

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

1A. Applicant Information

- 1. Applicant Name:
- 2. Federal EIN:
- 3. DOS Charities Registration Number:
- 4. Fiscal Year End Date:
- 5a. Applicant Types:  
- 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. DUNS Number:
- 5g. LP/LLC Partner name(s):

6. Applicant Mailing Address for this Application



7. Applicant Phone and Internet Data

- Phone Number:
- Phone Extension:
- Email Address:
- URL:

8. Primary Contact Person for Correspondence Related to this Application

- First Name: *
- Last Name: *
- Salutation: 
- Title:
- Phone Number: * Example: 212-555-1212
- Phone Extension:
- Fax Number: Example: 212-555-1212
- Email Address:
- Is this person the applicant's authorized signatory? *  If no, Complete Question 9

9. Applicant's Authorized Signatory

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

1B. Owner Information

1. Will the Applicant transfer title to another entity? * If 'No', click the Submit button and continue to the next page
2. Owner Name: * or Unknown
3. Federal EIN: Example: 123456789
4. Fiscal Year End Date: Example: 01/31

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 the Members/Partners:

[+ add](#)

6. Owner's Mailing Address

Care Of:

P.O. Box:

Room/Suite Number:

Street Number:

Street Name:

Street Suffix:

City: *

State: *

Zip Code: * Example: 12345-0000

Phone Number: * Example: 212-555-1212

Fax Number: Example: 212-555-1212

Prime Contact Person

First Name: *

Last Name: *

Title:

1C. General Project Information

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

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

1c. Has this project ever been under Housing Supervision by DHCR Housing Operations? *

1d. If yes, enter the following information for the project:
Original name of the project, if different than the project name proposed in this application:

Street Number:
Street Name:
Street Suffix:

City:
Zip Code: Example: 12345-0000
Supervision Start Date: Example: mm/yyyy

Supervision End Date: Example: mm/yyyy
DHCR Contact:
Project Contact:

2a. Project Name: *

2b. Regional Council(s): Select all that apply

<input type="checkbox"/> Capital Region	<input type="checkbox"/> Mohawk Valley
<input type="checkbox"/> Central New York	<input type="checkbox"/> New York City
<input type="checkbox"/> Finger Lakes	<input type="checkbox"/> North Country
<input type="checkbox"/> Long Island	<input type="checkbox"/> Southern Tier
<input type="checkbox"/> Mid-Hudson	<input type="checkbox"/> Western New York

3. Project County: *

4. Project Municipality: *

5. Chief Elected Official of the municipality selected above:

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

1D. Program Funding

1. Read the Application instructions carefully before completing this section. Once this section is completed it cannot be changed. Please verify that your selection is correct before clicking the 'Submit' button.

1a. Is this application requesting seed money only? * 

2. Seed Money Requests

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

HTF Program Seed Money: \$ 

NYS HOME Program Seed Money: \$ 

DHCR/HTFC CHDO:

CHDO Determination Letter Date:

3. Capital Project Funding Requests:

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

NYS DHCR Funding Programs:

1. HTF: \$

2. NYS HOME: \$

3. HWF: \$

4. SLIHC annual amount: \$

5. 9% LIHC annual amount: \$

6. UI: \$

7. RARP: \$

8. HDF: \$

9. IDDP: \$

NYS HFA Funding Programs:

9. As-of-Right 4% LIHC annual amount: \$

10. HFA Low-Interest Second Mortgage: \$

11. Bond Financing:

a. Construction Period Bond amount: \$

b. Permanent Period Bond amount: \$

c. Total Bond Financing amount: \$

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: 

3c. If you are requesting HWF funds with HFA financing complete the following:

Proposed credit enhancement provider: 

Third party (specify):

3d. If you are requesting HWF funds with Non-HFA bond financing complete the following:

Bond issuing agency:

4% LIHC allocating agency: 

Non-HFA 4% LIHC annual amount being requested: \$

1E. Project Initiatives and Program-Specific Application Designations

1. Funding Initiatives

Select the type(s) of initiative you are requesting that this application be reviewed as:

- Not Applicable
- Green Building Initiative
- Housing Choice Voucher Project Based Assistance Initiative
- Energy Efficiency Initiative

2. Policy Priorities

Select the applicable type(s) of Policy Priorities:

- Not Applicable
- Priority Identified in Regional Economic Development Plan
- Fort Drum Impact Area
- Flood Relief
- Mixed-Income/Mixed-Use Upstate Revitalization
- Mixed-Income Cross-Subsidized
- Lead Abatement
- Supportive Housing Serving Vets with Special Needs
- OPWDD-Leveraged Supportive Housing
- Housing Opportunity
- Transit-Oriented Development

3. Occupied Rehabilitation

Is this project currently occupied and will it be preserved as affordable housing? *

4. New York/New York III Supportive Housing Agreement

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

5. 9% LIHC Program Set-Aside Designations

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

- Not Applicable
- Preservation Project
- Supportive Housing Project
- High Acquisition Cost Project

6. 9% LIHC/SLIHC Project Amenities

Are you seeking LIHC/SLIHC scoring points per the Qualified Application Plan by:

Providing access to discounted broadband internet service?

Including on-site Energy Star or equivalent appliances in common laundry facilities or washer/dryer hook-ups?

Including Energy Star or equivalent central air conditioning that will produce the same or comparable Energy efficiency or savings?

Not applicable

Including an outdoor patio or garden space?

Not applicable

Including Energy Star or equivalent dishwashers that will produce the same or comparable energy efficiency or savings in the units and the community kitchen, if any?

Not applicable

Including a computer lab equipped with Energy Star or equivalent computers and equipment, with a minimum of one computer for every 20 residential units?

Not applicable

7. Not for Profit Application Designations:

Select the Not for Profit designation that this application should be reviewed as:

- Not Applicable
- CHDO
- 9% LIHC Not for Profit Set-Aside
- HTF Not for Profit Set-Aside

1F. Project Political Districts

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			

1G. Tenure & Construction Type

1a. Residential Tenure Type of Project *

1b. Will the project include a community room or separate community building that is for the exclusive use of the tenants, and is therefore, considered residential space? *

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

1. Commercial

2. Civic

3a. Community Service Facility (CSF)

Complete only if 3a. Community Service Facility is selected and LIHC and/or SLIHC funds have been requested

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?

MULTI FAMILY RENTAL PROGRAM – EXHIBIT 1 – APPLICATION SUMMARY

1. 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	Units - HFA
Public Assistance Households or <=30% Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
>30% through 50% of Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
>50% through 60% of Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
>60% through 80% of Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
>80% through 90% of Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Greater than 90% of Median Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Rent Bearing Unit for Resident Manager/Super	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Income Target Group Units	0	0	0

3. Residential Unit information from Section H. Units Assisted:

a. Total Residential Units - All Sources:

b. Highest Residential Unit Total for a DHCR/ HTFC source:

c. Highest Residential Unit Total for an HFA source:

MULTI FAMILY RENTAL PROGRAM – EXHIBIT 1 – APPLICATION SUMMARY

1J. Project Occupants

1. Special Population Households	Units - All Sources	Units DHCR/ HTFC	Units HFA
Families who are Homeless	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons and Families who are in Long Term Recovery from Alcohol Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons and Families who are in Long Term Recovery from Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons who are Frail Elderly	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons who are Homeless	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons who are Mentally Retarded/Developmentally Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons who are Victims of Domestic Violence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons with AIDS/HIV Related Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons with Physical Disability/Traumatic Brain Injury	<input type="text"/>	<input type="text"/>	<input type="text"/>
Persons with Psychiatric Disabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans who are Homeless	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans in Long Term Recovery from Alcohol Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans in Long Term Recovery from Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans who are Mentally Retarded/Developmentally Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans who are Victims of Domestic Violence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans with AIDS/HIV Related Illness	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans with Physical Disabilities/Traumatic Brain Injury	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans with Psychiatric Disabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans who are Fail Elderly	<input type="text"/>	<input type="text"/>	<input type="text"/>
NY/NYIII Supportive Housing Agreement Special Populations 			
If your project will include units which will serve one or more of the NY/NYIII Special Populations, enter the special population(s) below:			
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness (Population A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless (Population F)	<input type="text"/>	<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. (Population H)	<input type="text"/>	<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 (Population G)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single adults who are presently living in New York State-operated psychiatric centers or State-operated transitional residences and who	<input type="text"/>	<input type="text"/>	<input type="text"/>

could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing (Population B)

Young adults, ages 18-24, who have a serious mental illness being treated in New York State licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and who could live independently in the community if provided with supportive housing and who could be at risk of street or sheltered homelessness if discharged without supportive housing (Population C)	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------

Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a serious and persistent mental illness or MICA disorder (Population D)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e., a medical or mental health condition that further impairs their ability to live independently) (Population E)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Young adults (aged 25 years or younger) leaving or having recently left foster care or who have been in foster care for more than a year after their 16th birthday and who are at risk of street homelessness or sheltered homelessness (Population I)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Total Special Population Households:	0	0	0
---	---	---	---

2. Other Households	Units - All Sources	Units DHCR/ HTFC	Units HFA
Non-Frail Elderly Households	<input type="text"/>	<input type="text"/>	<input type="text"/>
Households without Special Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Other Households	0	0	0
Total Special Population and Other Households:	0	0	0

Residential Unit information from Section H. Units Assisted

- a. Total Residential Units - All Sources: 0
- b. Highest Residential Unit Total for a DHCR/ HTFC source: 0
- c. Highest Residential Unit Total for an HFA source: 0

3. Elderly Population Targeted: *

MULTI FAMILY RENTAL PROGRAM – EXHIBIT 1 – APPLICATION SUMMARY

1K. Development Team Members

Company/Organization: *

Team Member First Name: *

Team Member Last Name: *

Title:

Email Address:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Proposed Project Role(s): * Select all that apply

- Developer
- Owner
- Architect
- General Contractor
- Management Agent
- Syndicator
- Housing Consultant
- Letter of Credit Provider/Enhancer Const
- Letter of Credit Provider/Enhancer Perm
- Other

Other (specify):

Does this Team member have previous experience in all of the roles identified above? *

MULTI FAMILY RENTAL PROGRAM – EXHIBIT 1 – APPLICATION SUMMARY

1L. Disclosure of Identities of Interest/Project Principals

Name	Organization	Title	Type	Options
Doug Bassett	Bassett Architecture	President	Dev Team Member	include
Steve Brody	Brody Construction	President	Dev Team Member	include
James Grady	Syndication Unlimited		Dev Team Member	include
Jane Smith	Akron Management		Dev Team Member	include
				add

First Name: *

Last Name: *

Title: *

Organization: *

Type: *

Disclosure of Identity of Interest:

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

This section must be completed if NYS HOME funds are being requested or if the proposed project is in a locality with no other documents identifying community/housing needs.

2A1. 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%	High	<input type="checkbox"/>
	31-50%	High	<input type="checkbox"/>
	51-80%	Medium	<input type="checkbox"/>
Renters - Large Related	0-30%	High	<input type="checkbox"/>
	31-50%	Medium	<input type="checkbox"/>
	51-80%	Medium	<input type="checkbox"/>
Renters - Elderly	0-30%	High	<input type="checkbox"/>
	31-50%	High	<input type="checkbox"/>
	51-80%	Medium	<input type="checkbox"/>
Renters - All Others	0-30%	High	<input type="checkbox"/>
	31-50%	Medium	<input type="checkbox"/>
	51-80%	Medium	<input type="checkbox"/>
Owners	0-30%	High	<input type="checkbox"/>
	31-50%	High	<input type="checkbox"/>
	51-80%	Medium	<input type="checkbox"/>
Special Needs	0-80%	High	<input type="checkbox"/>

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2A2. Documentation of Community/Housing Needs

A. Local Needs Document

Document Type: *

Other (specify):

Name: *

Prepared For: *

Geography Addressed: *

Date Published:

B. Needs Identified

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

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

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

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

3. Specifically mentions need for proposed project?

Yes or No: *

Page Number(s):

Priority Level: or Not Applicable

Page Number(s):

2b.

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2B. 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: *

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2C. Special Project Locality Designations

A. Special Designation Categories: *

Not Applicable:

Other (specify):

B. Name/Location: *

C. Year Initiated: *

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2D1. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing Needs - 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

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 8,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2D2. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing Needs - 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

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 in the proposed units.



Note: Text will be limited to 8,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2D3. Community Needs Narrative

Referencing the documents identified in A. Documentation of Community/Housing Needs - 2a. Existing Documentation of Local Need, provide a concise but thorough narrative summary. If there are no existing local planning documents available, reference the NYS Consolidated Plan.

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 8,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION

2E. 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? *

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

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.

