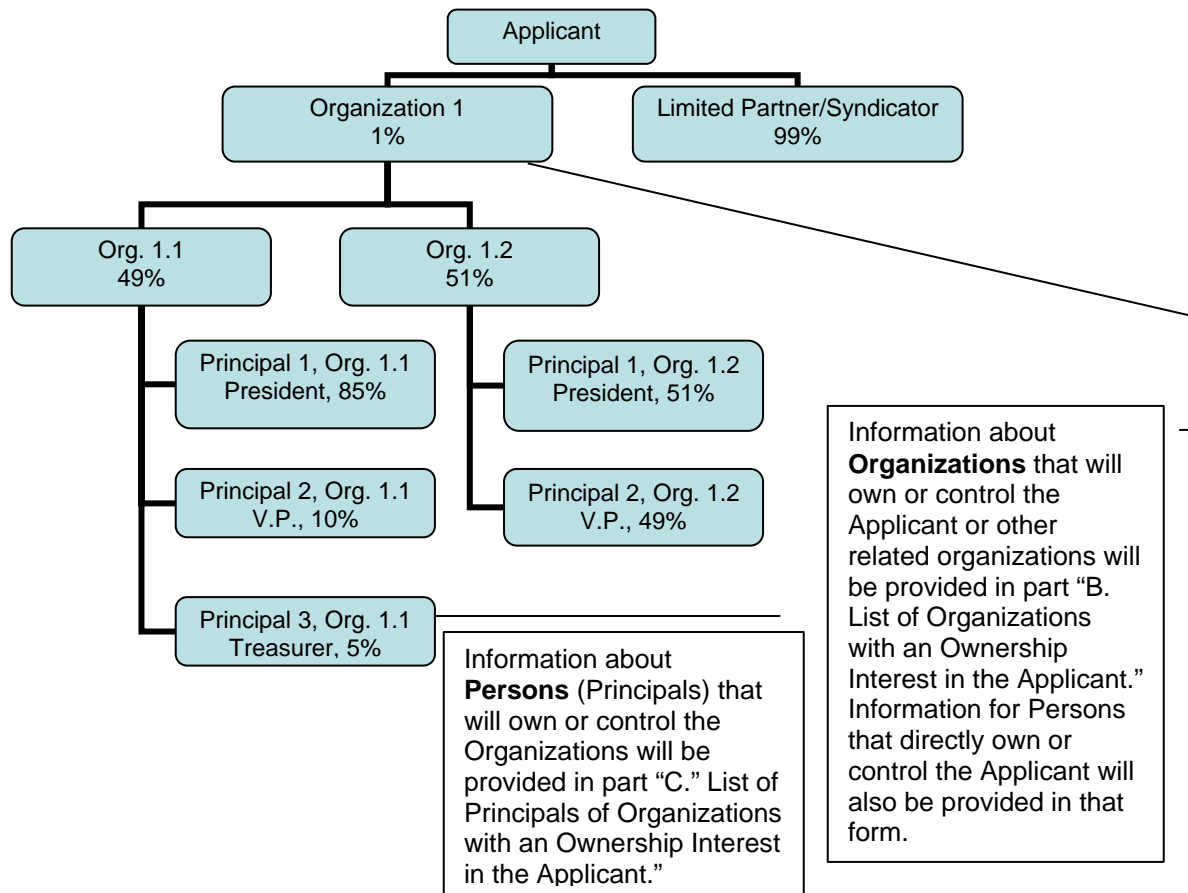
(B) corporations, Principals include any officer authorized by the board of directors to act on behalf of the corporation, including the president, vice president, secretary, treasurer and all other executive officers, and each stock holder having a ten percent or more interest in the corporation; and

(C) limited liability companies, Principals include all managing members or any officer authorized to act on behalf of the limited liability company.

PART A.1 APPLICANT AND DEVELOPER OWNERSHIP CHART

 To assist TDHCA in its analysis of the Applicant's ownership structure, all Applicants must provide an ownership chart as part of the "Participants in the Application Information" exhibit. This chart must clearly illustrate the complete ownership structure of the Applicant. It should provide the names and ownership percentages of **Organizations** and **Persons** with an ownership interest in the Applicant². **A separate ownership chart must be provided for the Developer.** The percentage ownership of all Persons in control of these entities and sub-entities must also be clearly defined.

Example:



² Applicant is also referred to as the "Development Owner" in the HTC OAP.

DO NOT INCLUDE THIS FORM AS A BOUND PART OF THE APPLICATION. SUBMIT AS A STAND ALONE EXHIBIT.

PARTICIPANTS IN THE APPLICATION INFORMATION
--

PART A.2 APPLICANT UNIQUE IDENTIFIER NUMBER (DO NOT INCLUDE BOUND)

So that TDHCA may effectively review Applications to establish that all participants are eligible under program rules, a unique identifier must be provided for the Applicant, Organizations with an Ownership Interest in the Applicant, Principals, and Development Team Members.

! These numbers are confidential under federal law and state law. **As such this form will be submitted to TDHCA as a separate exhibit.** The information contained therein will not be released under Open Records Requests nor will it be posted to the TDHCA web site with the rest of the application.

Section 1. Applicant

Legal Name of Applicant	Federal Tax Payer Identification Number or Social Security Number

Section 2. Organizations & Principals

The purpose of this section is to identify and describe the organizations and persons that will own, control and benefit from the application activity to be funded with TDHCA assistance. The Applicant's ownership structure must be traced down to the level of the individual Principal.

Legal Name of Organizations with an Ownership Interest in the Applicant	Legal Name of Principals of Organizations with an Ownership Interest in the Applicant	Federal Tax Payer Identification Number or Social Security Number
Organization 1.1	Principal 1	123-456-7890
	Principal 2	321-456-7890
	Principal 3,	231-456-7890
Organization 1.2	Principal 1	213-456-7890

DO NOT INCLUDE THIS FORM AS A BOUND PART OF THE APPLICATION. SUBMIT AS A STAND ALONE EXHIBIT.

SECTION 3. DEVELOPMENT TEAM

Development Team Members	Legal Name	Federal Tax Payer Identification Number or Social Security Number
Developer		
Housing General Contractor		
Infrastructure General Contractor		
Cost Estimator		
Architect		
Engineer		
Market Analyst		
Appraiser		
Attorney		
Accountant		
Property Manager		
Originator or Underwriter		
Syndicator		
Support Service Provider		
Support Service Provider		
Application Consultant or Admin. Agent		
Other		
Other		
Other		

PARTICIPANTS IN THE APPLICATION INFORMATION

PART B. LIST OF ORGANIZATIONS WITH AN OWNERSHIP INTEREST IN THE APPLICANT

Provide the requested information for all partnerships, corporations, limited liability companies, trusts, or any other public or private entity and their Affiliates³ that will have an ownership interest in or that will exercise control over the Applicant. Organizations that own or control other organizations should also be identified until the only remaining sub-entity would be Principals. (Information on Principals will be provided in part "C. List of Principals of Organizations with an Ownership Interest in the Applicant.") If the Applicant is directly owned or controlled by a person or persons, then the individual's information should be provided below and in the "List of Principals of Organizations with an Ownership Interest in the Applicant" form.

Organization Legal Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:		Fax:	Email:	Name(s) and Ownership % of Entities the Organization Owns or Controls:		
Is Organization legally formed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Form of Organization is or will be (mark all that apply):		Other Designations (mark all that apply):		
<input type="checkbox"/> For-profit Corporation		<input type="checkbox"/> Nonprofit Corporation		<input type="checkbox"/> HUB <input type="checkbox"/> Federal Tax Exemption <input type="checkbox"/> HUB <input type="checkbox"/> CHDO		
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Unit of Local Government		<input type="checkbox"/> Individual/DBA		
		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Housing Authority		
		<input type="checkbox"/> Limited Partnership				

Organization Legal Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:		Fax:	Email:	Is Organization legally formed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Form of Organization is or will be (mark all that apply):		Other Designations (mark all that apply):				
<input type="checkbox"/> For-profit Corporation		<input type="checkbox"/> Nonprofit Corporation		<input type="checkbox"/> HUB <input type="checkbox"/> Federal Tax Exemption <input type="checkbox"/> HUB <input type="checkbox"/> CHDO		
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Unit of Local Government		<input type="checkbox"/> Individual/DBA		
		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Housing Authority		
		<input type="checkbox"/> Limited Partnership				

Organization Legal Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:		Fax:	Email:	Is Organization legally formed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Form of Organization is or will be (mark all that apply):		Other Designations (mark all that apply):				
<input type="checkbox"/> For-profit Corporation		<input type="checkbox"/> Nonprofit Corporation		<input type="checkbox"/> HUB <input type="checkbox"/> Federal Tax Exemption <input type="checkbox"/> HUB <input type="checkbox"/> CHDO		
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Unit of Local Government		<input type="checkbox"/> Individual/DBA		
		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Housing Authority		
		<input type="checkbox"/> Limited Partnership				

³ Affiliate - An individual, corporation, partnership, joint venture, limited liability company, trust, estate, association, cooperative or other organization or entity of any nature whatsoever that directly, or indirectly through one or more intermediaries, Controls, is Controlled by, or is under common Control with any other Person, and specifically shall include parents or subsidiaries. Affiliates also include all General Partners, Special Limited Partners and Principals with an ownership interest.

PARTICIPANTS IN THE APPLICATION INFORMATION

PART C. LIST OF PRINCIPALS OF ORGANIZATIONS WITH AN OWNERSHIP INTEREST IN THE APPLICANT

				Check the box if Principal has Previous Participation with funding from:	
Organization Name:	Principal Name	Role/Title	% Interest in the Org.	TDHCA?	Other States?
Organization 1.1	Principal 1	President	85	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Principal 2	Vice President	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Principal 3	Treasurer	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPANTS IN THE APPLICATION INFORMATION

PART D. CERTIFICATION OF PRINCIPAL

This certification must be signed and filed by persons who are "Principals" as defined in the introduction to this exhibit and who are included in the applicant ownership chart required under Part A of this exhibit.

