

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

Friendly Farms Apartments

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1A. Applicant Information

1. Applicant Name: [Redacted]

2. Federal EIN: [Redacted]

3. DOS Charities Registration Number:

4. Fiscal Year End Date:

5a. Applicant Types: Limited Liability Corporation

5b. IRS tax-exempt status: Not applicable ?

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: Not applicable

5f. DUNS Number:

5g. LP/ LLC Partner name(s): * [Input field] + add

6. Applicant Mailing Address for this Application

5633 Tower Hill Rd, Bryon, NY 14422, GENESEE County

7. Applicant Phone and Internet Data

Phone Number: [Redacted]

Phone Extension:

Email Address:

URL:

8. Primary Contact Person for Correspondence Related to this Application

First Name: * [Input field]

Last Name: * [Input field]

Salutation: [Dropdown]

Title: [Input field]

Phone Number: * [Input field] Example: 212-555-1212

Phone Extension: [Input field]

Fax Number: [Input field] Example: 212-555-1212

Email Address: [Input field]

Is this person the applicant's authorized signatory? * [Dropdown] If no, Complete Question 9

9. Applicant's Authorized Signatory

First Name: * [Input field]

Last Name: * [Input field]

Salutation: [Dropdown]

Title: [Input field]

Phone Number: * [Input field] Example: 212-555-1212

Phone Extension: [Input field]

Fax Number: [Input field] Example: 212-555-1212

Email Address: [Input field]

Submit Cancel

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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

This owner is: *

3. Federal EIN: Example: 123456789

4. Fiscal Year End Date: Example: 01/31

5a. Organization Type(s):

- Public Housing Authority
- Housing Development Fund Company
- Town Government
- Village Government
- City Government
- County Government
- Non-Profit Corporation
- For Profit Corporation
- Charitable Organization
- Limited Partnership
- Limited Liability Corporation

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

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:

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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: * Friendly Farms Apartments

2b. Regional Council(s): Select all that apply
Capital Region
Central New York
Finger Lakes
Long Island
Mid-Hudson
Mohawk Valley
New York City
North Country
Southern Tier
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:

Submit Cancel

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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? * [dropdown] ?

2. Seed Money Requests

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

HTF Program Seed Money: \$ [input] ?

NYS HOME Program Seed Money: \$ [input] ?

DHCR/HTFC CHDO: No

CHDO Determination Letter Date:

3. Capital Project Funding Requests:

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

1. HTF: \$ [input]

2. NYS HOME: \$ [input]

3. SLIHC annual amount: \$ [input]

4. 9% LIHC annual amount: \$ [input]

5. UI: \$ [input] ?

6. RARP: \$ [input] ?

7. HDF: \$ [input] ?

8. CIF: \$ [input] ?

9. CDBG-DR/AHF: \$ [input] ?

10. Mitchell-Lama: \$ [input] ?

11. MRT: \$ [input]

Total funds requested: \$0

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

This application is seeking funding from: [dropdown: Not applicable]

3c. If you are requesting CIF funds complete the following:

This application is seeking funding for: [dropdown: Not applicable]

[Submit] [Cancel]

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Carefully review the Application Instructions before completing this section.

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
Housing Choice Voucher Project Based Assistance Initiative
LIHC Mixed-Income Pilot

2. Policy Priorities

Select the applicable type(s) of Policy Priorities:

- Not Applicable
Priority Identified in Regional Economic Development Plan
Military Base Impact Projects
Disaster Relief
Mixed Income/Mixed Use Revitalization
Mitchell-Lama Portfolio
Supportive Housing Serving Veterans With Special Needs
Housing Opportunity
Transit Oriented Development
Rural Preservation Project
Medicaid Redesign - New York/New York III

3. Occupied Rehabilitation

Is this project currently occupied and will it be preserved as affordable housing? Not applicable

4. New York/New York III Supportive Housing Agreement

Will your project include units which will serve one or more NY/NYIII Special Populations? Not applicable

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? Not applicable

Including on-site Energy Star appliances or equivalent in common laundry facilities or washer/dryer hook-ups? Not applicable

Including Energy Star central air conditioning or the equivalent 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 dishwashers or the equivalent 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 ?

