
2019 Federal Low Income Housing Tax Credit Program

Application For Reservation

Deadline for Submission

9% Competitive Credits

Applications Must Be Received At VHDA No Later Than **2:00 PM**
Richmond, VA Time On **March 14, 2019**

Tax Exempt Bonds

Applications should be received at VHDA at least one month before the
bonds are *priced* (if bonds issued by VHDA), or 75 days before the bonds
are *issued* (if bonds are not issued by VHDA)



Virginia Housing Development Authority
601 South Belvidere Street
Richmond, Virginia 23220-6500

INSTRUCTIONS FOR THE VIRGINIA 2019 LIHTC APPLICATION FOR RESERVATION

This application was prepared using Excel, Microsoft Office 2010. Please note that using the active Excel workbook does not eliminate the need to submit the required PDF of the signed hardcopy of the application and related documentation. A more detailed explanation of application submission requirements is provided below and in the Application Manual.

An electronic copy of your completed application is a mandatory submission item.

Applications For 9% Competitive Credits

Applicants should submit an electronic copy of the application package prior to the application deadline, which is **2:00 PM** Richmond Virginia time on **March 14, 2019**. Failure to submit an electronic copy of the application by the deadline will cause the application to be disqualified.

Please Note:

Applicants should submit all application materials in electronic format only.

There should be distinct files which should include the following:

- 1. Application For Reservation – the active Microsoft Excel workbook**
- 2. A PDF file which includes the following:**
 - Application For Reservation – Signed version of hardcopy
 - All application attachments (i.e. tab documents, excluding market study and plans & specs)
- 3. Market Study – PDF or Microsoft Word format**
- 4. Plans - PDF or other readable electronic format**
- 5. Specifications - PDF or other readable electronic format (may be combined into the same file as the plans if necessary)**
- 6. Unit-By-Unit work write up (rehab only) - PDF or other readable electronic format**

IMPORTANT:

VHDA can accept files via our work center site Procorem or on DVD, CD and flash/thumb drives. Contact Hope Coleman Rutter for access to Procorem. Do not submit any application materials to any email address unless specifically requested by the VHDA LIHTC Allocation Department staff.

Disclaimer:

VHDA assumes no responsibility for any problems incurred in using this spreadsheet or for the accuracy of calculations. Check your application for correctness and completeness before submitting the application to VHDA.

Entering Data:

Enter numbers or text as appropriate in the blank spaces highlighted in yellow. Cells have been formatted as appropriate for the data expected. All other cells are protected and will not allow changes.

Please Note:

- ▶ **VERY IMPORTANT! : Do not** use the copy/cut/paste functions within this document. Pasting fields will corrupt the application and may result in penalties. You may use links to other cells or other documents but do not paste data from one document or field to another.
- ▶ Some fields provide a dropdown of options to select from, indicated by a down arrow that appears when the cell is selected. Click on the arrow to select a value within the dropdown for these fields.
- ▶ The spreadsheet contains multiple error checks to assist in identifying potential mistakes in the application. These may appear as data is entered but are dependent on values entered later in the application. Do not be concerned with these messages until all data within the application has been entered.
- ▶ Also note that some cells contain error messages such as “#DIV/0!” as you begin. These warnings will disappear as the numbers necessary for the calculation are entered.

Assistance:

If you have any questions, please contact the VHDA LIHTC Allocation Department. Please note that we cannot release the copy protection password.

VHDA LIHTC Allocation Staff Contact Information

| Name | Email | Phone Number |
|---------------------|--|---------------------|
| JD Bondurant | johndavid.bondurant@vhda.com | (804) 343-5725 |
| Hope Coleman Rutter | hope.rutter@vhda.com | (804) 343-5574 |
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2019 Low-Income Housing Tax Credit Application For Reservation

Please indicate if the following items are included with your application by putting an 'X' in the appropriate boxes. Your assistance in organizing the submission in the following order, and actually using tabs to mark them as shown, will facilitate review of your application. Please note that all mandatory items must be included for the application to be processed. The inclusion of other items may increase the number of points for which you are eligible under VHDA's point system of ranking applications, and may assist VHDA in its determination of the appropriate amount of credits that may be reserved for the development.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | \$1,000 Application Fee (MANDATORY) |
| <input checked="" type="checkbox"/> | Electronic Copy of the Microsoft Excel Based Application (MANDATORY) |
| <input type="checkbox"/> | Scanned Copy of the Signed Tax Credit Application with Attachments (excluding market study and plans & specifications) (MANDATORY) |
| <input type="checkbox"/> | Electronic Copy of the Market Study (MANDATORY - Application will be disqualified if study is no submitted with application) |
| <input type="checkbox"/> | Electronic Copy of the Plans (MANDATORY) |
| <input type="checkbox"/> | Electronic Copy of the Specifications (MANDATORY) |
| <input type="checkbox"/> | Electronic Copy of the Physical Needs Assessment (MANDATORY if rehab) |
| <input type="checkbox"/> | Electronic Copy of Appraisal (MANDATORY if acquisition credits requested) |
| <input type="checkbox"/> | Electronic Copy of Environmental Site Assessment (Phase I) (MANDATORY if 4% credits requested) |
| <input type="checkbox"/> | Tab A: Partnership or Operating Agreement, including chart of ownership structure with percentage of interests (MANDATORY) |
| <input type="checkbox"/> | Tab B: Virginia State Corporation Commission Certification (MANDATORY) |
| <input type="checkbox"/> | Tab C: Principal's Previous Participation Certification (MANDATORY) |
| <input type="checkbox"/> | Tab D: List of LIHTC Developments (Schedule A) (MANDATORY) |
| <input type="checkbox"/> | Tab E: Site Control Documentation & Most Recent Real Estate Tax Assessment (MANDATORY) |
| <input type="checkbox"/> | Tab F: Architect's Certification and RESNET Rater Certification (MANDATORY) |
| <input type="checkbox"/> | Tab G: Zoning Certification Letter (MANDATORY) |
| <input type="checkbox"/> | Tab H: Attorney's Opinion (MANDATORY) |
| <input type="checkbox"/> | Tab I: Nonprofit Questionnaire (MANDATORY for points or pool) |
- The following documents need not be submitted unless requested by VHDA:
- Nonprofit Articles of Incorporation -IRS Documentation of Nonprofit Status
 - Joint Venture Agreement (if applicable) -For-profit Consulting Agreement (if applicable)
- | | |
|--------------------------|--|
| <input type="checkbox"/> | Tab J: Relocation Plan (MANDATORY, if tenants are displaced) |
| <input type="checkbox"/> | Tab K: Documentation of Development Location: |
| <input type="checkbox"/> | K.1 Revitalization Area Certification |
| <input type="checkbox"/> | K.2 Location Map |
| <input type="checkbox"/> | K.3 Surveyor's Certification of Proximity To Public Transportation |
| <input type="checkbox"/> | Tab L: PHA / Section 8 Notification Letter |
| <input type="checkbox"/> | Tab M: Locality CEO Response Letter |
| <input type="checkbox"/> | Tab N: Homeownership Plan |
| <input type="checkbox"/> | Tab O: Plan of Development Certification Letter |
| <input type="checkbox"/> | Tab P: Copies of 8609s To Certify Developer Experience and Partnership agreements |
| <input type="checkbox"/> | Tab Q: Documentation of Rental Assistance |
| <input type="checkbox"/> | Tab R: Documentation of Operating Budget |
| <input type="checkbox"/> | Tab S: Supportive Housing Certification |
| <input type="checkbox"/> | Tab T: Funding Documentation |
| <input type="checkbox"/> | Tab U: Documentation to Request Exception to Restriction-Pools With Little/No Increase in Rent Burdened Population |
| <input type="checkbox"/> | Tab V: Nonprofit or LHA Purchase Option or Right of First Refusal |
| <input type="checkbox"/> | Tab W: (Reserved) |
| <input type="checkbox"/> | Tab X: Marketing Plan for units meeting accessibility requirements of HUD section 504 |

A. GENERAL INFORMATION ABOUT PROPOSED DEVELOPMENT

Application Date:

1. Development Name:

2. Address (line 1):

Address (line 2):

City:

State:

Zip:

3. If complete address is not available, provide longitude and latitude coordinates (x,y) from a location on site that your surveyor deems appropriate. Longitude: Latitude:
(Only necessary if street address or street intersections are not available.)

4. The Circuit Court Clerk's office in which the deed to the development is or will be recorded:

City/County of

5. The site overlaps one or more jurisdictional boundaries.....

If true, what other City/County is the site located in besides reponse to #4?.....

6. Development is located in the census tract of:

7. Development is located in a **Qualified Census Tract**.....

8. Development is located in a **Difficult Development Area**.....

9. Development is located in a **Revitalization Area based on QCT?**.....

10. Development is located **Revitalization Area designated by resolution?**.....

11. Development is located in an **Opportunity Zone (with a binding commitment for funding)**.....

(If any of 9-11 are True, **Action:** Provide required form in **TAB K**)

| | | | |
|--|------------------------------------|------------------------------------|------------------------------------|
| 12. Development is located in a census tract with a poverty rate of..... | 3% | 10% | 12% |
| | <input type="text" value="FALSE"/> | <input type="text" value="FALSE"/> | <input type="text" value="FALSE"/> |

Enter only Numeric Values below:

13. Congressional District:

Planning District:

State Senate District:

State House District:

Click on the following link for assistance in determining the districts related to this development:

[Link to VHDA's HOME - Select Virginia LIHTC Reference Map](#)

14. **ACTION:** Provide Location Map (**TAB K**)

15. Development Description: In the space provided below, give a brief description of the proposed development

A. GENERAL INFORMATION ABOUT PROPOSED DEVELOPMENT

Application Date:

16. Local Needs and Support

- a. Provide the name and the address of the chief executive officer (City Manager, Town Manager, or County Administrator of the political jurisdiction in which the development will be located:

Chief Executive Officer's Name:

Chief Executive Officer's Title: Phone:

Street Address:

City: State: Zip:

Name and title of local official you have discussed this project with who could answer questions for the local CEO:

- b. If the development overlaps another jurisdiction, please fill in the following:

Chief Executive Officer's Name:

Chief Executive Officer's Title: Phone:

Street Address:

City: State: Zip:

Name and title of local official you have discussed this project with who could answer questions for the local CEO:

B. RESERVATION REQUEST INFORMATION

1. **Requesting Credits From:**

- a. If requesting 9% Credits, select credit pool:
- or
- b. If requesting Tax Exempt Bonds, select development type:

2. **Type(s) of Allocation/Allocation Year**

Definitions of types:

- a. **Regular Allocation** means all of the buildings in the development are expected to be placed in service this calendar year, 2019.
- b. **Carryforward Allocation** means all of the buildings in the development are expected to be placed in service within two years after the end of this calendar year, 2019, but the owner will have more than 10% basis in development before the end of twelve months following allocation of credits. For those buildings, the owner requests a carryforward allocation of 2019 credits pursuant to Section 42(h)(1)(E).

3. **Select Building Allocation type:**

Note regarding Type = Acquisition and Rehabilitation: Even if you acquired a building this year and "placed it in service" for the purpose of the acquisition credit, you cannot receive its acquisition 8609 form until the rehab 8609 is issued for that building.

