

15 Year Operating Cash Flow Projection:

	Housing Commercial	X	Headnotes															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Income																		
Potential Gross Income			939,504	958,294	977,460	997,009	1,016,949	1,037,288	1,058,034	1,079,195	1,100,779	1,122,794	1,145,250	1,168,155	1,191,518	1,215,349	1,239,656	16,247,234
Less: Vacancies			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Effective Gross Income			939,504	958,294	977,460	997,009	1,016,949	1,037,288	1,058,034	1,079,195	1,100,779	1,122,794	1,145,250	1,168,155	1,191,518	1,215,349	1,239,656	16,247,235
Expenses																		
Administrative			110,315	113,624	117,033	120,544	124,161	127,885	131,722	135,674	139,744	143,936	148,254	152,702	157,283	162,001	166,861	2,051,739
Maintenance			54,508	56,143	57,828	59,562	61,349	63,190	65,085	67,038	69,049	71,121	73,254	75,452	77,715	80,047	82,448	87,469
Operating			352,980	363,569	374,476	385,711	397,282	409,200	421,476	434,121	447,144	460,559	474,375	488,607	503,265	518,363	533,914	6,565,043
Other																		-
Less Tax Abatement																		-
Total Expenses			517,803	533,337	549,337	565,817	582,792	600,275	618,284	636,832	655,937	675,615	695,884	716,760	738,263	760,411	783,223	8,704,251
Net Operating Income			421,701	424,957	428,123	431,192	434,158	437,013	439,750	442,363	444,842	447,179	449,366	451,395	453,255	454,938	456,432	7,542,984
Debt Service - 1st Mort.			349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	349,946	5,249,191
Debt Service - 2nd Mort.			25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	379,444
Debt Service - 3rd Mort.																		-
Debt Service - 4th Mort.																		-
Debt Service - 5th Mort.																		-
Total Debt Service			375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	375,242	5,628,635
Operating Cash Flow			46,459	49,715	52,881	55,950	58,915	61,771	64,508	67,120	69,599	71,937	74,124	76,153	78,013	79,695	81,190	1,914,349
Total Combined DCR			1.123810181	1.132	1.140923835	1.149	1.157006124	1.165	1.171910466	1.179	1.185477966	1.192	1.197536532	1.203	1.207899928	1.212	1.216366765 #	1.340108929
Deferred Dev. Fee Payment			61,258	64,127	67,527	70,840	74,057	77,173	80,182	83,074	85,844	52,438	-	-	-	-	-	716,520
Surplus Cash			(14,799)	(14,412)	(14,647)	(14,890)	(15,141)	(15,403)	(15,674)	(15,954)	(16,245)	19,499	74,124	76,153	78,013	79,695	81,190	271,509
Cash Flow/Total Expenses			-3%	-3%	-3%	-3%	-3%	-3%	-3%	-3%	-2%	3%	11%	11%	11%	10%	10%	3%
(not to exceed 10 %)																		
EGI/Total Expenses			1.81	1.80	1.78	1.76	1.74	1.73	1.71	1.69	1.68	1.66	1.65	1.63	1.61	1.60	1.58	1.87

# Indiana Housing and Community Development Authority

**2025 4% LIHTC and Bonds Initial Application**

Date:	12/31/2024
Development Name:	Fulton Miller West Flats
Development City:	Anderson
Development County:	Madison
Application Fee:	\$3,500
Application Number (IHCD use only):	

***The following pages contain:***

1. The Threshold Checklist
2. The Scoring Template
3. Information pages for the Application

***For other specific submission guidelines, see Schedule G of the QAP.***

Documentation Submission Checklist

Part 4.1 - Qualified Non Profits		Notes:
Articles of Incorporation	<input type="checkbox"/> Place in Tab C.	
IRS documentation of §501(c)(3) tax-exempt status	<input type="checkbox"/> Place in Tab C.	
Nonprofit Questionnaire (Form B)	<input type="checkbox"/> Place in Tab C.	
Part 4.2 - Community Integration		
Community Integration Narrative	<input type="checkbox"/> Place in Tab A.	
Copy of executed MOU(s) with referral provider(s)	<input type="checkbox"/> Place in Tab A.	
Part 4.4 Preservation		
Capital Needs Assessment (Schedule F)	<input type="checkbox"/> Place in Tab L.	
Third-party documentation from the entity enforcing affordable housing requirements	<input type="checkbox"/> Place in Tab L.	
Hard cost budget	<input type="checkbox"/> Place in Tab L.	
Part 5.1 - Threshold Requirements		
<u>A. Development Feasibility</u>		
Form A - Excel	<input type="checkbox"/> Place in Tab A.	
Form A - PDF	<input type="checkbox"/> Place in Tab A.	
Commercial - 15 year proforma	<input type="checkbox"/> Place in Tab A.	
<u>B. IHCD Notification</u>		
~ Form C		
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application		
Noncompetitive 4% and bonds: submitted prior to application		
	Submit via: <a href="mailto:RHTC@ihcda.in.gov">RHTC@ihcda.in.gov</a>	
<u>C. Not-for-Profit Participation</u>		
Signed Resolution from Board of Directors	<input type="checkbox"/> Place in Tab C.	
<u>D. Market Study</u>		
See QAP for requirements.	<input type="checkbox"/> Place in Tab N.	
<u>G. Capabilities of Management Team</u>		
Resumes of Developer and Management Company	<input type="checkbox"/> Place in Tab D.	
Most recent year-end financial statements, year-to-date balance sheets, and income statements from:		
1) The Developer	<input type="checkbox"/> Place in Tab D.	
2) Any Individual or Entity providing guarantees	<input type="checkbox"/> Place in Tab D.	
<u>H. Readiness to Proceed</u>		
~ Complete Application - including:		
1) Form A	<input type="checkbox"/> Place in Tab A.	
2) Narrative Summary of Development	<input type="checkbox"/> Place in Tab A.	
~ Application Fee (and supplemental fees if applicable)	<input type="checkbox"/> To be paid online.	
~ Evidence of Site Control	<input type="checkbox"/> Place in Tab E.	
See QAP for acceptable forms of evidence.		
~ Development Site Information and Plans	<input type="checkbox"/> Place in Tab F.	
See QAP for specific requirements.		
~ Documentation of all funding sources	<input type="checkbox"/> Place in Tab G.	
LOI from Equity Providers for both Federal and State Tax credits	<input type="checkbox"/> Place in Tab G.	
See QAP for specific requirements.		
~ Documentation of proper zoning	<input type="checkbox"/> Place in Tab H.	
See QAP for specific requirements.		
<u>J. Evidence of Compliance</u>		
~ Affidavit (Form Q) from each Development Team member disclosing:	<input type="checkbox"/> Place in Tab J.	
1) complete interest in and affiliation with Development		
2) outstanding non-compliance issues		
3) any loan defaults		
4) ownership interest in other RHTC-funded Developments		
~ Management Agent Affidavit - See QAP for specifics.	<input type="checkbox"/> Place in Tab J.	
<u>K. Phase I Environmental Assessment</u>		
~ Phase I ESA	<input type="checkbox"/> Place in Tab K.	
~ An affidavit from the entity completing the Phase I ESA	<input type="checkbox"/> Place in Tab K.	
~ In case of RECs, narrative of how RECs will be mitigated	<input type="checkbox"/> Place in Tab K.	
~ Screenshot(s) from IDEM Restricted Sites map	<input type="checkbox"/> Place in Tab K.	
~ Environmental restrictive covenants	<input type="checkbox"/> Place in Tab K.	
~ FIRM floodplain map(s)	<input type="checkbox"/> Place in Tab K.	
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc	<input type="checkbox"/> Place in Tab K.	
<u>L. Development Fund Historic Review</u>		
~ Map from IDNRS's IHBBC Public App webpage	<input type="checkbox"/> Place in Tab K.	
~ Application Fee (and supplemental fees if applicable)	<input type="checkbox"/> Place in Tab K.	
<u>O. Commercial Areas</u>		
~ Site plan showing Commercial Space	<input type="checkbox"/> Place in Tab F.	

