

**STATE OF UTAH  
FEDERAL LOW-INCOME HOUSING CREDIT  
2011 APPLICATION FORM  
CONSOLIDATED APPLICATION INSTRUCTIONS**

**IMPORTANT INFORMATION**

The Utah Housing Corporation ("UHC") and the Department of Community and Culture - Division of Housing and Community Development ("DCC-DHCD") are pleased to offer this 2011 consolidated multifamily application. Application can be made for both Federal and State Housing Tax Credits through UHC and multifamily funding through the Olene Walker Housing Loan Fund ("OWHLF") using State of Utah Participating Jurisdiction HOME Funds and other state Low-Income Housing ("LIH") funds. Submit these applications to UHC. The Private Activity Bond Authority ("PAB") also requires this application (submit the PAB and Housing Credit ("HC") applications together to the PAB at the Department of Community and Culture).

**IMPORTANT INFORMATION FOR 2011:**

1. HUD's new income limits are expected first quarter 2011. Because the new limits are unknown, the 2010 limits will apply. After the new limits become available, project AMIs may be adjusted based on actual rents submitted in the application.
2. The President of the United States signed into law (July 30, 2008) the Housing and Economic Recovery Act of 2008, H.R. 3221. This law encompassed various changes to improve the Housing Credit program. One change allows UHC to designate Bonus Areas. See Exhibit B in the 2011 QAP.
3. State Housing Credits are available to reduce rent targeting to accommodate market conditions or special needs populations (see page 24).
4. H.R. 3221 established that Federal loans, regardless of interest rate, would not trigger a "federally financed" condition (4% credit) for the project. This also applies to projects located in designated "Basis Boost Areas." This change does NOT apply to Section 103 Tax-Exempt Bond projects.
5. Tax-Exempt Bond projects are subject to the Basis Boost only in HUD designated Qualified Census Tracts and HUD designated Difficult Development Areas.
6. Federal grants used during the construction period will reduce basis.
7. UHC will assign applications to the appropriate competitive pool(s) based on the procedure set forth in the 2011 Qualified Allocation Plan ("QAP").

Call Monica Spangle at 801-902-8245 for the most current version of the application. Call Kevin Dorenbosch at 801-902-8246 for any questions regarding the application. Complete all sections of the application to ensure proper scoring and a complete application. UHC staff rely on representations in the application. The Olene Walker Housing Loan Fund has made extensive changes to its program. Please review their 2010-2011 Program Guidance and Rules. For your convenience, a link to the OWHLF webpage is available on the following page.

**EXCEL APPLICATIONS THAT HAVE BEEN CONVERTED TO OR FROM MACINTOSH PROGRAMS WILL NOT BE ACCEPTED. APPLICATIONS THAT HAVE COMPROMISED PROTECTION OR ARE NOT THE CORRECT VERSION WILL BE REJECTED.**

**The Exhibit "A" Checklist and Stacking Order Document Must be Inserted Here**

**STATE OF UTAH  
2011 CONSOLIDATED APPLICATION FORM**

Applications lacking documentation may be considered non-conforming and returned without consideration.  
ALL scores must be supported by third-party documentation.

**Please Check Box if enclosed:**

1 Submit the following number of CDs and Complete Application Packages as follows:  
 Original Application & Exhibits in file folder with Tabs(fastened on top): 1  
 Total Binders with Tabs: 1  
 Email Consolidated Excel Appl. to:  Total Application Packages: 2

**Deliver UHC Fee and Application Packages to:**  
 Utah Housing Corporation  
 Attention: Multifamily Finance Division  
 2479 S Lake Park Blvd.  
 West Valley City, Utah 84120

UHC HC fee:  
 \$ \_\_\_\_\_ -

2 Deliver Bond Project application and fees to Private Activity Bond Committee:  
**PAB Fee and 3 Application Packages to:**  
 Division of Community and Culture  
 Attention: Roxanne Graham  
 324 South State Street, Suite 500  
 Salt Lake City, Utah 84111

PAB fee:  
 \$ \_\_\_\_\_ -

**Important Websites for this application:**

- |   |   |
|---|---|
| <input type="text" value="Utah Housing Corporation"/> | Utah Housing Corporation  |
| <input type="text" value="OWHLF"/>                    | Olene Walker Housing Loan Fund - Check for the Additional Documents Required for this Financing |
| <input type="text" value="PAB Website"/>              | Private Activity Bond Committee   |
| <input type="text" value="Supportive Housing"/>       | Homeless Housing Supportive Services Plans  |

**Basic Application Input Instructions**

- Moving around in the application: The application is "Protected" to prevent deletion of formulas and text. USE the TAB key to get from one cell to another. You may pass by a cell you think needs to have some data entered, however, these cells will be automatically updated as the application is completed.
- Enter an "X" [shift+X] into check boxes when applicable or leave blank. Do not enter "No" or "n/a"
- Enter "Yes" or "No" for questions on entry lines. Sample: Is project in a Qualified Census Tract? \_\_\_\_\_
- Use NUMBERS, not "one", "two", "third", etc. Also avoid 1st, 5th, etc. Enter dates in "4/10/02" format.
- HELP! If you see a small flag at the top right corner of a cell, move the mouse cursor over the cell for HELP assistance.  OR \_\_\_\_\_
- Error Messages appear as: < Rents exceed 60% limit > See HC Score spreadsheet for explanations.
- Several "links" to other tabs and websites / email can be selected.
- Pull-down lists are used in certain fields. CLICK on cell to select item from the list.

UHC 2011 rev 2.12  
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2011-12  
 FOR UHC USE ONLY  
 APPLICATION RECEIVED  
 DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 BY: \_\_\_\_\_

STATE OF UTAH  
 FEDERAL LOW-INCOME HOUSING CREDIT  
 CONSOLIDATED APPLICATION FORM

**All Information Must Be Completed or Application May Be Rejected as Non-Conforming**

<u>DATE OF APPLICATION</u> _____	<u>Other Applications</u> (Submit to UHC) Olene Walker Housing Loan Fund <input type="text"/>	<u>HC Competitive Cycles</u> (Submit to UHC) <input type="text"/> Oct 1, 2010	<u>HC &amp; PAB (Bond) Cycles</u> <input type="text"/> November 30, 2009 <input type="text"/> March 1, 2010 <input type="text"/> June 1, 2010 <input type="text"/> September 30, 2010 <input type="text"/> October 25, 2010
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APPLICATION TYPE

Initial

Resubmitted (Same Credit yr.)