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 3 – DEVELOPMENT BUDGET/FUNDING SOURCES

3A. 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: *

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 3 – DEVELOPMENT BUDGET/FUNDING SOURCES

3A. Construction Cost Basis

Source

Financing Type: *

Source: *

Specify Source:

Amount of Funds

Residential Amount: \$

Community Services Facility Amount: \$

Civic Amount: \$

Commercial Amount: \$

Total Funds from selected Source: \$

Assistance

Assistance Type: *

Financing Term:

Financing Term Type:

Interest Rate Percent: %

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, it will be redisplayed in a grid as shown below:

Construction Financing Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
County EDC	100,000	Loan	1 Years	5	5,000	2	1 Years	edit delete
Equity - DHCR Tax Credit	1,000,000	Other	N/A	N/A		N/A	51 Years	edit delete
Friendly Bank	5,000,000	Loan	1 Years	5	100,000	1	1 Years	edit delete
Total Construction Financing	\$6,100,000		Total Interim Interest		\$105,000			

Permanent Financing Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
Equity - DHCR Tax Credit	5,000,000	Other	N/A	N/A	N/A	51 Years	edit delete
Housing Trust Fund (HTF)	1,800,000	Loan	30 Years	1	1	30 Years	edit delete
USDA Rural Development 515	300,000	Loan	30 Years	1	2	30 Years	edit delete
Total Permanent Financing	\$7,100,000						

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 3 – DEVELOPMENT BUDGET/FUNDING SOURCES

3C. Development Budget

Select a Budget Type

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
Equity - DHCR Tax Credit - Other	\$5,000,000	add
Housing Trust Fund (HTF) - Loan	\$1,800,000	add
USDA Rural Development 515 - Loan	\$300,000	add

A. Acquisition	Equity - DHCR Tax Credit - Other	Residential Budget All Sources
1. Land	<input type="text"/>	0
2. Structure(s)	<input type="text"/>	0
3. Total Acquisition (sum lines 1 & 2)		\$0
B. Soft Costs		
4. Appraisal(s)	<input type="text"/>	0
5. Housing Consultant	<input type="text"/>	0
6. Survey	<input type="text"/>	0
7. Soil Borings	<input type="text"/>	0
8. Asbestos/Lead-Based Paint Testing	<input type="text"/>	0
9. Architecture/Engineering Fee	<input type="text"/>	0
10. Construction Manager Fee	<input type="text"/>	0
11. Legal Fees	<input type="text"/>	0
12. Non-Profit Developer's Allowance 	<input type="text"/>	0
13. Cost Certification Audit	<input type="text"/>	0
14. Insurance	<input type="text"/>	0
15. Taxes	<input type="text"/>	0
16. Interim Interest	<input type="text"/>	0
17. Closing Costs	<input type="text"/>	0
18. Title and Recording Fee	<input type="text"/>	0
19. Relocation Expenses	<input type="text"/>	0
20. LIHC/SLIHC Application Fee	<input type="text"/>	0
21. LIHC/SLIHC Allocation Fee	<input type="text"/>	0
22. Other DHCR/HTFC Fees	<input type="text"/>	0

23. Other Soft Costs - Specify

24. Total Soft Costs (sum lines 4 – 23)

C. Construction

25. Site Work	<input type="text"/>	0
26. Off-Site Work	<input type="text"/>	0
27. Demolition	<input type="text"/>	0
28. Environmental Remediation	<input type="text"/>	0

29. Other Construction Costs – Specify

30. Subtotal Site Preparation (sum lines 25 - 29)		\$0
31. Residential	<input type="text"/>	0
32. Community Service Facility or Civic Space	<input type="text"/>	0
33. Commercial	<input type="text"/>	0
34. General Contractor's Insurance	<input type="text"/>	0
35. Performance Bond Premium	<input type="text"/>	0
36. Subtotal Contractor's Costs (sum lines 30 - 35)		\$0
37. General Requirements	<input type="text"/>	0
38. Builder's Overhead	<input type="text"/>	0
39. Builder's Profit	<input type="text"/>	0
40. Total Construction (sum lines 36 - 39)		\$0
41. Project Contingency	<input type="text"/>	0
42. LIHC/SLIHC Developer's Fee	<input type="text"/>	0

43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)

D. Working Capital

44. Initial Operating Deficit	<input type="text"/>	0
45. Supplemental Management Fee & Marketing	<input type="text"/>	0
46. Initial Operating Deficit	<input type="text"/>	0
47. Supplemental Management Fee & Marketing	<input type="text"/>	0
48. Total Working Capital (sum lines 44 - 47)		\$0

