

**WYOMING COMMUNITY  
DEVELOPMENT AUTHORITY**

**(WCDA)**

**YEAR 2000**

**AFFORDABLE**

**HOUSING PROGRAMS**

**APPLICATION**

**(HOME, TAX CREDIT & TAX EXEMPT PROGRAMS)**

**WYOMING COMMUNITY DEVELOPMENT AUTHORITY (WCDA)  
2000 AFFORDABLE HOUSING PROGRAMS APPLICATION**

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## **NOTICE TO APPLICANTS**

The Low Income Housing Tax Credit and HOME Investment Partnership programs administered by WCDA are designed to select those developments which satisfy the most pressing housing needs of the state, within the guidelines established by Section 42 (m)(1)(B) of the Internal Revenue Code or under HUD's HOME Investment Partnerships Program at 24CFR Part 92. The three most significant criteria for HOME and Tax Credit approval are:

- Need
- Quality of Construction, and
- The characteristics of the households being served.

ALL projects applying for **Tax Credits** must comply with all aspects of the Wyoming Community Development Authority Affordable Housing Allocation Plan. This includes, but is not limited to, those projects applying for credits under the state Tax Credit Cap, and those projects utilizing Tax-Exempt Bond financing whether or not WCDA is the Bond Issuer.

ALL projects applying for **HOME** funds must comply with all pertinent aspects of the Wyoming Community Development Authority Affordable Housing Allocation Plan. This includes compliance with 24CFR Part 92 and the WCDA HOME Program Description (Allocation Plan Attachment E).

The Wyoming Community Development Authority Affordable Housing Allocation Plan is a separate document and is available from WCDA. Applicants must review the Allocation Plan in detail prior to completing this application.

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN  
FEBRUARY 29, 2000.**

# AFFORDABLE HOUSING PROGRAMS APPLICATION CHECKLIST

The following items must be included in the submittal:

- ø Completed **Original** 2000 Affordable Housing Programs Application with Original Signatures (No substitutions or changes to this form will be allowed). No Faxed copies will be accepted.
- ø Affirmative Fair Housing Marketing Agreement (Application Exhibit A-1)
- ø List of Development Team experience (See Application Exhibit A-2)
- ø Previous Participation Certificate and Authorization for Release of Information. (Application Exhibit A-3)
- ø Non-profit projects must also include a Non-Profit Questionnaire. (Application Exhibit A-4)
- ø IRS Form 8821 - Tax Information Authorization (Application Exhibit A-5)(**Tax Credit Only**).
- ø An independent comprehensive, timely, and professional Market Study. At a minimum, the Market Study must include those items outlined in the Current Year Summary Attachment “B” of the Allocation Plan. (Those projects under 30 units will not be required to use a professional Market Study firm if they can provide the same type of information through other methods.) If the Market Study contradicts current economic statistics on file with WCDA, the project will not rank high in the needs category.
- ø Projects located in entitlement cities (Cheyenne and Casper) must have a **current** letter of consistency with the Consolidated Plan from the appropriate Jurisdiction.
- ø Projects located in non-entitlement cities (everywhere except Cheyenne and Casper) must have a **current** signed letter of support from the appropriate Jurisdiction.
- ø Site control Document.
- ø Documentation of proper zoning.
- ø Location Map, showing location of the site relative to the surrounding area.
- ø Sketch plan of site.
- ø All rental rehabilitation projects must provide a Capital Needs Assessment (including an Economic Feasibility Assessment of Expenses), stating the viability and long term feasibility of the project.
- ø All Acquisition/Rental Rehabilitation projects must provide an appraisal. The acquisition price on which tax credits are allowed will be limited to the appraised value of the property prior to rehabilitation.
- ø Narrative Description of Project.
- ø Tax Credit Application Fee
- ø (Projects with Tax Credits Only) Copies of Deed showing ownership changes proving 10 year rule requirements.

The applicant must complete **A L L** applicable parts of the application form and include **A L L** documents and supplementary materials required. **Once the application is submitted, no further changes relating to Project Selection Criteria will be accepted.**

# Narrative Required with ALL Applications

## A. Project Description

1. Problem to be solved.
2. Completely describe the proposed program activities: Does the project involve the use of existing property; is the property privately or publicly owned; standard or substandard; occupied or vacant? For special needs housing projects, describe in detail the services that will be provided or coordinated for the property's residents and how client outreach will occur. Describe how the housing units and/or services proposed will be marketed to eligible participants and what kind of screening procedure, if any will be used. Outline the relationship of this proposal to established local housing and community development plans, policies, and strategies and cite date of adoption. Provide any evidence of local support that will add to the assurance of successful program implementation. Describe any known opposition to this proposal. Give enough detail to clearly illustrate all activities associated with the proposed project.
3. State the number of persons who will benefit and their income levels. (Indicate data sources.)
4. State the percentage of the funds that will benefit low income and very low-income households.

## B. A Study of Needs - (Indicate data sources.)

Given the nature of the proposed project, provide as much measurable/objective information as needed to adequately describe the problem or need this project is designed to address. Describe the target population and discuss the magnitude and duration of the problem and its impact on the target population and the community-at-large. Examples of data that may be used are housing needs studies, the State's Consolidated Plan for Housing and Community Development, condition surveys, market studies, agency service records, census data, and information from local housing and community development plans.

Data used to support an application must be cited in the application. Applicants may use data derived at the city or county level if they can satisfy WCDA that the data is accurate and will not give the applicant an unfair advantage over other applicants. The methodology used, sample size, data sources, etc., must be submitted to WCDA with the application if other than federal or state information is used.

## C. MATCH REQUIREMENTS - list your match sources for HOME funds.

Match funds are the local contribution to the partnership. 25% of the HOME dollars requested must be matched with non-federal funds.

**1. The match obligations can be met with:**

- Cash from a non-federal source
- Value of waived taxes, fees or charges
- Value of donated land or real property
- Cost of infrastructure improvements associated with HOME projects
- Below market interest rate loans.
- Banked Match from WCDA (this is not actual cash)

**Owner's cash or equity in the project is not an eligible source of match.**

**D. LEVERAGING: List and describe all resources that will be leveraged by the requested HOME and Tax Credit funding.**

Describe and quantify all resources that will assist with project implementation and management. Include a discussion that identifies whether commitments are firm or tentative and when and under what circumstances tentative commitments will become actualized. Briefly describe the general terms and conditions of other sources and give their expiration date. Explain the organization's ability to access other funds or in-kind contributions and the overall attempts to obtain additional resources. For non-cash contributions, please detail how dollar amounts were calculated.

**E. RESULTS: Describe the results you expect to achieve.**

Explain how the proposed activities are directly related to the problem and need described and what the anticipated direct and indirect results of the program will be. Include information on length of commitment to the original target population, the continued affordability of the assisted housing in terms of monthly rent or mortgage costs, and other program results that help illustrate the overall benefit of the proposal. If permanent or temporary displacement or relocation will occur, describe the process used for relocation, the availability of comparable replacement units, and how and with what source these activities will be funded. Quantify whenever possible.

**F. PROJECT MANAGEMENT: Describe your organization's management ability and management plan for this project.**

Describe the mission, management structure and staffing of your organization. Provide a detailed description of your organization's experience and ability in implementing and managing low-income or special needs housing assistance programs or related activities. Explain any past or current experience with federal or state award or loan programs. Provide an organizational chart showing the staffing and line of authority for the key personnel to be used in the project. Give a brief job description of the overall duties of the staff assigned to manage the program during each phase, a description of related experience, and how the management plan will be structured. If staff has not been hired, provide a job description for each vacant position. If a third party will be involved in management, describe their role.