~ Timeline for construction	<input type="checkbox"/>	Place in Tab F.	
<u>P. Appraisal</u> ~ Fair Market Appraisal See QAP for specific requirements.	<input type="checkbox"/>	Place in Tab L.	
<u>Q. Acquisition</u> ~ Fulfillment of or Exemption from 10-year placed-in-service rule A chain of title report, OR Tax opinion, OR A letter from the appropriate federal official	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Place in Tab L. Place in Tab L. Place in Tab L.	
~ Disclosure of Related Parties and Proceeds from the sale 1) Attorney opinion 2) Completed Related Party Form	<input type="checkbox"/>	Place in Tab L.	
R. Capital Needs Assessment/Structural Conditions Report	<input type="checkbox"/>	Place in Tab L.	
S. Tenant Displacement & Relocation Plan	<input type="checkbox"/>	Place in Tab L.	
T. IRS Form 8821 - for each Owner/GP - if requested	<input type="checkbox"/>	Place in Tab A.	
<u>U. Threshold Requirements for Supportive Housing</u> ~ Letter from CSH certifying completion of all requirements for the Indiana Supportive Housing Institute ~ Memorandum of Understanding with CSH for technical assistance ~ MOU with each applicable supportive service provider ~ Documentation of subsidy source commitments and narratives ~ Form O1 or O2 for vouchers, if applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Place in Tab O. Place in Tab O. Place in Tab O. Place in Tab O. Place in Tab O.	
<u>Part 5.2 - Underwriting Guidelines</u>			
<u>J. Taxes and Insurance</u> Documentation of estimated property taxes and insurance	<input type="checkbox"/>	Place in Tab M.	
<u>K. Federal Grants and Subsidies</u> Any additional information	<input type="checkbox"/>	Place in Tab G.	
<u>L. Basis Boost</u> Narrative (or documentation for Declared Disaster Area)	<input type="checkbox"/>	Place in Tab A.	
<u>Part 5.3 - User Eligibility and Limitations</u>			
<u>B. Developer Fee Limitation</u> Developer Fee Statement Non Profit Board Resolution	<input type="checkbox"/> <input type="checkbox"/>	Place in Tab M. Place in Tab M.	
<u>D. Architect Competitive Negotiation Procedure, if used</u>	<input type="checkbox"/>	Place in Tab M.	
<u>H. Related Party Fees - Form N</u>	<input type="checkbox"/>	Place in Tab J.	
<u>I. Davis Bacon Wages</u> General Contractor Affidavit	<input type="checkbox"/>	Place in Tab J.	
<u>Part 5.4 - Minimum Development Standards</u>			
<u>F. Minimum Unit Sizes</u> ~ Detailed Floor Plans	<input type="checkbox"/>	Place in Tab F.	
<u>Part 6.2 - Development Characteristics</u>			
<u>E. Preservation of Existing Affordable Housing</u> Relevant proof of Preservation - See QAP for specific requirements	<input type="checkbox"/>	Place in Tab P.	
<u>F. Infill New Construction</u> Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Place in Tab P. Place in Tab P. Place in Tab P.	
<u>G. Development is Historic in Nature</u> Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application	<input type="checkbox"/> <input type="checkbox"/>	Place in Tab P. Place in Tab P.	
<u>H. Foreclosed and Disaster-Affected</u> Copy of foreclosure documents Documentation from a third-party confirming Disaster affected	<input type="checkbox"/> <input type="checkbox"/>	Place in Tab P. Place in Tab P.	
<u>I. Community Revitalization Plan</u> Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Place in Tab P. Place in Tab P. Place in Tab P. Place in Tab P. Place in Tab P.	
<u>K. Internet Access</u> Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated	<input type="checkbox"/> <input type="checkbox"/>	Place in Tab T. Place in Tab T.	

<u>Part 6.3 - Sustainable Development Characteristics</u>		
<u>A. Building Certification</u> The Green Professional acknowledgement <input type="checkbox"/> Place in Tab J.		
<u>D. Desirable Sites</u> A site map indicating all desirable or undesirable sites. <input type="checkbox"/> Place in Tab Q. <b>Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh produce points</b>		
<u>Part 6.4 - Financing &amp; Market</u>		
<u>A. Leveraging Capital Resources</u> A letter from the appropriate authorized official approving the funds <input type="checkbox"/> Place in Tab B. Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) <input type="checkbox"/> Place in Tab B. Third-party appraisal (Land or building donation) <input type="checkbox"/> Place in Tab B. For loans with below market interest rates, lender acknowledgement <input type="checkbox"/> Place in Tab B.		
<u>B. Non-IHCDA Rental Assistance</u> Commitment or conditional commitment letter from the funding agency <input type="checkbox"/> Place in Tab B.		
<u>F. Lease-Purchase</u> Detailed plan for the lease-purchase program <input type="checkbox"/> Place in Tab R. Executed agreement with nonprofit that will implement the lease-purchase program <input type="checkbox"/> Place in Tab R.		
<u>G. Leveraging the READI or HELP Programs</u> Commitment letter from IEDC or OCRA <input type="checkbox"/> Place in Tab B.		
<u>Part 6.5 - Other</u>		
<u>A. Certified Tax Credit Compliance Specialist</u> Copies of Certification(s) <input type="checkbox"/> Place in Tab S.		
<u>C. Emerging XBE Developers</u> XBE Certification for emerging developer <input type="checkbox"/> Place in Tab S. MOU between developer and RHTC consultant or co-developer <input type="checkbox"/> Place in Tab S.		
<u>D. Unique Features</u> Unique Features Form R <input type="checkbox"/> Place in Tab A.		
<u>E(1). CORES Certification</u> Proof of CORES Certification for the owner or management company <input type="checkbox"/> Place in Tab T.		
<u>E(2). Resident Service Coordinator for Supportive Housing (ISH only)</u> If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator <input type="checkbox"/> Place in Tab T.		
<u>E(3). Onsite Daycare/Adult Day</u> Copy of MOU for each licensed provider <input type="checkbox"/> Place in Tab T. Copy of provider's license <input type="checkbox"/> Place in Tab T.		
<u>F. Integrated Supportive Housing for Persons Experiencing Homelessness</u> CSH letter <input type="checkbox"/> Place in Tab O. Copy of executed CSH MOU <input type="checkbox"/> Place in Tab O. Copy of MOU with each applicable supportive service provider <input type="checkbox"/> Place in Tab O. Documentation of commitment of PBRA or narrative <input type="checkbox"/> Place in Tab O.		
<u>G. Eviction Prevention Plan</u> Affidavit from the Management Agent <input type="checkbox"/> Place in Tab J.		
<u>H. Low-Barrier Tenant Screening</u> Affidavit from the Management Agent <input type="checkbox"/> Place in Tab J.		
<u>J. Developments from Previous Institutes</u> Letter from CSH <input type="checkbox"/> Place in Tab O.		

Evaluation Factors	Self Score	IHCDA Use	Notes/Issues			
<b>A. Rent Restrictions (up to 20 points)</b> <b>[Not Applicable for Competitive Bonds/AWHTC]</b>			Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents						
1. Less than 25% at 30% AMI, 33% of total at or below 50% AMI <b>(4 points)</b>				30		#DIV/0!
2. At least 25% at 30% AMI, 33% of total at or below 50% AMI <b>(8 points)</b>				40		#DIV/0!
3. At least 25% at 30% AMI, 40% of total or below 50% AMI <b>(12 points)</b>				50		#DIV/0!
4. At least 25% at 30% AMI, 50% of total or below 50% AMI <b>(16 points)</b>				60		#DIV/0!
5. At least 30% at 30% AMI, 50% of total or below 50% AMI <b>(20 points)</b>				>60		#DIV/0!
<b>B. Income Restrictions (3 points)</b>						
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A						
<b>Document Required:</b> ~ Completed Form A						
<b>C. Additional Years of Affordability (up to 4 points)</b>						
35-year Extended Use Period (2 points)						
40-year Extended Use Period (4 points)						
<b>Document Required:</b> ~ Completed Form A						
<b>Subtotal (27 possible points)</b>	0.00	0.00				

A. Development Amenities (up to 6 points)							
1. 10 amenities in Chart 1 - QAP p. 54 (2 points) - Minimum of two amenities required in each of the three sub-columns A, B, & C in the first chart.							
2. 5 amenities in Chart 2 - QAP p. 55 (2 points) - Minimum of two amenities required in each of the two sub-categories A and B in the second chart.							
3. 3 amenities in Chart 3 - QAP p. 55 (2 points) - Minimum of one amenity required in each of the two sub-categories A and B in the third chart.							
				Family Developments		Elderly Developments	
				Rehab/ Adaptive Reuse	New Construction	Rehab/ Adaptive Reuse w/o elevator	New Construction or Rehab/Adaptive Reuse w/ elevator
B. Accessible/Adaptable Units (up to 5 points)				1 points	--	--	--
1. 7.0 - 7.9%				3 points	--	1 points	--
2. 8.0 - 8.9%				--	1 points	--	--
3. 8.0 - 10.9%				5 points	--	3 points	--
4. 9.0 - 9.9%				5 points	--	5 points	--
5. 10.0 - 99.9%				5 points	3 points	5 points	--
6. 11.0 - 13.9%				5 points	5 points	5 points	--
7. 14.0 - 99.9%				5 points	5 points	5 points	5 points
8. 100%							
C. Universal Design Features (up to 5 points)							
1. 8 or more universal design features from each Universal Design Column. (3 points)							
2. 9 or more universal design features from each Universal Design Column. (4 points)							
3. 10 or more universal design features from each Universal Design Column. (5 points)							
Document Required: ~ Completed Form A							
D. Vacant Structure (Up to 6 points)							
1. 50% of the structure square footage. (2 points)							
2. 75% of the structure square footage. (4 points)							
3. 100% of the structure square footage. (6 points)							
Document Required: ~ Completed Form A							
E. Preservation of Existing Affordable Housing (up to 6 points)							
1. RHTC development with compliance period OR extended use period that has expired/will expire in the current year. (6 points)							
Required Document: See QAP for required documentation. Place in Tab P.							
2. Previously HUD - or USDA-funded affordable housing. (6 points)							
Required Document: See QAP for required documentation. Place in Tab P.							
3. Preservation of any other affordable housing development. (4 points)							
Required Document: See QAP for required documentation. Place in Tab P.							
F. Infill New Construction (6 points)							
See QAP for required documentation. Place in Tab P.							
G. 1. Development is Historic in Nature (up to 2 points)							
~ 2 points if at least 50% of the total units or 1 point if at least 25% of the total units fall in one of the categories listed on pages 64-65 of the QAP.							