PROJECT NAME AND ADDRESS

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State Utah Zip \_\_\_\_\_

Need a District or Census Tract Number? CLICK on the applicable salmon colored CELL, then follow instructions.

**Failed to enter Census Tract Number**

<input type="text" value="Select County"/> County	Census Tract <input type="text" value="0000.00"/>	Need Census Tract # for Rehab Project? Use Website>>> <input type="text"/>
		Need Census Tract # for New Project? Use Website>>> <input type="text"/>
TRAX/FrontRunner Basis Boost: No	UHC Bonus County: No	Project Located in a MSA? No
Qualified Census Tract: No	HUD DDA: No	UHC Rural Area? No
Fed. Congressional Dist: <input type="text" value="Select"/>	State Senate Dist: <input type="text" value="Select"/>	State House District: <input type="text" value="Select"/>
Congressional Website: <input type="text"/>	UT Senate Website: <input type="text"/>	UT House Website: <input type="text"/>

For the Congressional District number: Enter project Zip or address and you will find the District Number in the PARENTHESES (D-02) = 2

**Pertinent Criteria and Credit Type**

The total Initial and Extended Use periods will be 99 years.  
 Weighted Percent of Median being served: 0.00 % based on Average Median Income (AMI) data for CURRENT year.

Type of Housing Credit Requested

Tax-exempt Bond Project

**Organizational Information**

**APPLICANT INFORMATION** (Sponsor Company Submitting Application)

Applicant Type

Name \_\_\_\_\_ State   
Type

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

**Applicant Experience**

Housing Credit Experience:

**PROJECT OWNER INFORMATION**

Name \_\_\_\_\_ State   
Type

Federal Identification Number \_\_\_\_\_ Date Formed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signatory \_\_\_\_\_ Title \_\_\_\_\_

Name of General Partner(s)/Officers

_____	Tel. _____	Ownership _____%
_____	Tel. _____	Ownership _____%
_____	Tel. _____	Ownership _____%

**Previous HC or Sec. 103 Bond participation of General Partner or Applicant**

Project Name and Location	State	Date of Application	Status of Project
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Development Team Information**

Please list the name, address and telephone number of each member of the development team

Developer \_\_\_\_\_

General Partner \_\_\_\_\_

Contractor \_\_\_\_\_

Management Company \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Development Consultant \_\_\_\_\_

Tax Attorney \_\_\_\_\_

Tax Accountant \_\_\_\_\_

**NONPROFIT PARTICIPATION IN OWNERSHIP STRUCTURE**

Complete the following if a 501(c) if Nonprofit is a part of the Project Owner's structure.  
 Does the Project Owner elect to be subject to Nonprofit ownership rules and regulations and receive points as participating in the Nonprofit pool (see 2 below)? (No Nonprofit points will be given if selecting "No")

Yes  No

**NONPROFIT PARTNERSHIP INFORMATION - IF APPLICABLE**

For Nonprofit POINTS (also includes CHDO organizations), the following information must be provided:

- (1) Articles of Incorporation or By-Laws evidencing that exempt purposes of applicant include fostering of Low-Income Housing.
- (2) IRS Determination Letter as to Internal Revenue Code Section 501(c) Status.

To qualify for the Nonprofit set-aside, the Nonprofit applicant must materially participate in the development and operation of the project throughout the compliance period within the meaning of IRC 469(h). A Nonprofit shall be treated as materially participating in an activity only if the Nonprofit is involved in the operations of the activity on a basis which is regular, continuous and substantial. The Nonprofit organization may not be affiliated with or controlled by a for-profit corporation and must own an interest in the project.

<input type="checkbox"/> 501(c)(3) Organization	<input type="checkbox"/> 501(c)(4) Organization
<input type="checkbox"/> Exempt purposes includes fostering of Low-Income Housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Exempt from tax under Section 501(a)	<input type="checkbox"/> Tax Exempt Government Agency (NOT a "Nonprofit" for Housing Credit purposes)

Describe the Nonprofit's participation in the development and operation of the project. List other activity or involvement in low-income housing projects. If an allocation is made to a Nonprofit that received Nonprofit points, the Nonprofit's participation must be significant and cause real benefit to the project, the population served and the continuation of the Nonprofit's ability to meet its goals. (See Exhibit "D" in the Qualified Allocation Plan)

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If a CHDO, provide certificate of designation and State/HUD contact and telephone number where the CHDO is registered.

Name _____	Phone _____	Email _____
Address _____		Fax _____
City _____	State _____	Zip _____

List the Names of Board members and Officers for the Nonprofit organization. Are any of these representatives of special needs housing groups, i.e., homeless advocates, etc? If so, provide the name of the organization and description.

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Provide a copy of the latest Annual Report to identify all paid full-time key management and sources and amount of funds for annual operating expenses and current programs.

**Notification of Local Official**

Section 42 of the Code requires that UHC notify the local political jurisdiction of this application for Housing Credits. Please complete the information requested below.

Name of Political Jurisdiction \_\_\_\_\_

Name of Mayor \_\_\_\_\_

Name of Chief Administrative Officer \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Zoning Official \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Proximity to Mass Rail Transit Station	Community Revitalization Plan Participation
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<input type="checkbox"/> No Project is contiguous to a FrontRunner or Trax station	Project located in a concerted Community Revitalization Plan & Bonus area? <input type="checkbox"/> No
<input type="checkbox"/> No Project is located within 1/3rd mile of a FrontRunner/Trax station	Revitalization Plan and letter of support is attached <input type="checkbox"/> No
	Rehab project located within a community/neighborhood Revitalization Plan area? <input type="checkbox"/> No

Project Information
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Total Number of Low-Income Units <input type="text" value="0"/>	Total Number of Units <input type="text" value="0"/>
Percent of Units that are Low-Income #DIV/0!	Percent of Floor Area that is Low-Income #DIV/0!