**G. STATEMENT: Explain why HOME or Tax Credit dollars are critical to the implementation of this proposal.**

Briefly summarize why HOME or Tax Credit dollars, are necessary for project implementation and why the proposed activities cannot occur without the award of funds. List unsuccessful requests your organization has made for other resources for this project, including source, amount, and if known, reason for rejection. Explain why no other source of funds can replace HOME or Tax Credit resources. Discuss whether the project could be implemented at a lower level or smaller scale without the HOME or Tax Credit award. Describe known public and private projects that address a similar need in your area and explain how this project differs from each of the others.

**H. Affirmative Marketing Plan:**

Describe how you will market your project to minorities or hard-to-reach very low-income households. Explain in detail.

**NOTE:** HOME funds as described in this application are anticipated funding. Final allocation amounts are subject to change based upon the receipt of Federal Award which is anticipated in March of 2000.

Application Date \_\_\_\_\_

## Initial Application

### I. GENERAL PROJECT INFORMATION

A. Project Name \_\_\_\_\_

Site Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Allocation Year \_\_\_\_\_ Application Cycle \_\_\_\_\_ (See Current Year summary Attachment "A" Item "2")

B. Tax Credit Requested?  Yes  No If yes, Amount \$ \_\_\_\_\_ (From Part X)  
Requesting from Tax Credit Non-Profit Set-aside?  Yes  No

HOME funds Requested?  Yes  No If yes, Amount \$ \_\_\_\_\_

Housing Trust Funds Requested?  Yes  No If yes, Amount \$ \_\_\_\_\_

WCDA Banked Match Requested?  Yes  No If yes, Amount \$ \_\_\_\_\_

For HOME Projects, list sources of 4.5% local match: \_\_\_\_\_

For Incorporated Cities or Counties, how much of this HOME request is for administrative fees?  
\$ \_\_\_\_\_

Is this request for a particular Set-Aside of HOME funds?  Yes  No

If from a Set-Aside, which Set-Aside is being requested? \_\_\_\_\_

(See Set Asides in HOME under "Current Year Summary" in the Allocation Plan)

C. Type of Tax Credit Requested (check **all** that apply)

New Construction *without* Federal Subsidies  New Construction *with* Federal Subsidies

Rehabilitation\* *without* Federal Subsidies  Rehabilitation\* *with* Federal Subsidies

Rehabilitation\* *without* Federal Subsidies and Acquisition with units occupied or suitable for occupancy on acquisition date.

Rehabilitation\* *with* Federal Subsidies and Acquisition with units occupied or suitable for occupancy on acquisition date.

Rehabilitation\* *without* Federal Subsidies and Acquisition with units occupied or suitable for occupancy upon completion of the rehabilitation.

Rehabilitation\* *with* Federal Subsidies and Acquisition with units occupied or suitable for occupancy upon completion of the rehabilitation.

Acquisition with 10-year rule waiver from Federal Agency

\*Rehabilitation project must submit an itemized list of rehabilitation activities and costs.

D. Is this a **RD** project?  Yes  No

E. Is this project using **HUD Section 8** rental assistance?  Yes  No

project based or  tenant certificates and vouchers



I. GENERAL PROJECT INFORMATION (Cont)

F. Is this project using **HOME** funding?  Yes  No

G. Are **any** of the above sources to be treated as "**Federal Funds**"?  Yes  No

H. Tax Credit Owners irrevocably elects one of the Minimum Set-Aside Requirements (check **one**)

20% of the units serving households at 50% of the area median.

40% of the units serving households at 60% of the area median

40% of the units serving households at 50% of the area median (HOME and Tax Credit projects)

I. Tax Credit Owners irrevocably elects to fix the maximum applicable Tax Credit percentage(s) in effect as of: (check one)

Carryover Month

Placed in Service Date

NOTE: If an owner does not make an election the IRS will treat the effective date as of the Placed in Service Date.

J. Tax Credit Owners irrevocably elects one of the Gross Rent Floor Options (check **one**)

Gross Rent Floor to take effect of Allocation Date.

Gross Rent Floor to take effect on Placed In Service Date.

NOTE: If an owner does not make an election the IRS will treat the rent floor as taking effect on the date of allocation.

K. Tax Credit Compliance Period

This project will remain low-income with the occupancy described above for an initial period of \_\_\_\_\_ years, plus an additional 15 year extended use period required by the IRS.

L. Total Low-income Targeting

\_\_\_\_\_ (#) \_\_\_\_\_ (%) of the low-income units will serve households at \_\_\_\_\_ % of the area median income

\_\_\_\_\_ (#) \_\_\_\_\_ (%) of the low-income units will serve households at \_\_\_\_\_ % of the area median income

\_\_\_\_\_ (#) \_\_\_\_\_ (%) of the low-income units will serve households at \_\_\_\_\_ % of the area median income

Note: number of units and % of area median income committed to here will be included in the land use agreement, cash flow analysis and ranking review.

M. Total number of buildings (actual or proposed) \_\_\_\_\_

Total number of all units (residential and other) \_\_\_\_\_

Total number of residential units \_\_\_\_\_

Total number of Low-income units \_\_\_\_\_

(including qualifying manager(s) unit(s) \_\_\_\_\_

Percentage of low-income units to total all units \_\_\_\_\_ %

Gross square footage of all bldgs \_\_\_\_\_

Square footage of non-residential units \_\_\_\_\_

Total square footage of all residential units \_\_\_\_\_

Square footage of low-income units \_\_\_\_\_

Percentage of low-income units to total residential units \_\_\_\_\_ %

I. GENERAL PROJECT INFORMATION (Cont)

- N. Type of Housing  
 Multifamily Residential  Single Family
- O. Type of Units  
 Apartments  Town Homes  Semi-Detached  Detached  
 SRO  Manufactured  Other \_\_\_\_\_
- P. Number of Floors in the Tallest Building \_\_\_\_\_
- Q. Is there an elevator in each building?  Yes  No
- R. Targeting of Units - Will be reflected in Land Use Restrictive Covenants Agreement  
(Indicate type and # of units)  Elderly \_\_\_\_\_  Family \_\_\_\_\_  Disabled \_\_\_\_\_  
 Homeless \_\_\_\_\_  Other \_\_\_\_\_
- S. Is this project located in a Qualified Census Tract?  Yes  No # \_\_\_\_\_  
If yes, evidence of eligibility must be submitted.
- T. Is this project located in a Difficult Development Area?  Yes  No \_\_\_\_\_  
If yes, evidence of eligibility must be submitted.
- U. Is the site part of an organized plan?  Yes  No.  
If yes, explain and provide documentation. \_\_\_\_\_
- V. Site Control (e.g. ownership, option, purchase contract) Is site currently under control?  
Note: Ownership is a requirement for eligibility for a tax credit Carryover Allocation in Wyoming.  
 Yes  No  
If yes, control is in the form of (**Include documentation**):  
 Deed  Option  Lease Other (specify) \_\_\_\_\_  
Expiration date of contract \_\_\_\_\_(mon/day/year) Total Cost of Land \$ \_\_\_\_\_  
Name of Seller \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
- W. Is site properly zoned?  Yes  No **If yes, include third party documentation**  
If no, is site currently in the process of rezoning?  Yes  No Provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- When is zoning issue scheduled to be resolved (month and year)? \_\_\_\_\_

I. GENERAL PROJECT INFORMATION (Cont)

X. Are all utilities available to and of the appropriate size for the project?  Yes  No  
Anticipated availability date \_\_\_\_\_. If no, provide explanation.

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Y. Will support services be provided to the tenants?  Yes  No  
If Yes, are they included in the rent?  Yes  No

Z. Are there any environmental issues related to the property?  Yes  No  
If yes, describe

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AA. Legal description of the property that identifies it as the site in the site control document.

