

**STATE OF UTAH
FEDERAL LOW-INCOME HOUSING CREDIT
2013 APPLICATION FORM**

CONSOLIDATED APPLICATION INSTRUCTIONS

IMPORTANT INFORMATION

The Utah Housing Corporation ("UHC") and the Department of Workforce Services - Housing and Community Development Division ("DWS-HCDD") are pleased to offer this 2013 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 Governor's Office of Economic Development).

IMPORTANT INFORMATION FOR 2013:

1. HUD's new income limits are expected December 2012. Because the new limits are unknown, the 2011 limits will apply. After the new limits become available, project AMIs may be adjusted based on actual rents submitted in the application.
2. State Housing Credits are available to reduce rent targeting to accommodate market conditions or special needs populations (see page 24).
3. 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.
4. Tax-Exempt Bond projects are subject to the Basis Boost only in HUD designated Qualified Census Tracts and HUD designated Difficult Development Areas.
5. Federal grants used during the construction period will reduce basis.
6. UHC will assign applications to the appropriate competitive pool(s) based on the procedure set forth in the 2013 Qualified Allocation Plan ("QAP").

Call Monica Spangle at 801-902-8245 for the most current version of the application. Call Lindsay Snow 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. 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
2013 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 three-ring binder, with Tabs: 1
 Total Binders with Tabs: 1
 Total Application Packages: 2

Email Consolidated Excel Appl. to: [Monica Spangle](#)

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 the Governor's Office of Economic Development:
 PAB Fee and 4 Application Packages to:

Roxanne C. Graham, Director
 Private Activity Bond Authority Program
 Governor's Office of Economic Development
 60 East South Temple, 3rd Floor
 Salt Lake City, Utah 84111

PAB fee:
 \$ _____ - _____

Important Websites for this application:

[Utah Housing Corporation](#)

Utah Housing Corporation

[OWHLF](#)

Olene Walker Housing Loan Fund - Check for the Additional Documents Required for this Financing

[PAB](#)

Private Activity Bond Authority

[Supportive Housing](#)

Homeless Housing Supportive Services Plans

Basic Application Input Instructions

1. 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.

2. Pull-down lists are used in certain fields. CLICK on cell to select item from the list.

4. Use NUMBERS, not "one", "two", "third", etc. Also avoid 1st, 5th, etc. Enter dates in "4/10/11" format.

5. **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 _____

6. Error Messages appear as: < Rents exceed 60% limit > See HC Score spreadsheet for explanations.

7. Several "links" to other tabs and websites / email can be selected.

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

DATE OF APPLICATION

Other Applications
(Submit to UHC)

HC Competitive Cycles
(Submit to UHC)

HC & PAB (Bond) Cycles

_____ Olene Walker Housing Loan Fund

Oct 1, 2012

November 28, 2011

February 27, 2012

May 29, 2012

August 27, 2012

October 29, 2012

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

County

Census Tract _____

Need Census Tract # for Rehab Project? Use Website>>

Need Census Tract # for New Project? Use Website>>

TRAX/FrontRunner Basis Boost: No

Project Located in a MSA? No

Qualified Census Tract: No

HUD DDA: No

Fed. Congressional Dist:

State Senate Dist:

State House District:

Congressional Website:

UT Senate Website:

UT House Website:

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 50 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 _____

Architect _____

Management Company _____

Sponsoring Organization _____

Development Consultant _____

Tax Attorney _____

Tax Accountant _____

Nonprofit Information

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")?

NONPROFIT PARTNERSHIP INFORMATION - IF APPLICABLE

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

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.

501(c)(3) Organization

501(c)(4) Organization

Exempt purposes includes fostering of Low-Income Housing

Other _____

Exempt from tax under Section 501(a)

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)

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.

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

Project is contiguous to a FrontRunner or Trax station

Project is located within 1/3rd mile of a FrontRunner/Trax station

Project located in a Community Revitalization Plan area?

Revitalization Plan and letter of support is attached

Rehab project located within a community/neighborhood Revitalization Plan area?

Project Information

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!

<p><u>New or Rehabilitation</u></p> <p><input type="button" value="Select One"/></p> <p><input type="checkbox"/> Rehab projects: If occupied, will rents be at current levels or lower rent levels?</p> <p><input type="checkbox"/> Rehab projects: Does the owner or third party certify that 100% of the units have been inspected?</p>	<p><u>Project Characteristics</u></p> <p><input type="text"/> Elevator(s) No. _____</p> <p>_____ Number of Floors (Above Garage)</p> <p>_____ No. Structured Parking Stalls</p> <p><u>Building Type</u></p> <p><input type="button" value="Select One"/></p>	<p><input type="button" value="Select One"/></p> <p>_____ Total units for "Older Persons?"</p> <p><<< Enter Number of units for "Older Persons," if zero >>></p> <p><input type="button" value="Select One"/></p> <p>_____ Total No. of buildings</p> <p><<< Enter Number of Buildings >>></p> <p><input type="checkbox"/> Assisted Living</p> <p>Population type: _____</p> <p>License Type: Limited to care level 1</p>
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<p><u>Special Needs Targeting of Affordable Set-aside Units</u></p> <p><input type="button" value="Select One"/> Set-aside Units: <input type="text" value="0"/></p> <p>List special features/services to be provided: _____</p> <p>Service Provider: _____</p> <p><input type="button" value="Select One"/> Set-aside Units: <input type="text" value="0"/></p> <p>List special features/services to be provided: _____</p> <p>Service Provider: _____</p> <p><input type="checkbox"/> Homeless</p> <p>25% AMI or less set-aside units: <input type="text" value="0"/></p> <p>Service provider: _____</p> <p><input type="checkbox"/> Older Persons</p> <p>Minimum Units: <input type="text" value="0"/></p>	<p><input type="checkbox"/> Large family (3 Bedrooms or more)</p> <p>Number of Units: <input type="text" value="0"/></p> <p><input type="checkbox"/> Type A Wheelchair Accessible units</p> <p>See architectural requirements for ADA in the QAP, Exhibit Q.</p> <p>Set-aside Units: <input type="text" value="0"/></p> <p>Service provider: _____</p> <p><input type="checkbox"/> Project has entered into a Memorandum of Understanding with the Local PHA to accept qualified Sec 8 tenants (use Scoring Exhibit U).</p>
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Amenities and Building Information

Accessory Buildings: _____ Area: _____ Sq. Ft.
 Recreation Facilities: _____ Fees: _____
 Commercial/Public Facilities: _____ Area: _____ Sq. Ft.