I hereby apply to the Texas Department of Housing and Community Affairs for approval to participate in this Application activity as a Principal of the Applicant. I certify that all statements made by me in the "Participants in the Application Information" section of the Application and related exhibits are true, complete, and correct and are made in good faith. I further certify that:

- (1) The Participants in the Application Information, Previous Participation Certification, herein after referred to as the "Previous Participation Certification" contains a listing of every development activity that received TDHCA funding, which I have been or am now a Principal.
- (2) For the period beginning ten years prior to the date of this certification:
 - (a) I have not been arrested, indicted, convicted, or imprisoned for a felony during the last ten years, and am not presently the subject of a complaint or indictment charging for a crime of moral turpitude.
 - (b) I have not been suspended, debarred, or been subject to enforcement action under state or federal securities law, or otherwise restricted by any department or agency of federal or state government from doing business with such department or agency.
 - (c) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
- (3) For the period beginning ten years prior to the date of this certification, during my participation in the developments shown by me in the Previous Participation Certification, there has not been:
 - (a) a mortgage in default, assigned or foreclosed, nor has mortgage relief by the lender been given;
 - (b) to the best of my knowledge, unresolved findings raised as a result of Departmental or HUD audits, management reviews or other governmental investigation concerning me or my developments, or contracts;
 - (c) any breach by the owner of any agreements relating to the construction or rehabilitation, use, operation, management, or disposition; or
 - (d) a suspension or termination of payments under any state or federal assistance contract.
- (4) To the best of my knowledge, the Applicant's Principals have demonstrated fiscal, programmatic, and contractual compliance on previously awarded Department contracts or loan agreements and resolution of any previous audit findings and outstanding monetary obligation with the Department per 10 TAC Section 53052 (c) (2) and (3).
- (5) As required by Section 2306.257 of the Texas Government Code, as added by SB 322, 77th Session of the Texas Legislature, an applicant may not receive funds or other assistance from the Department unless the Applicant certifies that it is in compliance with the housing laws described in subparagraph (a) through (d) of this paragraph. To satisfy that requirement, I hereby certify that the developments listed in the Previous Participation Certification, in which I am currently participating, are in compliance with:
 - (a) state and federal fair housing laws, including Chapter 301, Property Code, the Texas Fair Housing Act; Title IV of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.); and the Fair Housing Amendments of 1988 (42 U.S.C. Section 3601 et seq.),
 - (b) the Civil Rights Act of 1964 (42 U.S.C. Section 2000a et seq.),
 - (c) the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and
 - (d) the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et seq.).

(6) I further certify that I understand that the Department periodically monitors for compliance with the requirements specified in paragraph (5) during the construction phase of a housing development that has received funds or other assistance from the Department and during the long-term affordability period. The Department shall notify a recipient who has received funds or other assistance from the Department in writing of an apparent violation and shall afford the recipient a reasonable amount of time, as determined by the Department, to correct the identified violation, if possible, prior to the imposition of a sanction. I understand that the Department may impose one or more of the following sanctions depending on the severity of the violation of a law specified in subsection (5) by a recipient of housing funds or other assistance from the Department:

- (a) a reprimand posted on the Department's website,
- (b) termination of assistance, or
- (c) a bar on future eligibility for assistance through a housing program administered by the Department. A bar shall be in place for at least one calendar year from the date of imposition by the Department and may not last for more than ten calendar years from the date of imposition.

Principal Signature: _____ Date: _____

Principal Printed Name: _____

List the "Applicant Legal Name" followed by the "Program Code" for each current or pending TDHCA application in which this entity is a Principal. Use the following program codes: HOME Program = HM, Housing Trust Fund = HT, Housing Tax Credit = HTC, Office of Colonia Initiatives = OC, Tax-exempt Private Activity Mortgage Revenue Bond = TP, 501 (c)(3) Tax-exempt Mortgage Revenue Bond = TM: _____

PARTICIPANTS IN THE APPLICATION INFORMATION

PART E. PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM (ALSO REFERRED TO AS THE "PREVIOUS PARTICIPATION CERTIFICATION" IN THE HTC QAP)

Part E, Sections 1, 2, and 3 must be completed by persons who are "Principals" as defined in the introduction of this exhibit through their ownership or control of TDHCA assisted affordable housing or related supportive services activities. Persons who are otherwise included in the applicant ownership chart required under Part A. of this exhibit must also complete these sections. Nonprofit entities, public housing authorities and publicly traded corporations are required to submit documentation for the entities involved; documentation for individual board members and executive directors is required for this exhibit. Any Person receiving more than 10% of the Developer fee will also be required to submit documents for this exhibit. Units of local government are also required to submit this document. All participation in any TDHCA funded or monitored activity, including non-housing activities, must be disclosed. Review the information for accuracy and full disclosure as incomplete forms or disclosure may result in disqualification of the application or an administrative deficiency.

✗ If the Principal has no previous experience **with TDHCA funding**, then they should check the "No" box in response to the "Previous participation funding from: a) TDHCA?" question in "Tab 5, Part C. List of Principals of Organizations with an Ownership Interest in the Application" instead of completing Tab 5, Part E, Sections 1 and 2. If the Principal has no previous experience **with other state affordable housing funding**, then they should leave the box empty in response to the "Previous participation funding from: b) other States?" question box in "Tab 5, Part C" instead of completing Tab 5, Part E, Section 3.

Principal Printed Name: _____ List the "Applicant Legal Name" for each current or pending TDHCA application of the Principal):

SECTION 1. EXPERIENCE WITH TDHCA HOUSING CONSTRUCTION/REHAB. PROGRAMS

TDHCA Activity ID # ⁴	Property Name	Property City	Total # of Units	HOME	HTF	HTC	Mort. Revenue Bonds	Other: Describe	Term of Participation or Contract Begin	Term of Participation or Contract End	Disclosure ⁵
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mm/yy	mm/yy	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

⁴ TDHCA Activity ID #: Final Development, Contract or Loan Number used by TDHCA to identify the development or activity.

⁵ Disclosure: Check the box if the development or activity has known past non-compliance or defaults, technical or otherwise. If disclosures exist, then provide on separate document a description of the issue and note whether it has been cured. Examples of disclosures include: defaults, mortgage relief, assignments, foreclosures, material/mechanic's liens, legal action, issuance of IRS Form 8823, instances of non-compliance with local building codes or planning regulations, and other program findings of non-compliance.

PARTICIPANTS IN THE APPLICATION INFORMATION

PART E. PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM

SECTION 2. EXPERIENCE WITH TDHCA SERVICE RELATED ACTIVITIES (*CSBG, CEAP, WAP, ENTERP, and HOME and HTF Funds that are not used for Rental Construction*)

TDHCA Activity ID # ⁶	Grantee, Contractor, or Sub-Recipient Name	Grantee, Contractor, or Sub-Recipient City	Contract Amount	HOME	HTF	CSBG	CEAP	WAP	ENTERP	Other: Describe	Term of Participation or Contract Begin	Term of Participation or Contract End	Disclosure ⁷
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

⁶ TDHCA Activity ID #: Final Development, Contract or Loan Number used by TDHCA to identify the development or activity.

⁷ Disclosure: Check the box if the development or activity has known past non-compliance or defaults, technical or otherwise. If disclosures exist, then provide on separate document a description of the issue and note whether it has been cured. Examples of disclosures include: defaults, mortgage relief, assignments, foreclosures, material/mechanic's liens, legal action, issuance of IRS Form 8823, instances of non-compliance with local building codes or planning regulations, and other program findings of non-compliance.

PARTICIPANTS IN THE APPLICATION INFORMATION

PART E. PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM

SECTION 3. NATIONAL PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM

Nonprofit entities, public housing authorities and publicly traded corporations are required to submit documentation for the entities involved; documentation for individual board members and executive directors is required for this exhibit. Any Person receiving more than 10% of the Developer fee will also be required to submit documents for this exhibit. Units of local government are also required to submit this document.

Subsection (a). Principal's Authorization to Release Request for Compliance Status (To be completed by Applicant.)

The Principal named below is applying for funding from the Texas Department of Housing and Community Affairs (TDHCA) for the following developments (*List the "Applicant Legal Name" for each current or pending TDHCA application of the Principal*): _____

The under signed, hereby requests and authorizes the agency named in Subsection (b) to release to TDHCA information regarding any low-income housing development that the agency monitors and in which this Principal has or is participating. A description of the Principal's participation in this state's affordable housing programs is provided in Subsection (c).

_____ Principal's Signature _____ Date _____ Principal's Printed Name

Subsection (b). State Agency Response to Request for Compliance Status (To be completed by State Agency.)

The information disclosed on this form will be taken into consideration by TDHCA when making funding decisions for the 2006 calendar year.

State Agency Name: _____ Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

1. Has this state agency issued an 8823 for any violations in the last three years in the following categories?
- Major violations of health, safety, and building codes. Such finding is Corrected Uncorrected
 - Refusal to lease to persons with Section 8 vouchers. Such finding is Corrected Uncorrected
 - Determination of a violation under the Fair Housing Act. Such finding is Corrected Uncorrected
 - Development is out of compliance and is never expected to comply as reported to the IRS via an 8823.

2. Are all the developments under control or ownership by the Principal named above in compliance? Yes No

If "No," what formal or informal action has been taken by your agency? _____

3. Is there other information you wish to share regarding compliance status? _____

This response represents this agency's evaluation of the Principal's compliance status as of February 28, 2005.

_____ Prepared By: _____ Title / Phone Number _____ Date

Please return "Tab 5, Part E, Section 3" to TDHCA within 30 days of receipt. This documentation can be transmitted by mail to: TDHCA Portfolio Management and Compliance Division, P.O. Box 13941, Austin, Texas 78711-3941, or via fax at 512.475.3359. If you have any questions, contact Jo En Taylor at (512) 475-4972. Your prompt response and any information that you are able to share is greatly appreciated.

PARTICIPANTS IN THE APPLICATION INFORMATION

PART E. PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM

SECTION 3. NATIONAL PREVIOUS PARTICIPATION AND BACKGROUND CERTIFICATION FORM

Applicants should review the information for accuracy and full disclosure as incomplete forms or disclosure may result in disqualification of the application or an administrative deficiency.