a. A building that is individually Listed on the Indiana Register of Historic Sites (IRHS) or National Register of Historic Places (NRHP), or by a local preservation ordinance; or <b>(up to 2 points)</b>			
b. A building classified as a contributing resource or local landmark for a district listed on the IRHS or NRHP, or by local preservation ordinance; or <b>(up to 2 points)</b>			
c. A building that is not already listed on the NRHP but has an approved Part 1 application for Federal Historic Tax Credits and received a recommendation for by the Indiana Department of National Resources Division of Historic Preservation and Archaeology <b>(up to 2 points)</b>			
<b>See QAP for required documentation. Place in Tab P.</b>			
G. 2. Development Utilizes Federal or State historic tax credits and has received preliminary Part 2 acceptance. <b>(1 point)</b>			
<b>Required Document:</b> <b>See QAP for required documentation. Place in Tab P.</b>			
H. <u>Foreclosed and Disaster-Affected</u> <b>(4 points)</b>			
<b>See QAP for required documentation.</b> <b>Place in Tab P.</b>			
I. a. <u>Community Revitalization Plan</u> <b>(4 points)</b>			
<b>See QAP for required documentation.</b> <b>Place in Tab P.</b>			
b. 2. <u>At least 50% of the total development units are in a Qualified Census Tract</u> <b>(1 additional point)</b>			
<b>See QAP for Required Documentation.</b> <b>Place in Tab P.</b>			
J. <u>Tax Credit Per Unit</u> (9% Applications Only) <b>(up to 4 points)</b>			
1. 80th percentile: 4 points 2. 60th percentile: 3 points 3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points			
<b>Document Required:</b> ~ Form A			
K. <u>Internet Access</u> <b>(up to 4 points)</b>			
Free high-speed service is provided or Free high-speed Wi-Fi service is provided and free Wi-Fi access is provided in common areas <b>(2 points)</b> <b>(3 points)</b> <b>(1 point)</b>			
<b>Required Documentation:</b>  ~ Form A; Operating Budget must include line item for internet expenses See QAP for required documentation. <b>Place in Tab T.</b>			
<b>Subtotal (54 possible points)</b>	0.00	0.00	

<b>Part 6.3. Sustainable Development Characteristics</b>			
<b>A. Building Certification (Up to 2 points)</b>			
~ LEED Silver Rating (2 points)			
~ Silver Rating National Green Building Standard™ (2 points)			
~ Enterprise Green Communities (2 points)			
~ Passive House (2 points)			
~ Equivalent under a ratings for systems that are accredited by the American National Standards Institute may earn equivalent points for equivalent end results of the above listed items. (2 points)			
<b>Required Documentation:</b> ~ Completed Form A			
<b>B. Onsite Recycling (up to 1 point)</b>			
~ offering onsite recycling at no cost to residents (1 point)			
<b>Required Documentation:</b> ~ Completed Form A			
<b>C. Desirable Sites (up to 12 Points)</b>			
a) Proximity to Amenities (up to 3 points)			
b) Transit oriented (2 points)			
c) Opportunity index (up to 7 points)			
High Income (1 point)			
Low Poverty (1 point)			
Low Unemployment Rate (1 point)			
Life Expectancy (1 point)			
Access to Primary Care (1 point)			
Access to Post Secondary Education (1 point)			
Access to Employment (1 point)			
d) Located in a R/ECAP (1 point deduction)			
e) Undesirable sites (1 point deduction per feature)			
See QAP for required documentation. Place in Tab Q.			
<b>Subtotal (15 possible points)</b>		0.00	0.00

<b>Part 6.4. Financing &amp; Market</b>		
<b>A. Leveraging Capital Resources (up to 4 points)</b>		
1. 1.00 to 2.49% (1 point)		
2. 2.50 to 3.99% (1.5 points)		
3. 4.00 to 5.49% (2 points)		
4. 5.50 to 6.99% (2.5 points)		
5. 7.00 to 8.49% (3 points)		
6. 8.50 to 9.99% (3.5 points)		
7. 10% or greater (4 points)		
See QAP for required documentation. Place in Tab B.		
<b>B. Non-IHCDA Rental Assistance (up to 2 points)</b>		
See QAP for required documentation. Place in Tab B.		
<b>C. Unit Production in Areas Underserved by the 9% RHTC Program [9% ONLY] (up to 14 points)</b>		
<i>1) Within Local Unit of Government (LUG):</i>		
a. No RHTC allocation within the last 5 program years (3 points)		
b. No RHTC allocation within the last 10 program years (5 points)		
c. No RHTC allocation within the last 15 program years (7 points)		
<i>2). Within County:</i>		
a. No RHTC allocation within the last 5 program years (3 points)		
b. No RHTC allocation within the last 10 program years (5 points)		
c. No RHTC allocation within the last 15 program years (7 points)		
<b>D. Census Tract without Active Tax Credit Properties. (up to 3 points)</b>		
1) Census Tract without same type RHTC development (3 points)		
2) Only one RHTC development of same type (1.5 points)		
3) Preservation set-aside; only active RHTC development in the census tract (3 points)		
<b>Required Document:</b> ~ Completed Form A		
<b>E. Housing Need Index (up to 7 points)</b>		
1. Located in a county experiencing population growth (1 point)		
2. Located in a city or town in which 44% or more of renter households are considered rent burdened (1 point)		
3. Located in a city or town in which 25% or more of renter households are considered to have at least one severe housing problem (1 point)		
4. Located in a city or town in which 25% or more of renter households are at or below 30% of AMI (1 point)		
5. Located in a county in which the ration of RHTC units to renter households below 80% AMI is below state ratio (1 point)		
6. Located in a county in which the highest number of units were built in 1939 or earlier (1 point)		
7. Located in a county in which the percent of "vacant and available units" is below the state average (1 point)		
<b>F. Lease Purchase (2 points)</b>		
See QAP for qualifications and required documentation.		
Place in Tab R.		
<b>G. Leveraging READI and HELP Programs (up to 4 points)</b>		
1) Applicant does not request additional IHCDA gap resources (2 points)		
2) Applicant requests a basis boost of no more than 20% (2 points)		
<b>Required Document:</b> ~ Completed Form A		
<b>Subtotal (36 possible points)</b>		
	0.00	0.00

<b>Part 6.5. Other</b>			
<b>A. Certified Tax Credit Compliance Specialist (up to 3 points)</b>			
1. Management (Max 2 points)			
2. Owner (Max 1 point)			
<b>Required Document:</b> ~ Completed Form A, Section Q ~ See QAP for other required documentation. <b>Place in Tab S.</b>			
<b>B. MBE, WBE, DBE, VOSB, and SDVOSB (Max 5 points)</b>			
~ Completed Form A, Section U See QAP for required documentation. <b>Place in Tab S.</b>			
<b>C. Emerging XBE Developer (Max 5 points)</b>			
<b>Required Document:</b> ~ See QAP for required documentation. - <b>Place in Tab S.</b>			
<b>D. Unique Features (9% Applications Only) (Max 3 points)</b>			
<b>Required Document:</b> ~ Unique Features Form R - <b>Place in Tab A.</b>			
<b>E. Resident Services (Max 17 points)</b>			
1. Resident Services (up to 8 points)			
2. Cores Certification (2 points)			
3. Resident Service Coordinator (Supportive Housing ) (2 points)			
4. Onsite Daycare/Adult Day Center (5 points)			
<b>Required Document:</b> ~ Completed Form A. See QAP for required documentation. <b>Place in Tab T.</b>			
<b>F. Integrated Supportive Housing (Max 3 points)</b>			
~ Non-Institute Integrated Supportive Housing with previous experience (3 points)			
See QAP for required documentation. <b>Place in Tab O</b>			
<b>G. Eviction Prevention Plan (up to 2 points)</b>			
<b>Required Documents:</b> ~ Completed Form A ~ Management Company affidavit acknowledging commitment. <b>Place in Tab J.</b> ~ Eviction Prevention Plan drafted and submitted prior to lease-up.			
<b>H. Low-Barrier Tenant Screening (up to 4 points)</b>			
1. Plan does not screen for misdemeanors (1 point)			
2. Plan does not screen for felonies older than five years (1 point)			
3a. Plan does not screen for evictions older than 12 months (1 point)			
3b. Plan does not screen for evictions older than 6 months (2 points)			
<b>Required Documents:</b> ~ Completed Form A ~ Management Company affidavit acknowledging commitment <b>Place in Tab J.</b> ~ Tenant Selection Plan drafted and submitted prior to lease-up			
<b>I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction)</b>			
1. Qualified Contract requested for one project after 1/25/2021 (-2 points)			
2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points)			
3. Foreclosure that resulted in release of extended use period (-4 points)			
<b>J. Developments from Previous Institutes (Max 3 points)</b>			
<b>Required Documents:</b> ~ Letter from CSH. <b>Place in Tab O.</b>			
<b>Schedule D1, Section E.2 (4% with AWHTC only) (Max 4 points)</b>			
1. Developer has been issued Form 8609 for at least one Indiana development utilizing tax-exempt bonds placed in service no more than 5 years before application due date (4 points)			
2. Developer has been issued Form 8609 for at least one Indiana development utilizing tax-exempt bonds placed in service more than 5 years, but less than 10 years, before application due date (2 points)			
<b>Subtotal (49 possible points)</b>		0.00	0.00