<input type="checkbox"/> Tot-Lot	<input type="checkbox"/> Day care facility	<input type="checkbox"/> *Computer Room	<input type="checkbox"/> *Clubhouse	<input type="checkbox"/> *Covered Parking
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Wash/Dryer Con.	<input type="checkbox"/> On-site storage		Min. parking stalls required: _____
<input type="checkbox"/> Addition (not replacement) of AC for rehabs	<input type="checkbox"/> Exercise Room or Sport Court			Covered stalls non-fee: _____
<input type="checkbox"/> Comm. Svc. Facility	**Community Svc. Facility Basis _____ (total cost)		<input type="checkbox"/> Historical Character	
<input type="checkbox"/> Permanently installed bicycle rack	<input type="checkbox"/> Wireless or separate wired data network into each unit		<input type="checkbox"/> Historical Charter	
<input type="checkbox"/> Within 1/3 mile to public park	<input type="checkbox"/> Dedicated wellness room for visiting health care providers			
<input type="checkbox"/> For senior housing, within 1/3 mile to senior center	<input type="checkbox"/> For projects with 3+ bedrooms, within 1/3 mile to public school			
<input type="checkbox"/> Raised vegetable garden area for resident use	<input type="checkbox"/> *Life skills classes that meet UHC criteria			

Gross floor area: _____ 0 _____ Buildings common area: _____ Type: _____
 (sq. ft.) (sq. ft.)
 Residential floor area: _____ 0 _____ Commercial floor area: _____ Type: _____
 (sq. ft.) (sq. ft.)

*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 (EGC)/Leadership in Energy & Environmental Design (LEED)

Websites for EGC/LEED:

EGC

LEED

Will the project be certified through the Enterprise Green Communities Initiative or LEED?

EnergyStar Upgrades and Substantial Rehabilitation

Please include verification (copy of HERS rater statement or architect statement specifying the ENERGY Star goal for the project).

Waivers from the ENERGY Star requirement are available in certain circumstances - contact Mike Glenn at 801-526-4495

Energy Star for project with 3 or few stories

*HERS - Housing Efficiency Rating System

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

For a list of Utah-qualified independent EnergyStar raters (projects with 3 or fewer stories), see:

Energy Star for project with 4 stories or higher

Projects with more than 3 stories will require the architect to benchmark the project through the EPA ENERGY Star website:

Utility Rebates (all projects)

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?

NOTE: Utility rebates for energy upgrades must be included as a source of overall project financing

When using Energy Star Utility Allowances, use the expected utility expense for each unit type/size provided by the ENERGY Star rater.

Site Information

Provide the following:

Is there a current Land Appraisal for the site and/or project attached? Provided?

Current Title Report

Other Studies:

Is a Complete Comprehensive Market Study with Required Summary attached?

Is the required Rehabilitation Capital Needs Assessment attached?

Attached Environmental Studies: (Select "Yes" in ONE of the following boxes, select "No" in the other boxes)

Lender & Investor have determined that a study is NOT needed

Phase I or II and/or habitat study is required, but NOT completed

Phase I or II and/or habitat study is completed with NO outstanding issues

Phase I or II and/or habitat study is completed with outstanding issues

Site Control:

Are all parcels for proposed site under control?

If yes, what form: Expiration date: _____

Deed

Site Ownership (Land or Existing Bldgs):

Will land be contributed by owner?

How long has the HC sponsor or previous owner held title? _____ years

When was land purchased by current owner (year)? _____

<< Enter Both Acres & Sq. Ft. in Site Area Below >>

Total Cost of Land _____ Exact Area of Site: _____ Acres _____ Sq. Ft.

NOTE: 1 Acre = 43,560 Sq. Ft. & 1 Sq. Ft. = 0.000022956841139 acre

Sellers Name of Land/Building _____

Address _____

City _____ State _____ Zip _____

Zoning Status

Please answer the following questions, if the answer is "No" please explain why in the space to the right of the answer.

Does zoning permit multiple residential use that is consistent with the proposed project? _____

_____ _____

Has final density been approved? #DIV/0! _____ Units per acre _____

Has project been approved by all public bodies? _____

Project is fully entitled and all approvals obtained. Permits can be issued? _____

Construction has commenced? _____

Parking requirements. How many stalls approved per unit? _____ _____

If there is assemblage of parcels--are ALL parcels properly zoned? _____

Are all utilities presently available on the site? _____

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?

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?

Is there an operating/rent subsidy that will remain with the project?

Select rent subsidy program Number of contracted units: _____ Contract Term: _____

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?

