

Capital Project Online Application Instructions

This document consists of the following sections:

- A. General Instructions for submitting a capital project application using the Community Development Online (CDOL) System;
- B. Instructions for beginning a CDOL capital project application;
- C. Capital Project CDOL Application Exhibit Instructions;
- D. Capital Project CDOL Application Exhibits;
- E. Capital Project Application Certification; and,
- F. Capital Project Attachment Instructions.

A. General Instructions for Submitting a Capital Project Application using the Community Development Online (CDOL) System:

1. Online Application Submission

All capital project application exhibits and attachments must be received by 5:00 PM, EST, Wednesday, February 27, 2008. CDOL Applications must have all exhibits, attachments and certifications electronically submitted by 5:00 PM, EST, Wednesday, February 27, 2008. Any application exhibits or attachments received after the stated deadline will be considered to be late submissions and will be returned to the applicant.

The submission of an application via CDOL consists of three steps:

- 1) Completing the online application exhibits;
- 2) Certifying and submitting the application exhibits; and,
- 3) Uploading, certifying and submitting all required application attachments.

When your application exhibits are complete and validated by the CDOL, the person who is authorized to electronically certify the application must log in to the CDOL and certify and submit the application exhibits. Once submitted, the CDOL will assign your application a SHARS ID number, which will be used to link the required attachments to your application. The application is not complete until all required attachments are certified and submitted. The required attachments are listed in Section 8 below.

Please carefully review the following steps which are necessary to complete and submit your application via the CDOL.

2. Registering Your Organization's Security Manager

Please review the following to make sure that your organization is prepared to use the CDOL, and that you have someone with the authority to certify the application set up as a registered CDOL user for your organization.

In order to use the CDOL, applicants must be registered in DHCR's Statewide Housing Activity Reporting System (SHARS), and have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to the CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into the CDOL system, and add or remove users for their organization.

If you are a registered SHARS applicant, but you have not registered to use the CDOL, you may submit a Security Manager Registration Form to DHCR, which will allow you access to the CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and you will be e-mailed a User ID and temporary password with which to access the CDOL.

If your organization has not previously applied to DHCR for funding, you must complete and submit an Applicant Registration Form so that you may be registered as a SHARS Applicant. The form contains a section where you may designate a Security Manager for your organization. DHCR staff will register your organization and Security Manager and you will be e-mailed a USER ID and password to access the CDOL.

Applicants who used the CDOL (formerly known as CDWAS) to apply for LPA funding in the past will still be registered, and may use the CDOL with the user ID and password previously assigned to them. If you have forgotten your password, you may go to the CDOL and enter your USER ID and e-mail address and you will be e-mailed a new password. If you have changed your e-mail address since you first registered as a CDOL user, and you cannot remember your password, or if you have forgotten your USER ID, please either call the MSR Unit at (518) 4865000, or e-mail us at: msr@dhcr.state.ny.us for assistance.

3. Registering your Organization's Electronic Signatory

All application exhibits and attachments submitted through the CDOL must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in the CDOL as a user for your organization. The Security Manager may add the certifier by following these steps:

a. Log into the CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.

b. To add your organization's authorized signatory, click 'add new user', and enter their first and last name, and e-mail address.

c. Select their access level from the drop-down box. Applicant inquiry allows the user to view but not change the application. Applicant update allows the user to make changes to the application.

d. Click the box that reads 'Authorized to Sign Certification'.

e. Click the box next to the organization name. Then click 'Submit'.

f. The CDOL will generate an e-mail providing the user with their User ID and temporary password. When the application exhibits are complete, validated and ready to be submitted, the certifier must log in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

4. Completing and Validating the Application Exhibits

The capital project application consists of ten exhibits (and 36 attachments), which are listed in Section 8 below. After completing the exhibits, you must validate the application. Validation is essentially an editing process performed by the CDOL that notifies the user of incomplete, missing, or inconsistent data

in the application. The application may not be submitted until all problems found during validation are corrected. To validate, return to the main menu, and click the 'Validate' link to the right of the Application name. Click 'Validate' again and the CDOL will check to ensure all required data is complete and consistent. If errors or inconsistencies are found, the CDOL will provide a list of the items that need to be completed or corrected before the Exhibits can be submitted. Once your application is successfully validated, it is recommended that you print and review the entire application before taking the next step, certifying and submitting the application exhibits. Once the application exhibits have been certified, they can no longer be changed.

5. Certifying and Submitting the Application Exhibits

When your application exhibits are complete and validated, and you are ready to submit them, your organization's authorized signatory must log into the CDOL to certify and submit the application Exhibits. To certify, click the 'Validate' link to the right of the application name. Click 'Certify'. The certifier should read the certification, enter their CDOL password and title, then click 'Submit'. The CDOL will display a message acknowledging successful submission of the exhibits, and providing you with the application's SHARS ID number, which will be used to identify your application. An e-mail message will also be delivered to you confirming successful submission of the application exhibits.

At this point, you may choose to continue with the uploading and submission of required application attachments, or you may log-in to the CDOL at a later time, and upload and submit your application attachments. Remember that your application is not complete until all required application exhibits and attachments have been submitted. Any portion of the required application exhibits or attachments which have not been submitted by the deadline specified above will not be accepted.

6. Uploading Required Attachments

When you are ready to upload attachments, click on the 'Attachments' link to the right of the application name (this link will not appear until the application exhibits have been submitted and a SHARS ID number has been assigned). The page will be redisplayed with a list of capital project application attachments. If you have completed the exhibits for multiple applications, be sure to select the correct application for which you want to upload attachments.

Click on the 'add' link to the right of the attachment that you want to upload. The page will be redisplayed with the option to 'select a file'. Click the 'browse' button to locate up to three files on your computer. To add the files, double click on them. When you have selected the file(s), click 'Upload'. The CDOL will return a message informing you as to the successful upload of the files. You may add additional files, by clicking the 'add' link to the right of the attachment name. You may upload multiple files for each attachment, and each file name uploaded will be listed below the attachment. Please limit the uploaded files to contain documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one.

Once uploaded, the Attachment Upload page will display two new buttons to the right of the attachment file name – 'view' and 'delete'. The view function allows you to view and print the file so that you can verify that it is complete and satisfactory. The delete function allows you to delete the file prior to submission.

You must select the 'omit' button for all attachments which you will not be submitting. This is required as an acknowledgement that you are intentionally omitting the attachment(s).

All required attachments must be uploaded before the group can be submitted.

7. Certifying and Submitting Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory should log-in and click 'Submit' on the Attachment Upload page. The CDOL will display a 'Certification' which must be completed in order to complete the submission. Once the attachments have been submitted, the application is complete and may not be changed.

8. Required Exhibits and Attachments

Please note the following: seed money application 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.

Capital Project Application Exhibits & Application Certification

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 UI/RARP standalone application is expected to be available on or about March 1, 2008).

The Capital Project Application consists of the following ten Exhibits and an electronic certification

Exhibit 1 –Application Summary (Required)

Exhibit 2 –Community Impact/Revitalization (Required)

Exhibit 3 –Development Budget/Funding Sources (Required)

Exhibit 4 –Unit Rents/Maintenance Fees & Affordability (Required unless standalone UI/RARP nonresidential project)

Exhibit 5 –Project Operating Budget (Required)

Exhibit 6 –Development Timetable (Required)

Exhibit 7 –Development Team's Relevant Experience (Required)

Exhibit 8 –Site & Building Information (Required)

Exhibit 9 –LIHC/SLIHC Qualified Building Information (Required if requesting LIHC and/or SLIHC)

Exhibit 10 –LIHC/SLIHC Project Summary (Required if requesting LIHC and/or SLIHC)

Electronic Application Certification (Required)

After completing, certifying and submitting your application, you must upload all required application attachments, as set forth below. Please Note:

The only required Attachments for Seed money applications are:

A1 –Evidence of Site Control

C1 –Community Needs Support Documentation; and,

F3 –Non-Profit Participation as an Applicant or Owner.

Capital Project Application Attachments

Attachments which are required for all non -seed money applications are marked as such below. Please refer to the application attachment instructions in Section F of this document to determine which other attachments you may be required to submit.

A. Project Readiness Attachments

Attachment A1 –Evidence of Site Control (Required)

Attachment A2 –Zoning Compliance (Required)

Attachment A3 –Public Approvals (Required if any referenced public approvals are necessary)

Attachment A4 –State Historic Preservation Office Submissions (Required except for LIHC/SLIHC standalones)

Attachment A5 –State Environmental Quality Review (SEQR) Submissions(Required except for LIHC/SLIHC standalones)

Attachment A6 –Environmental Approvals (Required if any referenced environmental approvals are necessary)

B. Project Design/Construction & Site Suitability Attachments

Attachment B1 –Outline Specifications (Required)

Attachment B2 –Construction Cost Estimate (Required)

Attachment B3 –Preliminary Plans (Required)

Attachment B4 –Site Photographs (Required)

Attachment B5 –Map of Primary Service Area (Required)

Attachment B6 –Physical Needs Assessment(Required for LIHC/SLIHC standalone applications involving rehabilitation of an existing structure)

Attachment B7 –Energy Efficiency Initiative Documentation and/or RES check (Required for applications seeking funding under the Energy Efficiency Initiative and/or scoring points under HTF, HOME, LIHC or SLIHC)

Attachment B8 –Energy Efficient Construction Costs (Required for applications seeking funding under the Green Building or Energy Efficiency Initiative and/or scoring points under HTF, HOME, LIHC or SLIHC).

Attachment B9 –Green Building Criteria Checklist (Required for applications seeking funding under the Green Building Initiative or and/or scoring points under HTF, HOME, LIHC or SLIHC).

Attachment B10 –Visitable, Accessible and Fully Adapted Units (Required for all applications except UI and RARP standalone applications).

C. Community Need/Market Demand Attachments

C1 –Community Needs Support Documentation (Required)

C2 –Market Study (Required)

C3 –Public Housing/Section 8 Waiting List/Referral Documentation (Optional and advisable for applications seeking potential LIHC scoring points under Section 2040.3(f)(10) of the Proposed 2008 QAP, or SLIHC scoring points under Section (d)(11) of the SLIHC Regulations)

D. Project Underwriting Attachments

D1 –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)

D2 –Operating Budget Documentation (Required)

D3 –Funding Commitments (Required for any application that requires funding from non -DHCR/HTFC sources)

D4 –Participants in Bond Financing/Time Frame & Status of Bond Issuance (Required only for applications requesting 4% LIHC standalone funding; or applications for Senior Housing Initiative Funding)

E. Special Needs/Elderly/Supportive Housing

E –Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs and Tenants of Supportive Housing (Required for applications 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).

F. Miscellaneous Attachments

F1 –Chief Executive Officer Notification Letter for LIHC/SLIHC Applicants (Required for applications requesting LIHC or SLIHC)

F2 –Credit Fee Transmittal/Deferral Letter (Required for applications requesting LIHC or SLIHC)

F3 –Non-Profit Participation as Applicant or Owner (Required for all applications submitted by a non -profit applicant) –

F4 –HOME Program CHDO Determination Letter(Required only if the application is requesting HOME funds and seeks review as a CHDO application)

F5 –Request for Waiver from HTFC Standards(Required for any application seeking a waiver from HTFC standards).

F6 –Existing Occupant Info./Relocation Plan (Required if application proposes an occupied project)

F7 –Tenant Buy-Out Plan (Required for any application which proposes a project which will be purchased by tenants at the end of the program compliance period)

F8 –LIHC/SLIHC Right of First Refusal(Required for LIHC/SLIHC applications proposing that a non-profit entity will acquire the project at the end of the compliance period).

F9 –Proposal Summary(Required)

B. Instructions for Beginning a New Capital Project Application

1. Verifying your Organization Information Before Beginning a New Application

Before you begin a new application using the Community Development Online (CDOL) system, you should verify and edit or update your organization information if necessary. To do so, log in, and from the CDOL Main Menu, select the 'view' button to the right of the organization's name under the heading 'Organization'. A pop-up window will appear with the organization information DHCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the 'edit' button to the right of the organization name.

You may update your organization information in CDOL at any time, but you may not change the organization information on your application once it has been submitted.

Verify and if necessary, edit the following fields in this section:

A. General Applicant Information

- i if applicable, the applicant's Department of State (DOS) Charities Registration Number.
- i the month and day of the applicant's fiscal year end date (for example: 12/31).
- i any aliases or acronyms the organization is known as.

B. Type of Applicant

Verify and edit this section as necessary:

- i select each applicable applicant type.
- i if applicable, add or correct the date of the non-profit applicant's legal incorporation.

C. Phone and Internet Data

If necessary, edit the applicant's telephone and fax numbers, e-mail address and URL.

D. Mailing Address(es)

If necessary, edit the applicant's primary mailing address in D1. If the mailing address for correspondence related to this application is other than your primary address, add the address in Section D2. You will be able to select the address to which you would like correspondence mailed once you begin the application.

E. Primary Contact

If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant.

F. Other Principals

If necessary, edit or add principal organizations or employees of the applicant organization; for example, the Executive Director, CEO, Board President, or general partner.

2. Beginning a New Application

After verifying and editing your organization information, you are ready to begin a new application. Return to the menu and under the 'Applications' heading, to the right of the text 'Start a New Application', enter a unique name for the project, then select 'Capital Project' from the 'Application Type' drop-down menu, and click 'Submit'. A table of contents will be displayed with a list of all New York Main Street Program Application Exhibits broken down by individual screens within CDOL

Instructions for completing each screen follow.

C. Capital Project CDOL Application Exhibit Instructions

Exhibit 1 – Application Summary

1A. Applicant Information

If you have already verified your organization information as suggested above, you need only complete a few fields on this screen.

5b. If the applicant is a charitable or non-profit organization, select the applicant's IRS tax-exempt category. If you select 'other', specify the type in the space provided.

5c. If the applicant is a charitable or non-profit organization, indicate whether or not all required periodic or annual written reports have been filed in a timely manner.

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

5f. If the applicant is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to add the names of all managing member or general partner LLCs or LPs until all members or general partners have been identified.

6. If you have multiple mailing addresses on file, select the address to which correspondence related to this application should be mailed.

8. Complete this section for the individual who will be the primary contact person for correspondence related to this application. If this person is not authorized to sign documents on behalf of the applicant, complete Section 9.

9. If applicable (see Section 8), provide the requested information for an employee or officer of the applicant who is authorized to sign documents on behalf of the applicant.

1B. Owner Information

1. Indicate whether or not the applicant will transfer title to another entity upon completion. If you check yes, complete the rest of Section B. If you check no, update and go on to the next screen.

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

3. If the owner is an existing entity, enter the owner's federal employer identification number.

4. If the owner is an existing entity, enter the month and day (mm/dd) of the owner's fiscal year end date.

5a. Select each applicable organization type.

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

5c. If the owner is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to add the names of all managing member or general partner LLCs or LPs until all members or general partners have been identified.

6. Enter the owner's mailing address, phone and fax numbers, and primary contact person's name and title.

C. General Project Information

1a. Indicate whether or not this project has previously received any capital funding from DHCR/HTFC, including seed money.

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

2. The project name that was entered on the main menu when you began the new application will be displayed. You may change it here if you wish.

3. Select the name of the county in which the project is to be located from the drop-down list.

4. Select the municipality in which the project is to be located from the drop-down list. Be sure to select the correct municipality when there are both a town and village with the same name.

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

D. Program Funding

1. Indicate whether or not this is an application requesting seed money only. Please note that you may not request both seed money and project funding in the same application.

IMPORTANT: Once you select 'yes' or 'no' to this question, you cannot change it. If you select the wrong choice, you will have to begin a new application. Please verify that your selection is correct before clicking the 'submit' button.

2. Seed Money Requests This section will only be displayed if you answered 'yes' to question D1.

2a. Enter the amount of seed money funds being requested from either the HTF or HOME Program.

3. Capital Project Funding Requests

3a. Program Funds Requested

For each program from which you are requesting non-seed money funds, enter the total amount of funds requested in the corresponding space provided.

1. If applicable, enter the amount of Housing Trust Fund (HTF) Program funds requested.

2. If applicable, enter the amount of HOME Program funds requested.

3. If applicable, enter the annual amount of As -of-Right 4% LIHC requested. Enter the annual amount of credit requested. Do not enter the ten -year amount of credit . This may only be requested alone or in conjunction with UI or RARP . (Note: Applications requesting this type of credit may be submitted at any time. Beginning March 1, 2008, the NYS Housing Finance Agency will assume responsibility for the review of all 4% low -income credit appli cations.)

4. If applicable, enter the amount of State Low Income Housing Credit (SLIHC) requested. Enter the annual amount of credit requested. Do not enter the ten -year amount of credit .

5. If you are requesting 9% LIHC, select box5, and enter th e annual amount of credit requested. Do not enter the ten -year amount of credit .

6. If applicable, enter the amount of Urban Initiatives (UI) Program funds requested.

7. If applicable, enter the amount of Rural Area Revitalization Program (RARP) fun ds requested.

8. If applicable, enter the amount of Housing Development Fund (HDF) Program funds requested. Please note that you must also request NYS HOME Program funds (line 2) to request HDF Program funds. HDF Program funds may only be used for construction financing.

3b. If you have entered funding requests from both the HTF and HOME Program, indicate whether the request is for EITHERHTF or HOME, or if you are requesting funds fromBOTHPrograms.

E. Project Initiatives and Program -Specific Application Designations

For detailed information on all special project initiatives, LIHC project set -aside and other designations, and non-profit application designations, please refer to the Unified Funding 2008 Request For Proposals, the Capital Programs Manual (CPM), and theproposedLIHC Qualified Allocation Plan (QAP).