<b>New or Rehabilitation</b> <input type="text" value="Select One"/> Rehab projects: If occupied, will rents be at current levels or lower rent levels? Rehab projects: Has owner or third party inspected 100% of the units?	<b>Project Characteristics</b> <input type="text"/> Elevator No. _____ Number of Floors (Above Garage) _____ No. Structured Parking Stalls _____ <b>Building Type</b> <input type="text" value="Select One"/>	<b>Project Type</b> <input type="text" value="Select One"/> Total No. of buildings <<< Enter Number of Buildings >>> <input type="text"/> Assisted Living Population type: _____ License Type: Limited to care level 1
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**Supportive Services Homeless Housing Projects**  
 If McKinney Act, how many set-aside units \_\_\_\_\_  
 Are McKinney Act units isolated to a single building? \_\_\_\_\_  
 If McKinney, list Nonprofit and Agencies providing services \_\_\_\_\_  
 Do units contain bathroom OR kitchen facilities? \_\_\_\_\_

**Special Needs Targeting of Affordable Set-aside Units**

<input type="text" value="Select One"/> Set-aside Units: <input type="text" value="0"/> List special features/services to be provided: _____ Service Provider: _____ <input type="text"/> Housing for individuals with children <input type="text" value="Select One"/> Set-aside Units: <input type="text" value="0"/> Service provider: _____ <input type="text"/> Homeless/near homeless transitional (not McKinney Act) 25% AMI or less set-aside units: <input type="text" value="0"/> Service provider: _____ <input type="text"/> Older Persons Minimum Units: <input type="text" value="0"/>	<input type="text"/> Large family (3 Bedrooms or more) Number of Units: <input type="text" value="0"/> <input type="text"/> Type A Wheelchair Accessible units Set-aside Units: <input type="text" value="0"/> See architectural requirements for ADA in the QAP, Exhibit Q. Referring Agency: _____ <input type="text"/> Lease-to-Own Set-aside Units: <input type="text" value="0"/> <input type="text"/> Project has entered into a Memorandum of Understanding with the Local PHA to accept qualified Sec 8 tenants (use Scoring Exhibit U).
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Amenities and Building Information
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Accessory Buildings: _____	Area: _____	Sq. Ft.
Recreation Facilities: _____	Fees: _____	
Commercial/Public Facilities: _____	Area: _____	Sq. Ft.

<input type="text"/> Tot-Lot	<input type="text"/> Day care facility	<input type="text"/> *Education center	<input type="text"/> *Clubhouse	<input type="text"/> *Covered Parking
<input type="text"/> Air Conditioning	<input type="text"/> Wash/Dryer Con.	<input type="text"/> On-site storage	<input type="text" value="Historical Character"/>	Min. parking stalls required: _____
<input type="text"/> Addition of air conditioning for rehabs	<input type="text"/>	<input type="text" value="Historical Charter"/>	Covered stalls non-fee: _____	
<input type="text"/> Comm. Svc. Facility	**Community Svc. Facility Basis _____ (total cost)			
<input type="text"/> Permanently installed bicycle rack	<input type="text"/> Wireless or separate wired data network into each unit			
<input type="text"/> Within 1/3 mile to public park	<input type="text"/> Dedicated wellness room for visiting health care providers			
<input type="text"/> For senior housing, within 1/3 mile to senior center	<input type="text"/> For projects with 3+ bedrooms, within 1/3 mile to public school			
<input type="text"/> Raised vegetable garden area for resident use	<input type="text"/> *Life skills education classes that meet UHC criteria			

Gross floor area: <input type="text" value="0"/> (sq. ft.)	Buildings common area: _____ (sq. ft.)	Type: _____
Residential floor area: <input type="text" value="0"/> (sq. ft.)	Commercial floor area: <input type="text" value="0"/> (sq. ft.)	Type: _____

\*Please refer to Section 4 of the QAP titled Secondary Selection Criteria for details.  
 \*\*A Community Service Facility is allowed 25% of its basis to be included in Eligible Basis.

**Enterprises Green Communities/LEED**

**Enterprises Green Communities (EGC)/LEED:**    
 Will the project be certified through the Enterprise Green Communities Initiative or LEED?

**EnergyStar Upgrades and Substantial Rehabilitation**

**Energy Star:** \*HERS - Housing Efficiency Rating System  
**Projects with 3 or fewer stories**

Preliminary HERS\* Rater's Score: \_\_\_\_\_ (Based upon initial review of plans and specifications **OR** before rehab)  
 Est. HERS Rater's Final Score: \_\_\_\_\_ (estimated score after construction and energy improvements are complete)  
 Will all units be ENERGY STAR qualified?

See Sustainable Design section and also review Exhibit R, Energy Star Procedures of the Qualified Allocation Plan  
 See Exhibit R or contact Mike Glenn at (801) 538-8666 for rating details and procedures.

Projects with more than 3 stories will require consultation with Mike Glenn at (801) 538-8666  
 All completed projects must be EnergyStar per OWHLF policy. Enclose an independent EnergyStar rater's initial analysis or letter.

**Utah-qualified independent EnergyStar raters list:**

Is project in a Rocky Mountain Power Service Area?

*Rebates are available from Rocky Mountain Power and must be included as a source of financing, if applicable.*

Is project in a Questar Gas Service Area?

*Rebates are available from Questar Gas and must be included as a source of financing, if applicable.*

Project to be built/rehabilitated to EnergyStar 86/80 threshold:

**For projects greater than 3 stories:**

Contact Mike Glenn/DHCD at 801-538-8666 for specific rating details and procedures.

