MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

ScreenShots

Next

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: 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:

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: * Example: 212-555-1212
Phone Extension:
Fax Number: Example: 212-555-1212
Email Address:

Submit Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

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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: * ▼

Federal Employer Identification Number: ?

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)? Not applicable ▼

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:

Submit Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

ScreenShots

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: * ScreenShots

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

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

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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? *

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: No

CHDO Determination Letter Date:

3. Capital Project Funding Requests

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

1. Low-Income Housing Trust Fund Program (HTF):	$
2. New York State HOME Program (HOME):	$
3. New York State Low-Income Housing Tax Credit Program (SLIHC):	$
4. Low-Income Housing Credit Program (9% LIHC):	$
5. Rural Area Revitalization Program (RARP):	$
6. Housing Development Fund Program (HDF):	$
7. Community Investment Fund (CIF):	$
8. Mitchell-Lama Program (ML):	$
9. Supportive Housing Opportunities Program (SHOP):	$
10. Middle Income Housing Program (MIHP):	$
Total Funds Requested:	**$0**

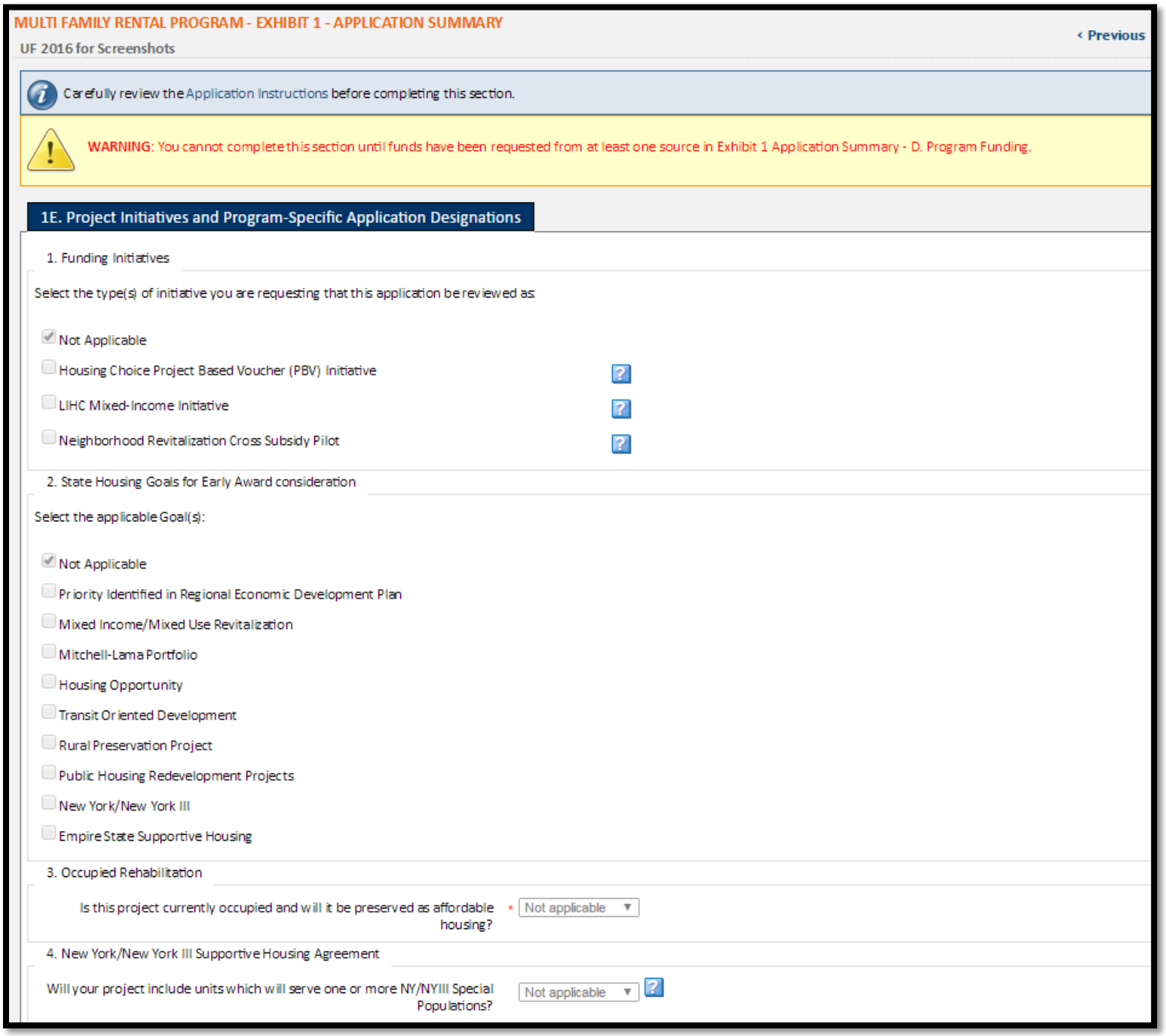
3b. If you entered funding requests for both the HTF and NYS HOME Programs, complete the following

This application is seeking funding from: Not applicable

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

This application is seeking funding for: Not applicable

Submit Cancel



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5. 9% LIHC Program set-aside Designations

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

- [x] Not Applicable
- [ ] Supportive Housing Project
- [ ] High Acquisition Cost Project

6. 9% LIHC/SLIHC Project Amenities

If applicable, indicate whether the project will provide for any or all of the amenities listed below:

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:

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

8. Empire State Supportive Housing Service & Operating Funds:

Has the proposed project received an award of Empire State Supportive Housing Initiative Service and Operating Funds? *	Not applicable
If yes, how many units will be assisted?	

Submit Cancel

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 - 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

> <

Submit Cancel

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:

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

WARNING: This section cannot be completed until **Exhibit 1G. Tenure & Construction Type** has been completed.

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

WARNING: This section cannot be completed until **Exhibit 1G. Tenure & Construction Type** has been completed.

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		
>30% through 50% of Median Income		
>50% through 60% of Median Income		
>60% through 80% of Median Income		
>80% through 90% of Median Income		
Greater than 90% of Median Income		
Non-Rent Bearing Unit for Resident manager/super		
Total Income Target Group Units	0	0

3. 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

Submit Cancel

WARNING: This section cannot be completed until **Exhibit 1H. Units Assisted** has been completed.

1J. Project Occupants

1. Special Population Households	Units - All Sources	Units DHCR/ HTFC
Families who are Homeless		
Persons and Families who are in Long Term Recovery from Alcohol Abuse		
Persons and Families who are in Long Term Recovery from Substance Abuse		
Persons who are Frail Elderly		
Persons who are Homeless		
Persons with Intellectual/Developmental Disabilities		
Persons who are Victims of Domestic Violence		
Persons with AIDS/HIV Related Illness		
Persons with Physical Disability/Traumatic Brain Injury		
Persons with Psychiatric Disabilities		
Veterans who are Homeless		
Veterans in Long Term Recovery from Alcohol Abuse		
Veterans in Long Term Recovery from Substance Abuse		
Veterans with Intellectual/Developmental Disabilities		
Veterans who are Victims of Domestic Violence		
Veterans with AIDS/HIV Related Illness		
Veterans with Physical Disabilities/Traumatic Brain Injury		
Veterans with Psychiatric Disabilities		
Veterans who are Frail Elderly		

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)		
Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless (Population F)		
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/AIDS. (Population H)		
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)		
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)		
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)		
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)		
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)		
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)		
Total Special Population Households:	0	0