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BB. Provide a location map, showing location of the site relative to the surrounding area.

CC. Immediately Adjacent Land Uses.

1. North: \_\_\_\_\_

2. South: \_\_\_\_\_

3. East: \_\_\_\_\_

4. West: \_\_\_\_\_

DD. If project includes acquiring buildings, buildings acquired or to be acquired from:

- related party  unrelated party  
 FHA, RTC and/or other insured depository institution in default

If acquired from a related party will related party have an ownership interest in the project after the sale?  Yes  No \_\_\_\_\_% of ownership

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



## II. SPONSOR INFORMATION

The Sponsor must be either a legal entity (e.g. partnership, corporation etc.) or individual who will be named on IRS Form 8609 as the project owner. WCDA reserves tax credits to the sponsor. **Reservations are not transferable, and name changes are not allowed.** Under HOME, unless the project is presented by a CHDO, the Sponsor will be the project owner.

A. Sponsor \_\_\_\_\_

Taxpayer ID \_\_\_\_\_ Date Tax ID Obtained \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

Email Address \_\_\_\_\_

Type of Sponsor

Individual  Local Government  Housing Authority

General Partnership\*  Limited Partnership\*  Limited Liability Co\*

Corporation\*

\* **Required materials:** articles of incorporation, by-laws, partnership agreement and other relevant information regarding legal status

Non-Profit Corporation\*\*

\*\* **Required materials:** articles of incorporation, IRS letter of 501(c)3 or 501(c)4 status, non-profit Certificate of Incorporation and Certificate of Good Standing (Secretary of State), non-profit set-aside eligibility questionnaire description of material participation in ownership and management

Other (specify) \_\_\_\_\_

B. Legal Status of Sponsor

Incorporated  Registered  Chartered  Individual

II. SPONSOR INFORMATION (Cont)

C. Partner information

Partner's Name	Tax ID #	% of ownership

D. Non-profit Status of Sponsor

501(c)(3)                       501(c)(4)

E. Has the sponsor or other principals previously received tax credits and/or Home funding in Wyoming?     No     Yes If yes, which year(s) \_\_\_\_\_  
In other states?     No     Yes If yes, which year(s) and where \_\_\_\_\_

**A PREVIOUS PARTICIPATION CERTIFICATION MUST BE SUBMITTED SEE APPLICATION EXHIBIT A-3**

F. Contact Person During Application Process:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

Capacity (i.e. sponsor, consultant, etc.) \_\_\_\_\_

III. DEVELOPMENT TEAM

A. Detailed information (address, phone, contact person, qualifications) for each of the development team is to be included in Application Exhibit A-2.

	Name	Tax ID Number
Developer		
General Partner		
Contractor		
Management Company		
Sponsoring Organization		
Consultant		
Tax Attorney		
Tax Accountant		

B. Identity of Interest among Development Team and/or Ownership Entity

Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?  No  Yes

If yes, provide a description of the relationship.

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IV. APPLICABLE FRACTION DETERMINATION

Site Size \_\_\_\_\_

A. Total Site / Land \_\_\_\_\_

*(Number of acres)*

B. Restricted Number of Residential Units and Square Footage

	<u>Number of Units*</u>	<u>%</u>	<u>Square Footage*</u>
LIHTC Units	_____		_____
HOME Units	_____		_____
Project Based Assisted Units	_____		_____
(rents approved by HUD?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Restricted Units	_____		_____

<b>Total Low-Income / Rent Restricted Units</b> _____
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C. Common Use Space Number of Units and Square Footage

Employee-Occupied (including Mgr. units)	_____		_____
Owner-Occupied Residential	_____		_____
Other - laundry, office etc.	n/a		

<b>Total Common Use Space</b> _____
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D. Market Rate Number of Units and Square Footage

Market Rate Units	_____		_____
Other Units	_____		_____

<b>Total Market Use Space</b> _____
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E. Total Residential and Common Use Number of Units and Square Footage

<b>Total (B+C+D)</b> _____
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F. Total Commercial (not common) Use \_\_\_\_\_

<b>G. Total All Buildings (E+F)</b> _____ <b>100</b> _____
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**\*This data must agree with the number of units and square footage on page 9 item "M" and page 18 item "A" of this application.**



V. TENANT UTILITY INFORMATION

A. Indicate which of the following costs are paid by the tenant or the owner, and type (e.g. gas, electric)

Tenant	Owner		Gas	Electric	Propane
<input type="checkbox"/>	<input type="checkbox"/>	Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sewer			
<input type="checkbox"/>	<input type="checkbox"/>	Trash			

B. Utility Allowance by bedroom size

0 BDRM \$ \_\_\_\_\_

1 BDRM \$ \_\_\_\_\_

2 BDRM \$ \_\_\_\_\_

3 BDRM \$ \_\_\_\_\_

4 BDRM \$ \_\_\_\_\_

5 BDRM \$ \_\_\_\_\_

Source of Utility Allowance Information (Check One) (Attach Copy)

Public Housing Authority

Utility Company (***Must be broken down by appliance used.***)

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

Effective Date of Source Information: \_\_\_\_\_

## VI. UNIT DISTRIBUTION AND RENTS

For a low-income unit, the combination of tenant-paid monthly rent and the utility allowance may not exceed the maximum allowable rents under the federal tax credit statute. When calculating these rents, you must round DOWN to the nearest dollar. Rents for HOME Assisted units may NOT exceed the Low HOME rent as shown in the Current Year Summary Attachment "D".

### A. Information on Units

#### **Low-income Units**

Number of Bedrooms	Number of Units	Sq. Ft. Per Unit	Total Sq. Ft. Per Size	Monthly Tenant-Paid Rent Per Unit	Total Monthly Rent	Tenant % of Median Income	Type of Unit LIHTC? Home?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Totals:	=====	=====	=====	=====	=====	=====	(See page 16 item "B")

#### **Qualifying Managers Units**

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Totals:	=====	=====	=====	=====	=====	=====	(See page 16 item "C")

#### **Non-Restricted Units**

Number of Bedrooms	Number of Units	Sq. Ft. Per Unit	Total Sq. Ft. Per Size	Monthly Tenant-Paid Rent Per Unit	Total Monthly Rent	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Totals:	=====	=====	=====	=====	=====	(See Pg. 16 "D")

VI. UNIT DISTRIBUTION AND RENTS (Cont)

B. Project Monthly Income

TOTAL MONTHLY RENT FOR ALL UNITS \$ \_\_\_\_\_

Miscellaneous **MONTHLY** Income Related to Residential Use (specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY MISCELLANEOUS INCOME \$ \_\_\_\_\_

**SUBTOTAL RESIDENTIAL RELATED INCOME** \$ \_\_\_\_\_

LESS VACANCY RATE \_\_\_\_\_% (Max. 5%) \$ \_\_\_\_\_

**TOTAL MONTHLY RESIDENTIAL INCOME** \$ \_\_\_\_\_

C. Project Annual Income

Total Annual Rent For All Units \$ \_\_\_\_\_

Total Annual Miscellaneous Residential Income \$ \_\_\_\_\_

Less Vacancy Rate \$ \_\_\_\_\_

**TOTAL ANNUAL POTENTIAL GROSS INCOME FROM ALL RESIDENTIAL SOURCES** \$ \_\_\_\_\_

**TOTAL ANNUAL GROSS COMMERCIAL INCOME** \$ \_\_\_\_\_

**TOTAL PROJECT INCOME FROM ALL SOURCES** \$ \_\_\_\_\_

Number of Parking Spaces in Project \_\_\_\_\_

VII. PROJECT FINANCING (SOURCES OF FUNDS)

A. Construction Financing

List all preliminary and enforceable (firm) financing commitments, including grants (tax credit syndication information to be listed in section XII) and provide copies of same. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. Indicate with an asterisk (\*) enforceable financing commitments.

Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Commitment Date
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Total Residential Construction Funds: \$ \_\_\_\_\_  
 (Please include commercial space on a separate sheet.)

1. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

3. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

Please copy this page for additional Residential Construction Lenders/Sources.

\*\*Below Market Interest Rate

**VII. PROJECT FINANCING (SOURCES OF FUNDS)(Cont)**

**B. Permanent Financing**

List all preliminary and enforceable (firm) financing commitments, including grants (tax credit syndication information to be listed in section XII) and provide copies of same. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. Indicate with an asterisk (\*) enforceable financing commitments.

Name of Lender or Other Source	Amount of Funds	Interest Rate	Term/ Amort	Annual Debt Service	Commitment Date
1. _____	_____	_____	/	_____	_____
2. _____	_____	_____	/	_____	_____
3. _____	_____	_____	/	_____	_____
Rural Development required equity contribution	_____				
Net Proceeds Historic Tax Credit	_____				(Please include
Permanent Financing Subtotal	_____	(See Page 29)		_____	commercial space
Net Proceeds Low-income Tax Credit	_____	(See Page 32)			on a separate
Total Residential Permanent Financing Funds:	_____			_____	sheet.)

(Must equal total Actual Costs Page 28)

1. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

3. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Taxable Bond	<input type="checkbox"/> CDBG	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOME	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Govt.	<input type="checkbox"/> State Govt.	<input type="checkbox"/> Private	<input type="checkbox"/> Other (Specify) _____	

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon
<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR**Loan	<input type="checkbox"/> Other (Specify) _____			

Please copy this page for additional Residential Permanent Lenders/Sources.

\*\*Below Market Interest Rate

VIII. SUBSIDIES

A. Loan and Grant Subsidies

If one or more of the following are to be used, indicate with an "X" in the appropriate column.

	Included in Tax-Credit Eligible Basis?		Loan	Grant
	Yes	No		
<b><u>Federal Financing</u></b>				
Tax Exempt Financing	_____	_____	_____	_____
HOME Investment Partnerships Program (HOME)	_____	_____	_____	_____
Rural Development 515 (RD)	_____	_____	_____	_____
Flexible Subsidy Loan (Flex Sub)	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____

Does the use of any of the above categorize this project as "federally subsidized" and, therefore, eligible only for the 30% present value tax credit?       YES     NO

If yes, which ones? \_\_\_\_\_

<b><u>Community Development Block Grant (CDBG)</u></b>	_____	_____	_____	_____
State: (specify) _____	_____	_____	_____	_____
Local: (specify) _____	_____	_____	_____	_____
Private: (specify) _____	_____	_____	_____	_____
Other: (specify) _____	_____	_____	_____	_____

Is taxable bond financing expected to be used?       YES     NO

What, if any, Credit Enhancements are expected to be used?

FHA Insurance	_____
Private Mortgage Insurance	_____
Letter(s) of Credit	_____
Other (specify)	_____

Will the use of any of the above "Federal Financing, CDBG or Credit Enhancements in conjunction with Tax Credits, trigger HUD Subsidy Layering?       Yes     No      If yes, which ones?

---

Note: WCDA does not perform subsidy layering reviews. When needed HUD must perform the review.

VIII. SUBSIDIES (Cont)

B.		Approval Date
Rent Subsidy Anticipated Rural Development (RD)	_____ %	_____
HUD Project-Based Section 8 Certificates or HAP Contracts	_____ %	_____
Section 8 Mod Rehab	_____ %	_____
HUD Vouchers	_____ %	_____
HUD Tenant-Based Certificates	_____ %	_____
Other HUD (specify) _____	_____ %	_____
State	_____ %	_____
Local	_____ %	_____
Owner	_____ %	_____
Other (specify) _____	_____ %	_____

C. Pre-Existing Subsidies (Rehab and Rehab/Acquisition projects only)

Indicate with an "X" any of the following that are currently utilized by the project.

- HUD Sec 221(d)(3) \_\_\_\_\_
- HUD Sec 236 \_\_\_\_\_
- HUD Sec 236 and Tax Exempts \_\_\_\_\_
- HUD Sec 8 New Constr/Sub Rehab \_\_\_\_\_
- HUD Rent Sup/RAP \_\_\_\_\_
- RD 515 \_\_\_\_\_
- RD 521 (rent subsidy) \_\_\_\_\_
- Tax Exempt Bonds \_\_\_\_\_
- State/Local \_\_\_\_\_

Will the mortgage insurance or financing subsidy continue?

- Yes \_\_\_\_\_ (specify term)
- No

**IX. PROJECT COSTS AND USES**

List all residential project costs (including non-LIHTC units) and carry the cost amount over to the appropriate eligible basis category. **(Specify what A L L "other" costs are.)**      **HOME only Projects, use "Actual Costs" column only.**

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)
<b>LAND AND BUILDINGS</b>			
Land		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Existing Structures			XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Demolition		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
<b>1. SUBTOTAL</b>			XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
<b>SITE WORK</b>			
On site Work (A)			
Off Site Work		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Environmental			
<b>2. SUBTOTAL</b>			
<b>REHABILITATION AND NEW CONSTRUCTION</b>			
New Structures (B)			
Rehabilitation (B)			
Accessory Structures (B)			
General Requirements (Max 6% of (A+B))			
Contractor Overhead (Max 2% of (A+B))			
Contractor Profit (Max 6% of (A+B))			
Construction Contingency			
Other (Specify)			
<b>3. SUBTOTAL</b>			



IX. Project Costs and Uses (cont)

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)
<b>PROFESSIONAL FEES</b>			
Architect, Design			
Architect, Supervision			
Attorney, Real Estate			
Consultant / Agent			
Engineer / Surveyor			
Other (Specify)			
<b>4. SUBTOTAL</b>			
<b>CONSTRUCTION INTERIM COSTS</b>			
Hazard & Liability Insurance			
Payment Bond			
Performance Bond			
Credit Report			
Construction Interest*		* Interest accrued after PIS date	is not allowed in Eligible Basis.
Origination Points			
Discount Points			
Credit Enhancement			
Inspection Fees			
Title and Recording			
Legal Fees			
Taxes			
Other (Specify)			
<b>5 SUBTOTAL</b>			

IX. PROJECT COSTS AND USES (Cont)

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)
<b>PERMANENT FINANCING</b>			
Appraisal		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Bond Premium		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Credit Report		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Discount Points		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Origination Fees		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Credit Enhancement		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Title and Recording		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Legal Fees		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Prepaid MIP		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Other (specify)		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
<b>6. SUBTOTAL</b>		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
<b>SOFT COSTS</b>			
Feasibility Study			
Market Study			
Environmental Study			
Tax Credit Fees		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Compliance Fees		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Consultant Fees		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Cost Certification		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Other (Specify)		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
<b>7. SUBTOTAL</b>			

IX. PROJECT COSTS AND USES (Cont)

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)
<b>SYNDICATION COSTS</b>			
Organization Costs		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Bridge Loan		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Tax Opinion		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Other (Specify)		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
<b>8. SUBTOTAL</b>		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

<b>DEVELOPER FEES</b>			
Developer Overhead			
Developer Profit			
Other (Specify)			
<b>9. SUBTOTAL</b>			

<b>PROJECT RESERVES</b>			
Rent-Up Reserves		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Operating Reserves		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Replacement Reserves		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Escrows		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
Other (Specify)		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
<b>10. SUBTOTAL</b>		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