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
1 General Requirements			
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.	Subtotal:	
2 On-Site Work			
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	
		Subtotal:	0
2 Off-Site Work			
2	700 Off-Site improvements	0	
2		0	
		Subtotal:	0
3 Concrete			
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
4 Masonry			
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
5 Metals			
5	210 Misc. Metals Repair Rails	0	
5	310 Steel Joists and Girders	0	
5	410 Carports	0	
	Subtotal:		0
6 Wood			
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
7 Thermal/Moisture Protection			
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	0	
7	670	0	
	Subtotal:		0
8 Doors and Windows			
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
9 Finishes			
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:		0
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:		0
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 Impact Fees must be broken out from Building Permit Fees.	0	
18	120 Utility Connection Fees	0	
	Subtotal:		0
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	8.18% Credit
Purchase Land and buildings			
Land	0		
Existing Structures	0	0	
Existing Structures Acquisition Fee	0	0	
Demolition	0		
Other (Specify)	0		
Total	0	0	
Site Work			
2 On-Site Work	0	0	0
2 Off Site Improvement	0	0	0
Other (Specify)	0	0	0
Total	0	0	0
Rehab and/or New Construction			
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	0	0	0
19 ENG	0		
Other (specify)	0	0	0
Total	0	0	0
Contingency			
17 Construction Contingency	0	0	0
Other (specify)	0	0	0
Total	0	0	0
Architectural and Engineering Fees			
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
Other (Specify)	0	0	0
Other (Specify)	0	0	0
Total	0	0	0
Profit and Overhead**			
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	8.18% Credit
Interim Financing Expenses			
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	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
Permanent Financing Expenses			
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!	0		
Other (specify)	0		
Other (specify)	0		
Total	0		
Appropriate and Reasonable amounts must be entered below.			
Soft Cost			
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
Syndication Costs			
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
Project Reserves			
Rent-Up Reserve	0		
Operating Deficit Reserve	0		
Funded Reserves for Replacement	0		
Other (specify)	0		
Other (specify)	0		
Total	0		
Total Project Cost	1,000	0	0

(2) NOTE: Total Project Cost must equal the Total Source of Funds on Page 18.

Housing Credit Calculation		4%	8.18%
Total Project Eligible Costs:		0	0
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
Total Eligible Basis		0	0
Multiplied by the Applicable Fraction (Percent of HC Units or HC Square Footage, whichever is less)		0%	0%
Total Qualified Basis		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:	-	0	0
#####		3.16%	8.18%
Amount of Housing Credit by Type:		0	0
Total Housing Credits based on Qualified Basis:		0	
Housing Credits Requested:		\$ -	

Maximum Housing Credit Allocation is the lesser of \$1,000,000 or 20% of the State's available housing credit ceiling amount, per Project, Phase, Applicant, or Related Party per credit 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: \$ 0

Syndication Rate: \$0.000 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:	
		at:	

Total: 0% <<< MUST EQUAL 100%

Letter of Interest Attached

Type of Offering:

Commitment Letter Attached

Type of Investors:

Investor or Syndicator _____
 Address _____
 City _____ State _____ Zip _____
 Contact _____ Tel. _____ Fax _____

Sources of Funds (Construction Financing)

Construction Source of Funds	Amount of Funds	Name and Telephone Number of Contact Persons
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
_____	\$ -	_____
Total Funds for Construction:	\$ -	

Has a construction package been submitted to the lender? Select

If not, estimated date: _____

Source of Funds (Permanent Financing)

Financing Source	Loan Amount	Annual Debt Service	Rate of Interest (3.5 etc.)	Amort. (mos.)	Loan Type
If Cash flow/Zero Pay Enter Zero					
1 _____	\$ -	\$ -	0.000	0	Select One
2 _____	\$ -	\$ -	0.000	0	Select One
3 _____	\$ -	\$ -	0.000	0	Select One
4 _____	\$ -	\$ -	0.000	0	Select One
5 Deferred Developer's Fee	\$ -	\$ -	0.000	0	Deferred Fee
6 _____	\$ -	\$ -	0.000	0	Select One
7 _____	\$ -	\$ -	0.000	0	Select One
8 OWHLF Select One	\$ -	\$ -	#DIV/0!	0	Select One
9 OWHLF Select One	\$ -	\$ -	#DIV/0!	0	Select One
10 Other PJ None	\$ -	\$ -	0.000	0	Select One

Investor Equity #DIV/0!

_____	\$ -
Federal Housing Credit Equity	\$ -
Federal Historic Credit Equity	\$ -
State Historic Credit Equity	\$ -

Grants
(Provide details & letters of interest)

1 _____	\$ -
2 _____	\$ -
3 _____	\$ -
4 _____	\$ -
5 Questar Energy Rebates	\$ -
6 Rocky Mtn. Energy Rebates	\$ -

Financing Comments:

#DIV/0!

DCR 0.00:1 #DIV/0! \$ - Sources-Uses GAP: #DIV/0!

Source of Funds (Grants and Other Monies)

Is any portion of the Sources of Funds, including CDBG or HOME funds, financed directly or indirectly from Federal, State or Local sources?

Tax-exempt financed percentage: 0.0%

Permanent loan credit enhancement:

Existing Subsidies with Acquisition Projects:

Section 221(d)(3) BMIR Section 236 Section 8 HAP RD 515 RA

Is HUD/RD Approval for Transfer of Physical Assets Required?

Does HAP/RA contract allow for annual increases?

HAP/RA expiration date: _____ Contract Renewal Period: _____ yrs.

Has the HUD Mark to Market of RD RA renewal process commenced?

HUD/RD Est. finalization date: _____

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
Debt Financing			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Equity Financing (Other than HC)			
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Grant and Other Monies			
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) at no fee:

<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 style="background-color: #f4a460;" type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms	<input style="background-color: #f4a460;" 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 style="background-color: #f4a460;" type="text" value="0"/> Lighting Occupancy Sensor Storage, Garages & Bathrooms	<input style="background-color: #f4a460;" 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

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

*Using these sources after the building(s) is/are 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.
Maintenance Unit	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.	Bedrooms					
	SRO Studio	1	2	3	4	5
50% of AMI Maximum Limit - Including Utilities	#N/A	#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	#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 SRO/Studio, 1,2,3	Bathrooms / Unit 1, 2, 1.75, etc.	Number of Units	Rent AMI Target	Monthly base rent per unit	Total Monthly Base rent by unit type	Average Sq. Ft. per Unit
Hi-Band (> 4.5%)				0	0	
				0	0	
					0	0
Mid-Band Rents (Range: 40% - 45%)				0	0	
				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

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

Low
#DIV/0!

