

**UNIFIED FUNDING**

**Section II**

**Exhibits**

- I. Unified Funding Capital Project Application Exhibits Checklist**
- II. Application Exhibits**

## Unified Funding Capital Project Application Exhibits Checklist

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

**Please Note the following before reviewing this document:**

Seed money exhibit requirements are not included in the chart below. The only required exhibits for seed money applications are:

- 1 – Application Summary;
- 2 – Community **Impact/Revitalization**;
- 3 - Development Budgets/Funding Sources;
- 4 - Unit Rents/Maintenance Fees & Affordability;
- 7 – Development Team’s Relevant Experience; and,
- 8 – Site and Building Information.

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP. **(NOTE: A new application for UI or RARP standalone applications is expected to be available on or about March 1, 2008.)**

<b>Exhibit 1 – Application Summary</b>	Required for <b>all</b> applications.
<b>Exhibit 2 – Community <b>Impact/Revitalization</b></b>	Required for <b>all</b> applications.
<b>Exhibit 3 – Development Budgets/Funding Sources</b>	Required for <b>all</b> applications.
<b>Exhibit 4 – Unit Rents/Maintenance Fees &amp; Affordability</b>	Required for all applications except UI or RARP standalone applications. Required for UI or RARP standalone applications when residential units are involved.
<b>Exhibit 5 – Project Income &amp; Operating Budget</b>	Required for <b>all</b> applications.
<b>Exhibit 6 – Development Timetable</b>	Required for <b>all</b> applications.
<b>Exhibit 7 – Development Team’s Relevant Experience</b>	Required for <b>all</b> applications.
<b>Exhibit 8 – Site and Building Information</b>	Required for <b>all</b> applications.
<b>Exhibit 9 – LIHC/SLIHC Qualified Building Information</b>	Required for all applications requesting LIHC and/or SLIHC funding.
<b>Exhibit 10 – LIHC/SLIHC Project Summary</b>	Required for all applications requesting LIHC and/or SLIHC funding.

## Exhibit 1 – Application Summary

### A. Applicant Information

1. Applicant Name: \_\_\_\_\_ 2. Federal EIN: \_\_\_\_\_ - \_\_\_\_\_

3. DOS Charities Registration Number: \_\_\_\_\_ 4. Fiscal Year End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd)

5a. Select the type(s) of applicant:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Housing Development Fund Company | <input type="checkbox"/> Housing Authority       | <input type="checkbox"/> Town Government           |
| <input type="checkbox"/> Village Government               | <input type="checkbox"/> City Government         | <input type="checkbox"/> County Government         |
| <input type="checkbox"/> Non-Profit Corporation           | <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> For-Profit Corporation    |
| <input type="checkbox"/> Limited Liability Corporation    | <input type="checkbox"/> Limited Partnership     | <input type="checkbox"/> Partnership (not limited) |

5b. If the applicant is a non-profit organization, select the applicable IRS tax -exempt category:

- 501(c)(3)    501(c)(4)    501(c)(6)    Other (specify) \_\_\_\_\_

5c. If the applicant is a non-profit, have all required periodic or annual written reports been filed with the New York State Attorney General's Office in a timely manner?    Yes    No

5d. Non-profit applicants, enter the date of legal incorporation: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

5e. Is the applicant a certified M/WBE?    Yes    No   If yes, select the type:    WBE    MBE    W/MBE

### 6. Applicant Mailing Address for this Application

Extra Address Info. (building name, c/o, etc.): \_\_\_\_\_ PO Box: \_\_\_\_\_

Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Room No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

### 7. Applicant Phone & Internet Data

Phone No.: ( ) - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

URL: \_\_\_\_\_

### 8. Primary Contact Person for Correspondence Related to this Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Salutation: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: ( ) - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is this person the applicant's authorized signatory?    Yes    No (If no, complete question 9)

### 9. Applicant's Authorized Signatory

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Salutation: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No.: ( ) - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**B. Owner Information**

1. Will the applicant transfer title to another entity?  Yes  No If yes, complete the following questions: (If you check No, answer questions 5c and 6, if applicable.)

2. Owner Name: \_\_\_\_\_ This entity is (select one):  Proposed  Existing

3. Federal EIN: - \_\_\_\_\_ 4. Fiscal Year End Date: / (mm/dd)

5a. Select the type(s) of organization:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Housing Development Fund Company | <input type="checkbox"/> Housing Authority       | <input type="checkbox"/> Village Government     |
| <input type="checkbox"/> Town Government                  | <input type="checkbox"/> City Government         | <input type="checkbox"/> County Government      |
| <input type="checkbox"/> Non-Profit Corporation           | <input type="checkbox"/> Charitable Organization | <input type="checkbox"/> For-Profit Corporation |
| <input type="checkbox"/> Limited Liability Corporation    | <input type="checkbox"/> Limited Partnership     |   |

5b. Is the owner's IRS tax-exempt category 501(c)(3)?  
 Yes  No

5c. If the owner is a limited liability corporation or a limited partnership, complete the following:

No. of members/partners: \_\_\_\_\_

List names of members/partners below:

6. Owner's Mailing Address (Not required if same as Applicant.)

PO Box: \_\_\_\_\_ Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Room/Suite No: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: ( ) - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_  
Prime Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**C. General Project Information**

1. Project Name: \_\_\_\_\_  
2. Project County: \_\_\_\_\_ 3. Project Municipality: \_\_\_\_\_

4. Chief Elected Official

Provide the following information for the chief elected official of the municipality listed in question 3 above:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Salutation: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone No.: ( ) - \_\_\_\_\_ Extension: \_\_\_\_\_ Fax No.: ( ) - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

5. Has this project previously received DHCR/HTFC funding?  Yes  No

6. If yes, enter the funded project's SHARS ID Number: \_\_\_\_\_



4. 9% LIHC Project Amenities

Will the project provide access to discounted broadband internet service for **all** LIHC-assisted units?  Yes  No

Will the project include Energy Star central air conditioning or the equivalent that will produce the same or comparable energy efficiency or savings for **all** LIHC-assisted units?  Yes  No

Will the project include on-site Energy Star or equivalent laundry facilities or washer/dryer hook-ups for **all** LIHC-assisted units?  Yes  No

Will the project include Energy Star dishwashers or the equivalent that will produce the same or comparable energy efficiency or savings for **all** LIHC-assisted units?  Yes  No

Will the project include an outdoor patio or garden space?  Yes  No

Will the project include a computer lab?  Yes  No

5. Non-Profit/Not-For-Profit Application Designations

If applicable, select the non-profit/not-for-profit designation that you are requesting that this application be reviewed as:

Review this as a CHDO application CHDO Determination Letter Date: / / (mm/dd/yyyy)

Review this as a 9% LIHC Non-Profit Set-Aside application

Review this as a HTF Not-For-Profit Set-Aside application

**F. Project Political Districts**

Enter each Assembly, Senate and Congressional Member who represents the site(s) encompassed by the project:

**Assembly District**

**Senate District**

**Congressional District**

**Number** **Name**

**Number** **Name**

**Number** **Name**

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

\_\_\_\_

**G. Tenure & Construction Type**

1. Residential Tenure Type of Project

Select the applicable project tenure type:

2a. Does this project involve residential construction only?  Yes  No If no, complete question 2b.

2b. Non-residential Construction Type(s)

Check each applicable type:

1. Commercial  2. Civic

3a. LIHC/SLIHC Community Service Facility 3b. QCT:

3c. Agency from which Credit is being requested (DHCR does not accept tax credit applications for NYS HFA, NYC HPD or DANC).

DHCR  NYS HFA  NYC HPD  DANC

3d. Will you include a portion of the expenses associated with the CSF as eligible basis?  Yes  No



<u>2. Income Target Groups</u>	<u>Total Units</u>	<u>DHCR/HTFC Units</u>
Public Assistance Households (≤ 30% of Median Income)	_____	_____
<= 50% of Median Income	_____	_____
>50% through 60% of Median Income	_____	_____
>60% through 80% of Median Income	_____	_____
>80% through 90% of Median Income	_____	_____
Greater than 90% of Median Income	_____	_____
Non-Rent Bearing Unit for resident manager/superintendent	_____	_____

**J. Project Occupants**

If applicable, complete Table J1 by recording the type of households that you are proposing to target for occupancy. Do not enter more than one population type on a single line. In Table J2, record the units in the project that will **not** be occupied by any of the households listed in Table J1, including **elderly occupants who are not frail**. The total units in Column B of Tables J1 and J2 must add up to the total number of residential units in the project recorded in Table H1 of this Exhibit. The total units in Column C of Tables J1 and J2 must add up to the greatest number of DHCR/HTFC Program units recorded in Table H2 of this Exhibit. See the Exhibit 1 Instructions for examples.

1. Persons with Special Needs Categories

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following populations AND which include a supportive service component (service contract, referral system, commitment by other State agency) will be considered a Persons with Special Needs Project.

Use the following population categories when completing the Table below:

- |  |   |
|--|---|
| <b>Persons with AIDS/HIV-Related Illness</b> | <b>Persons with Physical Disabilities/Traumatic Brain Injury</b>  |
| <b>Persons who are Frail Elderly</b>         | <b>Persons with Psychiatric Disabilities</b>                      |
| <b>Families who are Homeless</b>             | <b>Persons who are Victims of Domestic Violence</b>               |
| <b>Persons who are Homeless</b>              | <b>Persons who are in Long Term Recovery from Substance Abuse</b> |
| <b>Persons with Mental Retardation/</b>      | <b>Persons who are in Long Term Recovery from Alcohol Abuse</b>   |
| <b>Developmental Disabilities</b>            |   |

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

See the 2008 Request for Proposals (RFP) and the application instructions concerning this Supportive Housing Agreement and the following populations. If your project will include units which will serve one or more of [these chronically homeless or at risk of becoming chronically homeless](#) NY/NYIII populations, enter the population(s) in the Table below:

- 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**



<b>3. <u>Architects:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
<b>4. <u>General Contractors:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
<b>5. <u>Management Agents:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
<b>6. <u>Syndicators:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
<b>7. <u>Housing Consultants:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Phone #</u>	<u>Fax #</u>	
<b>8. <u>Additional Team Members:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
<b>9. <u>Additional Team Members:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
<b>10. <u>Additional Team Members:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
<b>11. <u>Additional Team Members:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>
<b>12. <u>Additional Team Members:</u></b>						
<u>Staff Name</u>	<u>Title</u>	<u>Employer</u>	<u>E-Mail</u>	<u>Role</u>	<u>Phone #</u>	<u>Fax #</u>

**L. Disclosure of Identities of Interest** – See the Application Instructions for guidance in completing this section.

**M. Applicant/Owner Certification**

I certify that I am authorized to file this submission with the Division/HTFC on behalf of the corporation/municipality/person/firm/association/partnership to execute all necessary documents; that the corporation/municipality/person/firm/association/partnership is authorized to carry out the proposed activities and that the corporation/municipality/person/firm/association/partnership will comply with all applicable, statutes, rules and regulations established. I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application. I (individual, corporation, partner, or other principal) am applying to HTFC for approval to participate in the Project/Program described in this application.

I certify that all the statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data contained in the Development Team's Relevant Experience (Exhibit 7) and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.

A. I further certify that:

1. The Development Team's Relevant Experience Exhibit contains a listing of every assisted or insured project of HUD, USDA, DHCR, HTFC and other State and local government housing finance agencies in which I have been or am now a principal.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate:

- a. No mortgage on a project listed by me has ever been in default, assigned to the State or foreclosed, nor has mortgage relief by the mortgagee been given;
- b. I have not experienced default or non-compliances under any HUD, USDA, DHCR, HTFC, or other State and local government housing finance agency's project;
- c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, DHCR, or HTFC audits, management reviews or other governmental investigations concerning me or my projects;
- d. There has not been a suspension or termination of payment under any HUD, DHCR, USDA, HTFC and other State and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony (a felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
- f. I have not been suspended, debarred or otherwise restricted by any department, agency or authority of the Federal government or any state or local government from doing business with such department, agency or authority; and
- g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

3. All the names of the parties, known to me to be principals in this project(s) in which I proposed to participate, are listed below.

B. For general partners and project owners only – I further certify that all the parties who are principals or who are proposed as principals here are listed, and have signed below and no principals or identities of interest are concealed or omitted.

C. Statements which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances which help qualify me as a responsible principal for participation in this project.

\_\_\_\_\_  
Signature of Authorized Representative/Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature of Other Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature of Other Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature of Other Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature of Other Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

**Exhibit 2 – Community Impact/Revitalization**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**A. Documentation of Community Impact/Revitalization**

1. New York State Consolidated Plan Objectives/Priorities

This section must be completed by all applicants requesting NYS HOME funds. It must also be completed for projects in localities for which no other documents identifying community/housing needs exist.

1a. NYS Consolidated Plan Objectives Addressed by Project

Select each objective addressed by the project:

- Improve availability and accessibility by preserving existing privately-owned affordable housing while eliminating health and safety hazards.
- Improve availability and accessibility by building new housing for working families.
- Improve availability and accessibility by creating new rental and homeownership opportunities through expanded housing production.
- Improve availability and accessibility by building affordable senior housing.
- Improve affordability by creating new homeownership opportunities.
- Improve affordability by creating new rental assistance opportunities.