Reduction of Points	0.00	0.00	
Subtotal (possible 4 point reduction)	0.00	0.00	
Total Development Score (181 possible points)	0.00	0.00	

Select Financing Type. (Check all that apply.)	Geographic Location: MUST select ONE. (Applies to all 4% bond applications)
<div><input type="checkbox"/> Rental Housing Tax Credits (RHTC)</div> <div><input checked="" type="checkbox"/> Multi-Family Tax Exempt Bonds</div> <div><input type="checkbox"/> State Affordable and Workforce Housing Tax Credits (AWHTC)</div> <div><input type="checkbox"/> IHCDA HOME Investment Partnerships (MUST complete HOME Supplement)</div> <div><input checked="" type="checkbox"/> IHCDA Development Fund (MUST complete Development Fund Supplement)</div> <div><input type="checkbox"/> OTHER: Please list.<div></div></div>	<div><div><input type="checkbox"/> Small City</div><div><input checked="" type="checkbox"/> Large City</div></div> <div><input type="checkbox"/> Rural</div>
	Geographic Set-Asides (Competitive 4% ONLY)
	<div><div><input type="checkbox"/> Northwest</div><div><input type="checkbox"/> Northeast</div></div> <div><div><input type="checkbox"/> Central</div><div><input type="checkbox"/> Southwest</div></div> <div><input type="checkbox"/> Southeast</div>

A. Development Name and Location

1. Development Name

Fulton Miller West Flats

Street Address

1903 Miller Ave & 2215 Fulton St.

City

Anderson

County

Madison

State

IN

Zip

46011

2. Is the Development located within existing city limits?

☒ Yes

☐ No

If no, is the site in the process or under consideration for annexation by a city?

☐ Yes

☒ No

Date:

3. Census Tract(s) #

3

a. Qualified Census tract?

☒ Yes

☐ No

b. Is Development eligible for adjustment to eligible basis?

☒ Yes

☐ No

Explain why Development qualifies for 30% boost:

Development is located within a Qualified Consensus Tract.

4. Is Development located in a Difficult Development Area (DDA)?

☐ Yes

☒ No

5. Congressional District

5

State Senate District

25

State House District

36

6. List the political jurisdiction in which the Development is to be located and the name and address of the chief executive officer thereof:

Political Jurisdiction (name of City or County)

City of Anderson

Chief Executive Officer (name and title)

Mayor Thomas J Broderick Jr.

Street Address

120 East 8th Street

City

Anderson

State

IN

Zip

46016

B. Funding Request

1. Total annual Federal Tax credit amount requested with this Application

\$1,441,983

2. Total annual State Tax credit amount requested with this Application

3. Total amount of Multi-Family Tax Exempt Bonds requested with this Application

\$14,390,491

4. Total amount of IHCDA HOME funds requested with this Application

5. Total amount of IHCDA Development Fund funds requested with this Application

6. Total number of IHCDA Section 8 Vouchers requested with this Application

Form O1

Form O2

If a Permanent Supportive Housing Development

7. Total Amount of Housing Trust Fund

If a Permanent Supportive Housing Development

8. Have any prior applications for IHCDA funding been submitted for this Development?

☐ Yes

☒ No

If yes, please list the name of the Development(s), date of prior application, type of funding request (with amount) and indicate what information has changed from the prior application. (Place this information in Tab D.)

footnotes:

C. Types of Allocation

1. Minimum Set Aside

Election of the Minimum Set Aside Requirement (This election is also made by the owner on IRS Form 8609): The Owner irrevocably elects **one** of the Minimum Set Aside Requirements:

- ☐ At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income.
- ☐ 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 of the area median gross income.
- ☒ At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 80% or less of the area median gross income. The average income of the restricted units must be at or below 60% of the area median gross income.

2. Type of Allocation

- ☐ New construction, or
- ☒ Rehabilitation, or
- ☐ Historic Rehab/Adapative Reuse

3. Type of Project

- ☒ Family
- ☐ Age-Restricted
- ☐ Integrated Supportive Housing
- ☐ Affordable Assisted Living

4. Age Restrictions per Housing for Older Persons Act of 1995

If this Development will be designated as age-restricted, please elect which definition this Development will adopt:

- ☐ At least 80% of the units in the entire development are restricted for and solely occupied by households in which at least one member is age 55 or older.
- ☐ 100% of the units are restricted for households in which all members are age 62 or older.

footnotes:

D. Applicant Information

☐ Yes ☒ No

1. Is Applicant an IHCD State Certified CHDO?  
*If the Applicant intends to apply for CHDO Operating Supplement in conjunction with a RHTC/HOME award, the applicant must submit a completed CHDO Application Workbook. The CHDO Application Workbook can be found on the IHCD CHDO Program website.*

Participating Jurisdiction (non-state) Certified CHDO? ☐ Yes ☒ No  
Qualified not-for-profit? ☒ Yes ☐ No  
A public housing agency (PHA)? ☒ Yes ☐ No

2. Name of Applicant Organization Anderson Housing, Inc  
Contact Person Kevin Sulc  
Street Address 528 W. 11th Street,  
City Anderson State IN Zip 46011  
Phone 7656412620 Ext. 4 E-mail ksulc@ahain.org

3. If the Applicant is not a Principal of the General Partner of the Ownership Entity, explain the relationship between the Applicant and the Owner.

4. Identity of Not-for-profit  
Name of Not-for-profit Anderson Housing, Inc. (AHI)  
Contact Person Kevin Sulc  
Address 528 W. 11th Street  
City Anderson State IN Zip 46011  
Phone 7656412620 Ext. 420  
E-mail address ksulc@ahain.org

Role of Not-for-Profit in Development  
Owner/Co-Developer

5. List the following information for the person or entity who owned the property immediately prior to Applicant or Owner's acquisition.  
Name of Organization Anderson Housing Authority (AHA)  
Contact Person Kevin Sulc  
Street Address 528 W. 11th Street  
City Anderson State IN Zip 46011

6. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team? ☒ Yes ☐ No

If yes, list type of relationship and percentage of interest.  
Anderson Housing, Inc is a subsidiary of Anderson Housing Authority (100%)

7. BIN of most recently issued 8609 to applicant, owner or developer within Indiana  
IN-13-02700



E. Owner Information

1. Owner Entity

☐ Legally formed

☒ To be formed

Name of Owner

Anderson Fulton-Miller, LP

Contact Person

Kevin Sulc

Street Address

528 W. 11th Street

City

Anderson

State

Indiana

Zip

46011

Phone

7656412620 Ext. 420

E-mail Address

ksulc@ahain.org

Federal I.D. No.

Type of entity:

☒ Limited Partnership

☐ Individual(s)

☐ Corporation

☐ Limited Liability Company

☐ Other:

2. List all that have an ownership interest in Owner and the Development. Must **include** names of **all** general partners (**including the principals of each general partner if applicable**), managing member, controlling shareholders, etc.

	Name	Role	% Ownership	Email
General Partner (1)	Anderson Fulton-Miller, GP LLC	GP	0.01%	ksulc@ahain.org
Principal	Anderson Housing Inc.	Member	100%	ksulc@ahain.org
Principal				
Principal				
General Partner (2)				
Principal				
Principal				
Principal				
Limited Partner	Enterprise	LP	100%	rrosoff@enterprisecommunity.com
Principal	Ryan Rosoff			rrosoff@enterprisecommunity.com
Principal				

Provide Name and Signature for **each Authorized Signatory** on behalf of the Applicant.

1. Kevin Sulc, Director of Project Development

Printed Name & Title

Signature

2.

Printed Name & Title

Signature

footnotes:

F. Development Team Good Standing

1. Have Applicant, Owner, Developer, Management Agent, and any other member of the Development Team

- a. Ever been convicted of a felony under the federal or state laws of the United States?

☐ Yes ☒ No
- b. Ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States?

☐ Yes ☒ No
- c. Ever defaulted on any low-income housing Development(s)?

☐ Yes ☒ No
- d. Ever defaulted on any other types of housing Development(s)?

☐ Yes ☒ No
- e. Ever Surrendered or conveyed any housing Development(s) to HUD or the mortgagor?