1. Special DHCR/HTFC Project Initiatives

Select each type of initiative that you are requesting that this application be reviewed as. If you are not choosing any of the Initiatives , select 'Not Applicable'.

= ,RUGHVR VDFWMH* UHQ%LQJ RUJLH Income Family Rental Housing Initiatives, you must have requested funds from either the HOME or HTF Program Section D, 3a of this Exhibit.

= 7KH6P DO3URNHFW,QVDMH 63, P D QVHEH VDFWGXQB If you have requested HTF or HOME funds in Section D, 3a of this Exhibit; further, you may not have requested LIHC or SLIHC funds in Section D, 3a. The applicant must be a non-profit organization in order to select the SPI.

= 7KH6HQRU+RXMQJ ,QVDMH (SHI) may only be selected if you have requested either HTF or HOME in Section D, 3a. Both the project applicant and owner must be 501(c)(3) corporations in order to select the Senior Housing Initiative. In addition, you may not have requested LIHC or SLIHC in Section D, 3a.

= 7KH5XUD+RXVQJ ,QVDMH P D RQD EH VDFWGLI \RX KDYH UHTXHMMG+7) RU+20(IXQGV LQ addition to 9% LIHC, in Section D, 3a above.

= 7KH+RXMQJ &KRFH9RXFKHU3URNHFWB Based Assistance Initiative may be selected if you have requested funds from any of the programs listed in Section D, 3a above.

= 7KH(QHJ\ (IIIFHQA ,QMDVMH Pay be selected if you are requesting HTF and/or HOME funds in Section D3a above and the proposed project demonstrates participation in the New York State Energy Research and Development Authority (NYSERDA) Multifamily Building Performance Program or the New York Energy Star Labeled Home Program.

2. New York/New York III (NY/NY III) Supportive Housing Agreement

The NY/NY III Agreement between the State and City of New York is a commitment to increase the City's supportive housing capacity for homeless persons. The Agreement defines supportive housing as the pairing of rental assistance and supportive services in buildings constructed or renovated for this purpose (congregate housing) or in scattered-site apartments acquired for the purpose of housing.

If your project is not within one of the boroughs of New York City, select 'Not Applicable' from the drop-down list. If your project is located in one of the five boroughs of New York City, indicate whether or not the project will include units which will serve one or more of the following NY/NY III special populations:

NY/NY III Special Populations

*Persons who are chronically homeless or at serious risk of become chronically homeless and who suffer from serious and persistent mental illness

* Single adults with substance abuse disorder who are chronically homeless or at serious risk of become chronically homeless

* Persons who are chronically homeless or at serious risk of become chronically homeless and who are living with HIV/AIDS

* Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of become chronically homeless

3. 9% LIHC Program Set-aside Designations

If applicable, select the type of LIHC set -aside designation that you are requesting that the application be reviewed as. These designations are applicable to 9% LI HC only.

= 3UHJYDVRQ3URMFW 6XSSRUMH+RXVQJ 3URMFW/DQG+LJK \$FTXLMRQ&RWB3URMFW/ZLOEH ranked, reviewed and selected on a Statewide basis as a separate LIHC subgroup pursuant to a LIHC set-aside as set forth in the LIHC Notice of Credit Availability and the Unified Funding Request for Proposals. (See the proposed 2008 Qualified Allocation Plan and the Unified Funding RFP for project descriptions).

4. 9% LIHC Project Amenities

If applicable, indicate whether the project will provide any or all of the amenities listed. (Note: this is a scored item in the proposed 2008 Qualified Allocation Plan).

5. Non-Profit Application Designations

If applicable, select each non -profit designation that you are requesting that this application be reviewed as. If you are not seeking a non-profit application designation, select 'Not Applicable'. Carefully review the information below before selecting any of the designations. If a designation is not selected, the application will not be considered in the competition for the non -profit set aside of funds.

CHDO Application Review

Check this box only if the applicant is a qualified CHDO in good standing, which acts as an owner, developer or sponsor as set forth below.

= The CHDO is an 'owner' when it holds valid legal title to or has a long-term (99-year minimum) leasehold interest in a rental property. CHDO may be an owner with one or more individuals, corporations, partnerships or other legal entities.

= The CHDO is 'developer' when it either owns a property and develops a project, or has a contractual obligation to a property owner to develop a project.

= The CHDO is 'sponsor' when it develops a project that it solely or partially owns and agrees to convey ownership to a second non-profit organization at a predetermined time. Conveyance may take place prior to, during or upon completion of the development phase.

= Do not check the CHDO Application Review box if the applicant is a CHDO, but is not proposing one of the activities listed above.

= If an issued CHDO Determination Letter is more than one year old, the applicant's authorized signatory will be required to certify that no organizational changes have been made which would effect the CHDO determination.

9% LIHC NonProfit Set-Aside Application Review

Select this set-aside if the non-profit 501(c)(3), 501(c)(4) or its wholly owned subsidiary will own an interest in the project and materially participate in the development and operation of the project throughout the compliance period, meeting the State ceiling set-aside for 'projects involving qualified nonprofit organizations' according to Section 42(h)(5)(B) of the Internal Revenue Code (IRC).

HTF NonProfit Application Review

To be considered a non-profit project under the HTF Program requirements, a non-profit or its wholly owned subsidiary must have an ownership interest in the project ownership entity and have a defined role in project management, evidenced by an equal say in the selection, hiring and firing of the management agent for the project, and in other decisions regarding the management of the project. The non-profit must also have an equal say in the management of the partnership as demonstrated by the partnership agreement. The ownership interest of the not-for-profit entity or its wholly owned subsidiary must be at least 50% of the controlling interest in the ownership entity as directed by Article XVIII of the NYS Private Housing Finance law. Applicants who do not check non-profit set-aside designation will not be given the scoring preference.

F. Project Political Districts

Locate and click on the name(s) of the Assembly member who represents the locality in which the project will be located. Click on the top arrow to move the name into the box on the right. (You may remove a name by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project municipality.

G. Tenure & Construction Type

1. Residential Tenure Type of Project

Select the applicable residential tenure type for this project. If the project is non-residential only, select 'not applicable'.

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

2b. Non-Residential Construction Types

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

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

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

3a. LIHC/SLIHC Community Service Facility (CSF) This term applies only to projects requesting LIHC and/or SLIHC from DHCR, the New York State Housing Finance Agency (HFA), the New York City Department of Housing Preservation & Development (HPD), or the Development Authority of the North Country (DANC). A CSF is a facility that is intended for use by members of the community -at-large with incomes at or below 60% of area median for civic gatherings such as Head Start Programs, child care, job training, or senior centers. It is NOT for the exclusive use of the project tenants. A community room or separate community building that is for the exclusive use of the tenants should be included as part of the residential budget. The CSF portion of the project is eligible for Credit up to an amount not greater than ten percent of the total eligible basis in the project. In addition, to be eligible, the subject project must be located in a Qualified Census Tract (QCT).

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

= select box 3a;

= enter the QCT (county and tract number) in which the project is located in 3b. (You may use the link to HUD's QCT Table Generator to locate the QCT);

= in 3c, select the agency from which you are requesting credit (DHCR, HFA, HPD or DANC) Please be aware that DHCR does not accept LIHC applications requesting credit from NYS HFA, NYC HPD or DANC and,

= indicate in 3d whether or not, you will include a portion of the expenses associated with the CSF as eligible basis for the purpose of calculating tax credits.

H. Units Assisted

1. Total Units in Project - All Sources

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

After you complete and save this information, the data will be redisplayed with two grids at the bottom: 1. Total Units in Project –All Sources, and the following grid:

2. Units in Project - by Permanent Funding Source

Grid 2 will show each DHCR/HTFC program from which you have requested funding in Exhibit 1. To add a non-DHCR/HTFC permanent funding source to the grid, return to the top of the page, enter the funding source name and the number of units of each type which will be assisted by that source, and save the page. Repeat this for each non-DHCR/HTFC funding source that you will list as a permanent funding source in the Development Budget (Exhibit 3). After adding all non -DHCR/HTFC permanent funding sources, you will add DHCR/HTFC program units as follows:

Click the 'edit' button to the right of the DHCR/HTFC program name in Grid 2. When you click 'edit', the program name will be displayed in the 'DHCR Source Name' box. Complete the unit information for that source and save. Repeat for each DHCR/HTFC funding source in the project.

I. Income Targets

Please Note: If this project is funded by HTFC/DHCR, the income target groups that you enter in this section will be used as the basis for the project's Regulatory Agreement and will establish the maximum income levels for occupants of the completed project.

1. Indicate whether or not the proposed project will include a non-rent bearing unit for a resident manager/superintendent. Please note that this unit will not be counted as an HTF/HOME assisted unit unless it will remain affordable to income -eligible households. Projects receiving LIHC and/or SLHC may elect to have the resident manager's unit be considered as common space for the project.

2. Income Targets

In the 'Units – All Sources' column, list the total number of units in the project, including those not being funded by DHCR/HTFC, which are targeted to each income-range category. In the 'Units - DHCR/HTFC' column, list only those units that are to be funded by DHCR/HTFC. If the project will include a rent -bearing unit for a resident manager/superintendent, include that unit in the appropriate income - category range. If the project contains a non -rent-bearing unit for an employee, enter the unit on the line: 'non-rent-bearing unit for resident manager/superintendent. See the following example:

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

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

J. Project Occupants

Section J1 is used to record the project units that will be occupied by any of the special needs population household categories listed below, including NY/NY III Supportive Housing Agreement Special Populations. Section J2 is used to record those project units which will be occupied by households that are not included in any of the special population categories listed in J1, including non-frail elderly households.

The total units entered for J1 and J2 in the column entitled 'Units –All Sources' must equal the total number of residential units entered in section H1 of this exhibit. The total units entered for J1 and J2 in the column entitled 'Units –DHCR/HTFC' must equal the greatest number of DHCR/HTFC Program units entered in section H2 of this exhibit. See the example below for guidance in completing this section.

1. Persons with Special Needs

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following special populations AND which will be served by supportive services as evidenced by a comprehensive service plan and an agreement or commitment in writing with an experienced service provider will be considered a Persons with Special Needs Project. In addition, proposed projects applying under the 9% LIHC Supportive Housing Project SetAside must give preference in tenant selection to persons with special needs for at least 25% of the LIHC-assisted units, and meet the additional standards set forth in the 2008 RFP. NOTE: If you want to include multiple categories of special needs populations in a "pool", for example, families who are homeless, persons who are homeless and persons who are victims of domestic violence, without a target number for each category, complete section J1 as instructed, and then clearly describe how you will meet the 15% set-aside in Attachment E.

Special Population Categories

Persons/Families in Long-Term Recovery from Alcohol Abuse
Persons who are Frail Elderly*
Families who are Homeless
Persons who are Homeless
Persons with Mentally Retardation/Developmental Disabilities
Personswith AIDS/HIV-Related Illness
Persons w/ Physical Disabilities
Persons w/ Psychiatric Disabilities/Traumatic Brain Injury
Persons/Families in Long-Term Recovery from Substance Abuse
Persons who are Victims of Domestic Violence

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

NY/NY III Special Population Categories

These categories apply only to projects located in the following counties: Bronx, Kings, New York, Queens and Richmond. See the instructions for E2 of this Exhibit for more information on the NY/NY III Supportive Housing Agreement.

- Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness
- Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless
- Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/AIDS

- Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of becoming chronically homeless

For each special population category that you are proposing to target for project occupancy, including special populations as defined by the NY/NY III Supportive Housing Agreement, enter the total number of units in the project that are being targeted for occupancy by that population in the column entitled 'Units - All Sources'. Under the column entitled 'Units DHCR/HTFC', enter the total number of DHCR/HTFC assisted units that are targeted to each special population. Please Note: Households to be occupied by non-frail elderly persons should be recorded in section J2 (Other Households). Only frail elderly households can be recorded in section J1 (Special Population Households).

See the example below.

J2 - Other Households

In the column entitled 'Units - All Sources', enter the total number of units in the project that will be occupied by non-frail elderly households and/or by households without special needs. In the column entitled 'Units - DHCR/HTFC', enter the total number of DHCR/HTFC assisted units for each applicable category.

Example:

Your 20-unit project will be targeted for occupancy as follows: Six units will be occupied by families who are homeless. Four units will be occupied by persons who are non-frail elderly. Ten units, including a unit to be occupied by a resident manager, will be occupied by households without special needs. DHCR/HTFC programs will fund only 15 of the units; the other five will be funded by other sources. Record the units as follows:

1. <u>Households with Special Needs</u>	<u>Units - All Sources</u>	<u>Units - DHCR/HTFC</u>
Families who are Homeless	6	6
2. <u>Other Households</u>	<u>Units - All Sources</u>	<u>Units - DHCR/HTFC</u>
Non-Frail Elderly Households	4	4
Households without Special Needs	10	5
Total Households (J1 & J2):	20	15

All units must be identified. If all or any of the units in the project will not be targeted for occupancy by a special population or non-frail elderly household, you must identify these units in Section J2 as households without special needs.

3. Elderly Population Targeted

If applicable, select the age structure of the targeted elderly project occupants. If no elderly tenants are targeted, select 'Not Applicable'.

= ~~aged~~ 55 or older (At least 80% of the units will be occupied by at least one person aged 55 or older).

= ~~\$JHG RURCHU~~ ~~\$OXQWZLOEH RFFXSLHGE\ SHURQ/DJHG RURCHU~~

= ~~\$JHG RURCHUDCG RUSK\ VFDQ RUPHQMDQ KDGFDSSHG SHURQ/R~~ any age, and project is to be jointly financed by the US Department of Agriculture Rural Housing Services and HTFC.

K. Development Team Members

This Section must be completed for the project's developer, owner and architect. Additionally, if you have identified a management agent, general contractor, housing consultant or syndicator, complete this Section for them as well. If there are team members who will perform duties not listed (e.g. Green Design Expert) click 'other' and provide a short description of their activities.

1. In the second line: 'add a new company/organization', enter the name of the development team member's employer. Or, if a company/organization has already been entered by the applicant, select the company/organization from the first line.

2. Enter the team member's first name, last name, title, e-mail address, and phone and fax numbers.

3. Next, click each applicable role that the team member will assume in the project's development. Click 'submit' and the page will be redisplayed as a grid. Click the 'add' button to add another team member.

L. Disclosure of Identities of Interest

Disclose and describe any identities of interest between the members of the development team and members of the development team and the seller of the property on which the project will be developed. This disclosure must include any financial, familial or business ownership relationship between the applicant or any general partner and any participant in the project's development. This includes, but is not limited to, existence of a reimbursement arrangement or exchange of funds; common financial interests; common officers, directors or stockholders; or family relationship between officers, directors, or stockholders. If there are no identities of interest to disclose, check the box indicating such at the top of the page.

Exhibit 2 - Community Impact/Revitalization

A. Documentation of Community/Housing Needs

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

1. New York State Consolidated Plan Objectives/Priorities

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

1a. NYS Consolidated Plan Objectives Addressed by this Project

Select each objective that the project addresses.

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

For each Household Category listed which will be served by the project, locate the Income Range(s) that will be served, and select the corresponding Project Target Population box. The Priority Need Level (H-high, M-medium, L-low) for each category of housing identified in the NYS Consolidated Plan is displayed for informational purposes.

2a. Existing Documentation of Local Need

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

A. Local Needs Document– Select the type of local needs document from the dropdown list. Enter the name of the document, the name of the entity for which it was prepared, the geography referenced (statewide, county, city, town, village, neighborhood), and the date the document was published. If the type of document is not specifically listed, select ‘other’ and specify the type in the space provided.

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

1. Indicate whether or not the document identifies the proposed project as the type needed for community revitalization. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, enter the priority level and reference the page numbers. If no priority level is stated in the document, enter ‘N/A’.

2. Indicate whether or not the document identifies the project’s targeted income groups and household types as those with specific needs. If you answer yes, reference the page numbers where this is stated. If the document states the level of priority for this type of project, enter the priority level and reference the page numbers. If no priority level is stated in the document, enter ‘N/A’.

3. Indicate whether the document specifically mentions need for the proposed project. If you answer ‘yes’, reference the page numbers where this is stated. If the document states the level of priority for this project, enter the priority level and reference the page numbers. If no priority level is stated in the document, enter ‘N/A’.

If additional needs documents exist, repeat the steps above to add another.

2b. HouseNY

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

3. Local Housing Needs for Proposed Households to be Assisted

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

Identify the data source and the date the data was prepared. Enter the municipalities covered by the data, and select the type(s) of project proposed. If you check ‘other’, specify the type of housing proposed in the space provided.

For each Proposed Income Range to be served by the project, enter the total number of households in the locality at that income range in the column entitled ‘#HHs at Income Range for Project Type Proposed’ and in the column entitled, ‘#HHs at Income Range in Need of Affordable Housing’ enter the total

number of households in the locality at that income range who are in need of affordable housing. CDOL will calculate the percentage of households in need by dividing the number of households in need by the total number of households for each income category.

B. Evidence of Local Approvals/Support

1. Evidence of Local Support

Complete this section by identifying each source of local support for the proposed project. Select the local support category from the dropdown list, and enter the name of the source of local support, a description of the type of support offered, the approximate value of the support (or N/A if not applicable), and whether the status is committed, proposed, or N/A. Click 'Submit' to save.

Repeat the steps above to add additional evidence of support for the project.

C. Special Project Locality Designations

If the project is located within any publicly - or locally -designated area which is eligible for special benefits or attention, select the special designation category from the dropdown list, enter the name and/or location of the designation, and the year the designation was initiated. If the project locality does not have any of the listed designations, select 'Not Applicable' and click 'Submit' to save.