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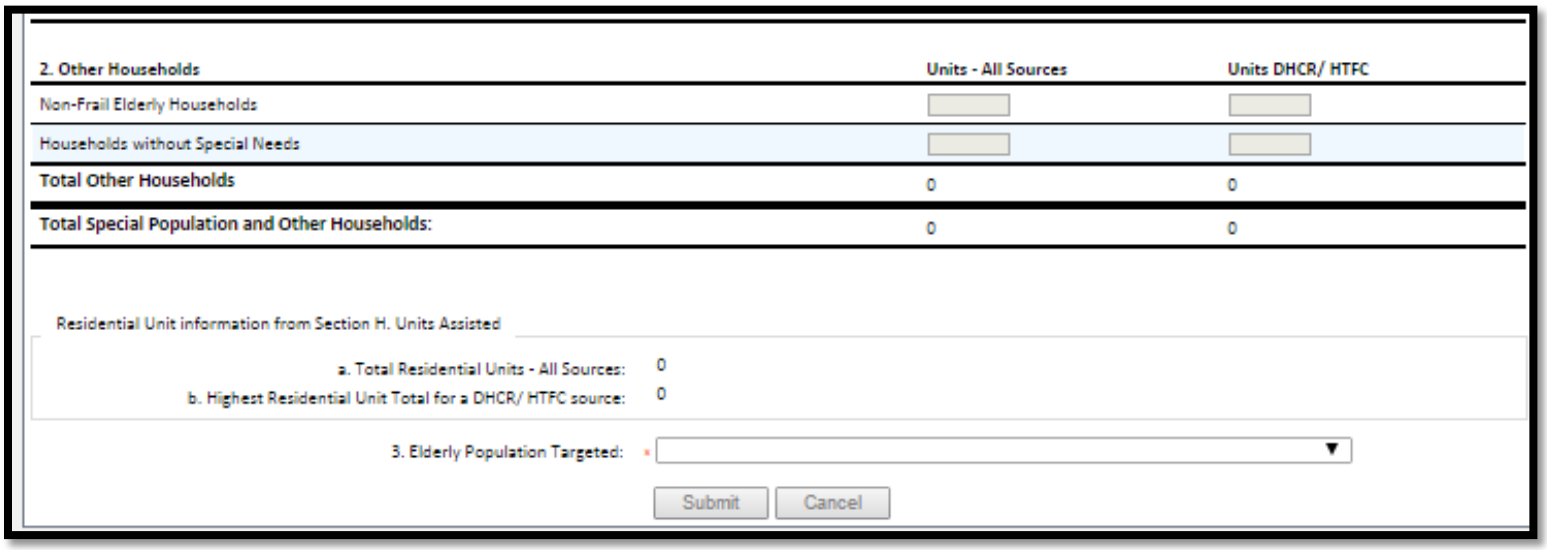

2. Other Households	Units - All Sources	Units DHCR/ HTFC
Non-Frail Elderly Households		
Households without Special Needs		
Total Other Households	0	0
Total Special Population and Other Households:	0	0

Residential Unit information from Section H. Units Assisted

a. Total Residential Units - All Sources: 0

b. Highest Residential Unit Total for a DHCR/ HTFC source: 0

3. Elderly Population Targeted: *

Submit Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

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

1K. Development Team Members

First Name: *

Last Name: *

Title:

Email Address:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Company/Organization: *

Federal Employer Identification Number *

Principals:

Text will be limited to 500 characters and use of special characters is limited.

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

- Developer
- Management Agent
- Owner
- Syndicator
- Architect
- Housing Consultant
- General Contractor
- Other

Other (specify):

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

Submit Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 1 - APPLICATION SUMMARY

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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).

Submit Cancel

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

ScreenShots

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	☐
	31-50%	High	☐
	51-80%	Medium	☐
Renters - Large Related	0-30%	High	☐
	31-50%	Medium	☐
	51-80%	Medium	☐
Renters - Elderly	0-30%	High	☐
	31-50%	High	☐
	51-80%	Medium	☐
Renters - All Others	0-30%	High	☐
	31-50%	Medium	☐
	51-80%	Medium	☐
Owners	0-30%	High	☐
	31-50%	High	☐
	51-80%	Medium	☐
Special Needs	0-80%	High	☐

Submit Cancel

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

ScreenShots

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):

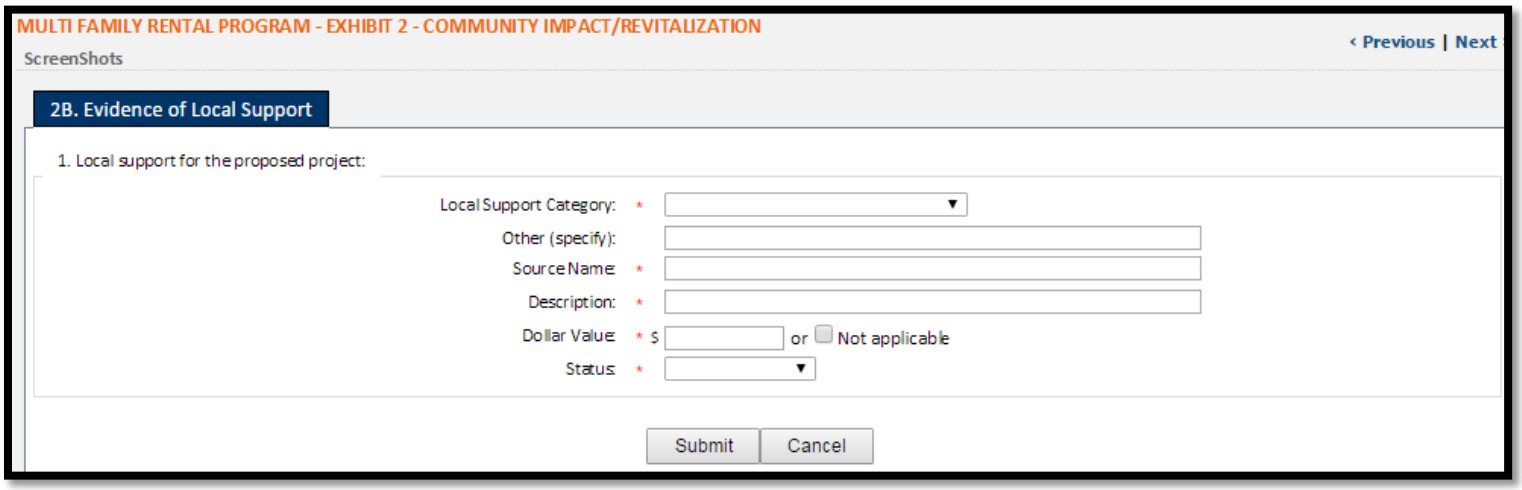
Priority Level: or Not Applicable

Page Number(s):

2b

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

Submit Cancel


MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION
ScreenShots
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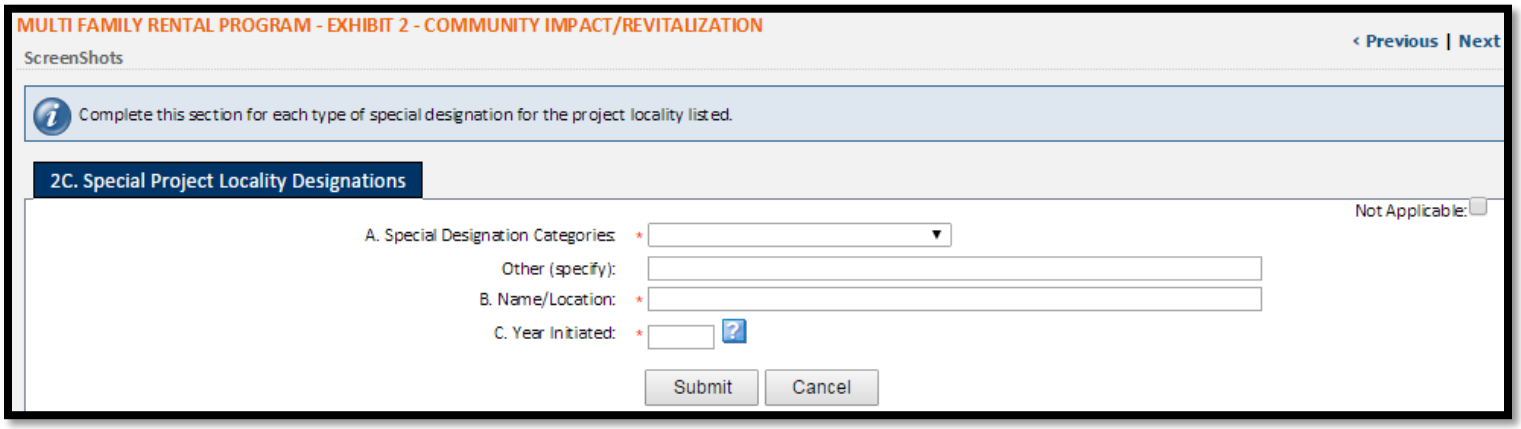
2B. Evidence of Local Support
1. Local support for the proposed project:
Local Support Category: *
Other (specify):
Source Name: *
Description: *
Dollar Value: * $ or Not applicable
Status: *
Submit
Cancel


MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION
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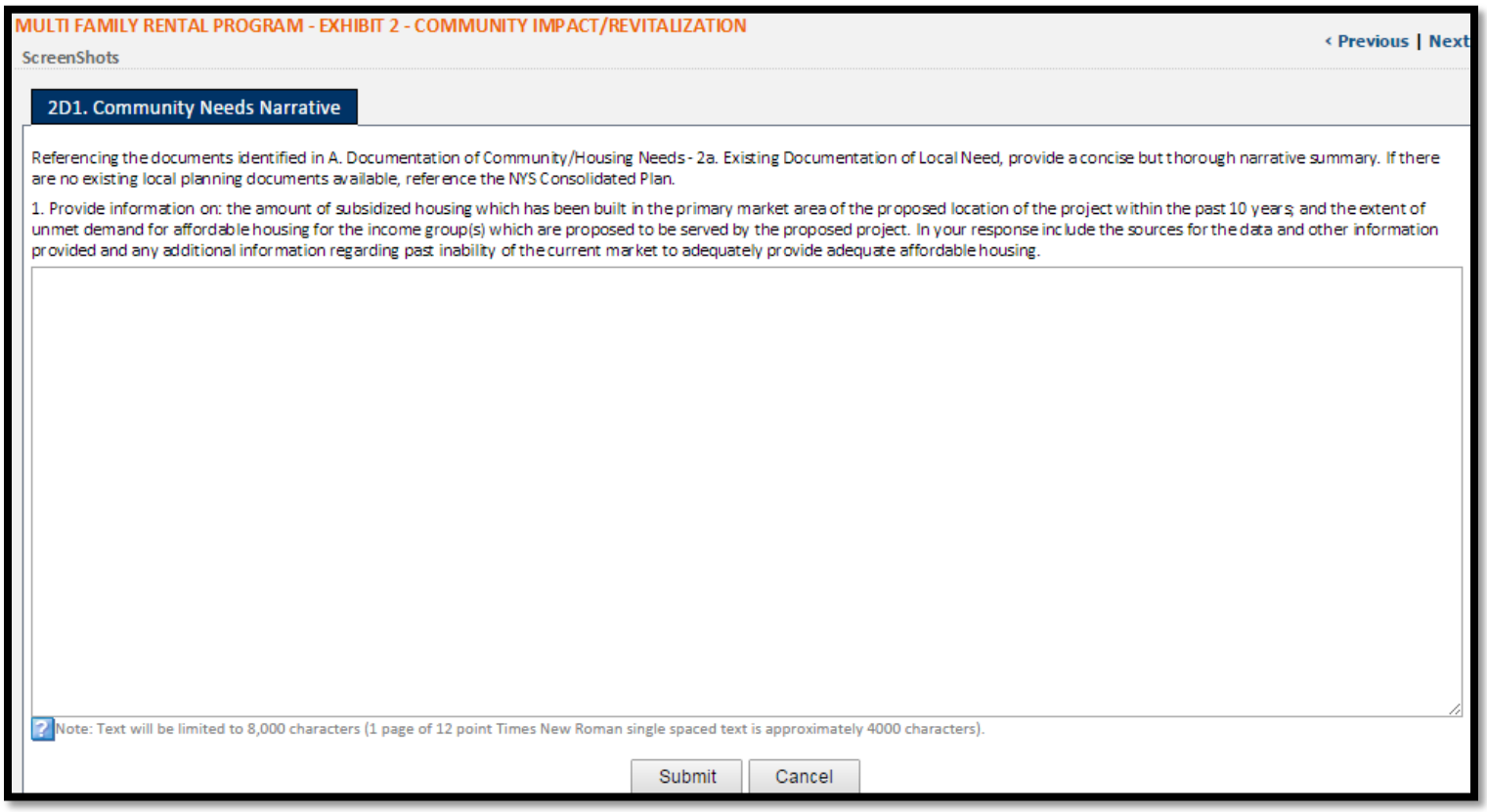
Complete this section for each type of special designation for the project locality listed.
2C. Special Project Locality Designations
Not Applicable:
A. Special Designation Categories: *
Other (specify):
B. Name/Location: *
C. Year Initiated: *
Submit
Cancel


MULTI FAMILY RENTAL PROGRAM - EXHIBIT 2 - COMMUNITY IMPACT/REVITALIZATION
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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.
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).
Submit
Cancel

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

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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. Provide information on whether the proposed project clearly advances the specific housing objectives of the pertinent regional economic development council (REDC) strategic plan or its most recent update. Indicate whether the applicant/project has either been approved for or recommended for an REDC funding award in the strategic plan or the most recent update of the strategic plan.

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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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 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.

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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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? *

Submit Cancel

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

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WARNING: This section cannot be completed until **Exhibit 1D. Program Funding** has been completed.

3A. Construction Cost Basis

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

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

Submit Cancel

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WARNING: This section cannot be completed until **Exhibit 1D. Program Funding** has been completed.

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

3B. Funding Sources

Source

Financing Type: * Construction

Source: * Equity - HCR LIHC Tax Credit

Specify Source:

Amount of Funds

Residential Amount: $ 4482363

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
ACME Loans	8,094,337	Loan	2 Years	.05	543,653	1	N/A	edit | delete
Deferred Capitalized Reserves/Working Capital	215,479	Other	N/A	N/A		N/A	N/A	edit | delete
Total Construction Financing	$8,309,816		Total Interim Interest		$543,653			

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
A Regional Fund	1,503,895	Grant	N/A	N/A	N/A	15 Years	edit | delete
Total Permanent Financing	$1,503,895						

Commercial Budget Sources:

Construction Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
ACME Loans	332,725	Loan	2 Years	.05	22,347	1	N/A	edit | delete
Deferred Capitalized Reserves/Working Capital	656	Other	N/A	N/A		N/A	N/A	edit | delete
Total Construction Financing	$333,381		Total Interim Interest		$22,347			

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
A Regional Fund	306,105	Grant	N/A	N/A	N/A	15 Years	edit | delete
Total Permanent Financing	$306,105						

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

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3C. Development Budget

Export all budgets to Microsoft® Excel

Select a Budget Type

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

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3C. Development Budget

Export all budgets to Microsoft® Excel

Select a Budget Type: Residential

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
A Regional Fund - Grant	$1,503,895	add
Deferred Developer Fees - Loan	$118,000	add
Equity - HCR LIHC Tax Credit - Other	$8,964,727	add
Fed Hist TC Equity - Other	$1,301,366	add
Housing Trust Fund (HTF) - Loan	$2,200,000	add
NYS Hist TC Equity - Other	$890,408	add

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

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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
A Regional Fund - Grant	$306,105	add
Fed Hist TC Equity - Other	$91,988	add
NYS Hist TC Equity - Other	$62,939	add

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
A Regional Fund - Grant	$306,105	add
Fed Hist TC Equity - Other	$91,988	add
NYS Hist TC Equity - Other	$62,939	add

A. Acquisition

	A Regional Fund - Grant	Commercial Budget All Sources
1. Land		
2. Structure(s)		
3. Total Acquisition (sum lines 1 & 2)		**$0**