4. **Is this an additional allocation for a development that has buildings not yet placed in service?**

5. **Planned Combined 9% and 4% Developments**

A site plan has been submitted with this application indicating two developments on the same or contiguous site. One development relates to this 9% allocation request and the remaining development will be a 4% tax exempt bond application which will be submitted by December 31, 2019. (25, 35 or 45 pts)

Listed below are the units planned for each allocation request (which cannot be changed or 9% Credits will be lost):

| | |
|--|--|
| Total Units within 9% allocation request? | <input style="width: 80%; height: 20px;" type="text" value="0"/> |
| Total Units within 4% Tax Exempt allocation Request? | <input style="width: 80%; height: 20px;" type="text" value="0"/> |
| Total Units: | 0 |

% of units in 4% Tax Exempt Allocation Request: 0.00%

5. **Extended Use Restriction**

Note: Each recipient of an allocation of credits will be required to record an **Extended Use Agreement** as required by the IRC governing the use of the development for low-income housing for at least 30 years. Applicant waives the right to pursue a Qualified Contract.

Must Select One:

Definition of selection:

Development will be subject to the standard extended use agreement of 15 extended use period (after the mandatory 15-year compliance period.)

C. OWNERSHIP INFORMATION

NOTE: VHDA may allocate credits only to the tax-paying entity which owns the development at the time of the allocation. The term "Owner" herein refers to that entity. Please fill in the legal name of the owner. The ownership entity must be formed prior to submitting this application. Any transfer, direct or indirect, of partnership interests (except those involving the admission of limited partners) prior to the placed-in-service date of the proposed development shall be prohibited, unless the transfer is consented to by VHDA in its sole discretion. **IMPORTANT: The Owner name listed on this page must exactly match the owner name listed on the Virginia State Corporation Commission Certification.**

1. Owner Information:

Must be an individual or legally formed entity.

Name:

Contact: M/M First: MI: Last:

Address:

City: St. Zip:

Phone: Ext. Fax:

Email address:

Federal I.D. No. (If not available, obtain prior to Carryover Allocation.)

Select type of entity: Formation State:

Additional Contact: Please Provide Name, Email and Phone number.

- ACTION:** a. Provide Owner's organizational documents (e.g. Partnership agreements) (**Mandatory TAB A**)
 b. Provide Certification from Virginia State Corporation Commission (**Mandatory TAB B**)

2. Principal(s) of the General Partner: List names of individuals and ownership interest.

| Names ** | Phone | Type Ownership | % Ownership |
|--|--|--|-------------|
| <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | 0.000% |
| <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | 0.000% |
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| <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | <input style="width: 95%; height: 15px;" type="text"/> | 0.000% |

The above should include 100% of the GP or LLC member interest.

** These should be the names of individuals who make up the General Partnership, not simply the names of entities which may comprise those components.

C. OWNERSHIP INFORMATION

- ACTION:**
- a. Provide Principals' Previous Participation Certification (**Mandatory TAB C**)
 - b. Provide chart of ownership structure (Org Chart) and list of all LIHTC Developments. (**Mandatory at TABS A/D**)

3. Developer Experience: Provide evidence that the principal or principals of the controlling general partner or managing member for the proposed development have developed:

- a. as a controlling general partner or managing member, (i) at least three tax credit developments that contain at least three times the number of housing units in the proposed development or (ii) at least six tax credit developments. **FALSE**

Action: Must be included on VHDA Experienced LIHTC Developer List or provide copies of 8609s and partnership agreements (**Tab P**)

- b. at least three deals as principal and have at \$500,000 in liquid assets..... **FALSE**

Action: Must be included on the VHDA Experienced LIHTC Developer List or provide Audited Financial Statements and copies of 8609s (**Tab P**)

- c. The development's principal(s), as a group or individually, have developed as controlling general partner or managing member, at least one tax credit development that contains at least the same number of units of this proposed development (can include Market units). **FALSE**

Action: Must provide copies of 8609s and partnership agreements (**Tab N**)

D. SITE CONTROL

NOTE: Site control by the Owner identified herein is a mandatory precondition of review of this application. Documentary evidence of it, in the form of either a deed, option, purchase contract, or lease for a term longer than the period of time the property will be subject to occupancy restrictions must be included herewith. (For 9% Competitive Credits - An option or contract must extend beyond the application deadline by a minimum of four months.)

Warning: Site control by an entity other than the Owner, even if it is a closely related party, is not sufficient. Anticipated future transfers to the Owner are not sufficient. The Owner, as identified previously, must have site control at the time this Application is submitted.

NOTE: If the Owner receives a reservation of credits, the property must be titled in the name of or leased by (pursuant to a long-term lease) the Owner before the allocation of credits is made this year.

Contact us before you submit this application if you have any questions about this requirement.

1. Type of Site Control by Owner:

Applicant controls site by (select one and provide documentation - **Mandatory TAB E**)

Select Type:

Expiration Date:

In the Option or Purchase contract - Any contract for the acquisition of a site with an existing residential property may not require an empty building as a condition of such contract, unless relocation assistance is provided to displaced households, if any, at such level required by VHDA. See QAP for further details.

FALSE There is more than one site for development and more than one form of site control.

(If **True**, provide documentation for each site specifying number of existing buildings on the site, if any, type of control of each site, and applicable expiration date of stated site control. A site control document is required for each site (**Tab E**.)

2. Timing of Acquisition by Owner:

Only one of the following statement should be True.

FALSE Owner already controls site by either deed or long-term lease.

FALSE Owner is to acquire property by deed (or lease for period no shorter than period property will be subject to occupancy restrictions) no later than..... 00/00/0000 .

FALSE There is more than one site for development and more than one expected date of acquisition by Owner.

(If **True**, provide documentation for each site specifying number of existing buildings on the site, if any, and expected date of acquisition of each site by Owner (**Tab E**.)

D. SITE CONTROL

3. Seller Information:

Name:

Address:

City: St.: Zip:

Contact Person: Phone:

There is an identity of interest between the seller and the owner/applicant..... **FALSE**

If above statement is **TRUE**, complete the following:

Principal(s) involved (e.g. general partners, controlling shareholders, etc.)

| <u>Names</u> | <u>Phone</u> | <u>Type Ownership</u> | <u>% Ownership</u> |
|----------------------|----------------------|-----------------------|--------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | 0.00% |

2019 Low-Income Housing Tax Credit Application For Reservation

E. DEVELOPMENT TEAM INFORMATION

Complete the following as applicable to your development team. Provide Contact and Firm Name.

| | | | |
|--------------------------|--------------------------|---------------------------|--------------------------------|
| 1. Tax Attorney: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 2. Tax Accountant: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 3. Consultant: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | Role: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 4. Management Entity: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 5. Contractor: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 6. Architect: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 7. Real Estate Attorney: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 8. Mortgage Banker: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |
| 9. Other: | <input type="checkbox"/> | This is a Related Entity. | <input type="checkbox"/> FALSE |
| Firm Name: | <input type="text"/> | Role: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| Email: | <input type="text"/> | Phone: | <input type="text"/> |

F. REHAB INFORMATION

1. Acquisition Credit Information

a. Credits are being requested for existing buildings being acquired for development.....
 If no credits are being requested for existing buildings acquired for the development, skip this tab.

b. Has this development received a previous allocation of credits? FALSE
 If so, in what year did this development receive credits? _____

c. The development is listed on the RD 515 Rehabilitation Priority List?..... FALSE

d. This development is an existing RD or HUD S8/236 development..... FALSE
Action: (If True, provide required form in **TAB Q**)

Note: If there is an identity of interest between the applicant and the seller in this proposal, and the applicant is seeking points in this category, then the applicant must either waive their rights to the developer's fee or other fees associated with acquisition and/or rehabilitation, or obtain a waiver of this requirement from VHDA prior to application submission to receive these points.

i. Applicant agrees to waive all rights to any developer's fee or other fees associated with acquisition and/or rehab..... FALSE

ii. Applicant has obtained a waiver of this requirement from VHDA prior to the application submission deadline..... FALSE

2. Ten-Year Rule For Acquisition Credits

a. All buildings satisfy the 10-year look-back rule of IRC Section 42 (d)(2)(B), including the 10% basis/\$15,000 rehab costs (\$10,000 for Tax Exempt Bonds) per unit requirement..... FALSE

b. All buildings qualify for an exception to the 10-year rule under IRC Section 42(d)(2)(D)(i),..... FALSE

i. Subsection (I)..... FALSE

ii. Subsection (II)..... FALSE

iii. Subsection (III)..... FALSE

iv. Subsection (IV)..... FALSE

v. Subsection (V)..... FALSE

c. The 10-year rule in IRC Section 42 (d)(2)(B) for all buildings does not apply pursuant to IRC Section 42(d)(6)..... FALSE

d. There are different circumstances for different buildings..... FALSE
Action: (If True, provide an explanation for each building in Tab K)

F. REHAB INFORMATION

3. Rehabilitation Credit Information

a. Credits are being requested for rehabilitation expenditures..... FALSE
If no credits are being requested for rehabilitation expenditures, go on to Part 4

b. Minimum Expenditure Requirements

- i. All buildings in the development satisfy the rehab costs per unit requirement of IRC Section 42(e)(3)(A)(ii)..... FALSE
- ii. All buildings in the development qualify for the IRC Section 42(e)(3)(B) exception to the 10% basis requirement (4% credit only)..... FALSE
- iii. All buildings in the development qualify for the IRC Section 42(f)(5)(B)(ii)(II) exception..... FALSE
- iv. There are different circumstances for different buildings..... FALSE
Action: (If True, provide an explanation for each building in Tab K)

4. Request For Exception

- a. The proposed new construction development (including adaptive reuse and rehabilitation that creates additional rental space) is subject to an assessment of up to minus 20 points for being located in a pool identified by the Authority as a pool with little or no increase in rent burdened population..... FALSE
- b. Applicant seeks an exception to this restriction in accordance with one of the following provisions under 13VAC10-180-60:
 - i. Proposed development is specialized housing designed to meet special needs that cannot readily be addressed utilizing existing residential structures..... FALSE
 - ii. Proposed development is designed to serve as a replacement for housing being demolished through redevelopment..... FALSE
 - iii. Proposed development is housing that is an integral part of a neighborhood revitalization project sponsored by a local housing authority..... FALSE

Action: If any of 4(b) responses are true, provide documentation at Tab U.

G. NONPROFIT INVOLVEMENT

Applications for 9% Credits - Section must be completed in order to compete in the nonprofit tax credit pool.

All Applicants - Section must be completed for points for nonprofit involvement under the ranking system.

1. Tax Credit Nonprofit Pool Applicants: To qualify for the nonprofit pool, an organization (described in IRC Section 501(c)(3) or 501(c)(4) and exempt from taxation under IRC Section 501(a)) should answer the following questions as TRUE:

- FALSE a. Be authorized to do business in Virginia.
FALSE b. Be substantially based or active in the community of the development.
FALSE c. Materially participate in the development and operation of the development throughout the compliance period (i.e., regular, continuous and substantial involvement) in the operation of the development throughout the Compliance Period.
FALSE d. Own, either directly or through a partnership or limited liability company, 100% of the general partnership or managing member interest.
FALSE e. Not be affiliated with or controlled by a for-profit organization.
FALSE f. Not have been formed for the principal purpose of competition in the Non-Profit Pool.
FALSE g. Not have any staff member, officer or member of the board of directors materially participate, directly or indirectly, in the proposed development as a for-profit entity.

2. All Applicants: To qualify for points under the ranking system, the nonprofit's involvement need not necessarily satisfy all of the requirements for participation in the nonprofit tax credit pool.

A. Nonprofit Involvement (All Applicants)

There is nonprofit involvement in this development..... FALSE (If false, go on to part III.)

Action: If there is nonprofit involvement, provide completed Non-Profit Questionnaire (Mandatory TAB I).