IX. PROJECT COSTS AND USES (Cont)

Itemized Costs	Actual Costs	30% PV Eligible Basis (4% Credit)	70% PV Eligible Basis (9% Credit)
<b>TOTAL RESIDENTIAL COST</b>			
<b>TOTAL</b>			
Less portion of federal grant used to finance qualifying development costs			
Less Historic Credits (provide basis calculation)			
Less amt. of non-qualified non-recourse financing			
Less non-qualified units of higher quality			
<b>TOTAL ELIGIBLE BASIS</b>			

**IF PROJECT CONTAINS COMMERCIAL USE SPACE, PLEASE PROVIDE BREAKDOWN OF COMMERCIAL COSTS ON SEPARATE SHEET.**

**X. ESTIMATION OF TAX CREDIT AMOUNT (Tax Credit Only)**

**A. Eligible Basis Maximum**

<b>Eligible Basis 30% PV</b>	<b>% low-income units</b>	<b>Qualified Basis (Eligible basis x % of low-income units)</b>	<b>High Cost Credit Area</b>	<b>IRS Applicable Percentage *</b>	<b>Total Annual Credit 30% PV</b>
\$325,000 (Example)	x 100%	= \$325,000	<input checked="" type="checkbox"/> yes (x 130%) <input type="checkbox"/> no (x 100%)	x 4%	\$16,900
			<input type="checkbox"/> yes (x 130%) <input type="checkbox"/> no (x 100%)		
<b>Eligible Basis 70% PV</b>	<b>% low-income units</b>	<b>Qualified Basis (Eligible basis x % of low-income units)</b>	<b>High Cost Credit Area</b>	<b>IRS Applicable Percentage *</b>	<b>Total Annual Credit 70% PV</b>
\$700,000 (Example)	x 90%	= \$630,000	<input checked="" type="checkbox"/> yes (x 130%) <input type="checkbox"/> no (x 100%)	x 9%	\$73,710
			<input type="checkbox"/> yes (x 130%) <input type="checkbox"/> no (x 100%)		

**B. Gap Method Maximum**

<b>USES</b>		<b>EQUITY GAP</b>	
Total Project Costs (Page 28)	\$	USES (1)	\$
Less Adjustments for limits as outline in Allocation Plan		Less SOURCES (2)	- \$
Developers Fees	- _____	FUNDING SHORTFALL OR EQUITY GAP	= \$ (3)
General Requirements	- _____		
Contractor Overhead	- _____		
Contractor Profit	- _____	<b>ANNUAL TAX CREDIT REQUIRED</b>	
<b>TOTAL USES</b>	\$ (1)	FUNDING SHORTFALL OR EQUITY GAP (3)	\$
		Divided by 10 year credit Period	÷ 10
		Tax Credit "Equity" Required	=
<b>SOURCES</b>		Divided by Tax Credit Equity Factor	
Permanent financing (Page 21)	\$	(See page 32)(The Proposed dollar yield of net syndication proceeds (or equity contribution)	
		per dollar of tax credits allocated.)	÷ %
<b>TOTAL SOURCES</b>	\$ (2)	<b>GAP METHOD MAXIMUM</b>	= \$
<b>TOTAL ANNUAL CREDIT AMOUNT REQUESTED FOR THE PROJECT</b> (Lesser of Eligible Basis Maximum and Gap Method Maximum)			\$

\* Due to the monthly fluctuations, WCDA will use 4% or 9% in determining the amount of annual credit awarded in a preliminary reservation, thus the final allocation may be less.

PLEASE NOTE: THE ACTUAL AMOUNT OF CREDIT FOR THE PROJECT IS DETERMINED BY THE HOUSING CREDIT AGENCY. IF THE PROJECT IS ELIGIBLE FOR A HISTORIC TAX CREDIT, INCLUDE A COMPLETE BREAKDOWN OF THE DETERMINATION OF ELIGIBLE BASIS FOR THE HISTORIC CREDIT WITH THE APPLICATION.

XI. PROJECT ANNUAL EXPENSES

A. Annual Operating Expenses (Estimated as of the **end** of the first full year of operation). **All** residential expenses must be broken out by line item. Category totals only **will not** be accepted.

ADMINISTRATION

Accounting \$ \_\_\_\_\_  
 Advertising \_\_\_\_\_  
 Legal \_\_\_\_\_  
 Leased Equip \_\_\_\_\_  
 Management Fees \_\_\_\_\_  
 Mgmt Salaries \_\_\_\_\_  
 Model Apartment \_\_\_\_\_  
 Office Supply/Postage \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Annual Compliance Fees \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL ADMINISTRATION COST \$ \_\_\_\_\_

OPERATING EXPENSES

Fuel (Heat/Water) \_\_\_\_\_  
 Electrical \_\_\_\_\_  
 Water & Sewer \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Trash/Garbage \_\_\_\_\_  
 Security \_\_\_\_\_  
 Cable \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL OPERATING COSTS \$ \_\_\_\_\_

MAINTENANCE EXPENSES

Elevator \$ \_\_\_\_\_  
 Exterminating \_\_\_\_\_  
 Grounds \_\_\_\_\_  
 Repairs \_\_\_\_\_  
 Maintenance Salaries \_\_\_\_\_  
 Maintenance Supplies \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 TOTAL MAINTENANCE COST \$ \_\_\_\_\_

FIXED EXPENSES

Real Estate Taxes \_\_\_\_\_  
 In Lieu of Taxes \_\_\_\_\_  
 Other Tax Assessment \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL FIXED COSTS \$ \_\_\_\_\_

TOTAL ANNUAL RESIDENTIAL OPERATING EXPENSE \$ \_\_\_\_\_

ANNUAL REPLACEMENT RESERVES \$ \_\_\_\_\_

ANNUAL OPERATING EXPENSE PER UNIT \$ \_\_\_\_\_

TOTAL ANNUAL COMMERCIAL OPERATING EXPENSES \$ \_\_\_\_\_

(Maximum PUM\* is \$170.00 \*PUM=[(Total Annual Operating Expenses minus taxes plus reserves) ÷ number of units] ÷ 12

XI. PROJECT ANNUAL EXPENSES (Cont)

B. Projections for Financial Feasibility and Long-Term Viability

Provide a 15-year projection of cash flow using the income and expense figures stated in A. Use the following or a similar format:

Potential Residential Gross Income	Year 1.....	Year 15
Less Vacancy and Collection Loss (_____%)		
Effective Gross Income (EGI)		
Less Annual Operating Expenses		
Net Annual Operating Income (NOI)		
Less Annual Debt Service		
Annual Cash Flow		

What projected annual percentage increase in income will be used? \_\_\_\_\_%

What projected annual percentage increase in expenses will be used? \_\_\_\_\_%

What projected annual percentage increase in replacement costs will be used? \_\_\_\_\_%

PROVIDE SAME CASH FLOW INFORMATION SEPARATELY FOR ANY COMMERCIAL SPACE

XII. TAX CREDIT SYNDICATION (Tax Credit Only)

Tax Credit Syndication (Provide as much information as is available at time of application.)

A. Does this project qualify for Historic Rehabilitation Credits?  Yes  No  
 If yes, what is the credit amount? \$ \_\_\_\_\_ Estimated Proceeds: \$ \_\_\_\_\_

B. Will the LIHTC Tax Credits be offered to investors?  Yes  No  
 1. If no, attach a description explaining how the tax benefits will be used and how that will benefit the project.  
 2. If yes, answer each of the following:  
 Type of offering:  Public  Private  
 Type of Investor:  Individuals  Corporations

C. LIHTC Syndication costs will be evaluated along with other project costs. Please list all estimated or actual cost of syndication associated with the project.

Total amount of Tax Credits (Amount per year times 10 years): \$ \_\_\_\_\_(1)

Less:

Attorney	\$ _____
Accountant	\$ _____
Consultant(s)	\$ _____
Broker(s)	\$ _____
Bridge Loan & Interest	\$ _____
Syndicator	\$ _____
Other (specify) _____	\$ _____

Total Costs - \$ \_\_\_\_\_

Net LIHTC Proceeds = \$ \_\_\_\_\_(2)  
 (Must Match Amount on Page 21)

Net Proceeds (2)	_____	
Total Tax Credits (1)	÷ _____	
Tax Credit Equity Factor	= _____	% (See page 29)

Syndicators or Equity Sources which have been contacted:

1. Name Source \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

2. Name Source \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_



### XIII. DEVELOPMENT TIMETABLE

Indicate the actual or expected date by which the following activities will have been completed.

Actual or Scheduled Month/Year	Activity
____/____	<u>Site</u>
____/____	Acquisition
____/____	Zoning Approval
____/____	Tax Abatement
____/____	Environmental Review Completed
____/____	<u>Construction Financing</u>
____/____	Loan Application
____/____	Conditional Commitment
____/____	Firm Commitment
____/____	Closing and Disbursement
____/____	<u>Permanent Financing</u>
____/____	Loan Application
____/____	Conditional Commitment
____/____	Firm Commitment
____/____	Closing and Disbursement
____/____	<u>Local Permits</u>
____/____	Conditional Use Permit
____/____	Variance
____/____	Site Plan Review
____/____	Building Permit
____/____	Other (specify) _____
____/____	<u>Other Loans and Grants</u>
____/____	Type & Source: _____
____/____	Application
____/____	Closing or Award
____/____	<u>Equity Syndication</u>
____/____	Letter of Commitment
____/____	Partnership Closing
____/____	<u>Other</u>
____/____	10% of Project Costs Incurred
____/____	Tax Credit Carryover Allocation
____/____	Final Plans/Specs
____/____	Construction Start
____/____	Construction Completion
____/____	Placed in Service
____/____	Occupancy of All Low-Income Units

XIV. NOTIFICATION OF LOCAL OFFICIAL

Provide the name of the local political jurisdiction (town or city, if incorporated, otherwise, county) in which the project will be located and include the name and address of the chief executive officer of the political jurisdiction. WCDA is required to notify this individual of the proposed development and allow a reasonable time for comments. (Attach a copy of the Letter of Consistency or Letter of Support as required.)

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

Name of Chief Executive Officer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

A letter of consistency with the Consolidated Plan from the appropriate jurisdiction must be submitted with the application. Projects located in non-entitlement cities (everywhere except Cheyenne and Casper) must have a signed letter of support from the Chief Executive Office of the appropriate jurisdiction.

XV. APPLICATION FEE (Tax Credit Projects)

Total number of units in the project \_\_\_\_\_

20 or less units, application fee \$150.00

More than 20 units application fee \$500.00

Amount of application fee submitted: \$ \_\_\_\_\_  
(Make check payable to Wyoming Community Development Authority.)

THERE IS NO FEE FOR PROJECTS WHICH ARE ONLY APPLYING FOR HOME FUNDS.

**XVI. APPLICANT CERTIFICATION--TAX CREDITS**

It is understood by the applicant that full Treasury regulations for the Low-Income Housing Tax Credit, have not been promulgated; therefore, all program materials for the Wyoming Community Development Authority's Low-Income Housing Tax Credit Program are subject to change.

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 calculations 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 for Reservation, Carryover allocation, or allocation of housing credit dollar amounts, to the State of Wyoming as listed in the application. The undersigned agrees that the Wyoming community Development Authority will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but no limited to attorneys 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, being duly authorized, hereby represents and certifies under the penalty of perjury that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed project. Misrepresentations of any kind will be grounds for denial or loss of the tax credits and may affect future participation in the tax credit program in Wyoming.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

\_\_\_\_\_  
Title

XVI. APPLICANT CERTIFICATION--HOME Program

The applicant certifies and acknowledges that:

All program materials for the Wyoming Community Development Authority's HOME Investment Partnerships Program are subject to change to meet requirements of 24CFR Part 92, or as further determined to meet legal requirements of WCDA.

The undersigned is responsible for ensuring that the project will satisfy all applicable requirements of federal law in the acquisition, rehabilitation, or construction and operation of the project to receive the HOME Investment Partnerships Program funds.

The applicant will provide WCDA with any other information required by HUD, state or local regulations.

The applicant will comply with all other requirements set forth by the Department of Housing and Urban Development, Home Investment Partnerships Program and applicable requirements in the Wyoming Affordable Housing Allocation Plan (as amended).

The undersigned hereby makes application for allocation of HOME funds to the State of Wyoming as listed in the application. The undersigned agrees that the Wyoming community Development Authority will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but no limited to attorneys 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, being duly authorized, hereby represents and certifies under the penalty of perjury that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed project. Misrepresentations of any kind will be grounds for denial or loss of HOME funds and may affect future participation in the HOME program in Wyoming.

IN WITNESS WHEREOF, the owner has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

\_\_\_\_\_  
Title

**APPLICATION EXHIBIT A-1**  
**AFFIRMATIVE FAIR HOUSING MARKETING AGREEMENT**

**THIS AGREEMENT** entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**WHEREAS**, the Owner(s) of the property located at \_\_\_\_\_

\_\_\_\_\_, Wyoming, wishes to receive an allocation of Tax Credits under Section 42 of the IRS Code administered by Wyoming Community Development authority and/or HOME funds under 24CFR Part 92, to construct and/or rehabilitate the property for use as low-income residential rental units, or other eligible housing types:

**NOW THEREFORE**, the Owner(s) agrees to:

Maintain affordability and availability of rental units to low-income families for a minimum of \_\_\_\_\_ years.

Publicly advertise vacancies or unit availability, and to notify the Public Housing Authority or its local agent of vacancies.

Use the Equal Housing Opportunity logo on all public advertising, with the exception of classified advertisements.

Not discriminate against families by refusing to rent to them solely on the basis that they receive Section 8 rental assistance.

Maintain copies of written application received from prospective tenants or buyers, with notes documenting reasons for any who were refused for the vacant unit, for a minimum period of time as specified in the IRS Code and/or 24CFR Part 92.

This agreement in no way restricts the owner's rights to screen and select tenants or potential users, as long as this process is free of bias on the basis of race, color, religion, sex, handicap, familial status, National Origin, or Section 8 status.

\_\_\_\_\_(Owner) \_\_\_\_\_(Date)

**APPLICATION EXHIBIT A-2  
DEVELOPMENT TEAM EXPERIENCE**

**PROJECT NAME:** \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPONSOR NAME:** \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Sponsor Tax Identification #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Describe experience in developing low income housing (attach list of names, addresses, and nature of low-income projects):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF GENERAL PARTNER:** \_\_\_\_\_

Individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ltd. Partnership	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (Specify):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Partnership Tax Identification #: \_\_\_\_\_

Partnership Contact Person: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Describe experience in successful development of low income housing (attach list of names, addresses, and nature of low-income projects):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION EXHIBIT A-2  
DEVELOPMENT TEAM EXPERIENCE (cont)**

**NAME OF DEVELOPER:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Developer Tax Identification #: \_\_\_\_\_

Individual  Yes  No      Company  Yes  No.      No. Years Experience: \_\_\_\_\_

Describe experience in successful development of low income housing (attach list of names, addresses, and nature of low-income projects):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CONTRACTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Contractor Tax Identification #: \_\_\_\_\_

Individual  Yes  No      Company  Yes  No.      No. Years Experience: \_\_\_\_\_

Describe experience in successful development of housing projects (attach list of names, addresses of projects):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF MANAGEMENT COMPANY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Management Company Tax Identification #: \_\_\_\_\_

