

**Homes for Working Families
Program**

Section I

Application Instructions

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**New York State Housing Trust Fund Corporation
Homes for Working Families Program
Application For Capital Project Funding**

INTRODUCTION

This Section contains the following parts:

- I. General Instructions
- II. Exhibit Instructions
- III. Attachment Instructions

I. GENERAL INSTRUCTIONS

WARNING: FUNDED APPLICATIONS MAY BE MADE AVAILABLE FOR PUBLIC REVIEW ON THE DHCR WEB SITE. APPLICATIONS SHOULD NOT INCLUDE PERSONAL OR PROPRIETARY INFORMATION.

This Word/Excel application is for responding to incomplete application notices for Homes for Working Families applications only. The following general instructions are provided:

- **For HFA-financed HWF applications, provide HFA copies of any exhibits or attachments submitted in response to a HTFC notice of incomplete application.**
- Unless otherwise noted in these instructions, SLIHC shall refer to the New York State Low-Income Housing Tax Credit program.
- All information should be typed, or completed using word processing software/equipment, onto each **Exhibit**, as requested, and each **Attachment** must be titled, dated, and have the applicant's and project's name and site address located at the top right corner of every first page. **Handwritten exhibits are strongly discouraged to minimize misinterpretation due to illegibility.**
- All **Exhibits** and **Attachments** should be submitted as a "pdf" file, each exhibit and/or attachment must be submitted as a separate email attachment, and named using the exhibit or attachment number and title (e.g. Attach. D-3, Funding Commitments).
- Architectural plans should be consolidated into one file, if possible, but not greater than 10MB. If multiple files are required, please consolidate drawings by type, floor plans, elevations, etc.

- Applicants are expected to complete each **Exhibit** in accordance with the Homes for Working Families Program Capital Project Exhibit Instructions found in Part II of this Section.
- Failure to provide all required Exhibits and Attachments, or to completely answer questions, may affect the applicant's chances for receiving an award.
- Unless applicants are instructed to add information to an **Exhibit**, all support documentation should be provided in the appropriate **Attachment**.
- Documentation of any approved waiver(s) must be included with the attachment to which the waiver applies.

The following additional instructions are provided:

- This fillable application requires Microsoft Word and Excel.
- In order to access Excel spread sheets inserted into a Word form, you need to double click on the spread sheet. Once open continue like you would with a normal Excel spread sheet. To close the spread sheet, click on an area outside the spread sheet. This will put you back into the Word form. If you accidentally close the spread sheet, just double click on it again to re-open it.
- For those non-Excel portions of the application that require calculations, calculations will need to be done by the applicant.
- Use the TAB key for moving between the fillable fields in Exhibits and Attachments.
- In instances where an Exhibit or Attachment needs to be completed more than once because of multiple team members, sites, buildings, etc., save the Exhibit or Attachment under a different name each time, then re-use the original for additional pages as needed.
- Questions concerning information required by an Exhibit or Attachment should be directed to the Regional Office responsible for the county where the project is located and/or HFA (as applicable).

The following Sections give detailed instructions for the information that must be entered onto each **Exhibit** page and **Attachment** of the **Application**.

II. Homes for Working Families Program Capital Project Exhibit Instructions

Listed below are the instructions for completing the Application Exhibits. The applicant should refer to the **HWF Program Capital Project Application Exhibits Checklist** to determine which exhibits are required for each program.

As stated in the General Instructions, applicants requesting funding from more than one program must submit documents appropriate to each program.

Exhibit 1 - Application Summary

A. Applicant Information

1. Enter the applicant's legal name. Note: Only **one** entity may be entered as applicant. For applications where the ownership entity is to be formed or involving a joint venture, the parties involved need to determine who will be representing the ownership entity/joint venture when applying for funding.

2. Enter the applicant's Federal Employer Identification Number (EIN).

3. If applicable, enter the applicant's Department of State (DOS) Charities Registration Number.

4. Enter the month and day of the applicant's fiscal year end date (for example: 12/31).

5a. Select each applicable applicant type.

5b. If applicable, select the applicant's IRS tax-exempt category. If Other is selected, specify in the space provided.

5c. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner.

5d. If applicable, enter the date of the non-profit applicant's legal incorporation.

5e. Indicate whether or not the applicant is a Minority- and/or Women-Owned Business Enterprise (M/WBE) which has been certified by the NYS Department of Economic Development's Division of Minority and Women's Business Development. If you select yes, indicate the applicable type of M/WBE.

5f. NOT APPLICABLE FOR HWF.

5g. If the owner is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to apply these instructions to all managing member or general partner LLCs or LPs until the names of all members or general partners (i.e. individual persons or corporations) have been identified.

6. Enter the applicant's mailing address for correspondence related to this application.

7. Enter the applicant's telephone and fax numbers, e-mail address and URL.

8. Enter the name, title, phone number, extension, fax number, and e-mail address for the person who is the primary contact for correspondence related to this application. This person must have the authority to legally represent the applicant. If the primary contact person is not an employee or officer who is an authorized signatory for the applicant, complete question 9.

9. Provide the requested information for an employee or officer of the applicant who is authorized to sign documents on behalf of the applicant.

B. Owner Information

1. Indicate whether or not the applicant will transfer title to another entity upon completion. If you check yes, complete the rest of Section B. If you check no, answer questions 5c and 6, if applicable.

2. Enter the legal name of the eventual project owner. Indicate whether the entity is proposed or existing (incorporated).

3. Enter the owner's federal employer identification number. If pending, enter "Pending" in the space following the hyphen.

4. Enter the month and day (mm/dd) of the owner's fiscal year end date.

5a. Select each applicable organization type.

5b. Indicate whether or not the owner is a 501(c)(3) corporation (non-profit IRS tax-exempt category).

5c. If the applicant is retaining ownership and question A5g has been completed, this question may be left blank. If the applicant will transfer title to another owner and the owner is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to apply these instructions to all managing member or general partner LLCs or LPs until the names of all members or general partners (i.e. individual persons or corporations) have been identified.

6. Enter the owner's mailing address, phone and fax numbers, primary contact person and title. (Not required if same as Applicant.)

C. General Project Information

1a. Select the appropriate box to indicate whether or not **this project** has previously received any capital funding from DHCR/HTFC, including seed money.

1b. If you answer yes to Question 1a enter the DHCR-issued SHARS ID number assigned to the project.

1c. Indicate if the project has ever been under Housing Supervision by DHCR Housing Operations.

1d. If you answer yes to Question 1c, provide the information requested.

1e. Select the appropriate box to indicate whether **this project** has previously received any capital funding from HFA.

1f. If you answered yes to Question 1c, enter the name or the identification number assigned to the project by HFA.

2. Enter the name of the project proposed in this application.

3. Enter the name of the county in which this proposed project is to be located.

4. Enter the municipality in which this proposed project is to be located.

5. Enter the requested information for the chief elected official of the municipality in which this proposed project is to be located.

D. Program Funding

1. NOT APPLICABLE FOR HWF PROJECTS

2a. Capital Project Funding Requests. Select each program from which you are requesting funds and enter the total amount of funds requested in the corresponding space provided.

- Check box 3 and enter the amount of Homes for Working Families (HWF) Program funds requested.
- If you are requesting State Low Income Housing Credit (SLIHC), select box 4, and enter the **annual amount** of credit requested. **Do not enter the ten-year amount of credit.**
- If you are requesting HWF funds with HFA financing, select box 9, and enter the amount(s) requested from HFA in lines 9a, 9b, 9c and 9d. In box 9a, enter the **annual amount** of As-of-Right 4% Low-Income Housing Credit (LIHC) anticipated. **Do not enter the ten-year amount of credit.**

2b. NOT APPLICABLE FOR HWF PROJECTS

2c. If you are requesting HWF funds with HFA financing indicate the proposed credit enhancement provider in 2c.

2d. If you are requesting HWF funds with non-HFA bond financing, complete this question. For the non-HFA 4% LIHC requested, enter the **annual amount** of credit anticipated. **Do not enter the ten-year amount of credit.**

E. Project Initiatives and Program-Specific Application Designations

1. Special DHCR/HTFC Project Initiatives NOT APPLICABLE FOR HWF PROJECTS

2. Occupied Affordable Housing Preservation Indicate if this project will engage in the rehabilitation of an occupied building(s). Occupied residential projects which will be preserved as affordable housing should select “Yes”. If the project involves rehabilitation of a vacant building into affordable housing, select “No”. If the project is new construction, select “Not Applicable”.

3. New York/New York III Supportive Housing Agreement

● This Agreement is a commitment by the State and City to increase the supportive housing capacity within New York City targeted to persons who are homeless. Under this Agreement, supportive housing is defined as a pairing of rental assistance and supportive services in either a building constructed or renovated for this purpose (defined as congregate) or in scattered site apartments (defined as scattered-site) acquired for the purposes of housing. Applicants whose projects will be located within Bronx, Kings, Queens, New York or Richmond Counties and which will include units which will serve one or more of the NY/NYIII Special Populations shown under J, Project Occupants, of this Exhibit should select “Yes”.

4. 9% LIHC Program Set-Aside Designations NOT APPLICABLE FOR HWF PROJECTS

5. SLIHC Project Amenities If applicable, indicate whether the project will provide any or all of the amenities listed. (Note: This is a scored item in the SLIHC Regulation.)

6. Non-Profit Application Designations NOT APPLICABLE FOR HWF PROJECTS

F. Project Political Districts

Enter the Assembly Member(s), Senator(s), and Member(s) of Congress who represents the project site(s).

G. Tenure & Construction Type

1. Residential Tenure Type of Project

- a. From the drop-down list, select the tenure type for this project. (Rental Only, Mixed Rental & Condominium/Cooperative, Condominium/Cooperative Only, or N/A – Non-Residential Only) **Condominiums and cooperatives are not eligible for HFA financing.**
- b. Indicate whether or not the project will include a community room or separate community building which is for the exclusive use of the tenants and is, therefore, considered residential space.

2a. Indicate whether or not the project involves residential construction only. If you check no, complete 2b.

2b. Non-Residential Construction Type(s)

Check **each** type of non-residential construction included in the project. To be designated as a SLIHC community service facility (CSF), the facility has to meet specific criteria. Please carefully review the information below on CSF requirements before checking the SLIHC CSF indicator.

1. Commercial: If the project includes commercial space, check box 1.

2. Civic: If the project includes civic space, check box 2. Civic space includes non-residential, non-commercial space used for activities engaged in by the local community for conducting municipal affairs or for general public use. **A community room or separate community building that is for the exclusive use of the tenants should be included as part of the residential budget.** Construction costs for civic space is not an eligible cost under the HWF and SLIHC Programs, but may be eligible for HFA financing. The operating costs of civic space must be paid from sources other than residential rental income or tenant fees.

3a. SLIHC Community Service Facility (CSF): A CSF is a facility that is intended for use by members of the community-at-large with incomes at or below 60% of area median for civic gatherings such as Head Start Programs, child care, job training, or senior centers. It is **NOT** for the exclusive use of the project tenants. **A community room or separate community building that is for the exclusive use of the tenants should be included as part of the residential budget.** The CSF portion of the project is eligible for SLIHC up to an amount not greater than 25% of the total eligible basis in the project. In addition, to be eligible as a SLIHC CSF, the subject project must be located in a Qualified Census Tract (QCT). For HWF projects, a portion of these costs may be eligible for financing by HFA.

If the project meets all of the conditions specified in the paragraph above for a CSF:

- check box 3a;
- enter the QCT (county and tract number) in which the project is located in 3b;
- check the applicable box in 3c to indicate which agency you are requesting 4% credit from: DHCR, HFA, NYC Department of Housing Preservation & Development (HPD) or Development Authority of the North Country (DANC); and,
- indicate in 3d whether or not, you will include a portion of the expenses associated with the CSF as eligible basis for the purpose of calculating tax credits.

H. Units Assisted

1. Total Units in Projects - All Sources

Complete Table H1 by entering the total units of each type which will exist upon completion of the project, including those units which will not be financed by DHCR/HTFC programs. See the definitions for community service facility (CSF) and civic units in Section G, 2b above, before completing this Table.

2. Units in Project - by Permanent Funding Source

Complete Table H2 by entering each project permanent funding source, the source's regulatory term (select years, months, or NA (not applicable) from the drop down menu), and the total number of units of each type that will be assisted by that source. First list each DHCR/HTFC source from which you requested funds in Section D, 2a of this Exhibit, then add each additional non-DHCR/HTFC permanent funding source. Be sure to list here the same permanent funding sources that you will list in Exhibit 3, Section A2 – Permanent Funding Sources.

I. Income Targets

If this project is funded by HTFC/DHCR only, or in conjunction with HFA, the income target groups that you enter in this Section will become a regulatory requirement by establishing the maximum income levels for occupants of the completed project and these income level will become a part of the project's Regulatory Agreement.

1. Indicate whether or not the proposed project will include a **non-rent bearing** unit for a resident manager/superintendent. **Please note** that this unit will not be counted as an HTF/HOME-assisted unit unless it will remain affordable to income-eligible households. Projects receiving LIHC and/or SLIHC may elect to have the resident manager unit be considered as common space for the project. An on-site resident manager/superintendent unit is generally required for HFA-financed HWF projects.

2. Income Target Groups

In the "Units-All Sources" column, list the total number of units in the project, including those not being funded by DHCR/HTFC or NYS HFA, which are targeted to each income-range category. In the DHCR/HTFC column, list only those units that are to be funded by DHCR/HTFC. In the NYS HFA column, list only those units that are to be funded by NYS HFA. If the project will include a **rent-bearing** unit for a resident manager/superintendent, include that unit in the appropriate income-category range. If the project contains a non-rent-bearing unit for an employee, enter the unit on the line: "non-rent-bearing unit for resident manager/superintendent". The total units in this Table must equal the total residential units entered in Table H1 above. See the following example:

Example: A 20-unit project is proposed. Only 15 of the units are to be funded by DHCR/HTFC programs. All twenty units are to be funded by NYS HFA. Ten units will be occupied by those at 50% of median income, five units will be occupied by those at 60% of median income, four units will be occupied by those with incomes more than 90% of median, and one unit will be occupied rent-free by a building superintendent.

<u>Income Target Group</u>	<u>Total Units</u>	<u>DHCR/ HTFC Units</u>	<u>HFA Units</u>
Public Assistance Households or < 30% of Median Income			
<= 50% of Median Income	10	10	10
>50% through 60% of Median Income	5	4	5
>60% through 80% of Median Income			
>80% through 90% of Median Income			
>90% of Median Income	4		4
Non-Rent Bearing unit for resident manager/superintendent	1	1	1
Totals:	20	15	20

3. Residential Unit Information from Section H Units Assisted

Provide the numbers requested in a, b, and c.

J. Project Occupants

Table J1 is used to record the project units that will be occupied by any of the special population household categories listed below. Table J2 is used to record those project units which will be occupied by households that are not included in any of the special population categories listed in J1, including non-frail elderly households.

The total units entered in Column B, Table J2, Total Table J1 and J2, must equal the total number of residential units entered in Table H1 of this Exhibit. The total units in Column C, Table J2, Total Table J1 and J2, must equal the highest sum of existing and new units for a DHCR/HTFC funding source shown on Table H2. The total units in Column D, Table J2, Total Table J1 and J2, must equal the highest sum of existing and new units for NYS HFA funding sources. See the example on page 11 for guidance in completing these Tables.

Table J1 –Persons with Special Needs

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following populations AND which will be served by supportive services as evidenced by a comprehensive service plan and an agreement or commitment in writing with an experienced service provider will be considered a Persons with Special Needs Project. (NOTE: **Projects that would like to include multiple categories of persons with special needs in a “pool”, for example Families who are Homeless, Persons who are Homeless, and Persons who are Victims of Domestic Violence, without a target number for each Special Population, may do so by following the instructions for Table J1, then, in Attachment E, Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs & Tenants of Supportive Housing, clearly describe how you will meet the 15% set aside.**)

Persons with Special Needs Categories

Persons with AIDS/HIV-Related Illness

Persons who are Frail Elderly *

Families who are Homeless

Persons who are Homeless

Persons with Mental Retardation//Developmental Disabilities

Persons w/ Physical Disabilities/Traumatic Brain Injury

Persons with Psychiatric Disabilities

Persons who are Victims of Domestic Violence

Persons who are in Long Term Recovery from Substance Abuse

Persons who are in Long Term Recovery from Alcohol Abuse

* DHCR/HTFC and HFA encourage the targeting of units for occupancy by frail elderly persons only in those projects where all occupants are elderly.

NY/NYIII Supportive Housing Agreement Eligible Populations (Bronx, Kings, Queens, New York and Richmond Counties Only)

Capital funding is available for the following chronically homeless, or at serious risk of becoming chronically homeless, populations:

Persons who suffer from serious and persistent mental illness (SPMI)

Single adults with substance abuse disorder

Persons living with HIV/AIDS

Families in which the head of the household suffers from substance abuse disorder, a disabling medical condition, or HIV/AIDS

In Column A, enter each population category that you are proposing to target for project occupancy. Enter only one population per line. In Column B, enter the total number of units in the project that are being targeted for occupancy by that population; in Column C, enter the total number of DHCR/HTFC-assisted units that are targeted to that population; and in Column D, enter the total number of NYS HFA-assisted units that are targeted to that population. **Please Note: Households to be occupied by non-frail elderly persons should be recorded in Table J2 (Other Households). Only frail elderly households are to be recorded in Table J1.** See the example below.