B. Soft Costs

4. Appraisal(s)		
5. Market Study		
6. Survey		
7. Soil Borings		
8. Environmental Testing		
9. Architecture/Engineering Fee		
10. Construction Manager Fee		
11. Legal Fees		
12. Developer's Allowance		
13. Cost Certification Audit		
14. Insurance		
15. Taxes		
16. Interim Interest		
17. Closing Costs		
18. Title and Recording Fee		
19. Relocation Expenses		
20. LIHC/SLIHC Application Fee - $3000		
21. LIHC/SLIHC Allocation Fee - $76311		
22. Other DHCR/HTFC Fees		
23. Other Soft Costs - Specify		
+ add		
24. Total Soft Costs (sum lines 4 - 23)		**$0**

C. Construction

25. Site Work		
26. Off-Site Work		
27. Demolition		
28. Environmental Remediation		
29. Other Construction Costs - Specify		
+ add		

(continued from previous page)

30. Subtotal Site Preparation (sum lines 25 - 29)		
31. Residential		
32. Community Service Facility or Civic Space		
33. Commercial		
34. General Contractor's Insurance		
35. Performance Bond Premium		
36. Subtotal Contractor's Costs (sum lines 30 - 35)		
37. General Requirements		
38. Builder's Overhead		
39. Builder's Profit		
40. Total Construction (sum lines 36 - 39)		
41. Project Contingency		
42. Developer's Fee		
43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)		**$0**

D. Working Capital

44. Initial Operating Deficit		
45. Supplemental Management Fee & Marketing		
46. Purchase of Maintenance & Other Equipment - Specify		
+ add		
47. Other Working Capital - Specify		
+ add		
48. Total Working Capital (sum lines 44 - 47)		**$0**

E. Project Reserves

49. Capitalization of Operating Reserve		
50. Capitalization of Replacement Reserve		
51. Reserve for Adapting Units		
52. Other Project Reserves		
+ 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

ScreenShots

WARNING: This section cannot be completed until **Exhibit 1D. Program Funding** has been completed.

4A. Tenant Affordability Plan for Rental Units

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

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

a. Housing Choice Project Based Vouchers from HCR:

b. Housing Choice Project Based Vouchers from a Non-HCR Source:

Specify source:

c. DHCR RRAP:

d. USDA - RD Section 521:

e. Other project based rental subsidy:

Specify type and source:

Total Number of Units:

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

a. Unit size:

b. Number of occupants in unit:

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

d. Total annual housing cost:

4. Will the comparable market rents entered include:

a. Heat: *

b. Hot Water: *

c. Electricity: *

Submit Cancel

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

ScreenShots

WARNING: This section cannot be completed until Exhibit 4A - Tenant Affordability Plan has been completed.

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:

b. Total Rental Units to Receive Subsidy:

c. Total Rental Units without Subsidy:

d. Total Owner Occupied Units:

Submit Cancel

Rental Units with Subsidies

A1 - Monthly Housing Costs for Rental Units with Subsidies:

A2 - Affordability for Rental Units with Subsidies:

Rental Units without Subsidies

A3 - Monthly Housing Costs for Rental Units without Subsidies:

A4 - Affordability for Rental Units without Subsidies:

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

ScreenShots

‹ Previous | Next

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

ScreenShots

‹ Previous | Next

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

B2 - Condominium/Cooperative Unit Affordability

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET

Friendly Farms Apartments

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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:	$

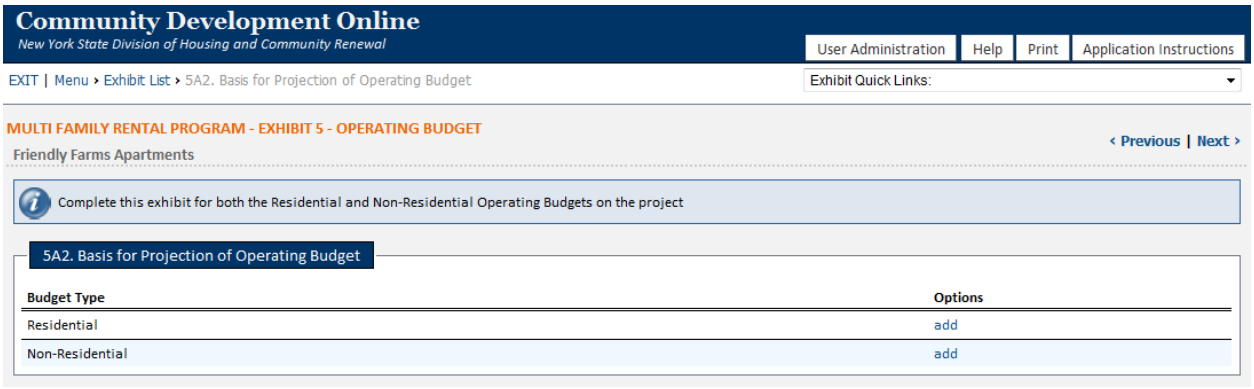
6. Total Ancillary Residential Income:	$0
7. Total Effective Residential Income:	$191,400

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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Application Instructions
EXIT | Menu › Exhibit List › 5A2. Basis for Projection of Operating Budget
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET
Friendly Farms Apartments
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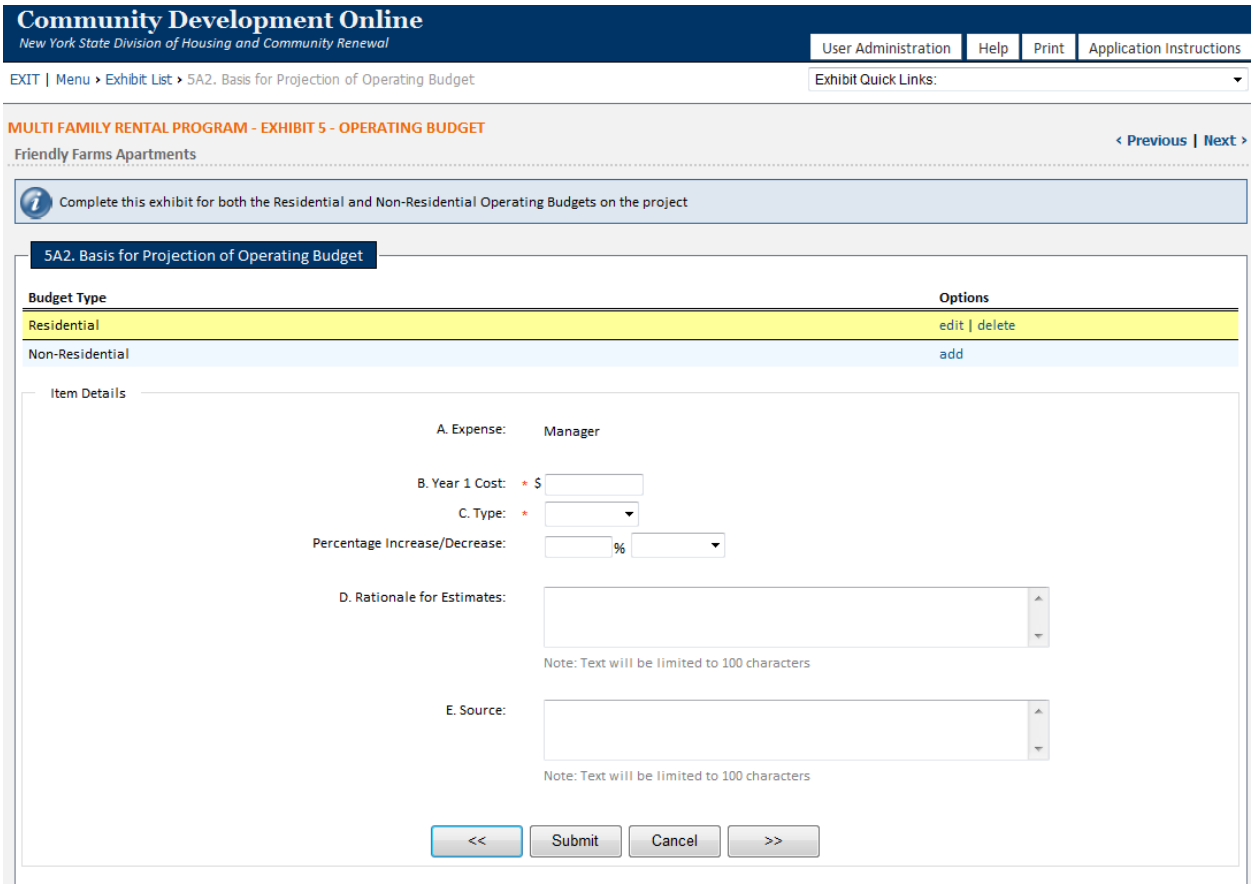
Complete this exhibit for both the Residential and Non-Residential Operating Budgets on the project
5A2. Basis for Projection of Operating Budget
Budget Type
Options
Residential
add
Non-Residential
add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EXIT | Menu › Exhibit List › 5A2. Basis for Projection of Operating Budget
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 5 - OPERATING BUDGET
Friendly Farms Apartments
‹ Previous | Next ›
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
<<
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	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						