Total low-income rents:

Vacancy Rate %

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

Total market rents:

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%

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
Total Administrative Cost:	0

II. Maintenance

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

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	0
Salaries (Other)	0
7 Payroll Taxes	0
8 Property Insurance	0
9 Snow Removal	0
Other General Exp	0
Other General Exp	0
Total Operating Costs:	0
Total Expenses:	0

IV. Real Estate Taxes

\$ -
 Total Expenses (w/o reserves): 0

Replacement Reserve/Unit: \$ -

Total Annual Capital Replacement Reserve: \$ -

Percentage increase in annual expenses: _____ %

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	<< You Must Address Each of the Topics in this Section >>
Appliances Provided	
Exterior Finish Materials	
Fencing	
Windows	
Plumbing Materials and Fixtures	
Roof Quality	
HVAC	
Security Systems	

Description

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

State of Utah Low-Income Housing Credit Calculation

State of Utah Housing Credits are available to projects at time of federal HC application. See QAP, State of Utah Credit section.
 (You may want to reduce the number of rent tiers at different rents/unit types to avoid confusion in managing the project.)

HC Application				Proposal with State Housing Credits				Total Monthly Income Reduction
Unit Type	Number of Units	Target AMI	Net Rents	Unit Type	Number of State Credit Units	STC AMI	Reduction in Monthly Rents	
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	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%	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

Approx. SHC Cap for Project: \$ -
 *Capitalized value of rent reduction: \$ -
 SHC Purchase Rate: \$ -
 SHC Allocation Amount: \$ 0

Reduced Income: \$ -

Source of Funds after adding State of Utah Housing Credits

Financing Source	Loan Amount	Annual Debt Service	Rate of Interest(8.5 etc.)	Term (mos.)	Amort. Period(mos.)			
Debt Financing								
1	0	0	0.000	0	Select One			
2	0	0	0.000	0	Select One			
3	0	0	0.000	0	Select One			
4	0	0	0.000	0	Select One			
5	Deferred Developer's Fee	0	0.000	0	Deferred Fee			
6	0	0	0.000	0	Select One			
7	0	0	0.000	0	Select One			
8	OWHLF	0	#DIV/0!	0	Select One			
9	OWHLF	0	#DIV/0!	0	Select One			
Equity Financing								
1	0 Federal HC	0	Financing Comments Using State Housing Credits: 					
2	0 State Housing Credit Investor	0						
3	0	0						
Grants								
1	0	0						
2	0	0						
3	Questar Energy Rebates	0						
4	Rocky Mtn. Energy Rebates	0						
Totals:						<u>0</u>	<u>0</u>	Sources-Uses GAP: <u>1,000</u>

INCOME ANALYSIS SUMMARY

Gross scheduled annual base rents	0
Other Income	0
Operating Subsidies - Specify	0
Less vacancy	0
Total Operating Income	0
Less Operating Expenses	0
Less annual Capital Replacement Reserves	0
Net Operating Income	0
Less Annual Debt Service	0
NOI Before Taxes	<u>0</u>

Net Income per Unit: #DIV/0!
 DCR: 0.000

Project Development Schedule
To be Completed with this Application

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

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> \$2,500		\$ -
	\$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:	Competitive Projects: 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 3% 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. The Allocation Fee is due 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

0

Select County County
Cycle: 2012-13

Preference Criteria	SCORE	WEIGHT	EXTENDED SCORE
	A. LOWER INCOME TARGETING		
Hi-Range:	0	50	0
Mid-Range:	0	50	0
Low-Range:	0	50	0
	Subtotal:		0
Secondary Criteria			
A. PROJECT LOCATION	0	20	0
B. PROJECT CHARACTERISTICS	0	20	0
C. APPLICANT CHARACTERISTICS	0	20	0
D. TENANTS WITH SPECIAL NEEDS	0	20	0
E. FROM PUBLIC HOUSING LIST	0	20	0
F. HOUSING NEEDS	0	20	0
	Subtotal:		0
TOTAL PROJECT SCORE:			0

Error Messages:

#DIV/0!

Operating Standards	Cell Location	Message
Expenses		
Vacancy	G1269	Below Minimum
Market Rent Schedule		
Unrestricted Rents		
Capital Replacement Reserves		
Project/Owner Maximum Credit		
Maximum Calculated Credit Limit		
Cash Flow	#DIV/0!	#DIV/0!
DCR (Conventional):		

Statutory Limits:

Section 42 Rehabilitation Threshold	
Rent Tier AMI	
Tax Exempt Bond 50% Test (Bond tab)	
Set-Aside Election Test	

Program Limit

Acquisition Fee	
Developer / Builder Fees	
General Requirements	

#DIV/0!

Other Messages

Census Tract Number	G202	Failed to enter Census Tract Number
Elderly Set-aside		
Sources and Uses GAP		
OWHLF Exceeds Limit (OWHLF Tab)	#DIV/0!	#DIV/0!
State Housing Tax Credit Limit		

ALL SCORING CATEGORIES MUST BE SUPPORTED WITH THIRD PARTY LETTERS FROM APPROPRIATE PARTIES. i.e. Public Housing Authority, Energy Star Rater, Zoning Official, Environmental Study, Service Providers or Referring Agencies, etc.