1b. NYS Consolidated Plan Priority Needs to be Addressed by Project

Complete the Table below by selecting the project target population in Column D for the applicable household category and income range in Columns A & B.

<b>Table 1b. <u>NYS Consolidated Plan Priority Need Level by Household Type &amp; Income Group</u></b>			
<b>A. <u>Household Category</u></b>	<b>B. <u>Income Range</u></b>	<b>C. <u>Priority Need Level</u></b>	<b>D. <u>Project Target Population</u></b>
Renters – Small Related	0 – 30 %	H	<input type="checkbox"/>
	31 - 50%	H	<input type="checkbox"/>
	51 - 80%	M	<input type="checkbox"/>
Renters – Large Related	0 – 30%	H	<input type="checkbox"/>
	31- 50%	M	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Renters – Elderly	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	H	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Renters – All Others	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	M	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Owners	0 – 30%	H	<input type="checkbox"/>
	31 – 50%	H	<input type="checkbox"/>
	51 – 80%	M	<input type="checkbox"/>
Special Needs	0 – 80%	H	<input type="checkbox"/>

**Table 2a – Existing Documentation of Local Need**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**Local Needs Document Types**

Local Consolidated Plan    Comprehensive Plan/Master Plan    Community Revitalization Plan    Needs Assessment Study    Urban Renewal Plan  
 Fair Housing Opportunity Plan    NYS Quality Communities Task Force Report    Other (specify)

<b>A. Document</b>	<b>B. Needs Identified</b>
Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table).  Name: _____  Prepared For: _____  Geography Addressed: _____  Date Published: ___/___/____	1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____  2. Identifies project’s targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____  3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____

<b>A. Document</b>	<b>B. Needs Identified</b>
Local Needs Document: _____ (Enter the type of local needs document from the list at the top of the table).  Name: _____  Prepared For: _____  Geography Addressed: _____  Date Published: ___/___/____	1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____  2. Identifies project’s targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____  3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____ Priority Level: ___ - Page #(s): _____

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

A. <u>Document</u>	B. <u>Needs Identified</u>
<p>Local Needs Document: _____            (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: __/__/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p>

A. <u>Document</u>	B. <u>Needs Identified</u>
<p>Local Needs Document: _____            (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: __/__/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p>

A. <u>Document</u>	B. <u>Needs Identified</u>
<p>Local Needs Document: _____            (Enter the type of local needs document from the list at the top of the table).</p> <p>Name: _____</p> <p>Prepared For: _____</p> <p>Geography Addressed: _____</p> <p>Date Published: __/__/____</p>	<p>1. Identifies this project as type needed for community revitalization? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>2. Identifies project's targeted income groups and household types as specific need? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p> <p>3. Specifically mentions need for proposed project? <input type="checkbox"/> No <input type="checkbox"/> Yes Page #(s): _____            Priority Level:____ - Page #(s): _____</p>

2b. Has the project received a HOUSE NY award from the NYS DHCR?  Yes  No

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

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

Data Source: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Geography Covered: \_\_\_\_\_

Type of Housing Proposed:  Family  Elderly  Special Needs  Other (specify): \_\_\_\_\_

<b>A. <u>Proposed Income Ranges</u></b>	<b>B. # HHs at <u>Income Range for Project Type Proposed</u></b>	<b>C. # HHs at Income Range in Need of <u>Affordable Housing</u></b>	<b>D. % HHs in Need of <u>Affordable Housing</u></b>
<= 30% of Median Income: <input type="checkbox"/>			
>30% to <=50 % of Median Income: <input type="checkbox"/>			
> 50% to <= 60% of Median Income: <input type="checkbox"/>			
> 60% to <=80% of Median Income: <input type="checkbox"/>			
> 80% to <=90% of Median Income: <input type="checkbox"/>			
> 90% to <=120% of Median Income: <input type="checkbox"/>			
Market: <input type="checkbox"/>			

**B. Evidence of Local Support**

Complete Table B1 for each applicable type of local support for the project listed in the Table below.

**Table B1 – Evidence of Local Support**

**Local Support Source Categories**

Local Financial Assistance    Real Property Tax Relief    Infrastructure Improvement    In-Kind Contribution    Public Facilities  
 Land Donations    Resolution    Fee Waivers    Linkages with Job/Service Providers    Zoning Approvals    Other (specify)

<b>A. <u>Local Support Category</u></b>	<b>B. <u>Source Name</u></b>	<b>C. <u>Description</u></b>	<b>D. <u>\$ Value</u></b>	<b>E. <u>Status</u></b>

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**C. Special Project Locality Designations**

Complete Table C1 for each applicable type of special designation for the project locality listed below.

Special Designation Categories

Empowerment Zone  
Business Improvement District  
Historic District

Commercial Business District  
NYS Empire Zone  
CDBG Low/Mod Area

Enterprise Community  
Local Designation (specify)  
Other (specify)

<input type="checkbox"/> N/A		
<b><u>Table C1 – Special Project Locality Designations</u></b>		
<b><u>A. Special Designation Category</u></b>	<b><u>B. Name/Location</u></b>	<b><u>C. Year Initiated</u></b>

**D. Community Impact/Revitalization Narrative**

Using two pages or less for each question (maximum of six pages total):

<p>1. 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.</p>
<p>2. Provide information on the 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.</p>
<p>3. 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.</p>

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**E. Communities Under Court-Order/Court Decision**

1. Is the project located in a community in which a court decision or court-ordered plan to address desegregation or remedy a violation of law has been issued?

Yes

No If yes, complete the following questions:

2. Has a court monitor been appointed and issued written approval for the project?

Yes

No

N/A – a court monitor has not been appointed

3. Summarize the court decision or plan, and describe how the proposed project is consistent with the court's action.

Project Name

Exhibit 3

Fill out this exhibit if your project contains

**1.1 Residential Financial Sources**

**A. Construction Cost Basis**

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

Local Wage Rate

State Prevailing Wage Rate

Davis-Bacon Residential Wage Rate

Davis-Bacon Building Wage Rate

**B. Funding Sources**

**1. Construction Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
	#N/A							
TOTAL		\$0			TOTAL		\$0	

**2. Permanent Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
	#N/A						
TOTAL		\$0					

Project Name

Fill out this exhibit if your project contains **1.2 Commercial Financial Sources**

**A. Construction Cost Basis**

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

Local Wage Rate       State Prevailing Wage Rate       Davis-Bacon Residential Wage Rate  
 Davis-Bacon Building Wage Rate

**B. Funding Sources**

1. Construction Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
TOTAL		\$0			TOTAL	\$0		

2. Permanent Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
TOTAL		\$0					

Project Name

Fill out this exhibit if your project contains **1.3 Civic Financial Sources**

**A. Construction Cost Basis**

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

Local Wage Rate       State Prevailing Wage Rate       Davis-Bacon Residential Wage Rate  
 Davis-Bacon Building Wage Rate

**B. Funding Sources**

**1. Construction Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
TOTAL		\$0			TOTAL	\$0		

**2. Permanent Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
TOTAL		\$0					

Project Name

Fill out this exhibit if your project requires a **1.4 LIHC/SLIHC Community Service Facility Budget**

**A. Construction Cost Basis**

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)

2. Select the wage rate that the total construction cost figure was based on

Local Wage Rate       State Prevailing Wage Rate       Davis-Bacon Residential Wage Rate  
 Davis-Bacon Building Wage Rate

**B. Funding Sources**

**1. Construction Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Interim Interest	G. Lien Position	H. Regulatory Term
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
0	#N/A							
Total		\$0			TOTAL	\$0		

**2. Permanent Financing Sources**

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
0	#N/A						
Total		\$0					

Project Name 0

This is a Summary Sheet

## 1.5 Summary Financial Sources

### A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract? (YES/NO)  

2. Select the wage rate that the total construction cost figure was based on

  Local Wage Rate     
   State Prevailing Wage Rate     
   Davis-Bacon Residential Wage Rate  
  Davis-Bacon Building Wage Rate

### B. Funding Sources

#### 1. Construction Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Fin Term (Specify Mos./Yrs.)	F1. Interest Rate	F2. Estimated Interim Interest	G. Lien Position	H. Regulatory Term
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		See Detail Sheets		See Detail Sheets	
Total		\$0			TOTAL	\$0		

#### 2. Permanent Financing Sources

A. Source Code	B. Source Name	C. Amount Of Funds	D. Fin Type	E. Term	F. Interest Rate	G. Lien Position	H. Regulatory Term
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
0	#N/A	\$0	See Detail Sheets		see detail	See Detail Sheets	
Total		\$0					























Project Name 0

**Commercial Detail**

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name 0

**Civic Detail**

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name 0

**CSF Detail**

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
Totals:	\$0		\$0		\$0

Project Name 0

**Summary Detail**

If you entered amounts in Lines 23 (Other Soft Costs), 29 (Other Construction Costs), 46 (Purchase of Maintenance & Other Equipment), or 47 (Other Working Capital), complete the Table below.

A. Other Soft Costs		B. Other Construction Costs		C. Purchase of Maintenance & Other Equipment/Other Working	
Line 23		Line 29		Line 46 & 47	
Description of Costs	\$ Amount	Description of Costs	\$ Amount	Description of Costs	\$ Amount
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
See Detail Sheets	\$0	See Detail Sheets	\$0	See Detail Sheets	\$0
Totals:	\$0		\$0		\$0

Exhibit 4 - Rents/Maintenance Fees & Affordability

Project Name

This Exhibit must be completed by all applicants proposing to assist residential units. All residential units in the project must be recorded on this Exhibit, including those not funded by DHCR/HTFC, and building superintendent's/resident manager's units.

**A. Tenant Affordability Plan for Rental Units**

1. Do you anticipate that any units in the project will receive a rental subsidy?  YES  NO

2. If yes, check the applicable subsidy source, and enter the total number of units that you expect to receive that subsidy:

- a. DSS Housing Allowance - No. of units to receive subsidy
- b. Section 8 - No. of units to receive subsidy
- c. DHCR RRAP - No. units to receive subsidy
- d. USDA - RD Section 521 - No. of units to receive subsidy
- e. Other (specify)  - No. of units to receive subsidy

3. If the project includes a non-rent bearing unit to be occupied by a building superintendent/resident manager, complete the following table.

A. Unit Size	B. No of Occupants in Unit	C. Monthly Utilities	D. Total Annual Housing Cost
			\$0

Project Name

0

**Table A1 - Monthly Housing Cost for Rental Units  
with Subsidies**

	A. Unit Size	B. # of Units	C. # Occs. Per Unit	D. Comparable Market Rent	E. Monthly Basic Rent	F. Tenant Paid Utilities	G. Total Monthly Housing Cost
1							\$0
2							\$0
3							\$0
4							\$0
5							\$0
6							\$0
7							\$0
8							\$0
9							\$0
10							\$0
11							\$0
12							\$0
13							\$0
14							\$0
15							\$0

**Table A2 – Affordability for Rental Units with Subsidies**

	A. Total Annual Housing Cost	B. Min. Annual Income Needed to Afford Unit	C. Area Median Income (AMI)	D. % of AMI Unit is Affordable to	E. % of AMI Unit will be Targeted to	F. Max Rent at 60% LHC Eligibility
1	\$0	\$0		30%		\$0
2	\$0	\$0		30%		\$0
3	\$0	\$0		30%		\$0
4	\$0	\$0		30%		\$0
5	\$0	\$0		30%		\$0
6	\$0	\$0		30%		\$0
7	\$0	\$0		30%		\$0
8	\$0	\$0		30%		\$0
9	\$0	\$0		30%		\$0
10	\$0	\$0		30%		\$0
11	\$0	\$0		30%		\$0
12	\$0	\$0		30%		\$0
13	\$0	\$0		30%		\$0
14	\$0	\$0		30%		\$0
15	\$0	\$0		30%		\$0

Project Name

Table A3 – Monthly Housing Cost for Rental Units <i>without Subsidies</i>						
A. Unit Size	B. # of Units	C. # Occs. Per Unit	D. Comparable Market Rent	E. Monthly Basic Rent	F. Tenant Paid Utilities	G. Total Monthly Housing Cost
1						\$0
2						\$0
3						\$0
4						\$0
5						\$0
6						\$0
7						\$0
8						\$0
9						\$0
10						\$0
11						\$0
12						\$0
13						\$0
14						\$0
15						\$0

Project Name

Table A4 – Affordability for Rental Units <i>without Subsidies</i>						
A.	B.	C.	D.	E.	F.	
Total Annual Housing Cost	Min. Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to	Max Rent at 60% LIHC Eligibility	
1	\$0	\$0				\$0
2	\$0	\$0				\$0
3	\$0	\$0				\$0
4	\$0	\$0				\$0
5	\$0	\$0				\$0
6	\$0	\$0				\$0
7	\$0	\$0				\$0
8	\$0	\$0				\$0
9	\$0	\$0				\$0
10	\$0	\$0				\$0
11	\$0	\$0				\$0
12	\$0	\$0				\$0
13	\$0	\$0				\$0
14	\$0	\$0				\$0
15	\$0	\$0				\$0

4. LIHC Monitoring Fee  (Applicable only for projects where all units will be assisted by LIHC)

5. Do the comparable market rents entered in Tables A1 and A3, Column D above include:

a. Heat  YES  NO    b. Hot water  YES  NO    c. Electricity  YES





Exhibit 5

Project Name

Table 1 -Total Effective Income									
Section A. Effective Residential Income					Residential and Non Residential				
Income/Vacancy & Arrears					\$ Amount				
<b>1. Total Residential Monthly Income/Maintenance Fees:</b>									
<b>2. Annual Gross Residential Income (Line 1 x 12):</b>					\$0				
<b>3. Residential Vacancy &amp; Arrears (Line 2) x</b>					\$0				
<b>4. Net Residential Income (Line 2 minus Line 3):</b>					\$0				
<b>5. Ancillary Residential Income:</b>									
<b>a. Laundry:</b>									
<b>b. Parking:</b>									
<b>c. Other (specify):</b>									
<b>6. Total Ancillary Residential Income (Sum of Lines 5a through 5c):</b>					\$0				
<b>7. Total Effective Residential Income (Sum of Lines 4 and 6):</b>					\$0				
<b>Section B. Effective Non-Residential Income</b>									
Income/Vacancy & Arrears					\$ Amount				
<b>8. Annual Gross Commercial/Civic/CSF Income:</b>									
<b>9. Commercial/Civic Vacancy and Arrears (Line 8) x</b>					\$0				
<b>10. Net Commercial Income ( Line 8 minus Line 9 *</b>					\$0				
<b>11. Total Effective Income – Residential &amp; Non-Residential (Sum of Lines 7 &amp; 10):</b>					\$0				

\* Will the income for this portion of the project be guaranteed through a master lease and/or developer guarantee?"