Principal Printed Name: _____

Subsection (c). Participation in Non-Texas State Housing Construction/Rehab. Programs (To be completed by Applicant.)

Agency Activity ID # ⁸	Property Name	Property City	Total # of Units	HOME	HTC	Mort. Revenue Bonds	Other: Describe	Term of Participation or Contract Begin	Term of Participation or Contract End	Disclosure ⁹
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		mm/yy	mm/yy	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>

⁸ Activity ID #: Final Development, Contract or Loan Number used by the agency to identify the development or activity.

⁹ Disclosure: Check the box if the development or activity has known past non-compliance or defaults, technical or otherwise. If disclosures exist, then provide on separate document a description of the issue and note whether it has been cured. Examples of disclosures include: defaults, mortgage relief, assignments, foreclosures, material/mechanic's liens, legal action, issuance of IRS Form 8823, instances of non-compliance with local building codes or planning regulations, and other program findings of non-compliance.

Volume 1, Tab 6

PARTICIPANTS IN THE APPLICATION INFORMATION

PART A. DEVELOPMENT TEAM MEMBERS

! *The requested information on all known development team members must be provided. In addition to the categories listed below, the "Other" category should be used to list all known development team members that are included in the "Development Cost Schedule. If the team member that will be utilized is not yet known, indicate "TBD". If it is anticipated that the development team category will not be utilized, indicate "N/A".*

Developer Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Housing General Contractor Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Infrastructure General Contractor Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Cost Estimator Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

¹⁰ If there is a direct or indirect, financial, or other interest with applicant or other team members, provide an attachment behind Volume 3, Tab 2 of the application that explains the relationship(s).

PART A. DEVELOPMENT TEAM MEMBERS

Architect Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Engineer Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Market Analyst Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Appraiser Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Attorney Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

PART A. DEVELOPMENT TEAM MEMBERS

Accountant Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Property Manager Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Originator or Underwriter Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Syndicator Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Supportive Service Provider Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

PART A. DEVELOPMENT TEAM MEMBERS

Supportive Service Provider Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Supportive Service Provider Name:		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Application Consultant or Admin Agent Name		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Other (Describe):		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

Other (Describe):		Contact Name:	Address:	City:	St.:	ZIP:
Phone:	Fax:	Email:	Proposed Fee:	Entity is a certified Texas HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			\$			
There is a direct or indirect, financial, or other interest with applicant or other team members ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No						

PART A. HTC APPLICATION SUPPLEMENT (9% & 4% HTC ONLY)

1. SET-ASIDE ELECTION

Pursuant to Section 42(g)(1)(A) & (B), the term “qualified low income housing development” means any project or residential rental property, if the development meets one of the requirements below, whichever is elected by the taxpayer.” **Once an election is made, it is irrevocable.** Select only one:

- At least 20% or more of the residential units in such development are both rent restricted and occupied by individuals whose income is 50% or less of the area median gross income, adjusted for family size.
- At least 40% or more of the residential units in such development are both rent restricted and occupied by individuals whose income is 60% or less of the area median gross income, adjusted for family size.

2. SUPPORTIVE SERVICES

Will supportive services be provided to tenants? Yes No Services will be: Mandatory Optional
Cost of the services is included in rent? Yes No If “No”, the estimated monthly tenant expense is: \$ ____
Description of services: _____
Name of Service Provider: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____

3. SELECTION CRITERIA POINT REDUCTIONS (HTC COMPETITIVE APPLICATIONS ONLY)

Have you requested an extension on a 2005 Carryover? Yes No
If yes, list all development numbers for which an extension was filed: _____
Has the Developer or Principal of the Applicant been removed by a lender, equity provider or limited partner in the last five years? Yes No If yes, provide a detailed description of every removal including the development # of the development for which the removal took place behind this form. If court proceedings for a removal are pending at the time of Application, disclose this information as well.

4. INELIGIBILITY EXCEPTION

As described in §50.5(a)(7) of the QAP, is the proposed development located in a municipality/county that has more than twice the state average of tax credit units per capita? Yes No
As described in §50.5(a)(8) of the QAP, is the proposed Development located in Bexar, Harris, Dallas or Tarrant County and located within one mile of an existing tax credit development? Yes No
If yes to either of these, provide documentation of an acceptable exception, under §50.5(a)(7) or (8) behind this form.
If your Development is located in Bexar, Harris, Dallas or Tarrant County, to your knowledge, is the Development within one linear mile of another tax credit application/award in the 2006 calendar year (Tax Exempt Bond or Competitive HTC Award)? Yes No

VOLUME 1, TAB 7 HTC DOCUMENTS

PART B. 9% HTC CONFIRMATION OF SET-ASIDE AND ALLOCATION ELIGIBILITY

Select all **Set-Asides** below for which the Application is qualified to apply. If documentation is required for the Set-Aside, the documentation must be provided behind this tab (1), unless already required within the Application.

Nonprofit Set-Aside

Qualification: Must meet the definition of a Qualified Nonprofit Development at §50.3(66) and the requirements of §50.7(b)(1) of the QAP.

Documentation: Eligibility will be confirmed based on completion of all documentation required for Volume 3, Tab 7.

At-Risk Set-Aside

Qualification: Must meet the definition of an At-Risk Development at §50.3(13) and the requirements of §50.7(b)(2) of the QAP.

Documentation: Documentation must be submitted behind this tab showing that the Development meets Parts A through D of the definition for an At-Risk Development. Documentation for Part A must show that the subsidy or benefit is from one of the approved programs listed in the definition. Documentation for Part B must show that the subsidy or benefit is nearing expiration no later than July 31, 2008. To qualify as an At-Risk Development, the Applicant must provide evidence that it either is not eligible to renew, retain or preserve any portion of the financial benefit described in §50.3(13)(A) of the QAP, or provide evidence that it will renew, retain or preserve the financial benefit described in §50.3(13)(A) of the QAP. **Pursuant to § 50.7(b)(2) of the 2006 Qualified Allocation Plan, I understand that I must have submitted a 2006 INTENT TO REQUEST HOUSING TAX CREDITS in order to apply for the At-Risk Set-Aside. That form must have been submitted to the Department by January 9, 2006 at 5:00 p.m. in order to be considered eligible under either of those set-asides for tax credits in the 2006 Application Round.**

Select all **Allocations** below for which the Application is qualified to apply. If documentation is required for the Allocation, the documentation must be provided behind this tab (1), unless already required within the Application.

TX-USDA-RHS Allocation

Qualification: Must meet the definition of a Rural Development, be financed through TX-USDA-RHS (Rural Housing Services of the United States Department of Agriculture serving the State of Texas) and not exceed 76 Units; however developments funded under the 538 Guaranteed Rural Rental Housing Program are ineligible for this Set-Aside.

An application must have evidence from the state office of RHS of its financing or intent to finance. **Pursuant to §50.7(a) of the 2006 Qualified Allocation Plan, I understand that I must have submitted a 2006 INTENT TO REQUEST HOUSING TAX CREDITS in order to apply for the TX-USDA-RHS Allocation. That form must have been submitted to the Department by January 9, 2006 at 5:00 p.m. in order to be considered eligible under either of those set-asides for tax credits in the 2006 Application Round.**

Individually, or as the general partner(s) or officers of the Applicant entity, I (we) confirm that I (we) are applying for the above-stated Set-Aside(s) and Allocations. To the best of my (our) knowledge and belief, the Applicant entity has met the requirements that make this Application eligible for this (these) Set-Aside(s) and Allocations and will adhere to all requirements and eligibility standards for the selected Set-Aside(s) and Allocations.

By: _____ Its: _____
Signature of Applicant/Owner Date

PART C. DEVELOPMENT OWNER CERTIFICATION (9% & 4% HTC ONLY)

On behalf of the Applicant and all affiliates of the Applicant (hereinafter “Applicant”) as defined in the Qualified Application Plan Section 50.3(2) as published in 10 Texas Administrative Code §50.3(2), I hereby certify that the Applicant is familiar with the provisions of the Tax Reform Act of 1986, as amended, and other related administrative rules and regulations and court rulings issued by the Federal government with respect to the Housing Tax Credit Program and will comply with such rules during the application process and in the event of award, for the duration of the proposed development. Applicant has read and is familiar with the provisions and requirements of the 2006 Qualified Allocation Plan and Rules (QAP), Sections 50.1 through 50.23 of Title 10, Texas Administrative Code, with respect to the Housing Tax Credit Program and has or will comply with the requirements which are identified therein.

Applicant hereby makes application to the Texas Department of Housing and Community Affairs for allocation of Housing Tax Credits. The undersigned hereby acknowledges that the making of an allocation by the Texas Department of Housing and Community Affairs does not warrant that the development is deemed qualified to receive such allocation. Applicant agrees that the Texas Department of Housing and Community Affairs or any of its directors, officers, employees, and agents will not be held responsible or liable for any representations made to the undersigned or its investors relating to the Housing Tax Credit Program; therefore, Applicant assumes the risk of all damages, losses, costs, and expenses related thereto and agree to indemnify and save harmless the Texas Department of Housing and Community Affairs and any of its officers, employees, and agents against any and all claims, suits, losses, damages, costs, and expenses of any kind and of any nature that the Texas Department of Housing and Community Affairs may hereinafter suffer, incur, or pay arising out of its decision concerning this application for Housing Tax Credits or the use of information concerning the Housing Tax Credit Program

Applicant hereby acknowledges that this Application is subject to disclosure under Chapter 552, Texas Government Code, the Texas Public Information Act, unless a valid exception exists.

Applicant acknowledges all representations, undertakings, and commitments made by Applicant in the application process for a Development, whether with respect to Threshold Criteria, Selection Criteria or otherwise, shall be deemed to be a condition to any Commitment Notice, Determination Notice, or Carryover Allocation for such Development, the violation of which shall be cause for cancellation of such Commitment Notice, Determination Notice, or Carryover Allocation by the Department and if concerning the ongoing features or operation of the Development, shall be enforceable even if not reflected in the LURA. All such representations are enforceable by the Texas Department of Housing and Community Affairs and the tenants of the Development, including enforcement by administrative penalties for failure to perform, in accordance with the LURA.