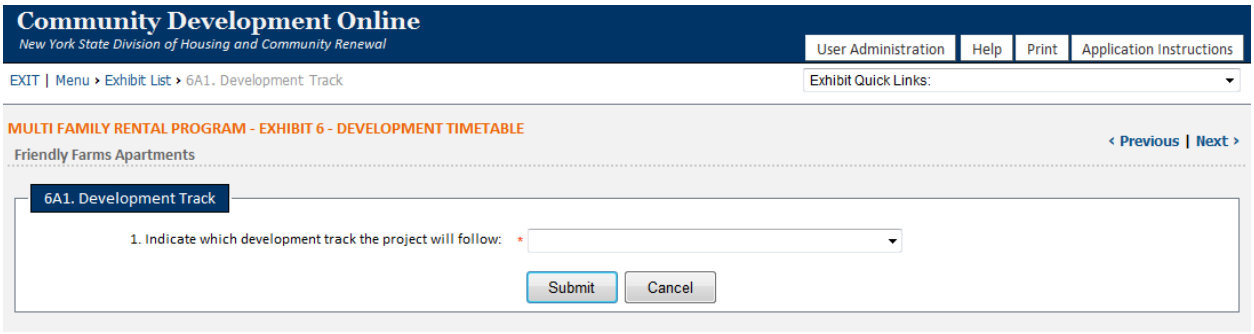
(continued from previous page)

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						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EXIT | Menu › Exhibit List › 6A1. Development Track
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 - DEVELOPMENT TIMETABLE
Friendly Farms Apartments
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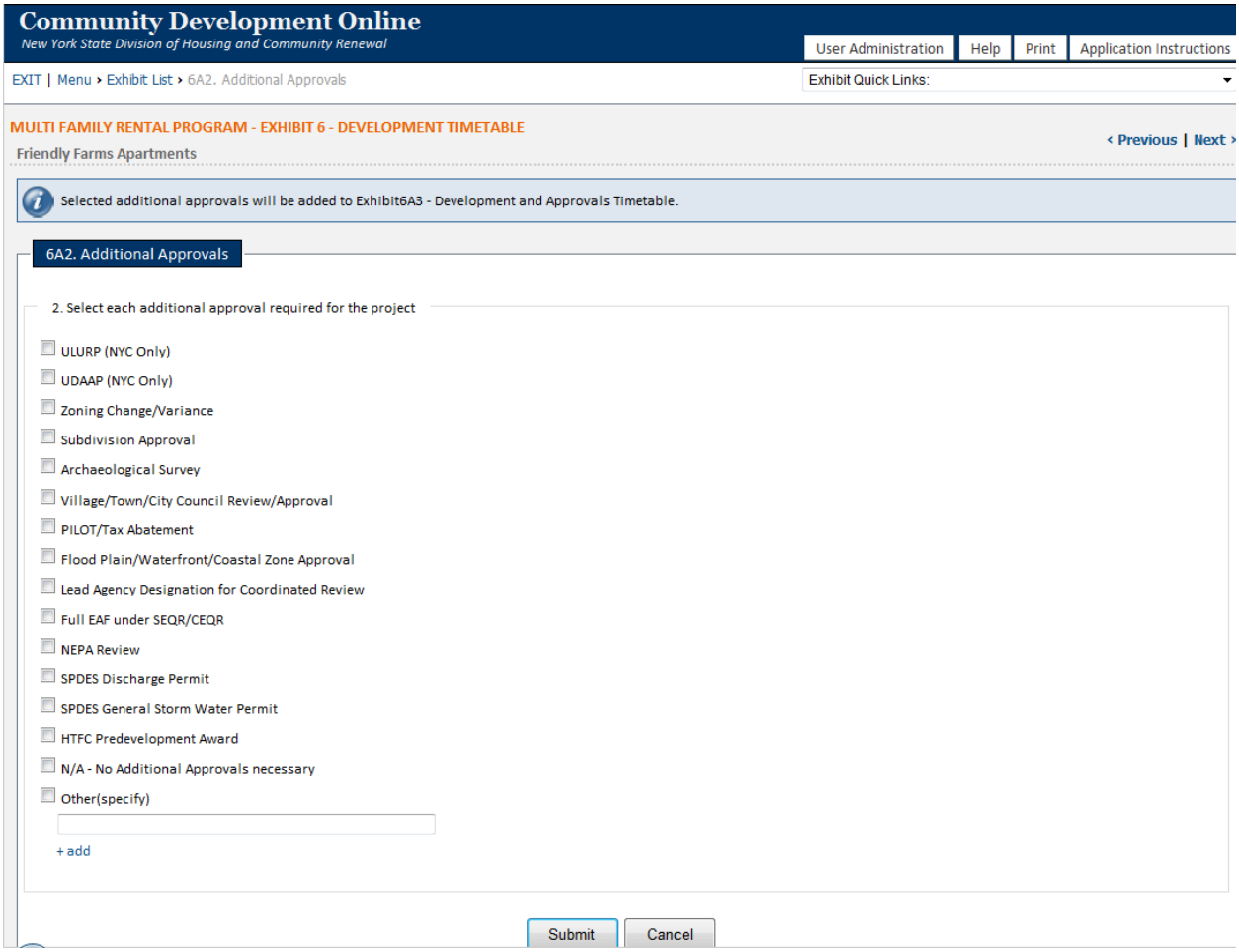
6A1. Development Track
1. Indicate which development track the project will follow: *
Submit
Cancel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EXIT | Menu › Exhibit List › 6A2. Additional Approvals
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 - DEVELOPMENT TIMETABLE
Friendly Farms Apartments
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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
Submit
Cancel

MULTI FAMILY RENTAL PROGRAM - EXHIBIT 6 - DEVELOPMENT TIMETABLE

Friendly Farms Apartments

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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

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EXIT | Menu › Exhibit List › 7A. Development Team's Relevant Experience

Exhibit Quick Links:

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

Friendly Farms Apartments

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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:

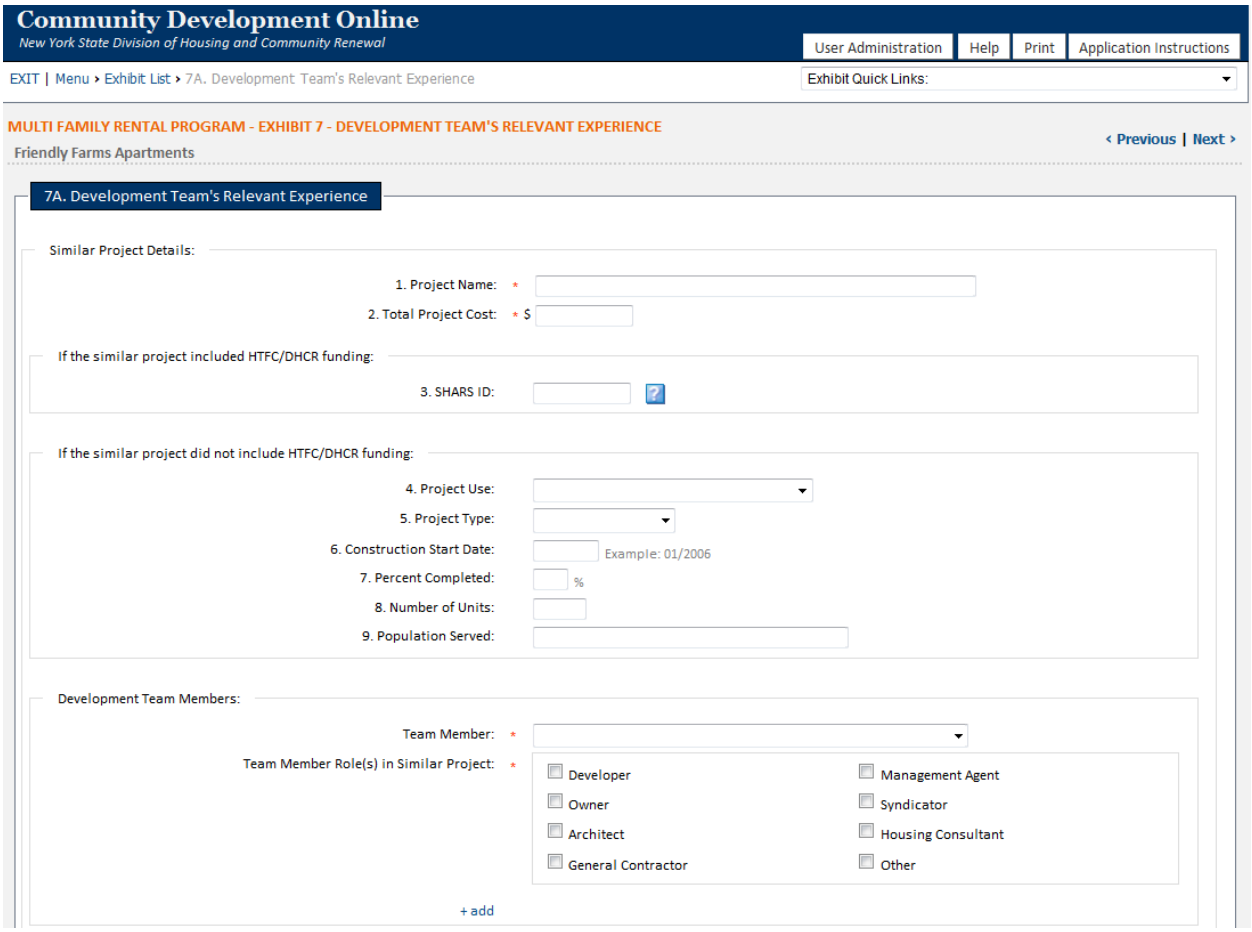
Team Member: *

Team Member Role(s) in Similar Project: *

- Developer
- Owner
- Architect
- General Contractor
- Management Agent
- Syndicator
- Housing Consultant
- Other

+ add

Submit | Cancel



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

Friendly Farms Apartments

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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 *	*	*	
Sewer *	*	*	
Paving *	*	*	
Gas			
Electric *	*	*	
Telephone *	*	*	

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 *	
Other Retail Stores *	
Schools *	
Bus/Subway Lines *	
Municipal Services *	
Libraries *	
Pharmacies *	
Health Facilities *	

Submit Cancel

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

Friendly Farms Apartments

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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:

Submit Cancel

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

Friendly Farms Apartments

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8B1. Building Characteristics

Site:

Building 1

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
+ add

d. How is the building currently being used? *
Other current use (specify):

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

3. Occupied Units

a. Are any of the residential or non-residential units in this building occupied? *
b. Number of occupied residential units:
c. Number of occupied non-residential units:
d. Will relocation of tenants be necessary? *
e. Number of residential tenants to be relocated:
f. Number of non-residential tenants to be relocated:

4. Building Use upon Completion

a. Building Use (select all that apply): *

- [ ] 1. Residential
- [ ] 2. 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						
2. Total Units Assisted by HTFC/DHCR						

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):

Submit Cancel

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EXIT | Menu › Exhibit List › 8B2. Building Space Breakdown

Exhibit Quick Links:

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

Friendly Farms Apartments

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8B2. Building Space Breakdown

Site: 1. 120 Friendly Ter Batavia 14020

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

Friendly Farms Apartments

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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?

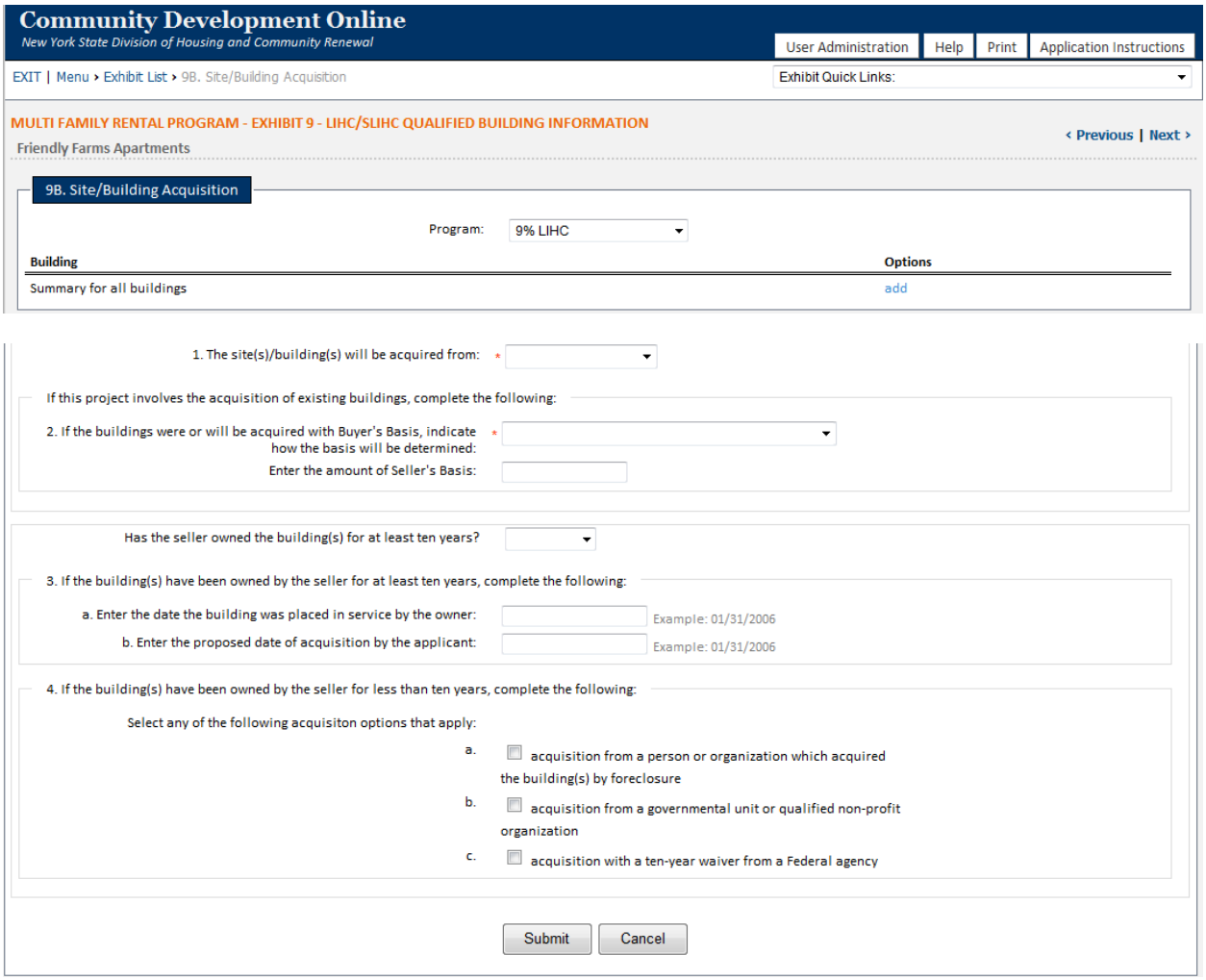
Not applicable

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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EXIT | Menu › Exhibit List › 9B. Site/Building Acquisition
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 9 - LIHC/SLIHC QUALIFIED BUILDING INFORMATION
Friendly Farms Apartments
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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 acquisiton 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