B. Type of involvement:

Nonprofit meets eligibility requirement for points only, not pool..... FALSE

or

Nonprofit meets eligibility requirements for nonprofit pool and points..... FALSE

C. Identity of Nonprofit (All nonprofit applicants):

The nonprofit organization involved in this development is: [arrow] [yellow box]

Name: [yellow box] (Please fit NP name within available space)

Contact Person: [yellow box]

Street Address: [yellow box]

City: [yellow box] State: [arrow] [yellow box] Zip: [yellow box]

Phone: [yellow box] Extension: [yellow box] Contact Email: [yellow box]

G. NONPROFIT INVOLVEMENT

D. Percentage of Nonprofit Ownership (All nonprofit applicants):

Specify the nonprofit entity's percentage ownership of the general partnership interest: 0.0%

3. Nonprofit/Local Housing Authority Purchase Option/Right of First Refusal

A. FALSE After the mandatory 15-year compliance period, a qualified nonprofit or local housing authority will have the option to purchase or the right of first refusal to acquire the development for a price not to exceed the outstanding debt and exit taxes. Such debt must be limited to the original mortgage(s) unless any refinancing is approved by the nonprofit.

Action: Provide Option or Right of First Refusal in Recordable Form **(TAB V)**
Provide Nonprofit Questionnaire (if applicable) **(TAB I)**

Name of qualified nonprofit:

or indicate true if Local Housing Authority FALSE
Name of Local Housing Authority

2. FALSE A qualified nonprofit or local housing authority submits a homeownership plan committing to sell the units in the development after the mandatory 15-year compliance period to tenants whose incomes shall not exceed the applicable income limit at the time of their initial occupancy.

Action: Provide Homeownership Plan **(TAB N)**

H. STRUCTURE AND UNITS INFORMATION

1. General Information

| | | | | |
|----|--|----------------|----------|---|
| a. | Total number of all units in development | 0 | bedrooms | 0 |
| | Total number of rental units in development | 0 | bedrooms | 0 |
| | Number of low-income rental units | 0 | bedrooms | 0 |
| | Percentage of rental units designated low-income | #DIV/0! | | |
| b. | Number of new units:..... | 0 | bedrooms | 0 |
| | Number of adaptive reuse units: | 0 | bedrooms | 0 |
| | Number of rehab units:..... | 0 | bedrooms | 0 |
| c. | If any, indicate number of planned exempt units (included in total rental units)..... | 0 | | |
| d. | Total Floor Area For The Entire Development..... | 0.00 (Sq. ft.) | | |
| e. | Unheated Floor Area (i.e. Breezeways, Balconies, Storage)..... | 0.00 (Sq. ft.) | | |
| f. | Nonresidential Commercial Floor Area (Not eligible for funding)..... | 0.00 | | |
| g. | Total Usable Residential Heated Area..... | 0.00 (Sq. ft.) | | |
| h. | Percentage of Net Rentable Square Feet Deemed To Be New Rental Space | 0.00% | | |
| i. | Exact area of site in acres | 0.000 | | |
| j. | Locality has approved a final site plan or plan of development..... | FALSE | | |
| | If True , Provide required documentation (TAB O). | | | |
| k. | Requirement as of 2016: Site must be properly zoned for proposed development. ACTION: Provide required zoning documentation (MANDATORY TAB G) | | | |
| l. | Development is eligible for Historic Rehab credits..... | FALSE | | |

Definition:

The structure is historic, by virtue of being listed individually in the National Register of Historic Places, or due to its location in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district, and the rehabilitation will be completed in such a manner as to be eligible for historic rehabilitation tax credits.

H. STRUCTURE AND UNITS INFORMATION

2. UNIT MIX

a. Specify the average size and number per unit type (as indicated in the Architect's Certification):

Note: Average sq foot should include the prorata of common space.

| Unit Type | Average Sq Foot | | # of LIHTC Units | Total Rental Units |
|------------------------|-----------------|----|------------------|--------------------|
| Supportive Housing | 0.00 | SF | 0 | 0 |
| 1 Story Eff - Elderly | 0.00 | SF | 0 | 0 |
| 1 Story 1BR - Elderly | 0.00 | SF | 0 | 0 |
| 1 Story 2BR - Elderly | 0.00 | SF | 0 | 0 |
| Eff - Elderly | 0.00 | SF | 0 | 0 |
| 1BR Elderly | 0.00 | SF | 0 | 0 |
| 2BR Elderly | 0.00 | SF | 0 | 0 |
| Eff - Garden | 0.00 | SF | 0 | 0 |
| 1BR Garden | 0.00 | SF | 0 | 0 |
| 2BR Garden | 0.00 | SF | 0 | 0 |
| 3BR Garden | 0.00 | SF | 0 | 0 |
| 4BR Garden | 0.00 | SF | 0 | 0 |
| 2+ Story 2BR Townhouse | 0.00 | SF | 0 | 0 |
| 2+ Story 3BR Townhouse | 0.00 | SF | 0 | 0 |
| 2+ Story 4BR Townhouse | 0.00 | SF | 0 | 0 |
| | | | 0 | 0 |

Note: Please be sure to enter the number of units in the appropriate unit category. If not, you will find errors on the self scoresheet.

3. Structures

- a. Number of Buildings (containing rental units)..... 0
- b. Age of Structure:..... 0 years
- c. Number of stories:..... 0

d. The development is a scattered site development..... FALSE

e. Commercial Area Intended Use: _____

f. Project consists primarily of : **(Only One Option Below Can Be True)**

- i. Low Rise Building(s) - (1-5 stories with any structural elements made of wood)..... FALSE
- ii. Mid Rise Building(s) - (5-7 stories with no structural elements made of wood)..... FALSE
- iii. High Rise Building(s) - (8 or more stories with no structural elements made of wood)..... FALSE

H. STRUCTURE AND UNITS INFORMATION

g. Indicate **True** for all development's structural features that apply:

| | | | |
|------------------------|--------------|---------------------------|--------------|
| i. Row House/Townhouse | <u>FALSE</u> | v. Detached Single-family | <u>FALSE</u> |
| ii. Garden Apartments | <u>FALSE</u> | vi. Detached Two-family | <u>FALSE</u> |
| iii. Slab on Grade | <u>FALSE</u> | vii. Basement | <u>FALSE</u> |
| iv. Crawl space | <u>FALSE</u> | | |

h. Development contains an elevator(s). FALSE

If true, # of Elevators. 0

Elevator Type (if known) _____

i. Roof Type ▶ _____

j. Construction Type ▶ _____

k. Primary Exterior Finish ▶ _____

4. Site Amenities (indicate all proposed)

| | | | |
|-------------------------|--------------|--------------------------|--------------|
| a. Business Center | <u>FALSE</u> | f. Limited Access | <u>FALSE</u> |
| b. Covered Parking | <u>FALSE</u> | g. Playground | <u>FALSE</u> |
| c. Exercise Room | <u>FALSE</u> | h. Pool | <u>FALSE</u> |
| d. Gated access to Site | <u>FALSE</u> | i. Rental Office | <u>FALSE</u> |
| e. Laundry facilities | <u>FALSE</u> | j. Sports Activity Court | <u>FALSE</u> |
| | | k. Other: | _____ |

h. Describe Community Facilities: _____

i. Number of Proposed Parking Spaces..... 0

Is Parking Shared? FALSE

j. Development located within 1/2 mile of an existing commuter rail, light rail or subway station or 1/4 mile from existing public bus stop. FALSE

If **True**, Provide required documentation (**TAB K**).

H. STRUCTURE AND UNITS INFORMATION

5. Plans and Specifications

- a. **Minimum submission requirements for all properties (new construction, rehabilitation and adaptive reuse):**
 - i. A location map with development clearly defined.
 - ii. Sketch plan of the site showing overall dimensions of all building(s), major site elements (e.g., parking lots and location of existing utilities, and water, sewer, electric, gas in the streets adjacent to the site). Contour lines and elevations are not required.
 - iii. Sketch plans of all building(s) reflecting overall dimensions of:
 - a. Typical floor plan(s) showing apartment types and placement
 - b. Ground floor plan(s) showing common areas
 - c. Sketch floor plan(s) of typical dwelling unit(s)
 - d. Typical wall section(s) showing footing, foundation, wall and floor structure
Notes must indicate basic materials in structure, floor and exterior finish.
 - iv. Phase I environmental assessment.

In addition, a physical needs assessment is required for any rehab only development.

NOTE: All developments must meet VHDA's **Minimum Design and Construction Requirements**. By signing and submitting the Application for Reservation of LIHTC, the applicant certifies that the proposed project budget, plans & specifications and work write-ups incorporate all necessary elements to fulfill these requirements.

6. Market Study Data:

Obtain the following information from the **Market Study** conducted in connection with this tax credit application:

| | |
|--|--|
| Project Wide Capture Rate - LIHTC Units | |
| Project Wide Capture Rate - Market Units | |
| Project Wide Capture Rate - All Units | |
| Project Wide Absorption Period (Months) | |

I. UTILITIES

1. Describe the Heating/AC System: _____

2. Services Included:

| Utilities | Type of Utility (Gas, Electric, Oil, etc.) | Utilities ▶ Paid by: | Enter Allowances by Bedroom Size | | | | |
|--|---|-------------------------|----------------------------------|-------|-------|-------|------|
| | | | 0-bdr | 1-bdr | 2-bdr | 3-bdr | 4-br |
| Heating | | Select? | 0 | 0 | 0 | 0 | 0 |
| Air Conditioning | | Select? | 0 | 0 | 0 | 0 | 0 |
| Cooking | | Select? | 0 | 0 | 0 | 0 | 0 |
| Lighting | | Select? | 0 | 0 | 0 | 0 | 0 |
| Hot Water | | Select? | 0 | 0 | 0 | 0 | 0 |
| Water | | Select? | 0 | 0 | 0 | 0 | 0 |
| Sewer | | Select? | 0 | 0 | 0 | 0 | 0 |
| Trash | | Select? | 0 | 0 | 0 | 0 | 0 |
| Total utility allowance for costs paid by tenant | | | \$0 | \$0 | \$0 | \$0 | \$0 |

3. The following sources were used for Utility Allowance Calculation (Provide documentation **TAB Q**).

a. FALSE HUD

d. FALSE Local PHA

b. FALSE Utility Company (Estimate)

e. FALSE Other: _____

c. FALSE Utility Company (Actual Survey)

Warning: The VHDA housing choice voucher program utility schedule shown on VHDA.com should not be used unless directed to do so by the local housing authority.

J. **ENHANCEMENTS**

Each development must meet the following baseline energy performance standard applicable to the development's construction category.

- a. **New Construction:** must meet all requirements for EPA Energy certification.
- b. **Rehabilitation:** renovation must result in at least a 30% decrease or score an 80 or lower on the HERS Index.
- c. **Adaptive Reuse:** must score a 95 or lower on the HERS Index.

The development's score on the HERS Index must be verified by a third-party, independent, non-affiliated, certified RESNET home energy rater.

Indicate **True** for the following items that apply to the proposed development:

ACTION: Provide Architect Certification (**Mandatory TAB F**)

1. **For any development, upon completion of construction/rehabilitation:**

- FALSE a. A community/meeting room with a minimum of 749 square feet is provided.
- 0.00% b. Percentage of brick or other similar low-maintenance material approved by the Authority covering the exterior walls.
- FALSE c. Water expense is sub-metered (the tenant will pay monthly or bi-monthly bill).
- TRUE d. Each bathroom contains only of WaterSense labeled faucets, toilets and showerheads.
- FALSE e. Each unit is provided with the necessary infrastructure for high-speed internet/broadband service.
- FALSE f. Free wifi access will be provided for community room for resident only usage.
- FALSE g. Each unit is provided free individual high speed internet access.
- or
- FALSE h. Each unit is provided free individual wifi access.
- FALSE i. Full bath fans are wired to primary light with delayed timer or has continuous exhaust by ERV/DOAS.
- FALSE j. Full bath fans are equipped with a humidistat.
- FALSE k. Cooking surfaces are equipped with fire prevention features
- or
- FALSE l. Cooking surfaces are equipped with fire suppression features.
- FALSE m. Rehab only: Each unit has dedicated space, drain and electrical hook-ups to accept a permanently installed dehumidification system.
- or
- FALSE n. All Construction types: each unit unit is equipped with a permanent dehumidification system.
- FALSE o. All interior doors within units are solid core
- FALSE p. At minimum, 1 USB charging port in each kitchen, living room and all bedrooms.
- FALSE q. All kitchen light fixtures are LED and meet MDCR lighting guidelines.
- FALSE r. Each unit has a shelf or ledge outside the primary entry door located in an interior hallway.