☐ Yes ☒ No
- f. Uncorrected 8823s on any developments?

☐ Yes ☒ No
- f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J.

2. Has the applicant or its principals returned, or had rescinded, any IHEDA Funding?

☐ Yes ☒ No

If Yes, list the dates returned and award numbers of said funds.

<u>BIN</u>	<u>Date Returned</u>	<u>Amount</u>

footnotes:

**G. Development Team Information**

**Note: ALL DEVELOPMENT TEAM MEMBERS MUST BE IDENTIFIED AT TIME OF APPLICATION**

*Please submit Form Q (Affidavit) for each team member.*

1. Attorney Gareth Kuhl

Firm Name Kuhl & Grant, LLP

Phone 317-423-9900

E-mail Address gkuhlgrant-law.com

Is the named Attorney's affidavit in Tab J? ☒ Yes ☐ No

2. Bond Counsel (if applicable) Matt Carr  
**(\*Must be an Indiana Firm)**

Firm Name Frost Brown Todd

Phone

E-mail Address mcarr@fbtlaw.com

Is the named Bond Counsel's affidavit in Tab J? ☒ Yes ☐ No

3. Developer (contact person) Gary Hobbs

Firm Name BWI, LLC

Phone 317-377-1790

E-mail address gary@bwillc.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

4. Co-Developer (contact person) Kevin Sulc

Firm Name Anderson Housing, Inc

Phone 7656412620 Ext. 420

E-mail address ksulc@ahain.org

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

5. Accountant (contact person) Claire Baker

Firm Name Dauby, O'Connor, and Zaleski, LLC

Phone 317-819-6104

E-mail address cbaker@dozllc.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

*footnotes:*

6. Consultant (contact person) Gary Hobbs

Firm Name BWI, LLC

Phone 317-377-1790

E-mail address gary@bwillc.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

7. High Performance Building Consultant (contact person) Erik Reading

Firm Name Energy Diagnostics, Inc

Phone 219-464-4457

E-mail address erik@energydiagnostics.net

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

8. Management Entity (contact person) George McMannis

Firm Name BWI, LLC

Phone 317-377-1790

E-mail address gmcmannis@bwillc.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

9. General Contractor (contact person) Bill Woods

Firm Name BWI Construction, LLC

Phone 317-377-1790

E-mail address bwoods@bwillc.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

10. Architect (contact person) Donna Ross

Firm Name Reztark Design Studio

Phone 513-233-3333

E-mail address dross@reztark.com

Is the Contact Person's affidavit in Tab J? ☒ Yes ☐ No

11. Identity of Interest

Does any member of the development team have any financial or other interest, directly or indirectly, with another member of the development team, and/or any contractor, subcontractor, or person providing services to the Development for a fee.

☒ Yes ☐ No

If Yes, provide a list and description of such interest(s) in TAB J.

footnotes:

H. Threshold

1. Site Control: Select type of Site Control Applicant has:

<input type="checkbox"/>	Executed and Recorded Deed	
<input type="checkbox"/>	Option (expiration date:	
<input checked="" type="checkbox"/>	Purchase Contract (expiration date:	12/31/2025
<input type="checkbox"/>	Long Term Lease (expiration date:	
<input type="checkbox"/>	Intends to acquire site/building through a government body.	

2. Scattered Site Development: If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)? ☐ Yes ☒ No

3. Completion Timeline (month/year)	Estimated Date
Construction Start Date	4/1/2025
Completion of Construction	6/1/2026
Lease-Up	12/1/2026
Building Placed in Service Date(s)	7/1/2026

4. Zoning: Is site properly zoned for your development without the need for an additional variance? ☒ Yes ☐ No

5. Utilities: List the Utility companies that will provide the following services to the proposed Development

Water:	City of Anderson
Sewer:	City of Anderson
Electric:	City of Anderson
Gas:	Centerpoint

6. Applicable State and Local Requirements & Design Requirements are being met (see QAP section 5.1.M) ☒ Yes ☐ No

7. Lead Based Paint: Are there any buildings in the proposed development constructed prior to 1978? ☒ Yes ☐ No  
If yes, Developer acknowledges project complies with the Lead-Based Paint Pre-Renovation Rule (“Lead PRE”) and the State of Indiana’s Lead-Based Paint Rules ☒ Acknowledged

8. Acquisition Credit Information
- ☒ The Acquisition satisfies the 10-year general look-back rule of IRC Section 42(d)(2)(B)(ii) and supporting documentation included in Tab L
  - ☒ The Acquisition satisfies the Related Party rule of IRC Section 42(d)(2)(B)(iii) and Attorney Opinion included in Tab L
  - ☐ If requesting an acquisition credit based on an exception to this general rule e.g. Section 42(d)(2)(D)(i) or Section 42(d)(6)], an Attorney's Opinion is provided in Tab L

9. Rehabilitation Credit Information
- ☐ Development satisfies the 20% of basis/\$6000 min. rehab requirement of IRC Section 42(e)(3)(A)(ii).
  - ☒ Development satisfies the Minimum Rehab costs of the QAP: \$25,000/unit for Rehab and \$35,000/unit for Preservation
  - ☐ If requesting Rehabilitation credits based on exceptions like IRC Section 42(e)(3)(B) or IRC Section 42(f)(5)(B)(ii)(II) provide supporting documentation

10. Relocation Information. If there is a permanent or temporary relocation of existing tenants, is a displacement and relocation Plan included in Tab L? ☒ Yes ☐ No

11. Irrevocable Waiver of Right to Request Qualified Contract: The Applicant acknowledges that they irrevocably waive the right to request a Qualified Contract for this Development. ☒ Acknowledged

12. Federal Grants: Is Development utilizing any Federal Grants not structured as a loan If Yes, then please explain how these Federal funds will be treated in eligible basis: ☐ Yes ☒ No

13. Davis Bacon Wages: Does Davis Bacon apply to this Development? ☒ Yes ☐ No  
*Eg. 12 or more HOME-assisted units, 9 or more Project Based Voucher units, 12 or more Section 811 Project Rental Assistance units*  
If yes, Developer acknowledges that Davis Bacon wages will be used. ☒ Acknowledged

14. Minimum Unit Size: What percent of units, by bedroom type, meet or exceed the square footage requirements set forth in Part 5.4.D of the QAP?

0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
	100.00%	100.00%	100.00%	

15. Accessible/Adaptable Units: Number of Units that are Type A or Type B

# of Type A/Type B units in Development	Total Units in Development	% of Total Development
8	84	9.5238%

16. Development Meets Accessibility Requirements for Age-Restricted Developments and Housing First set-aside ☐ Yes ☒ No

The following are mandatory Threshold requirements. All applicants must affirmatively check the boxes below to acknowledge these requirements:

17. Visitability Mandate: If the Development is new construction of single-family homes, duplexes, triplexes, or townhomes, then the units must be visitable and in compliance with the Type C unit criteria in ICC A117.1 Section 1005. ☐

18. Smoke-Free Housing: Developer commits to operating as smoke-free housing. ☒

19. Special Needs Population: Developer commits to setting aside 10% of the total units for occupancy by qualified tenants who meet the definition of “special needs populations” pursuant to Indiana Code 5-20-1-4.5. ☒

20. Affirmative Fair Housing Marketing Plan: Developer agrees to create an Affirmative Fair Housing Marketing Plan by initial leaseup. ☒

21. Developer Acknowledges that Developer will comply with the Closing Requirements, Deadlines, and Fees of Schedule D (Noncompetitive 4% RHTC) or Schedule D1 (4% RHTC with State Tax Credits). ☒

footnotes:

I. Affordability

1.

Do you commit to income restrictions that match the rent restrictions selected?

x

YesNo
2.

Additional Years of Affordability

Applicant commits to 30 year Extended Use Period

Applicant commits to 35 year Extended Use Period

Applicant commits to 40 year Extended Use Period

x

J. Development Charactersists

1. Development Amenities: Please list the number of development amenities from each column listed under Part 6.2.A. of the 2023-24 QAP.