Applicant certifies it has disclosed in the Application all instances in which the Developer or Principal of the Applicant has been removed by the lender, equity provider, or limited partners in the past five years for

its failure to perform its obligations under the loan documents or limited partnership agreement. Applicant understands that if the Department learns at a later date that a removal did take place as described and was not disclosed, the Application will be terminated and any Allocation made will be rescinded.

Applicant agrees the Texas Department of Housing and Community Affairs may, at its discretion, request additional information and/or documentation in its evaluation of this Application.

The Applicant hereby asserts that the information contained in this application as required or deemed necessary by the materials governing the Housing Tax Credit Program as stated in paragraph one of Part C. (this document) are true and correct and the Applicant has undergone sufficient investigation to affirm the validity of the statements made. Further, the applicant hereby asserts that he has read and understand all the information contained in Part C. (this section) of the application. By signing this document, Applicant is affirming that all statements made in this government document are true and correct under penalty of Chapter 37 of the Texas Penal Code titled Perjury and Other Falsification and subject to criminal penalties as defined by the State of Texas. TEX. PENAL CODE ANN. §§37.01 et seq. (Vernon 2003 & Supp. 2006).

By: _____ Its: _____
Signature of Applicant/Owner *Date*

STATE OF: _____
COUNTY OF: _____

I, the undersigned, a notary public in and for said County, in said State, do hereby certify that _____, whose name is signed to the foregoing statement, and who is known to be one in the same, has acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily on the date same foregoing statement bears.

Given under my hand and official seal this ____ day of _____, _____. (seal)

Notary Public Signature

Commission Expires

PART D. CONSULTANT CERTIFICATION (9% & 4% HTC ONLY)

As the consultant, or consultants (hereinafter "Consultant") to the Applicant, I hereby certify that I am familiar with the provisions of the Tax Reform Act of 1986, as amended, and other related administrative rules and regulations and court rulings issued by the Federal government with respect to the Housing Tax Credit Program. Consultant has read and is familiar with the provisions and requirements of the 2006 Qualified Allocation Plan and Rules (QAP), Sections 50.1 through 50.23 of Title 10, Texas Administrative Code, with respect to the Housing Tax Credit Program and has or will comply with the requirements which are identified therein. To the best of my knowledge and belief, the Applicant entity has complied, or will comply with all of the requirements which are identified therein.

I hereby acknowledge and understand and this Application is subject to disclosure under Chapter 552, Texas Government Code, entitled the Texas Public Information Act.

I certify that, to my knowledge, this development is designed in accordance with the site and development restrictions relating to floodplain development, ineligible building types, scattered site limitations, credit amounts, minimum and maximum Development size and rehabilitation costs, pursuant to Section 50.6 of the QAP, and that none of these restrictions or limitations are violated in the design of the Development or the Application.

I hereby assert that the information contained in this application as required or deemed necessary by the materials governing the Housing Tax Credit Program as stated in paragraph one of Part C. (this document) are true and correct to the best of my knowledge. Further, I hereby assert that I have read and understand all the information contained in Part C. of the application. By signing this document, Applicant is affirming that all statements made in this section (Part D) are true and correct under penalty of Chapter 37 of the Texas Penal Code titled Perjury and Other Falsification and subject to criminal penalties as defined by the State of Texas. TEX. PENAL CODE ANN. §§37.01 et seq. (Vernon 2003 & Supp. 2006).

By: _____
Signature of Consultant _____
Date

STATE OF: _____
 COUNTY OF: _____

I, the undersigned, a notary public in and for said County, in said State, do hereby certify that _____, whose name is signed to the foregoing statement, and who is known to be one in the same, has acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily on the date same foregoing statement bears.
 Given under my hand and official seal this ____ day of _____, _____. (seal)

Notary Public Signature _____
Commission Expires

PART E. 9% APPLICANT CREDIT LIMIT DOCUMENTATION AND CERTIFICATION (HTC 9% ONLY)

Pursuant to Section 50.6(d) of the QAP, the Department shall not allocate more than \$2 million of tax credits from the 2006 Application Round to any Applicant (which includes Affiliates), Developer, Related Party, or Guarantor. Applicants are eligible to submit tax credit applications for which the total requested credits exceed \$2 million, however, all Applications must be identified herein to ensure that the Department is advised of all Applications having potential for violations, so that actual commitments do not exceed \$2 million.

In order to encourage the capacity enhancement of developers in Rural areas, the Department will prorate the credit amount allocated in situations where an Application is submitted in the Rural Regional Allocation and the Development has 76 Units or less. To be considered for this provision, a copy of a Joint Venture Agreement and narrative on how this builds the capacity of the inexperienced developer is required to be submitted behind this form.

Instructions

Complete Part I of this form. For each person or entity identified in Part I, a Part II form must be submitted (i.e., if 4 persons/entities are listed in Part I, then 4 separate Part II forms must be provided).

Part I. Applicant Credit Limit Documentation

A. Development Name: _____

B. Applicant Name: _____

C. Affiliates of the Applicant - List below all entities or Persons meeting the definition of Affiliate:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

D. Developer - List below all entities or Persons meeting the definition of Developer:

- 1. _____
- 2. _____
- 3. _____

E. List below Related Parties - List below all entities or Persons meeting the definition of Related Party:

- 1. _____
- 2. _____
- 3. _____

F. List below Guarantor - List below all entities or Persons meeting the definition of Guarantor:

- 1. _____
- 2. _____
- 3. _____

Individually, or as the general partner(s) or officer(s) of the Applicant entity, I (we) certify that this list includes all persons and entities that meet the definition of Applicant (which includes Affiliates) or Developer, Related Party, or Guarantor.

By: _____ Date: _____ Its: _____
Signature of Applicant/Owner *Date*

Part II. Credit Limit Certification

Application Development Name: _____

Name and role of Person or Entity Completing this Form (must match Part I):

Name: _____

- which is:
- the Applicant for a tax credit allocation.
 - an Affiliate of the Applicant.
 - a Developer for the Applicant for this specific Application.
 - a Related Party to the Applicant.
 - a Guarantor on the Application.

Address: _____

City: _____ State: _____ Zip: _____

The Rules of the Texas Department of Housing and Community Affairs (the "Department") provide in Section 50.6(d) of the QAP that the Department shall not allocate more than \$2 million of tax credits from the 2006 Application Round to any Applicant (which includes Affiliates), Developer, Related Party, or Guarantor. The undersigned represents to the Department that the following is a list of all developments for which it is the Applicant, an Affiliate of the Applicant, the Developer, Related Party, or Guarantor, that has applied for an allocation of 2006 tax credit authority from the Department in the 2006 Application Round.

Development Name:	City:	If Rural Joint Venture:	
		% Ownership:	% of Dev. Fee:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the foregoing is a complete list of Developments with respect to which I have sought an allocation of 2006 tax credit authority from the Department. I certify that, if the Department issues a recommendation to the Board which may cause Applications for which I am the Applicant, an Affiliate of the Applicant, the Developer, Related Party, or Guarantor, to receive credits in excess of \$2 million, I agree to notify the Department immediately and within three business days provide the notification in writing by facsimile to the Department's HTC Program.

I acknowledge that if the Department determines that an Applicant, an Affiliate of the Applicant, the Developer, Related Party, or Guarantor, has received (in the aggregate) allocations in the 2006 Application Round from the Department exceeding \$2 million, the Department must refuse to issue a Commitment Notice or Carryover Allocation, or must terminate a Commitment Notice or Carryover Allocation, with respect to the Applications which exceed \$2 million.

Under penalty of perjury, I certify that this information, and these statements, are true, complete and accurate:

By: _____
Signature of Person or Entity _____
Date

Its: _____

RELEVANT DEVELOPMENT INFORMATION FORM, Part 1

This form must be completed by the Applicant in its entirety. This part of this form will be utilized by the Department in its notifications to officials required under §50.11(a)(3)(B) of the QAP.

IF A PRE-APPLICATION WAS SUBMITTED, ONLY INFORMATION CHANGES FROM PRE-APPLICATION TO APPLICATION MUST BE INDICATED BELOW.

NOTE: IF A PRE-APPLICATION WAS SUBMITTED, AND THERE HAS BEEN A CHANGE FROM PRE-APPLICATION TO APPLICATION THAT RESULTED IN A TOTAL UNIT INCREASE OF GREATER THAN 10%, AND INCREASE OF GREATER THAN 10% FOR ANY GIVEN LEVEL OF AMGI, OR A CHANGE IN POPULATION SERVED (FAMILY, ELDERLY OR INTERGENERATIONAL) THE APPLICANT MUST RE-NOTIFY AS REQUIRED BY 50.9(h)(8)(A).

HOWEVER, THE DEPARTMENT REQUESTS ALL CHANGES FROM PRE-APPLICATION TO APPLICATION IN ALL OF THE INFORMATION BELOW, EVEN IF A RE-NOTIFICATION WAS NOT REQUIRED.

CHECK IF THERE WERE NO CHANGES FROM PRE-APPLICATION TO APPLICATION THAT RESULTED IN A TOTAL UNIT INCREASE OF GREATER THAN 10%, AND INCREASE OF GREATER THAN 10% FOR ANY GIVEN LEVEL OF AMGI, OR A CHANGE IN POPULATION SERVED (FAMILY, ELDERLY OR INTERGENERATIONAL).

Building/Unit Configuration: Detached Residence Duplex Triplex Fourplex

5 units or more/building Townhome Single Room Occupancy

Maximum # Floors: _____ Elevator-Served: No Yes Total Site Acreage: _____

Res. Buildings: _____ # of Non-Res. Buildings: _____ # Units per Acre: _____

Total Units: _____ Total Market Rate Units _____ Total LI Units: _____

Tenant Services (describe): _____ **CHANGE FROM PRE-APP**

Complete all rent information as applicable to this application: **CHANGE FROM PRE-APP**

Average Rent for a 1 bedroom LI Unit: \$ _____ Average Rent for a 1 bedroom MR Unit: \$ _____

Average Rent for a 2 bedroom LI Unit: \$ _____ Average Rent for a 2 bedroom MR Unit: \$ _____

Average Rent for a 3 bedroom LI Unit: \$ _____ Average Rent for a 3 bedroom MR Unit: \$ _____

Average Rent for a 4 bedroom LI Unit: \$ _____ Average Rent for a 4 bedroom MR Unit: \$ _____

TARGET POPULATION (CHECK ONLY ONE) **CHANGE FROM PRE-APP**

- Family
- Elderly
- Intergenerational Housing

RELEVANT DEVELOPMENT INFORMATION, Part 2

CHECK BOX IF THE AMENITIES HAVE NOT CHANGED FROM PRE-APPLICATION. IF THEY HAVE CHANGED FROM PRE-APPLICATION, A NEW SELECTION MUST BE PROVIDED BELOW.