J. ENHANCEMENTS

TRUE s. New construction only: Each unit to have balcony or patios with a minimum depth of 5 feet clear from face of building and a minimum size of 30 square feet.

Balcony/Patios points will not be awarded for Rehab developments

For all developments exclusively serving elderly tenants upon completion of construction/rehabilitation:

FALSE a. All cooking ranges have front controls.

FALSE b. Bathrooms have an independent or supplemental heat source.

FALSE c. All entrance doors have two eye viewers, one at 42" inches and the other at standard height.

2. Green Certification

a. Applicant agrees to meet the base line energy performance standard applicable to the development's construction category as listed above.

The applicant will also obtain one of the following:

FALSE Earthcraft Gold or higher certification

FALSE

National Green Building Standard (NGBS) certification of Silver or higher.

FALSE U.S. Green Building Council LEED certification

TRUE

Enterprise Green Communities (EGC) Criteria

If Green Certification is selected, no points will be awarded for option d above.

Action: If seeking any points associated Green certification, provide appropriate documentation at **TAB F**.

b. Applicant will pursue one of the following certifications to be awarded points on a future development application

FALSE Zero Energy Ready Home Requirements

FALSE

Passive House Standards

3. Universal Design - Units Meeting Universal Design Standards

FALSE a. Architect of record certifies that units will be constructed to meet VHDA's Universal Design standards.

0 b. Number of Rental Units constructed to meet VHDA's Universal Design standards:

#DIV/0! % of Total Rental Units

FALSE Market-rate units' amenities are substantially equivalent to those of the low income units.

4. If not, please explain:

K. SPECIAL HOUSING NEEDS

NOTE: Any Applicant commits to providing first preference to members of targeted populations having state rental assistance and will not impose any eligibility requirements or lease terms terms for such individuals that are more restrictive than its standard requirements and terms, the terms of the MOU establishing the target population, or the eligibility requirements for the state rental assistance.

1. **Accessibility:** Indicate **True** for the following point categories, as appropriate.

Action: Provide appropriate documentation (**Tab X**)

FALSE

a. Any development in which (i) the greater of 5 units or 10% of units will be assisted by HUD project-based vouchers (as evidenced by the submission of a letter satisfactory to the Authority from an authorized public housing authority (PHA) that the development meets all prerequisites for such assistance), or another form of documented and binding federal project-based rent subsidies in order to ensure occupancy by extremely low-income persons. Locality project based rental subsidy meets the definition of state project based rental subsidy;

(ii) will conform to HUD regulations interpreting the accessibility requirements of section 504 of the Rehabilitation Act; and be actively marketed to persons with disabilities as defined in the Fair Housing Act in accordance with a plan submitted as part of the application for credits.

(iii) above must include roll-in showers, roll under sinks and front control ranges, unless agreed to by the Authority prior to the applicant's submission of its application.

Documentation from source of assistance must be provided with the application.

Note: Subsidies may apply to any units, not only those built to satisfy Section 504.
(60 points)

FALSE

b. Any development in which the greater of 5 units or 10% of the units (i) have rents within HUD's Housing Choice Voucher ("HCV") payment standard; (ii) conform to HUD regulations interpreting the accessibility requirements of section 504 of the Rehabilitation Act; and (iii) are actively marketed to persons with disabilities as defined in the Fair Housing Act in accordance with a plan submitted as part of the application for credits (30 points)

FALSE

c. Any development in which 5% of the units (i) conform to HUD regulations interpreting the accessibility requirements of section 504 of the Rehabilitation Act and (ii) are actively marketed to persons with disabilities as defined in the Fair Housing Act in accordance with a plan submitted as part of this application for credits. (15 points)

For items a,b or c, all common space must also conform to HUD regulations interpreting the Rehabilitation Act.

K. SPECIAL HOUSING NEEDS

2. Special Housing Needs/Leasing Preference:

a. If not general population, select applicable special population:

- FALSE Elderly (as defined by the United States Fair Housing Act.)
- FALSE Persons with Disabilities (must meet the requirements of the Federal Americans with Disabilities Act) - Accessible Supportive Housing Pool only
- FALSE Supportive Housing (as described in the Tax Credit Manual)

Action: Provide Permanent Supportive Housing Certification (**Tab S**)

b. The development has existing tenants and a relocation plan has been developed. FALSE

(If **True**, VHDA policy requires that the impact of economic and/or physical displacement on those tenants be minimized, in which Owners agree to abide by the Authority's Relocation Guidelines for LIHTC properties.)

Action: Provide Relocation Plan (**Mandatory if tenants are displaced - Tab J**)

3. Leasing Preferences

a. Will leasing preference be given to applicants on a public housing waiting list and/or Section 8 waiting list? select:

Organization which holds such waiting list:

Contact person:

Title:

Phone Number

Action: Provide required notification documentation (**TAB L**)

b. Leasing preference will be given to individuals and families with children. FALSE
(Less than or equal to 20% of the units must have of 1 or less bedrooms).

c. Specify the number of low-income units that will serve individuals and families with children by providing three or more bedrooms:
% of total Low Income Units

NOTE: Development must utilize a **VHDA Certified Management Agent**. Proof of management certification must be provided before 8609s are issued.

K. SPECIAL HOUSING NEEDS

4. Rental Assistance

1. Some of the low-income units do or will receive rental assistance..... FALSE

2. Indicate True if rental assistance will be available:

- FALSE Rental Assistance Demonstration (RAD) or other PHA conversion to based rental assistance.
- FALSE Section 8 New Construction Substantial Rehabilitation
- FALSE Section 8 Moderate Rehabilitation
- FALSE Section 8 Certificates
- FALSE Section 8 Project Based Assistance
- FALSE RD 515 Rental Assistance
- FALSE Section 8 Vouchers
- FALSE State Assistance
- FALSE Other:

| | |
|---|-------|
| 3. Number of units receiving assistance: | 0 |
| How many years in rental assistance contract: | 0.00 |
| Expiration date of contract: | |
| There is an Option to Renew..... | FALSE |

Action: Contract or other agreement provided **(TAB Q)**.

L. UNIT DETAILS

1. Set-Aside Election:

UNITS SELECTED IN INCOME AND RENT DETERMINE POINTS FOR THE BONUS POINT CATEGORY

Note: In order to qualify for any tax credits, a development must meet one of two minimum threshold occupancy tests. Either (i) at least 20% of the units must be rent-restricted and occupied by persons whose incomes are 50% or less of the area median income adjusted for family size (this is called the 20/50 test) or (ii) at least 40% of the units must be rent-restricted and occupied by persons whose incomes are 60% or less of the area median income adjusted for family size (this is called the 40/60 test), all as described in Section 42 of the IRC. Rent-and income-restricted units are known as low-income units. If you have more low-income units than required, you qualify for more credits. If you serve lower incomes than required, you receive more points under the ranking system.

#N/A
#DIV/0!

Units Provided Per Household Type:

| Income Levels | | |
|---------------|------------|-----------------|
| # of Units | % of Units | |
| 0 | #DIV/0! | 20% Area Median |
| 0 | #DIV/0! | 30% Area Median |
| 0 | #DIV/0! | 40% Area Median |
| 0 | #DIV/0! | 50% Area Median |
| 0 | #DIV/0! | 60% Area Median |
| 0 | #DIV/0! | 70% Area Median |
| 0 | #DIV/0! | 80% Area Median |
| 0 | #DIV/0! | Non-LMI Units |
| 0 | 0 | Total |

| Rent Levels | | |
|-------------|------------|-----------------|
| # of Units | % of Units | |
| 0 | #DIV/0! | 20% Area Median |
| 0 | #DIV/0! | 30% Area Median |
| 0 | #DIV/0! | 40% Area Median |
| 0 | #DIV/0! | 50% Area Median |
| 0 | #DIV/0! | 60% Area Median |
| 0 | #DIV/0! | 70% Area Median |
| 0 | #DIV/0! | 80% Area Median |
| 0 | #DIV/0! | Non - LMI Units |
| 0 | #DIV/0! | Total |

2. Unit Detail

FOR YOUR CONVENIENCE, COPY AND PASTE IS ALLOWED WITHIN UNIT MIX GRID

In the following grid, add a row for each unique unit type planned within the development. Enter the appropriate data for both tax credit and market rate units.

| | Unit Type (Select One) | Rent Target (Select One) | Number of Units | Number of Units 504 compliant | Net Rentable Square Feet | Monthly Rent Per Unit | Total Monthly Rent |
|--------|------------------------|--------------------------|-----------------|-------------------------------|--------------------------|-----------------------|--------------------|
| Mix 1 | 1 BR - 1 Bath | | | | | | \$0 |
| Mix 2 | | | | | | | \$0 |
| Mix 3 | | | | | | | \$0 |
| Mix 4 | | | | | | | \$0 |
| Mix 5 | | | | | | | \$0 |
| Mix 6 | | | | | | | \$0 |
| Mix 7 | | | | | | | \$0 |
| Mix 8 | | | | | | | \$0 |
| Mix 9 | | | | | | | \$0 |
| Mix 10 | | | | | | | \$0 |
| Mix 11 | | | | | | | \$0 |
| Mix 12 | | | | | | | \$0 |
| Mix 13 | | | | | | | \$0 |
| Mix 14 | | | | | | | \$0 |
| Mix 15 | | | | | | | \$0 |
| Mix 16 | | | | | | | \$0 |
| Mix 17 | | | | | | | \$0 |
| Mix 18 | | | | | | | \$0 |
| Mix 19 | | | | | | | \$0 |
| Mix 20 | | | | | | | \$0 |
| Mix 21 | | | | | | | \$0 |
| Mix 22 | | | | | | | \$0 |
| Mix 23 | | | | | | | \$0 |
| Mix 24 | | | | | | | \$0 |
| Mix 25 | | | | | | | \$0 |
| Mix 26 | | | | | | | \$0 |
| Mix 27 | | | | | | | \$0 |