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i 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.

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 - ALES, 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



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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? *

2a. Does this project involve Residential Construction only? * ?

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: Genesee/Batavia

3b. Qualified Census Tract (QCT): ?

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

3c. Will you include a portion of the expenses associated with the CSF as eligible basis? Not applicable ▼

Submit

Cancel

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1H. Units Assisted

Total Units in Project - All Sources

Residential Units

Residential Existing/Rehab:

Residential New Construction:

Community Room Existing/Rehab:

Community Room New Construction:

Non-Residential Units

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic Existing/Rehab:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

Submit

Cancel

1.

1H. Units Assisted

Units In Project - By Permanent Funding Source

DHCR Source Name: *

Regulatory Term: * Years

Residential Units

Residential Existing/Rehab:

Residential New Construction:

Community Room Existing/Rehab:

Community Room New Construction:

Non-Residential Units

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic Existing/Rehab:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

Submit

Cancel

2.

1H. Units Assisted

Units In Project - By Permanent Funding Source

Non-DHCR Source Name: * Georgetown Bank

Regulatory Term: * Years

Residential Units

Residential Existing/Rehab:

Residential New Construction:

Community Room Existing/Rehab:

Community Room New Construction:

Non-Residential Units

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic Existing/Rehab:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

3.

1. Total Units in Project - All Sources

All Sources	Residential		Community Room		CSF		Civic		Commercial		Options
	Existing/Rehab	New Const									
		25							2		edit

2. Units In Project - By Permanent Funding Source

Source Name	Reg Term	Residential		Community Room		CSF		Civic		Commercial		Options
		Existing/Rehab	New Const									
CDDR	30 yrs		25									edit delete
CIF	50 yrs									2		edit delete
9% LIHC	50 yrs		20									edit delete
SLIHC	50 yrs		5									edit delete
												add

4.

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1I. 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	0	0

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

a. Total Residential Units - All Sources: 25

b. Highest Residential Unit Total for a DHCR/ HTFC source: 25

Submit

Cancel

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1J. Project Occupants

1. Special Population Households	Units - All Sources	Units DHCR/ HTFC
Families who are Homeless	<input type="text"/>	<input type="text"/>
Persons and Families who are in Long Term Recovery from Alcohol Abuse	<input type="text"/>	<input type="text"/>
Persons and Families 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 with Intellectual/Developmental Disabilities	<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 Physical Disability/Traumatic Brain Injury	<input type="text"/>	<input type="text"/>
Persons with Psychiatric Disabilities	<input type="text"/>	<input type="text"/>
Veterans who are Homeless	<input type="text"/>	<input type="text"/>
Veterans in Long Term Recovery from Alcohol Abuse	<input type="text"/>	<input type="text"/>
Veterans in Long Term Recovery from Substance Abuse	<input type="text"/>	<input type="text"/>
Veterans with Intellectual/Developmental Disabilities	<input type="text"/>	<input type="text"/>
Veterans who are Victims of Domestic Violence	<input type="text"/>	<input type="text"/>
Veterans with AIDS/HIV Related Illness	<input type="text"/>	<input type="text"/>
Veterans with Physical Disabilities/Traumatic Brain Injury	<input type="text"/>	<input type="text"/>
Veterans with Psychiatric Disabilities	<input type="text"/>	<input type="text"/>
Veterans who are Frail Elderly	<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"/>
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"/>
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"/>
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"/>
Single adults who are presently living in New York State-operated psychiatric centers or State-operated transitional residences and who 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)	<input type="text"/>	<input type="text"/>
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"/>
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"/>
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"/>
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"/>
Total Special Population Households:	0	0

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

Residential Unit information from Section H. Units Assisted

a. Total Residential Units - All Sources: 25

b. Highest Residential Unit Total for a DHCR/ HTFC source: 25

3. Elderly Population Targeted:

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At least 1 team member must be identified for the Roles of Developer, Owner and Architect.