Unit Amenities and Quality. Select All That Apply:

- 100% masonry on exterior, which can include stucco, cementitious board products, concrete brick and mortarless concrete masonry, but not EFIS or synthetic stucco
- Ceiling fixtures in all rooms (light with ceiling fan in all bedrooms)
- Covered entries
- Covered parking (including garages) of at least one covered space per Unit
- Covered patios or covered balconies
- Energy Star or equivalently rated refrigerators and dishwashers
- Fire Sprinklers in all Units
- Garages (equal to at least 35% of the Units)
- Greater than 75% masonry on exterior, which can include stucco and cementitious board products, concrete brick and mortarless concrete masonry, but not EFIS or synthetic stucco
- High Speed Internet service to all Units at no cost to residents
- Laundry connections
- Laundry equipment (washers and dryers) in units
- Microwave ovens
- Nine foot ceilings
- R-15 Walls / R-30 Ceilings (rating of wall system)
- Refrigerator with icemaker
- Self-cleaning or continuous cleaning ovens
- Thirty year architectural shingle roofing
- 14 SEER HVAC for New Construction or radiant barrier in the attic for Rehabilitation
- Storage room or closet, of approximately 9 square feet or greater, which does not include bedroom, entryway or linen closets– does not need to be in the Unit but must be on the property site
- Use of energy efficient alternative construction materials (for example, Structurally Insulated Panel Construction) with wall insulation at a minimum of R-20

Common Amenities. Select All That Apply:

- Accessible walking path
- Barbecue grills and picnic tables – at least one for every 50 Units
- Community Dining Room w/full or warming kitchen
- Community gardens
- Community laundry room
- Controlled gate access
- Covered pavilion that includes barbecue grills and tables
- Enclosed sun porch or covered community porch/patio
- Equipped Business Center (computer and fax machine) or Equipped Computer Learning Center
- Full perimeter fencing
- Furnished and staffed Children's Activity Center
- Furnished Community room
- Furnished fitness center
- Games Room or TV Lounge
- Gazebo w/sitting area
- Health Screening Room
- Horseshoe, Lawn Bowling Courts, Croquet Courts, Bocce Ball Courts, Putting Green or Shuffleboard Court
- Library (separate from the community room)
- Playground and Equipment
- Public telephone(s) available to tenants 24 hours a day
- Secured Entry (elevator buildings only)
- Senior Activity Room (Arts and Crafts, etc.) – Only Qualified Elderly Developments Eligible
- Service coordinator office in addition to leasing offices
- Sport Court (Tennis, Basketball or Volleyball)
- Swimming pool
- Two Children's Playgrounds Equipped for 5 to 12 year olds, two Tot Lots

PUBLIC NOTIFICATIONS INFORMATION AND CERTIFICATION FORM

IF A PRE-APPLICATION HAS NOT BEEN SUBMITTED, COMPLETE THE FOLLOWING FOR ALL OF THE ENTITIES BELOW WHICH HAVE BEEN NOTIFIED PURSUANT TO §§50.8(d)(3) AND 50.9(h)(8) OF THE 2006 QAP (AND OTHER APPLICABLE PROGRAM RULES). THE FORM MUST BE SIGNED BY THE APPLICANT OR AUTHORIZED SIGNER.

NOTE: IF A PRE-APPLICATION WAS SUBMITTED, AND THERE HAS BEEN A CHANGE FROM PRE-APPLICATION TO APPLICATION THAT RESULTED IN A CHANGE TO A LOCAL ELECTED OFFICIAL, THE APPLICANT MUST RE-NOTIFY AS REQUIRED BY 50.9(h)(8)(A). ALL CHANGES FROM PRE-APPLICATION TO APPLICATION MUST BE DETAILED BELOW.

CHECK IF THERE ARE NO CHANGES TO ELECTED OFFICIALS FROM PRE-APPLICATION TO APPLICATION (IF CHECKED, THIS FORM MAY BE LEFT BLANK.)

US REPRESENTATIVE: **CHANGE FROM PRE-APP**
NAME _____
DISTRICT #: _____

STATE SENATOR: **CHANGE FROM PRE-APP**
NAME _____
DISTRICT #: _____

STATE REPRESENTATIVE: **CHANGE FROM PRE-APP**
NAME _____
DISTRICT #: _____

CITY MAYOR: **CHANGE FROM PRE-APP**
NAME: _____

COUNTY JUDGE: **CHANGE FROM PRE-APP**
NAME: _____

SUPERINTENDENT OF THE SCHOOL DISTRICT: **CHANGE FROM PRE-APP**
NAME: _____
SCHOOL DISTRICT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

PRESIDING OFFICER OF THE BOARD OF TRUSTEES FOR THE SCHOOL DISTRICT: **CHANGE FROM PRE-APP**
NAME: _____
SCHOOL DISTRICT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

CITY COUNCIL MEMBERS:

THE DEVELOPMENT IS LOCATED IN A: CHANGE FROM PRE-APP

- SINGLE MEMBER DISTRICT
- AT LARGE DISTRICT
- BOTH SINGLE MEMBER AND AT LARGE DISTRICT

IF SINGLE MEMBER DISTRICT, LIST THE COUNCIL PERSON FOR THE DEVELOPMENT DISTRICT BELOW: CHANGE FROM PRE-APP

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

FOR AT LARGE DISTRICTS LIST ALL CITY COUNCIL MEMBERS (APPLICANT MAY ATTACH A PRINTOUT LISTING ALL REQUIRED COUNCIL MEMBERS FOR THIS ITEM):

CHANGE FROM PRE-APP

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

AT LARGE DISTRICTS COUNCIL MEMBERS CONTINUED:

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

COUNTY COMMISSIONERS:

THE DEVELOPMENT IS LOCATED IN A: CHANGE FROM PRE-APP

- SINGLE MEMBER DISTRICT
- AT LARGE DISTRICT
- BOTH SINGLE MEMBER AND AT LARGE DISTRICT

IF SINGLE MEMBER DISTRICT, LIST THE COUNTY COMMISSIONER FOR THE DEVELOPMENT DISTRICT BELOW: CHANGE FROM PRE-APP

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

FOR AT LARGE DISTRICTS LIST ALL COUNTY COMMISSIONERS (APPLICANT MAY ATTACH A PRINTOUT LISTING ALL REQUIRED COUNTY COMMISSIONERS FOR THIS ITEM): CHANGE FROM PRE-APP

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

NAME _____
 DISTRICT #: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE: _____
 FAX: _____

COUNTY COMMISSIONERS CONTINUED:

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
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NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NAME _____
DISTRICT #: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NEIGHBORHOOD ORGANIZATION(S) (Submit all neighborhood organizations in which the Applicant is/was required to notify under §50.8(d)(3)(B) and/or 50.9(h)(8)(A)(ii) of the QAP):

CHANGE FROM PRE-APP

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NEIGHBORHOOD ORGANIZATION (S)

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NEIGHBORHOOD ORGANIZATION(S)

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

NEIGHBORHOOD ORGANIZATION (S)

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
FAX: _____

I certify that the all the information provided is correct and all of the required entities (above) were notified as required by §50.8(d)(3)(B) and/or 50.9(h)(8)(A)(ii) of the QAP. I also certify that all notifications were made in the format outlined in the template, *Neighborhood Organization Request Format and Public Notifications format (Written)*.

By: _____ Its: _____
Signature of Applicant/Owner *Date*

PART A1. DEVELOPMENT CERTIFICATION FORM (9% & 4% HTC ONLY)

(Development Owner, or entity having controlling interest in the Development Owner, must complete this form.)

A. Basic Amenities

I (We) certify that we will satisfy at least the minimum point threshold for amenities as further described in §50.9(h)(4)(A) of the QAP (Common Amenities). The amenities selected will be made available for the benefit of all tenants. If fees in addition to rent are charged for amenities reserved for an individual tenant's use, then the amenity is not included among those provided to satisfy this requirement. I (We) also understand that any future changes in these amenities or substitution of these amenities may result in a decrease in awarded credits if the substitution or change includes a decrease in cost or in a cancellation of a Commitment Notice or Carryover Allocation if the Threshold Criteria are no longer met.

B. Unit Amenities

I (We) certify that the Development will have all of the following Unit Amenities as further described in §50.9(h)(4)(B). I (We) understand that if fees in addition to rent are charged for amenities, then the amenity may not be included among those provided to satisfy this requirement. I (We) also understand that any future changes in these amenities, or substitution of these amenities, may result in a decrease in awarded credits if the substitution or change includes a decrease in cost or in a cancellation of a Commitment Notice or Carryover Allocation if the Threshold Criteria are no longer met.

- All New Construction Units must be built with three networks: One network installed for phone using CAT5e or better wiring; a second network for data installed using CAT5e or better wiring; and a third network for TV services using COAX cable
- Mini blinds or window coverings for all windows
- Dishwasher and Disposal (not required for TX-USDA-RHS Developments)
- Refrigerator
- Oven/Range
- Exhaust/vent fans in bathrooms
- Ceiling fans in living areas and bedrooms

C. Texas Property Code

I (We) certify as further described in §50.9(h)(4)(C) that the Development will adhere to the Texas Property Code relating to security devices and other applicable requirements for residential tenancies, and will adhere to local building codes or if no local building codes are in place then to the most recent version of the International Building Code.