Friendly Farms Apartments

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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					

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EXIT | Menu › Exhibit List › 9D. Unit Information

Exhibit Quick Links:

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

Friendly Farms Apartments

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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

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EXIT | Menu › Exhibit List › 9E. Declaration of Public Subsidies

Exhibit Quick Links:

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

Friendly Farms Apartments

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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

Friendly Farms Apartments

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10C. Use of Credit Proceeds

Program	Options
9% LIHC	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:

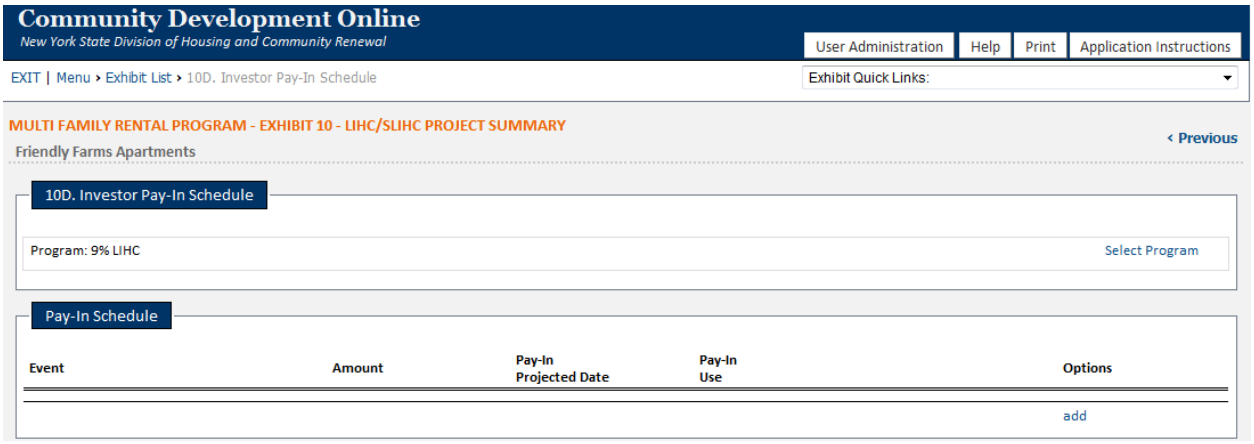
Bridge Loan:

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

Permanent Loan:

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

Submit | Cancel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EXIT | Menu › Exhibit List › 10D. Investor Pay-In Schedule
Exhibit Quick Links:
MULTI FAMILY RENTAL PROGRAM - EXHIBIT 10 - LIHC/SLIHC PROJECT SUMMARY
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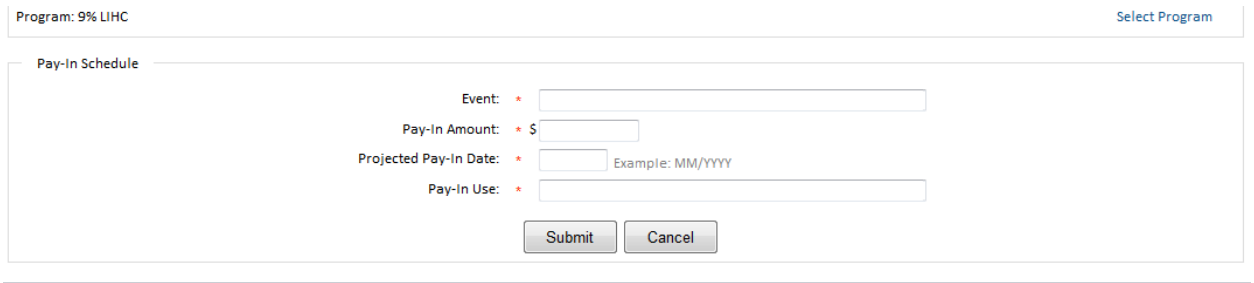
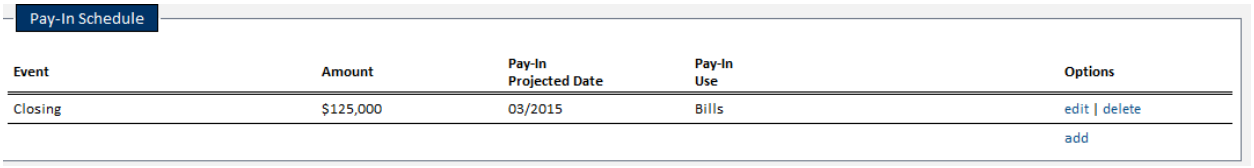
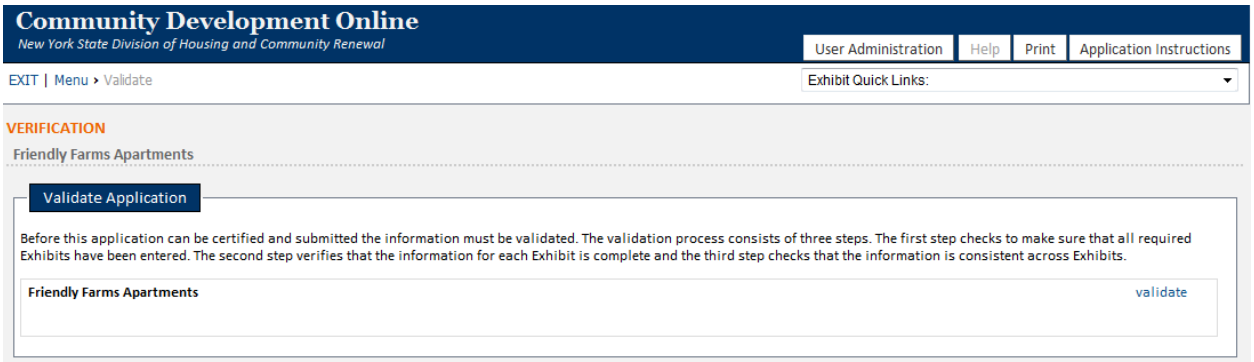
Friendly Farms Apartments
10D. Investor Pay-In Schedule
Program: 9% LIHC
Select Program
Pay-In Schedule
Event
Amount
Pay-In Projected Date
Pay-In Use
Options
add