To add another designation, repeat the above steps.

D. Community Needs Narrative

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 ten years, and the extent of unmet demand for affordable housing for the income group(s) which are proposed to be served by the proposed project. In your response, include the sources for the data and other information provided, and any additional information regarding past inability of the current market to adequately provide adequate affordable housing.

2. 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.

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 the information provided elsewhere in this Exhibit, including the New York State Consolidated Plan, documents listed in Table 2A of this Exhibit and the information provided in Attachment C1, Community Needs Support Documentation.

E. Communities Under Court-Order/ Court Decision

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

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

3. Summarize the order, decision or plan, and describe how the proposed project is consistent with the goals of the ruling or plan.

Exhibit 3 – Development Budgets/Funding Sources

A. Construction Cost Basis

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

B. Funding Sources

On this page, you will add each source of construction and permanent financing for each of the project construction type(s) indicated in Exhibit 1, Section G of this Application (residential, commercial, civic and/or CSF). As you add a source and update the page, the source will be added to the appropriate funding source grid at the bottom of the page. Construction sources must be equal to permanent sources, and both construction and permanent sources must be equal to the Total Project Cost (line 54) for all sources. If the project involves more than one type of construction, the CDOL will produce a Summary Budget for the project upon completion of all individual budgets.

1. Under the section of the page labeled Source select the financing type from the drop -down list (either permanent or construction);
2. Select the funding source name from the drop down list. Sources are listed according to source category (DHCR/HTFC Federal Government, Local Government, Non-DHCR State Government, and Private). Each non-DHCR category has one or more “generic” source (federal program, local government, state program, private source, non -profit lender, etc.) If the specific program or funding source is not listed, use the generic source that best describes the source, and specify the program or source name in the space provided.

PLEASE NOTE

=,I \RX DUH UHFHYLQJ +20(IXQGVIURP D3DUMFLSDMQJ -XULGLFMRQ SODMHXVH+8' - HOME Participating Jurisdiction the source code rather than County Government. Specify the PJ name in the space provided.

=,I \RX KDMH UHTXHMWGeither HOME or HTF funds on this application, choose the funding source 'NYS HOME or Housing Trust Fund'. If you are requesting separate HOME and HTF funding, use the individual program source names. If you have requested tax credits from DHCR or another source, use the Equity – Tax Credit source.

=,I \RX USURMFWLQDQFLQ LQFOXGH IXQGVIURP D' +&5 +7) & program which is not requested on the application (ROA), for example, previously awarded funds, please use the source 'Non -ROA DHCR/HTFC Program'.

Sources are listed below:

DHCR/HTFC FUNDING SOURCE CODES

- Gov's Office of Small Cities CDBG
- HOUSE NY
- Housing Development Fund (HDF)
- Housing Trust Fund Program (HTF)
- Non-ROA DHCR/HTFC Program

NYS HOME Program
NYS HOME~~OR~~ Housing Trust Fund
New York Main St. Program (NYMS)
Rural Area Revitalization Program (RARP)
Urban Initiatives Program (UI)

FEDERAL GOVERNMENT FUNDING SOURCE CODES

FHA Insured Mortgage Loan (specify lender)
Federal Program- Other (specify program)
HUD- HOME Participating Jurisdiction (specify PJ)
HUD–McKinney
HUD 202
HUD CDBG Entitlement Community (specify)
HUD HOPE VI
Rural Development – Other (specify)
USDA 538 Insured Mortgage Loan (specify lender)
USDA Rural Development 515

LOCAL GOVERNMENT FUNDING SOURCE CODES

County Government (specify)
Industrial Development Agency (IDA) (specify)
Local Government (specify)
NYC HDC Program (specify)
NYC HPD Program (specify)
Permanent Housing for the Homeless NYC
Public Housing Authority (PHA) (specify)

NON-DHCR STATE GOVERNMENT FUNDING SOURCES

HFA Subsidy Funds
NYS Energy Research Development Authority (NYSERDA)
HFA Bond Financing
OMRDD Capital
OMH Capital
SONYMA Insured Mortgage Loan (specify lender)
State Program–Other (specify)

PRIVATE FUNDING SOURCE CODES

Deferred Capitalized Reserves/Working Capital
Deferred Developer Fees
Down Payments (condos/coops)
Equity –421A Certificates
Equity –DHCR Tax Credit
Equity –Non-DHCR Tax Credit
Equity –Other (specify)
Federal Home Loan Bank Affordable Housing Program
Lending Institution (specify)
Non-Profit Lender (specify)
Private Source (specify)
Private Subsidy (specify)

3. Under the section of the page labeled ‘ Amount of Funds’ are listed the four types of construction. Enter the amount of funds that the source will provide for the appropriate type of construction. For example, if Jones National Bank is providing \$1,000,000 in construction financing for residential construction, and \$500,000 in construction financing for CSF construction, be sure to enter both the residential and CFS financing amounts. If the source’s financing and assistance types are the same, you may enter both at once. Otherwise, you will need to enter the source’s contributions separately.

4. Select one of the following Assistance Types for the source from the drop -down menu:

= / RDQ

= * UDQV

= 2 ~~WHU~~ This is used to record financing types which are not loans or grants. For example, equity realized from the syndication of tax credits, owner equity, equity from historic tax credits, deferred developer fees, deferred capitalized reserves/working capital, or down payments from owners of condominium/cooperative units.

5. If applicable, enter the source's financing term through cost certification, and indicate whether the term is in years or months. Select 'N/A' if not applicable.

6. Enter the applicable interest rate, or 'N/A' if not applicable.

7. Interim Interest – For each construction loan, enter the anticipated total interim interest. The CDOL will edit the development budget to ensure that the total interim interest for all construction loans will be accounted for on line 16 of the development budget.

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

9. Regulatory Term: Enter the number of years for the source's regulatory term. Select 'N/A' if not applicable.

C. Development Budget

If you have only one type of construction, when you arrive at this screen, a list of permanent funding sources added on the previous screen will be displayed. If you have multiple construction types, when you arrive at this screen, a drop -down menu will be available for you to choose the type of development budget you want to work on. Select the budget type, and a list of permanent funding sources added for this type of construction will be displayed.

Select the 'add' button to the right of the source you wish you to work on. The source will then be highlighted in yellow, and a list of development costs associated with a typical project will be displayed. For each applicable line item, enter the amount of funds to be contributed by the highlighted source. To change any of the figures added for a source, select the 'edit' button to the right of the source name – this appears after a source has been added. Totals will be calculated by CDOL.

The CDOL will produce a summary development budget for projects with multiple construction types.

To view the development budget(s) with all sources, select the 'Print' function at the top of the page. A pop-up window will display that can be printed for verification.

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

A. Acquisition (lines 1 –3):

1. Land: the acquisition cost of the land only.
2. Structures: the acquisition cost of any buildings on the land.
3. Total Acquisition: This will be calculated by the CDOL.

B. Soft Costs (lines 4–24):

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

4. Appraisals: See Section 5:03.03 of the CPM.

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

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

10. Construction Manager Fees: This may be up to 5% of TCC (line 40). This fee may only be attributed to projects without a general contractor. If you enter an amount in this line item, you may not also enter amounts in Builder's Overhead (line 38) or Builder's Profit (line 39). See the CPM (Section 5.05) and the Design Handbook for more.

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

12. Non-Profit Developer's Allowance (NPDA): This may be paid only when the developer is a non-profit organization, and the project will be owned and operated on a non-profit basis. You may not claim this fee and also claim the LIHC/SLIHC Developer's Fee in line 42. Developers of seed money projects cannot claim the NPDA. (See Section 5.05 (vii) of the CPM for more on the NPDA).

16. Interim Interest: The CDOL will edit the total of this line item to ensure that it is equal to the total interim interest for all construction loans entered in Section B of this Exhibit .

20. LIHC/SLIHC Application Fee: The CDOL will calculate this field by entering a \$2,000 fee for each tax credit program requested on the Application.

21. LIHC/SLIHC Credit Allocation Fees:

=9% LIHC and/or SLIHC Applicants: The CDOL will calculate this field by entering a 6% allocation fee for each request (calculated pursuant to Section 2040.3(c) of DHCR's Proposed 2008 Qualified Allocation Plan (QAP).

=4% "As-of-Right" LIHC Applicants: The CDOL will calculate this field by entering a 3% allocation fee (calculated pursuant to Section 2040.4(d) of the Proposed 2008 QAP).

22. Other DHCR/HTFC Fees:

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

23. Other Soft Costs: If you enter an amount for other soft costs in this line, such as costs for preparing a Phase I Environmental Site Assessment or other environmental study, specify the cost(s) in the space(s) provided. Click the 'add' button to add more lines if necessary.

24. Total Soft Costs: This line will be calculated by the CDOL.

C. Construction Costs (lines 25–43):

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

25. Site Work: the cost of site preparation.

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

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

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

29. Other Construction Costs: Specify any costs entered on this line item in the space(s) provided. Click the ‘add’ button if more lines are required.

30. Subtotal –Site Preparation: CDOL will calculate this line.

31–33. Residential, Community Service Facility or Civic Space, Commercial Construction: Only one of these lines will be open for data entry, depending on which budget you are completing.

35. Performance Bond Premium: Generally between one and two percent of Line 36 (Subtotal Contractor’s Costs).

36. Subtotal Contractor’s Costs will be calculated by the CDOL.

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

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

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

40. Total Construction Costs: CDOL will calculate this line.

41. Project Contingency: The amount to be set -aside for all construction -related costs and estimates that represent an amount which is five percent (for new construction projects), or ten percent (for rehab or small projects) of the sum of lines 24 (Total Soft Costs) and 36 (Subtotal Contractor’s Costs).

42. LIHC/SLIHC Developer’s Fee: This fee can only be claimed if the project includes tax credits, and only on residential or community service facility construction. It is limited to a maximum of ten percent of the sum of line 3 (total acquisition) plus a maximum of 15% of the sum of lines 24 (Total Soft Costs), 40 (Total Construction Cost) and 41 (Project Contingency). Be aware that if the project is being developed jointly by a non -profit and a for -profit developer, the budget may not reflect both this fee and the NPDA on line 12. A single developer’s fee may be claimed for any given project, and division of the fee is subject to negotiation between the parties. (See Section 5.05 (vii) of the CPM for more on the NPDA).

43. Total Development Cost (TDC). This line will be calculated by CDOL.

D. Working Capital (lines 44 –48):

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

HTF Applicants: This program may establish a working capital fund for itemized and approved costs of up to two percent of the project's Total Development Costs (line 43).

HOME Applicants: Eligible costs for projects that are new construction/substantial rehabilitation include the cost of funding an initial operating deficit (working capital) to meet any shortfall in project income during the period of rent -up, which may not exceed 18 months.

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

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

46. Purchase of Maintenance and Other Equipment: Enter any estimated amounts necessary to purchase needed and appropriate maintenance and other equipment. Provide an itemized list in the space(s) provided. Click the 'add' button if more lines are needed.

47. Other Working Capital: specify costs in the space provided. Click the 'add' button if more lines are needed.

48. Total Working Capital: This line will be calculated by the CDOL.

E. Project Reserves (lines 49 through 53):

49. Capitalization of Operating Reserve: Capitalization of the operating reserve may be from LIHC proceeds equity only unless the reserve is capitalized by a non-DHCR/HTFC source. HTF/HOME projects with LIHC and/or SLIHC must fund an operating reserve based upon a minimum investment of the lesser of one percent of the project's TDC (line 43), or 50% of gross rents.

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

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

52. Enter the amount of capitalized reserves other than those in lines 49 –51 above.

53. Total Project Reserves: this line will be calculated by the CDOL.

54. Total Project Costs: This line will be calculated by the CDOL.

Exhibit 4 – Rents/Maintenance Fees & Affordability

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

The tables that you will be required to complete in this Exhibit are dependent on the type of project residential tenure you selected in Exhibit 1, Section G of this Application, and on whether or not you expect the project to receive rental subsidies, as indicated in Question A1 below. Tables will be populated by CDOL based upon the data you enter for each unit size/monthly housing cost mix in the project. Section A is for rental units, and Section B is for owner-occupied condominium/cooperative units. Specifically:

= ,I WKH SURMFWLQFOXGHV UHQDOXQWZLWK UHQDOXVEVLGHV 7DEOH\$ DQG\$ ZLOEH SRSXODMG

= ,I WKH SURMFWLQFOXGHV UHQDOXQWZLWK UHQDOXVEVLGHV 7DEOH\$ DQG\$ ZLOEH SRSXODMG DQG

= ,I WKH SURMFWLQFOXGHV RZQHJ occupied condominium/cooperative units, Tables B1 and B2 will be populated.

A. Tenant Affordability Plan : This section applies to rental units only.

1. Indicate whether or not you anticipate that any of the units in the project will receive a rental subsidy.
2. If you answered yes to the preceding question, enter the total number of units expected to receive each type of subsidy listed in a through d. If the rental subsidy source is not listed in a through d, enter the number of units to receive rental subsidies from another source in e. 'Other Subsidy Source', and specify the subsidy source in the space provided. The total number of units that you enter for this question must match the total units specified to receive a rental subsidy in Table A1 below.

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

Indicate whether or not the project includes a non rent-bearing unit to be occupied by a building superintendent/resident manager. If you answer yes, enter the anticipated number of occupants in the unit, and the total monthly utility cost to be paid by the building super/resident manager. The CDOL will calculate 3d.

4. Indicate whether or not the comparable rents that you will reference in the following section (A1 and A3) include each of the utilities listed.

A1 through A4 - Monthly Housing Cost for Rental Units

This section requires you to enter information for each unit size/monthly basic rent/rental subsidy combination in the project. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. If there are units of the same (unit) size, some of which will receive rental subsidies and some which will not, you must also record them separately. After saving the information for each unit size/rent category, the units will be displayed in the appropriate grids at the bottom of the page:

Table A1 (Monthly Housing Cost for Rental Units with Subsidies) and Table A2 (Affordability for Rental Units with Subsidies) will display units with rental subsidies; and,

Table A3 (Monthly Housing Cost for Rental Units without Subsidies) and Table A4 (Affordability for Rental Units without Subsidies) will display units without rental subsidies.

If you indicated in question 3 of this Exhibit that the project includes a non-rent bearing unit for a building superintendent/resident manager, do not include that unit in this section.

Enter the following data for each unit size/rent combination :

Rental Subsidy Indicate whether or not these units will receive a rental subsidy. If you choose 'yes' for this field, these units will be displayed in Tables A1 and A2 below. If you choose 'no' for this field, these units will be displayed in Tables A3 and A4 below.

Unit Size: Select the number of bedrooms in the units.

Number of Units: Enter the number of units of this size with the same monthly basic rent and rental subsidy status.

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

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

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

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

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

After you have entered and saved the data for a unit size/rent/subsidy combination, it will be displayed in the appropriate Tables below, and the CDOL will perform some calculations based on the data entered.

In addition to the data entered above, the following columns will be displayed and/or calculated by CDOL:

Tables A1 and A3 (Monthly Housing Cost) :

No. of Occupants Per Unit: For projects that do not include a LIHC or SLIHC request, the CDOL will update this column based on two (2) persons per bedroom. If LIHC and/or SLIHC have been requested on the Application, the CDOL will use 1.5 persons per bedroom.

Total Monthly Housing Cost: This will be calculated by the CDOL by adding together the Monthly Basic Rent and the Tenant Paid Utilities. (Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum low HOME rents permitted under the HOME Program).

Tables A3 and A4 (Affordability) :

Total Annual Cost: This will be calculated by the CDWAS by multiplying the Total Monthly Housing Cost by 12 for each of the unit size/monthly cost categories displayed in Table A3. This field is not applicable to Table A2 (units with rental subsidies).

Minimum Annual Income Needed to Afford Unit: This field will be calculated by the CDOL for Table A3 by dividing Total Annual Cost by .30. This field is not applicable to Table A2 (units with rental subsidies).

Percentage of Area Median Income that Unit is Affordable to: This field will be calculated by the CDOL for each unit category in Table A3 by dividing the Annual Income Needed to Afford Unit by the Area Median Income (AMI). The result will be the income group that the unit is affordable to. For Table A2 (units with rental subsidies), the CDOL will display 30% of AMI.

Maximum Rent at 60% LIHC/SLIHC Eligibility: The CDOL will calculate this field using the following formula: The Adjusted AMI for each Unit Size x 0.6 x 0.3 / 12.

B. Condominium/Cooperative Affordability Plan : This section applies to projects involving homeownership of condominium /cooperative units only .

1. Specify what percentage of the purchase price will be required as a down -payment by purchasers of the units. This percentage will be used by the CDOL to calculate the down payment in Table B1.

2. Select the applicable tenure type for the units.

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

This page requires you to categorize all condominium/cooperative units in the project by number of bedrooms (unit size), and then by the monthly payment for a unit of that size. If there are varying monthly payments anticipated for units of the same size, you must enter them separately. The total number of units should equal the total number of units entered in Exhibit 1, Section H, Table 1. (If you indicated that this project included a mixture of owner -occupied and rental units, the total of units in Tables A1, A3 and B1 of this Exhibit must equal the total number of units entered in Exhibit 1, Section H, Table 1). After saving the information for each unit size/monthly housing cost category, the units will be displayed in the grids at the bottom of the page.

Enter the following data for each unit size/monthly payment combination :

Unit Size: Unit size refers to the number of bedrooms in the unit. Select the unit size from the drop -down menu.