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
- Other

Other (specify):

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

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At least 1 team member must be identified for the Roles of Developer, Owner and Architect.



Updates have been successfully saved

1K. Development Team Members

Company/Organization	Team Member	Role(s)	Options
Friendly Farms LLC	Hope Hartley	Developer, Owner	edit delete
			add

Community Development Online

New York State Division of Housing and Community Renewal

User Administration Help Print Application Instructions

EXIT | Menu > Exhibit List > 1L. Disclosure of Identities of Interest/Project Principals

Exhibit Quick Links: ▼

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1L. Disclosure of Identities of Interest/Project Principals

Name	Organization	Title	Type	Options
Hope Hartley	Friendly Farms LLC	CEO	Dev Team Member	include add

Community Development Online

New York State Division of Housing and Community Renewal

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1L. Disclosure of Identities of Interest/Project Principals

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 4000 characters).

Name	Organization	Title	Type	Options
Hope Hartley	Friendly Farms LLC	CEO	Dev Team Member	include add

Community Development Online

New York State Division of Housing and Community Renewal

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1L. Disclosure of Identities of Interest/Project Principals

Name	Organization	Title	Type	Options
Hope Hartley	Friendly Farms LLC	CEO	Project Principal	edit delete add

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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"/>

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2A2. Documentation of Community/Housing Needs

2a Existing Documentation of Local Need

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 ?

Submit Cancel

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 Updates have been successfully saved

2A2. Documentation of Community/Housing Needs

Local Needs Document	Name	Prepared For	Geography Addressed	Date Published	Options
NYS Quality Communities Task For...	TS Report	Town Gov't	Town of Batavia		edit delete
					add

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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: *

Submit

Cancel

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2B. Evidence of Local Support

Local Support Category	Source Name/Description	Dollar Value/Status	Options
Resolution	Town Council Resolution in Support of Project	\$0 Committed	edit delete
			add

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 Complete this section for each type of special designation for the project locality listed.

2C. Special Project Locality Designations

A. Special Designation Categories: *

Not Applicable:

Other (specify):

B. Name/Location: *

C. Year Initiated: * ?

Submit

Cancel

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 Complete this section for each type of special designation for the project locality listed.

 Updates have been successfully saved

2C. Special Project Locality Designations

Special Designation Category	Name/Location	Year Initiated	Options
Commercial Business District	Batavia Town Center BID	2010	edit delete
			add

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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.

1a. Both Early Award and Standard Round Applicants: 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.

1b. Early Award Applicants only: Provide information on the general housing market in the primary market area of the proposed project, including the vacancy rates for units in the primary market area which are comparable to the proposed units.

[Large empty text input area for 2D1. Community Needs Narrative]

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

Submit Cancel

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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. Both Early Award and Standard Round Applicants: Provide information on whether the proposed project clearly advances the specific housing objectives of the pertinent regional economic council strategic plan.

[Large empty text input area for 2D2. Community Needs Narrative]

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

Submit Cancel

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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.

3a. Standard Round Applicants only: Describe if the project proposes the use or reuse of existing buildings, in-fill new construction, and/or demolition and replacement of buildings having a blighting impact on a community and the rehabilitation of which is impracticable and is part of a neighborhood specific revitalization plan or is complementary to an ongoing neighborhood specific planning and revitalization effort.

3b. Early Award Applicants only: 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 unemployment, educational, cultural, and recreational opportunities within the community in which the project will be located.

Large empty text area for narrative input.

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

Submit Cancel

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

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Friendly Farms Apartments

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?

Dropdown menu for question 1.

Submit Cancel

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

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Friendly Farms Apartments

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?

Dropdown menu for question 1.

If yes, complete the following questions:

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

Dropdown menu for question 2.

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

Text area for question 3.