D. Compliance with State and Federal Laws

I (We) certify as further described in §50.9(h)(4)(D) that Applicant is in compliance with state and federal laws, including but not limited to, fair housing laws, including Chapter 301, Property Code, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.), and the Fair Housing Amendments Act of 1988 (42 U.S.C. Section 3601 et seq.); the Civil Rights Act of 1964 (42 U.S.C. Section 2000a et seq.); the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12101 et seq.); the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et seq.); Fair Housing Accessibility; the Texas Fair Housing Act; and that the Development is designed consistent with the Fair Housing Act Design Manual produced by HUD, the Code Requirements for Housing Accessibility 2000 (or as amended from time to time) produced by the International Code Council and the Texas Accessibility Standards.

E. Attempting to Ensure Involvement of Minority Owned Businesses

I (We) certify as further described in §50.9(h)(4)(E) that the Applicant will attempt to ensure that at least 30% of the construction and management businesses with which the Applicant contracts in connection with the Development are Minority Owned Businesses, and that the Applicant will submit a report at least once in each 90-day period following the date of the Commitment Notice until the Cost Certification is submitted, in a format prescribed by the Department and provided at the time a Commitment Notice is received, on the percentage of businesses with which the Applicant has contracted that qualify as Minority Owned Businesses.

F. Units for Persons with Disabilities

I (We) certify as further described in §50.9(h)(4)(F) that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C. The Applicant must provide a certification from an accredited architect or Department-approved third party accessibility specialist, that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C and this subparagraph. This includes that for all New Construction Developments, a minimum of five percent of the total dwelling Units or at least one Unit, whichever is greater, shall be made accessible for individuals with mobility impairments. A Unit that is on an accessible route and is adaptable and otherwise compliant with sections 3–8 of the Uniform Federal Accessibility Standards (UFAS), shall be deemed to meet this requirement. An additional two percent of the total dwelling Units, or at least one Unit, whichever is greater, shall be accessible for individuals with hearing or vision impairments. Additionally, in Developments involving New Construction where some Units are two-stories and are normally exempt from Fair Housing accessibility requirements, a minimum of 20% of each Unit type (i.e. one bedroom, two bedroom, three bedroom) must provide an accessible entry level and all common-use facilities in compliance with the Fair Housing Guidelines, and include a minimum of one bedroom and one bathroom or powder room at the entry level. A similar certification will also be required after the Development is completed from an inspector, architect, or accessibility specialist. Any Developments designed as single family structures must also satisfy the requirements of 2306.514, Texas Government Code.

G. Minimum Standard Energy Saving Devices

I (We) certify that as further described in §50.9(h)(4)(G) the Development will be equipped with energy saving devices that meet the standard statewide energy code adopted by the state energy conservation office, unless historic preservation codes permit otherwise for a Development involving historic preservation. All Units must be air-conditioned. The measures must be certified by the Development architect as being included in the design of each tax credit Unit at the time the 10% Test Documentation is submitted and in actual construction upon Cost Certification.

H. General Contractor Requirement

I (We) certify as further described in §50.9(h)(4)(H) that the Development will be built by a General Contractor that satisfies the requirements of the General Appropriation Act, Article VII, Rider 8(c) applicable to the Department which requires that the General Contractor hired by the Development Owner or the Applicant, if the Applicant serves as General Contractor, must demonstrate a history of constructing similar types of housing without the use of federal tax credits.

I. Reserve Account

I(We) certify as further described in §50.9(h)(4)(I) that the Development Owner agrees to establish a reserve account consistent with §2306.186 Texas Government Code and as further described in Section 1.37 of 10 TAC.

J. Neighborhood Organizations

I (We) certify as further described in §50.9(h)(4)(J) we have not formed a neighborhood organization for purposes of subsection 50.9(i)(2) of the QAP, have not given money or a gift to cause the neighborhood organization to take its position of support or opposition, nor have provided any assistance to a neighborhood organization to meet the requirements under 50.9(i)(2) of this title which are not allowed under that subsection, as it relates to this Application or any other Application under consideration in 2006.

K. Cooperation with Local Housing Authorities

I (We) certify as further described in §50.9(h)(4)(K) that the I(we) will cooperate with the local public housing authority, to the extent there are any, in accepting tenants from their waiting lists (42(m)(1)(C)(vi).

By: _____ Its: _____
Signature of Applicant/Owner *Date*



PART A2. ARCHITECT CERTIFICATION FORM

(An accredited architect or Department-approved third party accessibility specialist must complete this form.)

A. Units for Persons with Disabilities

I (We) certify as further described in §50.9(h)(4)(F) that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C. The Applicant must provide a certification from an accredited architect or Department-approved third party accessibility specialist, that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C and this subparagraph. This includes that for all New Construction Developments, a minimum of five percent of the total dwelling Units or at least one Unit, whichever is greater, shall be made accessible for individuals with mobility impairments. A Unit that is on an accessible route and is adaptable and otherwise compliant with sections 3–8 of the Uniform Federal Accessibility Standards (UFAS), shall be deemed to meet this requirement. An additional two percent of the total dwelling Units, or at least one Unit, whichever is greater, shall be accessible for individuals with hearing or vision impairments. Additionally, in Developments involving New Construction where some Units are two-stories and are normally exempt from Fair Housing accessibility requirements, a minimum of 20% of each Unit type (i.e. one bedroom, two bedroom, three bedroom) must provide an accessible entry level and all common-use facilities in compliance with the Fair Housing Guidelines, and include a minimum of one bedroom and one bathroom or powder room at the entry level. A similar certification will also be required after the Development is completed from an inspector, architect, or accessibility specialist. Any Developments designed as single family structures must also satisfy the requirements of 2306.514, Texas Government Code.

By: _____
Signature of architect or Department-
approved third party accessibility
specialist

Date

Its: _____

Part B. Specifications and Amenities

SITE ATTRIBUTES

Total Acquisition Acreage: _____ Development Site Acreage: _____ # Units per Acre: _____

DEVELOPMENT ATTRIBUTES *Selections must be consistent with submitted architectural plans*

Building/Unit Configuration: Detached Residence Duplex Triplex Fourplex
 Townhome >4 units per building Single Room Occupancy
Maximum # of Floors: ____ # of Hydraulic/____-Passenger Elevators: ____ Fire Sprinkler
of Residential Buildings: ____ # of Nonresidential Buildings: ____

EXTERIOR <i>Selections must be consistent with items selected for points (if applicable) and submitted architectural plans</i>			
Subfloor	Parking	Roofs	Walls
<input type="checkbox"/> Wood	____ Shed or Flat Roof Carports	<input type="checkbox"/> Built-Up Rock	____% Plywood/Hardboard
<input type="checkbox"/> Concrete Slab	____ Detached Garages	<input type="checkbox"/> Comp. Shingle	____% Siding/Shingle
<input type="checkbox"/> Other	____ Uncovered Spaces	<input type="checkbox"/> Comp. Roll	____% Masonry Veneer
<i>(Describe)</i>	____ Parking Garage Spaces	<input type="checkbox"/> Wood Shingle	____% Cement Fiber
		<input type="checkbox"/> Wood Shake	____% Stucco
		<input type="checkbox"/> Other <i>(Describe)</i>	____% Other <i>(Describe)</i>

Common Amenities *Selections must be consistent with items selected for points (if applicable) and submitted architectural plans*

- Storage rooms
- Accessible walking path
- Barbecue grills and picnic tables
- Community Dining Room w/full or warming kitchen
- Community gardens
- Community laundry room
- Controlled gate access
- Covered pavilion that includes barbecue grills and tables
- Enclosed sun porch or covered community porch/patio
- Equipped Business Center (computer and fax machine) or Equipped Computer Learning Center
- Full perimeter fencing
- Furnished Community room
- Furnished fitness center
- Gazebo w/sitting area
- Health Screening Room
- Horseshoe, Lawn Bowling Courts, Croquet Courts, Bocce Ball Courts, Putting Green or Shuffleboard Court
- Library (separate from the community room)
- Public telephone(s) available to tenants 24 hours a day
- Secured Entry (elevator buildings only)
- Senior Activity Room (Arts and Crafts, etc.)
- Service coordinator office in addition to leasing offices
- Swimming pool
- Two Children's Playgrounds Equipped for 5 to 12 year olds, two Tot Lots, or one of each
- Furnished and staffed Children's Activity Center
- Sport Court (Tennis, Basketball or Volleyball)
- Other *(Describe)*

INTERIOR *Selections must be consistent with items selected for points (if applicable) and submitted architectural plans*

Kitchen	Flooring	Air System	Other
<input type="checkbox"/> Microwave	____% Carpet	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Phone Jack in each room
<input type="checkbox"/> Icemaker	____% Resilient Covering	<input type="checkbox"/> Furnace	<input type="checkbox"/> High Speed in each room
<input type="checkbox"/> Self-cleaning Oven	____% Ceramic Tile	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Laundry Connections
Walls	____% Wood	<input type="checkbox"/> Warm and Cooled Air	<input type="checkbox"/> Washer and Dryer included
<input type="checkbox"/> Drywall	____% Light Concrete	<input type="checkbox"/> Heat Pump, packaged	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Plaster	____% Other <i>(Describe)</i>	<input type="checkbox"/> Wall Units	<input type="checkbox"/> Ceiling Fixture in each room
____-Foot Ceilings		<input type="checkbox"/> Other <i>(Describe)</i>	<input type="checkbox"/> Individual Water Heater
			<input type="checkbox"/> Other <i>(Describe)</i>

PART C. COMMON AMENITIES (HTC THRESHOLD)

Complete Part A and Part B.

Part 1. Common Amenities Threshold. All Developments must meet at least the minimum threshold of points. These points are not associated with the selection criteria points. The amenities selected must be made available for the benefit of all tenants. If fees in addition to rent are charged for amenities reserved for an individual tenant's use, then the amenity may not be included among those provided to complete this exhibit. Developments must provide a minimum number of common amenities in relation to the Development size being proposed. The amenities selected must be selected from Part 2 of this form and made available for the benefit of all tenants. Developments proposing Rehabilitation or proposing Single Room Occupancy will receive double points for each item. Applications for scattered site housing, including New Construction, Rehabilitation, and single-family design, will have the threshold test applied based on the number of Units per individual site. Any future changes in these amenities, or substitution of these amenities, must be approved by the Department in accordance with §50.17(D) of the QAP and may result in a decrease in awarded credits if the substitution or change includes a decrease in cost, or in the cancellation of a Commitment Notice or Carryover Allocation if all of the Common Amenities claimed are no longer met.