E. Project Reserves

49. Capitalization of Operating Reserve 	<input type="text"/>	0
50. Capitalization of Replacement Reserve	<input type="text"/>	0
51. Reserve for Adapting Units	<input type="text"/>	0
51. Other Project Reserves - Specify	<input type="text"/>	0

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 4 – RENTS/MAINTENANCE FEES & AFFORDABILITY

4A. 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. HTFC Section 8:
- c. Section 8 Other:
- d. DHCR RRAP:
- e. USDA - RD Section 521:
- f. Other Subsidy Source:
- Other (specify):
- Total Number of Units: 0

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: *

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 4 – RENTS/MAINTENANCE FEES & AFFORDABILITY

4A1. Monthly Housing Cost for Rental Units

Monthly Housing Cost and Affordability for Rental Units

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: 24
- b. Total Rental Units to Receive Subsidy: 0
- c. Total Rental Units without Subsidy: 0
- d. Total Owner Occupied Units: Not Applicable

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
1							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
A1 1					

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
1							edit delete

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
A1 1					

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 4 – RENTS/MAINTENANCE FEES & AFFORDABILITY

4B. Condominium/Cooperative Affordability Plan

Down Payment: * %

Condominium/Cooperative: *

4B1. Monthly Housing Cost for Condo/Coop

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: *

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:

B1 - Monthly Housing Costs for Owner-Occupied Units

Unit Size	# of Units	Purchase Price	Down Payment	Amount Financed	Monthly Payment	Monthly Taxes & Ins	Monthly Maint	Total Monthly Cost	Options
1.									edit delete

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
B1 1.				

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 – OPERATING BUDGET

5A1. 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: \$

Other (specify):

c. Annual income from other sources: \$

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:

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 – OPERATING BUDGET

5A2. Basis for Projection of Operating Budget

Budget Type	Options
Residential	add
Non-Residential	add

Annual Expenses Estimates

Income						
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						add
Housing Trust Fund (HTF), \$1,000,555, 1%, 30 Years						edit
USDA Rural Development 515, \$400,375, 1%, 30 Years						edit

43. Total Debt Service

44. Cash Flow

45. Repayment Deferred Dev Fee						
--------------------------------	--	--	--	--	--	--

When you click 'edit' on any line item, the screen redisplay as shown below:

Item Details

A. Income: Total Effective Income

B. Year 1 Cost: * \$

C. Type: *

Percentage Increase/Decrease: %

D. Rationale for Estimates:

Note: Text will be limited to 100 characters

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 – OPERATING BUDGET

5A3. Operating Budget

Budget Type	Options
Residential	edit

Annual Expenses Estimates

Income

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

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

Expense	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
2. Manager							
3. Management Fee: 2							
4. Accounting & Audit							
5. Legal							
6. Advertising							
7. Office Supplies/Equipment							
8. LIHC Monitoring Fee							
9. Other Administration (Specify): credit check							
10. Total Administration							

B. Maintenance & Operations

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

Expense	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
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

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

Expense	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
---------	------	--------	--------	--------	--------	--------	---------

25. Fuel Oil

26. Lighting/Electricity

27. Water & Sewer

28. Gas

29. Other Utilities

(Specify):

30. Total Utilities

D. Taxes & Insurance

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

Expense	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
31. Real Estate Taxes							
32. Payroll Taxes							
33. Other Taxes (Specify): special district							
34. Property & Liability Insurance							
35. Fidelity Bond Insurance							
36. Other Insurance (Specify): health/comp							
37. Total Taxes & Insurance							
38. Operating Reserve							
39. Replacement Reserve							
40. Total Expenses							
41. Net Operating Income							

E. Debt Service

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

Expense	Type	Year 6	Year 7	Year 8	Year 9	Year 10	Options
42. Debt Source							
Debt Source 1							
Debt Source 2							
43. Total Debt Service							
44. Cash Flow							
45. Repayment Deferred Dev Fee							

Deferred Developer's Fee

Deferred Developer's Fee	Amount
A. Total Deferred Developers Fee	
B. Total Repaid in 15 years	\$0
C. Discrepancy	\$0

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 – DEVELOPMENT TIMETABLE

6A1. Development Track

1. Indicate which development track the project will follow: *

6A2. Additional Approvals

2. Select each additional approval required for the project

- 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)