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

Submit Cancel

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

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Friendly Farms Apartments

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: *

Submit Cancel

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

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Friendly Farms Apartments

3B. Funding Sources

Source

Financing Type: *

Source: *

Specify Source:

Amount of Funds

Residential Amount: \$

Community Services Facility Amount: \$

Civic Amount: \$

Commercial Amount: \$

Total Funds from selected Source: \$0

Assistance

Assistance Type: *

Financing Term:

Financing Term Type: Not Applicable

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

Submit Cancel

Residential Budget Sources:

Construction Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
CDBG Disaster Recovery	2,000,000	Grant	N/A	N/A		N/A	50 Years	edit delete
Georgetown Bank	1,500,000	Loan	30 Years	5.25	1,000	1	N/A	edit delete
Total Construction Financing	\$3,500,000			Total Interim Interest	\$1,000			

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
CDBG Disaster Recovery	2,000,000	Grant	N/A	N/A	N/A	50 Years	edit delete
Equity - HCR LIHC Tax Credit	1,500,000	Other	N/A	N/A	N/A	50 Years	edit delete
Total Permanent Financing	\$3,500,000						

Commercial Budget Sources:

Construction Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
Community Investment Fund (CIF)	1,000,000	Loan	30 Years	0	0	2	50 Years	edit delete
Total Construction Financing	\$1,000,000			Total Interim Interest	\$0			

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
Community Investment Fund (CIF)	1,000,000	Loan	30 Years	0	2	50 Years	edit delete
Total Permanent Financing	\$1,000,000						

Community Development Online

New York State Division of Housing and Community Renewal

User Administration Help Print Application Instructions

EXIT | Menu > Exhibit List > 3C. Development Budget

Exhibit Quick Links:

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

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3C. Development Budget

Select a Budget Type

Export all budgets to Microsoft® Excel

Community Development Online

New York State Division of Housing and Community Renewal

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EXIT | Menu > Exhibit List > 3C. Development Budget

Exhibit Quick Links:

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Friendly Farms Apartments

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3C. Development Budget

Select a Budget Type

Export all budgets to Microsoft® Excel

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
CDBG Disaster Recovery - Grant	\$2,000,000	add
Equity - HCR LIHC Tax Credit - Other	\$1,500,000	add

Community Development Online

New York State Division of Housing and Community Renewal

User Administration Help Print Application Instructions

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Exhibit Quick Links:

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

Friendly Farms Apartments

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3C. Development Budget

Select a Budget Type

Export all budgets to Microsoft® Excel

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
Community Investment Fund (CIF) - Loan	\$1,000,000	add

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

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Friendly Farms Apartments

3C. Development Budget

Export all budgets to Microsoft® Excel 

Select a Budget Type Commercial ▼

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
Community Investment Fund (CIF) - Loan	\$1,000,000	add

A. Acquisition

	Community Investment Fund (CIF) - Loan	Commercial Budget All Sources
1. Land	<input type="text"/>	
2. Structure(s)	<input type="text"/>	
3. Total Acquisition (sum lines 1 & 2)		\$0

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 - \$3000	<input type="text"/>	
21. LIHC/SLIHC Allocation Fee - \$12000	<input type="text"/>	
22. Other DHCR/HTFC Fees	<input type="text"/>	
23. Other Soft Costs - Specify	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
+ add		
24. Total Soft Costs (sum lines 4 - 23)		\$0

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"/>	
<input type="text"/>	<input type="text"/>	
+ add		

30. Subtotal Site Preparation (sum lines 25 - 29)	<input type="text"/>	
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)	<input type="text"/>	
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)	<input type="text"/>	
41. Project Contingency	<input type="text"/>	
42. Developer's Fee	<input type="text"/>	
43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)		\$0

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"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
+ add		
47. Other Working Capital - Specify	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
+ add		
48. Total Working Capital (sum lines 44 - 47)		\$0

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)		\$0
54. Total Project Costs (sum lines 43, 48 & 53)		\$0

Submit

Cancel

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

Friendly Farms Apartments

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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 Total Number of units cannot exceed: 25

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:

Submit Cancel

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

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4A1. Monthly Housing Cost for Rental Units

Export Monthly Housing Cost for Rental Units to Microsoft® Excel

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: 25
b. Total Rental Units to Receive Subsidy: 0
c. Total Rental Units without Subsidy: 0
d. Total Owner Occupied Units: Not Applicable