L. UNIT DETAILS

| | | | | | | | |
|--------|--|--|--|--|--|--|-----|
| Mix 28 | | | | | | | \$0 |
| Mix 29 | | | | | | | \$0 |
| Mix 30 | | | | | | | \$0 |
| Mix 31 | | | | | | | \$0 |
| Mix 32 | | | | | | | \$0 |
| Mix 33 | | | | | | | \$0 |
| Mix 34 | | | | | | | \$0 |
| Mix 35 | | | | | | | \$0 |
| Mix 36 | | | | | | | \$0 |
| Mix 37 | | | | | | | \$0 |
| Mix 38 | | | | | | | \$0 |
| Mix 39 | | | | | | | \$0 |
| Mix 40 | | | | | | | \$0 |
| Mix 41 | | | | | | | \$0 |
| Mix 42 | | | | | | | \$0 |
| Mix 43 | | | | | | | \$0 |
| Mix 44 | | | | | | | \$0 |
| Mix 45 | | | | | | | \$0 |
| Mix 46 | | | | | | | \$0 |
| Mix 47 | | | | | | | \$0 |
| Mix 48 | | | | | | | \$0 |
| Mix 49 | | | | | | | \$0 |
| Mix 50 | | | | | | | \$0 |
| Mix 51 | | | | | | | \$0 |
| Mix 52 | | | | | | | \$0 |
| Mix 53 | | | | | | | \$0 |
| Mix 54 | | | | | | | \$0 |
| Mix 55 | | | | | | | \$0 |
| Mix 56 | | | | | | | \$0 |
| Mix 57 | | | | | | | \$0 |
| Mix 58 | | | | | | | \$0 |
| Mix 59 | | | | | | | \$0 |
| Mix 60 | | | | | | | \$0 |
| Mix 61 | | | | | | | \$0 |
| Mix 62 | | | | | | | \$0 |
| Mix 63 | | | | | | | \$0 |
| Mix 64 | | | | | | | \$0 |
| Mix 65 | | | | | | | \$0 |
| Mix 66 | | | | | | | \$0 |
| Mix 67 | | | | | | | \$0 |
| Mix 68 | | | | | | | \$0 |
| Mix 69 | | | | | | | \$0 |
| Mix 70 | | | | | | | \$0 |
| Mix 71 | | | | | | | \$0 |
| Mix 72 | | | | | | | \$0 |
| Mix 73 | | | | | | | \$0 |
| Mix 74 | | | | | | | \$0 |
| Mix 75 | | | | | | | \$0 |
| Mix 76 | | | | | | | \$0 |
| Mix 77 | | | | | | | \$0 |
| Mix 78 | | | | | | | \$0 |
| Mix 79 | | | | | | | \$0 |
| Mix 80 | | | | | | | \$0 |
| Mix 81 | | | | | | | \$0 |
| Mix 82 | | | | | | | \$0 |
| Mix 83 | | | | | | | \$0 |
| Mix 84 | | | | | | | \$0 |
| Mix 85 | | | | | | | \$0 |
| Mix 86 | | | | | | | \$0 |

L. UNIT DETAILS

| | | | | | | | | |
|---------------|--|--|---|---|------|-----|--|-----|
| Mix 87 | | | | | | | | \$0 |
| Mix 88 | | | | | | | | \$0 |
| Mix 89 | | | | | | | | \$0 |
| Mix 90 | | | | | | | | \$0 |
| Mix 91 | | | | | | | | \$0 |
| Mix 92 | | | | | | | | \$0 |
| Mix 93 | | | | | | | | \$0 |
| Mix 94 | | | | | | | | \$0 |
| Mix 95 | | | | | | | | \$0 |
| Mix 96 | | | | | | | | \$0 |
| Mix 97 | | | | | | | | \$0 |
| Mix 98 | | | | | | | | \$0 |
| Mix 99 | | | | | | | | \$0 |
| Mix 100 | | | | | | | | \$0 |
| TOTALS | | | 0 | 0 | 0.00 | \$0 | | \$0 |

| | | | | |
|--------------------|----------|-------------------------|---------------------|-------------|
| Total Units | 0 | Net Rentable SF: | TC Units | 0.00 |
| | | | MKT Units | 0.00 |
| | | | Total NR SF: | 0.00 |

| | |
|---|----------------|
| Floor Space Fraction (to 7 decimals) | #DIV/0! |
|---|----------------|

2019 Low-Income Housing Tax Credit Application For Reservation

M. OPERATING EXPENSES

Use Whole Numbers Only!

| | | | |
|---|--------------------|----------|------------|
| Administrative: | | | |
| 1. Advertising/Marketing | | | \$0 |
| 2. Office Salaries | | | \$0 |
| 3. Office Supplies | | | \$0 |
| 4. Office/Model Apartment | (type _____) | | \$0 |
| 5. Management Fee | | | \$0 |
| #DIV/0! of EGI | <u> #DIV/0!</u> | Per Unit | |
| 6. Manager Salaries | | | \$0 |
| 7. Staff Unit (s) | (type _____) | | \$0 |
| 8. Legal | | | \$0 |
| 9. Auditing | | | \$0 |
| 10. Bookkeeping/Accounting Fees | | | \$0 |
| 11. Telephone & Answering Service | | | \$0 |
| 12. Tax Credit Monitoring Fee | | | \$0 |
| 13. Miscellaneous Administrative | | | \$0 |
| Total Administrative | | | <u>\$0</u> |
| Utilities | | | |
| 14. Fuel Oil | | | \$0 |
| 15. Electricity | | | \$0 |
| 16. Water | | | \$0 |
| 17. Gas | | | \$0 |
| 18. Sewer | | | \$0 |
| Total Utility | | | <u>\$0</u> |
| Operating: | | | |
| 19. Janitor/Cleaning Payroll | | | \$0 |
| 20. Janitor/Cleaning Supplies | | | \$0 |
| 21. Janitor/Cleaning Contract | | | \$0 |
| 22. Exterminating | | | \$0 |
| 23. Trash Removal | | | \$0 |
| 24. Security Payroll/Contract | | | \$0 |
| 25. Grounds Payroll | | | \$0 |
| 26. Grounds Supplies | | | \$0 |
| 27. Grounds Contract | | | \$0 |
| 28. Maintenance/Repairs Payroll | | | \$0 |
| 29. Repairs/Material | | | \$0 |
| 30. Repairs Contract | | | \$0 |
| 31. Elevator Maintenance/Contract | | | \$0 |
| 32. Heating/Cooling Repairs & Maintenance | | | \$0 |
| 33. Pool Maintenance/Contract/Staff | | | \$0 |
| 34. Snow Removal | | | \$0 |
| 35. Decorating/Payroll/Contract | | | \$0 |
| 36. Decorating Supplies | | | \$0 |
| 37. Miscellaneous | | | \$0 |
| Totals Operating & Maintenance | | | <u>\$0</u> |

2019 Low-Income Housing Tax Credit Application For Reservation

M. OPERATING EXPENSES

| | | | |
|---|----------------|--|----------------|
| Taxes & Insurance | | | |
| 38. Real Estate Taxes | | | \$0 |
| 39. Payroll Taxes | | | \$0 |
| 40. Miscellaneous Taxes/Licenses/Permits | | | \$0 |
| 41. Property & Liability Insurance | | | \$0 |
| 42. Fidelity Bond | | | \$0 |
| 43. Workman's Compensation | | | \$0 |
| 44. Health Insurance & Employee Benefits | | | \$0 |
| 45. Other Insurance | | | \$0 |
| Total Taxes & Insurance | | | \$0 |
| Total Operating Expense | | | \$0 |
| Total Operating Expenses Per Unit | <u>#DIV/0!</u> | C. Total Operating Expenses as % of EGI | <u>#DIV/0!</u> |
| Replacement Reserves (Total # Units X \$300 or \$250 New Const. Elderly Minimum) | | | \$0 |
| Total Expenses | | | \$0 |
| | #DIV/0! | | |
| | #DIV/0! | | |

ACTION: Provide Documentation of Operating Budget at **Tab R** if applicable.

2019 Low-Income Housing Tax Credit Application For Reservation

N. PROJECT SCHEDULE

| ACTIVITY | ACTUAL OR ANTICIPATED DATE | NAME OF RESPONSIBLE PERSON |
|--|----------------------------|----------------------------|
| 1. SITE | | |
| a. Option/Contract | | |
| b. Site Acquisition | | |
| c. Zoning Approval | | |
| d. Site Plan Approval | | |
| 2. Financing | | |
| a. Construction Loan | | |
| i. Loan Application | | |
| ii. Conditional Commitment | | |
| iii. Firm Commitment | | |
| b. Permanent Loan - First Lien | | |
| i. Loan Application | | |
| ii. Conditional Commitment | | |
| iii. Firm Commitment | | |
| c. Permanent Loan-Second Lien | | |
| i. Loan Application | | |
| ii. Conditional Commitment | | |
| iii. Firm Commitment | | |
| d. Other Loans & Grants | | |
| i. Type & Source, List | | |
| ii. Application | | |
| iii. Award/Commitment | | |
| 2. Formation of Owner | | |
| 3. IRS Approval of Nonprofit Status | | |
| 4. Closing and Transfer of Property to Owner | | |
| 5. Plans and Specifications, Working Drawings | | |
| 6. Building Permit Issued by Local Government | | |
| 7. Start Construction | | |
| 8. Begin Lease-up | | |
| 9. Complete Construction | | |
| 10. Complete Lease-Up | | |
| 11. Credit Placed in Service Date | | |

O. PROJECT BUDGET - HARD COSTS

Cost/Basis/Maximum Allowable Credit

Complete cost column and basis column(s) as appropriate

Note: Attorney must opine, among other things, as to correctness of the inclusion of each cost item in eligible basis, type of credit and numerical calculations of this Part VIII.

| Item | (A) Cost | Amount of Cost up to 100% Includable in Eligible Basis--Use Applicable Column(s): | | |
|----------------------------------|----------|---|--------------------------------|-----------------------------|
| | | "30% Present Value Credit" | | (D) |
| | | (B) Acquisition | (C) Rehab/ New Construction | "70 % Present Value Credit" |
| 1. Contractor Cost | | | | |
| a. Unit Structures (New) | 0 | 0 | 0 | 0 |
| b. Unit Structures (Rehab) | 0 | 0 | 0 | 0 |
| c. Non Residential Structures | 0 | 0 | 0 | 0 |
| d. Commercial Space Costs | 0 | 0 | 0 | 0 |
| e. Structured Parking Garage | 0 | 0 | 0 | 0 |
| Total Structure | 0 | 0 | 0 | 0 |
| f. Earthwork | 0 | 0 | 0 | 0 |
| g. Site Utilities | 0 | 0 | 0 | 0 |
| h. Roads & Walks | 0 | 0 | 0 | 0 |
| i. Site Improvements | 0 | 0 | 0 | 0 |
| j. Lawns & Planting | 0 | 0 | 0 | 0 |
| k. Engineering | 0 | 0 | 0 | 0 |
| l. Off-Site Improvements | 0 | 0 | 0 | 0 |
| m. Site Environmental Mitigation | 0 | 0 | 0 | 0 |
| n. Demolition | 0 | 0 | 0 | 0 |
| o. Site Work | 0 | 0 | 0 | 0 |
| p. Other Site work | 0 | 0 | 0 | 0 |
| Total Land Improvements | 0 | 0 | 0 | 0 |
| Total Structure and Land | 0 | 0 | 0 | 0 |
| q. General Requirements | 0 | 0 | 0 | 0 |
| r. Builder's Overhead | 0 | 0 | 0 | 0 |
| (#DIV/0! Contract) | | | | |
| s. Builder's Profit | 0 | 0 | 0 | 0 |
| (#DIV/0! Contract) | | | | |
| t. Bonds | 0 | 0 | 0 | 0 |
| u. Building Permits | 0 | 0 | 0 | 0 |
| v. Special Construction | 0 | 0 | 0 | 0 |
| w. Special Equipment | 0 | 0 | 0 | 0 |
| x. Other 1: _____ | 0 | 0 | 0 | 0 |
| y. Other 2: _____ | 0 | 0 | 0 | 0 |
| z. Other 3: _____ | 0 | 0 | 0 | 0 |
| Contractor Costs | \$0 | \$0 | \$0 | \$0 |

O. PROJECT BUDGET - OWNER COSTS

MUST USE WHOLE NUMBERS ONLY!