[+ add](#)

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 – DEVELOPMENT TIMETABLE

6A3. Development and Approvals Timetable

Activity/Approval	Status	Contact Name/Phone	Completion Date	Options
1. HTFC Board Approval				edit
2. HTFC Funding Commitment Letter				edit
3. Site Ownership				edit
4. Planning Board/Site Plan Approvals				edit
5. SHPO Determination				edit
6. Phase I Environmental Site Assessment				edit
7. Zoning Approval				edit
8. SEQR Determination				edit
9. HFA Conditional Commitment & Term Sheet (HWF only)	N/A	N/A	N/A	edit
10. HTFC Board Approval for SEQR/Environmental Clearance				edit
11. HFA Board Approval (HWF only)	N/A	N/A	N/A	edit
12. HWF Funding Commitment (HWF only)	N/A	N/A	N/A	edit
13. Non-HFA Bond Issuer Commitment & Term Sheet	N/A	N/A	N/A	edit
14. Bid Document Submission				edit
15. Bond Issuance/Construction Loan Closing (HWF only)	N/A	N/A	N/A	edit
16. Contract Document Submission				edit
17. Contract (Construction) Execution				edit
18. Construction Financing Closing				edit
19. Pre-Construction Meeting				edit
20. Construction Start				edit
21. Rent-Up Conference with DHCR/Housing Management staff or HFA staff				edit
22. Final Inspection				edit
23. Construction Complete/Certificate of Occupancy				edit
24. Project Rent-Up/Occupancy				edit
25. Cost Certification/Audit/Close-Out Document Submission				edit
26. Permanent Financing Closing				edit
27. 8609/Eligibility Submission (LIHC/SLIHC only)				edit

Activity/Approval	Status	Contact Name/Phone	Completion Date	Options
Additional Approval from Previous Screen				edit

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 – DEVELOPMENT TEAM’S RELEVANT EXPERIENCE

7A. Development Team’s Relevant Experience

Similar Project Details:

1. Project Name: *

2. Total Project Cost: * \$

If the similar project included HTFC/DHCR funding:

3. SHARS ID:

If the similar project did not include HTFC/DHCR funding:

4. Project Use:

5. Project Type:

6. Construction Start Date: Example: 01/2006

7. Percent Completed: %

8. Number of Units:

9. Population Served:

Development Team Members:

Team Member: *

Team Member Role(s) in Similar Project: *

Developer

Owner

Architect

General Contractor

Management Agent

Syndicator

Housing Consultant

Other

[+ add](#)

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.

7A. Development Team’s Relevant Experience				
Stored Similar Projects	Project Cost	SHARS ID	Team Members	Options
My Project Name	\$2,854,000	20076045		include delete
				add

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 8 – SITE AND BUILDING INFORMATION

8A. 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

d. Site Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: * Example: 12345-0000

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	* Source: <input type="text"/>	* On or Off Site: <input type="text"/>	Distance from Site in feet: <input type="text"/>
Sewer	* Source: <input type="text"/>	* On or Off Site: <input type="text"/>	Distance from Site in feet: <input type="text"/>
Paving	* Source: <input type="text"/>	* On or Off Site: <input type="text"/>	Distance from Site in feet: <input type="text"/>
Gas	Source: <input type="text"/>	On or Off Site: <input type="text"/>	Distance from Site in feet: <input type="text"/>
Electric	* Source: <input type="text"/>	* On or Off Site: <input type="text"/>	Distance from Site in feet: <input type="text"/>
Telephone	* Source: <input type="text"/>	* On or Off Site: <input type="text"/>	Distance from Site in feet: <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):
- j. Not Applicable

6. Existing Structures/Facilities/Parking

a. Describe any accessory structures on the site, including their size: *
Or Not Applicable

a. 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)

Number of spaces:

Total Square Footage:

The site has Existing on-site parking (enclosed)

Number of spaces:

Total Square Footage:

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"/>

After clicking the 'submit' button, the screen will redisplay as a grid, as shown below. Click 'add' to add another site.