Table J2 - Other Households

In Column B, enter the total number of units in the project that will be occupied by non-frail elderly households and/or by households not included in the Persons with Special Needs Categories listed in J1 above. In Column C, enter the total number of DHCR/HTFC-assisted units for each applicable category. In Column D, enter the total number of NYS HFA-assisted units for each applicable category.

Example:

Your 20-unit project will be targeted for occupancy as follows: Six units will be occupied by families who are homeless. Four units will be occupied by non-frail elderly households. Ten units, including a unit to be occupied by a resident manager, do not have a special population category. DHCR/HTFC programs will fund only 15 of the units; all 20 units will be funded by NYS HFA. Record the units as follows:

1. <u>Persons with Special Needs Category</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>	<u>HFA Units</u>
Families who are Homeless	6	6	6
2. <u>Other Households</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>	<u>HFA Units</u>
Elderly Households (non-frail)	4	4	4
Households with no Special Population	10	5	10
Total Households (J1 & J2):	20	15	20

All units must be identified. If all or any of the units in the project will not be targeted for occupancy by a Persons with Special Needs Category population or non-frail elderly household, you must identify these units in Table J2 as households with no special populations.

3. Elderly Population Targeted

If applicable, select the age structure of the targeted project occupants.

- Aged 55 or older (At least 80% of the units will be occupied by at least one person aged 55 or older).
- Aged 62 or older (All units will be occupied by persons aged 62 or older).
- Aged 62 or older and/or persons who are physically or mentally handicapped of any age, **and** project is to be jointly financed by the US Department of Agriculture Rural Housing Development **and** HTFC.

K. Development Team Members

Enter the names, titles, employers, e-mail addresses, phone and fax numbers for all known development team members for each category. If there are additional development team members who do not fit into any of the categories listed in items 1 through 7, or if there is more than one team member with the same title, use lines 10 - 18 to specify these persons. It is required that you identify the following team members: developer, owner and architect. If you do not yet know the identity of the members listed in items 4 through 7, enter “unknown” under Staff Name. Further, in items 8 and 9 you must identify the letter of credit provider and the credit enhancer for both the construction and permanent financing periods.

L. Disclosure of Identities of Interest

In this section you must identify all identities of interest involving project principals, development team members, and seller(s) of the property on which the project will be developed.

A project principal is defined as follows: any person or public or private entity that will participate in the proposed project as an applicant, owner or developer. Architects, attorneys, builders, management agents, consultants or others who have an interest in the project, other than an “arms-length” fee arrangement for professional services, are also considered principals. All general partners in a partnership or managing members in a limited liability company are considered principals. Principals of public or private corporations include the president, vice president, secretary, treasurer, and all executive officers who are directly responsible to the board of directors or equivalent governing body, as well as each director or stockbroker having a ten percent or more interest in the corporation. Any person or entity with an identity of interest to any of the above is also considered a principal.

If any of the project principals has an identity of interest, this must be disclosed in this section.

Also disclose and describe any identities of interest between the members of the development team and the members of the development team and the seller(s) of the property on which the project will be developed. This disclosure must include any financial, familial or business ownership relationship between the applicant or any general partner and any participant in the project’s development. This includes, but is not limited to, existence of a reimbursement arrangement or exchange of funds; common financial interests; common officers, directors or stockholders; or family relationship between officers, directors or stockholders. If there are no identities of interest to disclose, enter “none.” **DO NOT LEAVE BLANK.**

M. Applicant/Owner Certifications

An authorized representative of the Applicant (and the owner, if different), must certify that all the information in the application is true, accurate and complete, that the representative is authorized to file this submission, and the performance of the Applicant and its principals on prior government-assisted projects has been satisfactory. The names of all project principals (see definition in 1L above) and their titles must be entered. **(Note: All “No” answers must be explained. For CD-Online applications, explanations are to be included as Attachment F13.)**

Exhibit 2 - Community Impact/Revitalization

A. Documentation of Community Impact/Revitalization

In this section, you will reference all existing planning documents that identify community renewal and/or housing needs for the locality in which the proposed project is located.

1. New York State Consolidated Plan Objectives/Priorities

This section must be completed by all applicants requesting New York State HOME Program funds. Applicants with projects located in areas where no other documents identifying community renewal and/or housing needs exist must also complete this section. All other applicants may choose to complete this section, but are not required to.

1a. NYS Consolidated Plan Objectives Addressed by this Project

Select each objective that the project addresses.

1b. Table 1b - NYS Consolidated Plan Priority Need Level by Household Type & Income Group

For each household category listed in Column A which will be served by the project, locate the income range(s) that will be served in Column B, and select the corresponding box in Column D. Column C displays the priority need level for that category of housing identified in the NYS Consolidated Plan. Under household category, Small Related is defined as 2-4 people while Large Related is defined as 5 or more people.

2a. Existing Documentation of Local Need

Complete Table 2a for each of the existing planning documents listed in Column A that addresses the community renewal and/or housing needs of the project locality. See the following instructions for guidance on completing this Table. **IF THE PROJECT IS IN A MUNICIPALITY WITH A LOCAL CONSOLIDATED PLAN, YOU MUST REFERENCE IT IN THIS SECTION.**

Column A - Document – Enter the name of the document from the list provided at the top of the Table, the name of the entity for which it was prepared, the geography referenced (statewide, county, city, town, village, neighborhood), and the date the document was published.

Column B – Needs Identified – Answer each of the three questions pertaining to the needs identified in the corresponding document listed in Column A.

1. Indicate whether or not the document identifies the proposed project (either specifically or by site/location, size and population served, etc.) as the type needed for community revitalization. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

2. Indicate whether or not the document identifies the project’s targeted income groups and household types as specific needs. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

3. Indicate whether the document specifically mentions need for the proposed project. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, using the drop-down list, enter the priority level (High, Medium, Low) and reference the page numbers. If no priority level is stated in the document, select “N/A”. For documents using a priority system other than High, Medium, Low, High corresponds to the top priority of the entity for which the document was prepared. For example, if the highest priority is labeled “top priority” or “major priority” you would select High from the drop-down list.

2b. Indicate whether or not the project has received a HOUSE-NY award from the NYS DHCR.

3. Table 3 – Local Housing Needs for Proposed Households to be Assisted

This Table is intended to demonstrate that the proposed project meets identified local housing needs. The source of data may be one of the planning documents cited in Table 2a of this Exhibit, the market study for this project, or housing needs data from HUD’s Comprehensive Housing Assistance Strategy (CHAS) Housing Needs Table, available online at: <http://socds.huduser.org/chas/index.html>. HUD defines housing need as households with “any housing problem” which includes households with cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities. Housing needs data is provided by special Census 2000 tabulations specifically designed for HUD and includes all NYS localities. Towns and cities are included under the category of “Minor Civil Divisions.” Villages and hamlets are under “Census Designated Places.”

At the top of the Table, identify the data source and the date the data was prepared. Enter the geography covered by the data, and check the type(s) of project proposed. If you check “other,” specify the type of housing proposed in the space provided.

Check each approximate proposed project income range in Column A. In Column B, enter the total number of households in the locality at that income range, and in Column C, enter the total number of households at that income range who are in need of affordable housing. In Column D, calculate the percentage of households in need by dividing Column C (number of households in need) by Column B (total number of households) for each income category.

B. Evidence of Local Support

1. Table B1 – Evidence of Local Support

Complete the Table by identifying each source of local support for the proposed project. Enter the local support category from the list provided at the top of the Table in Column A. Enter the name of the source of local support in Column B, a description of the type of support offered in Column C, the approximate value of the support in Column D (or N/A if not applicable), and, using the drop down menu, whether the status is committed, proposed, or N/A in Column E.

C. Special Project Locality Designations

If the project is located within any publicly- or locally-designated area which is eligible for special benefits or attention, enter the special designation category in Column A from the list provided at the top of the Table. Enter the name and/or location of the designation in Column B, and the year the designation was initiated in Column C. If the project locality does not have any of the listed designations, check the N/A box at the top of the Table.

D. Community Impact/Revitalization Narrative

1. In two pages or less, provide information on:

- the amount of subsidized housing which has been built in the primary market area of the proposed location of the project within the past 10 years; and
- the extent of unmet demand for affordable housing for the income group(s) which are proposed to be served by the proposed project.

In your response include the sources for the data and other information provided and any additional information regarding past inability of the current market to adequately provide adequate affordable housing.

2. In two pages or less, provide information on general housing market in the primary market area of the proposed project. Include the current vacancy rates for units in the primary market area which are comparable to the proposed units.

3. In two pages or less, describe how the proposed project is part of a comprehensive community revitalization strategy which includes the use or reuse of existing buildings, including the historic rehabilitation of existing buildings, and which addresses employment, educational, cultural and recreational opportunities within the community in which the proposed project will be located. Refer to information provided elsewhere in this exhibit including the New York State Consolidated Plan, documents listed in table 2a of this exhibit and the information provided in Attachment C1, Community Needs Support Documentation.

E. Communities Under Court-Order/Decision

1. Indicate whether or not the project locality is under a court order/decision or if a court-ordered plan to address desegregation or remedy a violation of law has been issued. If you check yes, complete the rest of this Section.

2. Indicate whether a court monitor has been appointed and has issued a written approval for the project. If a court monitor has not been appointed, check N/A.

3. **In 2 pages or less**, summarize the order, decision or plan, and describe how the proposed project is consistent with the goals of the ruling or plan.

Exhibit 3 – Development Budgets/Funding Sources

This Exhibit has been developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected. Please review the following before beginning this exhibit:

- Enter data as outlined in the exhibit instructions in the **yellow** spreadsheet boxes;
- Comments to aid with data entry have been inserted into this sheet. Moving your cursor over cells with a **red** arrow will reveal the comment;
- Drop-down lists are used throughout the spreadsheet. Left clicking inside a comment cell will reveal the drop-down arrow. Click on the arrow, and select the appropriate option.
- **Printing:** This spreadsheet template was developed for use with a color printer. To print using a black and white printer, change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing.
- The print margins have been protected and cannot be adjusted. As a result, your printer may print two pages when the document should print as one.
- If you experience difficulty inputting data or viewing your entries, use the “zoom” feature of the Excel software.

This Exhibit consists of three sections. The first two sections are required to be completed; the third is only required if you entered costs in the Development Budget for items labeled, “other”. The sections are:

1. Financing Sources and Development Budget (Tabs 1.1 – through 1.5);
2. Detail (Tabs 2.1 through 2.5); and,
3. Exhibit 9C Worksheet (Tabs 3.1 through 3.2).

The first two sections are comprised of five tabs each– one for each of the following types of construction: residential, commercial, civic, community service facility, and one project summary. Complete and submit each section of this exhibit for each type of construction that this project encompasses as indicated in Exhibit 1, Section G of this Application. If the project involves only one type of construction, for example, residential, you need only complete the residential budget sections. If the project is mixed-use, you must complete and submit the sections for all types, as well as the summary sections. See the examples below for clarification.

Example 1: Your project involves residential construction only. You must submit Tab 1.1 and Tab 2.1 if you entered amounts any of the following lines, 24, 30, 47 and/or 48.

Example 2: Your project involves residential and community service facility construction. You must complete and submit Sections 1.1, 1.4 and 1.5, and Sections 2.1, 2.4 and 2.5 if applicable.

The spreadsheet has been designed so that the summaries (1.5, 2.5) are done automatically as you update the various cells.

Exhibit Instructions

Section 1 – Project Financing and Development Budget

If your project includes:

Residential Construction: complete and submit Tab 1.1;
Commercial Construction: complete and submit Tab 1.2;
Civic Construction: complete and submit Tab 1.3;
Community Service Facility Construction: complete and submit Tab 1.4

If your project is any combination of the types of construction listed above, also submit Tab 1.5: Project Financing Summary.

A. Construction Cost Basis

1. Indicate whether or not the total construction cost is based upon a guaranteed price contract.
2. Select the wage rate that the total construction cost is based on. Projects with 9 or more units utilizing project-based vouchers, or HOME-assisted projects with 12 or more units must choose the appropriate Davis-Bacon wage rate.

B. Funding Sources

Special Note for Mixed Use Projects: This spreadsheet is designed to produce a summary Exhibit based on the data entered. In order for the summary page to work correctly, you must enter all source codes for each type of construction (residential, commercial, civic and CSF) onto the Project Financing Residential Tab 1.1 Section B1 & 2, column A. If any of the sources of funds for the other construction types, i.e., commercial, civic or community services facility are not the same as the residential sources of funds, add the source code but leave Amount of Funds (Column C.) blank on the Residential worksheet (Tab 1.1). All source codes entered in Column A of this Tab will be automatically repeated for each project type. Enter the amount of funds for each applicable project type (including zeroes where applicable). The source codes listed under B. Permanent Financing will automatically become the column headings on each page of Section (Tabs 2.1 through 2.5) - Development Budget.

1. Construction Financing Sources

Complete Table B1 by selecting the appropriate funding source code from the drop-down list provided in the spreadsheet for this portion of the project (residential, commercial, civic or CSF) and filling in each column associated with that source. Enter all of the construction funding sources into the spreadsheet tab labeled 1.1 Fin_Res. If there are multiple budgets, complete a Summary Table for all sources of construction financing. **The total construction funding sources must be equal to Section C, Line 53, Column C of this Exhibit (Development Budget), and must be equal to the total permanent funding sources listed in Table B2 of this Exhibit.**

PLEASE NOTE:

- Carefully review the funding source codes listed below prior to completing this Section. If none of the specific codes listed are applicable to one of the funding sources, select one of the generic codes, and enter the source/program name in Column B.
- The annual amount of the tax credit allocation for LIHC/SLIHC will not be included as a funding source. Instead, enter Tax Credit Equity (source code 4002 for DHCR tax credit equity or 4009 for non-DHCR tax credit equity) as a funding source. If receiving HFA or HPD tax credit equity, use code 4009 and enter “HFA tax credit equity” or “HPD tax credit equity” in Column B, Source Name.

Column A– Source Code: For each source of construction financing, select the applicable code from the drop down box. Codes are listed according to source type (DHCR/HTFC, Federal Government, Local Government, Non-DHCR State Government, and Private). The last grouping is Generic Source Codes. If you cannot locate a code in one of the other categories that specifies a project financing source, select the code from the generic funding source codes list that best describes the source of financing, and specify the source’s name in Column B.

Column B- Source Name: This Column must be filled in for each of the codes listed below that asks for you to specify the source. For example, if you select source code 2000 Federal Program in Column A, you must enter the name of the Program in Column B; or, selecting 2103 HUD HOME Participating Jurisdiction, requires you to enter the name of the HOME PJ in Column B. You may leave this Column blank for those source codes where no specification is required below. See Notes above concerning HFA and HPD tax credit equity.

DHCR/HTFC FUNDING SOURCE CODES:

OCR (Office of Community Renewal)
HWF (Homes for Working Families)
HOUSE NY
HTF (Housing Trust Fund Program)
HOME (NYS HOME Program)
NYMS (New York Main St. Program)
RARP (Rural Area Revitalization Program)
UI (Urban Initiatives Program)

FEDERAL GOVERNMENT FUNDING SOURCE CODES:

2001 HUD 202
2050 FHA INSURED MORTGAGE LOAN (specify lender in Column B)
2101 HUD CDBG
2103 HUD - HOME PARTICIPATING JURISDICTION (specify in Column B)
2104 HUD HOPE VI
2250 HUD - MCKINNEY
2401 USDA RURAL DEVELOPMENT 515
2404 USDA 538 INSURED MORTGAGE LOAN (specify lender in Column B)
2403 RURAL DEVELOPMENT OTHER (Specify in Column B)

LOCAL GOVERNMENT FUNDING SOURCE CODES:

3101 COUNTY GOVERNMENT (specify in Column B)
3201 PERMANENT HOUSING HOMELESS (NYC)
3301 IDA (specify in Column B)
3302 PHA (specify in Column B)
3401 NYC HPD Program (specify in Column B)
3501 NYC HDC Program (specify in Column B)

NON-DHCR STATE GOVERNMENT FUNDING SOURCES:

5006 HFA LOW-INTEREST SECOND MORTGAGE
5010 NYS ENERGY RESEARCH DEVELOPMENT AUTHORITY
5011 HFA BOND FINANCING
5200 OMH CAPITAL
5300 OMRDD CAPITAL
MIF SONYMA INSURED MORTGAGE LOAN (specify lender in Column B)
OTDA OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

PRIVATE FUNDING SOURCE CODES:

4002 EQUITY – TAX CREDIT - DHCR
4003 EQUITY – OTHER (specify in Column B)
4005 EQUITY – 421A CERTIFICATES
4006 DEFERRED DEVELOPER FEES
4007 DEFERRED CAPITALIZED RESERVES/WORKING CAPITAL
4008 DOWN PAYMENTS (CONDOS/COOPERATIVES)
4009 TAX CREDIT EQUITY – NON-DHCR
4101 FEDERAL HOME LOAN BANK AHP

GENERIC FUNDING SOURCE CODES:

- 2000 FEDERAL PROGRAM (specify in Column B)
- 3000 LOCAL GOVERNMENT (specify in Column B)
- 4000 PRIVATE SOURCE (specify in Column B)
- 4001 LENDING INSTITUTION (specify in Column B)
- 4004 PRIVATE SUBSIDY (specify in Column B)
- 4100 NON-PROFIT LENDER (specify in Column B)
- 5000 STATE PROGRAM (specify in Column B)

Column C - Amount of Funds: Enter the dollar amount of funds requested or committed from the source. (Remember, if the source is not financing the type of construction for the tab you are working on, enter 0 and enter the amount on the appropriate budget).

Column D - Type: Select one of the following financing types from the drop-down box:

- 1. Loan
- 2. Grant

3. Other – This is used to record financing types which are not loans or grants. For example, equity realized from the syndication of tax credits, owner equity, equity from historic tax credits, deferred developer fees, deferred capitalized reserves/working capital, or down payments from owners of condominium/cooperative units.

Column E - Term: Enter the financing term through cost certification, and indicate whether the term is in years or months. Select N/A if not applicable.

Column F1- Interest Rate: Enter the applicable interest rate, or N/A if not applicable.

Column F2 - Interim Interest: If applicable, enter the amount of anticipated interim interest for each construction loan. This entry will be transferred to Line 16 of the Development Budget (Tabs 2.1 – 2.5).

Column G - Lien Position: Enter the proposed lien position for the funding source in the event of a default on a mortgage and note. Enter N/A if not applicable.

Column H - Regulatory Term: Enter the regulatory term for the funding source, or N/A if not applicable.

2. **Permanent Financing Source**

Complete Table B2 as instructed above for each source of **permanent** financing for this portion of the project (residential, commercial, civic or CSF). Enter the source codes in the same order that they were entered in Table B1 (construction financing). This will ensure that the interim construction interest (Line 16) matches with the appropriate permanent financing source code. Permanent financing source codes will be transferred to the Development Budget. **The total permanent funding sources must be equal to the total construction sources and to the total project cost entered in Section C, Line 54, Column C (Total Project Cost) of this Exhibit.**

C. Development Budget

Columns: Column A lists the development costs associated with a typical project. The permanent funding source codes entered in Tab 1 (financing sources) will be transferred to the Development Budget and will appear as column headings under Column B (Funding Sources). The sources codes will be displayed for every funding source in the project.

For each applicable line item in Column A, enter the amount of funds to be contributed by each source listed under Column B. For mixed-use projects, only enter costs under the applicable funding source code. If no funds were made available from that funding source for the construction type budget you are working on (residential, commercial, civic or CSF), leave that column blank. Column C will automatically total each line item.

Line Items: Where line items are self-explanatory, instructions are not included. Where clarification is helpful, instructions are provided below.

a. Acquisition (lines 1 – 3):

1. Land: the acquisition cost of the land **only**.
2. Structures: the acquisition cost of any buildings on the land.
3. Total Acquisition: This line will be automatically totaled (lines 1 – 2 for each source).

b. Soft Costs (lines 4 – 24):

See Section 5.00 of the CPM (Development Requirements) before completing this Section for definitions and information regarding allowable fees and interim costs to be charged for DHCR/HTFC construction loans to private developers on tax credit projects. If applicable, remember to pro-rate soft costs attributable to non-residential space in the project.

4. Appraisals: See Section 5:03.03 of the CPM. **For HFA-financed HWF projects, an appraisal must be submitted with the application.** A bank or credit enhancer -commissioned appraisal consistent with the appraisal requirements of the CPM and any involved lender will be accepted. HFA reserves the right to request an independent appraisal and/or an updated appraisal.

5. Housing Consultant: This may be up to one percent of Line 43 (Total Development Cost), not to exceed \$20,000. The maximum allowable developer's fee is calculated inclusive of payments to a consultant (see Section 5.05 (vii) of the CPM, Professional Fees).

9. Architecture/Engineering Fee: General guidelines for this line item are as follows: Up to 15% of total construction costs (TCC) (line 40) will be allowed for small-scale, highly complex, historic preservation projects, while larger, new construction projects are generally limited to 5% of TCC.

10. Construction Manager Fee: This may be up to 5% of TCC (line 41). This fee may only be attributed to projects without a general contractor. If you enter an amount in this line item, you may not also enter amounts in Builder's Overhead (line 39) or Builder's Profit (line 40). See Section 5.05 of the CPM and the Design Handbook for more.

11. Legal Fees: Generally limited to one percent of the TDC, depending on the attorney's specific responsibilities.

16. Interim Interest: In the space provided in Column A, enter the total amount of anticipated interim interest from Tab 1 (Project Financing) Table B1, Column F2.

21. LIHC/SLIHC Application Fee: Enter a \$2,000 fee for each tax credit program requested on the Application. The LIHC fee requirement does not apply for HFA financed HWF projects, because HFA will provide the LIHC allocation.

22. LIHC/SLIHC Credit Allocation Fees:

- SLIHC Applicants: Enter a 6% allocation fee for each request, calculated pursuant to Section 2040.3(C) of DHCR's Qualified Allocation Plan (QAP).

- DHCR 4% "As-of-Right" LIHC Applicants: enter a 3% allocation fee (calculated pursuant to Section 2040.4(D) of the QAP. As noted above, this does not apply to HFA-financed HWF projects.

23. Other DHCR/HTFC Fees:

- Applicants requesting DHCR/HTFC construction financing should refer to Section 5.12 of the CPM for guidance on construction financing fees.

24. Other Soft Costs: If you enter an amount for other soft costs in this line, such as costs for preparing a Phase I Environmental Site Assessment or other environmental study, specify the cost(s) in the appropriate Tab 3 (Details) of this Exhibit. For HFA-financed HWF projects applicants are to include HFA Financing and Servicing Fees, New York State Bond Issuance Charge and other related costs of issuance. These fees can be found on the Program Term Sheets available at nyhomes.org

25. Total Soft Costs: This line will be automatically totaled (lines 4 – 24 for each source).

c. Construction Costs (lines 26 – 44):

Enter the projected cost for each applicable construction line item. “Lump sum” totals are not allowed. Items such as off-site work, demolition, builder’s profit, overhead, general requirements, etc. must be specified. Appliances, if part of the construction contract, should be included in the line item of the space in which they will be installed - for example, the cost of stoves for individual residential units should be placed in Line 31 - residential.

26. Site Work: the cost of site preparation.

27. Off-Site Work: DHCR/HTFC and HFA Programs will only fund off-site costs directly associated with the project. Contact your DHCR regional office and/or HFA in advance of application submission if you have questions regarding this line item.

28. Demolition: Only that demolition that takes place on the project site is an eligible cost.

29. Environmental Remediation: Include asbestos removal and lead-based paint hazard control in this line.

30. Other Construction Costs: Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

31. Subtotal – Site Preparation: This line will be automatically totaled (lines 26 – 30 for each source).

32 – 34. Residential/Civic or CSF/Commercial Construction: Complete only the line that corresponds to the type of budget you are completing.

36. Performance Bond: Generally between one and two percent of Line 37 (Subtotal Contractor’s Cost).

37. Subtotal – Contractor’s Cost: This line will be automatically totaled (lines 31 – 36 for each source).

38. General Requirements: A maximum of six percent of line 36.

39. Builder’s Overhead: A maximum of four percent of line 36.

40. Builder’s Profit: A maximum of ten percent of Line 36

41. Total Construction Costs: This line will be automatically totaled (lines 37 through 40 for each source).

42. Project Contingency: The amount to be set-aside for all construction-related costs and estimates that represent an amount which is up to ten percent of the sum of lines 25 (Total Soft Costs) and 37 (Subtotal Contractor’s Cost) for rehabilitation projects and small project initiatives and up to five percent for typical new construction projects.

43. LIHC/SLIHC Developer's Fee: This fee can only be claimed if the project includes tax credits, and only on residential or Community Service Facility construction. It is limited to a maximum of ten percent of the sum of line 3 (total acquisition) plus a maximum of 15% of the sum of lines 25 (Total Soft Costs), 41 (Total Construction Cost) and 42 (Project Contingency). Be aware that if the project is being developed jointly by a non-profit and a for-profit developer, **the budget may not reflect both this fee and the NPDA on line 12**. A single developer's fee may be claimed for any given project, and division of the fee is subject to negotiation between the parties. (See Section 5.05 (vii) of the CPM for more on the NPDA).

44. Total Development Cost (TDC): This line will be automatically totaled (sum of lines 3, 25, 41, 42, and 43 for each source listed in Column B).

d. Working Capital (lines 45 – 49):

Enter all operating costs from the time of substantial completion through the first six months of project operation, including but not limited to: real property taxes, insurance, utility fees, management fees, advertising and marketing.

The HWF program may establish a working capital fund for itemized and approved costs of up to two percent of Total Development Costs (line 44, column C).

45. Initial Operating Deficit: Enter the estimated shortfall between operating expenses and operating income from the time of initial rent-up through full rent-up for a period not to exceed 18 months. Expenses should include all applicable debt service.

46. Supplemental Management Fee and Marketing: Enter the costs for management and marketing fees from initial rent-up through full rent-up for a period not to exceed 18 months.

47. Purchase of Maintenance and Other Equipment: Enter any estimated amounts necessary to purchase needed and appropriate maintenance and other equipment. Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

48. Other Working Capital: Specify any costs entered on this line item in the space provided in the appropriate Tab 3 (Details) of this Exhibit.

49. Total Working Capital: This line will be automatically totaled. (Lines 45 through 48 for each source listed in Column B (Funding Sources)).

e. Project Reserves: (lines 50 through 53):

50. Capitalization of Operating Reserves: Capitalization of the operating reserves may be from LIHC or SLIHC proceeds equity only, unless they are capitalized by a non-DHCR/HTFC source. HWF projects may fund an operating reserve based upon the requirements of the bond issuer or credit enhancer.

51. Replacement Reserve: A replacement reserve is used to replace major items and systems over the life of the building, including but not limited to: flooring, appliances, plumbing fixtures, heating equipment, roof systems, windows, doors, cabinetry and site apparatus. Applicants may request HWF, LIHC and SLIHC funds to capitalize, or partially capitalize a replacement reserve only if it is not economically feasible for the project to support the "standard" annual contribution to the replacement reserve from operating income.

52. Reserve for Adapting Units: DHCR/HTFC will recognize the capitalization of up to \$4,000 per unit to be set aside to cover the post-construction cost to fully adapt an accessible residential unit to meet the specific needs of a prospective handicapped household. See Section 5.05 of the CPM for further information.

53. Total Project Reserves: This line will be automatically totaled (lines 50 through 52 for each source listed).

54. Total Project Costs: This line will automatically be totaled (the sum of lines 43, 48 and 52 for each source listed).

Section 2 – Details

If your project includes:

Residential Construction: complete and submit Tab 2.1, if applicable;
Commercial Construction: complete and submit Tab 2.2, if applicable;
Civic Construction: complete and submit Tab 2.3, if applicable;
Community Service Facility Construction: complete and submit Tab 2.4, if applicable.

If your project is mixed-use, also complete and submit Tab 2.5: Project Financing Summary, if applicable. This section is used for the itemization of “Other” costs entered in the development budget. If you entered an amount in Line 24 (Other Soft Costs), complete Section A of this Table. If you entered an amount in Line 30 (Other Construction Costs), complete Section B of this Table. If you entered an amount in Line 47 (Purchase of Maintenance & Other Equipment), and/or 48 (Other Working Capital), complete Section C of this Table. Enter a short description of the cost(s) and the amount associated with the cost.

Section 3 – 9C Worksheet (Determination of Qualified Basis Worksheet)

Exhibit 4 – Unit Rents/Maintenance Fees & Affordability

This Exhibit must be completed for all projects which include residential units. All residential units in the project must be recorded on this Exhibit, including those which are being financed by sources other than DHCR/HTFC, and any unit set aside for occupancy by a building superintendent/resident manager. This exhibit will be used to rate the affordability of the proposed project. It is not used to set income served limits for the regulatory period.

The Tables that you will be required to complete in this Exhibit are dependent on the type of project residential tenure you selected in Exhibit 1, Section G of this Application, and on whether or not you expect the project to receive rental subsidies, as indicated in Question A1 below.

This Exhibit was developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected.

- Please enter data in the **yellow** spreadsheet boxes.
- **White** spreadsheet boxes with entries show the results of calculations.
- Please note: This spreadsheet template was developed to serve most but not all of your needs. If, for example, your project requires additional space you will have to call DHCR to have this matter addressed.
- In certain instances, such as if you are applying for Project Based Housing Choice Vouchers, you may choose to complete two separate versions of this Exhibit to reflect rents with and without PBVs.
- This spreadsheet template was developed for a color printer, if you want to print this using a black and white printer then please change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing)

A. Tenant Affordability Plan:

1. Indicate whether or not you anticipate that any of the units in the project will receive a rental subsidy.

2. If yes, select the type of subsidy expected, and enter the total number of units expected to receive the subsidy. If the rental subsidy source is not listed, select e, Other, and enter the type of subsidy in the space provided. The total number of units that you enter for this question must match the total units specified to receive a rental subsidy in Table A1 below.

3. **Non-Rent Bearing Unit for Occupancy by Building Superintendent/Resident Manager.**

If the project includes a non rent-bearing unit to be occupied by a building superintendent/resident manager, complete this question. In Column A, select the number of bedrooms in the unit from the drop-down list; in Column B, enter the number of occupants in the unit; in Column C, enter the total cost of the monthly utilities to be paid directly by the occupant. The Spreadsheet will calculate Column D by multiplying Column C by 12.

Table A1 - Monthly Housing Cost for Rental Units without Subsidies

This Table requires you to categorize all units in the project that will not receive rental subsidies by number of bedrooms (unit size), and then by the Monthly Basic Rent for a unit of that size. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. The total number of units in Tables A1 and A3 should equal the total number of units entered in Exhibit 1, Section H, Table 1 (if you indicated that this project included a mixture of condominium/cooperative and rental units, the total of units in Tables A1, A3 and B1 must equal the total number of units entered in Exhibit 1, Section H, Table 1. Please note that if your project includes a **non-rent bearing** unit which will be occupied by a building superintendent/resident manager, this unit should be recorded in question 3 above, and not in this Table. In this instance, the total number of units in Tables A1 and A3 should be 1 less than the total number of units entered in Exhibit 1, Section H, Table 1.

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will be available at the monthly basic rent entered in Column E.

Column C - No. of Occupants in Unit: Enter the number of occupants expected to occupy the unit. (Use 1.5 persons per bedroom if LIHC or SLIHC are requested on this Application, otherwise, use 2 persons per bedroom).

Column D - Comparable Market Rent: Enter the median contract rent paid in the primary market area for a comparable unit. (Evidence of comparable rents must be included in the Market Study).

Column E - Monthly Basic Rent: Enter the applicable shelter rent allowance or proposed basic rent or carrying charge for the units in this category.

Column F - Tenant-Paid Utilities: Enter the anticipated cost of utilities to be paid by directly by the tenants in this unit category.

Column G - Total Monthly Housing Cost: This will be calculated by the Spreadsheet by adding Columns E and F together. Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum Low HOME rents permitted under the HOME program.

Column H - Total Annual Cost: This Column will be calculated by the Spreadsheet by multiplying the number in Column G (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories.

Column I - Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column H (Total Annual Cost) by .30

Column J - Area Median Income: Enter the appropriate area median income for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column K - Percentage of Area Median Income that Unit is Affordable To: This Column will be calculated by the Spreadsheet by dividing Column I (Annual Income Needed to Afford Unit) by Column J (AMI). The result will be the income group that the unit is affordable to. For example, if the annual income needed to afford the unit is \$16,000, and the area median income is \$28,000, the percentage of median income that the unit is affordable to would be households at 57% of the AMI.

Column L – Percentage of Area Median Income that Unit will be Targeted To: While Column K calculates the percentage of AMI that the unit is affordable to, in this Column, you are to enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I, 2 (Income Targets), and will be the basis for the project's Regulatory Agreement should the project be selected for funding.

Column M – Maximum Rent at 60% LIHC Eligibility: The Spreadsheet will calculate this Column using the following formula: Column J (Adjusted AMI for each Unit Size) x 0.6 x 0.3 / 12.

Table A2 - Monthly Housing Cost for Units with Rental Subsidies

This Table requires you to categorize all units in the project which will receive a rental subsidy by number of bedrooms (unit size), and then by the monthly basic rent for a unit of that size. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. The total units in Column B must be equal to the number of units specified in Question A2 above. Please note that if your project includes a **non-rent bearing** unit which will be occupied by a building superintendent/resident manager, this unit should be recorded in question 3 above, and not in this Table.

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will receive rental subsidies and will be available at the monthly basic rent entered in Column E.

Column C - No. of Occupants in Unit: Enter the number of occupants expected to occupy the unit. (Use 1.5 persons per bedroom if LIHC or SLIHC are requested on this Application, otherwise, use 2 persons per bedroom).

Column D - Comparable Market Rent: Enter the median contract rent paid in the primary market area for a comparable unit. (Evidence of comparable rents must be included in the Market Study).

Column E - Monthly Basic Rent: Enter the applicable shelter rent allowance or proposed basic rent for the units in this category.

Column F - Tenant-Paid Utilities: Enter the anticipated cost of utilities to be paid directly by the tenants in this unit category.

Column G - Total Monthly Housing Cost: This will be calculated by the Spreadsheet by adding Columns E and F together. Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum low HOME rents permitted under the HOME Program.

Column H - Total Annual Cost: This Column will be calculated by the Spreadsheet by multiplying the number in Column G (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories entered in Table A1 above.

Column I - Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column H (Total Annual Cost) by .30

Column J - Area Median Income: Enter the appropriate area median income for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column K - Percentage of Area Median Income that Unit is Affordable To: This Column will display 30% of Area Median Income (AMI) for all units with rental subsidies.

Column L – Percentage of Area Median Income that Unit will be Targeted To: Enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I, 2 (Income Targets), and will be used as the basis for the project's Regulatory Agreement should the project be selected for funding.

Column M – Maximum Rent at 60% LIHC Eligibility: The Spreadsheet will calculate this Column using the following formula: Column J (Adjusted AMI for each Unit Size) x 0.6 x 0.3 / 12.

4. Calculation of LIHC Monitoring Fee: **If all units in the project except a non-rent-bearing unit for occupancy by a resident manager will be assisted with LIHC/SLIHC**, the applicant should calculate the LIHC monitoring fee for the project's first year of operation using the following formula: For each line in Tables A1 and A2: Column B (No. of Units from Tables A1 and A2) x Column M (Maximum Rent at 60% LIHC Eligibility from Tables A1 and A2) x 12 x 0.005. Add together the result from each line, and enter the total into Exhibit 5 (Operating Budget), Table 2, Line 8.

5. Indicate whether or not the comparable rents referenced in Column D, Tables A1 and A2 include each of the utilities listed.

B. Condominium/Cooperative Affordability Plan: (Not Eligible for HFA Financing)

1. Specify what percentage of the purchase price will be required as a down-payment by the purchaser. This percentage will be used by the Spreadsheet to calculate the down payment in Table B1, Column D.

2. Select the applicable tenure type for the units.

Table B1 - Total Monthly Housing Cost for Owner-Occupied Units

This Table requires you to categorize all condominium/cooperative units in the project by number of bedrooms (unit size), and then by the monthly payment for a unit of that size. If there are multiple monthly payments anticipated for units of the same size, you must record them separately. The total number of units should equal the total number of units entered in Exhibit 1, Section H, Table 1. (If you indicated that this project included a mixture of owner-occupied and rental units, the total of units in Tables A1, A3 and B1 of this Exhibit must equal the total number of units entered in Exhibit 1, Section H, Table 1).

Column A - Unit Size: Unit size on this chart refers to the number of bedrooms in the unit. Select the unit size from the drop-down menu.

Column B - No. of Units: Enter the number of units of this size which will be available at the monthly cost entered in Column F (Monthly Payment)

Column C - Purchase Price: Enter the purchase price for the unit. Include the value of any sweat equity contributions in the purchase price as the down payment.

Column D - Down Payment: The Spreadsheet will calculate and display the down payment based on the percentage entered at the top of this Section.

Column E - Amount to be Financed: The Spreadsheet will calculate this Column by subtracting the down payment from the purchase price.

Column F - Monthly Payment: Enter the total of monthly principal and interest payments on the mortgage loan for the unit.

Column G - Monthly Taxes and Insurance: Compute and enter the monthly total property taxes and homeowner's insurance (including flood insurance if necessary) for the unit.

Column H - Monthly Maintenance and Carrying Costs: Enter the monthly costs of maintaining and amortizing the buildings and grounds for condominium or cooperative units.

Column I - Total Monthly Cost: This will be calculated by the Spreadsheet by adding together Columns F, G and H for each line.

Column J - Total Annual Costs: This Column will be calculated by the Spreadsheet by multiplying Column I from Table B1 (Total Monthly Housing Cost) by 12 for each of the unit size/monthly cost categories.

Column K – Minimum Annual Income Needed to Afford Unit: This Column will be calculated by the Spreadsheet by dividing Column J (Total Annual Costs) by .30

Column L - Area Median Income: Enter the appropriate AMI for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

Column M - Percentage of Area Median Income Unit is Affordable to: This Column will be calculated by the Spreadsheet by dividing Column K (Minimum Annual Income Needed to Afford Unit) by Column L (AMI). The result will be the income group that the unit is affordable to. For example, if the annual income needed to afford the unit is \$16,000, and the AMI is \$28,000, the income group that the unit is affordable to would be households at 57% of the AMI.

Column N – Percentage of Area Median Income that Unit will be Targeted To: While Column M calculates the percentage of AMI that the unit is affordable to, in this Column, you are to enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this Column must be consistent with the data entered in Exhibit 1, Section I, 2 (Income Targets), and will be the basis for the project's Regulatory Agreement should the project be selected for funding.

Exhibit 5 – Project Income & Operating Budget

This Exhibit has been developed in Microsoft Excel 2003. **The spreadsheet** is locked and password protected. Please review the following before beginning this exhibit:

- Enter data as outlined in the exhibit instructions in the **yellow** spreadsheet boxes;
- **White** spreadsheet boxes with entries show the results of calculations.
- Comments to aid with data entry have been inserted into this sheet. Moving your cursor over cells with a **red** arrow will reveal the comment;
- Drop-down lists are used throughout the spreadsheet. Left clicking inside a comment cell will reveal the drop-down arrow. Click on the arrow, and select the appropriate option.

- **Printing:** This spreadsheet template was developed for use with a color printer. To print using a black and white printer, change the print setting as follows: (File→Print→Properties→Advanced→Enable black and white printing.

- The print margins have been protected and cannot be adjusted. As a result, your printer may print some documents as two pages when the document should print as one.

- In certain instances, such as if you are applying for Project Based Housing Choice Vouchers, you may choose to complete two separate versions of this Exhibit to reflect costs with and without PBVs.

Exhibit 5 Instructions

This Exhibit must be completed for both residential and non-residential space in the project. If the project involves **both residential and non-residential space**, including commercial space, civic space or Community Service Facility Space, you will complete one iteration of Table 1 – Total Effective Income, and two iterations of Table 2 (Operating Budget Assumptions) and Table 3 (Operating Budget) – one for the residential portion of the project, and another for the non-residential portion. Upon completion of Tables 2A, 2B and/or 2C and 2D, the Spreadsheet will produce a summary Operating Budget Basis Table for the entire project as Table 2E. Upon completion of the two Table 3's (residential and non-residential), the Spreadsheet will produce a summary for the project. If you indicated in Exhibit 1, Section G that your project involves residential space **only** or non-residential space **only**, you will only need to complete this Exhibit once.

The ten tabs are as follows:

1. INCOME – this Table will be used to enter both residential and non-residential project income.

2A – RESBASIS - This Table will be used to enter the residential operating cost assumptions for the first 15 years of the project. See the following instructions for full instructions on how to complete this Table.

2B – OTHERRES – This Table will be used to enter the residential operating costs for line items which are not fixed and which do not vary by a fixed percentage annually. For example, debt service payments based on an loan amortization schedule which is not fixed and which does not vary by the same percentage annually.

3A. RESOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2A and 2B and projecting the 15-year operating costs for the residential portion of the project.

2C – NONRESBASIS - This Table will be used to enter the non-residential operating cost assumptions for the first 15 years of the project. See the following instructions for full instructions on how to complete this Table.

2D – OTHERNONRES – This Table will be used to enter the non-residential operating costs for line items which are other than fixed or variable.

3B - NONRESOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2C and 2D and projecting the 15-year operating costs for the non-residential portion of the project.

2E – SUMBASIS – If this is a mixed-used project, this Table will be calculated by the spreadsheet by summing the totals from Tables 2A and 2C. The numbers will then be used to update Table 3B, the Operating Budget for both residential and non-residential portions of the project.

2F – OTHERSUM – This Table will be automatically populated by the data entered in Tables 2B and 2D. The numbers will then be transferred to the appropriate lines in the Summary Operating Budget (Table 3C).

3C - SUMOPBUD – This Table will be calculated by the spreadsheet using the operating cost basis assumptions entered in Tables 2E and 2F, and projecting the 15-year operating costs for the residential and non-residential portions of the project.

Table 1 – Total Effective Income:

This Table calculates the project’s income and vacancy to produce total effective income. Section A is for the residential portion of the project and Section B is for the non-residential portion of the project.

Section A – Effective Residential Income

If the project does not involve residential space, do not complete this section.

1. **Total Residential Monthly Income/Maintenance Fees:** Calculate the project’s total residential monthly income, by multiplying the total number of units in Exhibit 4, Table A1 and Table A3 by the basic rents for each line, and adding the results. If this is a condominium/ cooperative project, calculate the income by multiplying Table B1, Column H of Exhibit 4 by the total number of units. If it is a combination of rental and condominium/cooperative units, Tables A1, A3 and B1 of Exhibit 4 must be used in the calculation.

2. **Annual Gross Residential Income:** The Spreadsheet will calculate this by multiplying line 1 (Total Monthly Income/Maintenance Fees) by 12.

3. **Residential Vacancy:** Enter the estimated percentage of vacancy for the residential portion of the project in the space provided. The Spreadsheet will then multiply Line 2 (Annual Gross Residential Income) by this percentage to arrive at the total annual income expected to be lost from residential vacancies .

4. **Net Residential Income:** The Spreadsheet will calculate this by subtracting Line 3 (Residential Vacancy) from Line 2 (Annual Gross Residential Income).

5a. **Ancillary Income - Laundry:** If applicable, enter the anticipated income from residential laundry facilities.

5b. **Ancillary Income – Parking:** If applicable, enter the anticipated income from residential parking facilities.

5c. **Ancillary Income – Other:** If applicable, enter the anticipated income from other residential sources, for example, dedicated project operating subsidies from public agencies, fully capitalized operating reserves, or a Homesteader’s contribution to the operating budget. Do not include interest from operating or replacement reserves.

6. **Total Ancillary Residential Income:** The Spreadsheet will calculate this by adding together lines 5a, 5b and 5c.

7. **Total Effective Residential Income:** The Spreadsheet will calculate this by adding together lines 4 and 6. This figure will be transferred to line 1 (Total Effective Income) of Table 2A (Res. Basis) for the residential portion of this project.

Section B – Effective Non-Residential Income

8. **Gross Commercial/Civic Income:** Enter the estimated amount of revenue to be generated from commercial and/or civic rents if the project is mixed use.

9. **Commercial/Civic Vacancy and Arrears:** Enter the estimated percentage of vacancy for the commercial/civic portion of the project. The Spreadsheet will then multiply Line 8 (Gross Commercial/Civic Income) by this percentage to arrive at the total annual income expected to be lost from commercial or civic vacancies .

10. Net Commercial/Civic Income: The Spreadsheet will calculate this by subtracting line 9 from line 8. This figure will be transferred to line 1 (Total Effective Income) of Table 2C (Non-Res. Basis) for the non-residential portion of this project

11. Total Effective Income: This line will be blocked to Spreadsheet Users. The Spreadsheet will calculate this when it produces a Summary Table 1 for projects with both residential and non-residential space by adding together lines 7 & 10.

Tables 2A, 2B, 2C, 2D, and 2E – Basis for Projection of Operating Budget:

For mixed-use projects, the assumptions entered in Tables 2A through 2D will automatically be added to the summary Table 2E, which will in turn be used to update Table 3C – Summary Operating budget.

This Table serves two purposes:

1. Data entered here will enable the Spreadsheet to do many of the calculations required in Tables 3A, 3B and 3C – Operating Budgets; and,
2. It provides a rationale for operating expenses during the project’s first fifteen years of operation.

Columns:

Column A - Expenses: Lists typical project operating expenses, as well as the total effective income (Line 1).

Column B- Year 1 Cost: Enter the anticipated first year’s operating cost for each applicable operating expense listed in Column A. Year one should represent the first complete year of occupancy.

Column C – Type & % Increase/Decrease: From the drop-down list, select one of the following three expense types for each line item:

Fixed: These are costs that will remain constant from year to year. The Spreadsheet will update the operating budget for these line items, based on the amount entered in Column B – Year 1 Cost.

Variable: These are costs that are expected to either rise or fall from one year to the next. If you select this type, you must also enter an estimated increase or decrease in terms of a percentage. The Spreadsheet will update the operating budget for these line items.

Other: These are costs that are cannot be termed either fixed or variable. For these line items, you must manually complete Table 2B and/or Table 2D (Other Costs) for years 1 through 15. The spreadsheet will then transfer these to the applicable Operating Budget. For example, debt service payments based on an amortization schedule that is not fixed but does not vary by the same percentage annually.

Column D – Rationale for Estimates: Provide the rationale for the estimated expense. For example: “\$80 a unit,” or, “\$3/square foot.”

Column E – Source: Enter the source of the rationale, for example, “based on actuals from similar project, Hampshire Senior Housing,” or “quote from insurance broker – Smith Insurance.”

Please note the following regarding certain line items:

Line 1: Spreadsheet will provide the total effective income for the first year. Complete this line for the following years.

Lines 38 and 39: Reserves - Refer to the CPM, Section 5.06 before completing these lines.

Line 42 – Debt Service: The Spreadsheet will produce a line for each permanent loan entered in Exhibit 3, Section A, Table 2 (Sources of Permanent Financing). The Spreadsheet will enter the funding source name, loan amount, interest rate and term from the information provided in Exhibit 3. Complete the Table for each source.

Line 44 – Cash Flow: For projects utilizing HWF **and** LIHC or SLIHC programs, owners are limited on assisted units to the greater of a nominal return on equity (not to exceed \$360/unit annually), or an amount equal to debt service coverage required by another participating permanent lender, including HFA and the credit enhancement provider(s).

Line 45 – Repayment of Deferred Developer’s Fee: If the project’s Development Budget Permanent Funding Sources (Exhibit 3, Section A2) include Source Code #4006 (Deferred Developer’s Fees), you must enter an amount that will ensure that the fee is repaid within 15 years of the placed-in-service date (See Section 5.05 of the CPM).

Tables 3A, 3B and 3C – Operating Budget

For each line item in Table 2 that was specified as “Fixed” or “Variable”, the Spreadsheet will calculate project operating costs for the first 15 years of project operation. It will also transfer “other” (non variable or not fixed) costs from Table 2B and/or 2D to the appropriate Operating Budget. Table 3C is a summary budget only required for mixed-use projects. It will be updated automatically using the data from Table 2E (Summary Operating Basis).

Lines 10, 24, 30, 37, 40, 41, 43 and 44 will be calculated by the Spreadsheet.

4. Deferred Developer’s Fee

A. Repayment of Deferred Developer’s Fee: The Spreadsheet will display the amount of the deferred developer’s fee entered as a permanent funding source in Exhibit 3, Section A2 (the Development Budget).

B. Total Repaid in 15 Years: The Spreadsheet will add the total amount of deferred developer’s fee repaid in the 15-year period displayed in Table 3 – Operating Budget.

C. Discrepancy: If there is a discrepancy between the figures in A and B, the discrepancy will be displayed.

Exhibit 6 – Development Timetable

1. Select the box which describes the development track the project will follow. If you select “construction financing with competitive bidding,” you will be required to submit bid documents to DHCR/HTFC.

2. Development & Approvals Timetable: Please read all of the instructions below before completing this Table.

Column A – Activity/Approval: Lists activities and approvals typically required for DHCR/HTFC and HFA-financed projects. If an Activity/Approval does not apply, leave Columns B, C and D blank.

Contract Document Submission – Allow a minimum of 45 business days for review and approval of bid documents. All applicants must submit contract documents prior to construction loan closing.

Rent-Up Conference with DHCR/Housing Management or HFA – The rent-up conference is to be held between the project owner/manager and DHCR Office of Housing Management staff or HFA staff (for HFA financed projects) 90-100 days prior to construction completion.

Construction Completion/Certificate of Occupancy (C of O) – For LIHC/SLIHC projects, this is the placed-in-service date.

Permanent Financing Closing – Must occur within 60 day after Construction Completion/C of O date.

Cost Certification/Audit/Close-Out Document Submission – Must occur within 60 days of the Permanent Financing Closing.

Column B – Status: Where an option exists, select “Approved” or “Pending” from the drop-down list.

Column C – Contact Person/Phone #: Enter the name and phone number of a person from the applicable agency who can verify the status of the approval.

Column D – Completion Date: Enter the month and year (mm/yy) that you anticipate the action or approval to be completed/approved, or that the approval was issued.

Exhibit 7 – Development Team’s Relevant Experience

This Exhibit must be completed by the project developer, owner, and architect. Additionally, if you have identified the project’s general contractor, management agent, and/or housing consultant in Exhibit 1, Section K, they must also complete this Exhibit. Provide the requested information for each similar project that the applicant (developer) has participated in over the last ten years or until the applicant (developer) has reached the maximum obtainable score (See UF 2008 Request for Proposals, page 55). Unless a team member has no experience, a minimum of one Similar Project Summary must be provided for each team member. Include only those that are similar in construction type, size, scope, population served, financing and tenure. For HFA-financed HWF projects, applicants must also submit Attachment F12.

DO NOT SUBMIT A CORPORATE RESUME OR BROCHURE IN LIEU OF COMPLETING THIS EXHIBIT!

1. No Relevant Experience: If any development team member has no relevant experience with similar projects to report, check the box(es) for those team member(s).

2. Similar Projects with HTFC/DHCR Funding: Each development team member who has been identified should complete this table for any similar HTFC/DHCR funded project(s) they have been involved with during the last ten years.

a. Name of Development Team Member Completing this Table Enter the name of the Development Team Member.

b. Role(s) of Development Team Member Select the role(s) of the Development Team Member in the projects listed in the table.

c. Table Enter the information requested in the appropriate columns. SHARS Number is the number HTFC/DHCR assigned to the project.

3. Similar Projects without HTFC/DHCR Funding: Each development team member who has been identified should complete this table for any similar non-HTFC/DHCR funded project(s) they have been involved with during the last ten years.

a. Name of Development Team Member Completing this Table Enter the name of the Development Team Member.

b. Role(s) of Development Team Member Select the role(s) of the Development Team Member in the projects listed in the table.

c. Table Enter the information requested in the appropriate columns.

Project Name: Enter the name of the project.

Project Use: Select the project use code from the drop-down list that best describes the project. Choose from the following codes:

- a. Condominium/Cooperative
- b. Multi-Family Residential
- c. Multi-Family Residential/Civic
- d. Multi-Family Residential/Commercial
- e. Multi-Family Residential/Civic/Commercial
- f. Commercial
- g. Civic/CSF

Type: Select new construction and/or rehabilitation.

Start Date: Enter the month and year of construction start.

% Comp.: Enter the estimated percentage of construction completion.

Number of Units: Enter the number of units in the project.

Population Served: Provide a brief description of the type of population served, for example: frail elderly or large families.

Total Project Cost: Enter the total project cost.

Exhibit 8 – Site and Building Information

General Instructions: Please read the following before completing this Exhibit.

1. Section A must be completed for **each site** in the project.
2. Section B must be completed for **each building which will exist upon completion** of the project. If the project consists of multiple buildings and all buildings are identical, Section B must only be completed once.
3. Number each site in the project, and at the top of Section A (Site Information), enter which site number the data is being provided for. For example, if there are two sites, label them as follows: site 1 of 2 and site 2 of 2.
4. Number each building which will exist upon project completion, and at the top of Section B (Building Characteristics), enter which building number the data is being provided for, as well as which site number the building will be located on. **Please try to label your sites and buildings consistently.**

A. Site Information

Complete this Section for each site in the project.

1. Site Basics

- a. Indicate whether or not the site is vacant land.

b. If you answered no to 1a, enter the number of buildings on the site.

c. If you answered yes to 1a, provide the site's tax parcel(s) in the space provided. For sites located in one of the five boroughs of New York City, enter the Block, Lot and Easement Code (B/L/E) assigned by the City. For other locations in New York State, enter the Section, Block and Lot Number(s) (S/B/L) for the site assigned by the County. **DO NOT enter information in this space if the site contains buildings. If you will be demolishing existing buildings, please fill in the tax parcel information for existing buildings in Section B of this Exhibit.**

d. Site Address: Enter the street address, municipality and zip code for the site.

2. Site Area and Zoning

a. Enter the total site area and, using the drop-down list, indicate whether the area is in acres or square feet.

b. Enter the current zoning classification.

c. Enter the minimum site area for proposed project to meet local zoning regulations, and, using the drop-down list, indicate whether the area is in acres or square feet.

3. Special Site Locations/Designations

Select each box corresponding to a correct statement about the site.

NOTE: If the "flood plain" box is not checked, the applicant is representing that it can demonstrate through the submission of maps or other documents that the site for the proposed project is not in a flood plain.

4. Site Utilities

Complete the Table for each utility listed in Column A.

Column B – Source: From the drop-down list, choose either public or commercial.

Column C – On-or Off-Site: From the drop-down list, choose either on-site or off-site.

Column D – Distance from Site: If applicable, enter the utility's distance from the site.

5. Unusual Site Features

Select each unusual site feature present on the site.

6. Existing Structures/Facilities/Parking

a. Describe any accessory structures on the site, including their size. If there are none, select "N/A."

b. Describe any recreational facilities on the site. If there are none, select "N/A." (Family projects must have adequate space to accommodate an on-site play area).

c. Site Parking: Select each applicable statement. Enter the number of spaces and the total parking square footage, if applicable.

7. Site Suitability

a. Indicate whether or not the area is free of hazardous materials, and is not in proximity to incompatible adjacent uses, or facilities which may present problems with noise or aesthetics, such as an airport, railroad tracks, or a landfill.

b. If you answer no to 7a, provide a description of the hazardous materials, and/or incompatible uses or facilities in the space provided.

c. Indicate whether or not the site is directly accessible from a public road.

8. Proximity of Support Services

a. Indicate whether the site is in an urban or non-urban area. (See Capital Programs Manual, Glossary, for the definition of “urban”.)

b. Select the primary project occupants. If you choose other, specify the type of occupants.

c. For each service listed, place an X in the box which best describes its proximity to the site.

B. Building Characteristics

Complete this Section for each building **which will exist upon project completion.**

Number each building and which site number it will be located on. For example: there are two sites, each with two buildings, and you are completing this section for the first building on site 2, enter building 1 of 2 on site 2.

1. Type of Activity Proposed

Select the type of activity proposed for the building.

2. Existing Building Characteristics

Complete this **ONLY** if you selected b, c, or e in B1 above.

a. Enter the street address, including municipality and zip code.

b. Enter the approximate date the building was constructed.

c. Enter the tax parcels for the building (NYC – block/lot/easement, B/L/E; elsewhere in NYS, section/block/lot, S/B/L)

d. Select the box which describes the building’s most recent use.

e. Enter the number of current residential units.

f. Enter the number of current non-residential units.

3. Occupied Units

a. Indicate whether any of the units in the building are occupied.

b. Enter the number of occupied residential units, if applicable.

c. Enter the number of occupied non-residential units, if applicable.

d. Indicate whether relocation of residential and/or non-residential tenants will be required, and supply the number of tenants of each type who must be relocated.

4. Building Use Upon Completion

Complete this Section to describe the building **upon completion**.

a. Building Use: Select each applicable box which describes how the building will be used upon completion. If choices 1 – 4 do not describe the use, select “other”, and describe the proposed use.

b. Residential Tenure Type: Select the box which describes the building’s residential tenure type upon completion. If choices 1 – 4 do not describe the use, select “Other”, and describe the proposed tenure type. If there are no residential units in the building, select “N/A.”

5. Building Units Assisted by HTFC/DHCR or HFA

Line 1 - Indicate the number and sq. footage of all residential and non-residential units in the building in Columns B and C, respectively.

Line 2 – Repeat, but only for those units which will be funded by DHCR/HTFC.

Line 3- Repeat, but only for those units which will be funded by HFA.

6. Building Details

a. Enter the number of floors which will exist upon completion of the building.

b. Select the building’s structure type upon completion. If “Other” is selected, describe in the space provided.

7. Residential/Non-Residential Space Breakdown

This Table requires you to enter the total square footage for Dwelling Units (Section A), Common Areas (Section B), and Non-Residential Space (Section C). Section A contains a drop-down list with the following unit sizes: Single Room Occupancy (SRO); 0 Bedroom (BR)/SRO; 1 Bedroom; 2 Bedroom; 3 Bedroom; 4 Bedroom; 5+ Bedroom.

Section A – Dwelling Units: For each unit size selected under Column A – enter the square footage in Column B, and the number of units of that size in Column C. If the project includes units with the same number of bedrooms but varying square footage, be sure to enter each of those sized units separately. Calculate Column D by multiplying Column B by Column C for each line. Calculate line 15 by adding together lines 1 through 14.

Sections B and C – Common Areas and Non-Residential Space: Enter the total square footage in Column D for each applicable line item. Calculate line 22 by adding together lines 16 through 21, and line 26 by adding together lines 23 through 25. Line 27 is calculated by summing lines 15, 22 and 26.

8. Items in Rent/Carrying Charge

a. Equipment: Select each item which is included in the rent or carrying charge. If there is an item not listed, select “Other” and specify the item.

b. Services: Select all services which will be included in the rent or carrying charge. If applicable, specify the type of heat and hot water to be provided. If “Other” is selected, describe in the space provided.

c. Parking: If parking is to be included in the rent or carrying charge, select the applicable type(s). If “Other” is selected, describe in the space provided.

9. Tenant-Paid Utilities

Select each item that will **not** be included in the rent or carrying charge. If “Other” is selected, describe in the space provided.

Exhibit 9 – LIHC/SLIHC Qualified Building Information

This Exhibit must be completed by all Applicants requesting LIHC (4%) and/or SLIHC. If you are requesting both LIHC (4%) and SLIHC, you must complete the Exhibit separately for each Program.

Select the Program for which this Exhibit is being completed. **Do not select LIHC (9%). It is not available with the Homes for Working Families program.**

Complete Section A of this Exhibit (General Project Information). If the project does not involve either of the special circumstances set forth in Questions 1 & 2 of Section A, you need only complete Sections B, C and D once as a summary of all LIHC/SLIHC-assisted buildings that will exist upon project completion. However, if the project does involve one of the special circumstances set forth in Questions 1 & 2 of Section A, you must complete all sections of this Exhibit for **each** LIHC/SLIHC-assisted building in the project. In all cases, you must complete Section E (Declaration of Public Subsidies) for **each LIHC/SLIHC-assisted building that will exist upon project completion.**

Before completing this Exhibit, please refer to the following resources:

- DHCR’s 2008 Qualified Allocation Plan (QAP);
- If HFA financing is requested, review HFA’s QAP;
- Article 2-A of the Public Housing Law (SLIHC);
- DHCR’s 2008 New York State Low Income Housing Tax Credit Regulations (SLIHC);
- Section 42 of the Internal Revenue Code and related regulations for definitions and information on program eligibility; and,
- Professional guidance from a tax consultant, attorney, or accountant in preparing this Exhibit and related documentation which may affect tax liability status through the LIHC and/or SLIHC Program.

A. General Project Information

1. Indicate whether this project involves the rehabilitation of occupied buildings with varying levels of occupancy. If yes, enter the number of buildings.

2. Indicate whether this project involves multiple buildings of which, some but not all, are eligible for high-cost treatment as set forth in Section 42. If yes, enter the number of buildings.

If you answered yes to questions 1 or 2 above, you must complete this entire Exhibit for each LIHC/SLIHC-assisted building which will exist upon project completion. If you answered no to questions 1 and 2 above, you are only required to complete Sections B, C and D once for all LIHC/SLIHC-assisted buildings that will exist upon project completion. Section E must be completed for each LIHC/SLIHC-assisted building in the project with no exceptions.

3a. Indicate whether the project will be located in a Qualified Census Tract (QCT).

3b. If you answered yes to question 3a, enter the county and tract number of the QCT.

4a. Indicate whether the project will be located in a Difficult Development Area (DDA).

4b. If you answered yes to question 4a, select the DDA County from the drop-down list.

5. Indicate whether you are willing to enter into a regulatory agreement with DHCR and/or HFA for extended low income use of project with a minimum extended use period, ending no earlier than 30 years after the project is placed in service that is in conformance with the requirements of Section 42.

B. Site/Building Acquisition

1. Indicate whether the site(s)/building(s) is being acquired from a related or unrelated party.

2. If the project involves the acquisition of buildings, and the buildings were or will be acquired with Buyer's Basis, indicate how the basis will be determined. If you select 2b (determined with reference to seller's basis), enter the amount of Seller's Basis in 2c.

3. If the buildings have been owned by the seller for at least ten years, enter the date the building was placed in service by the owner in 3a, and enter the anticipated date of acquisition by the applicant in 3b. If not applicable, go to question 4.

4. If the building(s) have been owned by the seller for less than ten years, select all applicable acquisition options.

C. Determination of Qualified Basis Worksheet

This Worksheet is used to determine how the qualified basis of the building(s) is derived from actual **residential** expenditures. **It should reflect expenses only for the residential portion of the building(s).**

If there are multiple qualified low-income buildings in the project, an appropriate means should be used to distribute expenditures for eligible common facilities between buildings (e.g., proportion of the eligible residential floor space attributable to each building).

Columns:

Column A- Project Costs and Adjustments: Lists project costs and adjustments, both reductions and increases.

Column B – Actual Costs: Enter the actual or expected costs of each line item, if applicable.

Column C – Adjustments to Eligible Basis: Enter all adjustments to the eligible basis for each line item, if applicable.

Columns D & E – Eligible Basis by Credit Rate Type: Enter the dollar amounts of eligible basis for the building(s) under either Column D (30% Present Value (PV)) or E (70% PV), if applicable.

Line Items:

Acquisition: This Section will calculate the actual costs, reduction in eligible basis, and eligible basis for the costs of acquisition, excluding land.

Line 1 – Cost of Land Only: In Column B, enter the actual or anticipated costs for land only. Excel will automatically enter this figure into Column C, Adjustments to Eligible Basis.

Line 2 – Acquisition Costs (excluding Land): In Column B, enter the actual or anticipated costs for buildings excluding the cost of land. Enter any adjustments to the eligible basis in Column C. Excel will calculate Column D by subtracting Column C from Column B. (Acquisition may not be claimed at the 70% PV basis).

Reductions to Eligible Basis for Acquisition of Buildings: This Section will calculate any reductions in eligible basis for acquisition.

Lines 3, 4 and 5: Enter any reductions in eligible basis for each applicable line item.

Line 6 - Total Building Acquisition Actual Costs, Adjustments and Eligible Basis: Excel will calculate this line as follows: Column B will be the sum of Lines B1 and B2. Column C will be the sum of Lines C1 through C5. Column D will be the sum of Line B6 minus Line C6.

Construction Improvements – Actual Costs, Adjustments & Eligible Basis: This Section will calculate actual costs, reductions in eligible basis and eligible basis for construction/rehabilitation improvements.

Lines 7 through 11: Enter the actual or anticipated costs for each applicable line item in Column B. Enter any reductions to eligible basis in Column C. Enter the adjusted eligible basis for each line item in Column D and/or E, as applicable. The total eligible basis in Columns D and E must be equal to the difference between Column B and Column C for each line item.

Please Note: Do not include LIHC fees in line 7. Costs for the developer’s fee should be entered on Line 10, and not on Line 7. If there are additional construction improvement costs not listed, enter them in Line 11 (Other) and specify the total of these costs in the space provided.

Reductions to Eligible Basis of Construction/Rehabilitation Improvements Prior to High Cost Increase: This Section will calculate any additional reductions in eligible basis for construction/rehabilitation.

Lines 12 – 16: For each applicable line item, enter any reduction to eligible basis in Column C.

Line 17 - Total Construction/Rehab Improvements Actual Costs, Adjustments & Eligible Basis Prior to High Cost Increase: This line will be calculated as follows:

Column B – Excel will add together Lines B7 - B11.

Column C – Excel will add together Lines C7 – C16 to derive the total adjustments to eligible basis prior to high cost increase.

Columns D and E -The difference between Line 17B and Line 17C is the adjusted eligible basis prior to high cost increase. That amount must be calculated and entered by the applicant into Line 17D and/or 17E as appropriate.

Increase in Eligible Basis of Construction/Rehab for High Cost: This Section will calculate the increase to eligible basis for projects located in Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) only.

Line 18 – Increase in Eligible Basis for High Costs: Calculate this line by multiplying the amount in Line 17D and/or 17E by .30 **DO THIS ONLY IF YOU INDICATED IN SECTION A, QUESTION 3 OR 4 OF THIS EXHIBIT THAT YOUR PROJECT IS LOCATED IN A QCT OR DDA.**

Line 19 – Adjusted Eligible Basis of Construction/Rehab Improvements: Excel will calculate this line as follows: Column D will be the sum of Lines 17D and 18D. Column E will be the sum of Lines 17E and 18E.

Line 20 – Total Eligible Basis of Acquisition & Construction/Rehab Improvements: Excel will calculate this line as follows:

Column D – will be the sum of Lines D6 and D19.

Column E – will be the amount entered in Line E19. Excel will enter this amount.

Determination of Qualified Basis: This Section will calculate the amount of credit from qualified basis.

Line 21 – Applicable Fraction: Enter the Applicable Fraction (also know as Low Income Occupancy Percentage) for each applicable Column (D and/or E). The Applicable Fraction is the lesser of:

- a. The ratio of the number of low-income units to the total number of units in the building(s); or,
- b. The ratio of the total floor space of the low-income units to the total floor space of all units in the building(s).

Line 22 – Qualified Basis by Credit Rate: This line will be calculated by Excel by multiplying Line 20 by Line 21 for each applicable Column..

Line 23 – Credit Rate: Enter the applicable tax credit percentage, and the month and year used.

Line 24 – Credit Amount from Qualified Basis: Excel will calculate this line by multiplying Line 22 by Line 23 for each applicable Column.

D. Unit Information

Table 1 – LIHC/SLIHC Rent-Restricted Residential Unit Distribution, Rentable Floor Space and Schedule of Rents: Complete Table 1 by entering the requested information for all units in the building(s) which will be LIHC/SLIHC rent-restricted.

This Table requires you to categorize all units in the building(s) by unit size (number of bedrooms), and then by the Monthly Rent for a unit of that size. If there are multiple monthly rents anticipated for units of the same size, you must record them separately.

Column A – No. of Bedrooms: Enter the number of bedrooms in the unit.

Column B – No. of Units: Enter the number of units of this size which will be charged the rent in Column E.

Column C – Rentable Floor Area of Unit (sq ft): Enter the total rentable floor area of each unit in square feet.

Column D – Total Rentable Floor Area: This column will be completed by Excel by multiplying column B by column C for each line.

Column E – Monthly Rent: Enter the total monthly rent for the units.

Column F – Tenant Paid Utilities: Enter the cost of utilities to be paid by the tenant for the units.

Column G – Total Monthly Housing Cost: This column will be completed by Excel by adding columns E and F.

Table 2 – Non-LIHC/SLIHC Residential Rental Unit Distribution, Rentable Floor Space and Schedule of Rents: Complete Table 2 as you did Table 1, but only for those units in the building(s) which are not to be assisted by LIHC and/or SLIHC.

3. Percentage of LIHC/SLIHC units in building(s): Excel will divide the **total** number of LIHC/SLIHC units in the building (project if completing a summary form) by the **total** number of units in the building (project if completing a summary form).

4. Percentage of LIHC/SLIHC Rentable Floor Area in building(s): Excel will divide the **total** LIHC/SLIHC rentable floor area in the building (project if completing a summary form) by the **total** rentable floor area in the building (project if completing a summary form).

E. Declaration of Public Subsidies

This Section must be completed for **every** LIHC and/or SLIHC-assisted building that will exist upon project completion.

Enter the number of LIHC/SLIHC-assisted buildings in the project.

2. – 4. Enter the building’s street address, municipality, and zip code.

3. Declaration of Public Subsidies Table. Complete this Table for all Federal, State and local government subsidies, including LIHC/SLIHC which will be applied to the building identified in 2 through 4 above.

Columns:

Column A – Source: Enter the name of the governmental agency administering the program subsidy, for example: HUD or DHCR.

Column B – Program: Enter the name of the program who will supply the subsidy, for example, HTF or CDBG.

Column C – Type: Enter the type of subsidy, for example: grant, loan, tax exempt bonds, mortgage insurance, negotiable development rights or tax certificates, or rental assistance).

Column D – Value: Enter the estimated dollar value or units.

Column E – Interest Rate: If the subsidy is in the form of a loan, enter the interest rate.

Column F – Monthly Debt Service: If the subsidy is a loan, enter the monthly debt service.

Column G – Term: If the subsidy is a loan, enter the loan term.

After completing the Table, complete the certification. This certification must be completed and submitted at each stage of LIHC/SLIHC processing, including application, allocation, and project completion when applying for issuance of IRS Form 8609 and/or an eligibility statement (SLIHC).

Exhibit 10 – LIHC/SLIHC Project Summary

In instances where both LIHC (4%) and SLIHC are being requested in the same project, complete a separate Exhibit 10 for each Program.

Before completing this Exhibit, please refer to the following resources:

- DHCR’s current Qualified Allocation Plan (QAP);
- If HFA financing is requested, review HFA’s current QAP;

- Article 2-A of the Public Housing Law (SLIHC);
- The current New York State Low Income Housing Tax Credit Regulations (SLIHC);
- Section 42 of the Internal Revenue Code and related regulations for definitions and information on program eligibility; and,
- Professional guidance from a tax consultant, attorney, or accountant in preparing this Exhibit and related documentation which may affect tax liability status through the LIHC and/or SLIHC Program.

A. Project Details

Select only the Program for which this Exhibit is being prepared. A separate Exhibit must be prepared for each credit program in a project.

1. Enter the number of non-contiguous sites in the project.
2. Enter the number of qualified low-income buildings in the project. (These are buildings which have at least one LIHC/SLIHC-eligible unit).
3. Enter the number of residential units in the project. Be sure this number agrees with entries and totals in other exhibits in this application.
4. Enter the number of tax credit rent-restricted units in the project. (These are units which are income-eligible under the LIHC or SLIHC Programs.) If this project has **both** LIHC and SLIHC, you must complete this exhibit for each program and this entry pertains only to the program for which this exhibit is being completed.
5. Enter the amount of qualified basis of the project subject to the lower credit rate (30% of PV). This amount must be equal to the amount in Exhibit 9, Section C, Line 24, Column D.
6. Enter the amount of qualified basis of the project subject to the higher credit rate (70% of PV). This amount must be equal to the amount in Exhibit 9, Section C, Line 24, Column E.
7. Enter the annual amount of credit requested. This amount must agree with the amount requested in Exhibit 1. If this project has **both** LIHC and SLIHC, you must complete this exhibit for each program and this entry pertains only to the program for which this exhibit is being completed.
8. Divide Line 7 by Line 4 and enter the amount here.

B. Minimum Set-Aside Election

Check the applicable set-aside election.

C. Use of Credit Proceeds

1. Indicate if the syndication will be public or private.
2. Enter the percentage of ownership retained by the developer.
- 3 - 5. Enter the syndicator's name, contact person, and contact person's phone number.
6. Enter the total amount anticipated from syndication.

7. Enter the net amount of the anticipated investor pay-in.

8. Enter total project syndication costs.

9. Enter total project partnership expenses.

10. If the investor (equity provider) will provide construction, bridge and/or permanent loans to the project, complete the Table, detailing the terms and length of loan for each loan.

D. Investor Pay-In Schedule

Column 1 – Enter a brief description of the threshold event which must occur to receive each pay-on, for example, 50% construction completion or issuance of a temporary certificate of occupancy.

Column 2 – Enter the amount of the pay-in.

Column 3 – Enter the projected month, day and year of the pay-in

Column 4 – Enter a brief description of the use of the pay-in (developer fees, construction costs, etc.)

III. Homes for Working Families Program Capital Project Attachment Instructions

Listed below are the instructions for completing the Application Attachments. The applicant should refer to the **HWF Capital Project Application Attachments Checklist** to determine which attachments are required for each program.

The applicant should title each attachment, and use letters to label them, as indicated in the **Application Attachments Checklist**. If an Attachment is not applicable, include a title page and the words “Not Applicable”. Any attachments which are too large to be bound into the application submission may be left unbound but must be submitted with the application. All attachments must be titled, dated, and have the applicant's and project's name and site address located at the top right corner of every first page.

Attachments A1 – A6 – Project Readiness

Attachment A1 – Evidence of Site Control

In order for a project to be considered eligible, all applicants must provide evidence of site control for all sites/buildings in the project. **Any application that does not include proof of site control in one of the following forms will be considered incomplete and will not be reviewed further.** Acceptable forms of site control, in order of preference, are:

- An executed deed evidencing ownership by the applicant or owner;
- A title report not more than 90 days old at the time of application submission showing that the applicant holds title;
- A signed contract of sale between the applicant and the property owner which describes the terms and conditions for the conveyance of the title at a designated price during a specific period;
- A signed option to purchase which is renewable or with a term expiring no less than six months from the date of the application deadline for the funding round;
- A local land disposition agreement;

- A letter from a public agency offering the site(s) to the applicant under specified conditions within a timeframe that is consistent with the information provided in the proposed Development Timetable (Exhibit 6);
- A letter from the New York City Department of Housing Preservation & Development (NYC HPD) which specifies an expiration date, and clearly matches the property(ies) identified in Exhibit 8 (Site & Building Information) and the project plans. (Please see the NYC HPD Site-Control Guidelines below for more information regarding the use of HPD-owned sites); or,
- A lease with a term that is equal to the regulatory period for the applicable program(s).
- Any site control documentation which includes an offer and acceptance, such as a contract of sale, option or lease must include signatures of all required parties in order to be considered acceptable documentation of site control.

NYC HPD Site-Control Guidelines

The NYC HPD has provided the following guidelines regarding the use of City-owned sites/buildings by applicants to DHCR/HTFC.

- Site control for City-owned sites must be secured by submitting a request to the NYC HPD through its Request for Proposals/Request for Qualifications (RFP/RFQ) process. Applicants will be required to identify all sources of proposed project financing. Further information on the RFP/RFQ process, including current deadlines, is available at HPD’s website: <http://www.nyc.gov/html/hpd/html/developers/developers.shtml>.
- Successful RFP/RFQ applicants will receive a Negotiations Letter from HPD stating HPD’s intent to commence negotiations with the applicant, and setting forth information on programs and procedures. HPD will notify DHCR/HTFC of the successful applicants.
- NYC HPD Negotiations Letters which are received before the application deadline for the current funding round should be included as Attachment A1. Otherwise, HTFC/DHCR will rely on HPD for information on site control of City-owned properties.

Attachment A2 – Zoning Compliance

Zoning Compliance: All applicants must submit documentation from officials of the project municipality confirming that the project site is zoned to permit construction of the project as proposed in this application, or that action to receive the required zoning change/variance/approval is in progress and the project is eligible for all necessary zoning changes/variances/approvals. If there is no zoning in the project municipality, submit a statement from the municipality, the project attorney, or the project architect stating this.

Attachment A3 – Public Approvals

Local Approvals:

Submit documentation that action to receive regarding all applicable public approvals listed below, as well as any other necessary approvals not listed, is in progress and the project is eligible for all pertinent approvals (if the approval(s) was not already obtained). See also, Attachment A6 - Environmental Approvals, for additional attachment requirements.

Uniform Land Use Review Procedure (ULURP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project must undergo ULURP, provide documentation and/or an explanation of steps taken to receive all necessary approvals and documentation that the project is eligible to receive such approval(s).

Site Plan Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of the site plan, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

Urban Development Action Area Program (UDAAP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a UDAAP designation, submit evidence and/or an explanation of steps taken to achieve this designation.

Subdivision Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of a subdivision, submit evidence and/or an explanation of steps taken to receive all necessary approvals and documentation that the project is eligible to receive such approval(s).

Community Board/Planning Board Approval: If approvals are required from the community board or local planning board, submit evidence and/or an explanation of steps taken to receive such approvals and documentation that the project is eligible to receive such approval(s).

Village/Town/City Council Approvals: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval by a village, city or town council, submit evidence and/or an explanation of steps taken to receive all necessary approvals and documentation that the project is eligible to receive such approval(s).

Payment In Lieu of Taxes (PILOT) or Tax Abatement: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a PILOT and/or tax abatement, submit evidence and/or an explanation of steps taken to obtain the PILOT or tax abatement and documentation that the project is eligible to receive the PILOT and/or tax abatement.

Utility Hook-Ups: If the project needs local approvals for utility hook-ups, submit evidence and/or an explanation of the steps taken to obtain such approvals and documentation that the project is eligible to receive such approval(s).

Other

Redevelopment/Restructuring of State or Federally-Assisted Existing Public Housing: If the project involves redevelopment or restructuring of existing state-assisted public housing units, or Federally-assisted units under the HUD HOPE VI Program, include documentation of any approvals which have been secured from supervisory agencies regarding the restructuring and redevelopment plans. Evidence that a state-assisted project has received all approvals required under the State Public Housing Law will be required by DHCR prior to issuing a carryover allocation, binding agreement or binding commitment for LIHC.

Provide documentation of any other known required public approvals.

Attachment A4 - State Historic Preservation Office (SHPO) Submissions

All applicants must complete the SHPO Project Review Cover Form and submit it to the State Office of Parks, Recreation and Historic Preservation for eligibility review prior to submitting this application to DHCR/HTFC/HFA. (For SHPO Project review cover form go to : <http://www.nysparks.state.ny.us/shpo/environ/forms/PRCoverForm.pdf>)

Applicants proposing projects on sites with existing structures which will be rehabilitated or removed must also complete and submit to the State Office of Parks, Recreation and Historic Preservation a completed Historic Resource Inventory Form (<http://www.nysparks.state.ny.us/shpo/environ/forms/InvenForm.pdf>) for each existing structure prior to submission of this application to DHCR/HTFC/HFA.

Both of the forms referenced above should be submitted to SHPO accompanied by the SHPO Transmittal Letter (Section III, Attachments, Attachment A4) provided by DHCR.

Submit a completed SHPO Transmittal Letter, SHPO Project Review Cover Form, and, if applicable, Historic Resource Inventory Form(s) as Attachment A4. If you have already received a response from SHPO prior to the submission of this application, also include a copy of that document with this attachment.

Attachment A5 – State Environmental Quality Review (SEQR) Submissions

All applicants **must** attach a copy of the **signed** Short Environmental Assessment Form (EAF) in order to comply with SEQR procedures. A version of this form can be filled out online and then printed for signature. The form can be located at: <http://www.dec.state.ny.us/website/dcs/seqr/forms/shorteaf.pdf>.

If another organization/agency has assumed the lead agency designation for coordinated review, submit a copy of the full EAF, and attach a letter from the lead agency which identifies HTFC or HFA as an involved agency. The full EAF can be found online at: <http://www.dec.state.ny.us/website/dcs/seqr/forms/longeaf.pdf>.

It is the policy of both DHCR and HFA to require a Phase I Environmental Site Assessment Report (ESA) in accordance with the revised American Society for Testing and Materials Standard E1527-05 (“ASTM E1527-05”). The Phase I ESA must be prepared by an Environmental Professional as that term is defined in ASTM E1527-05. The Phase I ESA must have been prepared within the 12 months preceding the application date. Both DHCR and HFA reserve the right to request an update to the Phase I ESA.

Attachment A6 - Environmental Approvals

If your project involves any of the following, you must include documentation that approvals are being sought, or have been obtained:

Archaeological Survey: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires performance of an archaeological survey, submit evidence and/or an explanation of steps taken to have the survey completed.

Flood Plain/Waterfront/Coastal Zone Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approvals related to flood plains, waterfronts, or coastal zones, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

State Pollutant Discharge Elimination System (SPDES) Permit/SPDES General Stormwater Permit: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires a SPDES Permit or a SPDES General Stormwater Permit, submit evidence and/or an explanation of steps taken to obtain the permit. Information and forms can be found at: <http://www.dec.state.ny.us/website/dcs/spdes/spdes01.html>

Attachments B1 – B12– Project Design/Construction & Site Suitability

Attachment B1- Outline Specifications

The applicant must submit written preliminary specifications based on the HUD Contractor Outline Specifications (HUD Form 5087) or the Construction Specification Institute’s (CSI) format division of work items, and must list and describe all work to be performed and the type of materials to be provided. If high speed internet access will be provided, note this in “Section 16, Electrical”, and indicate the number of units that will have this access. When completing this attachment, applicants should clearly identify the use of Energy Star appliances and/or fixtures, Energy Star HVAC, air conditioning or other energy modifications that produce the same or comparable energy efficiency or savings (if applicable).

Specifications must be prepared by an architect or an engineer licensed to practice in New York State.

See Section III, Attachments, Attachment B1, for a fillable form in an approved format.

Attachment B2 – Construction Cost Estimates

The applicant must attach a construction cost estimate by major trade items, including estimated costs for general requirements, builder's overhead and builder's profit. The estimate must be prepared by a construction cost estimator or builder.

If the project is made up of multiple buildings and/or sites with variable scopes of work, a separate construction cost estimate for each building/site must be submitted.

If the consultant's cost estimates are five percent above or below those submitted by the applicant, the consultant's estimates will be used in scoring the project and reviewing its feasibility. In some instances, DHCR/HTFC may engage a consultant cost estimator.

Only those off-site costs directly associated with the project will be considered eligible for DHCR/HTFC funding.

See Section III, Attachments, Attachment B2, for a fillable form in an approved format.

Attachment B3 – Preliminary Plans

All applicants must submit the following preliminary design documents. If the project is made up of multiple buildings and/or sites with variable scopes of work, separate preliminary plans for each building/site **must** be submitted. You may submit a CD Rom of the preliminary design documents in AutoCAD or similar format in lieu of **one** of the two required sets of preliminary design documents.

Projects must provide preliminary plans prepared by an architect or engineer licensed to practice in New York State. For all projects, the following documents must be submitted:

A. Site Plan:

1. use scale 1 inch = 20 feet or larger;
2. use a North arrow;
3. show locations of all existing building(s), roadway(s), parking area(s), utilities, plantings, etc.;
4. show existing site restrictions, including set-backs, rights of way, boundary lines, etc.;
5. show all proposed changes to building(s), roadway(s), parking, utilities, plantings, etc.;
6. show zoning classification;
7. show notations of all new and existing materials;
8. show boundaries of any unusual site features, e.g., 100-year flood plain, wetlands, bedrock outcroppings, etc.; and,
9. show existing and proposed site slopes and approximate grade elevations.

B. Floor Plan(s):

1. use scale 1/8 inch = 1 foot or larger;
2. use a north arrow;
3. show all proposed changes to building components identifying removals and new construction;
4. show room/space designation;
5. show occupancy classification;
6. show building construction classification;
7. show fire area allowances;
8. New York City projects must include zoning calculations;
9. New York City projects must indicate which code and chapter the project is designed under;
10. show gross building square footage and gross dwelling unit square footage;
11. show general notes identifying all new and existing materials; and,

12. show any deviations that were allowed by an official code variance.

C. Elevations:

1. use scale 1/8 inch = 1 foot or larger;
2. show existing elevations of buildings (if applicable);
3. show all new conditions of building exteriors;
4. show general notes identifying all existing and new materials;
5. show overall building height dimensions; and;
6. show finished floor height dimensions.

D. Wall Sections:

1. use scale 3/4 inch = 1 foot or larger;
2. show construction system;
3. show ceiling heights; and,
4. show window dimensions.

Please Note:

HOME-funded projects must comply with Section 504 of the Rehabilitation Act of 1973.

LIHC/SLIHC standalone projects: DHCR/HTFC will review the preliminary design documents, together with outline specifications and construction cost estimates for cost reasonableness.

Attachment B4 – Site Photographs

Provide six color photographs of the site, and a site plan with arrows that indicates where the photographer was standing as follows:

1. facing the front of the site;
2. facing the rear of the site;
3. a view from the site looking east;
4. a view from the site looking west;
5. a view from the site looking north; and,
6. a view from the site looking south.

Attachment B5 – Map of Primary Service Area

This attachment is required for all applications, with the exception of seed money applications. Attach a map of the project neighborhood. Identify the project site as well as necessary services located within one-half mile of the site, such as: retail stores, schools, bus/subway lines, municipal services, libraries, pharmacies, and health facilities. In addition, identify the locations of any nearby recent capital investments and other low-income housing projects.

Site suitability is primary threshold criterion and is an important factor in considering project feasibility. At a minimum, the site must meet the following requirements:

Requirements for Low-Income Housing Project Sites in Urban Neighborhoods:

1. The site must be free of hazardous materials and incompatible adjacent uses. There must be no environmental conditions that would significantly impair the intended residential purpose;
2. The site must have adequate space to accommodate local off-street parking;

3. The site must be relatively level and of **no greater size than is necessary to accommodate the proposed project**;
4. The site must have power, telephone, water and sewer connections adjacent to the site; and,
5. The site must be accessible to local public transportation, or be within walking distance of community services, retail establishments, and a grocery store.

Requirements for Low-Income Housing Project Sites in Non-Urban Areas: In addition to the requirements set forth in items 1 through 3 above, the following requirements apply:

1. The site must have the capacity to provide a cost-effective on-site water and/or septic system if public utilities are not in place;
2. If the project is targeted for occupancy by families, the site must be located within five miles of a municipality that provides community services, retail establishments, and a grocery store;
3. If the project is targeted for occupancy by families, the site must have adequate space for an on-site play area for children;
4. If the project is targeted for occupancy by elderly households, the site must be located within a community, and the community must have local public transportation or be within one-half mile of essential services, including a grocery store; and,
5. The site must be directly accessible from a public road.

Attachment B6 – Physical Needs Assessment NOT APPLICABLE FOR HWF PROJECTS

Attachment B7 – Energy Efficiency Initiative Documentation and/or REScheck

If your HWF application includes a request for SLIHC, you may utilize this attachment to provide the document(s) from NYSERDA verifying participation in its programs and submit as Attachment B7.

If your proposed project is not eligible for participation in NYSERDA’s programs, such as projects located in non_Systems Benefits Charge (SBC) areas, applicants are required to submit evidence that the energy efficiency of the project is 30% or greater than that required by the NYS Energy Conservation Code, as evidenced by the completion of the the New York State version of “REScheck” The New York State version of REScheck must be completed by a design professional and submitted as Attachment B7. The REScheck (formerly MECcheck) materials have been developed to simplify and clarify code compliance with the Model Energy Code (MEC), the International Energy Conservation Code (IECC), and a number of state codes. The REScheck document can be found at www.energycodes.gov/web_tools.stm. To use:

- 1) click on “Compliance Tools”;
- 2) click on "Residential (REScheck);
- 3) click on "download REScheck software";
- 4) click on "New York";
- 5) register as a user, or click on “no thanks, I’ll register later”;
- 6) click on "Begin REScheck download".
- 7) once downloaded, complete the requested information on the three tabs: project, envelope, and mechanicals.
- 8) print out the completed form and submit as Attachment B7.

Please note that this document is not being used for code compliance, but for energy comparison purposes only.

Attachment B8 - Energy Efficient Construction Costs

If your application includes a request for SLIHC you may complete the Energy Efficient Construction Costs Worksheet. Please note this is for informational purposes only.

See Section III, Attachments, Attachment B8 for this fillable worksheet.

Attachment B9 – Green Building Criteria Checklist

Applications including SLIHC may complete Green Building Criteria Checklist. All documents required under this checklist are to be included as part of this attachment.

See Section III, Attachments, Attachment B9 for this fillable checklist.

Attachment B10 - Visitable, Accessible and Fully Adapted Units

Applicants must submit the Visitable, Accessible and Fully Adapted Units questionnaire for each project building. If **all** buildings in the project have the same number of units, unit configuration and elevator status, a summary sheet showing the **project totals** may be submitted in lieu of separate questionnaires.

See Section III, Attachments, Attachment B10 for this fillable questionnaire.

Attachment B11 - Soils Boring Report (Required for HFA-Financed HWF Projects Only)

Attachment B12 – Evidence of Architect’s/Engineer’s Insurance (Required for HFA-Financed HWF Projects Only)

HFA requires the following insurances to be maintained by the project architect and engineer:

General Liability: Evidence of at least \$1million of coverage

Professional Liability: Evidence of at least \$1 million of coverage.

Attachment C1-C3 – Community Impact/Revitalization and Market Demand

Attachment C1 – Community Impact/Revitalization Support Documentation

Local Planning Documents Identifying Need in the Community: For each planning document identified in Exhibit 2, Table 2A (Community Needs Strategy, Existing Documentation of Local Need) of this application, submit only those document pages which are relevant to the existence of community needs, and/or which demonstrate a direct relationship to the project’s impact on those needs. Clearly identify each planning document submitted.

DO NOT attach the New York State Consolidated Plan.

Evidence of Local Support: Submit documentation that demonstrates local support for the project, such as copies of letters from local officials explaining the project’s relationship to the community’s affordable housing needs, or detailing local actions that have been taken or will be taken in support of the project.

Attachment C2 – Market Study

Applicants must provide a market study or market analysis. **Applications that do not include a market study as described below will be deemed incomplete and will not be reviewed further. Please see the HTFC/DHCR Market Study Content Guidelines, particularly regarding the definitions of Primary and Secondary Market Areas, in**

Section 5.06 of the Capital Programs Manual for additional general guidance on market studies and/or market analysis.

The market study must be prepared **by a pre-approved market analyst** in accordance with the requirements set forth in Section 5.06 of the Capital Programs Manual (CPM). The study must be accompanied by a signed statement from the preparer certifying that the study complies with the CPM requirements, and that no identity of interest exists between the preparer and the developer or owner of the project. **(DHCR is in the process of pre-approving market analysts at this time.)**

For HFA-financed HWF projects: If a private lender requires the preparation of a market study, this study may be submitted to satisfy this requirement provided it complies with the CPM Section 5.06 requirements relative to market study content. The market study does not need to be prepared by a DHCR pre-approved market analyst **unless** SLIHC is also requested. **If SLIHC funds are requested in conjunction with HFA bond-financing, the market study must be prepared by a DHCR pre-approved analyst.**

For projects located in the City of New York applicants may substitute for a full market study as described above and in the CPM a needs analysis utilizing data from the most recent “Housing NYC: Rents, Markets and Trends” report issued by the New York City Rent Guidelines Board.

All submissions must address at a minimum the following:

- the geographic area from which households are expected to be drawn (see the definition of Primary and Secondary Market Areas in the Section 5.06 of the CPM);
- the number of income-eligible households within that area able to afford the required monthly housing expense;
- current vacancy rates;
- the impact of the project on other housing stock, including other publicly- assisted housing;
- rents for similar housing in close proximity to the proposed project;
- identification of other comparable housing that is planned or under development; and,
- the availability of project-based rent subsidies.

Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation

Applicants seeking SLIHC scoring points under Section D(11) of the proposed 2008 SLIHC Regulations, and who have an agreement to market the completed units to a public housing authority or any other entity that maintains a Public Housing or Section 8 waiting list for subsidized housing, should submit the agreement as Attachment C3. Submission is optional, but advisable.

Attachments D1-D4 – Project Underwriting

Attachment D1 – Appraisal

Appraisals are required for any individual site with acquisition costs of more than \$100,000. If the acquisition costs of a site exceed \$250,000, two appraisals may be required. An appraisal will also be required regardless of the acquisition costs if there is an identity of interest between project participants and the seller.

For HFA-financed HWF projects, an appraisal must be submitted with the application. A bank-commissioned appraisal consistent with the CPM and any involved lender's requirements will be accepted. HFA reserves the right to request an independent appraisal and/or an updated appraisal.

Refer to Section 5.03 of the CPM for more information on appraisals.

Attachment D2 – Operating Budget Documentation

The following items must be submitted as Attachment D2:

1. documentation of expected utility expenses from either the local utility company or the project architect;
2. documentation for any tenant-paid utilities;
3. a quotation from an insurance agent/company for all required insurance items; and,
4. evidence of any tax abatement or payment-in-lieu-of-taxes (PILOT) agreement proposed or approved by the municipality having jurisdiction over the project. Evidence must include a letter from the municipality's tax assessment office, indicating the nature and duration of the proposed tax relief, the method used for determining valuation, the estimated full taxes on the completed project, the estimated percentage of relief, and the status of the relief (under review, approval pending, approved, as-of-right, etc.)

If no tax abatement/exemption is to be granted, submit an estimate of the taxes from the local tax assessor's office. If supporting documentation for this attachment exists elsewhere in the application, cite that location.

Applicants for projects in New York City must submit evidence that their proposals are eligible for consideration under an applicable New York City tax abatement program.

Section 581A of the New York State Real Property Tax Law requires assessors to assess affordable housing projects under the income approach method, excluding tax credits, subsidized mortgage financing and project grants. This law was intended to benefit applicants and owners outside of New York City. Applicants with projects which could benefit from this statute should review the documentation on the DHCR website which provides additional details on the provisions of the law and the process which applicants can follow to seek benefits under this law.

Refer to Section 5.06 (iii) of the CPM for further information on expense documentation.

Attachment D3 – Funding Commitments

If funding from sources other than DHCR/HTFC and HFA is necessary, you must submit evidence that each source is interested in providing construction and/or permanent funding or rental assistance for the project. Be sure to submit letters from funding sources for each type of development budget included in the project (residential, community service facility, commercial and/or community space). Applicants proposing mixed-use buildings should refer to Section 5.08 of the CPM for additional information.

Firm commitments are best, but you may submit letters of interest. Also provide documentation of any funding applications already submitted. If a construction lender is willing to enter into a loan participation agreement for the purposes of administering the construction financing, the commitment letter should indicate that. If the application contains supporting information for this attachment, cite the location.

Attachment D4 – Participants in Bond Financing/Time Frame & Status of Bond Issuance

Applicants must submit supplemental information as Attachment D4. Prepare and label the attachment as follows:

Section A – Participants in Bond Financing: Identify and describe the functions of the bond issuer, source and preliminary terms of credit enhancement, bond underwriter, bond counsel, bond purchaser, and any other entity expected to participate in financing the project.

Section B – Time Frame for Bond Issuance: Identify the steps/benchmarks and timeframes of the bond issuance process.

Section C – Status of Bond Issuance: Provide evidence of the allocation of private activity bond volume cap to the project and/or other documentation from the bond issuer indicating the status of the bond issuance.

Attachment E – Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs & Tenants of Supportive Housing

1. Plan for Aging in Place of Elderly Tenants

Applications proposing to serve persons who are elderly must submit a plan to address the aging in place of elderly tenants. An elderly project is defined as one that excludes non-elderly persons based on age, and as prescribed by the Federal Fair Housing Act and the New York State Human Rights Law, Section 296 of the Executive Law.

To meet the Aging in Place requirements of this attachment, submit a plan that identifies the following:

- project staff functions related to tenant requests for information and/or assistance;
- what services are anticipated to be requested and/or required by elderly tenants;
- the means for helping tenants to access services they may request and/or require;
- any community organizations that will address the service needs of the tenants, and a description of the existing or anticipated working relationships the owner has with these organizations; and,
- the project design features that will address and accommodate the tenants’ aging-related changes in physical and mental abilities.

The following list provides examples of services which may be considered in an elderly housing project. The list was compiled by DHCR based on guidance from industry professionals and the New York State Office for the Aging:

- information and referral;
- service coordination/facilitation;
- social and educational activities
- health/wellness activities
- meals;
- housekeeping/chores;
- transportation;
- informal counseling;

- legal and financial assistance; and,
- forms completion/counseling

2. Plan for Serving Tenants who are Persons with Special Needs

If the project will serve one or more tenants who are persons with special needs, submit a narrative which describes or identifies the following:

- a summary description of how the need/market were established for housing for persons with special needs including references to and data from any studies or analyses of the need for the proposed housing;
- the name of all support agencies that were contacted, and the number of their eligible consumers in the service area who need housing and can afford project rents; and,
- if the need for housing for persons with special needs in the service area is supported by research, provide evidence, such as a signed Housing/Service Agreement or letter from at least one local service provider stating that they will refer potential tenants to the project at the time of rent-up and/or will provide on or off-site support services for such tenants, and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.

Please note that all of the above provisions are included in the model Housing/Services Agreement that is located on the DHCR web site under Forms-Persons with Special Needs. A signed copy of this agreement plus a complete Exhibit A consisting of a full description of the services provided and the name of the provider, the indicated research, and a listing of the service provider's relevant experience with the designated population will address the requirement for this section of the application.

3. Plan for Supportive Housing

Supportive housing shall mean projects which give preference in tenant selection to persons with special needs for at least **25 percent** of the DHCR/HTFC assisted units. For the proposed project to qualify as supportive housing:

(a) Document the need for housing for the targeted population within the primary market area by:

- providing a summary description of how the need/market was established for housing for tenants of supportive housing;
- providing the name of all support agencies that were contacted, and the number of their eligible consumers in the service area who need housing and can afford project rents; and,
- if the need for supportive housing units in the service area is supported by research, provide a summary of the research and provide evidence through submission of a signed Housing/Service Agreement or a letter from at least one local service provider stating that they will refer potential tenants to the project at the time of rent-up and/or will provide on or off-site support services for such tenants, and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.

(b) The applicant must ensure the delivery of appropriate services, for which a documented need exists, to the targeted population as evidenced in a comprehensive service plan and an agreement in writing with an experienced service provider. One element of a comprehensive service plan is a source of funding for appropriate services as described in (d) below. Another required component is an agreement in writing with an experienced service provider. The requirement for the agreement may be satisfied by utilizing the model Housing/Services Agreement which can be found on the DHCR web site at <http://www.dhcr.state.ny.us/ocd/forms/forms00.htm> Select "Special Needs" under Community Development.

The written agreement requirement may also be satisfied using a document which incorporates all of the terms of the model Housing/Services Agreement.

(c) The applicant must include a transportation plan to ensure access to necessary services.

(d) The applicant must have funding in place or identify a viable plan for the funding of appropriate services. If funding is in place, provide a copy of the signed funding commitment.

(e) The applicant must include provisions for an ongoing rental subsidy or other form of subsidy will be available to ensure that rents paid by the targeted population remain affordable.

(f) The applicant must identify, and have a written agreement with, a public agency or experienced service provider that will refer eligible persons and families for the targeted units.

Attachments F1 – F12 - Miscellaneous Attachments

Attachment F1 – Chief Executive Officer Notification Letter for SLIHC/LIHC Applicants

Section 42(m)(A)(ii) of the Internal Revenue Code (IRC), requires that any applicant for SLIHC and/or LIHC must notify the Chief Executive Officer (CEO) of the project locality about the proposed project, and allow the CEO time to comment on it. Specifically, the IRC states:

“(A) IN GENERAL – Notwithstanding any other provision of this section, the housing credit dollar amount with respect to any buildings shall be zero unless – (i) such amount was allocated pursuant to a qualified allocation plan..., and (ii) such agency notifies the chief executive officer (or the equivalent) of the local jurisdiction within which the building is located of such project and provides such individual a reasonable opportunity to comment on the project.”

To comply with these requirements, all SLIHC and/or LIHC applicants must transmit a copy of their application, together with the appropriate transmittal letter (outlined below), **via certified mail, return receipt requested**, to the CEO of the locality in which the proposed project is located. **Include evidence that the Notification Letter was received by the CEO of the project locality as part of this attachment if available at the time of application submission to DHCR.**

Transmittal Letters:

SLIHC/LIHC Projects located **outside** of New York City, use the SLIHC CEO Notification Letter for Projects Outside of NYC;

SLIHC/LIHC Projects **located in one of the five boroughs of New York City**, use the SLIHC CEO Notification Letter for Projects Within NYC. Be sure to send the package to the addressee/address specified on the Notification Letter Form. **Do Not send NYC Applications to the Mayor’s Office.**

To demonstrate compliance with the IRC, attach the following as Attachment F1:

- A signed copy of each appropriate transmittal letter;
- A copy of each required certified mail receipt stamped with the date of the mailing, and addressed to the CEO of the project locality; and,
- Evidence that the CEO has received the Notification Letter. Acceptable forms of evidence are: the signed return receipt (green card), a copy of the signed return receipt card, a copy of an on-line report of delivery used by a number of overnight services, or a hand stamped/signed receipt acknowledging receipt by the CEO. If not available at the

time of application submission to DHCR, the signed return receipt must be submitted to DHCR within 45 days to the Program Manager, Arnon Adler, at the following address:

NYS Division of Housing and Community Renewal (DHCR)
38-40 State St., 6th Floor
Albany, NY 12207

See Section III, Attachments, Attachment F1, for these forms.

Attachment F2 – HWF/Credit Fee Transmittal/Deferral Letter

A \$3,000 application fee is required for all HWF applications. The HWF application fee may not be deferred. Applications requesting both HWF and SLIHC must also submit a \$3,000 application fee for SLIHC, a total of \$6,000. Non-profit applicants or their wholly-owned subsidiaries which will be the sole general partner of the partnership/project owner or sole managing member of the limited liability company/project owner may instead submit a request for deferral of the SLIHC fee until the time of credit allocation.

To demonstrate compliance with this requirement:

Applicants must submit HWF payments to the HTFC Finance Unit, attn: Frank Markowski, with the applicant name and project name referenced on the check. The check must be accompanied by the Fee Transmittal Letter. A copy of the check and Fee Transmittal Letter must be included as Attachment F2. **DO NOT include the check in your application.**

Applicants also applying for SLIHC consideration must submit fee payments to the DHCR Finance and Budget Unit, attn: Sandra Johnson, with the applicant name and project name referenced on the check. The check must be accompanied by the Credit Fee Transmittal Letter. A copy of the check and Credit Fee Transmittal Letter must be included as Attachment F2. **DO NOT include the check in your application.**

Non-profit applicants as described above, who wish to defer payment of the SLIHC application fee, must submit a completed Credit Program Fee Deferral Request as Attachment F2.

For HFA-financed HWF projects the following HFA fees apply:

Application and Processing Fee:

Simultaneously with the submission of your Application for Financing you are to remit an Application Fee as instructed on the HFA Application & Processing Fee Invoice. (The invoice is to be submitted as Attachment F2.) **Fee payments are not to be sent to the Agency.** Non-profit applicants as described above, who wish to defer payment of the application and processing fee must submit a completed NYS HFA Application and Processing Fee Deferral Request as Attachment F2.

A portion of the Application Fee will cover a non-refundable Processing Fee; the balance will be used to cover the cost of credit checks, site visits, Public Hearing costs, etc. The Fee schedule is as follows:

<u>Financing Request</u>	<u>Application Fee</u>	<u>Processing Fee</u>	<u>Total Fee</u>
\$25,000,000 or less	\$12,500	\$2,500	\$15,000
\$25,000,001 or more	\$40,000	\$5,000	\$45,000

For those applicants requesting a Declaration of Official Intent (DOI) a non-refundable Processing Fee of \$5,000 is required. The Application Fee is submitted upon submission of the full Application For Financing.

Failure to meet the fee requirements will result in the Application being deemed incomplete.

See Section III, Attachments, Attachment F2, for these forms.

Attachment F3 – Non-Profit Participation as Applicant or Owner

Non-profit applicants, other than DHCR-funded Neighborhood and Rural Preservation Companies, must submit a copy of a certified Certificate of Incorporation, a copy of the filing receipt, and complete the provided questionnaire as Attachment F3.

See Section III, Attachments, Attachment F3, for the questionnaire.

Attachment F4 – HOME Program Community Housing Development Organization (CHDO) Determination Letter

NOT APPLICABLE FOR HWF

Attachment F5 – Request for Waiver from HTFC Standards

If applicable, waiver requests from HTFC Standards are included as Attachment F5.

Homes for Working Families applications may include the Request for Waiver with the application. The attachment must:

- identify specific areas in which the proposed project differs from HTFC design and/or underwriting requirements,
- provide justification for the waivers; and,
- describe the impact, if any, on long-term affordability throughout the loan term.

All other waiver requests must be prepared and submitted in accordance with Section 1.04, Waivers, of the Capital Programs Manual. Documentation of any approved waiver(s) are included in this Attachment.

Attachment F6 – Existing Occupant Documentation/Relocation Plan

HWF projects must be more than 40% vacant at the time of application to be eligible for funding.

Complete and submit the Existing Occupant Information Form for each tenant/unit in occupied residential buildings. The last column, “Subsidy Source”, refers to any rental assistance or mortgage interest subsidy received by an occupant.

If any of the proposed buildings in the project are occupied by either residential or non-residential tenants at the time of application, and work will be performed in or adjacent to the occupied units, you **must also** submit a tenant relocation plan as part of this attachment.

The plan should include details of the relocation, such as the number of tenants to be relocated, the date relocation will commence and how long it will last, identification of any third parties involved, and their role in the relocation, a description of the facilities tenants will be relocated to, and disclosure of any costs (including storage) that tenants will incur as a result of the relocation.

Please Note: Only temporary relocation expenses are eligible costs.

See Section III, Attachments, Attachment F6, for this form.

Attachment F7 – Tenant Buy-Out Plan (Not applicable to HFA-financed HWF projects)

Applicants proposing projects which will be purchased by tenants at the end of the program(s) compliance period (LIHC/SLIHC) must submit a tenant buy-out plan as Attachment F7. The plan must include the following:

- a rationale for the inclusion of a tenant buy-out in the project scenario;
- a detailed description of the tasks involved in the buy-out plan, and the identification of all parties involved and their roles and responsibilities;
- a timeline of the transactions for implementation of the plan;
- the manner in which any reserve or escrows used to finance the buy-out will be established and financed;
- the costs and necessary financing to implement the plan, including financing sources, terms, timing and length;
- a description of any capital improvements that will be made prior to the tenant buy-out; and
- if applicable, a description of the project equity investor's role in the buy-out.

Attachment F8 – LIHC/SLIHC Right of First Refusal

Applicants for LIHC or SLIHC that have negotiated a right of first refusal with a qualified non-profit organization, should attach a copy of any relevant agreements as Attachment F8. If an agreement has not yet been negotiated, but there are plans to offer a right of first refusal to a qualified non-profit organization, summarize the plans in this attachment.

Attachment F9 – Proposal Summary

The Proposal Summary is intended to highlight the various aspects of the proposed project. It should communicate the applicant's understanding of the components of the development proposal and how it intends to manage the implementation. Please use the guidelines below in preparing the summary. Be sure to adhere to the following definition when doing so:

A project is a building, a set of buildings or an infrastructure enhancement. It may have multiple sites and multiple buildings.

Project Information:

- The location of the project (street, municipality, county, zip code).
- Type of project- multifamily, seniors (identify age group), mixed use, mixed income.
- The public purpose(s) served, the beneficiaries, and any economic development linkage.
- Description of the building- how many buildings, floors, square footage, elevators, number of units, unit type, superintendent unit, total residential square footage.
- Amenities- laundry facilities, community rooms, storage facilities, other services.
- Types of utilities provided, access to municipal facilities.
- Type of parking available and whether it's open to the public or for tenants only.
- Description of commercial space, square footage, and its intended use.
- For a Community Service Facility describe the facility operator and the service(s) provided.

Development Team/Ownership

Information:

- A description of the Development Team member(s) responsible for completing key project tasks, particularly acquisition, construction supervision, loan closings, organizational filings, marketing, rent-up and management. Identify the entity responsible for all aspects of the tax credit syndication.
- The full identification of all members of the ownership entity, including all limited partnerships (LP) or limited liability corporations (LLC) listed as a general partner/managing member.
- The percentage of ownership held by each member of the ownership entity, any ownership structure issues, to include identities of interest between members of the ownership entity, and which of the participants in the ownership entity will have effective project control.
- Explanation of any project management requirements or special matters of operational control.

Project Design and Use

Information:

- Description of the proposed improvements to the property and/or existing building(s).
- Design of building(s), shape, type of building material, (i.e.: brick, wood frame, etc.).
- Description of any special design features including: handicap accessible and adaptable units, design modifications for special needs projects, features which promote efficiency in operating and management costs, including energy efficiency improvements (green elements, Energy Star appliances), and solutions to mixed uses and shared spaces for mixed use/mixed income projects.
- Description of the grounds, seating areas, open space, etc.

Land

Information:

- Description of current use of land, existing buildings on site.
- Description of current ownership of land.
- Description of site control.
- Description of fee simple or lease, (i.e.: Ground Lease), and any possible effect on DHCR's/HFA's regulatory interest.
- Description of land issues, (i.e.: easements).
- Description of source of funds to pay for land acquisition /or lease.
- Description of environmental issues.
- Description of zoning requirements and status of local approvals.

Project Location and Market

Information:

- Description of project area, (i.e.: major services, transportation, health care facilities, etc.).
- The positive and negative aspects of the location relative to the target population and market.
- If housing is for the elderly or handicapped, provide a brief description of outside services available to this population.
- Provide a brief overview of market conditions, as it pertains to the project, (i.e.: public housing, existing affordable housing, Section 8, etc.).

Project Financing

Information:

- Description and status of subsidy financing, (i.e.: grants, loans, providers).
- Type of bond request; tax-exempt and/or taxable, 501(3)(c).
- Description and status of real estate tax abatement, PILOT Agreement and/or exemption.
- Description and status of any rental assistance that is anticipated or committed.
- Description of how development cost risks will be minimized, how any operating expense issues will be addressed and, the source and duration of any tax relief or rental assistance that is anticipated or committed.

- Description of the timing or sequence through which the funding required to complete the project will be made available, and clarification of construction and/or permanent financing sources and uses.

In addition to the above, provide any information for your project which you believe cannot be adequately explained in your response to exhibit questions or other required attachments.

Attachment F-10 Release Forms

These forms are required submissions for HFA-financed bond projects **only**.

Attachment F-11 Borrower Organizational Structure

This is required for HFA-financed bond projects **only**. Please provide the information detailed in the attachment.

Attachment F-12 Management Agent Information/Submissions

These forms are required submissions for HFA-finance bond projects **only**.

**Homes for Working Families
Program**

Section II

Exhibits

I. HWF Capital Project Application Exhibits Checklist

II. Application Exhibits

Homes for Working Families Program Capital Project Application Exhibits Checklist

The column on the left lists each of the exhibits that may be required for submission with your HWF Capital Project Application. The column on the right establishes the conditions under which an exhibit is required.

Exhibit 1 – Application Summary	Required for all applications.
Exhibit 2 – Community Impact/Revitalization	Required for all applications.
Exhibit 3 – Development Budgets/Funding Sources	Required for all applications.
Exhibit 4 – Unit Rents/Maintenance Fees & Affordability	Required for all applications.
Exhibit 5 – Project Income & Operating Budget	Required for all applications.
Exhibit 6 – Development Timetable	Required for all applications.
Exhibit 7 – Development Team’s Relevant Experience	Required for all applications.
Exhibit 8 – Site and Building Information	Required for all applications.
Exhibit 9 – LIHC/SLIHC Qualified Building Information	Required for all applications.
Exhibit 10 – LIHC/SLIHC Project Summary	Required for all applications.

Homes for Working Families Program
Section III
Attachments

HWF Capital Project Application Attachment Checklist

A4 – SHPO Transmittal Letter

B1 – Outline Specification

B2 – Construction Cost Estimate

B8 – Energy Efficient Construction Costs

B9 – Green Building Criteria Checklist

B10- Visitable, Accessible and Fully Adapted Units

F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants

F2 – Credit Fee Transmittal/Deferral Letter

F3 – Non-Profit Participation as Applicant or Owner

F6 – Existing Occupant Information/Relocation Plan

F10 – Release Forms

F11 – Borrower’s Organizational Structure

F12 – Management Agent Requirements and Submissions

Homes for Working Families Program Project Application Attachments Checklist

The column on the left lists each of the attachments that may be required for submission with your Unified Funding Capital Project Application. The column on the right establishes the conditions under which an attachment is required.

Attachments A1 – A6: Project Readiness

Attachment A1 – Evidence of Site Control	Required for all applications.
Attachment A2 – Zoning Compliance	Required for all applications.
Attachment A3 – Public Approvals	Required for all applications where any of the referenced public approvals are necessary.
Attachment A4 – SHPO Submissions	Required for all applications,
Attachment A5 – SEQR Submissions	Required for all applications.
Attachment A6 – Environmental Approvals	Required for all applications where any of the referenced environmental approvals are necessary

Attachments B1 – B12: Project Design/Construction/Site Suitability

Attachment B1 – Outline Specifications	Required for all applications.
Attachment B2 – Construction Cost Estimate	Required for all applications.
Attachment B3 – Preliminary Plans	Required for all applications.
Attachment B4 – Site Photographs	Required for all applications.
Attachment B5 – Map of Primary Service Area	Required for all applications.
Attachment B6 – Physical Needs Assessment	NOT APPLICABLE TO HWF
Attachment B7 – Energy Efficiency Initiative Documentation and/or REScheck	OPTIONAL
Attachment B8 – Energy Efficient Construction Costs	OPTIONAL
Attachment B9 – Green Building Criteria Checklist	OPTIONAL

Attachment B10 Visitable, Accessible and Fully Adapted Units	Required for all applications.
Attachment B11 Soils Boring Report	Required for HFA-financed projects only
Attachment B12 Evidence of Architect's & Engineer's Insurance	Required for HFA-financed projects only
Attachment B13 Physical Needs Assessment/Life Cycle Analysis Form/Replacement Reserve Cash Flow Analysis	NOT APPLICABLE FOR HWF
<u>Attachments C1-C3: Community Impact/Revitalization and Market Demand</u>	
Attachment C1 – Community Impact/Revitalization Support Documentation	Required for all applications.
Attachment C2 – Market Study	Required for all applications.
Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation	Submission is optional for HWF and is advisable for applications seeking potential SLIHC scoring points under the SLIHC Regulations.
<u>Attachments D1-D4: Project Underwriting</u>	
Attachment D1 – Appraisal	Appraisal required only if the project includes an individual site with acquisition costs of \$100,000 or more, or where there is an identity of interest between project participants and the seller.
Attachment D2 – Operating Budget Documentation	Required for all applications.
Attachment D3 – Funding Commitments	Required for all applications.
Attachment D4 – Participants in Bond Financing/Time Frame & Status of Bond Issuance	Required for all applications.
Attachment D5 – Preservation Project Information	NOT APPLICABLE FOR HWF
<u>Attachment E: Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs & Tenants of Supportive Housing</u>	
Attachment E	Required for any application proposing to serve an elderly population, tenants who are persons with special needs, or tenants of supportive housing. Also required when a portion of the project will be used for a program of health or social services.

Attachments F1-F13: Miscellaneous Attachments

Attachment F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants	Required for all applications.
Attachment F2 – HWF Fee Transmittal and, if applicable, Credit Fee Transmittal/Deferral Letter or ----- HFA Application & Processing Fee Invoice/Deferral Request	Required for any application requesting DHCR’s HWF and, if applicable, SLIHC. HWF fee may not be deferred. ----- Required for HFA financed projects only
Attachment F3 – Non-Profit Participation as Applicant or Owner	Required for all applications submitted by a non-profit applicant.
Attachment F4 – HOME Program CHDO Determination Letter	NOT APPLICABLE FOR HWF
Attachment F5 – Request for Waiver from HTFC Standards	Required for any application seeking a waiver from HTFC standards. HWF applications may submit waiver requests with the application, all others must comply with CPM Section 1.04.
Attachment F6 – Existing Occupant Info./Relocation Plan	Required for any application proposing funding for an occupied project.
Attachment F7 – Tenant Buy-Out Plan	Required for any application which proposes a project which will be purchased by tenants at the end of the program compliance period.
Attachment F8 – LIHC/SLIHC Right of First Refusal	Required for any application which proposes that a not-for-profit entity will acquire the project at the end of the compliance period
Attachment F9 – Proposal Summary	Required for all applications
Attachment F10 – Release Forms	Required for HFA-financed projects only
Attachment F11 - Borrower’s Organizational Structure	Required for HFA-financed projects only
Attachment F12 – Management Agent Requirements and Submissions	Required for HFA-financed projects only
Attachment F13 – Application Certification Attachments	Required for all items checked “NO” on the Certification response in Section E of the On-Line Capital Project Application Certification