| Item | (A) Cost | Amount of Cost up to 100% Includable in Eligible Basis--Use Applicable Column(s): | | |
|--|----------|---|--------------------------------|-----------------------------|
| | | "30% Present Value Credit" | | (D) |
| | | (B) Acquisition | (C) Rehab/ New Construction | "70 % Present Value Credit" |
| 2. Owner Costs | | | | |
| a. Building Permit | 0 | 0 | 0 | 0 |
| b. Architecture/Engineering Design Fee #DIV/0! /Unit) | 0 | 0 | 0 | 0 |
| c. Architecture Supervision Fee #DIV/0! /Unit) | 0 | 0 | 0 | 0 |
| d. Tap Fees | 0 | 0 | 0 | 0 |
| e. Environmental | 0 | 0 | 0 | 0 |
| f. Soil Borings | 0 | 0 | 0 | 0 |
| g. EarthCraft/LEED | 0 | 0 | 0 | 0 |
| h. Appraisal | 0 | 0 | 0 | 0 |
| i. Market Study | 0 | 0 | 0 | 0 |
| j. Site Engineering / Survey | 0 | 0 | 0 | 0 |
| k. Construction/Development Mgt | 0 | 0 | 0 | 0 |
| l. Structural/Mechanical Study | 0 | 0 | 0 | 0 |
| m. Construction Loan Origination Fee | 0 | 0 | 0 | 0 |
| n. Construction Interest (0.0% for 0 months) | 0 | 0 | 0 | 0 |
| o. Taxes During Construction | 0 | 0 | 0 | 0 |
| p. Insurance During Construction | 0 | 0 | 0 | 0 |
| q. Permanent Loan Fee (0.0%) | 0 | 0 | 0 | 0 |
| r. Other Permanent Loan Fees | 0 | 0 | 0 | 0 |
| s. Letter of Credit | 0 | 0 | 0 | 0 |
| t. Cost Certification Fee | 0 | 0 | 0 | 0 |
| u. Accounting | 0 | 0 | 0 | 0 |
| v. Title and Recording | 0 | 0 | 0 | 0 |
| w. Legal Fees for Closing | 0 | 0 | 0 | 0 |
| x. Mortgage Banker | 0 | 0 | 0 | 0 |
| y. Tax Credit Fee | 0 | | | |
| z. Tenant Relocation | 0 | 0 | 0 | 0 |
| aa. Fixtures, Furnitures and Equipment | 0 | 0 | 0 | 0 |
| ab. Organization Costs | 0 | 0 | 0 | 0 |
| ac. Operating Reserve | 0 | 0 | 0 | 0 |
| ad. Contingency | 0 | 0 | 0 | 0 |
| ae. Security | 0 | 0 | 0 | 0 |
| af. Utilities | 0 | 0 | 0 | 0 |
| (1) Other* specify: | 0 | 0 | 0 | 0 |
| (2) Other* specify: | 0 | 0 | 0 | 0 |
| (3) Other* specify: | 0 | 0 | 0 | 0 |
| (4) Other* specify: | 0 | 0 | 0 | 0 |
| (5) Other * specify: | 0 | 0 | 0 | 0 |
| (6) Other* specify: | 0 | 0 | 0 | 0 |

O. PROJECT BUDGET - OWNER COSTS

| | | | | |
|---|-----|-----|-----|-----|
| (7) Other* specify: | 0 | 0 | 0 | 0 |
| (8) Other* specify: | 0 | 0 | 0 | 0 |
| (9) Other* specify: | 0 | 0 | 0 | 0 |
| (10) Other* specify: | 0 | 0 | 0 | 0 |
| Owner Costs Subtotal (Sum 2A..2(10)) | \$0 | \$0 | \$0 | \$0 |
| Subtotal 1 + 2 (Owner + Contractor Costs) | \$0 | \$0 | \$0 | \$0 |
| 3. Developer's Fees | 0 | 0 | 0 | 0 |
| 4. Owner's Acquisition Costs | | | | |
| Land | 0 | | | |
| Existing Improvements | 0 | 0 | | |
| Subtotal 4: | \$0 | \$0 | | |
| 5. Total Development Costs | | | | |
| Subtotal 1+2+3+4: | \$0 | \$0 | \$0 | \$0 |

If this application seeks rehab credits only, in which there is no acquisition and **no change in ownership**, enter the greater of appraised value or tax assessment value here:

(Provide documentation at **Tab E**)

| | |
|-----|----------|
| \$0 | Land |
| \$0 | Building |

Maximum Developer Fee:

\$0

Proposed Development's Cost per Unit:

#DIV/0!

Applicable Cost Limit per unit:

\$0

P. ELIGIBLE BASIS CALCULATION

| Item | (A) Cost | Amount of Cost up to 100% Includable in Eligible Basis--Use Applicable Column(s): | | |
|--|----------|---|--------------------------------|------------------------------------|
| | | "30 % Present Value Credit" | | (D) "70 % Present Value Credit" |
| | | (B) Acquisition | (C) Rehab/ New Construction | |
| 1. Total Development Costs | 0 | 0 | 0 | 0 |
| 2. Reductions in Eligible Basis | | | | |
| a. Amount of federal grant(s) used to finance qualifying development costs | | 0 | 0 | 0 |
| b. Amount of nonqualified, nonrecourse financing | | 0 | 0 | 0 |
| c. Costs of nonqualifying units of higher quality (or excess portion thereof) | | 0 | 0 | 0 |
| d. Historic Tax Credit (residential portion) | | 0 | 0 | 0 |
| 3. Total Eligible Basis (1 - 2 above) | | 0 | 0 | 0 |
| 4. Adjustment(s) to Eligible Basis (For non-acquisition costs in eligible basis) | | | | |
| a. For QCT or DDA (Eligible Basis x 30%) <i>State Designated Basis Boosts:</i> | | | 0 | 0 |
| b. For Revitalization or Supportive Housing (Eligible Basis x 30%) | | | 0 | 0 |
| c. For Green Certification (Eligible Basis x 10%) | | | | 0 |
| Total Adjusted Eligible basis | | | 0 | 0 |
| 5. Applicable Fraction | | #DIV/0! | #DIV/0! | #DIV/0! |
| 6. Total Qualified Basis (Eligible Basis x Applicable Fraction) | | #DIV/0! | #DIV/0! | #DIV/0! |
| 7. Applicable Percentage (Beginning with 2016 Allocations, use the standard 9% rate.) (For tax exempt bonds, use the most recently published rates.) | | 0.00% | 0.00% | 0.00% |
| 8. Maximum Allowable Credit under IRC §42 (Qualified Basis x Applicable Percentage) (Must be same as BIN total and equal to or less than credit amount allowed) | | #DIV/0! | #DIV/0! | #DIV/0! |
| | | #DIV/0! Combined 30% & 70% P. V. Credit | | |

Q. SOURCES OF FUNDS

Action: Provide Documentation for all Funding Sources at Tab T

1. Construction Financing: List individually the sources of construction financing, including any such loans financed through grant sources:

| | Source of Funds | Date of Application | Date of Commitment | Amount of Funds | Name of Contact Person |
|-----------------------------|-----------------|---------------------|--------------------|-----------------|------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Total Construction Funding: | | | | \$0 | |

2. Permanent Financing: List individually the sources of all permanent financing in order of lien position:

| | Source of Funds | Date of Application | Date of Commitment | Amount of Funds <i>(Whole Numbers only)</i> | Annual Debt Service Cost | Interest Rate of Loan | Amortization Period IN YEARS | Term of Loan (years) |
|--------------------------|-----------------|---------------------|--------------------|--|--------------------------|-----------------------|---------------------------------|----------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| Total Permanent Funding: | | | | \$0 | \$0 | | | |

3. Grants: List all grants provided for the development:

| | Source of Funds | Date of Application | Date of Commitment | Amount of Funds | Name of Contact Person |
|-------------------------|-----------------|---------------------|--------------------|-----------------|------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| Total Permanent Grants: | | | | \$0 | |

Q. SOURCES OF FUNDS

4. Subsidized Funding

| | Source of Funds | Date of Commitment | Amount of Funds |
|--------------------------|-----------------|--------------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Total Subsidized Funding | | | \$0 |

5. Recap of Federal, State, and Local Funds

Portions of the sources of funds described above for the development are financed directly or indirectly with Federal, State, or Local Government Funds..... **FALSE**

If above is **True**, then list the amount of money involved by all appropriate types.

Below-Market Loans

| | | |
|----|-------------------|-----|
| a. | Tax Exempt Bonds | \$0 |
| b. | RD 515 | \$0 |
| c. | Section 221(d)(3) | \$0 |
| d. | Section 312 | \$0 |
| e. | Section 236 | \$0 |
| f. | VHDA SPARC/REACH | \$0 |
| g. | HOME Funds | \$0 |
| h. | Other: | \$0 |
| i. | Other: | \$0 |

Market-Rate Loans

| | | |
|----|-------------------|-----|
| a. | Taxable Bonds | \$0 |
| b. | Section 220 | \$0 |
| c. | Section 221(d)(3) | \$0 |
| d. | Section 221(d)(4) | \$0 |
| e. | Section 236 | \$0 |
| f. | Section 223(f) | \$0 |
| g. | Other: | \$0 |

Grants*

| | | |
|----|------|-----|
| a. | CDBG | \$0 |
| b. | UDAG | \$0 |

Grants

| | | |
|----|--------|--|
| c. | State | |
| d. | Local | |
| e. | Other: | |

*This means grants to the partnership. If you received a loan financed by a locality which received one of the listed grants, please list it in the appropriate loan column as "other" and describe the applicable grant program which funded it.

Q. SOURCES OF FUNDS

6. For Transactions Using Tax-Exempt Bonds Seeking 4% Credits:

For purposes of the 50% Test, and based only on the data entered to this application, the portion of the aggregate basis of buildings and land financed with tax-exempt funds is: N/A

7. Some of the development's financing has credit enhancements..... FALSE

If **True**, list which financing and describe the credit enhancement:

8. Other Subsidies **Action:** Provide documentation (Tab Q)

- a. FALSE Real Estate Tax Abatement on the increase in the value of the development.

- b. FALSE **New** project based subsidy from HUD or Rural Development for the greater of 5 or 10% of the units in the development.

- c. FALSE Other

9. A HUD approval for transfer of physical asset is required..... FALSE

R. EQUITY

1. Equity

a. Portion of Syndication Proceeds Attributable to Historic Tax Credit

| | | | | | |
|-------------------------------------|-----|------------|----|---|-----|
| Amount of Federal historic credits | \$0 | x Equity % | 0% | = | \$0 |
| Amount of Virginia historic credits | \$0 | x Equity % | 0% | = | \$0 |

b. Equity that Sponsor will Fund:

| | | |
|-------------------------------|-----|--|
| i. Cash Investment | \$0 | |
| ii. Contributed Land/Building | \$0 | |
| iii. Deferred Developer Fee | \$0 | (Note: Deferred Developer Fee cannot be negative.) |
| iv. Other: | \$0 | |

Equity Total \$0

2. Equity Gap Calculation

| | |
|--|-------|
| a. Total Development Cost | \$0 |
| b. Total of Permanent Funding, Grants and Equity | - \$0 |
| c. Equity Gap | \$0 |
| d. Developer Equity | - \$0 |
| e. Equity gap to be funded with low-income tax credit proceeds | \$0 |

3. Syndication Information (If Applicable)

a. Actual or Anticipated Name of Syndicator: _____
 Contact Person: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

| | |
|---|----------|
| b. Syndication Equity | #DIV/0! |
| i. Anticipated Annual Credits | \$0.00 |
| ii. Equity Dollars Per Credit (e.g., \$0.85 per dollar of credit) | \$0.000 |
| iii. Percent of ownership entity (e.g., 99% or 99.9%) | 0.00000% |
| iv. Syndication costs not included in Total Development Costs (e.g., advisory fees) | \$0 |
| v. Net credit amount anticipated by user of credits | \$0 |
| vi. Total to be paid by anticipated users of credit (e.g., limited partners) | \$0 |

c. Syndication: Select?
 d. Investors: Select?