Submit Cancel

Rental Units with Subsidies

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	2 Bedrooms	1	3	\$900	\$675	\$0	\$675	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	n/a	n/a	\$42,000	n/a	60	\$630

Rental Units without Subsidies

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	2 Bedrooms	5	3	\$900	\$775	\$0	\$775	edit delete
2	2 Bedrooms	19	3	\$900	\$600	\$0	\$600	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
A3 1	\$9,300	\$31,000	\$42,000	74	90	\$630
A3 2	\$7,200	\$24,000	\$42,000	57	60	\$630

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

Friendly Farms Apartments

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i This section of the application only applies to Condominium/Cooperative applications.

4B. Condominium/Cooperative Affordability Plan

Down Payment: * %
 Condominium/Cooperative: *

Submit Cancel

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

Friendly Farms Apartments

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i This section of the application only applies to Condominium/Cooperative applications.

4B1. Monthly Housing Cost for Condo/Coop

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: *

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:

Submit Cancel

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.	3 Bedrooms	1	\$120,000	\$6,000	\$114,000	\$800	\$200	\$10	\$1,010	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.	\$12,120	\$40,400	\$42,000	96	60

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET

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Friendly Farms Apartments

5A1. Total Effective Income

A. Effective Residential Income

1. Total Residential Monthly Income/ Maintenance Fees: \$15,950
2. Annual Gross Residential Income: \$191,400 ?
3. Estimated Percentage of Vacancy and Arrears: %
3a. Total Residential Vacancy and Arrears: \$0 ?
4. Net Residential Income: \$191,400 ?

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: \$0
7. Total Effective Residential Income: \$191,400 ?

Section 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: \$191,400 ?

Submit Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET

Friendly Farms Apartments

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Complete this exhibit for both the Residential and Non-Residential Operating Budgets on the project

5A2. Basis for Projection of Operating Budget

Budget Type	Options
Residential	add
Non-Residential	add

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET

Friendly Farms Apartments

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Complete this exhibit for both the Residential and Non-Residential Operating Budgets on the project

5A2. Basis for Projection of Operating Budget

Budget Type	Options
Residential	edit delete
Non-Residential	add

Item Details

A. Expense: Manager

B. Year 1 Cost: * \$

C. Type: *

Percentage Increase/Decrease: %

D. Rationale for Estimates:

Note: Text will be limited to 100 characters

E. Source:

Note: Text will be limited to 100 characters

<< >>

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET

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Friendly Farms Apartments

i Complete this exhibit for both the Residential and Non-Residential Operating Budgets on the project

5A2. Basis for Projection of Operating Budget

Budget Type	Options
Residential	edit delete
Non-Residential	add

Annual Expenses Estimates

Income

Income	Year1 Income	Type	Pct. (+/-)	Rationale	Source	Options
1. Total Effective Income	\$49,000					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						
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	\$49,000					

E. Debt Service

Expense	Year1 Cost	Type	Pct. (+/-)	Rationale	Source	Options
42. Debt Source						add
Commercial - Community Investment Fund (CIF), \$1,000,000, 0%, 30 Years						edit
43. Total Debt Service						
44. Cash Flow	\$49,000					
45. Repayment Deferred Dev Fee						

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 - DEVELOPMENT TIMETABLE

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Friendly Farms Apartments

6A1. Development Track

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 - DEVELOPMENT TIMETABLE

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Friendly Farms Apartments



Selected additional approvals will be added to Exhibit6A3 - Development and Approvals Timetable.

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
- NEPA Review
- 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

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Friendly Farms Apartments

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. HTFC Board Approval for SEQR/Environmental Clearance				edit
10. Bid Document Submission				edit
11. Contract Document Submission				edit
12. Contract (Construction) Execution				edit
13. Pre-Construction Meeting				edit
14. Construction Start				edit
15. Rent-Up Conference with DHCR/Housing Management staff				edit
16. Final Inspection				edit
17. Construction Complete/Certificate of Occupancy				edit
18. Project Rent-Up/Occupancy				edit
19. Cost Certification/Audit/Close-Out Document Submission				edit
20. Permanent Financing Closing				edit
21. 8609/Eligibility Submission (LIHC/SLIHC only)				edit
22. Construction Financing Closing				edit