(Check the appropriate box):

- Total Units are less than 13, 0 points are required to meet Threshold for Rehabilitation and 1 point is required for New Construction;
- Total Units are between 13 and 24, 1 point is required to meet Threshold;
- Total Units are between 25 and 40, 3 points are required to meet Threshold;
- Total Units are between 41 and 76, 6 points are required to meet Threshold;
- Total Units are between 77 and 99, 9 points are required to meet Threshold;
- Total Units are between 100 and 149, 12 points are required to meet Threshold;
- Total Units are between 150 and 199, 15 points are required to meet Threshold;
- Total Units are 200 or more, 18 points are required to meet Threshold.

Part 2. Amenities for selection include those items listed below. Both Developments designed for families and Qualified Elderly Developments can earn points for providing each identified amenity unless the item is specifically restricted to one type of Development. All amenities must meet accessibility standards as further described in §50.9(h)(4)(D) and (F) of the QAP. An Application can only count an amenity once, therefore combined functions (a library which is part of a community room) only count under one category. Spaces for activities must be sized appropriately to serve the anticipated population.

Select All That Apply:

- Accessible walking path (1 point);
- Barbecue grills and picnic tables – at least one for every 50 Units (1 point);
- Community Dining Room w/full or warming kitchen - Only Qualified Elderly Developments Eligible (3 points);
- Community gardens (1 point);
- Community laundry room (1 point);
- Controlled gate access (1 points);
- Covered pavilion that includes barbecue grills and tables (2 points);
- Enclosed sun porch or covered community porch/patio (2 points);
- Equipped Business Center (computer and fax machine) or Equipped Computer Learning Center (2 points);
- Full perimeter fencing (2 points);
- Furnished Community room (1 point);
- Furnished fitness center (2 points);
- Gazebo w/sitting area (1 point);
- Health Screening Room (1 point);

- Horseshoe, Lawn Bowling Courts, Croquet Courts, Bocce Ball Courts, Putting Green or Shuffleboard Court – Only Qualified Elderly Developments Eligible (1 point);
- Library (separate from the community room) (1 point);
- Public telephone(s) available to tenants 24 hours a day (2 points);
- Secured Entry (elevator buildings only) - (1 point);
- Senior Activity Room (Arts and Crafts, etc.) – Only Qualified Elderly Developments Eligible (2 points);
- Service coordinator office in addition to leasing offices (1 point);
- Swimming pool (3 points);
- Two Children’s Playgrounds Equipped for 5 to 12 year olds, two Tot Lots, or one of each - Only Family Developments Eligible (2 points) or one point for one playground or one tot lot;
- Furnished and staffed Children’s Activity Center - Only Family Developments Eligible (3 points);
- Sport Court (Tennis, Basketball or Volleyball) - Only Family Developments Eligible (2 points); or

By: _____ _____ Its: _____
Signature of Applicant/Owner *Date*

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SITE INFORMATION

1. ZONING & CENSUS TRACT DESIGNATION

The site zoned for the proposed use? Yes No N/A The current zoning designation is: _____

The site is in the process of being rezoned. Yes No N/A

The present (and proposed) use of the property is non-conforming under existing zoning restrictions. Yes No N/A

Census Tract Number: _____

2. GEOGRAPHIC DESIGNATIONS

Flood Zone Designation(s): _____

Site is entirely outside a designated 100 yr. Flood Hazard Area or Flood Plain? Yes No

Site is within Hazard Area but development is designed as required by program rules? Yes No

Rural Area Designation. Site is located in a place that is:

- defined as Rural by TDHCA for the purpose of the Affordable Housing Need Score; or
- in an area that is eligible for new multifamily construction or rehabilitation funding by TX-USDA-RHS.

Prison Community Designation. Site is located in an area defined as a Prison Community by program rules.

Special Districts. Check each of the following that apply to the site:

- | | |
|---|--|
| <input type="checkbox"/> Listed in National Register of Historic Places? | <input type="checkbox"/> Within a Federal Historic District? |
| <input type="checkbox"/> Listed in a Local Register of Historic Places? | <input type="checkbox"/> In a Municipal Historic District? |
| <input type="checkbox"/> A federally designated urban enterprise community? | <input type="checkbox"/> Qualified Census Tract? (HTC) |
| <input type="checkbox"/> An urban enhanced enterprise community? | <input type="checkbox"/> Difficult Development Area? (HTC) |
| <input type="checkbox"/> In an economically distressed area ¹¹ or colonia? | <input type="checkbox"/> Targeted Texas County |
| <input type="checkbox"/> Within a designated state or federal empowerment/enterprise zone? If so, what is the designation? | |
| <input type="checkbox"/> Within a city-sponsored Tax Increment Financing Zone (TIF), Public Improvement District (PIDs), or other area or zone where a city or county has, through a local government initiative, specifically encouraged or channeled growth, neighborhood preservation or redevelopment. If so, what is the district designation? _____ | |
| <input type="checkbox"/> Within a non-impacted census block as defined per Young vs. Martinez? If so, what is census block number? _____ | |

3. CONTROL AND ACQUISITION INFORMATION

To the best of the Applicant's knowledge has this site been proposed for a previous TDHCA application? Yes No. If "Yes", what was the: Application Year: _____, TDHCA #: _____ and TDHCA Program: _____

Site Control is a: Warranty Deed Contract for Deed Purchase Option In Escrow
 Earnest Money Contract Contract for Lease Option to Lease Letter of Intent

Expiration Date of: Contract or Option: ___ / ___ / ___ Feasibility Contingency: ___ / ___ / ___ Financing Contingency: ___ / ___ / ___

Acquisition Cost: \$ _____ Anticipated/Actual Closing Date: ___ / ___ / ___

Seller Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Is the seller affiliated with the applicant, principal, sponsor, or any development team member? Yes No

If "Yes", please explain: _____

Did the seller acquire the property through foreclosure or deed in lieu of foreclosure? Yes No

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¹¹ As defined by the Texas Water Development Board.

CERTIFICATION OF NOTIFICATIONS (SECTIONS A-C)

Section A: Pursuant to §50.9(h)(8)(A) and/ or other applicable Rules, evidence of notifications includes this sworn affidavit and the *Public Notifications and Information Certification Form* (submitted in Volume 1, Tab 9).

All applicants, or persons with signing authority must complete either Part 1 or Part 2 below:

1. Must Accurately Check Below if a Pre-Application was Submitted:

- I (We) certify that (If this box is checked, proceed to Section B, below)
- Evidence of these notifications was submitted with the Pre-Application Threshold for the same Application and satisfied the Department's review of Pre-Application Threshold, and no additional notification was required at Application, or
 - A Pre-Application was submitted for this same Application and satisfied the Department's review of Pre-Application Threshold, but all required entities were re-notified as required by §50.9(h)(8)(A) and/ or other applicable Rules, because I (we) have submitted a change in the Application, whether from Pre-Application to Application or as a result of a deficiency that reflects a total Unit increase of greater than 10%, an increase of greater than 10% for any given level of AMGI, a change in the population being served (elderly, Intergenerational Housing or family), or the change of an elected official. As applicable, all changes in the application have been made on the *Public Notifications Information and Certification Form*.

2. Must accurately check all three boxes below (must complete this section only if a Pre-Application was not submitted, or if the Pre-Application did not satisfy the Department's review of Pre-Application threshold):

- I (We) certify that all required requests for Neighborhood Organizations pursuant to §50.9(h)(8)(A)(ii)(I) and/ or other applicable Rules, were made in the format required in the *Neighborhood Organization Request* template by January 15, 2006, or for HOME, Tax Exempt Bond and Rural Rescue Developments no later than 21 days prior to the submission of the Threshold documentation.

- I (We) certify that
- No reply letter was received from the local elected officials by February 25, 2006 (or for HOME, Tax Exempt Bond and Rural Rescue Developments by 7 days prior to the submission of the Application), and/ or
 - A response was received from the local elected officials before February 25, 2006, (or for HOME, Tax Exempt Bond and Rural Rescue Developments by 7 days prior to the submission of the Application) and I have notified those neighborhood organizations as required by and §50.9(h)(8)(A)(ii)(I) and/ or other applicable Rules, and/ or
 - I have knowledge of other neighborhood organizations on record with the state or county whose boundaries contain the proposed Development site and have notified those neighborhood organizations as required by §50.9(h)(8)(A)(ii)(I) and/ or other applicable Rules, and/ or
 - I know of no neighborhood organizations within whose boundaries the Development is proposed to be located and/ or
 - The local elected officials referred me (us) to another source, and I (we) requested neighborhood organizations from that source. If a response was received, those neighborhood organizations were notified as required by §50.9(h)(8)(A) and/ or other applicable Rules.

- All neighborhood organizations that were notified are correctly listed on the *Public Notifications Information and Certification Form* and all notifications were made in the format provided in the template, *Public Notifications Format (Written)*.

I (We) certify that, in addition to all of the required neighborhood organizations, the following entities were notified in accordance with § 50.9(h)(8)(A)(i) and/ or other applicable Rules. The notifications were in the format provided in the template, *Public Notifications Format (Written)*. All of the following entities were notified and are correctly listed on the *Public Notifications Information and Certification Form*:

- Superintendent of the school district containing the Development;
- Presiding officer of the board of trustees of the school district containing the Development;
- Mayor of any municipality containing the Development;
- All elected members of the governing body of any municipality containing the Development;
- Presiding officer of the governing body of the county containing the Development;
- All elected members of the governing body of the county containing the Development;
- State senator of the district containing the Development; and
- State representative of the district containing the Development.

Section B: This section must only be completed if mailings were completed in lieu of posting signage on the Development site:

I (We) certify that pursuant to Section 50.9(h)(B) and/ or other applicable Rules, and have elected to mail written notifications that the notice was mailed through the U.S. Postal Service on _____ (date of mailing), and these notifications contained all required in the *Public Notifications Format (Written)*.