Income Targeting Scores

AMI	AMI	Units	Hi-Score Units	Scores
0.00%	>45%	0	0	0
0.00%				
0.00%				
0.00%	40% thru 45%	0	0	0
0.00%				
0.00%				
0.00%				
0.00%				
0.00%				
0.00%				
0.00%	<40%	0	0	0
0.00%				
0.00%				

Total Income Targeting Score:

0

OLENE WALKER HOUSING LOAN FUND SCORING SHEET PER 2010-2011 PROGRAM GUIDANCE AND RULES

Scoring is automatic based on information previously entered into the Consolidated Application. Any additional information requested to be inputted should be entered only into cells with a yellow background.

	<u>Category</u>	<u>Value</u>	<u>Criteria</u>	<u>Points Scored</u>
1.	AMI Targeting: (Maximum 15 points)	#DIV/0!	If AMI is < 30% - 15 points 30.00-34.99% - 13 points 35.00-39.99% - 11 points 40.00-44.99% - 9 points 45.00-49.99% - 7 points 50.00-54.99% - 5 points AMI 55.00% or higher - 0 points	#DIV/0!
2.	Unit Size: (Maximum 5 points)		Are 10% of the units:	#DIV/0!
	SRO/Studio	0	4 bedroom - 5 points	
	1 Bedroom	0	3 bedroom - 4 points	
	2 Bedroom	0	2 bedroom - 3 points	
	3 Bedroom	0	1 bedroom - 2 points	
	4 Bedroom	0	Studio/SRO - 1 point	
	Total # Units	0		
3.	Leveraging: (Maximum 25 points)	#DIV/0!	Total Elig Cost <u> \$1,000 </u> OW Request <u> \$0 </u> Multiplied by 3 = <u> #DIV/0! </u>	#DIV/0!
4.	County Population: (Maximum 10 points) County Located In: Select County Population (2010): #N/A		Population <15,000 - 10 points 15,001-26,000 - 7 points 26,001-75,000 - 5 points 75,001-100,000 - 2 points Over 100,000 - 0 points	#N/A
5.	Substantial Rehabilitation: (Maximum 10 points)		Replacement of 3 or more building systems (rehabilitation only)	0
	HVAC <input type="text"/>		Roofing <input type="text"/>	
	Plumbing <input type="text"/>		Seismic <input type="text"/>	
	Electrical <input type="text"/>		EnergyStar upgrades <input type="text"/>	
	Total number of systems replaced:	<input type="text" value="0"/>		
6.	New Capacity: (Maximum 30 points) Scoring based on the total number of affordable-housing units and whether new capacity is created or new units added to an existing affordable-housing project. Type of project scope of construction: Select One Total number of existing affordable units: 0 (For acquis/rehab, rehab only, or acquisition only, list the number of units currently for low-income residents; for new construction or adaptive re-use, list "0") Total number of new affordable units added: (For acquisition/rehab, rehab only, or acquisition only, list number of low-income units Total units (existing and new): 0			#DIV/0!
7.	"Green" Projects: (Maximum 5 points) While presently not required, all multifamily projects will receive additional scoring for compliance with one of the following "green" certifications: Enterprise Foundation's "Green Communities Checklist" LEED's "Silver" Rating RCAC's "Green Checklist"			0
			<input style="background-color: yellow;" type="text"/> <input style="background-color: yellow;" type="text"/> <input style="background-color: yellow;" type="text"/>	
TOTAL PROJECT SCORE:				#DIV/0!
Project is eligible for a 0% interest rate				(Maximum 100 points)

OLENE WALKER HOUSING LOAN FUND

Loan Underwriting and Program Guidance and Rules Safe Harbor Limits					
Hard Debt Coverage Ratio (DCR):		Minimum - 1.10	Maximum - 1.25	Project's DCR:	0.000
<p style="font-size: small; margin: 0;">The DCR can be higher in cases where the project debt structure and low-income targeting produce a distorted ratio.</p> <p style="text-align: center; color: red; margin: 0;">DCR BELOW MINIMUM</p>					
Financing Terms:					
Publicly-funded debt:	Prevailing terms of funding agency				
Privately-funded debt:	All new loans shall amortize over no less than 25 years				
Operating Expenses:					
	Minimums**	Maximums**	Project's Anticipated Per-Unit Operating Expenses:	#DIV/0!	
Studio/SRO	\$2,800	\$5,600	Aggregate Minimum Per-Unit Operating Expenses:	#DIV/0!	
1 bedroom	\$2,900	\$5,800	#DIV/0!		
2 bedroom	\$3,150	\$6,300	Capital Replacement Reserves:	New Construction	\$300
3 bedroom	\$3,250	\$6,500		Rehab and All Others	\$350
4 bedroom	\$3,400	\$6,800	Project Type:	Select One	
5 or more bedroom	\$3,550	\$7,100	Project's Per-Unit Replacement Reserves:	\$0	
<p style="font-size: small; margin: 0;">Excludes capital replacement reserves and taxes. Assumes tenants pays electrical and gas utilities and owner pays typical municipal fees. Deviations from the Safe Harbor must be supported in writing by the investor and lender.</p> <p style="text-align: center; color: red; margin: 0;">RESERVES BELOW MINIMUM</p>					
Cash Flow (aggregated by unit configuration):					
	Aggregate Minimum:	#DIV/0!		Project's Anticipated Cash Flow per Unit:	\$0.00
1 bedroom or smaller	\$350	OWHLF cash flow minimums are based on an aggregate average of all units, so the OW minimum amount may vary from the LIHTC minimum.			
2 bedroom	\$375				
3 bedroom	\$400				
4 bedroom or larger	\$425				
Interest Rates and Maximum Loan Amount:					
Maximum Loan Amount is \$1,000,000 per project:			#DIV/0!	VACANCY SHOULD BE 7-10%	
			Subsidy Limit	Total Requested	Aggregate AMI: 0.00%
			#DIV/0!	\$0	OWHLF Rate*: 0.00%
Project:	#DIV/0!	#DIV/0!	Fed HOME \$	\$0	State LIH \$
Other Local Participating Jurisdiction (PJ):					
PJ Name, Amount and Source of Funds					
			Other PJ	\$0	
			None	Select One	
*Interest Rate Disclaimer					
<p style="font-size: x-small; margin: 0;">Please note that the actual interest rate underwritten at by OWHLF staff and approved by the OWHLF Board may be set higher than these listed amounts, especially if project cash flow at coverage ratio exceed amounts as specified above and as listed in the Safe Harbor Schedule (Exhibit B) portion of the 2010-2011 Program Guidance and Rules. These interest rate a listed here only represent what a project is eligible for based on aggregate AMI served as calculated by the Application.</p>					
**Operating Expense Minimums/Maximums					
<p style="font-size: x-small; margin: 0;">As a general guideline, if the anticipated per-unit operating expenses are greater than twice the aggregate minimum per-unit operating expenses as calculated by the Application, the Owner will need to submit additional supporting documentation as to why operating expenses are so high. Also, if the project's operating expenses represented in the Application are bas developer's previous projects and are below OWHLF minimum levels, additional supporting documentation will also be required.</p>					