No. of Units: Enter the number of units of this size which will be available at the same monthly payment.

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

Monthly Payment: Enter the total of monthly principal and interest payments on the mortgage loan for the unit(s).

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

Monthly Maintenance and Carrying Costs Enter the monthly costs of maintaining and amortizing the buildings and grounds for the unit(s).

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

Percent of Area Median Income Unit will be Targeted to : Enter the percentage of AMI of the households that you will be targeting for occupancy of the unit(s). The data entered here must be consistent with the data entered in Exhibit 1, Section 1, 2 (Income Targets), and will be the basis for the project's Regulatory Agreement should the project be selected for funding.

In addition to the data entered above, the following fields will be displayed and/or calculated by the CDOL.

Down Payment The CDOL will calculate and display the down payment based on the percentage entered above.

Amount Financed The CDOL will calculate this by subtracting the down payment from the purchase price.

Total Monthly Cost This will be calculated by the CDOL by adding together the Monthly Payment, Monthly Taxes and Insurance, and Monthly Maintenance and Carrying Costs for the unit(s).

Total Annual Housing Cost This will be calculated by the CDOL by multiplying the Total Monthly Housing Cost by 12 for each of the unit size/monthly cost categories.

Minimum Annual Income Needed to Afford Unit: This will be calculated by the CDOL by dividing the Total Annual Cost by .30 for each unit size/monthly cost category.

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

Exhibit 5 – Operating Budget

If the project involves both residential and non-residential units, you must complete two budgets – one for the residential and one for the non-residential units. The CDOL will produce a summary Exhibit 5 for the project.

A1 – Total Effective Income :

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

A. Effective Residential Income

If the project does not involve residential space, this section will be blocked.

1. Total Residential Monthly Income/Maintenance Fees: The CDOL will calculate the project's total residential monthly income, by multiplying the total number of units for each unit size/monthly cost category in Exhibit 4 Tables A1 and A3 by the basic rents for those units, and adding the results. If this is a condominium/cooperative project, the number of units for each size/monthly cost category will be

multiplied by the Monthly Maintenance cost in Exhibit 4, Table B1. If it is a combination of rental and condominium/cooperative units, Tables A1, A3 and B1 of Exhibit 4 will be used in the calculation.

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

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

4. Net Residential Income: The CDOL will calculate this by subtracting Line 3a (Total Residential Vacancy and Arrears) from Line 2 (Annual Gross Residential Income).

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

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

5c. Ancillary Income –Other: If applicable, enter the anticipated income from other residential sources, for example, dedicated project operating subsidies from public agencies, fully capitalized operating reserves, or a homesteader's contribution to the operating budget. Do not include interest from operating or replacement reserves. Specify the source(s) of any "Other" Ancillary Income in the space provided.

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

7. Total Effective Residential Income: The CDOL will calculate this by adding together lines 4 and 6. This figure will be transferred to line 1 (Total Effective Income) of the residential operating budget.

B. Effective Non-Residential Income

If the project does not involve non-residential space, this section will be blocked.

8. Gross Commercial/Civic Income: Enter the estimated amount of revenue to be generated from commercial and/or civic rents.

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

10. Net Commercial/Civic Income: The CDOL will calculate this by subtracting line 9a (Total Commercial/Civic Vacancy and Arrears) from line 8. This figure will be transferred to line 1 Total Effective Income for the non-residential portion of this project.

10a. Indicate whether or not income for this portion of the project will be guaranteed through a master lease and/or developer guarantee.

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

A2 –Basis for Projection of Operating Budget :

This section serves two purposes:

1. Data entered here will enable the CDOL to do many of the calculations required in A3 of this Exhibit –Operating Budget; and,
2. It provides a rationale for operating expenses during the project's first fifteen years of operation.

If the project involves both residential and non -residential space, click on the 'add' button for the type of budget you wish to update. If the project only includes one type of construction, only one budget type will be displayed. Click the 'add' button to the right to update. When you click 'add', the page will redisplay with the first year's total effective income shown under the year one cost, as well as a list of typical operating expenses.

Beginning with Total Effective Income (line 1), click the 'edit' button for each applicable line item listed. Clicking 'edit' will result in the screen being redisplayed with fields to provide line item details:

A. Income/Expense: Displays the name of the line item that you are working on (Income for Total Effective Income (line 1); Expense for all other line items).

B. Year 1 Income/Cost: If you are working on Total Effective Income (line 1), the applicable amount derived from Section A1 of this Exhibit will be displayed (line 7, or line 10). For all other line items (costs), enter the anticipated first year's operating cost for the expense listed in A. Year one should represent the first complete year of occupancy.

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

Fixed: The cost (or income) will remain constant from year to year. The CDOL will update the operating budget for these line items, based on the amount entered in B –Year 1 Cost (or Income).

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

Other: These costs (or income) cannot be termed either fixed or variable. For these line items, you must manually complete the operating budget Exhibit 5, A3) for years 1 through 15.

D. Rationale for Estimates: Provide the rationale for the estimated expense (or income). For example: "\$80 a unit," or, "\$3/square foot."

E. Source: Enter the source of the rationale, for example, "based on actual s from similar project, Hampshire Senior Housing," or "quote from insurance broker –Smith Insurance".

Please note the following regarding certain line items:

1. Total Effective Income: CDOL will update the total effective income for the first year based on either line 7 or line 10 from Section A1 of this Exhibit. Complete this line for the following years.

8. LIHC/SLIHC Monitoring Fee: If Exhibit 1, H2 shows all units in the project except a non -rent bearing unit for a resident manager will be assisted with 9% LIHC or SLIHC, the CDOL will calculate the monitoring fee using the following formula: For each line in Exhibit 4 - Tables A1 and A3: number of units x Maximum Rent at 60% LIHC Eligibility (Exhibit 4- Tables A2 and A4) x 12 x 0.005. If all units except the

resident manager's unit will be assisted by SLIHC, the CDOL will perform the above calculation except that the Maximum Rent at 90% SLIHC Eligibility will be used.

38–39. Reserves Refer to the CPM, Section 5.06 before completing these lines.

42. Debt Service: The CDOL will produce a line for each permanent loan entered in Exhibit 3, displaying the funding source name, loan amount, interest rate and term from the information provided in Exhibit 3. Provide the expense information for each loan.

44. Cash Flow For projects utilizing HTF/HOME and LIHC or SLIHC programs, owners are limited on assisted units to the greater of a nominal return on equity (not to exceed \$360/unit annually), or an amount equal to debt service coverage required by another participating permanent lender.

45. Repayment of Deferred Developer's Fee: If the project's permanent funding sources as set forth in the Development Budget (Exhibit 3, Section A2) include Deferred Developer's Fees, you must enter an amount that will ensure that the fee is repaid within 15 years of the placed-in-service date (See Section 5.05 of the CPM).

A3 – Operating Budget

For each line item in A2 (Basis for Projection of Operating Budget) that was specified as "Fixed" or "Variable with a Percentage Rate", the CDOL will calculate project operating costs for the first 15 years of project operation. Complete the 15-year cost projections for any costs that you specified as type "Other" in Section A2 of this Exhibit by clicking the 'edit' button to the right of the line item and completing the 15-year projection.

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

Deferred Developer's Fee

A. Total Deferred Developer's Fee: If applicable, the CDOL will display the amount of the deferred developer's fee entered as a permanent funding source in Exhibit 3, A2 (Development Budget Funding Sources). This calculation is applicable only to the residential operating budget.

B. Total Repaid in 15 Years: The CDOL will add the total amount of deferred developer's fee repaid during the 15-years projected in line 45 of the Operating Budget.

C. Discrepancy: If there is a discrepancy between the figures in A and B, the discrepancy will be displayed. The Deferred Developers Fee must be repaid in 15 years or the CDOL will return an error message.

Exhibit 6 – Development Timetable

A1. Development Track Indication : Select the development track that the project will follow from the drop-down menu. If you select "construction financing with competitive bidding," you will be required to submit bid documents to DHCR/HTFC.

A2. Additional Approvals : Select each type of approval that the project requires in addition to the standard approvals listed in A3 of this Exhibit. If no additional approvals are necessary, select 'N/A'. If you select 'Other', specify the required approval in the space provided. Each approval that you select will be added to A3 of this Exhibit –the Development Timetable.

A3. Development Timetable : Please read all of the instructions below before completing this Table.

Activity/Approval : Under this column is a list of activities and approvals typically required for DHCR/HTFG-financed projects, as well as any additional approvals selected in A2 of this Exhibit. Click on the 'edit' button to the right of each required approval and provide the requested information.

Status: Select 'approved' or 'pending' or 'not applicable' from the drop-down list to indicate the current status of the activity/approval.

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

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

Please review the following guidelines regarding several of these activities/approvals:

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

13. Rent-Up Conference–The rent-up conference is to be held between the project owner/manager and DHCR Office of Housing Management staff. 90-100 days prior to construction completion.

15. Construction Completion/Certificate of Occupancy (C of O) – For LIHC/SLIHC projects, this is the placed-in-service date. For all others, this is the anticipated construction completion and c of o date.

17. Cost Certification/Audit/Close -Out Document Submission–Must occur within 60 days of the permanent financing closing.

18. Permanent Financing Closing–Must occur within 60 day after construction completion/c of o date.

Exhibit 7 –Development Team's Relevant Experience

This Exhibit must be completed by the project developer, owner, and management agent. If the applicant is a not-for-profit organization, this Exhibit must also be completed by the housing consultant, the general contractor and the architect, if identified. Provide the required information for each similar project that the developer has participated in during the past ten years, or until the applicant (developer) has reached the maximum obtainable score (See RFP, page 47). Include only those that are similar in construction type, size, scope, population served, financing and tenure.

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

This Exhibit will display the development team members listed in Exhibit 1K. You must complete Exhibit 1K before completing this Exhibit.

1. Company/Organization Name: Select the name of the company/organization that employs the team member that this similar project summary is being completed for.

2. Team Member Name: Select the team member's name from the drop-down list. The CDOL will display the role(s) that the team member will play in the proposed project.

Similar Project Details

1. Project Name: Enter the name of the similar project.
2. Total Project Cost: Enter the total project cost of the similar project.
3. SHARS ID: If the project was funded by DHCR/HTFC, enter the eight -digit SHARS ID Number assigned to the project.

If the project was funded by DHCR/HTFC, and you have entered a SHARS ID for line 3, do not complete the remaining items (4 – 10) on this page. Instead, click ‘submit’. The page will be redisplayed in a grid. To add another similar project, click ‘add’.

If the project did not receive DHCR/HTFC funding, complete the following items.

4. Project Use: Select from the drop -down list the similar project’s use:
 - a. Condominium/Cooperative
 - b. Multi -Family Residential
 - c. Multi -Family Residential/Civic
 - d. Multi -Family Residential/Commercial
 - e. Multi -Family Residential/Civic/Com mercial
 - f. Commercial
 - g. Civic/CSF
5. Project Type: Select the type of construction involved in the similar project (new construction or rehabilitation).
6. Role: Select the role(s) that the team member played in the similar project.
7. Construction Start Date: Enter the month and year of construction start for the similar project.
8. Percent Completed: Enter the estimated percentage of construction completion.
9. Number of Units: Enter the number of units in the similar project.
10. Population Served: Provide a brief description of the type of population served, for example: frail elderly or large families.

When all required fields have been entered, click ‘submit’. The page will be redisplayed as a grid. Click the ‘add’ button to add another similar project.

Exhibit 8 – Site and Building Information

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

1. Section A must be completed for each site in the project.
2. Section B must be completed for each building which will exist upon completion of the project.

A. Site Information

Complete this section for each site in the project.

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

b1. If you answered no to 1a, enter the number of buildings on the site.

b2. If applicable, enter the number of non -accessory buildings on the site which will be demolished.

c. Tax Parcel Data for Vacant Land or Land which will be Vacant After Demolition : If the site is vacant land or it will be vacant land after demolition of existing buildings, provide the site's tax parcel(s) in the space provided. For sites located in one of the five boroughs of New York City, enter the Block, Lot and Easement Code (B/L/E) assigned by the City. For other locations in New York State, enter the Section, Block and Lot Number(s) (S/B/L) for the site assigned by the County.

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

2. Site Area and Zoning

a. Enter the total site area and indicate whether the area is in acres or square feet.

b. Enter the current zoning classification.

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

3. Special Site Locations/Designations

Select each box corresponding to a correct statement about the site. Select 'i. Not Applicable', if none of the statements apply.

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

4. Site Utilities

Complete the Table for each utility listed.

Source Choose either public or commercial.

On-or Off-Site: Choose either on-site or off -site.

Distance from Site: If applicable, enter the utility's distance from the site in feet.

5. Unusual Site Features

Select each unusual site feature present on the site. If no unusual features are present, select 'j. Not Applicable.'

6. Existing Structures/Facilities/Parking

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

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

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

7. Site Suitability

- a. Indicate whether or not the area is free of hazardous materials, and is not in proximity to incompatible adjacent uses, or facilities which may present problems with noise or aesthetics, such as an airport, railroad tracks, or a landfill.
- b. If you answer no to 7a, provide a description of the hazardous materials, and/or incompatible uses or facilities in the space provided.
- c. Indicate whether or not the site is directly accessible from a public road.

8. Proximity of Support Services

- a. Indicate whether the site is in an urban or non-urban area. (See the CPM Glossary for the definition of 'urban').
- b. Select the primary project occupants. If you choose other, specify the type of occupants.
- c. Distance to Support Service: For each service listed, select the option which best describes its proximity to the site.

Upon completing this page, the page will redisplay with the site numbered and listed at the top. If you have more than one site, complete the page again for the additional sites.

A1. Buildings to be Demolished

This section is applicable only if you indicated in the previous section that there were non-accessory buildings on the site(s) that were to be demolished.

1. Click on the 'add' button to the right of the applicable site.
2. Current Tenure: Select the applicable tenure type of the building: residential, non-residential, or mixed residential/non-residential.
3. Enter the number of occupied residential and/or non-residential units in the building.
4. Repeat for each building to be demolished.

B1. Building Characteristics

Select the site you want to work on from the drop-down list. Complete this section for each building which will exist upon project completion.

1. Type of Activity Proposed

Select the type of activity proposed for the building.

2. Existing Building Characteristics

Complete this ONLY if the activity proposed is rehabilitation or acquisition of an existing building.

- a. Enter the street address, including municipality and zip code.
- b. Enter the approximate date the building was constructed.

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

d. Select the option which describes building's most recent use. If you select 'Other', specify the use in the space provided.

e. Enter the number of current residential units.

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

3. Occupied Units

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

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

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

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

4. Building Use Upon Completion

Complete this Section to describe the building upon completion .

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

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

5. Building Units Assisted by HTFC/DHCR

1. Indicate the number and sq. footage of all residential and non -residential units in the building.

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

6. Building Details

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

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

7. Items in Rent/Carrying Charge

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

b. Services: Select all services which will be included in the rent or carrying charge. If applicable, specify the type of heat and hot water to be provided. If there is an item not listed, select 'Other' and specify the item.

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

8. Tenant-Paid Utilities

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

B2. Building Space Breakdown

Select the site and the building that you wish to work on

A. Dwelling Units:

Click the 'add new dwelling unit' button. If the project includes units with the same number of bedrooms but varying square footages, be sure to enter each of those sized units separately. Select the unit size (number of bedrooms) from the drop-down menu, and enter the square footage of these units, and the number of units at this size, and with the same square footage. Repeat this step for all residential units in the building. As you update each building, the CDOL will calculate the total square footage for each unit size/square footage combination, as well as the total square footage of all residential units in the building.

B. Common Area Space Breakdown

Click on the 'edit' button to the right of each category of common space that will be included in the building. Enter the total square footage for that space. CDOL will calculate the total common area space.

C. Non-Residential Space Breakdown

Click on the 'edit' button to the right of each category of non-residential space that will be included in the building. Enter the total square footage for that space. CDOL will calculate the total non-residential space.

As sections are completed, the CDOL will display a running total of the total gross floor area for the building.

Exhibit 9 – LIHC/SLIHC Qualified Building Information

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

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

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

A. General Project Information

Select the Program you want to work on, and click the 'add' button to the right of the Program.

1a. Indicate whether this project involves the rehabilitation of occupied buildings with varying levels of occupancy.

1b. If you answered 'yes' to question 1a, enter the number of buildings.

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

2b. If you answered 'yes' to question 2a, enter the number of buildings.

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

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

3b. If you answered 'yes' to question 3a, enter the QCT.

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

4b. If you answered yes to question 4a, select the applicable DDA County.

B. Acquisition Information

Select the Program you want to work on, then click the 'add' button to the right of the 'Summary for all buildings', or to the right of a particular building (if you answered 'yes' to Section A1 or A2).

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

2. If the project involves the acquisition of buildings with Buyer's Basis, indicate whether or not the basis will be determined with reference to seller's basis. If applicable, enter the amount of Seller's Basis in the space provided. If the project does not involve the acquisition of buildings with Buyer's Basis, select 'Not Applicable.'

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

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

C. Determination of Qualified Basis Worksheet

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

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

If the project involves both LIHC and SLIHC, this worksheet must be completed for both Programs. Select the Program you want to work on, then click the 'add' button to the right of the 'Summary for all

buildings', or to the right of a particular building (if you answered 'yes' to Section A -1 or A-2 of this Exhibit).

Project Costs and Adjustments: lines 1 through 24 list project costs and adjustments, both reductions and increases.

Click on the edit button for each applicable line representing a project cost and/or adjustment.

Actual Costs: Enter the actual or expected costs for the line item.

Adjustments to Eligible Basis: Enter all applicable adjustments to the eligible basis for the line item.