**Estimated total cost of EnergyStar upgrades (from analyst report):**

Average cost per unit: #DIV/0! Units: 0

**Estimated total annual value of energy savings (from analyst report):**

Average savings/unit per year: #DIV/0! Allocation Plan Payback term: 15 years

Standardized OWHLF loan term: 30 years

**Estimated total value of savings:**

Payback: \$0 OWHLF loan term: 360

Savings-to-investment ratio (Allocation Plan 15-year payback term):

Savings-to-investment ratio (OWHLF full loan term):

**When using Energy Star Utility Allowances, the Energy Star Rater must provide a letter stating the expected utility expense for each unit type/size for calculating expected rents for the project.**

**Site Information**

**Provide the following:**

Is there a current Land Appraisal for the site and/or project attached?  Yes  No  
 Current Title Report  Yes  No

**Other Studies:**

Is a Complete Comprehensive Market Study with Required Summary attached?  Yes  No  
 Is the required Rehabilitation Capital Needs Assessment attached?  Yes  No N/A

**Attached Environmental Studies:** (Check only ONE box)

Lender & Investor have determined that a study is NOT needed  Yes  Don't know  
 Phase I or II and/or habitat study is required, but NOT completed  Yes  
 Phase I or II and/or habitat study is completed with NO outstanding issues  Yes  
 Phase I or II and/or habitat study is completed with outstanding issues  Yes

**Site Control:**

Are all parcels for proposed site under control?  Yes  No  
 If yes, what form:  Expiration date: \_\_\_\_\_  
 Deed

**Site Ownership (Land or Existing Bldgs):**

Will land be contributed by owner?  Yes  No  
 How long has the HC sponsor or previous owner held title? \_\_\_\_\_ years

When was land purchased by current owner (year)? \_\_\_\_\_ **<< Enter Site Area Below >>**  
 Total Cost of Land \_\_\_\_\_ Exact Area of Site: \_\_\_\_\_ Acres or \_\_\_\_\_ Sq. Ft.

Sellers Name of Land/Building \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**Zoning Status**

Does zoning permit multiple residential use that is consistent with the proposed project?  Yes  No

Has final density been approved? Units per acre: \_\_\_\_\_  Yes  No Proposed: #DIV/0!

Has project been approved by all public bodies?  Yes  No

Project is fully entitled and all approvals obtained. Permits can be issued?  Yes  No

Construction has commenced?  Yes  No

Parking requirements. How many stalls approved per unit? \_\_\_\_\_

If there is assemblage of parcels--are ALL parcels properly zoned?  Yes  No

Are all utilities presently available on the site?  Yes  No

If no, please explain which utilities need to be brought to the site, the distance and the cost to the project.

\_\_\_\_\_

\_\_\_\_\_

If the project requires a road, specify the distance, specifications and cost.

\_\_\_\_\_

\_\_\_\_\_

**Acquisition of Existing Buildings**

How many buildings will be acquired for the project? \_\_\_\_\_ Number of existing affordable units? \_\_\_\_\_

Are all the buildings currently under control for the project?  Yes  No

If not, how many buildings are under control for the project? \_\_\_\_\_ Year Project Blt: \_\_\_\_\_

When will the remaining buildings come under control for the project? \_\_\_\_\_

**A project or land appraisal is required.** Is this enclosed with the application?  Yes  No

Is there an operating/rent subsidy that will remain with the project?  Yes  No

Select rent subsidy program **Not Applicable** Number of contracted units: \_\_\_\_\_ Contract Term: \_\_\_\_\_

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

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

**Relocation Information**

Please describe the proposed relocation assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is an independent third party verification of rental history attached?  Yes  No

**Minimum Set-Aside Selection**

The owner irrevocably elects one of the following Minimum Set-Aside Elections

At least 20% of the residential rental units in this development are rent-restricted and to be occupied by individuals whose income is 50%\*\* or less of area median income (AMI). *Not recommended.* (Call UHC before selecting this election)

At least 40% of the residential rental units in this development are rent-restricted and to be occupied by individuals whose income is 60%\*\* or less of area median income (AMI).

**\*\*NOTE: Owners committing to maintain rent levels below 60% of AMI for any units will also be required to restrict incomes on those units to corresponding levels, at the targeted levels PLUS 5% (not to exceed the election) for the initial and extended compliance periods established in the Qualified Allocation Plan.**

**\*\*Other funding sources may limit the 5% increase.**

**Direct Construction Cost Breakdown**

**Breakout Costs Into as Much Detail as Possible**  
**HC DETAILED CONSTRUCTION COST BREAKDOWN**

Project: 0

Bid or Estimate Date: \_\_\_\_\_

Account Number	Category Description	Budget	Category Subtotals
<b>1 General Requirements</b>			
1	310 Reasonable Construction Supervision	0	
1	320 Site Engineering Costs Attributable to Buildings	0	
1	330 Job Office Expenses	0	
1	430 On-site Temporary Buildings, Tool Sheds, Shops and Toilets	0	
1	620 Temporary Heat, Water, Light and Power for Construction	0	
1	630 Temporary Walkways, Fences, Roads, Siding and Docking Facilities	0	
1	650 Construction Equipment Rental not in Trade Item Costs	0	
1	810 Clean-up and Disposal of Construction Debris	0	
1	910 Security Costs	0	
1	950 Medical, First Aid Supplies, and Temporary Facilities	0	
1	960	0	
1	970	0	
1		0	
1		0	
	Building permits are entered into category 18 below.		
<b>2 On-Site Work</b>			
2	110 Demolition	0	
2	230 Site Preparation	0	
2	510 Earth Work	0	
2	250 Paving and Surfacing	0	
2	320 Landscape - Fencing	0	
2	350 Trash Enclosures	0	
2	360 Site Signage	0	
2	370 Storm Drainage	0	
2	340 Sidewalks, Curbs and Parking Ballards	0	
2	520 Utilities	0	
<b>2 Off-Site Work</b>			
2	700 Off-Site improvements	0	
2		0	
			Subtotal: 0
<b>3 Concrete</b>			
3	110 Excavation	0	
3	210 Footing/Foundation, Labor and Materials	0	
3	220 Slab on Grade	0	
3	230 Lightweight Concrete	0	
3	240 Reinforcing Steel	0	
3	230	0	
3	310	0	
			Subtotal: 0
<b>4 Masonry</b>			
4	400 Masonry, Labor and Material	0	
4	410	0	
4	420 Retaining Walls	0	
4	430	0	
4	440	0	
			Subtotal: 0