8A. Site Information

Site Number	Street Number	Street Name	City	Zip Code	Options
1	100	Main St	Anytown	12111	edit delete
					add

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 8 – SITE AND BUILDING INFORMATION

8A1. Buildings to be Demolished

Site Number	Street Number	Street Name	City	Zip Code	Options
1	100	Main St	Anytown	12111	add

Current Tenure: *

Number of Occupied Residential Units:

Number of Occupied Non-Residential Units:

9. Buildings to be Demolished

Building Number	Current Tenure Type	Number of Residential Units	Number of Non-Residential Units	Options
1	Non-Residential		0	edit delete

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 8 – SITE AND BUILDING INFORMATION

8B1. Building Characteristics

Site:

1. Type of Activity Proposed Proposed Activity: *

2. Existing Buildings Characteristics - Complete for Rehab Buildings ONLY

a. Building Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: *

b. Year Built: Example: YYYY

c. Tax Parcel ID(s)

SBL/BLE

SBL/BLE

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. Community Room
- 3. Commercial
- 4. Community Service Facility
- 5. Civic
- 6. Other (specify):

b. Residential Tenure Type:

Other Residential Tenure Type (specify):

5. Building Units Assisted

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

6. Building Details

- a. Number of floors in building upon completion: *
- b. Type of structure: * ▼
- Other Type of Structure (specify):
- c. Will the building include an elevator? * ▼

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

- Range and Oven
- Microwave Oven
- Refrigerator
- Cable TV Hook-up
- 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: ▼ Specify:
- Hot Water - Type: ▼ Specify:
- 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):

Upon clicking the 'Submit' button, the page will redisplay as a grid. To add another building, first select the Site at the top of the page, then click the 'add' button:

8B1. Building Characteristics

Site:

Building Number	Building	Options
1	New construction on vacant land	edit delete
		add

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 8 – SITE AND BUILDING INFORMATION

8B2. Building Space Breakdown

Site:

Building Number	Building	Options
1		edit

A. Dwelling Units - Space Breakdown

[Add New Dwelling Unit](#)

2. Residential Space Breakdown

Unit Size: *

Number Of Units: *

Square Footage Per Unit: *

Building Number	Unit Size	Number Of Units	Square Footage Per Unit	Total Square Footage	Options
1					edit delete
1					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:

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 8 – LIHC/SLIHC QUALIFIED BUILDING INFORMATION

9A. General Project Information

Program

Options

[add](#)

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 QCT Table Generator](#) to find the QCT for your project.

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

4b. DDA County:

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

6. Building Information

Identify each SLIHC assisted building that will exist upon project completion

Site Number	Building Number	Building	LIHC/SLIHC Assisted
1	1		<input type="text" value=""/>

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 9 – LIHC/SLIHC QUALIFIED BUILDING INFORMATION

9B. Site/Building Acquisition

Program:

Building

Options

[add](#)

Program:

Building:

[Display Program List](#)

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: Example: 01/31/2006

b. Enter the proposed date of acquisition by the applicant: Example: 01/31/2006

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 9 – LIHC/SLIHC QUALIFIED BUILDING INFORMATION

9C. Determination of Qualified Basis Worksheet

Program:

Display Building List

**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

**Reductions to Eligible Basis for Acquisition of Buildings
Project Costs and Adjustments**

	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
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

	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
7. Soft costs 					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

	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
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		\$0			edit

Increase in Eligible Basis of Construction/Rehab for High Cost

	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
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

	Actual Cost	Adjustments To Eligible Basis	Lower Rate (30%PV)	Higher Rate (70%PV)	Options
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					

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 9 – LIHC/SLIHC QUALIFIED BUILDING INFORMATION

9D. Unit Information

Program:

Display Program List

Program Building	Options
	add

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

Unit Information

Type: *

Residential Units Only:

Number of Bedrooms:

Number of Units:

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

Monthly Rent: \$

Tenant Paid Utilities: \$

LIHC Rental Unit Distribution

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

Non-LIHC Rental Unit Distribution

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 9 – LIHC/SLIHC QUALIFIED BUILDING INFORMATION

9E. Declaration of Public Subsidies

Program:

Site Number	Building Number	Building	Options
1	1		add

Program:

Building:

[Display Building List](#)

Total Number of LIHC assisted buildings in the project:

Total Number of SLIHC assisted buildings in the project:

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: * Example: 12345-0000

Source: *

Program: *

Type: *

Value: *

Interest Rate: * or Not Applicable

Monthly Debt Service: * or Not Applicable

Term: * or Not Applicable

Declaration of Public Subsidies

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

Program:

Building:

[Display Building List](#)

Certification

I, John Doe, acting in the capacity of the duly authorized representative of ABC, LP, 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:

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 10 – LIHC/SLIHC PROJECT SUMMARY

10A/B. Project Details & Minimum Set-Aside

Program

Options

[add](#)

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 requested by applicant: \$

8. Annual amount of credit per unit: \$

9. Anticipated credit equity price (per dollar): *\$

10. Anticipated total amount raised from syndication: *\$

11. Net amount from syndication to be provided to the project: *\$

B. Minimum Set-Aside Election



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 restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.