- a. Chart 1: Common Area:

11

1. Total development amenities available from chart 1, sub-category A:

5

2. Total development amenities available from chart 1, sub-category B:

4

3. Total development amenities available from chart 1, sub-category C:

2
- b. Chart 2: Apartment Unit:

10

1. Total development amenities available from chart 2, sub-category A:

8

2. Total development amenities available from chart 2, sub-category B:

2
- c. Chart 3: Safety & Security:

4

1. Total development amenities available from chart 3, sub-category A:

3

1. Total development amenities available from chart 3, sub-category B:

1

2. Adaptable/Accessible

Please Fill the appropriate box with number of Type A/Type B Units

	Non Age-Restricted Developments
Rehab/Adaptive Resue	84
New Construction	
	Age-Restricted/Housing First
Rehab/Adaptive Resue (w/ Elevator)	
Rehab/Adaptive Resue (w/ Elevator) & New Construction	

3. Universal Design Features

Applicants will adopt minimum of:

- Six (6) Universal Design Features
- Eight (8) Universal Design Features
- Nine (9) Universal Design Features
- Ten (10) Universal Design Features

x

footnotes:

4. Does the Development propose to convert a percentage of total square footage in a 100% vacant structure into rental housing? ☐ Yes ☒ No
- If yes, how much of the vacant structure square footage will be utilized? ☐ 100% ☐ 75% ☐ 50%
5. Is the proposed development considered Historic in Nature as defined by the QAP? ☐ Yes ☒ No
6. For Developments Preserving Existing Affordable Housing, select one:  
☐ Existing RHTC Project  
☒ HUD/USDA Affordable Housing  
☐ Other
7. Does the Development meet the the following criteria for Infill New Construction? ☒ Yes ☐ No
- i. The site is surrounded on at least two sides with adjacent established development. ☒ Yes ☐ No
- ii. The site maximizes the use of existing utilities and infrastructure. ☒ Yes ☐ No
- iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community ammenity. ☒ Yes ☐ No
8. Does the property qualify as one of the following:  
☐ Foreclosed Upon  
☐ Affected by a Disaster
9. a. Is there a Community Revitalization Plan that clearly targets the specific neighborhood in which the project is located? ☒ Yes ☐ No
- b. Is the proposed Development in a QCT? ☒ Yes ☐ No

10. Tax Credit Per Unit

Total Tax Credit Request*	\$1,441,983
Total Program Units in Development	<u>84</u>
Tax Credits per Unit	<u>\$ 17,166.46</u>

11. Internet Access. The Development will provide:

- ☐ the necessary infrastructure for high-speed internet/broadband service.
- ☐ each unit with free high-speed internet/broadband service.
- ☐ each unit with free Wi-Fi high-speed internet/broadband service.
- ☒ free Wi-Fi access in a common area, such as a clubhouse or community room.

footnotes:

## K. Sustainable Development Characteristics

### 1. Building Certification

- ☐ LEED Silver Rating
- ☒ Silver Rating National Green Building Standard
- ☐ Enterprise Green Communities
- ☐ Passive House
- ☐ Equivalent Certification

### 2. Onsite Recycling

- ☐ Development will have onsite recycling at no cost to residents

### 3. Desirable Sites

Target Area Points	
Proximity to Amenities	3
Transit Oriented	2
Opportunity Index	2
Undesirable Sites	
Total Points	7

If the site map, which indicates the specific locations of each desirable site, is located in the Market Study, list the page number from the Market Study.

footnotes:



**L. Financing & Marketing**

**1. Rental Assistance**

a. Will any low-income units receive Project-Based rental assistance? ☒ Yes ☐ No

If yes, indicate type of rental assistance and attach copy of rental assistance contract, if applicable.

☐ Section 8 HAP ☐ FmHA 515 Rental Assistance  
☒ Other: Allocation of PBV S8 Anderson HA

b. Is this a Supportive Housing Project? ☐ Yes ☒ No

If yes, are you applying for IHCD Project-Based Section 8? ☐ Yes ☐ No

c. Number of units (by number of bedrooms) receiving assistance:

12 (1) Bedroom 48 (2) Bedrooms  
24 (3) Bedrooms ☐ (4) Bedrooms

d. For scoring purposes, are 20% units or more receiving Rental Assistance? ☒ Yes ☐ No

For HUD purposes, are more than 25% units receiving Rental Assistance? ☒ Yes ☐ No

If yes, select the excepted unit category ☐ Age-Restricted  
☐ Supportive Housing

e. Number of years in the rental assistance contract 15 Expiration date of contract TBD

**2. Development is in a Census Tract that:**

Does not contain any active RHTC projects of the same occupancy type ☒  
Contains one (1) active RHTC project of the same occupancy type ☐

3. ☐ This Development will be subject to the standard 15-year Compliance Period as part of a Lease-Purchase Program and will offer homeownership opportunities to qualified tenants after compliance period. See IRS Revenue Ruling 95-48 and IHCD Declaration of Extended Rental Housing Commitment.

**4. Leveraging the READI or HELP Programs**

☐ Applicant does not request additional IHCD gap resources  
☐ Applicant requests a basis boost of no more than 20%

footnotes:

M. Other

1. Certified Tax Credit Specialist:

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification
George McMannis, BWI LLC	VP of Compliance (Management)	NCPE, SCS, TCS, COS, BOS, HCCP	2011-2024
Gary Hobbs, BWI LLC	Developer	C3P, SCS	2012, 2016

2. MBE/WBE/DBE/VOSB/SDVOSB Participation

Check the boxes that apply:

Firm/Entity	>=5% AND <10% of Total Soft Costs	>= 10% of Total Soft Costs
Professional Services		X

Firm/Entity	>=5% AND <10% of Total Hard Costs	>= 10% of Total Hard Costs
General Contractor	X	

Firm/Entity	>=8% AND <15% of Total Hard Costs	>=15% of of Total Hard Costs
Sub-contractors	X	

Firm/Entity	
Owner/Developer	X
Management Entity (Minimum 2 year contract)	X

3. Is the Applicant an emerging XBE Developer?

☐ Yes

☒ No

4. Resident Services

Number of Resident Services Selected:

Level 1 Services	6
Level 2 Services	5

5. CORES Certification

CORES Certification for the owner or management company

☐

6. Resident Service Coordinator for Supportive Housing

Development is an Integrated Supportive Housing Development and utilizes a Resident Service Coordinator

☐

7. Onsite Daycare/Before and After School Care/Adult Day

Onsite, licensed daycare center  
Onsite, licensed before and after school care  
Onsite, waiver-certified adult day center

☐

☐

☐

8. Integrated Supportive Housing

Total Units	Total Supportive Housing Units	Percent of total
0	X	#VALUE!

9. Development will implement an Eviction Prevention Plan

☒

10. Low-Barrier Tenant Screening

☐ Plan does not screen for misdemeanors

☐ Plan does not screen for felonies older than five years

☐ Plan does not screen for evictions more than 12 months prior to application

☐ Plan does not screen for evictions more than 6 months prior to application

footnotes:



1. Units and Bedrooms by AMI

List number of units and number of bedrooms for each income category in chart below:								
		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms.	4 Bedrooms.	Total	% of Total
20 % AMI	# Units						0	0.00%
30 % AMI	# Units						0	0.00%
40% AMI	# Units						0	0.00%
50% AMI	# Units						0	0.00%
60% AMI	# Units	0	12	48	24		84	100.00%
70% AMI	# Units						0	0.00%
80% AMI	# Units						0	0.00%
Market Rate	# Units						0	0.00%
Development Total	# Units	0	12	48	24	0	84	100.00%
	# Bdrms.	0	12	96	72	0	180	100.00%

2. Units and Bedrooms by Bedroom size

Unit Type	0-1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation	12	48	24	
Single Family (Infill) Scattered Site				
Historic Rehabilitation				
New Construction				
New Construction - Age Restricted				

3. Will the development utilize a manager's unit?

☐ Yes

☒ No

If yes, how will the unit be considered in the building's applicable fraction?

- ☐ Tax Credit Unit
- ☐ Exempt unit
- ☐ Market Rate Unit

6. Utilities and Rents

a. Monthly Utility Allowance Calculations - Entire Section Must Be Completed

Utilities	Type of Utility (Gas, Electric, Oil, etc.)	Utilities Paid by:	Enter Allowance Paid by Tenant ONLY				
			0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
Heating	Electric	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		73	93	67	66
Air Conditioning	Electric	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		16	20	24	31
Cooking	Electric	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		11	12	15	19
Other Electric	Electric	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		45	55	64	77
Water Heating	Electric	<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant		31	39	43	29
Water	Water	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant		0	0	\$ -	\$ -
Sewer	Water	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant		0	0	\$ -	\$ -
Trash		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant					
Total Utility Allowance for Costs Paid by Tenant			\$ -	\$ 176.00	\$ 219.00	\$ 213.00	\$ 222.00

b. Source of Utility Allowance Calculation

<input checked="" type="checkbox"/> HUD	<input type="checkbox"/> HUD Utility Schedule Model (HUSM)
<input type="checkbox"/> PHA/IHCDA	<input type="checkbox"/> Utility Company (Provide letter from utility company)
<input type="checkbox"/> Rural Development	<input type="checkbox"/> Energy Consumption Model
<input type="checkbox"/> Other (specify):	

Note: IRS regulations provide further guidance on how utility allowances must be determined.

More info is also located in the RHTC Compliance Manual, Part 3.4.

c. List below the applicable rental housing tax credit monthly rent limits (based on the number of bedrooms) less the applicable utility allowance calculated in subpart 2.a. above:

	0 BR	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for Tenants at <b>20% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for Tenants at <b>30% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for Tenants at <b>40% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for Tenants at <b>50% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for Tenants at <b>60% AMI</b>		\$ 883	\$ 1,159	\$ 1,517	
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ 707	\$ 940	\$ 1,304	\$ (222)
Maximum Allowable Rent for Tenants at <b>70% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for Tenants at <b>80% AMI</b>					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Equals Maximum Allowable rent for your Development	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)

footnotes: ☒

d. List below the maximum rent limits minus tenant-paid utilities for all HOME-Assisted, and/or HOME-Eligible, Non-assisted units in the development.