Individual  Yes  No      Company  Yes  No.      No. Years Experience: \_\_\_\_\_



**APPLICATION EXHIBIT A-2  
DEVELOPMENT TEAM EXPERIENCE (cont)**

Management Company Information (cont)

Describe experience of successful management of low income housing projects (attach list of names, and addresses of low-income projects): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF CONSULTANT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Consultant Tax Identification # \_\_\_\_\_

Individual  Yes  No                      Company  Yes  No.                      No. Years Experience: \_\_\_\_\_

Describe experience in developing low income housing (attach list of names, addresses, and nature of low-income projects): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF TAX ATTORNEY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Attorney Tax Identification # \_\_\_\_\_

Individual  Yes  No                      Company  Yes  No.                      No. Years Experience: \_\_\_\_\_

**NAME OF CERTIFIED PUBLIC ACCOUNTANT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

CPA Tax Identification # \_\_\_\_\_

Individual  Yes  No                      Company  Yes  No.                      No. Years Experience: \_\_\_\_\_

**APPLICATION EXHIBIT A-2  
DEVELOPMENT TEAM EXPERIENCE (cont)**

Do any members of the development team have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?

Yes

No

If yes, describe the level of participation and/or relationship of each:

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Describe any default, disposition of or status of default, foreclosure or findings of non-compliance for any of the projects listed on attachments. Use an additional sheet of paper if necessary.

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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 development team.

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

\_\_\_\_\_  
Signature of Legal Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**APPLICATION EXHIBIT A-3  
PREVIOUS PARTICIPATION CERTIFICATE (CONT)**

(No substitutions allowed)

I further certify that:

- 1) The WCDA Schedule A contains a listing of every Low Income Housing Tax Credit and/or HOME project in which I have been or am now a principal.
- 2) Except as shown by me on the certificate: a) No Low Income Housing Tax Credit or HOME project listed by me has been sold; b) No Low Income Housing Tax Credit project or HOME project listed by me has ever been foreclosed; c) I have not experienced instances of non-compliance in the Tax Credit or HOME programs, nor been issued IRS form 8823 on any Low Income Housing Tax Credit project other than indicated on Schedule A; d) To the best of my knowledge, there are no unresolved findings raised as a result of agency audits, management reviews or other investigations concerning my Low Income Housing Tax Credit projects or HOME projects; e) I have not been suspended, debarred or otherwise restricted by any state allocating agency from participating in the Low Income Housing Tax Credit program or HOME program in that state; f) I have not failed to use Low Income Housing Tax Credits or HOME program funds allocated to me in any state other than indicated on Schedule A.
- 3) All of the names of the parties, known to me to be principals in this project in which I propose to participate, are listed above.
- 4) I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony related to any Low Income Housing Tax Credit or HOME program matter. (Applicable to General Partners or Project Owners Only) All the parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Name of Principal	Signature of Principal	Title, Role or Capacity	Date

**FALSE STATEMENTS AND MISREPRESENTATIONS OF ANY KIND MAY BE GROUNDS FOR DENIAL OR LOSS OF THE TAX CREDITS OR HOME FUNDS AND MAY AFFECT FUTURE PARTICIPATION IN THE TAX CREDIT AND HOME PROGRAMS IN WYOMING.**



**APPLICATION EXHIBIT A-4  
WCDA  
NON-PROFIT PARTICIPATION QUESTIONNAIRE**

**Please answer every question or indicate if not applicable. Use additional sheets if necessary.**

**NOTE:** Both the non-profit organization and the applicant (if different) must sign this questionnaire.

1. General Information

a. Name of Project \_\_\_\_\_

b. Name of ownership entity \_\_\_\_\_

c. Name of participating non-profit \_\_\_\_\_

Legal status:     501(c)(3)                       501(c)(4)

d. If non-profit will participate through a related subsidiary entity, name of such entity

\_\_\_\_\_

Legal status:     501(c)(3)                       501(c)(4)

2. Does the applicant intend to request an allocation of tax credits from the non-profit set-aside portion of the state credit ceiling under Section 42 (h)(5)?     Yes             No

3. Is the non-profit (or a related subsidiary entity) assured of owning an interest in the project throughout the compliance period?                       Yes             No

a. List all the general partners of the ownership entity and the percentages of their interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Describe in detail the non-profit (or related subsidiary) ownership interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the non-profit material participation in the development of the project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION EXHIBIT A-4**  
**WCDA**  
**NON-PROFIT PARTICIPATION QUESTIONNAIRE (CONT)**

5. Describe the non profit material participation in the operation of the project throughout the extended use period: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will the non-profit be contributing funds to the project?     Yes             No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

7. Will the non-profit receive any part of the development or management fees paid in connection with the project?             Yes             No  
If yes, how much? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How many full-time staff members does the non-profit (or if applicable, any related non-profit have)? (please specify): \_\_\_\_\_  
Describe the type and extent of their activities: \_\_\_\_\_  
\_\_\_\_\_

9. The non-profit may not be affiliated with or controlled by any for-profit organization.  
a. Has any for-profit entity (including the owner of the project or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the non-profit?  
 Yes     No    If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Does the non-profit have any financial arrangements with any individual(s) or for-profit entity, including anyone or any entity related, directly or indirectly, to the owner of the project?  
 Yes             No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION EXHIBIT A-4**  
**WCDA**  
**NON-PROFIT PARTICIPATION QUESTIONNAIRE (CONT)**

9. Cont.
- c. Disclose any business or personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the non-profit have, either directly or indirectly, with any persons or entities involved or to be involved in the project on a for-profit basis including, but not limited to, the owner of the project, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to such owner: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. The non-profit may not have been formed by any individual(s) or for-profit entity for the principal purpose of being included in the non-profit set-aside.
- a. Date of legal formation of non-profit \_\_\_\_\_
- b. Purpose(s) of formation of non-profit: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. a. Provide the following required materials for the participating entity (as applicable): articles of incorporation, by-laws, IRS determination letter, non-profit certificate of incorporation and certificate of good standing (state), list of current Board of Directors or Commissioners (include dates of appointment and affiliation), and most recent audited financials (include a list of major donors).
- b. Provide any additional information which WCDA may find useful for the purposes outlined at the beginning of this questionnaire (e.g. letter of intent, proposed documents, etc.).

The undersigned applicant and non-profit hereby each certify that, to the best of its knowledge, all of the foregoing information is correct, complete and accurate.

_____	_____
Date	Applicant
	By: _____
	Its: _____
	Title
_____	_____
Date	Non-profit Participant
	By: _____
	Its: _____



APPLICATION EXHIBIT A-5

Form **8821**  
(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

**Tax Information Authorization**

OMB No. 1545-1165  
For IRS Use Only  
Received by:  
Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**1 Taxpayer Information** (Taxpayer(s) must sign and date this form on line 7.)

Taxpayer name(s) and address (Please type or print.)	Social security number(s) ____-____-____	Employer identification number ____-____
	Daytime telephone number (____) _____	Plan number (if applicable) _____

**2 Appointee**

Name and address (Please type or print.)	CAF No. _____ Telephone No. (____) _____ Fax No. (____) _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
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The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on line 3.