4. Net Syndication Amount

Which will be used to pay for Total Development Costs \$0

5. Net Equity Factor

Must be equal to or greater than 85% #DIV/0!

S. DETERMINATION OF RESERVATION AMOUNT NEEDED

The following calculation of the amount of credits needed is substantially the same as the calculation which will be made by VHDA to determine, as required by the IRC, the amount of credits which may be allocated for the development. However, VHDA at all times retains the right to substitute such information and assumptions as are determined by VHDA to be reasonable for the information and assumptions provided herein as to costs (including development fees, profits, etc.), sources for funding, expected equity, etc. Accordingly, if the development is selected by VHDA for a reservation of credits, the amount of such reservation may differ significantly from the amount you compute below.

| | | |
|---|---------|---|
| 1. Total Development Costs | | \$0 |
| 2. Less Total of Permanent Funding, Grants and Equity | - | \$0 |
| 3. Equals Equity Gap | | \$0 |
| 4. Divided by Net Equity Factor (Percent of 10-year credit expected to be raised as equity investment) | | #DIV/0! |
| 5. Equals Ten-Year Credit Amount Needed to Fund Gap | | #DIV/0! |
| Divided by ten years | | 10 |
| 6. Equals Annual Tax Credit Required to Fund the Equity Gap | | #DIV/0! |
| 7. Maximum Allowable Credit Amount (from Eligible Basis Calculation) | | #DIV/0! |
| 8. Requested Credit Amount | | For 30% PV Credit: \$0 For 70% PV Credit: \$0 |
| Credit per LI Units | #DIV/0! | Combined 30% & 70% PV Credit Requested |
| Credit per LI Bedroom | #DIV/0! | |
| | | \$0 |

#DIV/0!
#DIV/0!

9. **Action:** Provide Attorney's Opinion (**Mandatory Tab H**)

T. CASH FLOW

1. Revenue

Indicate the estimated monthly income for the **Low-Income Units** (based on Unit Details tab):

| | |
|--|------------|
| Total Monthly Rental Income for LIHTC Units | \$0 |
| Plus Other Income Source (list): <input type="text"/> | \$0 |
| Equals Total Monthly Income: | \$0 |
| Twelve Months | x12 |
| Equals Annual Gross Potential Income | \$0 |
| Less Vacancy Allowance <input type="text" value="0.0%"/> | \$0 |
| Equals Annual Effective Gross Income (EGI) - Low Income Units | \$0 |

2. Indicate the estimated monthly income for the Market Rate Units (based on Unit Details tab):

| | |
|---|------------|
| Total Monthly Income for Market Rate Units: | \$0 |
| Plus Other Income Source (list): <input type="text"/> | \$0 |
| Equals Total Monthly Income: | \$0 |
| Twelve Months | x12 |
| Equals Annual Gross Potential Income | \$0 |
| Less Vacancy Allowance <input type="text" value="0.0%"/> | \$0 |
| Equals Annual Effective Gross Income (EGI) - Market Rate Units | \$0 |

Action: Provide documentation in support of Operating Budget (**TAB R**)

3. Cash Flow (First Year)

| | |
|---|-----|
| a. Annual EGI Low-Income Units | \$0 |
| b. Annual EGI Market Units | \$0 |
| c. Total Effective Gross Income | \$0 |
| d. Total Expenses | \$0 |
| e. Net Operating Income | \$0 |
| f. Total Annual Debt Service | \$0 |
| g. Cash Flow Available for Distribution | \$0 |

T. CASH FLOW

4. Projections for Financial Feasibility - 15 Year Projections of Cash Flow

| | Stabilized Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---------------------|----------------------|---------|---------|---------|---------|
| Eff. Gross Income | 0 | 0 | 0 | 0 | 0 |
| Less Oper. Expenses | 0 | 0 | 0 | 0 | 0 |
| Net Income | 0 | 0 | 0 | 0 | 0 |
| Less Debt Service | 0 | 0 | 0 | 0 | 0 |
| Cash Flow | 0 | 0 | 0 | 0 | 0 |
| Debt Coverage Ratio | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

| | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|---------------------|---------|---------|---------|---------|---------|
| Eff. Gross Income | 0 | 0 | 0 | 0 | 0 |
| Less Oper. Expenses | 0 | 0 | 0 | 0 | 0 |
| Net Income | 0 | 0 | 0 | 0 | 0 |
| Less Debt Service | 0 | 0 | 0 | 0 | 0 |
| Cash Flow | 0 | 0 | 0 | 0 | 0 |
| Debt Coverage Ratio | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

| | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|---------------------|---------|---------|---------|---------|---------|
| Eff. Gross Income | 0 | 0 | 0 | 0 | 0 |
| Less Oper. Expenses | 0 | 0 | 0 | 0 | 0 |
| Net Income | 0 | 0 | 0 | 0 | 0 |
| Less Debt Service | 0 | 0 | 0 | 0 | 0 |
| Cash Flow | 0 | 0 | 0 | 0 | 0 |
| Debt Coverage Ratio | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

Estimated Annual Percentage Increase in Revenue 2.00% (Must be \leq 2%)
 Estimated Annual Percentage Increase in Expenses 3.00% (Must be \geq 3%)

U. Building-by-Building Information

Must Complete

Qualified basis must be determined on a building-by building basis. Complete the section below. Building street addresses are required by the IRS (must have them by the time of allocation request).

Number of BINS: 0

#DIV/0!

FOR YOUR CONVENIENCE, COPY AND PASTE IS ALLOWED WITHIN BUILDING GRID

DO NOT use the CUT feature

| Bldg # | BIN if known | NUMBER OF | | 30% Present Value Credit for Acquisition | | | | | 30% Present Value Credit for Rehab / New Construction | | | | 70% Present Value Credit | | | | | | | | | |
|--------|--------------|------------------|-------------------|--|------------------|------|-------|-----|---|---------------------------------------|-----------------------|---------------|--------------------------|---------------------------------------|-----------------------|---------------|--------------------------|---------------------------------------|-----------------------|---------------|-----|-----|
| | | TAX CREDIT UNITS | MARKET RATE UNITS | Street Address 1 | Street Address 2 | City | State | Zip | Estimate Qualified Basis | Actual or Anticipated In-Service Date | Applicable Percentage | Credit Amount | Estimate Qualified Basis | Actual or Anticipated In-Service Date | Applicable Percentage | Credit Amount | Estimate Qualified Basis | Actual or Anticipated In-Service Date | Applicable Percentage | Credit Amount | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 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 |

0 0

Totals from all buildings

\$0

\$0

\$0

\$0

Qualified Basis Totals (must agree with VIII-A10)

\$0

\$0

\$0

Credit Amount Totals (must agree with VIII-A-12)

Number of BINS: 0

V. STATEMENT OF OWNER

The undersigned hereby acknowledges the following:

1. that, to the best of its knowledge and belief, all factual information provided herein or in connection herewith is true and correct, and all estimates are reasonable.
2. that it will at all times indemnify and hold harmless VHDA and its assigns against all losses, costs, damages, VHDA's expenses, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to VHDA's acceptance, consideration, approval, or disapproval of this reservation request and the issuance or nonissuance of an allocation of credits, grants and/or loan funds in connection herewith.
3. that points will be assigned only for representations made herein for which satisfactory documentation is submitted herewith and that no revised representations may be made in connection with this application once the deadline for applications has passed.
4. that this application form, provided by VHDA to applicants for tax credits, including all sections herein relative to basis, credit calculations, and determination of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of VHDA in reviewing reservation requests; that completion hereof in no way guarantees eligibility for the credits or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; and that any notations herein describing IRC requirements are offered only as general guides and not as legal authority.
5. that the undersigned is responsible for ensuring that the proposed development will be comprised of qualified low-income buildings and that it will in all respects satisfy all applicable requirements of federal tax law and any other requirements imposed upon it by VHDA prior to allocation, should one be issued.
6. that the undersigned commits to providing first preference to members of targeted populations having state rental assistance and will not impose any eligibility requirements or lease terms terms for such individuals that are more restrictive than its standard requirements and terms, the terms of the MOU establishing the target population, or the eligibility requirements for the state rental assistance.
7. that, for the purposes of reviewing this application, VHDA is entitled to rely upon representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relative to the determination of qualified basis for the development as a whole and/or each building therein individually as well as the amounts and types of credit applicable thereof, but that the issuance of a reservation based on such representation in no way warrants their correctness or compliance with IRC requirements.
8. that VHDA may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may reserve credits, if any, in an amount significantly different from the amount requested.
9. that reservations of credits are not transferable without prior written approval by VHDA at its sole discretion.

V. STATEMENT OF OWNER

- 10. that the requirements for applying for the credits and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or VHDA regulations, or other binding authority.
- 11. that reservations may be made subject to certain conditions to be satisfied prior to allocation and shall in all cases be contingent upon the receipt of a nonrefundable application fee of \$1000 and a nonrefundable reservation fee equal to 7% of the annual credit amount reserved.
- 12. that a true, exact, and complete copy of this application, including all the supporting documentation enclosed herewith, has been provided to the tax attorney who has provided the required attorney's opinion accompanying this submission.
- 13. that the undersigned has provided a complete list of all residential real estate developments in which the general partner(s) has (have) or had a controlling ownership interest and, in the case of those projects allocated credits under Section 42 of the IRC, complete information on the status of compliance with Section 42 and an explanation of any noncompliance. The undersigned hereby authorizes the Housing Credit Agencies of states in which these projects are located to share compliance information with the Authority.
- 14. that any principal of undersigned has not participated in a planned foreclosure or Qualified Contract request in Virginia after January 1, 2019.
- 15. that undersigned waives the right to pursue a Qualified Contract on this development.
- 16. that the information in this application may be disseminated to others for purposes of verification or other purposes consistent with the Virginia Freedom of Information Act. However, all information will be maintained, used or disseminated in accordance with the Government Data Collection and Dissemination Practices Act. The undersigned may refuse to supply the information requested, however, such refusal will result in VHDA's inability to process the application. The original or copy of this application may be retained by VHDA, even if tax credits are not allocated to the undersigned.

In Witness Whereof, the undersigned, being authorized, has caused this document to be executed in its name on the date of this application set forth in DEV Info tab hereof.

Legal Name of Owner:

By:

Its:

(Title)

W.

LIHTC SELF SCORE SHEET

Self Scoring Process

This worksheet is intended to provide you with an estimate of your application score based on the selection criteria described in the QAP. Most of the data used in the scoring process is automatically entered below as you fill in the application. Other items, denoted below in the yellow shaded cells, are items that are typically evaluated by VHDA's staff during the application review and feasibility analysis. For purposes of self scoring, it will be necessary for you to make certain assumptions about your application and enter the appropriate responses in the yellow shaded cells of this score sheet. All but two require yes/no responses, in which case enter Y or N as appropriate. Item 5f would require a numeric value to be entered. Please remember that the score is only an estimate based on the selection criteria using the reservation application data and the responses you have entered on this score sheet. VHDA reserves the right to change application data and/or score sheet responses where appropriate, which may change the final score.