3. The project is located in New York City, and at least 25% of the rental residential units in this development are rent restricted and to be occupied by individuals whose income is 60% or less for LIHC, or 90% or less for SLIHC of the area median.

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 10 – LIHC/SLIHC PROJECT SUMMARY

10C. Use of Credit Proceeds

Program	Options
	add

- 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:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

Bridge Loan:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

Permanent Loan:

- Financing Term:
- Financing Term Type:
- Interest Rate Percent: %
- Loan Terms:

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 10 – LIHC/SLIHC PROJECT SUMMARY

10D. Investor Pay-In Schedule

Program:

Pay-In Schedule

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

Event: *

Pay-In Amount: * \$

Projected Pay-In Date: * Example: MM/YYYY

Pay-In Use: *

CAPITAL PROJECT CERTIFICATION

NOTE: Once the application is certified it can no longer be updated.

OMNIBUS CERTIFICATION

On my behalf and on behalf of the parties listed herein (collectively referred to as the Applicant), I hereby certify to the New York State Housing Finance Agency ("HFA") and the New York State Housing Trust Fund Corporation ("HTFC") (collectively, "Agencies") that I am duly authorized to file this submission on behalf of the Applicant, and that the following statements and information, including information contained in any attachments to this Omnibus Certification are to the best of my knowledge based on due inquiry, true, accurate and complete. I agree to immediately inform the agencies of any material change in the information provided herein and acknowledge that a false certification or failure to disclose material information shall be grounds for termination of any award. The information is submitted to the Agencies in order that the Applicant may be approved as the controlling principal of the borrowing entity for the Project for which the Applicant has submitted an application for financing.

For the period beginning ten (10) years prior to the date of this omnibus certification:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant has not been convicted of a felony, nor is the Applicant presently 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 not including any offense classified as a misdemeanor under the laws of a state and punishable by imprisonment of two years or less).
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant has not been suspended, disbarred 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.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant is not the subject of any bankruptcy or insolvency proceeding nor has the Applicant been a subject of a bankruptcy or insolvency proceeding for the time period covering this omnibus certification.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The Applicant has not defaulted on an obligation covered by any surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	There are no hazardous violations or immediately hazardous violations filed against the project for which the applicant has submitted a financing application for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Neither the borrowing entity for the project for which the Applicant has submitted a financing application nor any party of said entity has a managerial position and/or ownership interest in excess of 25% in any other property in New York against which any hazardous violations or immediately hazardous violations for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	The project for which the Applicant has submitted a financing application is not located in a jurisdiction in which there is a court decision or court entered plan to address housing desegregation or remedy some other violation of law. [If the project is located in such a jurisdiction provide the evidence for your conclusion that it is consistent with such court decision or court entered plan in an attachment to this omnibus certification].
<input type="checkbox"/>	N/A	<input type="checkbox"/>	Attached	Attach a description of any pending or current litigation or judgments related to: (i) the ownership or operation of any real estate which could materially and adversely impact the financial condition of the Applicant, (ii) the Applicant's ownership of a significant interest (25% or greater) in any entity, or (iii) any entity in which the Applicant owns a significant interest (25% or greater) which could materially and adversely impact the entity's financial condition.

*** If the answer to any question is NO, please provide a detailed explanation in a separate attachment.**

The Development Team's Relevant Experience (Exhibit 7 to the application) contains a listing of every assisted or insured project of HUD, USDA, DHCR, HTFC, HFA, SONYMA, AHC or other state or local government housing finance agency in which the Applicant has been, or is now, a principal.

All of the parties known to the undersigned to be principals in the project for which the Applicant has submitted a financing application are listed below, and no principals or identities of interest are concealed or omitted:

Name	Title/Organization	Type
Doug Bassett	President, Bassett Architecture	Project Principal
James Grady	President, Syndication Unlimited	Identity Of Interest

CDOL User ID:

CDOL Password: *

Title:

Date of Electronic Signature:

