



Locality Notification Information Form

PART I - INSTRUCTIONS:

Section 42 (m)(1)(A)(ii) of the Internal Revenue Code requires allocating agencies to notify "the Chief Executive Officer (CEO) or equivalent of the local jurisdiction within which the building is located and provide such individual a reasonable opportunity to comment on the development." VHDA uses information you provide in this form to comply with this requirement. If your development overlaps two or more jurisdictions, you are required to submit this form for **each**.

New in 2009!

In addition to contacting the Locality CEO, VHDA will also be contacting the Mayor or Chairman of the Board of Supervisors. **It is probable that each position will have a separate mailing address.**

Although VHDA prepares the documents sent to each locality, we rely on you, the developer/Applicant, to provide us with key information, including the name of the locality having jurisdiction over the development, names, addresses and salutations, as well as a summary of basic development information.

If you already have a local support letter, you can include it with the application at TAB I. However, you must still complete this form and submit it to VHDA **or** the application for this development will be **penalized 50 points!**

For information about additional points associated with receiving a Support Letter from the local jurisdiction, please refer to the Application Manual.

Developers seeking tax-exempt bond 4% credits or Non-Competitive 9% credits, should submit this form at least 30 days prior to submission of the tax credit application.

50-Point Penalty:

Failure to complete and submit this form prior to 5:00 p.m. EST time on March 25, 2009 will result in a 50-point penalty (-50 points) for any application submitted in connection with the 2009 competitive tax credits.

Delivery of Electronic Copy of this form to VHDA:

via e-mail to TaxCreditApps@VHDA.com. **E-mail only one form at a time!**

If you use this e-mail option, you will receive an auto reply message confirming "message received." The system DOES NOT confirm that an attachment has been received.

via regular mail (on CD) to:

VHDA
Tax Credit Allocation Department
c/o Debbie Griner
601 S. Belvidere Street
Richmond, VA 23220-6500

VHDA Contact Information:

Call Debbie Griner at 804-343-5518 if you have questions about completing this form.

PART II - CEO & JURISDICTION INFORMATION

Please read INSTRUCTIONS above carefully before completing the following sections.

A. Chief Executive Officer (CEO) Information

Name of CEO:

First Name	Middle Initial	Last Name

This is the full name of the City Manager, Town Manager, County Administrator, Chief Administrative Officer, Executive Officer, etc.

Job Title:

e.g. "City Manager", "Town Manager", "County Administrator", "Executive Officer", "Chief Administrative Officer", etc.

Local Jurisdiction:

e.g. "City of...", "Town of..." or "[] County"

Mailing Address/P.O. Box:

This is the mailing address of the CEO and may not always be the same as the physical address of the courthouse, town hall, municipal building, city hall, etc.
Please double check the address before entering.

Suite/Room # (if applicable):

City:

State:

Zip:

This zip code must correspond to the P.O. Box or street address that you are using.

Note: Zip codes for P.O. boxes are usually different from the zip codes for the street addresses.

Salutation:

e.g. "The Honorable", "Mr.", "Mrs.", "Ms.", "Rev.", etc.

B. Mayor or Chairman of the Board of Supervisors Information

Name:

First Name	Middle Initial	Last Name

Job Title:

"Mayor" or "Chairman of the Board of Supervisors"

Local Jurisdiction:

0

Mailing Address/P.O. Box:

This is the street address for the Administrator. May be different from CEO address.
Please double check the address before entering.

Suite/Room # (if applicable):

City:

State:

Zip:

Fairfax

VA

Be sure the zip code you pick up corresponds to the P.O. Box or street address that you are using. **Note:** Zip codes for P.O. boxes are usually different from the zip codes for the street addresses.

Salutation:

e.g. "The Honorable", "Mr.", "Mrs.", "Ms.", "Rev.", etc.

C. Jurisdiction Detail

Circuit Court Clerk's office in which the deed to the property is or will be recorded: _____

Does the site overlap one or more jurisdictional boundaries? Yes No If yes, add the names of the other jurisdiction(s) here: Fairfax _____
City/County of City/County of

Development is located in a Metropolitan Statistical Area (MSA)? Yes No

Development's Census Tract: _____
Census Tract Number

Is this a Qualified Census Tract? Yes No

Is the development located in a Difficult Development Area? Yes No

Is the development located in a revitalization area? Yes No

Congressional District _____ <http://dlsGIS.state.va.us/congress/2001PDFs/chap7Tab.pdf>
 Planning District _____ <http://www.vapdc.org/aboutpdcs.htm#PDC%20Map>
 State Senate District _____ <http://dlsGIS.state.va.us/senate/2001PDFs/Chap2Tab.pdf>
 State House District _____ <http://dlsGIS.state.va.us/House/2001HousePDFs/Chap1Tab.pdf>

Local Planning/Zoning Contact Info:

Best Person to Contact: _____
This is the person with whom you've previously spoken about the development and whom can answer anticipated questions from the CEO.

Job Title: _____
e.g., "Director of Planning", "Planning Administrator", "Zoning Administrator", etc

Contact Phone: _____

PART III - DEVELOPMENT INFORMATION

Proposed Development Name: _____
This is the marketing name of your development

Proposed Development Address: _____
Street Address City State Zip

VHDA Tax Credit Pool: _____

In the space below, give a brief description of the proposed development.

Development Type: (Family or Elderly) _____

Describe Architectural Style: _____

Describe Exterior Finish: _____

Describe Community Facilities: _____

1. Units:

Number of low-income units	_____	# bedrooms	_____
% Low-Income Units	#DIV/0!		
Number of new units	_____	# bedrooms	_____
Number of adaptive reuse units	_____	# bedrooms	_____
Number of rehabilitation units	_____	# bedrooms	_____
Total number of all units	0	Total # bedrooms	0

2. Floor Area:

Gross Residential Floor Area _____

Commercial Floor Area _____

Low-Income Floor Area _____

% Low-Income Unit Floor Area #DIV/0!

3. Number/Age of Buildings

Number of Buildings _____

Age of Building(s) _____ Number of stories: _____

4. Structural Features (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Row House/Townhouse | <input type="checkbox"/> Garden Apartments | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Detached Single-family | <input type="checkbox"/> Detached Two-family | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Crawl Space | |

5. Building Systems:

Describe Heating/AC System: _____

PART IV - OWNER & SELLER INFORMATION

A. Owner Information

Owner Name: _____ Phone: _____
 Best Person to Contact: _____
 Street Address: _____
 City, State & Zip: _____
 City State Zip

Type of entity: Limited Partnership Other: _____
 Individual(s) Corporation

List of Principals. Use the following as a guide to listing principals.

1. **If Partnership (owner or otherwise)** - all GPs, regardless of % interest in GP
2. **If an LLC** - all members regardless of % interest
3. **If a Corporation (public or private), Organization or Governmental Entity** - officers who are directly responsible to the Board of Directors (or equivalent) and any stockholder having a 25% or more interest
4. **If a Trust** - all persons having a 25% or more beneficial ownership interest in the assets of the trust
5. **If an Individual (owner or otherwise)** - anyone having a 25% or more ownership interest of the named individual
6. **If Any Person that Directly or Indirectly Controls or Has the Power to Control a Principal**

Names	Phone	Type of Ownership	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Seller Information:

Seller Name: _____
 Seller Phone: _____
 Street Address: _____
 City, State & Zip: _____
 City State Zip

Is there an identity of interest between the seller and owner/applicant? Yes No If yes, complete the following:

Nature of Identity of Interest (1): _____
 e.g. general partner, managing member, controlling shareholder, etc.

Name _____
 Street Address _____
 City, State & Zip: _____
 City State Zip

Nature of Identity of Interest (2): _____
 e.g. general partner, managing member, controlling shareholder, etc.

Name _____
 Street Address _____
 City, State & Zip: _____
 City State Zip