HUD 221(d)(3) HOME Subsidy Limits (Effective January 1, 2010)

Unit Type	Subsidy %:		60%	50%	35%	25%	Maximum Limit	
	Non Elevator	Elevator	<36%	<41%	<46%	<51%		
0	\$ 49,860	\$ 52,470	\$ -	\$ -	\$ -	\$ -	\$ -	
1	\$ 57,488	\$ 60,148	\$ -	\$ -	\$ -	\$ -	\$ -	
2	\$ 69,332	\$ 73,140	\$ -	\$ -	\$ -	\$ -	\$ -	
3	\$ 88,747	\$ 94,619	\$ -	\$ -	\$ -	\$ -	\$ -	
4	\$ 98,867	\$ 103,863	\$ -	\$ -	\$ -	\$ -	\$ -	
x							Subsidy Limit:	\$ -

Elevator in Project: OW Avg Per Unit: Maximum OWHLF Loan:

Calculation of Federal HOME/State LIH Compliance Monitoring Period

Rental Housing Activity	Per-Unit Cost	Minimum Period of Affordability
Rehabilitation/Acquisition	Under \$15,000	5 years
Rehabilitation/Acquisition	\$15,000 - \$40,000	10 years
Rehab/Acq w/Refinancing	Over \$40,000	15 years
All New Construction	No	20 years

HOME/LIH Per-Unit Cost: Minimum Compliance Period:

Calculation of Number of Federal HOME/State LIH Units

Number of Federal HOME-Assisted Units (12+ total HOME units require Davis-Bacon):

High Cost Multiplier:	<input type="text" value="221%"/>	County:	<input type="text" value="Select County"/>
<input type="text" value="0.0"/> By % Cost	<input type="text" value="\$0.00"/>	<input type="text" value="0.00"/>	By 221(d)(3) Limits (aggregate)
Other PJ HOME-Assisted Units:	Not Applicable		
<input type="text" value="0.0"/> By % Cost	<input type="text" value="\$0.00"/>	<input type="text" value="0.00"/>	By 221(d)(3) Limits (aggregate)
Number of State LIH-Assisted Units:	Not Applicable		
<input type="text" value="0.0"/> By % Cost	<input type="text" value="\$0.00"/>	<input type="text" value="0.00"/>	By 221(d)(3) Limits (aggregate)

DAVIS-BACON NOT APPLICABLE

Total OWHLF HOME-Assisted Units
(round up - higher of the two)

Total of all Federal HOME-Assisted Units
(round up)

Total OWHLF State LIH-Assisted Units
(round up - higher of the two)

Total OWHLF HOME & LIH-Assisted Units

Project Valuation, Construction Costs, Capital Needs Assessment (not applicable to new construction)

This section applicable to rehabilitation or acquisition/rehabilitation projects only:

Value of property as documented:

Market/unencumbered rent value "as is"	<input type="text"/>
Restricted/encumbered rent value "as is"	<input type="text"/>
Total Capital Needs Assessment Estimate:	<input type="text"/>
Total Hard Construction & Site Costs:	<input type="text" value="\$0"/>

Actual purchase price (without acq or other fees)	<input type="text"/>
Market/unencumbered rent value after completion	<input type="text"/>
Restricted/encumbered rent value after completion	<input type="text"/>
Market/unencumbered rent value after stabilization	<input type="text"/>
Restricted/encumbered rent value after stabilization	<input type="text"/>
CNA as % of Total Dev Costs	<input type="text" value="0.00%"/>
Const Costs as % of CNA	<input type="text" value="0.00%"/>

Substantial Rehabilitation (not applicable to new construction)

For rehabilitation-only or acquisition/rehab projects, OWHLF scoring for substantial rehabilitation involves the replacement of 3 or more building systems as listed below.

HVAC	<input type="text"/>	Roofing	<input type="text"/>	Existing Unit Count:	<input type="text" value="0"/>
Plumbing	<input type="text"/>	Structural/seismic	<input type="text"/>	New Add'l Units:	<input type="text" value="0"/>
Electrical	<input type="text"/>	EnergyStar upgrades	<input type="text"/>	Total Units:	<input type="text" value="0"/>
Total number of systems replaced:			<input type="text" value="0"/>		





1. Additional Bond Project Application Documentation and Information

- 1. Site plan, elevation and floor plans (reduced to 8 1/2" x 11")
- 2. Site Location Map
- 3. Legal Description
- 4. Evidence that Zoning consistent with the project design is approved
- 5. Evidence that the Financial and Development process is substantially underway

Issuer:	_____	Telephone:	_____
Underwriter:	_____	Telephone:	_____
Placement Agent(s):	_____	Telephone:	_____
Credit Enhancer:	_____	Telephone:	_____
Bond Purchaser(s):	_____	Telephone:	_____
Bond Counsel:	_____	Telephone:	_____
Other:	_____	Telephone:	_____