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 7 - DEVELOPMENT TEAM'S RELEVANT EXPERIENCE

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Friendly Farms Apartments

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

Stored Similar Projects	Project Cost	SHARS ID	Team Members	Options
Livingston Farms	\$13,500,000	20092703	Hartley, Hope	edit
Otesaga Manor	\$20,000,000	N/A	Hartley, Hope	edit
				add

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

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Friendly Farms Apartments

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

+ add

d. Site Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: * Example: 12345-0000

2. Site Area and Zoning

a. Total Site Area: *

b. Current zoning classification: *

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

3. Special Site Locations/Designations (select 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):
- j. Not Applicable

6. Existing Structures/Facilities/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) 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"/>

8A. Site Information

Site Number	Street Number	Street Name	City	Zip Code	Options
1	120	Friendly Ter	Batavia	14020	edit delete
					add

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

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Friendly Farms Apartments

8A1. Buildings to be Demolished

Site Number	Street Number	Street Name	City	Zip Code	Options
1	120	Friendly Ter	Batavia	14020	add

Current Tenure: *

Number of Residential Units:

Number of Occupied Residential Units:

Number of Non-Residential Units:

Number of Occupied Non-Residential Units:

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)

a. Equipment

- 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):

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

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Friendly Farms Apartments

8B2. Building Space Breakdown

Site:

Building Number	Building	Options
1	New Construction after Demolition	edit

A. Dwelling Units - Space Breakdown

[Add New Dwelling Unit](#)

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: **14,375**

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

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Friendly Farms Apartments

9A. General Project Information

Program	Options
9% LIHC	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 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:

5. Is the applicant willing to enter into a regulatory agreement with DHCR 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 9% LIHC assisted building that will exist upon project completion

Site Number	Building Number	Building	9% LIHC Assisted
1	1	New Construction after Demolition	

Submit Cancel

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

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Friendly Farms Apartments

9B. Site/Building Acquisition

Program: 9% LIHC ▼

Building

Options

Summary for all buildings

[add](#)

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

Submit

Cancel

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

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Friendly Farms Apartments

9C. Determination of Qualified Basis Worksheet

Program: 9% LIHC ▼

Building	Options
Summary for all buildings	add

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

Project Costs and Adjustments	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

Project Costs and Adjustments	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

Project Costs and Adjustments	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

Project Costs and Adjustments	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

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Friendly Farms Apartments

9D. Unit Information

Program: 9% LIHC ▼

Building

Options

Summary for all buildings

add

Percentage of 9% LIHC units in building: 0%

Percentage of 9% LIHC rentable floor area in building: 0%

Unit Information

Type: * ▼

Residential Units Only:

Number of Bedrooms: ▼

Number of Units:

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

Monthly Rent: \$

Tenant Paid Utilities: \$

Submit

Cancel

9% LIHC Rent-Restricted Unit Distribution

No. of Bedrooms	No. of Units	Rentable Floor Area (sq. ft.)	Total Rentable Floor Area	Monthly Rent	Tenant Paid Utilities	Options
2 Bedrooms	20	10,000	200,000	725	0	edit delete
Totals:	20		200,000			add

Non-9% 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
2 Bedrooms	5	2,000	10,000	785	0	edit delete
Totals:	5		10,000			add

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

Friendly Farms Apartments

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9E. Declaration of Public Subsidies

Program: 9% LIHC ▼

Site Number	Building Number	Building	Options
1	1	New Construction after Demolition	add

Total Number of LIHC assisted buildings in the project: 1

Total Number of SLIHC assisted buildings in the project:

Public Subsidy

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

Submit Cancel

9E. Declaration of Public Subsidies

Program: 9% LIHC ▼

Site Number	Building Number	Building	Options
1	1	120 Friendly Ter Batavia 14020	edit delete certify

Certification

I, Laura Grandy, acting in the capacity of the duly authorized representative of Zuber Farms, LLC, 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: lgrandy1

CDOL Password: *

Title:

Date of Electronic Signature: 8/19/2014

Submit Cancel

Declaration of Public Subsidies

Source	Program	Type	Value	Interest Rate	Monthly Debt Service	Term
HCR	CDBG-DR/AHF	grant	\$500,000	N/A	N/A	N/A



WARNING: Buildings denoted with an asterisk have been certified. Any changes to these buildings will require the building to be re-certified.