Project Name  0

Table 2 - Basis for Projections of Operating Budget For Years 1 – 15						Residential				
A. Expenses						B. Year 1 Cost	C. Type		D. Rationale for Estimates	E. Source
							Type	% Increase		
1. Total Effective Income						\$0	Fixed			
2. Manager						\$0	Fixed			
3. Management Fee						\$0	Fixed			
4. Accounting & Audit						\$0	Fixed			
5. Legal						\$0	Fixed			
6. Advertising						\$0	Fixed			
7. Office Supplies & Equipment						\$0	Fixed			
8. LIHC Monitoring Fee						\$0	Fixed			
9. Other Admin. (specify)						\$0	Fixed			
11. Janitor and Cleaning Payroll						\$0	Fixed			
12. Janitor and Cleaning Supplies						\$0	Fixed			
13. Exterminating						\$0	Fixed			
14. Garbage and Trash Removal						\$0	Fixed			
15. Security						\$0	Fixed			
16. Ground Expense						\$0	Fixed			
17. Maintenance and Repair Payroll						\$0	Fixed			
18. Maintenance and Repair Materials						\$0	Fixed			
19. Maintenance and Repair Contracts						\$0	Fixed			
20. Elevator						\$0	Fixed			
21. Snow Removal						\$0	Fixed			
22. Painting and Decorating						\$0	Fixed			
23. Other M & O (specify)						\$0	Fixed			
25. Fuel Oil						\$0	Fixed			
26. Lighting/Electricity						\$0	Fixed			
27. Water and Sewer						\$0	Fixed			
28. Gas						\$0	Fixed			
29. Other Utilities (specify)						\$0	Fixed			
31. Real Estate Taxes						\$0	Fixed			
32. Payroll Taxes						\$0	Fixed			
33. Other Taxes (specify)						\$0	Fixed			
34. Property and Liability Insurance						\$0	Fixed			
35. Fidelity Bond Insurance						\$0	Fixed			
36. Other Insurance (specify)						\$0	Fixed			
38. Operating Reserve						\$0	Fixed			
39. Replacement Reserve						\$0	Fixed			
<b>40. Total Expenses</b>						0				
<b>41. Net Operating Income</b>						0				
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
42. Debt Source						\$0	Fixed			
<b>43. Total Debt Service</b>						\$0				
<b>44. Cash Flow</b>						\$0				
45. Repayment of Deferred Dev's. Fee						\$0	Fixed			









Table 2 - Basis for Projections of Operating Budget For Years 1 – 15									
Non Residential									
A. Expenses				B. Year 1 Cost	C. Type		D. Rationale for Estimates	E. Source	
					Type	% Increase			
1. Total Effective Income				\$0	Fixed				
2. Manager				\$0	Fixed				
3. Management Fee				\$0	Fixed				
4. Accounting & Audit				\$0	Fixed				
5. Legal				\$0	Fixed				
6. Advertising				\$0	Fixed				
7. Office Supplies & Equipment				\$0	Fixed				
8. LIHC Monitoring Fee				\$0	Fixed				
9. Other Admin. (specify)				\$0	Fixed				
11. Janitor and Cleaning Payroll				\$0	Fixed				
12. Janitor and Cleaning Supplies				\$0	Fixed				
13. Exterminating				\$0	Fixed				
14. Garbage and Trash Removal				\$0	Fixed				
15. Security				\$0	Fixed				
16. Ground Expense				\$0	Fixed				
17. Maintenance and Repair Payroll				\$0	Fixed				
18. Maintenance and Repair Materials				\$0	Fixed				
19. Maintenance and Repair Contracts				\$0	Fixed				
20. Elevator				\$0	Fixed				
21. Snow Removal				\$0	Fixed				
22. Painting and Decorating				\$0	Fixed				
23. Other M & O (specify)				\$0	Fixed				
25. Fuel Oil				\$0	Fixed				
26. Lighting/Electricity				\$0	Fixed				
27. Water and Sewer				\$0	Fixed				
28. Gas				\$0	Fixed				
29. Other Utilities (specify)				\$0	Fixed				
31. Real Estate Taxes				\$0	Fixed				
32. Payroll Taxes				\$0	Fixed				
33. Other Taxes (specify)				\$0	Fixed				
34. Property and Liability Insurance				\$0	Fixed				
35. Fidelity Bond Insurance				\$0	Fixed				
36. Other Insurance (specify)				\$0	Fixed				
38. Operating Reserve				\$0	Fixed				
39. Replacement Reserve					Fixed				
<b>40. Total Expenses</b>				\$0					
<b>41. Net Operating Income</b>				\$0					
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
42. Debt Source				\$0	Fixed				
<b>43. Total Debt Service</b>				\$0					
<b>44. Cash Flow</b>				\$0					
45. Repayment of Deferred Dev's. Fee				\$0	Fixed				









Project Name  0

<b>Table 2 - Basis for Projections of Operating Budget For Years 1 – 15</b>										
Residential and Non Residential										
A. Expenses					B. Year 1 Cost	C. Type		D. Rationale for Estimates	E. Source	
						Type	% Increase			
1. Total Effective Income					\$0	Variable				
2. Manager					\$0					
3. Management Fee					\$0					
4. Accounting & Audit					\$0					
5. Legal					\$0					
6. Advertising					\$0					
7. Office Supplies & Equipment					\$0					
8. LIHC Monitoring Fee					\$0					
9. Other Admin. (specify)					\$0					
11. Janitor and Cleaning Payroll					\$0					
12. Janitor and Cleaning Supplies					\$0					
13. Exterminating					\$0					
14. Garbage and Trash Removal					\$0					
15. Security					\$0					
16. Ground Expense					\$0					
17. Maintenance and Repair Payroll					\$0					
18. Maintenance and Repair Materials					\$0					
19. Maintenance and Repair Contracts					\$0					
20. Elevator					\$0					
21. Snow Removal					\$0					
22. Painting and Decorating					\$0					
23. Other M & O (specify)					\$0					
25. Fuel Oil					\$0					
26. Lighting/Electricity					\$0					
27. Water and Sewer					\$0					
28. Gas					\$0					
29. Other Utilities (specify)					\$0					
31. Real Estate Taxes					\$0					
32. Payroll Taxes					\$0					
33. Other Taxes (specify)					\$0					
34. Property and Liability Insurance					\$0					
35. Fidelity Bond Insurance					\$0					
36. Other Insurance (specify)					\$0					
38. Operating Reserve					\$0					
39. Replacement Reserve					\$0					
<b>40. Total Expenses</b>					<b>\$0</b>					
<b>41. Net Operating Income</b>					<b>\$0</b>					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
42. Debt Source					\$0					
<b>43. Total Debt Service</b>					<b>\$0</b>					
<b>44. Cash Flow</b>					<b>\$0</b>					
45. Repayment of Deferred Dev's. Fee					\$0					









**Exhibit 6 - Development Timetable**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

1. Indicate which development track the project will follow:

- permanent financing with fixed price/negotiated contract
- construction financing with fixed price/negotiated contract
- construction financing with competitive bidding

**2. Development & Approvals Timetable**

A. <u>Activity/Approval</u>	B. <u>Status</u>	C. <u>Contact Person/Phone</u>	D. <u>Completion Date</u>
1. HTF/HWF/HOME Commitment Executed	N/A	N/A	10/08
2. Site Ownership			
3. HTFC Predevelopment Award (if applicable)	N/A	N/A	
4. Planning Board/Site Plan Approvals			
5. ULURP (NYC Only)			
6. UDAAP (NYC Only)			
7. Village/Town/City Council Review/Approval			
8. PILOT/Tax Abatement			
9. SHPO Determination			
10. Archaeological Survey			
11. Phase I Environmental Site Assessment			
12. Zoning Approval			
13. Zoning Change/Variance			
14. Subdivision Approval			
15. SEQR Determination			
16. Flood Plain (FP)/Waterfront/Coastal Zone (W/CZ) Approval		FP - W/CZ -	
17. Lead Agency Designation for Coordinated Review			
18. Full EAF under SEQR/CEQR			
19. SPDES Discharge Permit			
20. SPDES General Storm Water Permit			

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**2. Development & Approvals Timetable**

<b>A. <u>Activity/Approval</u></b>	<b>B. <u>Status</u></b>	<b>C. <u>Contact Person/Phone</u></b>	<b>D. <u>Completion Date</u></b>
21. Bid Document Submission	Pending	Pending	
22. Contract Document Submission	Pending	Pending	
23. Contract (Construction) Execution	Pending	Pending	
24. Pre-Construction Meeting	Pending	Pending	
25. Construction Start	Pending	Pending	
27. Rent-Up Conference with DHCR/Housing Management	Pending	Pending	
28. Final Inspection	Pending	Pending	
29. Construction Complete/Certificate of Occupancy	Pending	Pending	
30. Project Rent-Up/Occupancy	Pending	Pending	
31. Cost Certification/Audit/Close-Out Document Submission	Pending	Pending	
32. Permanent Financing Closing	Pending	Pending	
33. 8609/Eligibility Submission (LIHC/SLIHC only)		N/A	
34. Other (specify): _____			





**Exhibit 8 - Site and Building Information**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**A. Site Information**

Site No. \_\_\_\_ of \_\_\_\_  
(Complete Section A for each site in the project)

1. Site Basics:

a. Is the site vacant land, free of buildings?  Yes  No

b. If no, enter the number of buildings on the site: \_\_\_\_

c. Tax Parcel Data for Vacant Land: If this site is vacant land, complete this section for each tax parcel comprising the site. For upstate sites, enter the standard section, block and lot (S/B/L) assigned by the county. For sites located within the City of New York, enter the block, lot and easement code (B/L/E). Do not complete this Section if the site is not vacant land.

SBL/BLE: \_\_\_\_\_

d. Site Address:

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Municipality: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Site Area and Zoning: Provide the requested information below.

a. Total site area: \_\_\_\_\_ b. Current zoning classification: \_\_\_\_\_

c. Minimum site area for proposed project to meet zoning regulations: \_\_\_\_\_

3. Special Site Locations/Designations. Select each correct statement below:

- |   |  |
|---|--|
| <input type="checkbox"/> a. the site is located in a flood plain area                 | <input type="checkbox"/> b. the site is located in a waterfront revitalization area                        |
| <input type="checkbox"/> c. the site is in or adjacent to a coastal area              | <input type="checkbox"/> d. the site is eligible for or listed in the National Register of Historic Places |
| <input type="checkbox"/> e. the site is located in an Economic Development Zone (EDZ) | <input type="checkbox"/> f. the site is located in a locally-designated CDBG Target Area                   |
| <input type="checkbox"/> g. the site is located in a Local Economic Development Area  | <input type="checkbox"/> h. the site is located in another local community revitalization area             |

4. Site Utilities. For each utility listed, indicate whether the source is public or commercial, and whether it is on- or off-site. If off-site, enter the distance from the site in feet in Column D.