Eligible Basis by Credit Rate Type: Enter the dollar amounts of eligible basis for the building(s) under 30% Present Value(PV) and/or 70% Present Value.

Month Year/Used: This is applicable only to Line 23, Credit Rate.

After filling in the required fields, click on 'Submit' to update the line item.

Line Items:

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

1. Acquisition Costs of Land Only: Enter the actual or anticipated costs for land only. The CDOL will automatically enter this figure into Adjustments to Eligible Basis.

2. Acquisition Costs (excluding land): Enter the actual or anticipated costs for buildings excluding the cost of land. Enter any adjustments to the eligible basis. The CDOL will subtract the adjustments from the actual cost and place the difference in the Lower Rate (30% PV). (Acquisition may not be claimed at the 70% PV basis).

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

3- 5: Enter any reductions in eligible basis for each applicable line item.

6. Total Building Acquisition Actual Costs, Adjustments and Eligible Basis: The CDOL will calculate this line as follows: the actual costs will be the sum of actual costs from lines 1 and 2. Adjustments to eligible basis will be the sum of adjustments to eligible basis from lines 1 through 5. Lower Rate (30% PV) will be the sum of actual costs from line 6 minus the Adjustments to Eligible Basis from line 6.

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

7- 11: Enter the actual or anticipated costs for each applicable line item. Enter any reductions to eligible basis for these costs. Enter the adjusted eligible basis for each line item in Lower Rate (30% PV) and/or Higher Rate (70% PV), as applicable. The total eligible basis must be equal to the difference between Actual Cost and Adjustments to Eligible Basis for each line item.

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

Reductions to Eligible Basis of Construction/Rehabilitation Improvements Prior to High Cost Increase :

This section will calculate any additional reductions in eligible basis for construction/rehabilitation.

12–16: Enter any reduction in eligible basis for each applicable line item.

17. Total Construction/Rehabilitation Actual Costs, Reductions to Eligible Basis and Eligible Basis :

This line will be calculated as follows:

Actual Cost: the CDOL will add together the actual costs from lines 7 through 11.

Adjustments to Eligible Basis: the CDOL will add together the adjustments to eligible basis from lines 7 – 16 to derive the total adjustments to eligible basis prior to high cost increase.

Lower Rate (30% PV) and Higher Rate (70% PV) Eligible Basis: The difference between actual costs and adjusted eligible basis for line 17 is the adjusted eligible basis prior to high cost increase. That amount must be entered by the applicant into Lower Rate and/or Higher Rate Eligible Basis for line 17 as appropriate.

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

18. Increase in Eligible Basis for High Costs: The CDOL will calculate this line by multiplying the amount(s) in line 17 for lower rate (30% PV) and/or higher rate (70% PV) by .30 **ONLY IF YOU INDICATED IN SECTION A OF THIS EXHIBIT THAT YOUR PROJECT IS LOCATED IN A QCT OR DDA.**

19. Adjusted Eligible Basis –Construction/Rehab Improvements: For each eligible basis category (lower rate or higher rate), the CDOL will add together lines 17 and 18, and place result on line 19.

20. Total Eligible Basis of Acquisition & Construction/Rehab Improvements : The CDOL will update this line as follows:

Lower Rate (30% PV)– will be the sum of lines 6 and 19 for this column.

Higher Rate (70%)– will be the amount entered in line 19 for this column.

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

21. Applicable Fraction: Enter the Applicable Fraction (also known as low -income occupancy percentage) for Lower Rate and/or Higher Rate Eligible Basis. The Applicable Fraction is the lesser of:

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

22. Qualified Basis by Credit Rate: This line will be calculated by the CDOL by multiplying line 20 by line 21 for Lower Rate and/or Higher Rate Eligible Basis, as applicable.

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

24. Credit Amount from Qualified Basis: The CDOL will calculate this line by multiplying line 22 by line 23 for Lower Rate and/or Higher Rate Eligible Basis, as applicable.

D. Unit Information

If the project involves both LIHC and SLIHC, this section must be completed for both programs. Select the program you want to work on, then click the 'add' button to the right of the program name.

This section requires you to categorize all units in the building(s) by type (LIHC/SLIHC rent -restricted or non-LIHC/SLIHC rent restricted), number of bedrooms, unit square footage, and then by the monthly rent for a unit of that size. If there are multiple monthly rents anticipated for units of the same size, you must record them separately.

Type: Choose LIHC/SLIHC rent restricted or Non -LIHC/SLIHC rent restricted.

Unit Size: Enter the number of bedrooms in the unit.

Number of Units: Enter the number of units of this size which will be charged the rent you will enter below.

Rentable Floor Area of Unit in Square Feet: Enter the total rentable floor area of each unit in square feet.

Total Rentable Floor Area: This field will be completed by the CDOL by multiplying the number of units by the rentable floor area for these units.

Monthly Rent: Enter the total monthly rent for the units.

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

When you have entered the data into all required fields, click 'Submit'. The CDOL will redisplay the data in a grid format with the units you have just entered placed under the appropriate table (LIHC/SLIHC Rent-Restricted Unit Distribution or Non -LIHC/SLIHC Rent Restricted Unit Distribution). To add another unit size/rent configuration, click the 'add' button and repeat the steps above. Do this for all residential units in the project.

If you are requesting both LIHC and SLIHC, be sure to complete this section for both Programs. To add unit information for another program, return to Exhibit 9D and select the Program you want to update.

3. Percentage of LIHC/SLIHC units in building(s): This will be calculated by the CDOL.

4. Percentage of LIHC/SLIHC Rentable Floor Area in building(s): This will be calculated by the CDOL.

E. Declaration of Public Subsidies

This Section must be completed for every LIHC and/or SLIHC-assisted building that will exist upon project completion, and for both LIHC and SLIHC if you are requesting both. In this section, you will identify all Federal, State and local government subsidies, including LIHC and/or SLIHC which will be applied to the project buildings.

Select the Program you want to work on. The CDOL will display a list of buildings that were entered in Exhibit 8 (Site and Building Information). Click the 'add' button for the first building on the list, and provide the following information.

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

Street Address Enter the building's street address, municipality, and zip code.

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

Program: Enter the name of the program that will supply the subsidy, for example, HTF or CDBG.

Type: Enter the type of subsidy to be provided, for example: grant, loan, tax exempt bonds, mortgage insurance, negotiable development rights or tax certificates, or rental assistance.

Value: Enter the estimated dollar value or units, then indicate in the box to the right whether the value is in dollars or unit.

Interest Rate: If the subsidy is in the form of a loan, enter the interest rate. Otherwise, click 'Not Applicable'.

Monthly Debt Service: If the subsidy is a loan, enter the monthly debt service. Otherwise, click 'Not Applicable'.

Term: If the subsidy is a loan, enter the loan term. Otherwise, click 'Not Applicable'.

Click the 'Submit' button, and the CDOL will redisplay the information in a grid format. To add another public subsidy, click the 'add' button at the bottom of the page.

When you have added all public subsidies for the building, and if there are multiple buildings, click the 'Display Building List' link on the top right of the page to enter data for another building.

After completing the information for all LIHC/SLIHC -assisted buildings, click the 'Display Building List' link at the top right of the page, and complete the certification for each building by entering your CDOL password and your title. Repeat for each building. An asterisk will appear next to a certified building. This certification must be completed and submitted at each stage of LIHC/SLIHC processing, including application, allocation, and project completion when applying for issuance of IRS Form 8609 and/or an eligibility statement (SLIHC).

If you have requested both LIHC and SLIHC, return to the Exhibit 9E screen, and make any necessary edits for the program. If the information that was entered for the first program is correct for the second program, then you will only need to certify the building(s). If edits are necessary, complete the edits, and certify the buildings.

If you make changes to any of the building information in Exhibit 9, you will be required to recertify the buildings.

Exhibit 10 –LIHC/SLIHC Project Summary

In instances where both LIHC and SLIHC are being requested in the same project, complete a separate Exhibit 10 for both Programs.

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

- DHCR's proposed 2008 Qualified Allocation Plan (QAP);
- Article 2 -A of the Public Housing Law (SLIHC);
- Proposed New York State Low Income Housing Tax Credit Regulations (SLIHC);
- Section 42 of the Internal Revenue Code and related regulations for definitions and information on program eligibility; and,

- Professional guidance from a tax consultant, attorney, or accountant in preparing this Exhibit and related documentation which may effect tax liability status through the LIHC and/or SLIHC Program.

To begin, click the 'add' button to the right of the Program you want to work on.

A. Project Details

1. Enter the number of non-contiguous sites in the project.
2. Enter the number of qualified low-income buildings in the project. (Buildings which have at least one LIHC/SLHC-eligible unit).
3. The number of residential units in the project will be updated by the CDOL from data previously supplied in the Application.
4. Enter the number of tax credit rent-restricted units in the project. (These are units which are income-eligible under the LIHC and/or SLIHC Programs). You must complete this Exhibit twice when a project includes both LIHC and SLIHC. If so, be sure to enter only the number of rent-restricted units for the specific program.
5. Amount of Qualified Basis (30% PV): This line will be updated by the CDOL using the figure from Exhibit 9C, line 22.
6. Amount of Qualified Basis (70% of PV). This line will be updated by the CDOL using the figure from Exhibit 9C, line 22.
7. The CDOL will update this based on the amount of credit requested in Exhibit 1.
8. The CDOL will update this by dividing Line 7 by Line 4 to arrive at the annual amount of credit per unit.
9. Enter the anticipated per-dollar credit equity price. (Please note the CDOL currently will only accept up to 2 decimal places for this field. If the price has 3 decimal places, please round up to the nearest cent and make a note of it in Attachment F9 - Proposal Summary).
10. Enter the anticipated total amount raised from syndication.
11. Enter the net amount from syndication to be provided to the project.

B. Minimum Set-Aside Election

Check the applicable minimum set-aside election.

C. Use of Credit Proceeds

Select the program you want to update.

1. Indicate if the syndication will be public or private.
2. Enter the percentage of ownership to be retained by the developer. (Please note the CDOL currently will only accept up to 2 decimal places for this field. If the percentage has 3 decimal places, please round up to the nearest hundredth of a percent and make a note of it in Attachment F9 - Proposal Summary).
- 3- 5. Enter the syndicator's name, contact person, and contact person's phone number.

6. Enter the total amount anticipated from syndication.

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

8. Enter the total project syndication costs.

9. Enter the total project partnership expenses.

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

D. Investor Pay-In Schedule

Select the program you want to update. The screen will be redisplayed. Click the 'add' button.

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

2. Enter the amount of the pay -in.

3. Enter the projected month and year of the pay -in

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

Click 'Submit' and the pay -in information will be displayed in the pay -in schedule at the bottom of the page.

Continue adding pay-in events as needed, using the 'add' button.

If there are multiple tax credit program requests in this Application, click the 'Select Program' link and complete this section for the additional program.

D. Capital Project CDOL Application Exhibits

EXHIBIT 1- APPLICATION SUMMARY

A. Applicant Information

1. Applicant Name: _____ 2. Federal EIN: _____
3. DOS Charities Registration Number: _____ 4. Fiscal Year End Date: _____

5a. Applicant Types:

- | | | |
|--|---|--|
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Housing Development Fund Company | <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"/> For-Profit Corporation | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> Partnership (Not Limited) | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Corp. |

5b. IRS tax exempt status: Other IRS tax exempt status (specify):

5c. Have all required periodic or annual written reports been filed with the Attorney General's Office in a timely manner?

5d. Date of legal incorporation: _____ 5e. M/WBE Certification:

5f. LP/ LLC Partner name(s):

[add](#)

6. Applicant Mailing Address for this Application

Extra Address Info. (Building Name, C/O, etc.): _____ PO Box: _____
Street No.: _____ Street Name: _____ Suffix: _____ Room/Suite No.: _____
City: _____ State: _____ Zip: _____ County: _____

7. Applicant Phone and Internet Data:

Phone Number: () _____ - _____ Extension: _____ Fax Number: () _____ - _____

E-Mail Address: _____ URL: _____

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

First Name: Last Name: Salutation:

Title: Phone Number: Phone Extension:
Fax Number: Email Address:

Is this person authorized to execute an agreement with the HTFC should the proposal be funded?

9. Applicant's Authorized Signatory

First Name: Last Name: Salutation:
Title: Phone Number: Phone Extension:
Fax Number: Email Address:

B. Owner Information

1. Will the Applicant transfer title to another entity? If no, go on to Section C

2. Owner Name: or Unknown This owner is:

3. Federal EIN: 4. Fiscal Year End Date:

5a. Organization Type(s):

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

5b. If the owner is a Non-Profit or Charitable Organization is the IRS tax -exempt category 501(c)(3)?

5c. If the owner is a Limited Liability Corporation or a Limited Partnership, enter the names of Members/Partners:

[+ add](#)

6. Owner's Mailing Address (if different from Applicant)

Care Of: P.O. Box: Room/Suite Number:

Street Number: Street Name: Street Suffix:

City: State:

Zip Code: Phone Number: Fax Number:

Prime Contact Person

First Name: Last Name: Title:

C. General Project Information

1a. Has this project previously received DHCR/HTFC funding?

1b. If yes, enter the funded project's SHARS ID number: Example: 20049999

2. Project Name:

3. Project County:

4. Project Municipality:

5. Chief Elected Official of the Municipality Selected Above :

First Name: Last Name:

Salutation: Title:

Phone Number: Phone Extension:

Fax Number: Email Address:

D. Program Funding

1. Is this application requesting seed money only?

IMPORTANT: Once your selection to the question above is submitted it cannot be changed. Please verify that your selection is correct before clicking the 'Submit' button.

2. Seed Money Requests

2a. Enter the amount of seed money funds being requested from one of the following programs

HTF Program Seed Money \$ or

NYS HOME Program Seed Money:

DHCR/HTFC CHDO:

CHDO Determination Letter Date:

Note: If NYS HOME Program Seed Money funds are requested, certification that no organizational changes have been made which would effect the CHDO determination must be submitted as an attachment.

3. Capital Project Funding Requests

3a. Enter the amount of non -seed money funds being requested

- 1. HTF: \$
- 2. NYS HOME: \$
- 3. As-of-Right 4% LIHC annual amount: \$
- 4. SLIHC annual amount: \$
- 5. 9% LHC annual amount: \$
- 6. UI: \$
- 7. RARP: \$
- 8. HDF: \$

Total funds requested: \$

3b. If you entered funding requests for both the HTF and NYS HOME Programs, complete the following:

This application is seeking funding from:

E. Project Initiatives and Program - Specific Application Designations

1. Special DHCR/HTFC Project Initiatives: Select the type(s) of initiative you are requesting the application be reviewed as:

- Not Applicable
- Green Building Initiative
- Mixed Income Family Rental Initiative
- Small Project Initiative
- Housing Choice Voucher Project Based Assistance Initiative
- Senior Housing Initiative
- Rural Housing Initiative/Leveraged Loan Projects
- Energy Efficiency Initiative

2. NY/NYIII:

Will your project include units which will serve one or more NY /NYIII Special Populations?

3. 9% LIHC Program Set-Aside Designations

Select the type of LIHC set-aside for which you are applying:

4. 9% LIHC Project Amenities Are you seeking LIHC scoring points by:

• Providing access to discounted broadband Internet service for all LIHC-assisted units?

• Including on-site Energy Star or equivalent laundry facilities of washer/dryer hook -ups for all LIHC-assisted units?

• Including Energy Star central air conditioning or the equivalent that will produce the same or comparable energy efficiency of savings for all LIHC-assisted units?

• Including an outdoor patio or garden space available to all LIHC-assisted units?

• Including Energy Star dishwashers or the equivalent that will produce the same or comparable energy efficiency or savings for all LIHC-assisted units?

• Including a computer lab available to all LIHC-assisted units?

5. Not for Profit Application Designations: Select the Not for Profit designation that this application should be reviewed as:

- Not Applicable
- CHDO- Determination Letter Date :
- 9% LIHC Not for Profit Set-Aside
- HTF Not for Profit Set -Aside

1F. Political Districts

Indicate the Assembly Member(s), Senator(s), and Member(s) of Congress who represent the district(s) the project site(s) is located in. Select Members one at a time. Click them once then click the right arrow to move the member to the selection box on the right. To remove a Member from the selection box on the right select the name, click once then click the left arrow.

1. New York State Assembly District(s):

049 - ABBATE, JR., PETER J	
001 - ALESSI, MARC	
021 - ALFANO, THOMAS W	
084 - ARROYO, CARMEN E	
118 - AUBERTINE, DARREL J	

2. New York State Senate District(s):

20 - ADAMS, ERIC L	
55 - ALESI, JAMES	
42 - BONACIC, JOHN	
46 - BRESLIN, NEIL D	
43 - BRUNO, JOSEPH L	

3. New York State Congressional District(s):

05 - ACKERMAN,GARY L	▲	
24 - ARCURI,MICHAEL	▬	
01 - BISHOP,TIMOTHY		
11 - CLARK,YVETTE		
07 - CROWLEY,JOSEPH	▼	

>
<

G. Tenure and Construction Type

1. Residential Tenure Type of Project

2a. Does this project involve Residential Construction only?

2b. Non-Residential Construction Type(s):

- 1. Commercial
- 2. Civic
- 3a. LIHC/SLIHC Community Service Facility (CSF)

Complete the following questions only if 3a. LIHC/SLIHC CSF is selected:

Project County/Municipality:

3b. Qualified Census Tract (QCT):
Use the [HUD Qualified Census Tract Table Generator](#) to find the QCT for your project.

3c. Agency from which Credit is being requested:

3d. Will you include a portion of the expenses associated with the CSF as eligible basis?

H. Units Assisted

Total Units in Project - All Sources

Residential Existing/Rehab:

Residential New Construction:

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic Existing/Rehab:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

1. Total Units in Project - All Sources

All Sources	Res. Existing/ Rehab	Res. New Constr.	CSF Existing/ Rehab	CSF New Constr.	Civic Existing/ Rehab	Civic New Constr.	Comm. Existing/ Rehab	Comm. New Constr.	Options
									edit

2. Units In Project - By Permanent Funding Source

Source Name	Regulatory Term	Res. Existing/ Rehab	Res. New Constr.	CSF Existing/ Rehab	CSF New Constr.	Civic Existing/ Rehab	Civic New Constr.	Comm. Existing/ Rehab	Comm. New Constr.	Options
										edit delete
										edit delete

I. Income Targets

1. Will the project include a non -rent bearing unit for a resident manager/super/maintenance personnel?

2. Income Target Groups

Target Group	Units - All Sources	Units - DHCR HTFC
Public Assistance Households or <=30% Median Income	<input type="text"/>	<input type="text"/>
>30% through 50% of Median Income	<input type="text"/>	<input type="text"/>
>50% through 60% of Median Income	<input type="text"/>	<input type="text"/>
>60% through 80% of Median Income	<input type="text"/>	<input type="text"/>
>80% through 90% of Median Income	<input type="text"/>	<input type="text"/>
Greater than 90% of Median Income	<input type="text"/>	<input type="text"/>
Non-Rent Bearing Unit for Resident manager/super	<input type="text"/>	<input type="text"/>
Total Income Target Group Units		

J. Project Occupants

1. Special Population Households

	Units - All Sources	Units DHCR/ HTFC
Families who are Homeless	<input type="text"/>	<input type="text"/>
Persons who are in Long Term Recovery from Alcohol Abuse	<input type="text"/>	<input type="text"/>
Persons who are in Long Term Recovery from Substance Abuse	<input type="text"/>	<input type="text"/>
Persons who are Frail Elderly	<input type="text"/>	<input type="text"/>
Persons who are Homeless	<input type="text"/>	<input type="text"/>
Persons who are Victims of Domestic Violence	<input type="text"/>	<input type="text"/>
Persons with AIDS/HIV Related Illness	<input type="text"/>	<input type="text"/>

Persons with Mental Retardation/Developmental Disabilities	<input type="text"/>	<input type="text"/>
Persons with Physical Disabilities/Traumatic Brain Injury	<input type="text"/>	<input type="text"/>
Persons with Psychiatric Disabilities	<input type="text"/>	<input type="text"/>

NY/NYIII Supportive Housing Agreement Special Populations If your project will serve one or more of the NY/NY III Special Needs Populations, enter the special populations below:

Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness	<input type="text"/>	<input type="text"/>
Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless	<input type="text"/>	<input type="text"/>
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/ AIDS	<input type="text"/>	<input type="text"/>
Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of becoming chronically homeless	<input type="text"/>	<input type="text"/>

Total Special Needs Households:

2. <u>Other Households</u>	<u>Units - All Sources</u>	<u>Units DHCR/ HTFC</u>
Elderly Households (non Frail)	<input type="text"/>	<input type="text"/>
Households with No Special Population	<input type="text"/>	<input type="text"/>

Total Other Households:

Total All Households:

3. Elderly Population Targeted :

K. Development Team Members

Select a previously entered Company/Organization:

or add a new Company/Organization:

Team Member First Name: Team Member Last Name:

Title: Email Address:

Phone Number: Phone Extension: Fax Number:

Proposed Project Role(s):

- | | |
|---|--|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Management Agent |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Syndicator |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Housing Consultant |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Other (specify): <input type="text"/> |

L. Disclosure of Identities of Interest

- Check here and click the 'Submit' button if there are no identities to disclose.

Disclosure:

Note: Text will be limited to 4,000 characters which is approximately 1 page of 12 point Times New Roman single spaced text. Use of special characters is limited

EXHIBIT 2- COMMUNITY IMPACT/REVALIZATION

A. Documentation of Community/Housing Needs

1. New York State Consolidated Plan Objectives/Priorities

1a. NYS Consolidated Plan Objectives Addressed by 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

Household Category	Income Range	Priority Need Level	Project Target Population
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"/>

2a. Existing Documentation of Local Need

A. Local Needs Document

Document Type: Name:

Prepared For: Geography Addressed: Date Published:

B. Needs Identified

1. Identifies this project as type needed for community revitalization?

Yes or No: Page No(s): Priority Level: or N/A Page No(s):

2. Identifies project's targeted income groups and household types as specific need?

Yes or No: Page No(s): Priority Level: or N/A

Page No(s):

3. Specifically mentions need for proposed project?

Yes or No: Page No(s): Priority Level: or N/A

Page No(s):

2b. Has the project received a HOUSE NY award from the NYS DHCR?

3. Local Housing Needs for Proposed Households to be Assisted

Data Source: Date: Geography Covered:

Type of Housing Proposed: Other (specify):

Proposed Income Ranges	#HHs at Income Range for Project Type Proposed	#HHs at Inc. Range in Need of Affordable Housing	%HHs in Need of Affordable Housing
<= 30% of Median Income	<input type="text"/>	<input type="text"/>	
>30% to <=50% of Median Income	<input type="text"/>	<input type="text"/>	
>50% to <=60% of Median Income	<input type="text"/>	<input type="text"/>	

>60% to <=80% of Median Income	<input type="text"/>	<input type="text"/>	
>80% to <=90% of Median Income	<input type="text"/>	<input type="text"/>	
>90% to <=120% of Median Income	<input type="text"/>	<input type="text"/>	
> Market	<input type="text"/>	<input type="text"/>	

B. Evidence of Local Support

1. Local support for the proposed project :

Local Support Category:

Other (specify):

Source Name:

Description:

Dollar Value: \$ or Not applicable

Status:

C. Special Project Locality Designations

Not Applicable:

A. Special Designation Categories:

Other (specify):

B. Name/Location:

C. Year Initiated:

D. Community Needs Narrative

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.

Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 40 00 characters).

2. Provide information on general housing market in the primary market area of the proposed project. Include the current vacancy rates for units in the primary market area which are comparable to the proposed units.

Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

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.

Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

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?

If yes, complete the following questions:

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

Not applicable

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

Text will be limited to 4,000 characters and use of special characters is limited.

EXHIBIT 3- DEVELOPMENT BUDGET/FUNDING SOURCES

A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract?

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

B. Funding Sources

Source

Financing Type:

Source: Specify Source:

Amount of Funds

Residential Amount: \$

Community Services Facility Amount: \$

Civic Amount: \$

Commercial Amount: \$

Assistance

Assistance Type:

Financing Term:

Financing Term Type:

Interest Rate Percent: % or Not Applicable

Residential Interim Interest: \$

Community Services Facility Interim Interest: \$

Civic Interim Interest: \$

Commercial Interim Interest: \$

Lien Position: or Not Applicable

Regulatory Term: Years

As you enter each source, they will be redisplayed in a grid as shown below:

Construction Financing Sources

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
--------	--------	-------------	----------------	-----------------	------------------	---------------	-----------------	---------

[edit](#) | [delete](#)

Total Construction Financing

Total Interim Interest

Permanent Financing Sources

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
--------	--------	-------------	----------------	-----------------	------------------	---------------	-----------------	---------

[edit](#) | [delete](#)

Total Permanent Financing

C. Development Budget

[Export all budgets to Microsoft® Excel](#) 

Select a Budget Type

Permanent Sources of Financing Identified for Selected Budget Type	Amount of Funds Identified	Options
Source 1	\$	add
Source 2	\$	add
Source 3	\$	add
A. Acquisition	\$ Amt –this Source	\$ - All Sources
1. Land	<input type="text"/>	
2. Structure(s)	<input type="text"/>	
3. Total Acquisition (sum lines 1 & 2)		
B. Soft Costs		
4. Appraisal(s)	<input type="text"/>	
5. Housing Consultant	<input type="text"/>	
6. Survey	<input type="text"/>	

7. Soil Borings	<input type="text"/>
8. Asbestos/Lead-Based Paint Testing	<input type="text"/>
9. Architecture/Engineering Fee	<input type="text"/>
10. Construction Manager Fee	<input type="text"/>
11. Legal Fees	<input type="text"/>
12. Non-Profit Developer's Allowance	<input type="text"/>
13. Cost Certification Audit	<input type="text"/>
14. Insurance	<input type="text"/>
15. Taxes	<input type="text"/>
16. Interim Interest	<input type="text"/>
17. Closing Costs	<input type="text"/>
18. Title and Recording Fee	<input type="text"/>
19. Relocation Expenses	<input type="text"/>
20. LIHC/SLIHC Application Fee-	<input type="text"/>
21. LIHC/SLIHC Allocation Fee- \$	<input type="text"/>
22. Other DHCR/HTFC Fees	<input type="text"/>
23 Other Soft Costs - Specify	<input type="text"/>
24. Total Soft Costs (sum lines 4 - 23)	
C. Construction	
25. Site Work	<input type="text"/>
26. Off-Site Work	<input type="text"/>
27. Demolition	<input type="text"/>
28. Environmental Remediation	<input type="text"/>
29. Other Construction Costs - Specify	<input type="text"/>
30. Subtotal Site Preparation (sum lines 25 - 29)	
31. Residential	<input type="text"/>

32. Community Service Facility or Civic Space	<input type="text"/>
33. Commercial	<input type="text"/>
34. General Contractor's Insurance	<input type="text"/>
35. Performance Bond Premium	<input type="text"/>
36. Subtotal Contractor's Costs (sum lines 30 - 35)	
37. General Requirements	<input type="text"/>
38. Builder's Overhead	<input type="text"/>
39. Builder's Profit	<input type="text"/>
40. Total Construction (sum lines 36 - 39)	
41. Project Contingency	<input type="text"/>
42. LIHC/SLIHC Developer's Fee	<input type="text"/>
43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)	
D. Working Capital	
44. Initial Operating Deficit	<input type="text"/>
45. Supplemental Management Fee & Marketing	<input type="text"/>
46. Purchase of Maintenance & Other Equipment - Specify	<input type="text"/>
47. Other Working Capital - Specify	<input type="text"/>
48. Total Working Capital (sum lines 44 - 47)	
E. Project Reserves	
49. Capitalization of Operating Reserve	<input type="text"/>
50. Capitalization of Replacement Reserve	<input type="text"/>
51. Reserve for Adapting Units	<input type="text"/>
52. Other Project Reserves	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
+ add	

53. Total Project Reserves (sum lines 49 - 52) \$
54. Total Project Costs (sum lines 43, 48 & 53) \$

EXHIBIT 4- RENTS/MAINTENANCE FEES & AFFORDABILITY

A. Tenant Affordability Plan for Rental Units

1. Do you anticipate that any units in the project will receive a rental subsidy?

2. If yes, enter the number of units that you expect to receive the subsidy by source:

a. DSS Housing Allowance:

b. Section 8:

c. DHCR RRAP:

d. USDA- RD Section 521:

e. Other Subsidy Source:

Other (specify):

Total Number of Units:

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

a. Unit size:

b. Number of occupants in unit:

c. Total cost of monthly utilities paid by occupant: \$

d. Total annual housing cost:

4. Will the comparable market rents entered include:

a. Heat:

b. Hot Water:

c. Electricity:

Monthly Housing Cost and Affordability for Rental Units

Provide the following information for each unit size/rent combination. The information entered will be redisplayed in Table A1 and A2 and/or Table A3 and A4 at the bottom of the page upon clicking the 'Submit' button.

Rental Subsidy: Unit Size:

Number of Units: Comparable Market Rent: \$

Monthly Basic Rent: \$ Tenant Paid Utilities: \$

Area Median Income: \$

Percent of Area Median Income Unit will be Targeted to:

Unit information :

- a. Total Residential Units - All Sources:
- b. Total Rental Units to Receive Subsidy:
- c. Total Rental Units without Subsidy:
- d. Total Owner Occupied Units:

A1. Monthly Housing Costs for Rental Units with Subsidies :

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
							edit delete

A2. Affordability for Rental Units with Subsidies :

Total Annual Housing Cost	Minimum 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
n/a					

A3. Monthly Housing Costs for Rental Units without Subsidies :

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
-----------	------------	-------------------------	------------------------	--------------------	-----------------------	----------------------------	---------

A4. Affordability for Rental Units without Subsidies :

Total Annual Housing Cost	Minimum 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
---------------------------	---	--------------------------	--------------------------------	-----------------------------------	----------------------------------

B. Condominium/Cooperative Affordability Plan

Provide the following information for each unit size/rent combination. The information entered will be redisplayed in Table B1 and/or Table B2 at the bottom of the page upon clicking the 'Submit' button.

Down Payment: %

Condominium/Cooperative:

Affordability Plan Monthly Housing Cost and Affordability for Owner -Occupied Units

Unit Size:

Number of Units:

Purchase Price: \$

Monthly Payment: \$

Monthly Taxes & Insurance: \$

Monthly Maintenance & Carrying Costs: \$

Area Median Income: \$

Percent of Area Median Income Unit will be Targeted to:

B1. Monthly Housing Costs for Owner -Occupied Units :

Unit Size	# of Units	Purchase Price	Down Payment	Amount Financed	Monthly Payment	Monthly Taxes & Ins.	Monthly Maintenance	Total Monthly Cost
-----------	------------	----------------	--------------	-----------------	-----------------	----------------------	---------------------	--------------------

B2. Condominium/Cooperative Unit Affordability

Total Annual Housing Cost	Minimum Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to
n/a				

EXHIBIT 5 - OPERATING BUDGET

A1. Total Effective Income

A. Effective Residential Income

1. Total Residential Monthly Income/ Maintenance Fees: \$

2. Annual Gross Residential Income: \$

3. Estimated Percentage of Vacancy and Arrears: %

3a. Total Residential Vacancy and Arrears: \$

4. Net Residential Income: \$

5. Ancillary Residential Income:

a. Annual income from laundry facilities: \$

b. Annual income from parking facilities: \$

c. Annual income from other sources: \$

Other (specify):

6. Total Ancillary Residential Income: \$

7. Total Effective Residential Income: \$

B. Effective Non -Residential Income

8. Gross Commercial/Civic/CSF Income: \$

9. Estimated Percentage of Commercial/Civic/CSF Vacancy and Arrears: %

9a. Total Commercial/Civic/CSF Vacancy and Arrears:

10. Net Commercial Income:

10a. Will the income for this portion of the project be guaranteed through a master lease and/or developer guarantee?

11. Total Effective Income - Residential and Non-Residential: \$

A2. Basis For Projections Of Operating Budget

Click the 'add' button to the right of the type of operating budget you want to work on. The page will be redisplayed with a table listing expenses. Update each applicable expense, using the Application Instructions as your guideline.

Budget Type	Options
Residential	add
Non-Residential	add

Annual Expenses Estimates

Income	Year1 Income	Type	Pct. (+/-)	Rationale	Source	Options
1. Total Effective Income	\$					edit

A. Administration

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
2. Manager						edit
3. Management Fee:						edit
4. Accounting & Audit						edit
5. Legal						edit
6. Advertising						edit
7. Office Supplies/Equipment						edit
8. LIHC Monitoring Fee						edit
9. Other Administration (Specify):						edit
10. Total Administration						

B. Maintenance & Operations

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
11. Janitor & Cleaning Payroll						edit
12. Janitor & Cleaning Supplies						edit
13. Exterminating						edit
14. Garbage & Trash Removal						edit
15. Security						edit

16. Ground Expense	edit
17. Maintenance/Repair Payroll	edit
18. Maintenance/Repair Materials	edit
19. Maintenance/Repair Contracts	edit
20. Elevator	edit
21. Snow Removal	edit
22. Painting & Decorating	edit
23. Other Maintenance/ Operations (Specify):	edit
24. Total Maintenance/ Operations	

C. Utilities

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
25. Fuel Oil						edit
26. Lighting/Electricity						edit
27. Water & Sewer						edit
28. Gas						edit
29. Other Utilities (Specify):						edit
30. Total Utilities						

D. Taxes & Insurance

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
31. Real Estate Taxes						edit
32. Payroll Taxes						edit
33. Other Taxes (Specify):						edit
34. Property & Liability Insurance						edit
35. Fidelity Bond Insurance						edit
36. Other Insurance (Specify):						edit
37. Total Taxes & Insurance						
38. Operating Reserve						edit
39. Replacement Reserve						edit
40. Total Expenses						
41. Net Operating Income	\$					

E. Debt Service

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
42. Debt Source						edit
43. Total Debt Service						
44. Cash Flow	\$					
45. Repayment Deferred Dev Fee						

After updating this page, the 15 -year Operating Budget will be displayed.

A3. Operating Budget

Years: [1-5] [6-10] [11-15]

Income	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
1. Total Effective Income	\$						

A. Administration

Expense

2. Manager

3. Management Fee:

4. Accounting & Audit

5. Legal

6. Advertising

7. Office Supplies/Equipment

8. LIHC Monitoring Fee

9. Other Administration
(Specify):

10. Total Administration

B. Maintenance & Operations

Expense

11. Janitor & Cleaning Payroll

12. Janitor & Cleaning Supplies

13. Exterminating

14. Garbage & Trash Removal

15. Security

16. Ground Expense

17. Maintenance/Repair Payroll

18. Maintenance/Repair Materials

19. Maintenance/Repair Contracts

20. Elevator

21. Snow Removal

22. Painting & Decorating

23. Other Maintenance/ Operations
(Specify):

24. Total Maintenance/
Operations

C. Utilities

25. Fuel Oil

26. Lighting/Electricity

27. Water & Sewer

28. Gas

29. Other Utilities
(Specify):

30. Total Utilities

D. Taxes & Insurance

31. Real Estate Taxes

32. Payroll Taxes

33. Other Taxes
(Specify):

34. Property & Liability Insurance

35. Fidelity Bond Insurance

36. Other Insurance
(Specify):

37. Total Taxes & Insurance

38. Operating Reserve

39. Replacement Reserve

40. Total Expenses

41. Net Operating Income \$

E. Debt Service

42. Debt Source

43. Total Debt Service

44. Cash Flow \$

45. Repayment Deferred Dev Fee

Deferred Developer's Fee	Amount
--------------------------	--------

A. Total Deferred Developers Fee

B. Total Repaid in 15 years

C. Discrepancy

EXHIBIT 6- DEVELOPMENT TIMETA

A1. Development Track Indication

1. Indicate which development track the project will follow:

A2. Additional Approvals

Select each additional approval required for the project. Selected additional approvals will be added to Exhibit6A3 - Development and Approvals Timetable.

- ULURP (NYC Only)
- UDAAP (NYC Only)
- Zoning Change/Variance
- Subdivision Approval
- Archaeological Survey
- Village/Town/City Council Review/Approval
- PILOT/Tax Abatement
- Flood Plain/Waterfront/Coastal Zone Approval
- Lead Agency Designation for Coordinated Review
- Full EAF under SEQR/CEQR
- SPDES Discharge Permit
- SPDES General Storm Water Permit
- HTFC Predevelopment Award
- N/A - No Additional Approvals necessary
- Other(specify)

Other Additional Approval

+ add

A3. Development and Approvals Timetable

Activity/Approval	Status	Contact Name/Phone	Completion Date	Options
1. HTFC Commitment Executed				edit
2. Site Ownership				edit
3. Planning Board/Site Plan Approvals				edit
4. SHPO Determination				edit
5. Phase I Environmental Site Assessment				edit
6. Zoning Approval				edit
7. SEQR Determination				edit
8. Bid Document Submission				edit
9. Contract Document Submission				edit
10. Contract (Construction) Execution				edit
11. Pre-Construction Meeting				edit
12. Construction Start				edit
13. Rent-Up Conference with DHCR/ Housing Management				edit
14. Final Inspection				edit
15. Construction Complete/Certificate of Occupancy				edit
16. Project Rent-Up/Occupancy				edit
17. Cost Certification/Audit/Close -Out Document Submission				edit
18. Permanent Financing Closing				edit

EXHIBIT 7- DEVELOPMENT TEAM'S RELEVANT EXPERIENCE

Company/Organization Name:

Team Member Name:

Proposed Project Role(s):

Similar Project Details:

1. Project Name:

2. Total Project Cost: \$

3. SHARS ID:

4. Project Use:

5. Project Type:

6. Role(s):

- | | |
|---|---|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Management Agent |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Syndicator |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Housing Consultant |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Other |

7. Construction Start Date:

8. Percent Completed: %

9. Number of Units:

10. Population Served:

After submitting information for the first team member, the page will be redisplayed as a grid. Click the 'add' button to add another team member:

Company/Organization Name	Team Member	Project Name	Options
			edit delete
			add

EXHIBIT 8- SITE AND BUILDING INFORMATION

A. Site Information

1. Site Basics

- a. Is the site vacant land, free of buildings?
- b1. If no, enter the number of buildings on the site:
- b2. Enter the number of non -accessory buildings on the site that will be demolished:
- c. Tax Parcel Data for Vacant Land or Land which will be Vacant After Demolition

SBL/BLE

SBL/BLE + [add](#)

d. Site Address

Street Number: Street Name: Street Suffix:

City: Zip Code:

2. Site Area and Zoning

- a. Total Site Area: Total Site Area Unit b. Current zoning classification:
- c. Minimum site area for proposed project to meet zoning regulations:

3. Special Site Locations/Designations (select all that apply)

- a. The site is located in a flood plain area
- b. The site is located in a waterfront revitalization area
- c. The site is adjacent to a coastal area
- d. The site is listed in the National Register of Historic Places
- e. The site is located in an Economic Development Zone (EDZ)

- f. The site is located in a locally -designated CDBG Target Area
- g. The site is located in a Local Economic Development Area
- h. The site is located in another local community revitalization area
- i. Not Applicable

4. Site Utilities

Utility	Source	On or Off Site	Distance from Site (in feet)
Water	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sewer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paving	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electric	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Unusual Site Features (select all that apply)

- a. Cuts
- b. Fill
- c. Erosion
- d. Poor Drainage
- e. Retaining Walls
- f. Wetlands
- g. Subsurface Bedrock
- h. High Water Table
- i. Other (specify): Other Unusual Site Features
- j. Not Applicable

6. Existing Structures/Facilitie s/Parking

- a. Describe any accessory structures on the site, including their size: Or Not Applicable
- b. Describe any recreational facilities on the site, including their size : Or Not Applicable

c. Site Parking (select all that apply)

- 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 Existing on-site parking (not enclosed) No. of Spaces: Total SF:
- The site has Existing on-site parking (enclosed) No. of Spaces: Total SF:
- Not Applicable

7. Site Suitability

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

8. Proximity of Support Services

- a. What type of area is the site located in?
- b. Primary occupants of the project:
- Other primary occupants (specify):

c. Distance to Support Services

Service	Distance
Grocery Stores	<input type="text"/>
Other Retail Stores	<input type="text"/>
Schools	<input type="text"/>
Bus/Subway Lines	<input type="text"/>
Municipal Services	<input type="text"/>
Libraries	<input type="text"/>
Pharmacies	<input type="text"/>
Health Facilities	<input type="text"/>

Buildings to be Demolished : Complete only if the site has non-accessory buildings that will be demolished.

Current Tenure:

Number of Occupied Residential Units:

Number of Occupied Non-Residential Units:

B1. Building Characteristics

Site:

Building 1

1. Type of Activity Proposed:

2. Existing Buildings Characteristics - Complete for Rehab Buildings ONLY

a. Building Address

Street Number:

Street Name:

Street Suffix:

City:

Zip Code:

b. Year Built:

c. Tax Parcel ID(s): SBL/BLE + add

d. How is the building currently being used?

Other current use (specify):

e. Number of current residential units:

f. Number of current non - residential units:

3. Occupied Units

a. Are any of the residential or non -residential units in this building occupied?

b. Number of occupied residential units:

c. Number of occupied non-residential units:

- d. Will relocation of tenants be necessary?
- e. Number of residential tenants to be relocated:
- f. Number of non-residential tenants to be relocated:

4. Building Use upon Completion

a. Building Use (select all that apply):

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

b. Residential Tenure Type:

Other Residential Tenure Type (specify):

5. Building Units Assisted by HTFC/DHCR

Units	Residential Units	Square Footage	Non-Residential Units	Square Footage
1. Total Units In Building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total Units Assisted by HTFC/DHCR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Building Details

a. Number of floors in building upon completion:

b. Type of structure: Other Type of Structure (specify):

7. Items in Rent/Carrying Charge (select all that apply)

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 - Type: Hot Water - Type:

Central Air Conditioning
 Lights, etc. in units
 Other (specify):

c. Parking

Surface
 Covered
 Unavailable
 Other (specify):

8. Tenant-paid Utilities (select all that apply)

Electricity
 Heat
 Repairs
 Gas
 Water
 Other (specify):

B2. Building Space Breakdown

Select the site and then the building. Add each dwelling unit size/number/square footage combination in the building. The page will be redisplayed as Table B2, Building Space Breakdown after you submit the first combination.

A. Dwelling Units - Space Breakdown [Add New Dwelling Unit](#)

Residential Space Breakdown

Unit Size:

Number Of Units:

Square Footage Per Unit:

B2. Building Space Breakdown

A. Dwelling Units - Space Breakdown

[Add New Dwelling Unit](#)

Building Number	Unit Size	Number Of Units	Square Footage Per Unit	Total Square Footage	Options
					edit delete
Dwelling Unit Total Square Footage:					

B. Common Area - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
1	Community Room		edit
1	Lobby		edit
1	Hall and Stairs		edit
1	Basement		edit
1	Laundry		edit
1	Other ()		edit
Common Area Total Square Footage:			

C. Non-Residential - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
-----------------	------------------	----------------------	---------

1	Commercial Floor Area	edit
1	Community Service Facility Floor Area	edit
1	Civic Floor Area	edit
Non-Residential Total Square Footage:		
Total Gross Floor Area:		

EXHIBIT 9- LIHC/SLIHC QUALIFIED BUILDING INFORMATION

A. General Project Information

Select the Program you will be completing this Exhibit for

Project Information

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

1b. Number of buildings:

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

2b. Number of buildings:

3a. Are the sites/buildings located in a Qualified Census Tract (QCT)? 3b. QCT Number: Use the HUD [Qualified Census Tract Table Generator](#) to find the QCT for your project.

4a. Are the sites/buildings located in a Difficult Development Area (DDA)?

4b. DDA County:

B. Acquisition Information

1. The site(s)/building(s) will be acquired from:

If this project involves the acquisition of existing buildings, complete the following:

2. If the buildings were or will be acquired with Buyer's Basis, indicate how the basis will be determined:

Enter the amount of Seller's Basis:

Has the seller owned the building(s) for at least ten years?

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, complete the following:

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

Acquisition - Actual Costs, Adjustments & Eligible Basis

Project Costs and Adjustments	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
1. Cost of Land Only					edit
2. Acquisition Costs (excluding Land)					edit
<u>Reductions to Eligible Basis for Acquisition of Buildings</u>					
3. Grants					edit
4. Amount of Non-Qualified and Non-Recourse Financing					edit
5. Amount of subsidized federal assistance					edit
6. Total building acquisition actual costs, adjustments and eligible basis		\$0	\$0		

Construction Improvements - Actual Costs, Adjustments & Eligible Basis

7. Soft costs (excluding LIHC fees)					edit
8. Construction					edit
9. Contingency					edit
10. Developer's fees					edit
11. Other(Specify) :					edit

Reductions to Eligible Basis of Construction/Rehab Improvements Prior to High Cost Increase

12. Grants					edit
13. Amount Of Non-Qualified Non-Recourse Financing					edit
14. Amount Of Subsidized Federal Assistance (Optional)					edit
15. Non-Qualifying Excess Expense Or Higher Quality Units					edit
16. Reduction For Historic Tax Credits (Residential Portion Only)					edit
17. Total Construction/Rehab Improvements Actual Costs, Adjustments / Eligible Basis Prior to High Cost Increase		\$			edit

Increase in Eligible Basis of Construction/Rehab for High Cost

18. Increase in Eligible Basis for High Costs					
19. Adjusted Eligible Basis of Construction/Rehab Improvements					
20. Total Eligible Basis of					

Acquisition/Construction/Rehab Improvements

Determination of Qualified Basis

21. Applicable Fraction (Enter Applicable Fraction)	edit
22. Qualified Basis by Credit Rate	
23. Credit Rate (Enter Applicable Percentage) : Month/Year Used :	edit
24. Credit Amount from Qualified Basis	

D. Unit Information

Enter the following information for all units in the building(s), including those which are not LIHC/SLIHC rent -restricted. The data will be redis played in a Table after the first unit combination is added.

Type:

Number of Bedrooms: Number of Units:

Rentable Floor Area of Unit (sq. ft.):

Monthly Rent: \$ Tenant Paid Utilities: \$

Percentage of LIHC/SLIHC units in building:
Percentage of LIHC/SLIHC rentable floor area in building:

LIHC/SLIHC RentRestricted Unit Distribution

No. of Bedrooms	No. of Units	Rentable Floor Area (sq. ft.)	Total Rentable Floor Area	Monthly Rent	Tenant Paid Utilities	Options
						edit delete
						add
Totals:						

Non-LIHC/SLIHC Residential Rental Unit Distribution

No. of Bedrooms	No. of Units	Rentable Floor Area (sq. ft.)	Total Rentable Floor Area	Monthly Rent	Tenant Paid Utilities	Options
						edit delete
						add

E. Declaration of Public Subsidies

Complete this section, including the certification, for each public subsidy for each LIHC/SLIHC -assisted building.

Total number of LIHC/SLIHCassisted buildings in the project:

Public Subsidy

Street Number: Street Name: Street Suffix:

City: Zip Code: Source:

Program: Type: Value/Type:

Interest Rate: or Not Applicable

Monthly Debt Service: or Not Applicable Term: or Not Applicable

After the first subsidy is added, the page will be redisplayed as Table 9E:
 E. Declaration of Public Subsidies

Source	Program	Type	Value	Interest Rate	Monthly Debt Service	Term	Options
							edit delete
							add

Certification

I, _____, acting in the capacity of the duly authorized representative of _____ 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.

CDOL User ID: _____

CDOL Password: Title: Date of Electronic Signature: _____

EXHIBIT 10- LIHC/SLIHC PROJECT SUMMARY

A. Project Details

1. Number of sites in project:
2. Number of qualified low -income buildings in project:
3. Number of residential units in project:
4. Number of rent -restricted units in project:
5. Amount of qualified basis of project subject to lower credit rate (30% present value): \$
6. Amount of qualified basis of project subject to higher credit rate (70% present value): \$
7. Annual amount of credit req uested 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

- 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 outside of New York City, and at least 40% of the rental residential units in this development are rent restrict ed 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 th is 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 Intern al Revenue Code.

C. Use of Credit Proceeds

1. The syndication will be:

2. Percentage of ownership retained by developer is: %

3. Name of Syndicator: 4. Contact Person:

5. Phone Number: Example: 212-555-1212

6. Total amount anticipated from syndication: \$

7. Net amount of anticipated pay-in: \$

8. Total project syndication costs: \$

9. Total project partnership expenses: \$

10. If the investor (equity provider) will provide construction, bridge and/or permanent loans for the project, complete the following:

Construction Loan: Loan Terms:

Financing Term: Financing Term Type: Interest Rate Percent: %

Bridge Loan: Loan Terms:

Financing Term: Financing Term Type: Interest Rate Percent: %

Permanent Loan: Loan Terms:

Financing Term: Financing Term Type: Interest Rate Percent: %

D. Investor Pay-In Schedule

Enter the following information for each threshold event which must occur to receive each pay-in.

Event: Pay-In Amount: \$

Projected Pay-In Date: Pay-In Use:

After entry of the above information for the first event, the page will be displayed as Table 10D below:

D. Pay-In Schedule

Event	Amount	Pay-In Projected Date	Pay-In Use	Options
				edit delete
				add

E. Applicant/Owner Certification

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-compliance 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.

B. Applicants that cannot certify that each of these statements is true cannot submit the application. Contact HTFC for assistance.

Certified By	Title	Date

F. Capital Project Attachment Instructions

Listed below are the instructions for completing the Application Attachments. The applicant should refer to the Unified Funding Capital Project Application Attachments Checklist to determine which attachments are required for each program. The applicant should title each attachment in accordance with the Application Attachments Checklist. If an Attachment is not applicable, you must select the 'omit' button for all attachments which you will not be submitting. This is required as an acknowledgement that you are intentionally omitting the attachment(s).

Please note: the only attachments required for seed money applications are:

- Attachment A1 – Evidence of Site Control
- Attachment C1 –Community Needs Support Documentation; and,
- Attachment F3 –Non-Profit Applicant’s Participant as an Applicant or Owner, if applicable .

Attachments A1 –A6 –Project Readiness

Attachment A1 – Evidence of Site Control

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

- x An executed deed evidencing ownership by the applicant or owner;
- x A title report not more than 90 days old at the time of application submission showing that the applicant holds title;
- x A signed contract of sale between the applicant and the property owner which describes the terms and conditions for the conveyance of the title at a designated price during a specific period which is renewable or with a term expiring no less than six months from the date of the application deadline for the funding round;
- x A signed option to purchase which is renewable or with a term expiring no less than six months from the date of the application deadline for the funding round;
- x A local land disposition agreement;
- x A letter from a public agency offering the site(s) to the applicant under specified conditions within a timeframe that is consistent with the information provided in the proposed Development Timetable (Exhibit 6);

x A letter from the New York City Department of Housing Preservation & Development (NYC HPD) which specifies an expiration date, and clearly matches the property(ies) identified in Exhibit 8 (Site & Building Information) and the project plans. (Please see the NYC HPD SiteControl Guidelines below for more information regarding the use of HPD-owned sites); or,

x A lease with a term that is equal to the regulatory period for the applicable program(s).

x Any site control documentation which includes an offer and acceptance, such as a contract of sale, option or lease must include signatures of all required parties in order to be considered acceptable documentation of site control.

NYC HPD SiteControl Guidelines

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

x Site control for City -owned sites must be secured by submitting a request to the NYC HPD through its Request for Proposals/Request for Qualifications (RFP/RFQ) process. Applicants will be required to identify all sources of proposed project financing. Further information on the RFP/RFQ process, including current deadlines, is available at HPD's website:

<http://www.nyc.gov/html/hpd/html/developers/developers.shtml>.

x Successful RFP/RFQ applicants will receive a Negotiations Letter from HPD stating HPD's intent to commence negotiations with the applicant, and setting forth information on programs and procedures. HPD will notify DHCR/HTFC of the successful applicants.

x NYC HPD Negotiations Letters which are received before the application deadline for the current funding round should be included as Attachment A1. Otherwise, HTFC/DHCR will rely on HPD for information on site control of City -owned properties.

Attachment A2 –Zoning Compliance

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

Attachment A3 – Public Approvals

Local Approvals:

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

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

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

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

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

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

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

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

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

Other

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

Provide documentation of any other known required public approvals.

Attachment A4 - State Historic Preservation Office (SHPO) Submissions

All applicants, except those seeking LIHC or SLIHC standalone or seed money funding must complete the SHPO Project Review Cover Form (<http://www.nysparks.state.ny.us/shpo/environ/forms/PRCoverForm.pdf>) and submit it to the State Office of Parks, Recreation and Historic Preservation for eligibility review prior to submitting this application to DHCR/HTFC.

Applicants proposing projects on sites with existing structures which will be rehabilitated or removed must also complete and submit to the State Office of Parks, Recreation and Historic Preservation a completed Historic Resource Inventory Form

(<http://www.nysparks.state.ny.us/shpo/enviro/forms/InvenForm.pdf>) for each existing structure prior to submission of this application to DHCR/HTFC.

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

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

Attachment A5 –State Environmental Quality Review (SEQR) Submissions

With the exception of LIHC/SLIHC standalone projects, all applicants must attach a copy of the signed Short Environmental Assessment Form (EAF) in order to comply with SEQR procedures. A version of this form can be filled out online and then printed for signature. The form can be located at:

http://www.dec.ny.gov/docs/permits_ej_operations_pdf/shorteaf.pdf

If another organization/agency has assumed the lead agency designation for coordinated review, submit a copy of the Executive Summary of the EAF, and attach a letter from the lead agency which identifies HTFC as an involved agency. The full EAF can be found online at:

http://www.dec.ny.gov/docs/permits_ej_operations_pdf/longeaf.pdf

If any Phase 1 Environmental Site Assessments (ESA)/reports were completed in the past year, submit a copy of the Executive Summary of these documents. DHCR reserves the right to request full copies of the ESA/reports.

Attachment A6 - Environmental Approvals

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

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

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

State Pollutant Discharge Elimination System (SPDES) Permit/SPDES General Stormwater Permit: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires a SPDES Permit or a SPDES General Stormwater Permit, submit evidence and/or an explanation of steps taken to obtain the permit. Information and forms can be found at:

<http://www.dec.ny.gov/permits/6054.html>

Attachments B1 –B11 –Project Design/Construction & Site Suitability

Attachment B1 - Outline Specifications

The applicant must submit written preliminary specifications based on the HUD Contractor Outline Specifications (HUD Form 5087) or the Construction Specification Institute's (CSI) format division of work items, and must list and describe all work to be performed and the type of materials to be provided. When completing this attachment, applicants applying under the Green Building Initiative or seeking LEED points for Energy Efficiency, should clearly identify the use of Energy Star appliances and/or fixtures, Energy Star HVAC, air conditioning or other energy modifications that produce the same or comparable energy efficiency or savings. Refer to the Green Building Reference Manual for requirements under the Green Building Initiative.

Specifications for projects requesting funding from all DHCR/HTFC Programs except UI and RARP must be prepared by an architect or an engineer licensed to practice in New York State. UI and RARP specifications may be prepared by a non-licensed building professional, and must identify the current condition of the proposed building and/or site, and must address the construction items required to perform all necessary work.

Attachment B2 –Construction Cost Estimate

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

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

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

Only those off-site costs directly associated with the project will be considered eligible for DHCR/HTFC funding. Projects with 12 or more NYS HOME funded units are reminded that they are subject to the Federal Labor Standards regulatory requirements (Davis-Bacon Related Acts).

Attachment B3 –Preliminary Plans

All applicants must submit the following preliminary design documents. If the project is made up of multiple buildings and/or sites with variable scopes of work, separate preliminary plans for each building/site must be submitted.

All projects, except for projects requesting UI and RARP funding only, must provide preliminary plans prepared by an architect or engineer licensed to practice in New York State. Projects requesting UI or RARP funding only may provide preliminary plans prepared by a non-licensed building professional (e.g. rehab specialist). For all projects, the following documents must be submitted:

A. Site Plan:

1. use scale 1 inch = 20 feet or larger;
2. use a North arrow;
3. show locations of all existing building(s), roadway(s), parking area(s), utilities, plantings, etc.;
4. show existing site restrictions, including set-backs, rights of way, boundary lines, etc.;
5. show all proposed changes to building(s), roadway(s), parking, utilities, plantings, etc.;
6. show zoning classification;

7. show notations of all new and existing materials;
8. show boundaries of any unusual site features, e.g., 100-year flood plain, wetlands, bedrock outcroppings, etc.; and,
9. show existing and proposed site slopes and approximate grade elevations.

B. Floor Plan(s):

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

C. Elevations:

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

D. Wall Sections:

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

Please Note:

HOMEfunded projects must comply with Section 504 of the Rehabilitation Act of 1973.

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

Attachment B4 –Site Photographs

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

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

Attachment B5 –Map of Primary Service Area

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

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

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

1. The site must be free of hazardous materials and incompatible adjacent uses. There must be no environmental conditions that would significantly impair the intended residential purpose;
2. The site must have adequate space to accommodate local off-street parking;
3. The site must be relatively level and of no greater size than is necessary to accommodate the proposed project ;
4. The site must have power, telephone, water and sewer connections adjacent to the site; and,
5. The site must be accessible to local public transportation, or be within walking distance of community services, retail establishments, and a grocery store.

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

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

Attachment B6 – Physical Needs Assessment

Applicants requesting standalone LIHC or SLIHC funding to rehabilitate an existing structure must complete and submit the Physical Needs Assessment. This document does not apply to new construction projects. This attachment is comprised of two Sections: Part A –Project Information/Credit Recipient Certification and Part B – Architect/Engineering Firm Certification.

Part A – Project Information/Credit Recipient Certification :

This certification must be completed, signed, dated and submitted at each of the following stages:

at application;
at allocation (binding commitment and/or carryover); and,
at project completion, when applying for an IRS 8609 issuance and/or SLIHC eligibility statement.

Part B – Architect/Engineering Firm Certification :

This form and certification must be completed and submitted at the following stages:

at application; and,
at project completion, when applying for an IRS 8609 issuance and/or SLIHC eligibility statement.

Attachment B7 – Energy Efficiency Initiative Documentation and/or RES check

If applying under the Energy Efficiency Initiative provide the document(s) from NYSERDA verifying participation in the program and submit as Attachment B7.

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

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

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

Attachment B8 - Energy Efficient Construction Costs

If applying under the Green Building Initiative and/or the Energy Efficiency Initiative, complete the Energy Efficient Construction Costs Worksheet. Please note this is for informational purposes only.

Attachment B9 – Green Building Criteria Checklist

Applicants must complete Green Building Criteria Checklist if applying for the Green Building Initiative. All documents required under this checklist are to be included as part of this attachment.

Attachment B10 - Visitable, Accessible and Fully Adapted Units

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

Attachment C1 -C3 –Community Need/Market Demand

Attachment C1 –Community Needs Support Documentation

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

DO NOT attach the New York State Consolidated Plan.

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

Additional Requirements for UI and RARP Standalone Applicants: Please attach a document summarizing community needs in the project location, and which includes the information listed below. Use data from the US Census and/or other verifiable data sources, and be sure to reference all data sources in the narrative.

1. Describe existing business and housing conditions in the neighborhood/rural region in which the project is located. Include such items as:

xThe condition, tenure type (owners/renters), vacancy rate, affordability and market conditions of residential units in the area. Use the 2000 US Census Data to provide the current poverty level and vacancy rate for existing housing in the targeted blocks or census tracts in which the project is located;

xThe condition, ownership, turnover, market conditions, and vacancy rate of local commercial businesses;

xFor projects involving community or civic facilities, provide information on the unmet demand for social or community services, and the need for additional facilities and services;

xDetail current land uses (commercial, residential, civic, parking, open space, etc.) in the neighborhood or rural region and in areas immediately adjacent;

xDiscuss any external factors that may impact the neighborhood or rural region within the next five years, such as regional economic trends and institutional investments; and,

xDescribe the assets of the neighborhood or rural region, such as, historic buildings, local businesses and market potential in the region.

2. Summarize the strengths and weaknesses of the project neighborhood or rural region. Explain why the investment of public dollars through either the UI or RARP Program is needed to improve the area in which the project is located, and the impact of UI and RARP funds on community revitalization efforts. Be sure to address both residential and commercial aspects of the project locale.

Attachment C2 –Market Study

Applicants must provide a market study or market analysis. Applications that do not include a market study or market analysis as described below will be deemed incomplete and will not be reviewed further. Please see the HTFC/DHCR Market Study Content Guidelines, particularly regarding the definitions of Primary and Secondary Market Areas, in Section 5.06 of the Capital Programs Manual for additional general guidance on market studies and/or market analysis.

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

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

Applicants for HTF/HOME Small Project Initiative, Urban Initiative, and Rural Area Revitalization Program funding in support of rental housing units only may submit their own market analysis or a professional market study that firmly establishes that a sufficient number of income-eligible households exist in the service area which can afford the project rents, and which can be expected to occupy the project. Exceptions may be made for those projects supported by unusually strong demand, which are part of a housing/community development strategy, or will serve a special needs population.

All submissions must address at a minimum the following:

xthe geographic area from which households are expected to be drawn (see the definition of Primary and Secondary Market Areas in the Section 5.06 of the CPM);

xthe number of income-eligible households within that area able to afford the required monthly housing expense;

xcurrent vacancy rates;

xthe impact of the project on other housing stock, including other publicly -assisted housing;

xrents for similar housing in close proximity to the proposed project;

xidentification of other comparable housing that is planned or under development; and,

xthe availability of project -based rent subsidies.

If the RARP or UI application is requesting funds for commercial space, the application must address the commercial market in the project service area, including the rents for similar commercial space, and the proposed commercial rents for the project.

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

Applicants seeking potential LIHC scoring points under Section 2040.3(F)(10) of the proposed 2008 QAP, or SLIHC scoring points under Section D(11) of the proposed 2008 SLIHC Regulations, and who have an agreement to market the completed units to a public housing authority or any other entity that maintains a

Public Housing or Section 8 waiting list for subsidized housing, should submit the agreement as Attachment C3. Submission is optional, but advisable.

Attachments D1 -D4 –Project Underwriting

Attachment D1 –Appraisal

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

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

Attachment D2 –Operating Budget Documentation

The following items must be submitted as Attachment D2:

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

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

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

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

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

Attachment D3 –Funding Commitments

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

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

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

4% LIHC standalones applicants and those applying for the Senior Housing Initiative must submit supplemental information as Attachment D4. Prepare and label the attachment as follows:

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

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

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

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

1. Plan for Aging in Place of Elderly Tenants

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

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

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

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

- x information and referral;

- x service coordination/facilitation;
- x social and educational activities ;
- x health/wellness activities;
- x meals;
- x housekeeping/chores;
- x transportation;
- x informal counseling;
- x legal and financial assistance; and,
- x forms completion/counseling

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

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

- x a summary description of how the need/market were established for housing for persons with special needs including references to and data from any studies or analyses of the need for the proposed housing;

- x the name of all support agencies that were contacted, and the number of their eligible consumers in the service area who need housing and can afford project rents; and,

- x if the need for housing for persons with special needs in the service area is supported by research, provide evidence, such as a signed Housing/Service Agreement or letter from at least one local service provider stating that they will refer potential tenants to the project at the time of rent -up and/or will provide on or off -site support services for such tenants, and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.

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

3. Plan for Supportive Housing

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

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

- x providing a summary description of how the need/market was established for housing for tenants of supportive housing;

x providing the name of all support agencies that were contacted, and the number of their eligible consumers in the service area who need housing and can afford project rents; and,

x if the need for supportive housing units in the service area is supported by research, provide a summary of the research and provide evidence through submission of a signed Housing/Service Agreement or a letter from at least one local service provider stating that they will refer potential tenants to the project at the time of rent -up and/or will provide on or off -site support services for such tenants, and/or a State agency will provide capital funds for the construction/rehabilitation of such housing units.

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

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

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

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

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

Attachments F1 –F9 - Miscellaneous Attachments

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

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

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

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

Transmittal Letters :

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

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

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

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

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

xA signed copy of each appropriate transmittal letter;

xA copy of each required certified mail receipt stamped with the date of the mailing, and addressed to the CEO of the project locality; and,

xEvidence that the CEO has received the Notification Letter. Acceptable forms of evidence are: the signed return receipt (green card), a copy of the signed return receipt card, a copy of an on-line report of delivery used by a number of overnight services, or a hand stamped/signed receipt acknowledging receipt by the CEO. If not available at the time of application submission to DHCR, the signed return receipt must be submitted to DHCR within 45 days to the appropriate Program Manager (LIHC: Arnon Adler; SLIHC: Jeanne Ryan) at the following address:

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

Attachment F2 – Credit Fee Transmittal/Deferral Letter

A \$2,000 application fee is required for all LIHC and SLIHC applications; Applications requesting both LIHC and SLIHC must submit \$4,000 – one fee for each program. Non-profit applicants or their wholly -owned subsidiaries which will be the sole general partner of the partnership/project owner or sole managing member of the limited liability company/project owner may instead submit a request for deferral of the fee until the time of credit allocation.

Applicants applying for LIHC and/or SLIHC consideration must submit fee payments to the DHCR Finance and Budget Unit with the applicant name and project name referenced on the check. DO NOT include the check in your application . The check must be accompanied by the Credit Fee Transmittal Letter.

To demonstrate compliance with this requirement:

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

All other applicants must submit copies of the check and the Credit Fee Transmittal Letter sent to the DHCR Finance and Budget Unit as Attachment F2.

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

Attachment F3 Non -Profit Participation as Applicant or Owner

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

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

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

Applicants applying for NYS Home Program funds as a CHDO must attach a copy of a CHDO Determination Letter stating that the applicant is a qualified CHDO. The letter must have been issued by the DHCR Regional Office whose territory includes the municipality in which the project is to be located. If the CHDO Determination Letter is more than one-year old, you must also include in this attachment, a letter from the applicant's authorized signatory stating that no organizational changes have occurred that would effect the CHDO certification.

Attachment F5 –Request for Waiver from HTFC Standards

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

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

Attachment F6 –Existing Occupant Documentation/Relocation Plan

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

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

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

If NYS HOME funds are being requested to assist an occupied rental property, the applicant must also submit as part of this attachment copies of advisory notices given or to be given to tenants of each building that will be assisted (pursuant to 49 CFR 24.101). Sample notices are contained in HUD Handbook 1378 Tenant Assistance, Relocation and Real Property Acquisition.

If NYS HOME funds are being requested to acquire a property, the applicant must also submit as part of this attachment copies of notices provided to owners (sellers) informing them that the property is not being acquired by an agency with the power of eminent domain, and setting forth an estimate of the fair market value of the property (pursuant to 49 CFR 24.101). The seller must be allowed the opportunity to withdraw from an existing option or contract if it wishes after this information is provided.

Please Note: Only temporary relocation expenses are eligible costs under the HTF Program.

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

Attachment F7 –Tenant Buy -Out Plan

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

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

Attachment F8 –LIHC/SLIHC Right of First Refusal

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

Attachment F9 –Proposal Summary

Briefly (3 pages or less) describe the Project. If requesting Technical Assistance and/or Seed Money for a project, provide a brief narrative identifying the type(s) of assistance and/or Seed Money needed. Be sure to adhere to the following definition when doing so:

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

NOTE: Applicants requesting LIHC who: are proposing a supportive housing project, a preservation project, or a high acquisition cost project as those terms are defined in DHCR's proposed Qualified Allocation Plan; are proposing to include a community service facility in their project; or are proposing a Preservation Project involving the redevelopment of public housing, should review the Request for Proposals for specific guidance on these types of projects.

Provide a summary of the project following the outline below. This summary should communicate the applicant's understanding of the pieces of the development proposal and how it intends to manage the implementation.

- The location of the project (street, municipality, county, zip code);
- The positive and negative aspects of the location relative to the target population and market;

- The proposed unit/occupant mix, including any mixed use or mixed income aspects as appropriate even if you are not requesting funds for these portions of the project in this application. For elderly projects identify the age group (see Exhibit 1J);
- The public purpose(s) served, the beneficiaries, and any economic development linkage;
- Describe the proposed improvements to the property and/or building, any special design features including accessible and adaptable units, design modifications for special needs projects, features which promote efficiency in operating and management costs including energy efficiency improvements, solutions to mixed uses and shared spaces for mixed use/mixed income projects, and issues related to interim and permanent re-location for occupied projects;
- For a Community Service Facility, describe the facility operator and the service(s) provided;
- How development cost risks will be minimized, how any operating expense issues will be addressed and, the source and duration of any tax relief or rental assistance that is anticipated or committed;
- The Development Team member(s) responsible for completing key project tasks, particularly acquisition, construction supervision, loan closings, organizational filings, marketing, rent-up and management. For projects requesting LIHC and/or SLIHC, who will be responsible for all aspects of the syndication;
- The full identification of all members of the ownership entity, including all limited partnerships (LP) or limited liability corporations (LLC) listed as a general partner/managing member;
- The percentage of ownership held by each member of the ownership entity, any ownership structure issues, to include identities of interest between members of the ownership entity, and which of the participants in the project ownership will have effective project control.

In addition to the above, provide any information on the following aspects of your project which you believe cannot be adequately explained in your response to exhibit questions or other required attachments:

- Site control or property rights, and any possible effect on DHCR/HTFC's regulatory interest;
- Timing or sequence through which the funding required to complete the project will be made available, clarification of construction and/or permanent financing sources and uses; and/or,
- Any project management requirements or special matters of operational control.