Section C: This section must only be completed if the application is for rehabilitation of an existing property that was occupied at the time of application submission:

I (We) certify Units in the Development are occupied at the time of Application, and have notified each tenant at the Development and let the tenants know of the Department's public hearing schedule for comment on submitted Applications. If the public hearing schedule is not available at the time of Application submission, and WILL notify all tenants of the Department's public hearing schedule for comment on submitted Applications.

By: _____ Its: _____
Signature of Applicant/Owner *Date*

STATE OF: _____

COUNTY OF: _____

I, the undersigned, a notary public in and for said County, in said State, do hereby certify that _____, whose name is signed to the foregoing statement, and who is known to be one in the same, has acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily on the date same foregoing statement bears.

Given under my hand and official seal this ___ day of _____, _____. (seal)

Notary Public Signature

Commission Expires

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ACQUISITION AND/OR REHABILITATION

PART A. RENT ROLL INFORMATION

X For acquisition and/or rehabilitation of rental developments, a current rent roll is required. The rent roll must be dated not more than three months prior to the application. It should generally disclose the terms and rate of all leases and holdovers as of the date of the rent roll. At a minimum, it should include: the unit number, the unit type (number of bedrooms, baths and size of the unit), the tenants name if occupied or "vacant" if not occupied, date current tenant moved in or, if vacant, the date the last tenant moved out, date of lease expiration, the monthly rent amount stated on the lease, the monthly rent amount paid by the tenant (i.e. net of concessions or subsidy)


The following example form is available from TDHCA. However the required information does not need to be re-entered on the TDHCA form if the current owners/property manager's existing rent roll contains this information.

SAMPLE RENT ROLL							
Date:	Completed by:			As of Date:			
Unit #	Unit Type/ Sq. Ft.	Tenant Name	Lease Start	Lease Expiration	Rental Rate	Tenant Pays	Comments
101	1/1-630	Jones	10/98	10/00	450	450	
102	1/1-630	Smith	12/98	12/00	450	400	
103	1/1-690	Travis	6/99	6/01	470	470	
104	2/1-720	Wright	5/00	5/01	600	450	
105	2/1-720	Vacant	10/00	9/00	600	0	
106	2/1-790	Johnson	11/99	11/00	650	650	

PART B. EXISTING LOW INCOME USE RESTRICTIONS OR EXISTING SUBSIDIES ON HOUSING REHABILITATION ACTIVITIES⁽¹⁾


Is the existing property subject to low-income use restrictions or receiving subsidies from a local, state or federal source?
 No Yes

If "Yes," will the continued operation of this property with low-income use restrictions be placed at risk without the award of the requested TDHCA funds? No Yes

 If the answer to either question above is "Yes," then attach a thorough description of the restrictions or subsidies behind this form. At a minimum, describe the source, terms, length of restriction period, and explain how the award of TDHCA funds will help preserve the unit affordability.

Is temporary relocation of a current tenant(s) anticipated during the rehabilitation on period? No Yes

Is permanent relocation of a current tenant(s) anticipated during or after the rehabilitation period? No Yes

 If the answer to either of the previous two questions is "Yes," then a relocation plan must be provided behind this form.

Notes:

(1) Per §2306.008, TDHCA shall support the preservation of affordable housing for individuals with special needs and individuals and families of low income at any location considered necessary by TDHCA.

PART C. ACQUISITION OF EXISTING BUILDINGS

If applying for Acquisition Credits, provide:	
Date of the most recent sale or transfer of the building(s):	/ /
In the last ten years, did the previous owner perform rehabilitation work greater than 25% of the building's adjusted basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the building occupied at any time during the last ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the building occupied or suitable for occupancy at the time of purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the acquisition meet the requirements of Section 42(d)(2)(B)(ii) relating to the 10-year placed in service rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide a copy of a title report documenting that the Development meets the requirements of Section 42(d)(2)(B)(11) as to the 10 year period.	
If "No", does the property qualify for a waiver under Section 42(d)(6)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", provide the waiver and/or other documentation.	
How many buildings will be acquired for the Development?	
Are all the buildings currently under control for the Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", how many buildings are under control for the Development?	
When will the remaining buildings be under control for the Development?	/ /

Identification or address(es) of Building(s) under Owner's Control	Type of Control (Ownership, Option, Purchase Contract)	Expiration Date	# of Units	Acquisition Cost of Building
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Provide the information listed below concerning the acquisition of building(s) for the Development:

- Building(s) acquired or to be acquired from: Related Party Unrelated Party
- Building(s) acquired or to be acquired with Buyer's Basis: Determined with reference to Seller's basis Not Determined with reference to Seller's Basis

List below by building address, the date the building was placed in service (PIS), the date the building was or is planned for acquisition, and the number of years between the date the building was placed in service and acquisition. Attach separate sheet(s) with additional information if necessary.

Building Address(es)	PIS date of building by most recent owner	Proposed Acquisition date by the Applicant	Years between PIS & Acquisition
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

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PART A. EVIDENCE OF NONPROFIT ORGANIZATION AND CHDO PARTICIPATION

X Only nonprofit organizations will complete this section. All nonprofit applicants or principals must complete this form without regard to their level of ownership or the set aside under which the application was made.

SECTION 1. ORGANIZATION CERTIFICATION

Organization Name: _____

Legal Status: 501(c)(3) 501(c)(4) tax-exempt under 501(a) PHA other (specify) _____

Date of legal formation of Nonprofit Organization: _____

- a) Is the Applicant comprised of a joint venture between a Nonprofit Organization and for-profit entity?
 Yes No. If "Yes", will this nonprofit organization Control¹² the Applicant? Yes No.
What is the ownership percentage of this nonprofit organization? _____
- b) Describe the nonprofit's participation in the development: _____

- c) Describe the nonprofit's participation in the operation of the development throughout the compliance and/or extended use period: _____

- d) Does the nonprofit have prior experience in owning, managing or developing affordable housing?
 Yes No. If "Yes", describe such experience: _____

- e) If the nonprofit will participate through a related subsidiary entity, provide the name of such entity:
Subsidiary Entity Name: _____
Legal Status: 501(c)(3) 501(c)(4) tax-exempt under 501(a) PHA Other (specify) _____
- f) Is the nonprofit (or related subsidiary entity) assured of owning an interest in the development throughout the compliance period? Yes No
- g) Will the nonprofit be contributing funds to the development? Yes No If "Yes", explain: _____

- h) Will the nonprofit receive any part of the development or management fees paid in connection with the development? Yes No If "Yes", explain: _____

¹² Control - the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of any Person, whether through the ownership of voting securities, by contract or otherwise, including specifically ownership of more than 50% of the general partner interest in a limited partnership, or designation as a managing general partner or the managing member of a limited liability company.

i) How many full time staff members does the nonprofit have? _____ How many of them will substantially participate in the proposed development? _____ Describe their activities: _____

j) Has any for-profit entity (including the owner of the development or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the nonprofit? Yes No

If "Yes", explain: _____

k) Does the nonprofit have any financial arrangements with an individual(s) or for-profit entity including anyone or any entity related directly or indirectly to the owner of the development? Yes No

If "Yes", explain: _____

l) Disclose any personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the nonprofit have, either directly or indirectly, with any persons or entities involved or to be involved in the development on a for-profit basis including, but not limited to, the owner of the development, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to such owner: _____

m) Was this organization formed by any individuals or for profit entities for the principal purposes of meeting set aside requirements or scoring preferences associated with this application? Yes No

Purpose(s) of formation of nonprofit: _____

n) **X (For CHDOs Only)** Do the members of this organization's Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses for their services, and the nonprofit organization operates in a manner so that no part of its net earnings inures benefit of any individual, corporation, or other entity? Yes No

The undersigned applicant and nonprofit entity hereby each certify that, to the best of its knowledge, all of the forgoing information is correct, complete and accurate.¹³

Applicant/Owner Name

Nonprofit Name

By: _____
Authorized Signature

By: _____
Authorized Signature

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

¹³ If different, both the nonprofit organization and the applicant must sign.

Part B. List of the Nonprofit Organization's Board Members, Directors and Officers

Name: _____ Title: _____

Home Address: _____

City: _____ St.: _____ Zip: _____ Phone: () _____ Ext: _____

Occupation: _____ Fax: () _____

Does the individual (check all that apply): (1) serve as a private individual acting in a private capacity?¹⁴ Yes No

(2) have a relationship, as Affiliate or otherwise, w/ members of the Applicant or Development Team?¹⁵ Yes No

Name: _____ Title: _____

Home Address: _____

City: _____ St.: _____ Zip: _____ Phone: () _____ Ext: _____

Occupation: _____ Fax: () _____

Does the individual (check all that apply): (1) serve as a private individual acting in a private capacity? Yes No

(2) have a relationship, as Affiliate or otherwise, w/ members of the Applicant or Development Team? Yes No.

Name: _____ Title: _____

Home Address: _____

City: _____ St.: _____ Zip: _____ Phone: () _____ Ext: _____

Occupation: _____ Fax: () _____

Does the individual (check all that apply): (1) serve as a private individual acting in a private capacity? Yes No

(2) have a relationship, as Affiliate or otherwise, w/ members of the Applicant or Development Team? Yes No

Name: _____ Title: _____

Home Address: _____

City: _____ St.: _____ Zip: _____ Phone: () _____ Ext: _____

Occupation: _____ Fax: () _____

Does the individual (check all that apply): (1) serve as a private individual acting in a private capacity? Yes No

(2) have a relationship, as Affiliate or otherwise, w/ members of the Applicant or Development Team? Yes No

Name: _____ Title: _____

Home Address: _____

City: _____ St.: _____ Zip: _____ Phone: () _____ Ext: _____

Occupation: _____ Fax: () _____

Does the individual (check all that apply): (1) serve as a private individual acting in a private capacity? Yes No

(2) have a relationship, as Affiliate or otherwise, w/ members of the Applicant or Development Team? Yes No

(Make additional copies of this form as required for additional board member)

¹⁴ An individual is considered to be acting in a private capacity if the individual is not an employee of a public body and is not being paid by a public body while performing functions in connection with the nonprofit organization. A public body is any state, city, county, town, township, village or other general purpose political subdivision of the state.

¹⁵ If "Yes", attach explanation of such relationship to this form.