	0 BR (SRO w/o kitchen and/or bath)	0 BR (SRO with kitchen and bath)	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for beneficiaries at <b>20% or less of area median income</b>						
<u>MINUS</u> Utility Allowance Paid by Tenants	\$ -	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Maximum Allowable Rent for Your Development	\$ -	\$ (222)	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for beneficiaries at <b>30% or less of area median income</b>						
<u>MINUS</u> Utility Allowance Paid by Tenants	\$ -	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for beneficiaries at <b>40% or less of area median income</b>						
<u>MINUS</u> Utility Allowance Paid by Tenants	\$ -	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for beneficiaries at <b>50% or less of area median income</b>						
<u>MINUS</u> Utility Allowance Paid by Tenants	\$ -	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ (176)	\$ (219)	\$ (213)	\$ (222)
Maximum Allowable Rent for beneficiaries at <b>60% or less of area median income</b>			\$ 883	\$ 1,159	\$ 1,517	
<u>MINUS</u> Utility Allowance Paid by Tenants	\$ -	\$ -	\$ 176	\$ 219	\$ 213	\$ 222
Maximum Allowable Rent for Your Development	\$ -	\$ -	\$ 707	\$ 940	\$ 1,304	\$ (222)

e. Estimated Rents and Rental Income  
1. Total Number of Low-Income Units (20% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
Other Income Source										
Other Income Source										
Total Monthly Income									\$ -	
Annual Income									\$ -	
** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.**										

2. Total Number of Low-Income Units (30% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
Other Income Source										
Other Income Source										
Total Monthly Income									\$ -	
Annual Income									\$ -	

footnotes:



3. Total Number of Low-Income Units (40% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
Other Income Source										
Other Income Source										
Total Monthly Income										\$ -
Annual Income										\$ -

4. Total Number of Low-Income Units (50% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
Other Income Source										
Other Income Source										
Total Monthly Income										\$ -
Annual Income										\$ -

5. Total Number of Low-Income Units 84 (60% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
No	No	Yes	2	Bedrooms	1	0	800	0	\$ -	x
Yes	No	Yes	1	Bedrooms	1	9	650	586	\$ 5,274	x
No	No	Yes	1	Bedrooms	1	3	650	707	\$ 2,121	x
No	No	Yes	2	Bedrooms	1	48	800	940	\$ 45,120	x
No	No	Yes	3	Bedrooms	1.5	24	1050	1304	\$ 31,296	x
Other Income Source										\$ 873
Other Income Source										
Total Monthly Income										\$ 84,684
Annual Income										\$ 1,016,208



6. Total Number of Low-Income Units  (70% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract	
Yes/No	Yes/No	Yes/No	# of bedrooms								
				Bedrooms					\$ -		<div style="border: 1px solid black; width: 15px; height: 15px;"></div>
				Bedrooms					\$ -		
				Bedrooms					\$ -		
				Bedrooms					\$ -		
				Bedrooms					\$ -		
Other Income Source											
Other Income Source											
Total Monthly Income									\$ -		
Annual Income									\$ -		

7. Total Number of Low-Income Units  (80% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a	
Yes/No	Yes/No	Yes/No	# of bedrooms								
				Bedrooms					\$ -		<div style="border: 1px solid black; width: 15px; height: 15px;"></div>
				Bedrooms					\$ -		
				Bedrooms					\$ -		
				Bedrooms					\$ -		
				Bedrooms					\$ -		
Other Income Source											
Other Income Source											
Total Monthly Income									\$ -		
Annual Income									\$ -		

8. Total Number of Market Rate Units

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
Yes/No	Yes/No	Yes/No	# of bedrooms						
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
Other Income Source									
Other Income Source									
Total Monthly Income									\$ -
Annual Income									\$ -

5. Summary of Estimated Rents and Rental Income

Annual Income (20% Rent Maximum)	\$ -
Annual Income (30% Rent Maximum)	\$ -
Annual Income (40% Rent Maximum)	\$ -
Annual Income (50% Rent Maximum)	\$ -
Annual Income (60% Rent Maximum)	\$ 939,504
Annual Income (70% Rent Maximum)	\$ -
Annual Income (80% Rent Maximum)	\$ -
Annual Income (Market Rate Units)	\$ -
<b>Potential Gross Income</b>	\$ 939,504
Less Vacancy Allowance <b>6%</b>	\$ <b>56,370</b>
<b>Effective Gross Income</b>	\$ 883,134

Default annual % increase in income over the Compliance Period? 2%

**W. Annual Expense Information**

(Check one) ☒ Housing OR ☐ Commercial

<u>Administrative</u>		<u>Other Operating</u>	
1. Advertising	<u>2,500</u>	1. Elevator	
2. Management Fee	<u>38,209</u>	2. Fuel (heating & hot water)	
3. Legal/Partnership	<u>9,500</u>	3. Electricity	<u>6,000</u>
4. Accounting/Audit	<u>10,000</u>	4. Water/Sewer	<u>45,528</u>
5. Compliance Mont.	<u>20,000</u>	5. Gas	
6. Office Expenses	<u>29,006</u>	6. Trash Removal	<u>1,764</u>
7. Other (specify below)	<u>1,100</u>	7. Payroll/Payroll Taxes	<u>143,798</u>
		8. Insurance	<u>68,000</u>
<b>Total Administrative</b>	\$ <u>110,315</u>	9. Real Estate Taxes*	<u>50,810</u>
		10. Other Tax	
<u>Maintenance</u>		11. Yrly Replacement Reserves	<u>35,280</u>
1. Decorating	\$ <u>500</u>	12. Resident Services	<u>-</u>
2. Repairs	\$ <u>8,300</u>	13. Internet Expense	<u>1,800</u>
3. Exterminating	\$ <u>5,208</u>	14. Other (specify below)	
4. Ground Expense	\$ <u>15,000</u>		
5. Other (specify below)	\$ <u>25,500</u>	<b>Total Other Operating</b>	\$ <u>352,980</u>
<u>fire and security</u>			
<b>Total Maintenance</b>	\$ <u>54,508</u>		
<b>Total Annual Administrative Expenses:</b>	\$ <u>110,315.0</u>	<b>Per Unit</b>	<u>1313</u>
<b>Total Annual Maintenance Expenses:</b>	\$ <u>54,508.0</u>	<b>Per Unit</b>	<u>649</u>
<b>Total Annual Other Operating Expenses:</b>	\$ <u>352,980</u>	<b>Per Unit</b>	<u>4202</u>
<b>TOTAL OPERATING EXPENSES (Admin+Operating+Maint):</b>	\$ <u>517,803</u>	<b>Per Unit</b>	\$ <u>6,164</u>
<b>Default annual percentage increase in expenses for the next 15 years?</b>			<u>3%</u>
<b>Default annual percentage increase for replacement reserves for the next 15 years?</b>			<u>3%</u>

\* List full tax liability for the property. Do not reflect tax abatement.

footnotes:

**Commercial and Office Space:** IHCDAs Rental Housing financing resources cannot be used to finance commercial space within a Development. Income generated and expenses incurred from this space, though, must be factored into IHCDAs underwriting for the Development as a whole when reviewing the application. If the Development involves the development of commercial space, the applicant will need to provide separate annual operating expense information and a separate 15-year proforma for the commercial space. Be sure to label which forms are for the housing and which ones are for the commercial space. Also separate out all development costs associated with the commercial space on line M of the Development Costs chart.

Y. Sources of Funds/Developments (Include any IHCDAs HOME requests)

1. Construction Financing. List individually the sources of construction financing, including any such loans financed through grant sources. Please provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name & Telephone Number of Contact Person
1 New Point Capital	12/30/2024	2/1/2025	\$ 14,390,491	Cesar Diaz, 513-553-6700
2 IHCDAs Development Fund	45656	3/1/2025	\$ 500,000	Kevin Sulc, 765-641-2620
3 Syndicator and GP equity	45656	3/1/2025	\$ 200	Enterprise - Ryan (312-803-0780)
4 Federal LIHTC Equity	45656	12/30/2024	\$ 3,027,861	Enterprise - Ryan (312-803-0780)
5 Sponsor loans and FHLB	45656	45717	\$ 11,047,002	Kevin Sulc, 765-641-2620
Total Amount of Funds			\$ 28,965,554	

2. Permanent Financing. List individually the sources of permanent financing, including any such loans financed through grant sources. Please provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Annual Debt Service Cost	Interest Rate of Loan	Amortization Period	Term of Loan
1 New Point Capital	12/30/2024	2/1/2025	\$ 5,472,481	\$349,946	5.75%	40	17
2 IHCDAs Development Fund	12/30/2024	3/1/2025	\$ 500,000	\$25,510	3.00%	30	30
3 Syndicator and GP equity	45656	3/1/2025	\$ 200				
4 Federal LIHTC Equity	45656	45656	\$ 12,111,444				
5 Sponsor Loans and FHLB	45656	45717	\$ 11,060,000				
Total Amount of Funds			\$ 29,144,125	\$ 375,456			
Deferred Developer Fee			\$ 716,520				

3. Grants. List all grants provided for the development. Provide documentation in Tab G.

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name and Telephone Numbers of Contact Person
1				
2				
3				
4				
Total Amount of Funds			\$ -	

If the loan and any outstanding interest is not expected to be paid until the end of the Initial Compliance Period, there must be reasonable expectation that the fair market value of the Development will be sufficient at that time to pay the accrued interest and debt and that the net income of the Development will be sufficient to sustain debt service.

footnotes:

4. Historic Tax Credits

Have you applied for a Historic Tax Credit? ☐ Yes ☒ No

If Yes, please list amount

If Yes, indicate date Part I of application was duly filed:  Include with application.  
Please provide in Tab P.