HC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
<b>5 Metals</b>			
5	210 Misc. Metals Repair Rails	0	
5	310 Steel Joists and Girders	0	
5	410 Carports	0	
		Subtotal:	
<b>6 Wood</b>			
6	110 Framing Material	0	
6	115 Framing Labor	0	
6	310 Finish Material	0	
6	315 Finish Labor	0	
6	510 Misc. Wood	0	
6	550 Trusses	0	
6	610	0	
6	640	0	
		Subtotal:	0
<b>7 Thermal/Moisture Protection</b>			
7	110 Misc. Thermal/Moisture Protection	0	
7	210 Soffit & Fascia	0	
7	310 Gutter and Downspout Labor & Materials	0	
7	410 Insulation Labor & Material	0	
7	510 Roofing Labor & Material	0	
7	610 Siding	0	
7	610 Stucco	0	
7	650 Waterproofing	0	
7	670 Fire Stopping	0	
		Subtotal:	
<b>8 Doors and Windows</b>			
8	110 Hardware	0	
8	210 Steel Doors & Frames	0	
8	310 Wood Doors & Frames	0	
8	410 Windows Labor & Materials	0	
8	510	0	
8	540	0	
8	610 Garage Doors	0	
		Subtotal:	0
<b>9 Finishes</b>			
9	210 Drywall /Plaster Labor & Materials	0	
9	310 Ceramic Tile Labor & Materials	0	
9	410 Carpentry Labor & Materials	0	
9	415 Resilient Flooring Labor & Materials	0	
9	510 Painting and Wall covering Labor & Materials	0	
9	540 Misc. Finishes	0	
9	540 Vinyl Tile	0	
9	610	0	
		Subtotal:	0

HC DETAILED CONSTRUCTION COST BREAKDOWN

Account Number	Category Description	Budget	Category Subtotals
10 Specialties			
10	110 Bathroom Accessories	0	
10	210 Signage	0	
10	310 Window Coverings	0	
10	410 Mirrors Labor & Material	0	
10	510 Fire Extinguishers	0	
10	610 Misc. Specialties	0	
	Subtotal:		
11 Equipment			
11	110 Bath Appliances	0	
11	210 Kitchen Appliances	0	
11	310 Exercise & Office Equipment/Common Area Furnishings	0	
	Subtotal:		0
12 Furnishings			
12	110 Cabinets Labor & Material	0	
12	210 Counter Tops	0	
	Subtotal:		0
14 Conveying Systems			
14	110 Elevator Systems Lift	0	
	Subtotal:		
15 HVAC, Plumbing and Mechanical			
15	110 Heating & Cooling	0	
15	210 Plumbing Labor & Materials	0	
15	310 Misc. Electrical	0	
15		0	
15		0	
	Subtotal:		0
16 Electrical			
16	110 Security System	0	
16	210 Electrical Labor & Materials	0	
16	310 Lighting Fixtures & Materials	0	
16	410 Fire Detection Systems Labor & Material	0	
16	420 Misc. Electrical	0	
16	510	0	
	Subtotal:		
17 Profit & Overhead			
17	110 Builder Profit	0	
17	210 Builder Overhead	0	
17	310 Construction Contingency	0	
	Subtotal:		0
18 Municipal/Utility Fees			
18	110 Impact Fees	0	
18	115 Building Permits	5,000	
18	120 Utility Connection Fees	0	
	Subtotal:		5,000
19 Costs Associated with Enterprise Green Communities or LEED			
19	ENG Hard Costs	0	
19	ENG Soft Costs	0	
19	ENG Certification Costs	0	
	Subtotal:		0

**HC Project Costs**

List and indicate Eligible Basis by Credit Type (Residential Portion Only) Adequately describe all "Other" Categories

Itemized Cost	Actual Cost	Eligible Basis by Credit Type	
		4% Credit	9% Credit
<b>Purchase Land and buildings</b>			
Land	0		
Existing Structures	0	0	
Existing Structures Acquisition Fee	0	0	
Demolition	0		
Other (Specify)	0		
Total	0	0	
<b>Site Work</b>			
2 On-Site Work	0	0	0
2 Off Site Improvement	0	0	0
Other (Specify)	0	0	0
Total	0	0	0
<b>Rehab and/or New Construction</b>			
1 General Requirements	0	0	0
3 Concrete	0	0	0
4 Masonry	0	0	0
5 Metals	0	0	0
6 Wood	0	0	0
7 Thermal/Moisture Protection	0	0	0
8 Door and Windows	0	0	0
9 Finishes	0	0	0
10 Specialties	0	0	0
11 Equipment	0	0	0
12 Furnishings	0	0	0
14 Conveying Systems	0	0	0
15 Mechanical	0	0	0
16 Electrical	0	0	0
18 Impact Fees and Building Permits	5,000	0	5,000
19 ENG	0		
Other (specify)	0	0	0
Total	5,000	0	5,000
<b>Contingency</b>			
17 Construction Contingency	0	0	0
Other (specify)	0	0	0
Total	0	0	0
<b>Architectural and Engineering Fees</b>			
Architect Fee-Design	0	0	0
Architect Fee-Supervision	0	0	0
Survey	0	0	0
Civil Engineering	0	0	0
Other (Specify)	0	0	0
Phase I Environmental	0	0	0
Other (Specify)	0	0	0
Total	0	0	0
<b>Profit and Overhead**</b>			
17 Builder Profit	0	0	0
17 Builder Overhead	0	0	0
Developer's Overhead	0	0	0
Developer's Fee	0	0	0
Other Related Party Fees	0	0	0
Total	0	0	0

\*\* NOTE: See Qualified Allocation Plan, Section 1, Developer Fee Limits Section for Calculations.