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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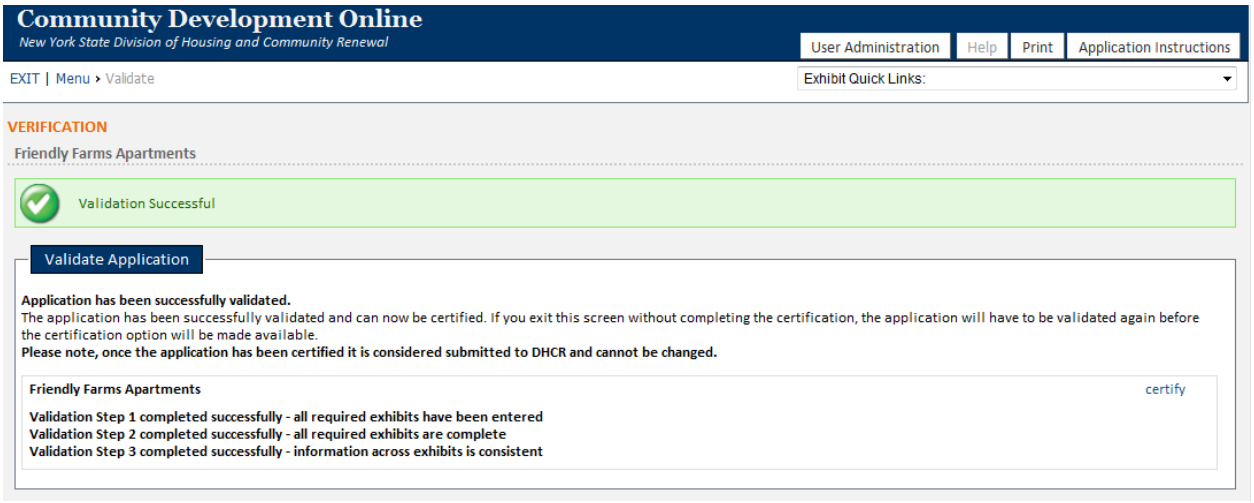
EXIT | Menu › Validate
Exhibit Quick Links:
VERIFICATION
Friendly Farms Apartments
Validate Application
Before this application can be certified and submitted the information must be validated. The validation process consists of three steps. The first step checks to make sure that all required Exhibits 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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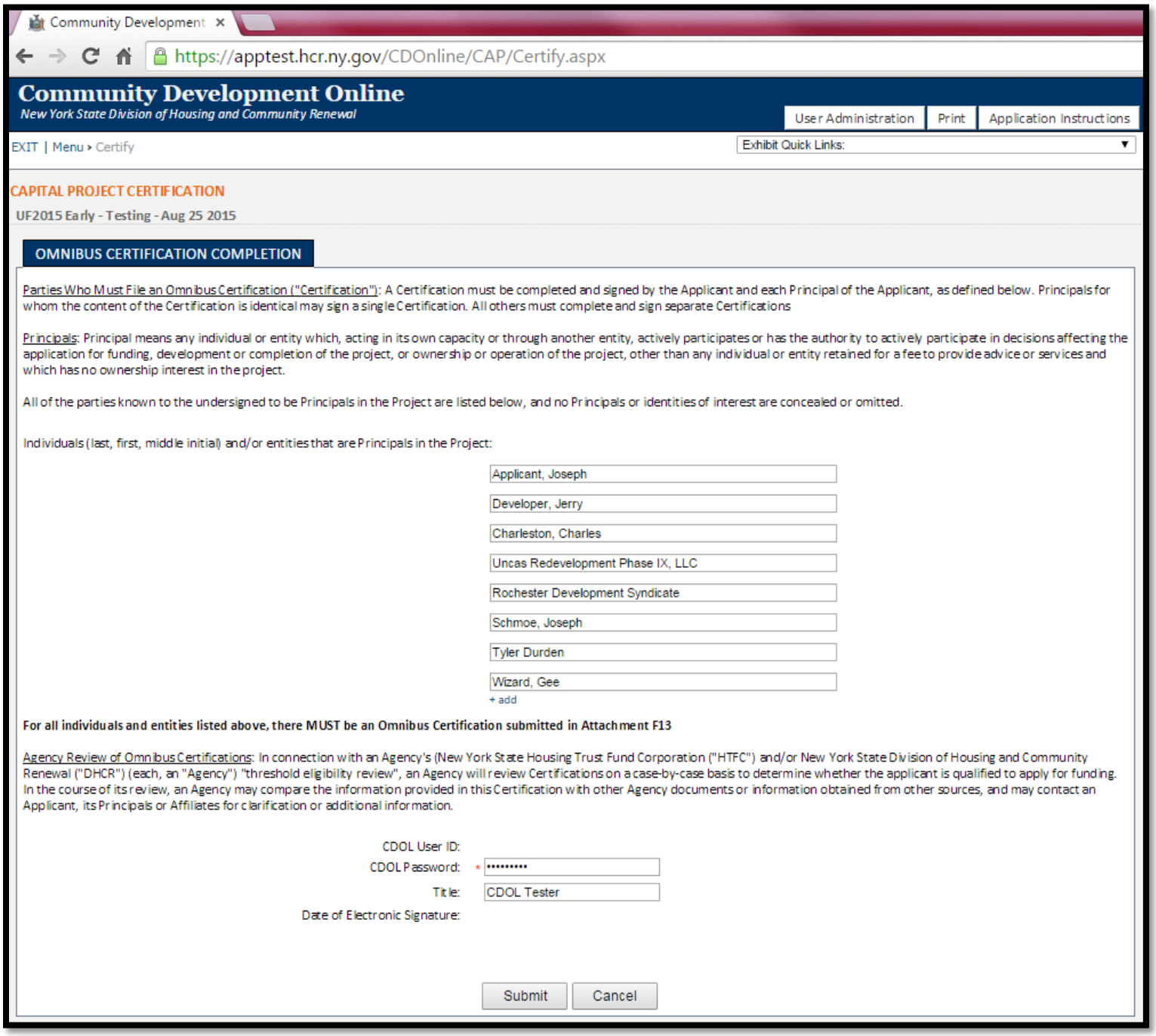
EXIT | Menu › Validate
Exhibit Quick Links:
VERIFICATION
Friendly Farms Apartments
Validation Successful
Validate Application
Application has been successfully validated.
The application has been successfully validated and can now be certified. If you exit this screen without completing the certification, 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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https://apptest.hcr.ny.gov/CDOnline/CAP/Certify.aspx
Community Development Online
New York State Division of Housing and Community Renewal
User Administration
Print
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Exhibit Quick Links:
CAPITAL PROJECT CERTIFICATION
UF2015 Early - Testing - Aug 25 2015
OMNIBUS CERTIFICATION COMPLETION
Parties Who Must File an Omnibus Certification ("Certification"): A Certification must be completed and signed by the Applicant and each Principal of the Applicant, as defined below. Principals for whom the content of the Certification is identical may sign a single Certification. All others must complete and sign separate Certifications
Principals: Principal means any individual or entity which, acting in its own capacity or through another entity, actively participates or has the authority to actively participate in decisions affecting the application for funding, development or completion of the project, or ownership or operation of the project, other than any individual or entity retained for a fee to provide advice or services and which has no ownership interest in the project.
All of the parties known to the undersigned to be Principals in the Project are listed below, and no Principals or identities of interest are concealed or omitted.
Individuals (last, first, middle initial) and/or entities that are Principals in the Project:
Applicant, Joseph
Developer, Jerry
Charleston, Charles
Uncas Redevelopment Phase IX, LLC
Rochester Development Syndicate
Schmoe, Joseph
Tyler Durden
Wizard, Gee
+ add
For all individuals and entities listed above, there MUST be an Omnibus Certification submitted in Attachment F13
Agency Review of Omnibus Certifications: In connection with an Agency's (New York State Housing Trust Fund Corporation ("HTFC") and/or New York State Division of Housing and Community Renewal ("DHCR") (each, an "Agency") "threshold eligibility review", an Agency will review Certifications on a case-by-case basis to determine whether the applicant is qualified to apply for funding. In the course of its review, an Agency may compare the information provided in this Certification with other Agency documents or information obtained from other sources, and may contact an Applicant, its Principals or Affiliates for clarification or additional information.
CDOL User ID:
CDOL Password: *
Title: CDOL Tester
Date of Electronic Signature:
Submit
Cancel

Community Development

https://apptest.hcr.ny.gov/CDOnline/CAP/Certify.aspx

Community Development Online

New York State Division of Housing and Community Renewal

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Exhibit Quick Links:

CAPITAL PROJECT CERTIFICATION

UF2015 Early - Testing - Aug 25 2015

You have successfully completed Step 1 of the CDOL Application Process.
Your Exhibits have been submitted and your SHARS ID number is: **20156001**

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 COMPLETION

Parties Who Must File an Omnibus Certification ("Certification"): A Certification must be completed and signed by the Applicant and each Principal of the Applicant, as defined below. Principals for whom the content of the Certification is identical may sign a single Certification. All others must complete and sign separate Certifications

Principals: Principal means any individual or entity which, acting in its own capacity or through another entity, actively participates or has the authority to actively participate in decisions affecting the application for funding, development or completion of the project, or ownership or operation of the project, other than any individual or entity retained for a fee to provide advice or services and which has no ownership interest in the project.

All of the parties known to the undersigned to be Principals in the Project are listed below, and no Principals or identities of interest are concealed or omitted.

Individuals (last, first, middle initial) and/or entities that are Principals in the Project:

Applicant, Joseph
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Certified by: Gary Hebert
Title: CDOL Tester
Date of Electronic Signature: 08/25/2015