<b><u>Site Utilities</u></b>			
<b>A. <u>Utility</u></b>	<b>B. <u>Source</u></b>	<b>C. <u>On- or Off-Site</u></b>	<b>D. <u>Distance from Site</u></b>
Water			
Sewer			
Paving			
Gas			
Electric			
Telephone			

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

5. **Unusual Site Features.** Select each unusual site feature present:

- a. cuts                       b. fill                       c. erosion                       d. poor drainage  
 e. retaining walls               f. wetlands                       g. subsurface bedrock               h. high water table  
 i. Other (specify): \_\_\_\_\_               N/A

6. **Existing Structures/Facilities/Parking.**

- a. Describe any accessory structures on the site, including their size:  N/A \_\_\_\_\_
- b. Describe any recreational facilities on the site, including their size (family projects must have adequate space to accommodate an on-site play area):  N/A \_\_\_\_\_
- c. **Site Parking:** Select each applicable description of available parking:
- The site is vacant land with sufficient space to accommodate local off-street parking requirements.
- The site is vacant land without sufficient space to accommodate local off-street parking requirements.
- The site has on-site parking (not enclosed/covered) No. of spaces: \_\_\_\_\_ Total sq. ft on grade: \_\_\_\_\_
- The site has enclosed/covered parking No. of spaces: \_\_\_\_\_ Total sq. ft. of enclosed/covered parking: \_\_\_\_\_

7. **Site Suitability:** Answer the following questions:

- a. Is the site free of hazardous materials and incompatible adjacent uses?  Yes  No
- b. If you answered no to a above, describe the conditions: \_\_\_\_\_
- c. Is the site directly accessible from a public road?  Yes  No

8. **Proximity of Support Services:** Check the appropriate boxes regarding project type below, and then complete the chart, using Xs to Indicate the nearest distance between the site and the support service.

- a. What type of area is the site located in:  Urban  Non-Urban
- b. Check the box that describes the primary occupants of the project:  Elderly  Family  Other (specify): \_\_\_\_\_

<b>c. Distance to Support Services</b>							
<b>Service</b>	<b>Within 500 ft.</b>	<b>Within 1,000 ft.</b>	<b>Within 2,500 ft.</b>	<b>Within One Mile</b>	<b>Within Five Miles</b>	<b>Within Ten Miles</b>	<b>More than Ten Miles</b>
Grocery Stores							
Other Retail Stores							
Schools							
Bus/Subway Lines							
Municipal Services							
Libraries							
Pharmacies							
Health Facilities							

**Section B - Building Characteristics**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

Building \_\_\_\_ of \_\_\_\_ on Site No. \_\_\_\_

(Complete Section B for each building that will exist upon completion of the project).

**1. Type of Activity Proposed**

Select the appropriate activity below

- a. new construction on vacant land       b. substantial rehabilitation       c. moderate rehabilitation
- d. an existing building to be acquired only (HOME standalone, UI and RARP Programs only)
- e. demolition of existing buildings prior to new construction

**2. Existing Buildings Characteristics** - Complete this ONLY if you selected b, c, d or e in question 1 of this Section.

a. Street Address: \_\_\_\_\_ b. Date Built: \_\_\_\_\_

c. Tax Parcel ID(s) (S/B/L or B/L/E): \_\_\_\_\_

d. How is the building currently being used? Select the appropriate response below:

- Residential    Mixed-Use    Civic    Civic/Commercial    Other (specify): \_\_\_\_\_

e. Number of current residential units: \_\_\_\_      f. Number of current non-residential units: \_\_\_\_

**3. Occupied Units** - Complete this ONLY if you selected b, c, d or e in question 1 of this Section.

a. Are any of the residential or non-residential units in this building occupied?    Yes    No

b. No. of occupied residential units: \_\_\_\_      c. No. of occupied non-residential units: \_\_\_\_

d. Will relocation of tenants be necessary?    Yes    No If Yes, enter the number: Residential: \_\_\_\_ Non-Residential: \_\_\_\_

**4. Building Use Upon Completion**

Select the boxes below which describe the building use & tenure type upon completion. Select all that apply.

a. Building Use:

1. Residential       2. Commercial       3. Community Service Facility
4. Civic       5. Other (describe): \_\_\_\_\_

b. Residential Tenure Type: Select the applicable residential tenure type for the completed building:

1. Rental - Multi-Family       2. Rental - Single Family       3. Homeowner – Condominium
4. Homeowner – Cooperative       5. Other (specify): \_\_\_\_\_       6. N/A

**5. Building Units Assisted by HTFC/DHCR**

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.

<b><u>Building Units Assisted by HTFC/DHCR</u></b>			
<b><u>A. Units</u></b>	<b><u>B. Residential Units/Sq. Ft</u></b>		<b><u>C. Non-Residential Units/Sq. Ft.</u></b>
1. Total Units in Building:			
2. Total Units Assisted by DHCR/HTFC			

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**6. Building Details**

a. No of floors in building upon completion: \_\_\_\_

b. Type of Structure: Select the box that indicates the type of structure the building will be upon completion.

1. Detached   
  2. Semi-Detached   
  3. Row House   
  4. Walk-Up   
  5. Multi-Story  
 6. Other: \_\_\_\_\_

<b>7. Residential/Non-Residential Space Breakdown</b>			
<b>A. Dwelling Units – Space Breakdown</b>			
<b>A. Unit Size</b>	<b>B. Sq. Footage</b>	<b>C. No. of Units</b>	<b>D. Total Sq. Footage</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15. Dwelling Unit Total SF:			
<b>B. Common Area – Space Breakdown</b>			
16. Community Room			
17. Lobby			
18. Hall & Stairs			
19. Basement			
20. Laundry			
21. Other (specify):			
22. Common Area Total SF			
<b>C. Non-Residential Space Breakdown</b>			
23. Commercial Floor Area			
24. Community Service Facility Floor Area			
25. Civic Floor Area			
26. Total Non-Residential Area			
27. Total Gross Floor Area			

**8. Items in Rent/Carrying Charge** Select each item which is included in the rent or carrying charge.

a. Equipment:

- range and oven   
  microwave oven   
  refrigerator   
  cable TV hookup  
 laundry facilities in common area   
 laundry facilities in living unit   
 laundry hook-up only   
 central air conditioning  
 air conditioning sleeve only   
 Other (specify): \_\_\_\_\_

b. Services:

- heat - specify type:   
 gas   
 electric   
 oil   
 other (specify):  
 hot water - specify type:   
 gas   
 electric   
 oil   
 other (specify):  
 central air conditioning   
 lights, etc. in units

c. Parking:   
 surface   
 covered/enclosed   
 unavailable   
 other (specify): \_\_\_\_\_

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**9. Tenant-Paid Utilities**

Place an X next to each item that is **not** included in the rent/carrying charge.

electricity    heat    repairs    gas    water    other (specify): \_\_\_\_\_

**Exhibit 9 - LIHC/SLIHC Qualified Building Information**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

In instances where you are applying for both LIHC and SLIHC, this Exhibit must be completed separately for both Programs.

Select the applicable Program:  LIHC (9%)  LIHC (4% As-of-Right)  SLIHC

**A. General Project Information**

If you answer yes to either of the following two questions, you must complete this entire Exhibit for each LIHC/SLIHC-assisted building in the project. If you answer no to both of the questions, the following Sections of this Exhibit must be completed only once as a summary for all LIHC/SLIHC-assisted buildings in the project.

1. Does this project involve rehabilitation of occupied buildings with varying levels of occupancy?

No  Yes Number of buildings: \_\_\_\_

2. Does this project involve multiple buildings, of which some, but not all, are eligible for high-cost treatment as set forth in Section 42?

No  Yes Number of buildings: \_\_\_\_

3a. Are the sites/buildings located in a Qualified Census Tract (QCT)?  No  Yes

3b. QCT No.: \_\_\_\_\_

4a. Are the sites/buildings located in a Difficult Development Area (DDA)?  No  Yes

4b. DDA County: \_\_\_\_

**B. Site/Building Acquisition**

1. The sites/buildings will be acquired from:  a related party  an unrelated party

2. If this project involves the acquisition of existing buildings, and the buildings were or will be acquired with Buyer's Basis, indicate how the basis will be determined:

a. not determined with reference to Seller's Basis

b. determined with reference to Seller's Basis c. Enter the amount of Seller's Basis: \_\_\_\_\_

3. If the building(s) have been owned by the seller for at least ten years, complete the following:

a. Enter the date the building was placed in service by the owner: / /

b. Enter the proposed date of acquisition by the applicant: / /

4. If the building(s) have been owned by the seller for less than ten years, select any of the following acquisition options that apply:

a. acquisition from a person or organization which acquired the building(s) by foreclosure

b. acquisition from a governmental unit or qualified non-profit organization

c. acquisition with a ten-year waiver from a Federal agency

**C. Determination of Qualified Basis Worksheet**

Complete this worksheet to show how the qualified basis of the building is derived from actual **residential** expenditures.

Applicant Name:

Project Name:

A.	B.	C.	Eligible Basis	
			D.	E.
<b>Project Costs and Adjustments</b>	<b>Actual Costs</b>	<b>Adjustments to Eligible Basis</b>	<b>Lower Rate (30% PV)</b>	<b>Higher Rate (70% PV)</b>
<b>Acquisition - Actual Cost, Adjustments &amp; Eligible Basis</b>				
1. Cost of Land Only:				
2. Acquisition Costs (excluding Land):			\$0	
<b>Reductions to Eligible Basis for Acquisition of Buildings</b>				
3. Grants:				
4. Amount of Non-Qualified and Non-Recourse Financing:				
5. Amount of Subsidized Federal Assistance (optional):				
6. Total Building Acquisition Actual Costs, Adjustments and Eligible Basis:	\$0	\$0	\$0	
<b>Construction Improvements - Actual Costs, Adjustments &amp; Eligible Basis</b>				
7. Soft Costs (excluding LIHC fees):				
8. Construction:				
9. Contingency:				
10. Developer's Fees:				
11. Other (Specify):				
<b>Reductions to Eligible Basis of Construction/Rehab. Improvements Prior to High Cost Increase</b>				
12. Grants:				
13. Amount of Non-Qualified Non-Recourse Financing:				
14. Amount of Subsidized Federal Assistance (optional):				
15. Non-Qualifying Excess Expense or Higher Quality Units:				
16. Reduction for Historic Tax Credits (residential portion only):				
17. Total Construction/Rehab Improvements Actual Costs, Adjustments & Eligible Basis Prior to High Cost Increase:	\$0	\$0		
<b>Increases in Eligible Basis of Construction/Rehab for High Cost</b>				
18. Increase in Eligible Basis for High Costs (line 17 x .30)				
19. Adjusted Eligible Basis of Construction/Rehab Improvements:			\$0	\$0
20. Total Eligible Basis of Acquisition & Construction/Rehab Improvements:			\$0	\$0
<b>Determination of Qualified Basis</b>				
21. Applicable Fraction (Enter Applicable Fraction):				
22. Qualified Basis by Credit Rate:			\$0	\$0
23. Credit Rate (Enter Applicable Percentage): Month:      Year:				
24. Credit Amount from Qualified Basis:			\$0	\$0





**Exhibit 9 - LIHC/SLIHC Qualified Building Information**

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

**E. Declaration of Public Subsidies:** This Section must be completed for each LIHC/SLIHC-assisted building in the project.

1. Number of LIHC/SLIHC-assisted buildings in project: \_\_\_\_

2. Building Address: \_\_\_\_\_ 3. Municipality: \_\_\_\_\_ 4. Zip Code: \_\_\_\_\_

A. <u>Source</u>	B. <u>Program</u>	C. <u>Type</u>	D. <u>Value</u>	E. <u>Interest Rate</u>	F. <u>Monthly Debt Service</u>	G. <u>Term</u>

I, (Name) \_\_\_\_\_, (Title) \_\_\_\_\_, acting in the capacity of the duly authorized representative of (Applicant) \_\_\_\_\_, who has requested an Allocation of Credit from the New York State Division of Housing and Community Renewal for the project described above, hereby certifies that to the best of my knowledge, the information given above on public subsidies accurately discloses the full extent of Federal, State, and local government assistance which are or will be applied to such building.

Signed \_\_\_\_\_ Date of signature:    /    /

## Exhibit 10 – LIHC/SLIHC Project Summary

Applicant Name \_\_\_\_\_ Project Name \_\_\_\_\_

In instances where you are applying for both LIHC and SLIHC, this Exhibit must be completed separately for each Program.

### A. Project Details

Select the Program that this Exhibit is being completed for:  LIHC (9%)  LIHC 4% As-of-Right  SLIHC

1. No. of sites in project: \_\_\_\_
2. No. qualified low-income buildings in project: \_\_\_\_
3. No. of residential units in project: \_\_\_\_
4. No. of rent-restricted units in project: \_\_\_\_
5. Amount of qualified basis of project subject to lower credit rate (30% of present value): \_\_\_\_\_
6. Amount of qualified basis of project subject to higher credit rate (70% present value): \_\_\_\_\_
7. Annual amount of credit requested by applicant: \_\_\_\_\_
8. Annual amount of credit per unit: \_\_\_\_\_
9. Anticipated credit equity price (per dollar): \$
10. Anticipated total amount raised from syndication: \$
11. Net amount from syndication to be provided to the project: \$

### B. Minimum Set-Aside Election

Check the applicable box below:

1. At least 20% of the rental residential units in this development are rent-restricted, and to be occupied by individuals with incomes which are 50% or less of the area median.
2. The project is located out side of New York City, and at least 40% of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.
3. The project is located in New York City, and at least 25% of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.
4. Deep rent skewing option as defined in Section 42 of the Internal Revenue Code.

### C. Use of Credit Proceeds

1. The syndication will be:  Private  Public
2. Percentage of ownership retained by developer is: \_\_\_\_%
3. Name of Syndicator: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_
5. Phone No: \_\_\_\_\_
6. Total amount anticipated from syndication: \_\_\_\_\_
7. Net amount of anticipated investor pay-in: \_\_\_\_\_
8. If the investor (equity provider) will provide construction, bridge and/or permanent loans for the project, complete this Table:

<u>Type</u>	<u>Terms</u>	<u>Length of Loan</u>
Construction Loan		
Bridge Loan		
Permanent Loan		



# **UNIFIED FUNDING**

## **Section III**

### **Attachments**

#### **Unified Funding Capital Project Application Attachment Checklist**

**A4 – SHPO Transmittal Letter**

**B1 – Outline Specification**

**B2 – Construction Cost Estimate**

**B6 – Physical Needs Assessment**

**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**

**F6 – Existing Occupant Information/Relocation Plan**

## Unified Funding Capital 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.

**Please Note the following before reviewing this document:**

Seed money attachment requirements are not included in the chart below. The only required attachments for seed money applications are:

- A1 – Evidence of Site Control;
- C1 - Community **Impact/Revitalization** Support Documentation; and,
- F3 - Non-Profit **Participation as Applicant or Owner**

LIHC or SLIHC standalone refers to an application where the only DHCR/HTFC funding requested is tax credits.

UI or RARP standalone refers to an application where the only DHCR/HTFC funding requested is UI or RARP. **(NOTE: A new application for UI or RARP standalone applications is expected to be available on or about March 1, 2008.)**

### Attachments A1 – A6: Project Readiness

<b>Attachment A1 – Evidence of Site Control</b>	Required for <b>all</b> applications.
<b>Attachment A2 – Zoning Compliance</b>	Required for <b>all</b> applications.
<b>Attachment A3 – Public Approvals</b>	Required for all applications where any of the referenced public approvals are necessary.
<b>Attachment A4 – SHPO Submissions</b>	Required for all applications, except LIHC and SLIHC standalones
<b>Attachment A5 – SEQR Submissions</b>	Required for all applications, except LIHC and SLIHC standalones
<b>Attachment A6 – Environmental Approvals</b>	Required for all applications where any of the referenced environmental approvals are necessary

### Attachments B1 – B10: Project Design/Construction/Site Suitability

<b>Attachment B1 – Outline Specifications</b>	Required for <b>all</b> applications.
<b>Attachment B2 – Construction Cost Estimate</b>	Required for <b>all</b> applications.
<b>Attachment B3 – Preliminary Plans</b>	Required for <b>all</b> applications.

<b>Attachment B4 – Site Photographs</b>	Required for <b>all</b> applications.
<b>Attachment B5 – Map of Primary Service Area</b>	Required for <b>all</b> applications.
<b>Attachment B6 – Physical Needs Assessment</b>	Only required for LIHC or SLIHC standalone applications involving rehabilitation of an existing structure
<b>Attachment B7 – Energy Efficiency Initiative Documentation and/or REScheck</b>	Only required for applications seeking funding under the <a href="#">Energy Efficiency Initiative</a> and/or scoring points under HTF, HOME, LIHC or SLIHC.
<b>Attachment B8 – Energy Efficient Construction Costs</b>	Only required for applications seeking funding under the Green Building Initiative and the <a href="#">Energy Efficiency Initiative</a> and/or scoring points under HTF, HOME, LIHC or SLIHC.
<b>Attachment B9 – Green Building Criteria Checklist</b>	Only required for applications seeking funding under the Green Building Initiative and/or scoring points under HTF, HOME, LIHC or SLIHC.
<b>Attachment B10 - Visitable, Accessible and Fully Adapted Units</b>	Required for all application except UI and RARP standalone applications.
<b><u>Attachments C1-C3: Community <a href="#">Impact/Revitalization and Market Demand</a></u></b>	
<b>Attachment C1 – Community <a href="#">Impact/Revitalization</a> Support Documentation</b>	Required for <b>all</b> applications.
<b>Attachment C2 – Market Study</b>	Required for <b>all</b> applications.
<b>Attachment C3 – Public Housing/Section 8 Waiting List/Referral Documentation</b>	Submission is optional and is advisable for applications seeking potential LIHC scoring points under Section 2040.3(f)(10) of the <a href="#">proposed 2008 QAP</a> , or SLIHC scoring points under Section (d)(11) of the <a href="#">proposed 2008 SLIHC Regulations</a> .
<b><u>Attachments D1-D4: Project Underwriting</u></b>	
<b>Attachment D1 – Appraisal</b>	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.
<b>Attachment D2 – Operating Budget Documentation</b>	Required for <b>all</b> applications.
<b>Attachment D3 – Funding Commitments</b>	Required for any application that requires funding from non-DHCR/HTFC sources.
<b>Attachment D4 – Participants in Bond Financing/Time Frame &amp; Status of Bond Issuance</b>	Required only for applications requesting 4% LIHC standalone <a href="#">funding</a> or applications for Senior Housing Initiative <a href="#">funding</a> .

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

<b>Attachment E</b>	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.
<b><u>Attachments F1-F9: Miscellaneous Attachments</u></b>	
<b>Attachment F1 – Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants</b>	Required for any application requesting LIHC or SLIHC.
<b>Attachment F2 – Credit Fee Transmittal/Deferral Letter</b>	Required for any application requesting LIHC or SLIHC.
<b>Attachment F3 – Non-Profit Participation as Applicant or Owner</b>	Required for all applications submitted by a non-profit applicant.
<b>Attachment F4 – HOME Program CHDO Determination Letter</b>	Required only if the application is requesting HOME funds and seeks review as a CHDO application.
<b>Attachment F5 – Request for Waiver from HTFC Standards</b>	Required for any application seeking a waiver from HTFC standards.
<b>Attachment F6 – Existing Occupant Info./Relocation Plan</b>	Required for any application proposing funding for an occupied project.
<b>Attachment F7 – Tenant Buy-Out Plan</b>	Required for any application which proposes a project which will be purchased by tenants at the end of the program compliance period.
<b>Attachment F8 – LIHC/SLIHC Right of First Refusal</b>	Required for any LIHC or SLIHC application which proposes that a not-for-profit entity will acquire the project at the end of the compliance period
<b>Attachment F9 – Proposal Summary</b>	Required for <b>all</b> applications

**Attachment A4**

**SHPO Transmittal Letter**

State of New York  
**DIVISION OF HOUSING AND COMMUNITY RENEWAL**  
38-40 State Street  
Albany, New York 12207

**David A. Paterson, Governor**

**Deborah VanAmerogen, Commissioner**

Date: \_\_\_\_\_

**SHPO Transmittal Letter**

**To:** James Warren  
New York State Office of Parks Recreation & Historic Preservation  
Historic Preservation Field Services Bureau  
Peebles Island, PO Box 189  
Waterford, New York 12188-0189  
Phone: (518) 237-8643 Ext. 3283

**From:** Applicant/Sponsor: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Contact Person: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Please review the following form(s) enclosed for the above-referenced Project to determine if it is eligible to be listed in the National Register of Historic Places:

- Project Review Cover Form
- Historic Resource Inventory Form

Please respond in writing with your findings within ten (10) business days to the contact person mentioned above. Thank you.

We are applying for project funding from the following sources:

- HTF or HOME Program
- New York Main Street (NYMS) Program
- State Program funding other than NYMS, HTF or HOME
- Federal Program
- Historic Tax Credits

**Attachment B1**

**Outline Specification**

## Outline Specification

**Note: This Outline is based on the "Uniform System" for Construction Specifications, Data Filing, and Cost Accounting developed by AIA, CSI and AGC.**

Applicant:	Project Number:
Project Name:	Architect:
Location:	Date: / /

**Instructions:** Describe all materials and equipment to be used. Include no alternates or equivalents. Show extent of work and typical details on drawings. Attach additional sheets if necessary to completely describe the work. The Cost Estimate will recognize quality products and materials in excess of acceptable minimums, when specified. Certain parts of the work cannot be put in their proper classification until more information about their materials and construction is known; therefore describe, under suitable categories below, the following: main service and other stairs, treads, risers, handrails, balusters, etc.; sound insulation of partitions and floors separating apartments and between apartments and public spaces, utility conduits and tunnels, waterproofing and draining, utilities, and related insulation; retaining walls; garages and accessory buildings and off-site improvements required to serve the project such as roads, curbs, walks, utilities, storm sewers, plantings, etc.

### 1. General Requirements:

--

### 2. Site Work:

<b>Type of Soil:</b>	Bearing Capacity:
<b>Material and thickness</b> of fill and base course:	
<b>Demolition:</b> Construction of structures to be demolished and materials to be reused. Describe asbestos remediation, lead based paint abatement, mold remediation or other environmental remediation issues.	
<b>Storm Drainage:</b> Culverts, pipes, manholes, catch basins, downspout connection (dry well, splash blocks, storm sewer).	
<b>Site Preparation:</b> Tree protection, surgery, wells, walls, topsoil, stripping, clearing, grubbing, and rough grading. This site is on or adjacent to steep slopes: <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Curbs and Gutters:</b> Type and material.	
<b>Pavement:</b> Material and thickness of base and wearing surface for drives, parking areas, streets, alleys, courts, walks, drying yards and play areas. Steps, handrails, checkwalls.	
<b>Equipment for Special Areas and Enclosures:</b> Play equipment, benches, fences.	
<b>Finish Grading:</b> Approximate existing depth and method of improving topsoil. Extent of finish grading.	
<b>Lawns and Planting:</b> Type, size, quantity and location of lawn seeded or sodded; ground cover and hedge material, trees, shrubs, etc. Native trees and plants are being provided: <input type="checkbox"/> yes <input type="checkbox"/> no	

**3. Concrete:**

Concrete strength for exterior walls below and above grade, interior walls and partitions, piers, footings, columns and girders. Size, thickness and location on drawings. Note portions having reinforcing steel on drawings. Location, size and material of footing drains and outlets.

Structural system of concrete floors at basement, other floors and roof. Thickness of slabs and strength of concrete. Attached exterior concrete steps and porches. If more than one type of construction is used, list separately and state locations.

Slab Perimeter Insulation.

**4. Masonry:**

Material and thickness of exterior walls above and below grade, interior walls and partitions, fire walls, stair, hall and elevator enclosures, chimney, incinerators, veneer, sills, copings, etc.

**5. Metals:**

<u>Miscellaneous Iron</u>	<u>Material</u>	<u>Size</u>
Access Doors		
Area Gratings		
Lintels		
Fire Escapes		

**Foundation Vents.**

**Structural Steel:** (Framing or structural system used).

**6. Carpentry:**

**Size, spacing and grade** of lumber to be used for floor, exterior walls above grade and interior partition framing, subfloor, sheathing, underlayment and exterior finish materials (wood siding, shingles, asbestos siding, etc).

**Grade and species** for interior and exterior finish woodwork.

**7. Moisture Protection:**

Materials and method of waterproofing walls and slabs below grade, location, thickness or number of piles. Type of permanent protection of waterproofing (parging) if used. Method of damp proofing above grade. Flashing materials if other than sheet metal. Spandrel waterproofing.

<u>Thermal Insulation</u>	<u>Thickness</u>	<u>R-Value &amp; Type of Material</u>	<u>Method of Installation</u>
Exterior Walls			
Ceiling Below Roof			
Roof			
Other			

**Roofing:** Roof covering materials and method of application, weight of shingles, numbers of felt plies, bitumen, etc.

**Sheet Metal:** Material and weight or gauge for flashings, copings, gutters and downspouts, roof ventilators, scuppers, etc.

**Caulking:** (Materials and Locations).

**8. Doors, Windows and Glass:**

**Windows and Frames:** Type and Material. Special construction features or protective treatment.

Window Grade:

**Glazing:** Thickness, strength and grade of glass and method of glazing.

**Metal Curtain Walls:**

**Doors and Frames - Exterior:** Thickness, material and type at all locations.

**Doors and Frames - Interior:** Thickness, material and type for public halls and stairs, apartments (entrance and interior), boiler rooms, fire doors and doors at other locations.

**Finish Hardware:** Material and finish of exterior and interior locksets, sliding and folding door hardware, window and cabinet hardware, door closers, door knockers, numbers, etc.

<u>Weatherstripping</u>	<u>Material</u>	<u>Type</u>
Windows		
Exterior Doors		
Thresholds		
Screens: Mesh		
Frames		

<b>9. Finishes:</b>					
Grade, material, and thickness of all finishes.					
<b><u>Painting</u></b>					
<b>Exterior</b>	<b>Type</b>	<b>No. of Coats</b>	<b>Interior</b>	<b>Type</b>	<b>No. of Coats</b>
Wood			Wood		
Metal			Metal		
Masonry			Masonry		
			Kitchen & Bath		
Tile & Ceramic Bathroom Accessories:					
<b><u>Floor &amp; Wall Covering</u></b> (thickness, grade finish, wainscott height)					
<b><u>Location: (specify)</u></b>		<b><u>Floors</u></b>		<b><u>Walls</u></b>	
a.					
b.					
c.					
d.					
e.					
<b><u>Bathroom Accessories</u></b>					
		<b><u>Material</u></b>		<b><u>Quantity</u></b>	
Attached					
Recessed					
Resilient Flooring: Location, type and gauge, for all materials.					