Itemized Cost	Actual Cost	Eligible Basis by Credit Type	
		4% Credit	9% Credit
<b>Interim Financing Expenses</b>			
Construction Casualty Insurance	0	0	0
Construction Period Interest	0	0	0
Construction Loan Fees	0	0	0
Construction Appraisal	0	0	0
Construction Legal Fees	0	0	0
Closing, Title & Recording	#VALUE!	0	0
Construction Period Property Taxes	0	0	0
	0	0	0
	0	0	0
	0	0	0
Interim Proration Schedule of Expenses	0	0	0
Total	0	0	0
<b>Permanent Financing Expenses</b>			
Loan Origination Fee	0		
Loan Credit Enhancement	0		
Other (specify)	0		
Permanent Proration Schedule of Expenses	0		
Permanent Financing Legal Fees	0		
Closing, Title & Recording	#DIV/0!		
Other (specify)	0		
Other (specify)	0		
Total	0		
Appropriate and Reasonable amounts must be entered below.			
<b>Soft Cost</b>			
Market or Feasibility Study	0	0	0
UHC Housing Credit Fees	1,000		
Consultants or Processing Agent	0		
Environmental Study	0		
Other (specify)	0		
Other (specify)	0		
Other (specify)	0		
Total	1,000	0	0
<b>Syndication Costs</b>			
Organization (Partnership)	0		
Bridge Loan Fees and Expenses	0		
Tax Opinion	0		
Accounting/Audit	0	0	0
Legal Fees	0		
Title Policy	0		
Total	0	0	0
<b>Project Reserves</b>			
Rent-Up Reserve	0		
Operating Deficit Reserve	0		
Funded Reserves for Replacement	0		
Other (specify)	0		
Other (specify)	0		
Total	0		
Total Project Cost	6,000	0	5,000
(2) NOTE: Total Project Cost must equal the Total Source of Funds on Page 18.			

Housing Credit Calculation		4%	9%
<b>Total Project Eligible Costs:</b>		0	5,000
Less Community Service Facility or Fee basis adjustments		0	0
Less Federal Grants for eligible development costs. List Grants with total amounts to the right.			
		0	0
Less amount of amenities that are optionally available to tenants on a fee basis		0	0
Less 30% additional DDA & QCT building basis where applicable for scattered site projects		0	0
Less amount of nonqualified, nonrecourse financing		0	0
Less non-qualifying units of higher quality		0	0
Less non-qualifying excess portion of higher quality units		0	0
Less Federal Historic or Federal Energy Tax Credit (Residential Portion Only - Attach Detail)		0	0
<b>Total Eligible Basis</b>		0	5,000
Multiplied by the Applicable Fraction (Percent of HC Units or HC Square Footage, whichever is less)		0%	0%
<b>Total Qualified Basis</b>		0	0
UHC Qualified Bonus Area or Designated Census Tract?			
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
		100%	100.00%
Building Acquisition & Fee:	<input type="text" value="-"/>	0	0
#####		3.36%	9.00%
#####			
Amount of Housing Credit by Type:		0	0
Total Housing Credits based on Qualified Basis(4% + 9%):		0	0
<b>Housing Credits Requested:</b>		0	0

**Maximum Housing Credit Allocation is \$1,000,000 per Project, Phase or Developer per Year**

### Housing Credits Proceed Information

Provide information concerning the syndication and estimated proceeds expected from Housing Credit investors.

Annual amount of Low-Income Housing Credits Requested: \$   
 Syndication Rate:  per credit dollar.  
 Gross proceeds from Housing Credit sale:   
 Net proceeds to project:

When will these funds be paid?	Percent Paid in	Estimated Date	Trigger Event
	at:		
	at:		
	at:		
	at:		

**Total: 0% <<< MUST EQUAL 100%**

Letter of Interest Attached  Type of Offering  Public  Private  
 Commitment Letter Attached  Type of Investors  Individuals  Corporations

Investor or Syndicator \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_





**Long Term Financing Sources and Contacts**

List in order of lien priority ALL sources of funding and contact names, addresses and telephone numbers:

	Company / Institution Name & Complete Address	*Status Date	Contact Person & Title Telephone and Fax Numbers
<b>Debt Financing</b>			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
5	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Equity Financing (Other than HC)</b>			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Grant and Other Monies</b>			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

\*Status codes: LOI=Letter of Intent, NA=No formal action taken; A=Application formally submitted; C=Commitment received. Attach proof of status.

**Energy and Equipment**

Equipment Included with Units (Low-Income Units)

<input type="text"/> Range	<input type="text"/> Refrigerator	<input type="text"/> Disposal	<input type="text"/> Air Conditioning
<input type="text"/> Dishwasher	<input type="text"/> Kitch. Exhaust	<input type="text"/> Laundry Fac.	<input type="text"/> Washer/Dryer Hookups
<input type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms		<input type="text" value="0%"/> Fluorescent Lights (Percent of fixtures) Lease must stipulate that Owner will provide and install fluorescent lights	

Energy and Equipment Information in low-income units

Energy Equipment	Type of System (GFWA, Hot Water, etc.)	Rating
Domestic Hot Water		
Heating		
Air Conditioning		

Equipment Included with Units (Market-rate Units)

<input type="text"/> Range	<input type="text"/> Refrigerator	<input type="text"/> Disposal	<input type="text"/> Air Conditioning
<input type="text"/> Dishwasher	<input type="text"/> Kitch. Exhaust	<input type="text"/> Laundry Fac.	<input type="text"/> Washer/Dryer Hookups
<input type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms		<input type="text" value="0%"/> Fluorescent Lights (Percent of fixtures)	

**Monthly Utility Allowance Calculations**

Type	Utilities	List only Utilities Paid By	ENTER allowance (PAID by TENANT) by Unit type					
			SRO Studio	1	2	3	4	5
G	Heating	Tenant	0	0	0	0	0	0
E	Cooking	Tenant	0	0	0	0	0	0
E	Lighting	Tenant	0	0	0	0	0	0
E	Hot Water	Tenant	0	0	0	0	0	0
E	Air Conditioning	Tenant	0	0	0	0	0	0
	Sewer	Tenant	0	0	0	0	0	0
	Water	Tenant	0	0	0	0	0	0
	Trash	Tenant	0	0	0	0	0	0
	Dispatch	Tenant	0	0	0	0	0	0
	Other?	Tenant	0	0	0	0	0	0
Total Utility Allowance:			0	0	0	0	0	0

Type: E=Electric, G=Gas, P=Propane, etc.

Energy Star Rater's Utility Estimates based on Plans & Specifications for the building(s) may be used instead of PHA Utility Allowances.