Type of Credit Enhancement: [Select One](#) _____

2. Net TAX-EXEMPT BOND Proceeds Calculation

	Tax-Exempt Bonds	Taxable Bonds	Equity or Other
Issue Date (estimate if not issued)	????		
Gross Proceeds:	0	_____	_____
Less			
Issuer's Fee	0	0	0
Issuer's Counsel	0	0	0
Bond Counsel	0	0	0
Placement Fee	0	0	0
Underwriter's Fee	0	0	0
Underwriter's Counsel	0	0	0
Initial Trustee Fee	0	0	0
Rating Fee	0	0	0
Trustee Acceptance Fee	0	0	0
PAB Fees	0	0	0
Payment Lag	0	0	0
Miscellaneous	0	0	0
Credit Enhancement Legal & Closing	0	0	0
Total Deductions:	0	0	0
Net Proceeds by Source:	0	0	0
Aggregate Basis: \$	-		
Taxable Bond Financing Ratio:	0%		
HC Bond Financing Test:	0.00%		

3. Bond Projects and Projects Utilizing "Construction/Permanent" Financing

Construction Period Proration

Construction Period:

Full Term of Loan:

Construction Proration:

Construction & Longterm Financing Expenses Description Enter Categories for BOTH Interim and Permanent Financing	Prorate Fee? "C"=Construction "P"=Permanent "X" = Prorate	Total Expense	Interim Cost Proration	Permanent Cost Proration
Schedule 2 Total Deductions		0	0	0
Interim Loan Fee			0	0
Credit enh. Commitment Fee			0	0
Interim loan legal & closing			0	0
Interim period insurance			0	0
Interim period RE taxes			0	0
			0	0
Appraisal			0	0
Bridge loan fee & legal			0	0
Financial advisor			0	0
Other (List or Schedule)		0	0	0
Other (List or Schedule)		0	0	0
Total		\$ -	\$ -	\$ -

Totals are automatically entered into the interim and permanent cost sections of the application. (Cells: G815 and G822 respectively.)

0
0
PROJECT PROFORMA

PROJECT OPERATING PROFORMA			Per Mo.	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Yr. 8	Yr. 9	Yr. 10	Yr. 11	Yr. 12	Yr. 13	Yr. 14	Yr. 15
Affordable Units	Units	Ann. Incr.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Rate Units	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	#DIV/0!	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Federal Operating Subsidies		0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vacancy Rate	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OPERATING INCOME			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OPERATING EXPENSES			Ann. incr.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET INCOME FROM OPERATIONS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Capitol Replacement	\$	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CUMULATIVE RESERVES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CASH FLOW FROM PROJECT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

COVERAGE RATIO ANALYSIS		Per Mo.	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Yr. 8	Yr. 9	Yr. 10	Yr. 11	Yr. 12	Yr. 13	Yr. 14	Yr. 15
Income Available to service LIENS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Debt Service Expense FIRST Mtge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NOI after First Mtge		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
COVERAGE RATIO ON FIRST LIEN MTGE		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subordinate Loans:		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Developer's Fee		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OWHLF		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other PJ		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Debt Service All Mtge		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Before Tax NI		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
COVERAGE RATIO ON ALL LOANS		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		#DIV/0!	Net Income per unit														

IDENTITY OF INTEREST INFORMATION

If any individual or entity for the Project is Controlled By, In Control Of, Affiliated With, a Related Party to, or has an Identity of Interest with any of the other individuals or entities for the Project, mark each applicable box with an "X." If there is an "X" marked for any of the individuals or entities for the Project, include as an attachment to the Application a detailed description of the relationship between the parties.

Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developer(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Partner(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parties to a Joint Venture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Member(s) of a LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Member(s) ("CM") and any CM(s) of LLCs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sellers/Lessor of Land or Building(s) to be in Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contractor(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Management or Supervisor/Consultants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineer(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architect(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Supplier(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountant(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lender(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Manager(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syndicator(s) / Investor(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realtor®	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarantor(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This completed schedule must accompany the certification below.

PROJECT OWNER IDENTITY OF INTEREST CERTIFICATION

0
0
0

UT

UHC requires a full disclosure of all related party transactions affecting the payment of fees to the developer contractor and consultants. This certification must accompany the "Identity of Interest Information" checklist. UHC must be notified of any changes in such relationships during the development process.

The undersigned represents that all fees and profit from the development of the project have been disclosed and that there are no undisclosed related party transactions involving the project owner / applicant, developer, contractor, officers, consultants, land owners, intermediaries, Realtors, or others.

Project Owner or Sponsor's Name

0

Type Authorized Signer's Name here

Date

Signer's Title

Buildings Acquired: List Buildings Under Control - Page I

Identification No./Address	Number of Units	Acquisition Cost	Seller P.I.S. Date	Buyer P.I.S. Date
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____
9 _____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____
13 _____	_____	_____	_____	_____
14 _____	_____	_____	_____	_____
15 _____	_____	_____	_____	_____
16 _____	_____	_____	_____	_____
17 _____	_____	_____	_____	_____
18 _____	_____	_____	_____	_____
19 _____	_____	_____	_____	_____
20 _____	_____	_____	_____	_____
21 _____	_____	_____	_____	_____
22 _____	_____	_____	_____	_____
23 _____	_____	_____	_____	_____
24 _____	_____	_____	_____	_____
25 _____	_____	_____	_____	_____
26 _____	_____	_____	_____	_____
27 _____	_____	_____	_____	_____
28 _____	_____	_____	_____	_____
29 _____	_____	_____	_____	_____
30 _____	_____	_____	_____	_____
31 _____	_____	_____	_____	_____
32 _____	_____	_____	_____	_____
33 _____	_____	_____	_____	_____
34 _____	_____	_____	_____	_____
35 _____	_____	_____	_____	_____
36 _____	_____	_____	_____	_____
37 _____	_____	_____	_____	_____
38 _____	_____	_____	_____	_____
39 _____	_____	_____	_____	_____
40 _____	_____	_____	_____	_____
41 _____	_____	_____	_____	_____
42 _____	_____	_____	_____	_____
43 _____	_____	_____	_____	_____
44 _____	_____	_____	_____	_____
45 _____	_____	_____	_____	_____
46 _____	_____	_____	_____	_____
47 _____	_____	_____	_____	_____
48 _____	_____	_____	_____	_____
49 _____	_____	_____	_____	_____
50 _____	_____	_____	_____	_____