**3 Tax Matters**

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)

**4 Specific Use Not Recorded on Centralized Authorization File (CAF).**—If the tax information authorization is for a specific use not recorded on CAF, check this box. (See **Line 4—Specific use not recorded on CAF** on page 2.)   
**Do not use lines 5 and 6 if the line 4 box is checked.**

**5 Disclosure of Tax Information** (you must check one of the following unless box 4 is checked):  
**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box. This will cause copies of all computer-generated notices to be sent to the appointee   
**b** If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/Revocation of Tax Information Authorization.**—This tax information authorization automatically revokes all earlier tax information authorizations on file with the Internal Revenue Service for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box   
**You MUST attach a copy of any tax information authorization you want to remain in effect.**

**7 Signature of Taxpayer(s).**—If a tax matter concerns a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

▶ **IF THIS TAX INFORMATION AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.**

..... Signature	..... Date	..... Title (if applicable)
..... Print Name		
..... Signature	..... Date	..... Title (if applicable)
..... Print Name		

**Privacy Act and Paperwork Reduction Act Notice.**—We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 is provided by the IRS for your convenience and its use is voluntary. If you choose to designate an appointee to inspect and/or receive confidential information, under section 6109 you must disclose your social security number (SSN) or your employer identification number (EIN). The principal purpose of this disclosure is to secure proper identification of the taxpayer. We also need this information

to gain access to your tax information in our files and properly respond to your request. If you do not disclose this information, the IRS may suspend processing the tax information authorization and may not be able to fill your request until you provide the number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping, 7 min.; Learning about the law or the form, 11 min.; Preparing the**

**form, 22 min.; Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send Form 8821 to this address. Instead, see **Filing the tax information authorization** on page 2.

## APPLICATION EXHIBIT A-5 (cont)

Form 8821 (Rev. 12-95)

Page 2

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of the form.**—Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive confidential information in any office of the IRS for the type of tax and the years or periods you list on this form. You may file a tax information authorization without using Form 8821, but it must reflect all information that is required on Form 8821.

If you want an individual to have the authority to represent you and/or perform other acts on your behalf, such as the execution of waivers, consents, or closing agreements, use Form 2848, Power of Attorney and Declaration of Representative, instead of Form 8821.

**Fiduciaries.**—A fiduciary (trustee, executor, administrator, receiver or guardian) stands in the position of a taxpayer and acts as the taxpayer. Therefore, a fiduciary does not act as an appointee and should not file a tax information authorization. Form 56, Notice Concerning Fiduciary Relationship, should be filed to notify the IRS of the existence of a fiduciary relationship. If a fiduciary wishes to authorize an appointee to inspect and/or receive confidential tax information on behalf of the entity, a tax information authorization must be filed and signed by the fiduciary acting in the position of the taxpayer.

**Partnership/Subchapter S items.**—Sections 6221-6231 and 6241-6245 authorize a Tax Matters Partner or Tax Matters Person to perform certain acts on behalf of an affected partnership or S corporation. Rules governing the use of Form 8821 do not replace any provisions of the above referenced sections.

**Filing the tax information authorization.**—File the original, photocopy, or facsimile transmission (fax) of the tax information authorization with each IRS office in which you want your appointee to inspect and/or receive confidential tax information on your behalf. If the tax information authorization is filed for a matter currently pending before an office of the IRS, such as an examination, file the authorization with that office. Otherwise, file the authorization with the service center where the related return was, or will be, filed. See the instructions for the related tax return for the service center addresses. Form 8821 must be received by the IRS within 60 days of the date it was signed and dated by the taxpayer.

### Specific Instructions

#### Line 1—Taxpayer information

**Individuals.**—Enter your name, SSN (and/or EIN, if applicable), and street address in the space provided. If a joint return is used, also enter your spouse's name and social security number.

**Corporations, partnerships, or associations.**—Enter the name, EIN, and business address.

**Employee plan.**—Enter the plan name, EIN of the plan sponsor, three-digit plan number, and business address of the plan sponsor.

**Trust.**—Enter the name, title, and address of the trustee, and the name and EIN of the trust.

**Estate.**—Enter the name, title, and address of the decedent's executor/personal representative, and the name and identification number of the estate. The identification number for an estate includes both the EIN, if the estate has one, and the decedent's SSN.

**Line 2—Appointee.**—Enter the name of your appointee. Use the identical name on all submissions. If you wish to name more than one appointee, indicate so on this line and attach a list to the form. Enter the nine-digit CAF number for each appointee. If an appointee has been issued a CAF number for any previously filed tax information authorization (Form 8821) or power of attorney (Form 2848), that number should be used. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee.

The CAF number is a unique nine-digit identification number (not the SSN or EIN) that the IRS assigns to appointees. The CAF number is not an indication of authority to practice. The appointee should use the assigned CAF number on all future tax information authorizations. CAF numbers will not be assigned for employee plans and exempt organization application requests.

**Line 3—Tax matter(s).**—Enter the type of tax, the tax form number, and the years or periods. For example, you may list "Income tax Form 1040" for calendar year "1995" and "Excise tax Form 720" for the "1st, 2nd, 3rd, and 4th quarters of 1995." A general reference to "All years," "All periods," or "All taxes" is not acceptable. Any tax information authorization with a general reference will be returned. You may list any tax years or periods already ended as of the date you sign the tax information authorization. However, the number of future periods that can be recorded on the CAF is limited. You may include on line 3 future tax periods that end no later than three years after the date Form 8821 is received by the IRS. If the matter relates to estate tax, enter the date of the taxpayer's death instead of the year or period. If either the type of tax, tax form number, or years or periods do not apply to the matter, specifically describe on this line the matter to which the tax information authorization pertains and enter "Not Applicable" in the appropriate column(s).

You may enter on this line any specific information you want the IRS to provide. For example, you may request a transcript of an account, a balance due amount, or whether a return was filed.

**Line 4—Specific use not recorded on CAF.**—Generally, the IRS records all tax information authorizations on the CAF system. However, a tax information authorization will not be recorded on the CAF if it relates to a specific issue. Examples of specific issues include but are not limited to: (1) requests to disclose information to loan companies or educational institutions, (2) requests to disclose information to Federal

or state agency investigators for background checks, (3) civil penalty issues, (4) trust fund recovery penalty, (5) application for employer identification number, and (6) claims filed on Form 843, Claim for Refund and Request for Abatement. Check the specific use box on line 4 if the tax information authorization is for a use that will not be recorded on the CAF. If the box on line 4 is checked, the appointee should bring a copy of the tax information authorization to each meeting with the IRS. A specific use tax information authorization will not automatically revoke any prior tax information authorizations.

**Line 6—Retention/revocation of prior tax information authorizations.**—If there are any existing tax information authorizations you do not want to revoke, check the box on this line and attach a copy of the tax information authorization.

If you want to revoke an existing tax information authorization and do not want to name a new appointee, send a copy of the previously executed tax information authorization to each IRS office where the tax information authorization was filed. The copy of the tax information authorization must have a current signature of the taxpayer under the signature already on line 7. Write "REVOKE" across the top of the form. If you do not have a copy of the tax information authorization you want to revoke, send a statement to each IRS office where you filed the tax information authorizations. The statement of revocation must indicate that the authority of the tax information authorization is revoked and must be signed by the taxpayer. Also, the name and address of each recognized appointee whose authority is revoked must be listed.

The filing of a Form 8821 will not revoke any Form 2848 that is in effect.

#### Line 7—Signature of taxpayer(s)

**Individuals.**—You must sign and date the authorization. If a joint return is used, either husband or wife must sign.

**Corporations.**—Generally, Form 8821 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, (3) any officer or employee upon written request signed by any principal officer and attested by the secretary or other officer, and (4) any other person authorized to access information under section 6103(e). (For shareholders in S corporations not excepted and provided for under sections 6241-6245, see Partnership/Subchapter S items above.)

**Partnerships.**—Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. (For partners in partnerships provided for and defined by sections 6221-6231, see Partnership/Subchapter S items above.)

**Other.**—If the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver or administrator is acting for the taxpayer, see section 6103(e).