Source of Utility Allowance Calculation (Documentation of Utility Calculations must be included)

<input type="text"/> Local PHA	<input type="text"/> Utility Co.*	_____ Housing Authority or other
<input type="text"/> Rural Devel.	<input type="text"/> HUD	<input type="text"/> Energy Star Rater Calculation

\*Using these sources after the building(s) is placed-in-service precludes the use of PHA Allowances in future years.

**COMMON AREA PERSONNEL UNIT(S) ELECTION:**

Maximum Units based on project size: 0

Projects may elect to set-aside personnel units. Indicate the unit(s) by type and physical description:

These unit are not to be included in the Low-Income units in the following section.

Other (Specify) \_\_\_\_\_

Permitted Use	Baths	Unit Type (2-bed, Studio)	Sq. Ft.
Select One	0.00		0
Select One	0.00		0
Select One	0.00		0

**Proposed Contractual Rent Targeting Analysis**

Project Rents (Note: actual rents plus the amount of utilities paid by tenants cannot exceed low-income rent levels.

List the applicable County Low-Income Rents from the attached schedule.	SRO	Bedrooms				
	Studio	1	2	3	4	5
	50% of AMI Maximum Limit - Including Utilities	#N/A	#N/A	#N/A	#N/A	#N/A
60% of AMI Maximum Limit - Including Utilities	#N/A	#N/A	#N/A	#N/A	#N/A	

**PROJECTED PROFORMA - Low-Income Units Only**

<< Select a Valid County (cell C166) >>

List the estimated monthly income for the low-income units.

20/50 Election

Total low-income units:

Unit Type	Bathrooms / Unit	Number of Units	AMI Target	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit
SRO/Studio, 1,2,3	1, 2, 1.75, etc.					
High-Band (> 45%)				0	0	
				0	0	
				0	0	
Mid-Band Rents (Range: 40% - 45%)				0	0	
				0	0	
				0	0	
				0	0	
				0	0	
				0	0	
Low-Band (< 40%)				0	0	
				0	0	
				0	0	
Other income per unit:				0	0	0

AMI: 0.00%  
DCR: 0.000  
Cash flow: #DIV/0!  
Inc. Score: 0

Low #DIV/0!

Total low-income rents: 0

**Below Safe Harbor**  %

Total Monthly Income:

**Expense inflator must be 1% greater than income inflator**  %

**PROJECTED PROFORMA - Market-Rate Units Only**

List the estimated monthly income for the market-rate units.

Total market-rate units:

Unit Type	Total Bathrooms	Number of Units	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit
SRO/Studio	.25/.75/1 or multiples				
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Other income per unit:				0	0

Total market rents: 0

Less Vacancy  %

Total Monthly Income:

Enter the estimated annual percentage increase in annual income  %

**Proposed and Market Study Rent Analysis**

Type	HC Rents	Units	Market Rents*	Margin
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%
0	\$0	0	\$0	0%

Unrestricted Rents	Type	Market Rents	Margin
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0
\$0	0	\$0	0

\* Market rents must be supported by the market study.  
**Note:** UHC advises that Credit unit rents be 10% below market rents.

**Annual Expense Information**

**I. Administrative**

1 Advertising	0
2 Management	0
3 Legal	0
4 Partnership	0
5 Accounting/Audit	0
6 UHC Compliance Fee	0
7 Other	0
<i>Total Administrative Cost:</i>	<u>0</u>

**II. Maintenance**

1 Interior Maint.	0
2 Int/Ext. Repairs	0
3 Exterminating	0
4 Landscaping	0
5 Paving/Grounds	0
6 Materials	0
<i>Total Maintenance Cost:</i>	<u>0</u>

**III. Operating Costs**

1 Elevator	0
2 Electric (Common Area)	0
3 Gas (Common Area)	0
4 Water/Sewer	0
5 Trash Removal	0
6 Payroll	0
Management Salaries	0
Office/Accounting Salaries (Other)	0
7 Payroll Taxes	0
8 Property Insurance	0
9 Snow Removal	0
Other General Exp	0
Other General Exp	0
<i>Total Operating Costs:</i>	<u>0</u>
<i>Total Expenses:</i>	0

**IV. Real Estate Taxes**

\$ -

Total Expenses (w/o reserves): 0

Total Annual Capital Replacement Reserve: \$ -

Replacement Reserve/Unit: \_\_\_\_\_

Expense inflator must be 1% or greater than income inflator: 0.00 %

HOW WERE EXPENSES AND RESERVES DETERMINED? \_\_\_\_\_

Expenses/unit: #DIV/0! / unit

**INCOME ANALYSIS SUMMARY**

Gross scheduled HC rents	0
Other Income	0
Operating Subsidies - Specify *	0
Less vacancy	#DIV/0!
Total Operating Income	#DIV/0!
Less Operating Expenses	0
Less annual Capital Replacement Reserves	0
Net Operating Income	#DIV/0!
Less Annual Debt Service	0
NOI Before Taxes	#DIV/0!

Cash Flow per Unit: #DIV/0! #DIV/0!

Debt Service Coverage Ratio: 0.000

\* Operating Subsidies include Rural Development Service 515 RA, HUD 236, Section 8 HAP, Continuum of Care, and Project Based HUD Vouchers.

**Program Goal Explanation**

The goals of the Low-Income Housing Credit Program include the production of the largest number of affordable housing units, at the lowest possible cost, reserved for the longest period of time, with rents targeted toward the lowest possible income levels. Explain, in detail, how this application addresses the above objectives in the topic areas noted below. Use actual data from this application to illustrate your explanation.

1 Profit and Overhead Limitations: **<< You Must Address Each of the Topics in this Section >>**

2 Development Cost Efficiencies: **<< You Must Address Each of the Topics in this Section >>**

3 Financing Innovations: **<< You Must Address Each of the Topics in this Section >>**

4 Maximizing Proceeds to the Project from the Housing Credit Allocation: **<< You Must Address Each of the Topics in this Section >>**

5 Maximizing the longevity of buildings and improvements while maintaining appeal and affordability: **<< You Must Address Each of the Topics in this Section >>**

**Project Quality and Design Commitment**

Specify the PROJECT construction quality and durability features in the list provided. Indicate if you are designing to code, or upgrading and why. Additional explanation may be added by expanding the number of lines in the document.