Buildings Acquired: List Buildings Under Control - Page II

Identification No./Address	Type of Control	Number of Units	Acquisition Cost	Acquisition Cost
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				

PROPOSED Breakdown for Determining Qualified Basis by Building - Page I

Building	4% Tax Credit			9% Tax Credit			High Cost Credit Area (YES OR NO)	Estimated Placed in Service Date
	Eligible Basis 4% Tax Credit	Applicable Fraction	Qualified Basis	Eligible Basis 9% Tax Credit	Applicable Fraction	Qualified Basis		
1			\$0			\$0		
2			\$0			\$0		
3			\$0			\$0		
4			\$0			\$0		
5			\$0			\$0		
6			\$0			\$0		
7			\$0			\$0		
8			\$0			\$0		
9			\$0			\$0		
10			\$0			\$0		
11			\$0			\$0		
12			\$0			\$0		
13			\$0			\$0		
14			\$0			\$0		
15			\$0			\$0		
16			\$0			\$0		
17			\$0			\$0		
18			\$0			\$0		
19			\$0			\$0		
20			\$0			\$0		
21			\$0			\$0		
22			\$0			\$0		
23			\$0			\$0		
24			\$0			\$0		
25			\$0			\$0		
26			\$0			\$0		
27			\$0			\$0		
28			\$0			\$0		
29			\$0			\$0		
30			\$0			\$0		
31			\$0			\$0		
32			\$0			\$0		
33			\$0			\$0		
34			\$0			\$0		
35			\$0			\$0		
36			\$0			\$0		
37			\$0			\$0		
38			\$0			\$0		
39			\$0			\$0		
40			\$0			\$0		
41			\$0			\$0		
42			\$0			\$0		
43			\$0			\$0		
44			\$0			\$0		
45			\$0			\$0		
46			\$0			\$0		
47			\$0			\$0		
48			\$0			\$0		
49			\$0			\$0		
50			\$0			\$0		
Totals:	\$0		\$0	\$0		\$0		

PROPOSED Breakdown for Determining Qualified Basis by Building - Page II

Building	4% Tax Credit			9% Tax Credit			High Cost Credit Area (YES OR NO)	Estimated Placed in Service Date
	Eligible Basis 4% Tax Credit	Applicable Fraction	Qualified Basis	Eligible Basis 9% Tax Credit	Applicable Fraction	Qualified Basis		
51			\$0			\$0		
52			\$0			\$0		
53			\$0			\$0		
54			\$0			\$0		
55			\$0			\$0		
56			\$0			\$0		
57			\$0			\$0		
58			\$0			\$0		
59			\$0			\$0		
60			\$0			\$0		
61			\$0			\$0		
62			\$0			\$0		
63			\$0			\$0		
64			\$0			\$0		
65			\$0			\$0		
66			\$0			\$0		
67			\$0			\$0		
68			\$0			\$0		
69			\$0			\$0		
70			\$0			\$0		
71			\$0			\$0		
72			\$0			\$0		
73			\$0			\$0		
74			\$0			\$0		
75			\$0			\$0		
76			\$0			\$0		
77			\$0			\$0		
78			\$0			\$0		
79			\$0			\$0		
80			\$0			\$0		
81			\$0			\$0		
82			\$0			\$0		
83			\$0			\$0		
84			\$0			\$0		
85			\$0			\$0		
86			\$0			\$0		
87			\$0			\$0		
88			\$0			\$0		
89			\$0			\$0		
90			\$0			\$0		
91			\$0			\$0		
92			\$0			\$0		
93			\$0			\$0		
94			\$0			\$0		
95			\$0			\$0		
96			\$0			\$0		
97			\$0			\$0		
98			\$0			\$0		
99			\$0			\$0		
###			\$0			\$0		
GrandTotal:	\$0		\$0	\$0		\$0		

Units in each Building by Bedroom Type- Page I

	Building Address or Number	SRO Units	Studio Units	1 Bedrooms	2 Bedrooms	3 Bedroom	4 Bedroom	Totals
1								0
2								0
3								0
4								0
5								0
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
20								0
21								0
22								0
23								0
24								0
25								0
26								0
27								0
28								0
29								0
30								0
31								0
32								0
33								0
34								0
35								0
36								0
37								0
38								0
39								0
40								0
41								0
42								0
43								0
44								0
45								0
46								0
47								0
48								0
49								0
50								0
		0	0	0	0	0	0	0

Units in each Building by Bedroom Type - Page II

	Building Address or Number	SRO Units	Studio Units	1 Bedrooms	2 Bedrooms	3 Bedroom	4 Bedroom	Totals
51								0
52								0
53								0
54								0
55								0
56								0
57								0
58								0
59								0
60								0
61								0
62								0
63								0
64								0
65								0
66								0
67								0
68								0
69								0
70								0
71								0
72								0
73								0
74								0
75								0
76								0
77								0
78								0
79								0
80								0
81								0
82								0
83								0
84								0
85								0
86								0
87								0
88								0
89								0
90								0
91								0
92								0
93								0
94								0
95								0
96								0
97								0
98								0
99								0
100								0
	Grand Total:	0	0	0	0	0	0	0