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

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Friendly Farms Apartments

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

Program	Options
9% LIHC	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: 25

4. Number of rent-restricted units in project: *

5. Amount of qualified basis of project subject to lower credit rate (30% present value): \$0

6. Amount of qualified basis of project subject to higher credit rate (70% present value): \$4,230

7. Annual amount of credit requested by applicant: \$150,000

8. Annual amount of credit per unit: \$0

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.
- 4. Deep rent skewing option as defined in Section 42 of the Internal Revenue Code.

Submit Cancel

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

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Friendly Farms Apartments

10C. Use of Credit Proceeds

Program	Options
9% LIHC	add

1. The syndication will be: * [dropdown]

2. Percentage of ownership retained by developer is: * [input] %

3. Name of Syndicator: * [input]

4. Contact Person: * [input]

5. Phone Number: * [input] Example: 212-555-1212

6. Total amount anticipated from syndication: * \$ [input]

7. Net amount of anticipated pay-in: * \$ [input]

8. Total project syndication costs: * \$ [input] ?

9. Total project partnership expenses: * \$ [input] ?

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

Construction Loan:

Financing Term: [input]

Financing Term Type: [dropdown]

Interest Rate Percent: [input] %

Loan Terms: [input]

Bridge Loan:

Financing Term: [input]

Financing Term Type: [dropdown]

Interest Rate Percent: [input] %

Loan Terms: [input]

Permanent Loan:

Financing Term: [input]

Financing Term Type: [dropdown]

Interest Rate Percent: [input] %

Loan Terms: [input]

Submit Cancel

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

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Friendly Farms Apartments

10D. Investor Pay-In Schedule

Program: 9% LIHC

Select Program

Pay-In Schedule

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

Program: 9% LIHC

Select Program

Pay-In Schedule

Event: *

Pay-In Amount: * \$

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

Pay-In Use: *

Submit

Cancel

Pay-In Schedule

Event	Amount	Pay-In Projected Date	Pay-In Use	Options
Closing	\$125,000	03/2015	Bills	edit delete
				add

VERIFICATION

Friendly Farms Apartments

Validate Application

Before this application can be certified and submitted the information must be validated. The validation process consists of three steps. The first step checks to make sure that all required Exhibits have been entered. The second step verifies that the information for each Exhibit is complete and the third step checks that the information is consistent across Exhibits.

Friendly Farms Apartments

validate

VERIFICATION

Friendly Farms Apartments



Validation Successful

Validate Application

Application has been successfully validated.

The application has been successfully validated and can now be certified. If you exit this screen without completing the certification, the application will have to be validated again before the certification option will be made available.

Please note, once the application has been certified it is considered submitted to DHCR and cannot be changed.

Friendly Farms Apartments

certify

Validation Step 1 completed successfully - all required exhibits have been entered
 Validation Step 2 completed successfully - all required exhibits are complete
 Validation Step 3 completed successfully - information across exhibits is consistent

CAPITAL PROJECT CERTIFICATION

Friendly Farms Apartments



You have successfully completed Step 1 of the CDOL Application Process. Your Exhibits have been submitted and your SHARS ID number is: 20146001

PLEASE NOTE: Your application submission is not complete until you have completed Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application. When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

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 **Friendly Farms Apartments** 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:

- Yes 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.
- Yes 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.
- Yes 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.
- Yes 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).
- Yes 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.
- Yes 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.
- Yes 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.
- Yes 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.
- Yes 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.
- Yes 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].
- N/A 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
Hope Hartley	CEO, Friendly Farms LLC	Identity Of Interest
	Certified by: laura grandy	
	Title: Super	
	Date of Electronic Signature: 08/20/2014	