<b>10. Specialties: (list significant items)</b>
Interior Partitions other than concrete, masonry or wood.
Medicine Cabinets: Material, size and type.
Mail Boxes, Package Receivers.
Packaged Incinerators.

<b>11. Equipment:</b>		
<b>Refrigerators:</b> Capacity and type for each size of living unit. Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Kitchen Ranges:</b> Size and type for each size of living unit.		
<b><u>Kitchen Cabinets</u></b> (detail on drawings)		
	<b>Material</b>	<b>Finish</b>
<b>Wall Units</b>		
<b>Base Units</b>		
<b>Counter Top and Backsplash Material.</b>		
<b>Other Cabinets and Built-in Storage Units.</b>		
<b>Equipment:</b> Garbage disposal units, dishwashers, clothes washers and dryers. Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no		

<b>12. Furnishings - Shades:</b> Types of shades, draperies or other devices for privacy and control of natural light.
--

<b>13. Special Construction:</b> (Incinerator – Job Constructed).
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<b>14. Conveying Systems:</b> <b>Elevators:</b> Attach letter from manufacturer whose elevator installation is proposed containing a brief comprehensive specification for the complete elevator installation, and the manufacturer's statement that the number of elevators proposed and the installation described will provide adequate service, and that manufacturer maintains an effective service organization in the project locality.
---

<b>15. Mechanical:</b>	
Plumbing and Hot Water Supply:	
<b>Fixtures:</b> (Material, size, fittings, trim and color)	
Sink:	2.2 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Lavatory:	2.0 gpm or better <input type="checkbox"/> yes <input type="checkbox"/> no
Water Closet:	1.6 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Bathtub:	2.2 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Shower Over Tub:	2.2 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Stall Shower:	2.2 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Laundry Trays:	2.2 gpm or better: <input type="checkbox"/> yes <input type="checkbox"/> no
Other:	
<b>Piping (Material)</b>	
Soil Lines:	Gas Lines:
Waste Lines:	Stand Pipes:
Vents:	Interior Downspouts:
Water:	
Valve Shutoff for Servicing:	
<b>Domestic Water Heating</b>	
Direct Fired (Type, capacity and recovery rate):	
Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no	
Sealed combustion: <input type="checkbox"/> yes <input type="checkbox"/> no	
Indirect Fired (Separate boiler or combined with space heating boiler. Storage and recovery capacity):	
<b>Solar Energy:</b>	System:
Application:	
Subsystem:	
System Capacity:	
Insulation: Type and thickness of insulation on water lines and water heating equipment.	
Sprinklers: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> Other	
Radon System: <input type="checkbox"/> Passive <input type="checkbox"/> Active	

**15. Mechanical (continued)**

<b>Heating</b> Kind of System: Hot water, steam, forced warm air, gravity warm air, etc.:		
Fuel Used:		Calculated Load:
Heating Load:	Domestic Hot Water Load:	Total:
Equipment (Make and Model):		
AFUE: _____ Sealed Combustion: <input type="checkbox"/> yes <input type="checkbox"/> no		
Input (per hr.): Coal (lbs.):	Oil (gals.):	Gas (BTUH):
Output (BTUH):		
Distribution System:		
Insulation: Type and thickness of insulation on heating equipment and distribution system:		
Room Heating Units: Baseboard units, radiators, convectors, registers, etc.:		
Solar Energy: Application:		System:
Subsystem:		
System Capacity:		
Geothermal: Describe system and application:		
Temperature Controls: Individual unit, zone, central, etc.:		
Ventilation: Location, capacity and purpose of ventilating fans: Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Air Conditioning</b> Unitary Equipment (Self contained or packaged units):		
Calculated Load:		
Equipment: Make, model, operating voltage and capacity in BTUH for each size serving individual rooms, apartments units, or zone:		
Central System:		
Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no		
Calculated Load:		
Equipment (Make, model, operating voltage and capacity in BTUH for each size serving individual rooms, apartment units, or zone):		
SEER:		

**15. Mechanical (continued)**

<b>Utilities On-Site:</b> Material for distribution system for all piped utilities:
Water Supply: Fire hydrants, yard hydrants, lawn sprinkler systems, exterior drinking fountains:
Gas:
Sanitary Sewerage: Treatment plants, pumping stations, manholes:

**16. Electrical**

<b>Electrical Wiring:</b> Type of wiring and load centers, number of circuits per unit, individual unit metering or project metering, space conduit for future load requirements, radio or TV antenna systems:
Access to discounted broadband internet service: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Electric Fixtures</b> (Type for various locations):
Energy Star labeled: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Electric light standards</b> for lighting grounds, streets, courts, etc. Underground or overhead service: Daylight sensors: <input type="checkbox"/> yes <input type="checkbox"/> no      Timers: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Photovoltaic panels</b> Minimum 10% of project's estimated electricity: <input type="checkbox"/> yes <input type="checkbox"/> no Describe system and application:

All items of construction, equipment and finish, together with all incidentals, which are essential to the completion of the project will be of a type, quality and capacity acceptable to DHCR/HTFC and appropriate to the character of the project.
<b>Signed</b> (Applicant):
<b>By</b> (Architect):

**Attachment B2**

**Construction Cost Estimate**

Applicant Name:		Project Name:	
<b>Construction Cost Estimate Summary</b>			
Place check in adjacent box if Davis Bacon Wage Rates were used in determining Construction Cost	<input type="checkbox"/>	Cost	Cost/ SF
1. General Requirements (3%- 6% of Ex. 3 Line 36)			
2. a. Site Work			
b. Off-Site Work			
c. Asbestos Removal			
d. Environmental Remediation			
3. Concrete			
4. Masonry			
5. Metals			
6. Woods and Plastics			
7. Thermal			
8. Doors and Windows			
9. Finishes			
10. Specialties			
11. Equipment			
12. Furnishings			
13. Special Construction			
14. Conveying Systems			
15. Mechanical			
a. Heating/ Ventilation			
b. Plumbing			
c. Fire Protection/ Sprinklers			
16. Electrical			
a. Electrical			
b. Fire Alarm System(s)			
	Subtotal		
	Insurance		
	Builders Overhead (2% - 4% of Ex. 3, Line 36 )		
	Profit (Up to 10% of Ex. 3, Line 36 )		
	<b>TOTAL</b>		

# Construction Cost Estimate Worksheet

Applicant Name

Project Name

**Applicant's Name will go here**

**Project name will go here**

Division 1: General Requirements					
	Trade/Item	Unit	Quantity	Unit Cost	Total
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 1 Total</b>					<b>\$0.00</b>
Division 2: Sitework					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 2 Total</b>					<b>\$0.00</b>
Division 3: Concrete					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 3 Total</b>					<b>\$0.00</b>
Division 4: Masonry					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 4 Total</b>					<b>\$0.00</b>

Applicant Name		Project Name			
Applicant's Name will go here		Project name will go here			
Division 5: Metals					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 5 Total</b>					<b>\$0.00</b>
Division 6: Wood and Plastics					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 6 Total</b>					<b>\$0.00</b>
Division 7: Thermal and Moisture Protection					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 7 Total</b>					<b>\$0.00</b>
Division 8: Doors and Windows					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 8 Total</b>					<b>\$0.00</b>
Division 9: Finishes					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 9 Total</b>					<b>\$0.00</b>

Applicant Name		Project Name			
Applicant's Name will go here		Project name will go here			
Division 10: Specialties					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 10 Total</b>					<b>\$0.00</b>
Division 11: Equipment					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 11 Total</b>					<b>\$0.00</b>
Division 12: Furnishings					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 12 Total</b>					<b>\$0.00</b>
Division 13: Special Construction					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 13 Total</b>					<b>\$0.00</b>
Division 14: Conveying System					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 14 Total</b>					<b>\$0.00</b>

Applicant Name				Project Name	
Applicant's Name will go here				Project name will go here	
Division 15A: HVAC					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 15A Total</b>					<b>\$0.00</b>
Division 15B: Plumbing					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 15B Total</b>					<b>\$0.00</b>
Division 15C: Sprinklers					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 15C Total</b>					<b>\$0.00</b>
Division 16A: Electrical					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 16A Total</b>					<b>\$0.00</b>
Division 16B: Fire Alarm System					
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
6					\$0.00
7					\$0.00
8					\$0.00
9					\$0.00
10					\$0.00
<b>Division 16B Total</b>					<b>\$0.00</b>



**Attachment B6**

**Physical Needs Assessment**

**Attachment B6 - Physical Needs Assessment**  
**Part A – Project Information/Credit Recipient Certification**

Part A of the Physical Needs Assessment must be completed, signed, dated and submitted at each of the following stages of LIHC/SLIHC processing: at the time of application; at the time of allocation (binding commitment and/or carryover); and at the time of project completion (when applying for issuance of IRS Form 8609 for LIHC and/or an Eligibility Statement for SLIHC).

- Applicant Name:**
- SHARS ID #:**
- Contact Person/Title:**
- Phone Number:**
- Fax Number:**
- E-Mail Address:**
- Project Name:**
- Building County:**
- Building Address(es)/Municipality:**

**Certification:**

As the undersigned for the \_\_\_\_\_ development (SHARS ID #: \_\_\_\_\_), who has requested an allocation of credit from the NYS DHCR for the project described above, I hereby certify as owner, general partner, and/or managing member that, to the best of my knowledge, all improvements for each building and each unit listed in Part B of this Form (“Physical Needs Assessment”) are sufficient for the project to function in good repair, as affordable housing for a period equal to at least 30 years, and at least 15 years beyond the remaining term of any existing affordability restrictions.

I further certify that, prior to the final allocation of Housing Tax Credits, all required improvements will be completed to the architect’s satisfaction according to the “Physical Needs Assessment.”

**Certification at Time of Application**

**Credit Recipient Name:** \_\_\_\_\_

**By (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DHCR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certification at Time of Binding/Carry-Over**

**Credit Recipient Name:** \_\_\_\_\_

**By (Signature) :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DHCR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certification at Time of 8609/Eligibility Statement**

**Credit Recipient Name:** \_\_\_\_\_

**By (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DHCR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physical Needs Assessment**  
**Part B – Architect/Engineering Firm Certification**

Applicant Name:

SHARS ID:

The information in Part B must be completed by a professional architect or engineer. Providing the most accurate information will assist the Division in reviewing the scope of the work for this proposed project. **The applicant must request a site visit from the Division to observe the building’s existing condition and discuss proposed renovations PRIOR to the application submission.**

**Instructions:**

1. Fill out the following form for all site and building elements to indicate what is being replaced and what will be maintained. **If there are multiple buildings, provide one form for each building type. If the proposed work is not uniform throughout the project, provide a room matrix on a per unit basis identifying the scope of work within that dwelling unit.**
2. Describe existing conditions (materials, age, level of deterioration, etc.) and proposed rehabilitation in as much detail as possible for each item.
3. If any item is not applicable to this specific project please identify as “not applicable” (NA).
4. If there are any conditions that are not specifically identified below, please identify in column marked “other”.
5. Attach back-up material and reports, as necessary, to explain conditions which cannot be fully explained herein.
6. Provide current hazardous materials testing report for the existing building, if applicable.
7. For mechanical, life safety and other specialized equipment to be maintained, attach an engineer’s report which evaluates the complete system, all required maintenance, life expectancy, and applicable code compliance issues.
8. In the Life Expectancy of System column, cite the reference standard or the other evaluation method used in making this determination.

**GENERAL INFORMATION**

Date building constructed:

Date of previous renovations:

Is this building listed or eligible to be listed on the National Register of Historic Places?:  No  Yes

Date Listed:

Type of construction:

**Physical Needs Certification:**

As the undersigned for the \_\_\_\_\_ development (SHARS #: \_\_\_\_\_), I hereby certify as the project architect/engineer, that based on our inspection of the property and findings set forth in this part that all improvements for each building and each unit listed in the “Physical Needs Assessment” form, Part B, are sufficient for the project to function in good repair, as affordable housing for a period equal to at least 30 years, and at least 15 years beyond the remaining term of any existing affordability restrictions. We further certify that, prior to the final allocation of Housing Tax Credits, all the required improvements will be completed to our satisfaction according to the “Physical Needs Assessment.”