MANDATORY ITEMS:

| | Included | | Score |
|---|----------|-----------|-------------|
| a. Signed, completed application with attached tabs in PDF format | Y | Y or N | 0 |
| b. Active Excel copy of application | Y | Y or N | 0 |
| c. Partnership agreement | Y | Y or N | 0 |
| d. SCC Certification | Y | Y or N | 0 |
| e. Previous participation form | Y | Y or N | 0 |
| f. Site control document | Y | Y or N | 0 |
| g. Architect's Certification | Y | Y or N | 0 |
| h. Attorney's opinion | Y | Y or N | 0 |
| i. Nonprofit questionnaire (if applicable) | Y | Y, N, N/A | 0 |
| j. Appraisal | Y | Y or N | 0 |
| k. Zoning document | Y | Y or N | 0 |
| l. Universal Design Plans | Y | Y or N | 0 |
| m. List of LIHTC Developments (Schedule A) | Y | Y or N | 0 |
| Total: | | | 0.00 |

1. READINESS:

| | | | |
|--|---|----------|--------------|
| a. VHDA notification letter to CEO (via Locality Notification Information Application) | Y | 0 or -50 | 0.00 |
| b. Local CEO Opposition Letter | N | 0 or -25 | 0.00 |
| c. Plan of development | N | 0 or 40 | 0.00 |
| d. Location in a revitalization area based on Qualified Census Tract | N | 0 or 10 | 0.00 |
| e. Location in a revitalization area with resolution | N | 0 or 15 | 0.00 |
| f. Location in a Opportunity Zone | Y | 0 or 15 | 15.00 |
| Total: | | | 15.00 |

2. HOUSING NEEDS CHARACTERISTICS:

| | | | |
|--|---------|-----------------|----------------|
| a. Sec 8 or PHA waiting list preference | #DIV/0! | 0 or up to 5 | #DIV/0! |
| b. Existing RD, HUD Section 8 or 236 program | N | 0 or 20 | 0.00 |
| c. Waiting list preference to disabilities (DD) within marketing plan | N | 0 or 25 | 0.00 |
| d. Subsidized funding commitments | #DIV/0! | Up to 40 | #DIV/0! |
| e. Tax abatement on increase of property's value | N | 0 or 5 | 0.00 |
| f. New project based rental subsidy (HUD or RD) | N | 0 or 10 | 0.00 |
| g. Census tract with <12% poverty rate | 0% | 0, 20, 25 or 30 | 0.00 |
| h. Development listed on the Rural Development Rehab Priority List | N | 0 or 15 | 0.00 |
| i. Dev. located in area with little or no increase in rent burdened population | N | Up to -20 | #N/A |
| Dev. located in area with increasing rent burdened population | #N/A | Up to 20 | #N/A |
| Total: | | | #DIV/0! |

2019 Low-Income Housing Tax Credit Application For Reservation

3. DEVELOPMENT CHARACTERISTICS:

| | | | |
|---|---------|-------------|-------------|
| a. Amenities (See calculations below) | | | 4.00 |
| b. Project subsidies/HUD 504 accessibility for 5 or 10% of units | N | 0 or 60 | 0.00 |
| or c. HCV Payment Standard/HUD 504 accessibility for 5 or 10% of units | N | 0 or 30 | 0.00 |
| or d. HUD 504 accessibility for 5% of units | N | 0 or 15 | 0.00 |
| e. Proximity to public transportation (within Northern VA or Tidewater) | N | 0, 10 or 20 | 0.00 |
| f. Development will be Green Certified | Y | 0 or 10 | 10.00 |
| g. Units constructed to meet VHDA's Universal Design standards | #DIV/0! | Up to 15 | #DIV/0! |
| h. Developments with less than 100 units | N | up to 20 | 0.00 |
| i. Historic Structure | N | 0 or 5 | 0.00 |
| Total: | | | <u>0.00</u> |

4. TENANT POPULATION CHARACTERISTICS:

| | |
|--------------|-----------|
| Locality AMI | State AMI |
| #N/A | \$55,900 |

| | | | |
|--|---------|----------|-------------|
| a. Less than or equal to 20% of units having 1 or less bedrooms | #DIV/0! | 0 or 15 | #DIV/0! |
| b. <plus> Percent of Low Income units with 3 or more bedrooms | #DIV/0! | Up to 15 | #DIV/0! |
| c. Units with rents at or below 40% of AMI (up to 10% of LI units) | #DIV/0! | Up to 10 | #DIV/0! |
| d. Units with rent and income at or below 50% of AMI | #DIV/0! | Up to 50 | #N/A |
| or e. Units with rents at or below 50% rented to tenants at or below 60% of AMI | #DIV/0! | Up to 25 | #N/A |
| or f. Units in LI Jurisdictions with rents <= 50% rented to tenants with <= 60% of AMI | #N/A | Up to 50 | #N/A |
| Total: | | | <u>0.00</u> |

5. SPONSOR CHARACTERISTICS:

| | | | |
|--|---|----------|-------------|
| a. Developer experience - 3 developments with 3 x units or 6 developments with 1 x units | N | 0 or 50 | 0.00 |
| or b. Developer experience - 3 developments and at least 500,000 in liquid assets | N | 0 or 50 | 0.00 |
| or c. Developer experience - 1 development with 1 x units | N | 0 or 10 | 0.00 |
| d. Developer experience - life threatening hazard | N | 0 or -50 | 0.00 |
| e. Developer experience - noncompliance | N | 0 or -15 | 0.00 |
| f. Developer experience - did not build as represented | 0 | 0 or -2x | 0.00 |
| g. Developer experience - failure to provide minimum building requirements | N | 0 or -20 | 0.00 |
| h. Developer experience - termination of credits by VHDA | N | 0 or -10 | 0.00 |
| i. Developer experience - exceeds cost limits at certification | N | 0 or -50 | 0.00 |
| j. Management company rated unsatisfactory | N | 0 or -25 | 0.00 |
| Total: | | | <u>0.00</u> |

6. EFFICIENT USE OF RESOURCES:

| | | | |
|--------------------|--|-----------|-------------|
| a. Credit per unit | | Up to 200 | 0.00 |
| b. Cost per unit | | Up to 100 | 0.00 |
| Total: | | | <u>0.00</u> |

7. BONUS POINTS:

| | | | |
|--|---------|----------|-------------|
| a. Extended compliance | 0 Years | 40 or 50 | 0.00 |
| or b. Nonprofit or LHA purchase option | N | 0 or 60 | 0.00 |
| or c. Nonprofit or LHA Home Ownership option | N | 0 or 5 | 0.00 |
| d. Combined 9% and 4% Tax Exempt Bond Site Plan | N | Up to 45 | 0.00 |
| e. RAD or PHA Conversion participation and competing in Local Housing Authority pool | N | 0 or 10 | 0.00 |
| Total: | | | <u>0.00</u> |

425 Point Threshold - all 9% Tax Credits
 325 Point Threshold - Tax Exempt Bonds

TOTAL SCORE: #DIV/0!

2019 Low-Income Housing Tax Credit Application For Reservation

Amenities:

| All units have: | Max Pts | |
|--|---------|--------------------|
| a. Community Room | 5 | 0.00 |
| b. Exterior walls constructed with brick and other low maintenance materials | 22 | 0.00 |
| c. Submetered water expense | 5 | 0.00 |
| d. Watersense labeled faucets, toilets and showerheads | 3 | 0.00 |
| e. Infrastructure for high speed internet/broadband | 1 | 0.00 |
| f. Free Wifi Access in community room | 4 | 0.00 |
| g. Each unit provided free individual high speed internet access | 6 | 0.00 |
| h. Each unit provided free individual wifi | 8 | 0.00 |
| i. Bath Fan - Delayed timer or continuous exhaust | 3 | 0.00 |
| j. Baths equipped with humidistat | 3 | 0.00 |
| k. Cooking Surfaces equipped with fire prevention features | 4 | 0.00 |
| l. Cooking surfaces equipped with fire suppression features | 2 | 0.00 |
| m. Rehab only: dedicated space to accept permanent dehumidification system | 2 | 0.00 |
| n. Provides Permanently installed dehumidification system | 5 | 0.00 |
| o. All interior doors within units are solid core | 3 | 0.00 |
| p. USB in kitchen, living room and all bedrooms | 1 | 0.00 |
| q. LED Kitchen Light Fixtures | 2 | 0.00 |
| r. Shelf or Ledge at entrance within interior hallway | 2 | 0.00 |
| r. New Construction: Balcony or patio | 4 | 4.00 |
| | | <u>4.00</u> |
| | | |
| All elderly units have: | | |
| a. Front-control ranges | 1 | 0.00 |
| b. Independent/suppl. heat source | 1 | 0.00 |
| c. Two eye viewers | 1 | 0.00 |
| | | <u>0.00</u> |
| | | |
| Total amenities: | | <u>4.00</u> |

X. Development Summary

Summary Information

2019 Low-Income Housing Tax Credit Application For Reservation

Deal Name: 0

Cycle Type: 9% Tax Credits Requested Credit Amount: \$0
 Allocation Type: Rehabilitation Jurisdiction: 0
 Total Units: 0 Population Target: General
 Total LI Units: 0
 Project Gross Sq Ft: 0.00 Owner Contact: 0 0
 Earth Craft/Leeds? FALSE

Total Score
#DIV/0!

| Source of Funds | Amount | Per Unit | Per Sq Ft | Annual Debt Service |
|---------------------|--------|----------|-----------|---------------------|
| Permanent Financing | \$0 | #DIV/0! | #DIV/0! | \$0 |

| Uses of Funds - Actual Costs | | | | |
|------------------------------|------------|----------------|---------|----------|
| Type of Uses | Amount | Per Unit | Sq Ft | % of TDC |
| Improvements | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| General Req/Overhead/Profit | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| Other Contract Costs | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| Owner Costs | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| Acquisition | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| Developer Fee | \$0 | #DIV/0! | #DIV/0! | #DIV/0! |
| Total Uses | \$0 | #DIV/0! | | |

| Total Development Costs | |
|--------------------------------|------------|
| Total Improvements | \$0 |
| Land Acquisition | \$0 |
| Developer Fee | \$0 |
| Total Development Costs | \$0 |

| Income | | |
|------------------------------------|-------|------------|
| Gross Potential Income - LI Units | | \$0 |
| Gross Potential Income - Mkt Units | | \$0 |
| Subtotal | | \$0 |
| Less Vacancy % | 0.00% | \$0 |
| Effective Gross Income | | \$0 |

Rental Assistance? FALSE

| Expenses | | |
|---------------------------------|------------|----------------|
| Category | Total | Per Unit |
| Administrative | \$0 | #DIV/0! |
| Utilities | \$0 | #DIV/0! |
| Operating & Maintenance | \$0 | #DIV/0! |
| Taxes & Insurance | \$0 | #DIV/0! |
| Total Operating Expenses | \$0 | #DIV/0! |
| Replacement Reserves | \$0 | #DIV/0! |
| Total Expenses | \$0 | #DIV/0! |

| Cash Flow | |
|-----------------------------------|----------------|
| EGI | \$0 |
| Total Expenses | \$0 |
| Net Income | \$0 |
| Debt Service | \$0 |
| Debt Coverage Ratio (YR1): | #DIV/0! |

Proposed Cost Limit/Unit: #DIV/0!
 Applicable Cost Limit/Unit: \$0

| Unit Breakdown | |
|--------------------|----------|
| Supp Hsg | 0 |
| # of Eff | 0 |
| # of 1BR | 0 |
| # of 2BR | 0 |
| # of 3BR | 0 |
| # of 4+ BR | 0 |
| Total Units | 0 |

| | Income Levels | Rent Levels |
|---------|---------------|-------------|
| | # of Units | # of Units |
| 40% AMI | 0 | 0 |
| 50% AMI | 0 | 0 |
| 60% AMI | 0 | 0 |
| Market | 0 | 0 |

Extended Use Restriction? 30