Description and Rated Life	
Appliances Provided	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Exterior Finish Materials	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Fencing	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Windows	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Plumbing Materials and Fixtures	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Roof Quality	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
HVAC	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Security Systems	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>

	Description
Energy Efficiency	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Cabinetry	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Insulation	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Landscaping	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Design & Other Quality Elements	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Parking Innovations and Garages	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Site Layout and Unit Density	<b>&lt;&lt; You Must Address Each of the Topics in this Section &gt;&gt;</b>
Other	
Other	





**Project Development Schedule**  
To be Completed with this Application

ACTIVITY	Scheduled Date mm/dd/yy
<b>A. Site</b>	
Phase 1 Environmental Closing /Site Transfer	
<b>B. Plans &amp; Specs (Final) Approved by the City</b>	
<b>C. Project Signage with UHC Logo</b>	
<b>D. Building Permit</b>	
<b>E. Groundbreaking</b>	
<b>F. Construction Begins</b>	
<b>G. Carryover Submission</b>	
<b>H. Occupancy Certificates</b>	
<b>I. Open House/Ribbon Cutting</b>	
<b>J. Lease Up</b>	
<b>K. Placed in Service (Last Building)</b>	
<b>L. Final Cost Certification</b>	

A Project Development Schedule, specific to your type of project (new, rehabilitation, bond and bond rehab) will be sent to you to complete and submit April 1 and September 1 of each year, until the IRS forms 8609 are issued to the project.

**Housing Credit Fees**

APPLICATION FEE:	Total Amount of Annual Housing Credit Requested	\$0
Application Fee:	<u>Competitive Projects</u> : 1% of Tax Credit Request or \$2,500, whichever is greater. \$250 per unit for less than 10 units. <u>Bond Projects</u> : 2% of Tax Credit Request or \$2,500, whichever is greater.  Same program year resubmissions are \$200 for all types.	\$ -
Reservation Fee:	<u>Competitive Projects</u> : 3% of Tax Credit Request or \$2,500, whichever is greater. Projects with less than 10 units will be assessed \$250 per unit.	\$ -
Bond Award Fee:	Upon Tax Credit Award an additional fee of the greater of 2% or \$2,500 of the amount awarded will be due within 30 days of receipt of the award letter.	

Make checks payable to: Utah Housing Corporation

**The applicant understands that the NON-Refundable Application Fee must accompany the HC Application Package when submitted.**

CARRYOVER AND EXTENDED CARRYOVER FEE:	\$ 1,000
The Applicant further understands that the Applicant will be assessed a \$1,000 fee at time of Carryover. a discount of \$500 will be given to Projects that submit their carryover package on or before November 1. An Extended Carryover fee of \$500 will be charged for projects each January the project has not been completed after the Carryover Agreement year.	

ALLOCATION FEE:	\$ -
The applicant understands that an Allocation Fee equal to the greater of \$3,000 or 4% of the final Annual Credit amount. A discount of 1% will be offered to all projects that submit a complete Final Cost Certification Package within 6 months after the last building is placed in service for new construction and after the last building receives it's final inspection report for rehabilitations or Dec 1st, whichever is earlier. All fees must be paid before IRS Forms 8609 are released to the Project Owner. Projects with less than 10 units will be charged an allocation fee of \$300 per unit.	

INITIAL COMPLIANCE FEE:	\$ -
Total amount due for Compliance Monitoring AT THE TIME THE 8609 IS ISSUED is calculated as follows:	
<u>Number of Units</u>	<u>Fee Collected</u>
Less than 26 units	\$500 plus \$20 per unit one time fee
greater than 25 units	\$1,000 plus \$20 per unit one time fee

COMPLIANCE PERIOD MONITORING FEE:	\$ -
Annual compliance monitoring fees subsequent to the first year are \$20 per Housing Credit unit. The total Annual Compliance Monitoring fee is payable on or before February 1.	

SUBSIDY LAYERING REVIEWS DELEGATED TO UHC:  
 HUD 911 SUBSIDY LAYERING REVIEWS HAVE BEEN DELEGATED TO THE CORPORATION. ALL Tax-Exempt bond financed projects are subject to this review process. Projects receiving HUD Housing Assistance are also subject to this review process. A \$500 review fee is payable with the HUD 2880 form (available from UHC) and a current Sources and Uses Statement after the Housing Credit Reservation has been made by UHC.

**Project Name:**

Certifications and Representations:

The undersigned is responsible for ensuring that the project consists or will consist of a qualified Low-Income building or buildings as defined in the Internal Revenue Code, Section 42, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation or construction and operation of the project to receive the Low-Income housing credit.

The undersigned is responsible for all calculation and figures relating to the determination of the eligible basis for the building and understands and agrees that the amount of the credit is calculated by reference to the figures submitted with this Application, as to the eligible basis and qualified basis of the project and individual buildings.

The undersigned hereby makes Application to the State of Utah. The undersigned agrees that the Utah Housing Corporation ("UHC") will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature of kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from Internal Revenue Service directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such allocation request.

The undersigned authorizes the UHC to disclose or provide copies of this application, as may be amended, or copies of any allocation agreement or Forms 8609 issued with respect to the proposed project to the Rural Development Service, Olene Walker Housing Loan Fund and other government funding sources, including the Department of Housing and Urban Development, as necessary to comply with state or federal law on the review of financial assistance provided to the project. I have read the "Required Documentation Checklist", and understand that applications lacking the listed documents will be considered non-conforming and returned without consideration.

Owner and Applicant(s) represent that they have read and understand the content of the Application Packet and that the protection of the Excel application has not been compromised in any way.

I have read the Qualified Allocation Plan, and understand that in the case of a Carryover Allocation of Housing Credits the Project is required to be placed in service by December 31, of the second calendar year following the calendar year of the Carryover Allocation Agreement. If the Project is not placed in service by such date, the credits allocated shall automatically be revoked and will be deemed recaptured by and returned to UHC as of such date.

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed project.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on \_\_\_\_\_.

\_\_\_\_\_  
Legal Name of Applicant

By: \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title