**Certification at time of Application:**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	
Architect/Engineering Firm	Seal
By: _____	_____
	License Number
Date: _____	

**Certification at time of 8609:**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	
Architect/Engineering Firm	Seal
By: _____	_____
	License Number
Date: _____	

**Physical Needs Assessment**

<b><u>Hazardous Materials</u></b>			
<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Site			
Asbestos			
Lead-Based Paint			
Underground Storage Tank			
Radon			
Other (specify):			
<b><u>Site Work:</u></b>			
<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Walkways & Ramps			
Patios			
Exterior Stairs & Railings:			
Structure			
Balustrade			
Railing			
Handrail			
Parking Lots			
Roadways			
Site Drainage Structures			
Retention Basins			
Site Amenities:			
Fences			
Playgrounds			
Benches			
Mail Stations			
Swimming Pool			
Other (specify):			
Accessory Structures:			
Storage Sheds			
Garbage Stations			
Other (specify):			
Landscaping:			
Lawns			
Plantings			
Retaining Walls			
Grading			
Other (specify):			

**Structural Evaluation**

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Foundation			
Floors			
Frame			
Walls			
Roof			
Other (specify):			

**Roof and Bulkheads**

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Low Slope Roofs			
Membrane			
Insulation			
Deck			
Drains			
Flashings			
Railings			
Penetrations			
Parapets			
Copings			
Other (specify):			
Step Slope Roofs			
Shingles			
Sheathing			
Flashings			
Vents			
Penetrations			
Gutters			
Downspouts			
Other (specify):			
Walls			
Masonry			
Siding			
Precast or Stone Systems			
Curtain Wall Systems			
Insulation			
Other (specify):			
Foundations			
Masonry			
Concrete			
Stone			
Vents			
Other (specify):			

**Building Exterior**

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Doors and Windows			
Main entry door			
Hardware			
Operators			
Exit Doors			
Secondary Doors			
General Door Hardware			
Weather Stripping			
Windows			
Insect Screens			
Security Guards			
Child Guards			
Weather Stripping			
Balconies			
Floor			
Railings			
Exterior Painting			
Caulking and Sealants			
Windows			
Doors			
Roof			
Building Joints			
Attic Insulation			
Type/Thickness			
Condition			

**Building Interiors – Public Spaces**

Note: Indicate rooms and finishes needing repairs vs. those in good repair. Add sheets if needed to document different conditions.

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Floors			
Wood			
Vinyl			
Carpet			
Terrazzo			
Other (specify):			
Walls			
Finishes			
Trim			
Railings			
Ceiling Finishes			
Stairs			
Structure			
Risers & Treads			
Railings			
Handrails			

**Building Interiors Public Spaces (continued)**

Interior Doors			
Hardware			
Operator			
Kitchen Equipment			
Laundry Equipment			
Mailboxes			
Toilet Room Accessories			
Other Appliances or Equipment			
Trash Compactor			
Refuse Chutes			
Refuse Chutes Doors			
Other (specify):			

**Building Interiors – Apartment Spaces**

Note: Indicate percentage of apartment area or percentage of number of apartments needing repairs. Add sheets if needed to document different conditions, or apartment types

<b>Item</b>	<b>Existing Conditions</b>	<b>Proposed Rehabilitation</b>	<b>Life Expectancy of System</b>
Floors			
Wood			
Vinyl			
Carpet			
Tile			
Other (specify):			
Wall Finishes			
Ceiling Finishes			
Door – Main Entry			
Hardware			
Chime & Viewer			
Doors – Rooms			
Condition			
Hardware			
Kitchen Equipment			
Cabinets			
Appliances			
Other (specify):			
Bathroom Equipment			
Cabinets			
Sink Top			
Mirror			
Accessories:			
Other (specify):			

**Major Building Systems**

Note: Attach engineer's report on all existing equipment to remain.

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
<b>Elevators</b>			
Hoisting Equipment & Rails			
Motors			
Hydraulic Lines			
Controllers			
Emergency Phone			
Door Operation			
Door Safety Mechanisms			
Accessible Route Requirements			
Call System Buttons, Indicators			
Cabs Size			
Cab Interior Finish			
Other (specify):			

**Mechanical Systems**

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
<b>Heating Equipment</b>			
Efficiency (AFUE)			
Exhaust Vents			
Flue			
Fuel Tanks			
Fuel Lines			
Distribution			
Pumps			
Fans			
Radiation			
Registers & Grilles			
Controls			
Thermostat			
Other (specify):			
<b>Mechanical Room Equipment</b>			
Fans			
Registers & Grilles			
Vents			
Other (specify):			
<b>Central Air Conditioning</b>			
<b>Building Ventilation</b>			
Fans			
Registers & Grilles			
Vents			
Other (specify):			

<b>Plumbing Systems</b>			
<b>Item</b>	<b>Existing Conditions</b>	<b>Proposed Rehabilitation</b>	<b>Life Expectancy of System</b>
Building Supply			
Water Meter & Valves			
Water Distribution Piping			
Water Control Valves			
Water Pumps			
Rooftop Storage Tanks			
Other (specify):			
Domestic Hot Water			
Hot Water Heaters			
Storage Tanks			
Control Valves			
Mixing Valves			
Circulators			
Domestic Hot/Cold Water Lines			
Other (specify):			
Plumbing Fixtures			
Water Closets			
Urinals			
Lavatories			
Sinks			
Service Sinks			
Public Toilets			
Other (specify):			
Drain & Vent Systems			
Sanitary Drains			
Sanitary Cleanouts			
Storm Drains			
Storm Cleanouts			
Sewage Ejector Pumps			
Sump Pumps			
Other (specify):			
Apartment Bathrooms			
Water Closets			
Bathtubs			
Showers			
Lavatories			
Sinks			
Fittings & Faucets			
Shower Valves			
<b>Fire Protection Systems</b>			
<b>Item</b>	<b>Existing Conditions</b>	<b>Proposed Rehabilitation</b>	<b>Life Expectancy of System</b>
Fire Pump			
Sprinkler Supply Manifold			

<b>Fire Protection Systems (continued)</b>			
Valves			
Test Valves			
Flow Alarms			
Sprinkler Heads			
Distribution Piping			
Fire Standpipe System			
Hose Valves, Cabinets, Fire Standpipe			
Hose Cabinets			
Other (specify):			

**Electrical Systems**

<b><u>Item</u></b>	<b><u>Existing Conditions</u></b>	<b><u>Proposed Rehabilitation</u></b>	<b><u>Life Expectancy of System</u></b>
Service Entrance			
Service Equipment			
Distribution Equipment			
Electric Meters			
Main Electric Panels			
Exterior & Site Lighting			
Public Areas			
Audible Alarms			
Visual Alarms			
Pull Stations			
Detectors			
Annunciator Panels			
Apartments			
Apartment Panels			
Wire & Cable			
Lighting			
Cover Plates			
GFI-Circuits			
Arc-Circuits			
Fire Protection			
Smoke Detectors			
Heat Detectors			
Audible Alarms			
Visual Alarms			
Exit Lights			
Emergency Lights			
Building Alarm Systems			
Security System(s)			
Type/General Condition			
Communication Systems			
Type/General Condition			
Apartment Systems			
Master TV Antenna			
Cable TV			
Telephone			

<b><u>Electrical Systems (continued)</u></b>			
Data Systems			
Intercom Systems			
Lightning Protections			
Emergency Generator			
Other (specify):			

**Attachment B8**  
**Energy Efficient Construction**  
**Costs**

Applicant Name:

Project Name:

## Attachment B8: Energy Efficient Construction Cost

Instructions: Identify the costs (labor & material) of the basic Code/Design Handbook construction elements, then identify the total construction costs of those elements including the Green Building Initiative and Energy Efficiency Initiative upgrades. Construction items to be identified include those items listed on the ResCheck and the Green Building Criteria Checklist.

	Unit	Quantity	Code and/or Design Handbook Compliant Description	Total Basic Compliant Construction Cost	Green Building or Energy Efficiency Initiative Upgrade System Description	Total Construction Cost with the Upgrade	Total Difference Between Basic and Upgrade
<b>Insulation:</b>							
Roof							\$0.00
Wall							\$0.00
Basement							\$0.00
Floor							\$0.00
Other Insulation:							\$0.00
<b>Windows</b>							
<b>Doors</b>							
<b>Interior- Low / No VOC's</b>							
Paint							\$0.00
Formaldehyde Free Wood							\$0.00
Green Label Flooring							\$0.00
<b>Appliances:</b>							
Refrigerators							\$0.00
Dishwashers							\$0.00
Washers/ Dryers							\$0.00
Other- Appliances:							\$0.00
<b>HVAC:</b>							
Boiler							\$0.00
Furnace							\$0.00
Air Conditioning							\$0.00
Domestic Hot Water							\$0.00
Control Systems							\$0.00
Other HVAC:							\$0.00
<b>Plumbing:</b>							
Water Conserving Fixtures							\$0.00
<b>Materials:</b>							
Construction Waste Management							\$0.00
Recycled Content Materials							\$0.00
Certified, Salvaged, Engineered Wood							\$0.00
Water Permeable Walkways & Parking							\$0.00
Energy Star or Green Roof							\$0.00
<b>Other Systems:</b>							
Passive Radon System							\$0.00
<b>Alternative Energy Technology:</b>							
PV Panels							\$0.00
Fuel Cell							\$0.00
Wind Power							\$0.00
Geothermal							\$0.00
Other Alternative Energy Technology:							\$0.00
<b>TOTALS</b>				\$0.00		\$0.00	\$0.00

**Attachment B9**

**GREEN BUILDING  
CRITERIA CHECKLIST**

## Green Building Criteria Checklist

<b>Applicant:</b>				
<b>Project Name:</b>				
<p><b>Instructions:</b> In order to qualify and receive points for the Green Building Initiative, applicants must complete the applicable sections of this checklist. The items listed in Section A are mandatory. Section B contains both mandatory and optional standard criteria. Section C must be completed if applicant is including green measures in the project beyond the standard criteria. All non-applicable items must be explained in the “Comments” section at the end of this attachment. More specific information on these criteria is included in DHCR’s Green Building Criteria Reference Manual.</p>				
<b><u>SECTION A – Threshold Criteria - MANDATORY</u></b>				
<p>All of the criteria in this section must be included in all projects. Possible exceptions include items A-2, A-5 and A-6 where the criteria may not be applicable to your project.</p> <p><i>Note:</i> These criteria have been included in the DHCR/HTFC Design Handbook.</p>				
Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-1	Utilize Energy Star appliances, light fixtures and heating systems or the equivalent which will produce the same or comparable energy efficiency or savings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-2	Landscaping: Select native trees and plants to minimize water usage and maximize energy efficiency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-3	Use water conserving fixtures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-4	Use daylight sensors or timers on outdoor lighting to maximize energy efficiency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-5	Install a passive radon-reduction system to be activated should tests confirm the presence of radon gas in the building, or for rehabilitation projects, install an active radon-reduction system and measures should tests confirm the presence of radon gas in the building (in EPA Zones 1 and 2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-6	Use lead-safe work practices during renovation, remodeling, painting and demolition (for properties built before 1978)
<b><u>SECTION B – Standard Criteria (Required to qualify for the Green Building Initiative)</u></b>				
Use this section to identify the criteria included in your project.				
<b><u>Integrated Design Process - MANDATORY</u></b>				
Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-1	Green Development Plan: Submit document outlining options explored in the design phase with multi-disciplinary team including a qualified green design expert
<b><u>Location and Neighborhood Fabric (Applicants must include a minimum of 4 criteria)</u></b>				
Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2a	Smart Site Location: Proximity to Existing Development: Locate on a site with access to existing roads, water, sewers and other infrastructure within or contiguous to existing development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2b	Smart Site Location: Protecting Environmental: Do not locate new development in close proximity to wetlands, critical habitat or on steep slopes, prime farmland or park land
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2c	Smart Site Location: Proximity to Services, New Construction: Locate projects in close proximity to community and retail facilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2d	Compact Development: Achieve densities for new construction of at least six units per acre for detached/semi-detached houses; 10 for town homes; 15 for apartments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2e	Walkable Neighborhoods: Sidewalks and Pathways: Include sidewalks or suitable pathways within a multifamily property or single-family subdivision linking residential development to public spaces, open spaces and adjacent development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2f	Smart Site Location: Make Use of Passive Solar Heating/Cooling: Orient building to make the greatest use of passive solar heating and cooling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-2g	Transportation Choices: Locate project in close proximity to public transit services
<b>Site Planning/Environmental Impacts</b>				
<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Item</b>	<b>Criteria</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-3a	Surface water management plan - <b>MANDATORY</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-3b	Conduct a Phase I Environmental Site Assessment
<b>Healthy Living Environment (Applicants must include a minimum of 7 criteria)</b>				
<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Item</b>	<b>Criteria</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4a	Low/No Volatile Organic Compounds (VOC) Paints, Primers, Adhesives and Sealants: All interior paints, primers, adhesives and sealants must contain low or no VOCs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4b	Formaldehyde-free Composite Wood: Do not use any composite wood that has exposed particleboard (which contains added urea-formaldehyde), unless the exposed area has been sealed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4c	Green Label Certified Floor Covering: Do not install carpets in basements, entryways, laundry rooms, bathrooms or kitchens. If using carpet, use the Carpet and Rug Institute's Green Label certified carpet and pad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4d	Exhaust Fans – Bathroom: New Construction: Install Energy Star-labeled bathroom fans that exhaust to the outdoors which has a humidistat sensor or timer, or operates continuously
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4e	Ventilation: New Construction: Install a ventilation system for the dwelling unit that provides 15 cubic feet per minute of fresh air, per occupant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4f	Cooling Equipment: Size cooling equipment in accordance with the Air Conditioning Contractors of America Manual, Parts J and S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4g	Water Heaters: Mold Prevention: Use tankless hot water heaters or install conventional hot water heaters in rooms with drains or catch pans piped to the exterior of the dwelling and with non-water sensitive floor coverings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4h	Water Heaters: Minimizing CO: Specify direct vented or combustion sealed water heaters if the heater is located in a conditioned space
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4i	Cold Water Pipe Insulation: Insulate exposed cold water pipes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4j	Materials in Wet Areas: Use materials that have smooth, durable, cleanable surfaces. Do not use mold-propagating materials such as vinyl wallpaper and unsealed grout. Use one-piece fiberglass or similar tub and shower enclosure or, if using any form of grouted material, use backing materials such as cement board, fiber cement board, fiberglass-reinforced board or cement plaster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4k	Clothes-Dryer Exhaust: Clothes dryers must be exhausted directly to the outdoors.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-4l	Integrated Pest Management: Seal all wall, floor and joint penetrations to prevent pest entry. Provide rodent and corrosion proof screens (e.g., copper or stainless steel mesh) for large openings
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**Operations and Maintenance - MANDATORY**

Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-5a	Provide a building owner maintenance manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-5b	Provide an occupant's green building manual or guide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B-5c	Provide new resident orientation

**SECTION C (Applicants must include a minimum of one criteria if including green building measures beyond the standard criteria.)**

**Location and Neighborhood Fabric**

Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-1	Smart Site Location: Grayfield, Brownfield or Adaptive Reuse Site: Locate the project on a grayfield, brownfield or adaptive reuse site

**Energy Efficiency**

Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-2	Photovoltaic (PV) Panels: Install PV panels to provide at least 10 % of the project's estimated electricity demand

**Materials Beneficial to the Environment**

Y	N	N/A	Item	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-3a	Construction Waste Management: Develop and implement a construction waste management plan to reduce the amount of material sent to the landfill by 25%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-3b	Recycled Content Material: Use 25% materials with recycled content; provide calculation for recycled content percentage based on cost or value of recycled content in relation to total materials for project
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-3c	Certified, Salvaged and Engineered Wood: Use at least 50 % (by cost or value) wood products and materials that are certified in accordance with the Forest Stewardship Council, salvaged wood, or engineered framing materials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-3d	Water-permeable walkways and parking areas: Use water-permeable materials in 40% or more of walkways and 40% or more of paved parking areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-3e	Reduce Heat-Island Effect: Roofing and Paving: 1) Use Energy Star-compliant and high-emissive roofing for the entire roof or, install a "green" (vegetated) roof covering at least 50% of the roof; <u>and</u> 2) Use light-colored/high-albedo materials and/or an open-grid pavement over at least 30% of the site's hardscaped area

Signed (Applicant): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed (Green Design Professional): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Comments:**

**Attachment B10**

**Visitable, Accessible and Fully  
Adapted Units**

### Visitable, Accessible and Fully Adapted Units

Submit for **each** building in the project. 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.

1. Is this a project summary sheet?  yes  no (If yes, skip to question 3.)

2. Building \_\_\_\_ of \_\_\_\_

3. Is there an elevator in the building(s)?  yes  no

4. **Visitability** – shall mean that a residential unit includes the provision of at least one means of entry on an accessible route (no-step entrance), a 36 inch or greater clear circulation path through the first floor of the unit, including all interior doorways, and at least, a half-bath on the first floor large enough to accommodate a person in a wheelchair and allow that person to close the door.

These standards shall apply to all first floor residential units in all new construction projects without an elevator; all residential units in new construction projects with an elevator; and as many units as feasible in an adaptive reuse or rehabilitation project.

**Identify the total number of visitable units in this building/project: \_\_\_\_\_**

5. **Fully Accessible and Adapted, Move-In Ready Units shall mean:**

For persons with Mobility Impairments:

- the project units are **fully accessible** and **fully adapted** (including all requirements included in ANSI 117.1-2003, Chapter 10 – Dwelling Units and Sleeping Units (as modified by NYS Code) including, but not limited to: entrances, turning space, doors and doorways, operable parts, toilet and bathing facilities, roll in shower required, kitchens and cabinetry, storage, and appliances), move-in ready for person(s) who have a mobility impairment and the unit(s) will be marketed to households with at least one member who has a mobility impairment; and

For persons with Hearing or Vision Impairment:

- the project units are **fully accessible** and **fully adapted**, (including all requirements included in ANSI 117.1-2003, Chapter 10 – Dwelling Units and Sleeping Units (as modified by NYS Code) including, but not limited to: building entrance, primary unit entrance, smoke detection, building fire alarm system, appliances, closed circuit communication system), move-in ready for person(s) who have a hearing or vision impairment and the unit(s) will be marketed to households with at least one member who has a hearing or vision impairment;

5a. **Identify the total number of fully accessible and fully adapted units in this building/project for persons who have mobility impairment: \_\_\_\_\_**

5b. **Identify the total number of fully accessible and fully adapted units in this building/project for persons who have a hearing or vision impairment: \_\_\_\_\_**

5c. **Identify the service provider that will refer eligible persons and/or families for the fully accessible and fully adaptable units. \_\_\_\_\_**

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

**CEO Notification Letter for  
LIHC Projects – Outside of NYC**

Certified Mail –  
Return Receipt Requested

CEO Name:  
CEO Title:  
Mailing Address:

Date: \_\_\_\_\_  
RE: Transmittal of LIHC Program  
Application for: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to inform you of our intention to submit the above referenced and enclosed application under the Low-Income Housing Credit Program (LIHC) to the New York State Division of Housing and Community Renewal. This Program was established by the Tax Reform Act of 1986 (with a new Section 42 in the Internal Revenue Code) which authorized federal assistance in the form of tax credits for owners of rental housing that is reserved for households earning 60% or less of the area median income.

Under the Internal Revenue Code Section 42(m)(1)(A)(ii), an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located, is notified and is provided a reasonable opportunity to comment on the project.

If you have any comments regarding the enclosed application, please submit them within 20 days of receipt of the enclosed application to:

New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6<sup>th</sup> Floor  
Albany, New York 12207  
Attention: Arnon Adler; Program Manager  
(518) 486-5044

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this Low-Income Housing Credit Program applicant.

If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

Sincerely,

Project Representative/Sponsor/Developer;  
And Project Representative/Sponsor Developer Organization

Cc: Arnon Adler;  
New York State Division of Housing and Community Renewal  
38-40 State Street  
Albany, New York 12207

**CEO Notification Letter for  
LIHC Projects – within NYC**

Certified Mail –  
Return Receipt Requested

CEO Name: Holly Leicht  
CEO Title: Assistant Commissioner for Planning and Pipeline Development,  
NYC Department of Housing Preservation and Development  
Mailing Address: 100 Gold Street, Room 9-G3, New York, New York 10038

Date: \_\_\_\_\_  
RE: Transmittal of LIHC Program  
Application for: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to inform you of our intention to submit the above-referenced and enclosed application under the Low-Income Housing Credit Program (LIHC) to the New York State Division of Housing and Community Renewal. This Program was established by the Tax Reform Act of 1986 (with a new Section 42 in the Internal Revenue Code) which authorized federal assistance in the form of tax credits for owners of rental housing that is reserved for households earning 60% or less of the area median income.

Under the Internal Revenue Code Section 42(m)(1)(A)(ii), an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located, is notified and is provided a reasonable opportunity to comment on the project.

If you have any comments regarding the enclosed application, please submit them within 20 days of receipt of the enclosed application to:

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38-40 State Street; 6<sup>th</sup> Floor  
Albany, New York 12207  
Attention: Arnon Adler; Program Manager  
(518) 486-5044

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this Low-Income Housing Credit Program applicant.

If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

Sincerely,

Project Representative/Sponsor/Developer;  
And Project Representative/Sponsor Developer Organization

Cc: Arnon Adler;  
New York State Division of Housing and Community Renewal  
38-40 State Street  
Albany, New York 12207

**CEO Notification Letter for  
SLIHC Projects – Outside of NYC**

Certified Mail –  
Return Receipt Requested

CEO Name:  
CEO Title:  
Mailing Address:

Date \_\_\_\_\_  
RE: Transmittal of SLIHC Program  
Application for: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to inform you of our intention to submit the above-referenced and enclosed application under the New York State Low-Income Housing Credit Program (SLIHC) to the New York State Division of Housing and Community Renewal. This Program was established by Article 2-A of the Public Housing Law which authorized State tax credits for owners of rental housing that is reserved for households earning 90% or less of the area median income.

Under the Internal Revenue Code Section 42(m)(1)(A)(ii), an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located is notified and is provided a reasonable opportunity to comment on the project.

If you have any comments regarding the enclosed application, please submit them within 30 days of receipt of the enclosed application to:

New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6<sup>th</sup> Floor  
Albany, New York 12207  
Attention: Jeanne Ryan  
(518) 474-1829

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this State Low-Income Housing Credit Program applicant.

If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

Sincerely,

Project Representative/Sponsor/Developer;  
And Project Representative/Sponsor Developer Organization

Cc: Jeanne Ryan  
New York State Division of Housing and Community Renewal  
38-40 State Street  
Albany, New York 12207

**CEO Notification Letter for  
SLIHC Projects – within NYC**

Certified Mail –  
Return Receipt Requested

CEO Name: Holly Leicht  
CEO Title: Assistant Commissioner for Planning and Pipeline Development,  
NYC Department of Housing Preservation and Development  
Mailing Address: 100 Gold Street, Room 9-G3, New York, New York 10038

Date \_\_\_\_\_  
RE: Transmittal of SLIHC Program  
Application for: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Location: \_\_\_\_\_  
Project Sponsor: \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to inform you of our intention to submit the above-referenced and enclosed application under the New York State Low-Income Housing Credit Program (SLIHC) to the New York State Division of Housing and Community Renewal. This Program was established by Article 2-A of the Public Housing Law which authorized State tax credits for owners of rental housing that is reserved for households earning 90% or less of the area median income.

Under the Internal Revenue Code Section 42(m)(1)(A)(ii), an allocation of Credit to a project cannot be made unless the chief executive officer (or the equivalent) of the local jurisdiction within which the proposed project is located, is notified and is provided a reasonable opportunity to comment on the project.

If you have any comments regarding the enclosed application, please submit them within 30 days of receipt of the enclosed application to:

New York State Division of Housing and Community Renewal (DHCR)  
38-40 State Street; 6<sup>th</sup> Floor  
Albany, New York 12207  
Attention: Jeanne Ryan  
(518) 474-1829

The returned certified mail postal receipt for this package, accepted and signed for by your office, will be returned to the applicant for forwarding to DHCR to serve as proof that the requirements of Section 42(m)(1)(A)(ii) have been met by this State Low-Income Housing Credit Program applicant.

If you wish to discuss the enclosed application or any other aspect of the proposed project, please feel free to contact me at the address above or call me at \_\_\_\_\_.

Sincerely,

Project Representative/Sponsor/Developer;  
And Project Representative/Sponsor Developer Organization

Cc: Jeanne Ryan  
New York State Division of Housing and Community Renewal  
38-40 State Street  
Albany, New York 12207

**Attachment F2**  
**Credit Fee Transmittal/Deferral**  
**Letter**

**CREDIT PROGRAM FEE TRANSMITTAL**

New York State Division of  
Housing and Community Renewal  
PO Box 1399  
Albany, New York 12201

Attention: Sandra Johnson

Dear Finance and Budget Unit:

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

RE: LIHC/SLIC Program Fee Transmittal

Enclose you find a check for the LIHC and/or SLIHC Program application fee equal to \$2,000 (one program) or \$4,000 (both programs), payable to the Division of Housing and Community Renewal.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**CREDIT PROGRAM FEE DEFERRAL REQUEST**

New York State Division of  
Housing and Community Renewal  
38-40 State St – 6<sup>th</sup> Floor South  
Albany, New York 12207

Attention: Arnon Adler

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

RE: LIHC/SLIC Program Fee Deferral Request

This will serve to inform the Division of this applicant’s intent to seek the “non-profit” deferral of the low-income housing credit program application fee.

I certify that the LIHC and/or SLIHC applicant is a not-for-profit corporation or that the general partner is a wholly-owned subsidiary of the not-for-profit applicant. This request is being made pursuant to Section 2040.3(C) of the Division’s Low-Income Housing Credit Qualified Allocation Plan. This transmittal is being submitted to the attention of Arnon Adler at the address above.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**Attachment F3**

**Non-Profit Participation as  
Applicant or Owner**

### **Non-Profit Participation as Applicant or Owner**

Provide answers to the following questions. If you check "No" for question 1 that completes the requirement.

1. Will a non-profit organization or its wholly owned subsidiary participate in the project as an applicant or an owner?  yes  no (If no, attachment is complete.)
2. Provide the full legal name of the non-profit organization. \_\_\_\_\_
3. Does the non-profit organization provide housing-related services in the primary market area or county in which the proposed project is to be located?  yes  no
4. Does the non-profit or its subsidiary have the fostering of low income housing as one of its tax exempt purposes?  yes  no
5. Is the non-profit organization or its wholly owned subsidiary affiliated with, established by, or controlled by, a for-profit entity?  yes  no
6. Will the non-profit organization or its wholly owned subsidiary serve as sole general partner of the limited partnership/project owner or sole managing member of the limited liability company/project owner?  yes  no
7. Will the non-profit organization or its wholly owned subsidiary have a defined and substantive role in the development or management of the project through the extended use period?  
 yes  no

**Attachment F6**  
**Existing Occupant**  
**Information/Relocation Plan**