5. Other Sources of Funds (excluding any syndication proceeds)

- a. Source of Funds  Amount
- b. Timing of Funds
- c. Actual or Anticipated Name of Other Source
- d. Contact Person  Phone

6. Sources and Uses Reconciliation

Limited Partner Equity Investment from Fed Tax Credits	\$	12,111,444	*From Fed Credit Determination Tab
General Partner Investment from Fed Tax Credits	\$	200	
Limited Partner Equity Investment from State Tax Credits	\$	-	*From State Credit Determination Tab
General Partner Investment from State Tax Credits			
Total Equity Investment	\$	12,111,644	
Total Permanent Financing	\$	5,472,481	
Deferred Developer Fee	\$	716,520	
Other <a href="#">Sponsor #3 - PHA contribution</a>	\$	4,000,000	
Other <a href="#">Sponsor Loan #2 - City TIF-Readi</a>	\$	5,660,000	
Other <a href="#">IHCDA Dev Fund loan</a>	\$	500,000	
Other <a href="#">FHLB - Indiana</a>	\$	1,000,000	
Other <a href="#">Sponsor Loan #1 - PHA energy contribution (H</a>	\$	400,000	
Other			
Total Sources of Funds	\$	29,860,645.00	
Total Uses of Funds	\$	29,860,645.00	

^^^Note: Sources MUST EQUAL Uses^^^

\* Are Load Fees included in Equity Investment? ☐ Yes ☐ No  
If Yes, Load Fees are: \$

footnotes:

7. Federal Tax Credit Intermediary Information

- a. Actual or Anticipated Name of Intermediary

(e.g. Syndicator, etc.) Enterprise Community

Contact Person Ryan Rosoff

Phone 312-803-0780

Street Address 11000 Broken Land Parkway

City Columbia State MD Zip 21044

Email rrosoff@enterprisecommunity.com

8. State Tax Credit Intermediary Information

- a. Actual or Anticipated Name of Intermediary

(e.g. Syndicator, etc.) Enterprise Community Partners

Contact Person Ryan Rosoff

Phone 312-803-0780

Street Address 11000 Broken Land Parkway Suite 700

City Columbia State MD Zip 21044

Email rrosoff@enterprisecommunity.com

9. Tax-Exempt Bond Financing/Credit Enhancement

- a. If Multi-family Tax Exempt Bonds are requested, list percent such bonds represent of the aggregate basis of the building and land of the development: 58%

If this percentage is 50% or more , a formal allocation of credits from IHCD is not necessary (although the development must satisfy and comply with all requirements for an allocation under this Allocation Plan and Section 42 of the Code. The Issuer of the bonds must determine the maximum amount of credits available to the development which, just as for developments which do need allocation, is limited to the amount of credits necessary to make the development financially feasible). AT THE TIME OF SUBMITTING THIS APPLICATION, YOU MUST PROVIDE IHCD WITH AN OPINION OF COUNSEL, SATISFACTORY TO IHCD, THAT YOU ARE NOT REQUIRED TO OBTAIN AN ALLOCATION OF TAX CREDITS FROM IHCD AND THAT THE DEVELOPMENT MEETS THE REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.

footnotes:

b. Name of Issuer Indiana Housing and Community Development Authority

Street Address 30 South Meridian Street Suite 900

City Indianapolis State IN Zip 46204

Telephone Number 317-232-7777

Email jsipe@ihcda.gov

c. Name of Borrower Fulton Miller LP

Street Address 528 W. 11th Street,

City Anderson State IN Zip 46011

Telephone Number 317-658-1114

Email gary@bwillc.com

If the Borrower is not the Owner, explain the relationship between the Borrower and Owner in footnotes below.

**If Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team in addition to above. Place in Tab J.**

d. Does any Development financing have any credit enhancement? ☐ Yes ☒ No

If yes, list the financing and describe the credit enhancement:

e. Is HUD approval for transfer of physical asset required? ☐ Yes ☒ No

If yes, provide copy of TPA request to HUD.

f. Is Rural Development approval for transfer of physical asset required? ☐ Yes ☒ No

If yes, has Rural Development been notified of your RHTC application? ☐ Yes ☒ No

g. Is the Development a federally-assisted low-income housing Development with at least 50% of its units in danger of being removed by a federal agency from the low-income housing market due to eligible prepayment, conversion, or financial difficulty? ☐ Yes ☒ No

If yes, please provide documentation in Tab P of the application package.

10. Total Multi-Family Tax Exempt Bonds already awarded to Developer  
in current year: \$ -

footnotes:

**Z. Cost/Basis/Maximum Allowable Credit**

1. Development Costs - List and Include Eligible Basis by Credit Type.

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
<b>a. To Purchase Land and Buildings</b>			
1. Land	100,000		
2. Demolition			
3. Existing Structures	4,000,000	4,000,000	
4. Other(s) (Specify below.)			
<b>b. For Site Work</b>			
1. Site Work (not included in Construction Contract)	60,000	60,000	
2. Other(s) (Specify below.)			
PP Bond	235,944	235,944	
<b>c. For Rehab and New Construction (Construction Contract Costs)</b>			
1. Site Work	1,437,282	1,437,282	
2. New Building			
3. Rehabilitation**	12,360,625	12,360,625	
4. Accessory Building			
5. General Requirements*	827,874	827,874	
6. Contractor Overhead*	275,958	275,958	
7. Contractor Profit*	827,874	827,874	
8. Hard Cost Contingency	1,602,556	1,602,556	
<b>d. For Architectural and Engineering Fees</b>			
1. Architect Fee - Design*	314,592	314,592	
2. Architect Fee - Supervision*	3,146	3,146	
3. Consultant or Processing Agent			
4. Engineering Fees	439,592	439,592	
5. High Performance Building Consultant	15,000	15,000	
6. Other Fees (Specify below.)			
inspection fees	144,385	144,385	
<b>e. Other Owner Costs</b>			
1. Building Permits	30,000	30,000	
2. Tap Fees	0	0	
3. Soil Borings			
4. Real Estate Attorney	140,000	140,000	
5. Developer Legal Fees	60,000	0	
6. Construction Loan - Legal	125,000	125,000	
7. Title and Recording	107,886	107,886	
8. Cost of Furniture	40,000	40,000	
9. Accounting	300,000	300,000	
10. Surveys	15,000	15,000	
11. Other Costs (Specify below.)			
RAD fees	105,427	105,427	
<b>SUBTOTAL OF THIS PAGE</b>	<b>23,568,141</b>	<b>23,408,141</b>	<b>-</b>

\* Designates the amounts for those items that are limited, pursuant to the Qualified Allocation Plan

\*\* Please provide a rehabilitation budget in Tab L that lists the cost of furniture, construction of community building, and common area amenities.

<u>\$12,360,625.00</u>	-	<u>\$40,000.00</u>	/	<u>84</u>	=	<u>146,674</u>
Rehabilitation Costs		Costs of Furniture, Construction of Community Center, and Common Area Amenities**		Total Number of Units		Rehabilitation Costs per Unit

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
<b>SUBTOTAL OF PREVIOUS PAGE</b>	<b>23,568,141</b>	<b>23,408,141</b>	<b>0</b>
<b>f. For Interim Costs</b>			
1. Construction Insurance	105,000	105,000	
2. Construction Period Interest	1,726,859	1,640,516	
3. Other Capitalized Operating Expenses	50,000	50,000	
4. Construction Loan Orig. Fee		0	
5. Construction Loan Credit Enhancement		0	
6. Construction Period Taxes		0	
7. Fixed Price Contract Guarantee		0	
<b>g. For Permanent Financing Fees &amp; Expenses</b>			
1. Bond Premium	143,905		
2. Credit Report			
3. Permanent Loan Orig. Fee	54,725		
4. Permanent Loan Credit Enhancement			
5. Cost of Iss/Underwriters Discount	153,905		
6. Title and Recording	2,000		
7. Counsel's Fee			
8. Other(s) (specify below)			
Bridge loan fees	0	XXXXXXXXXXXX	
<b>h. For Soft Costs</b>			
1. Property Appraisal	13,000	13,000	
2. Market Study	13,000	13,000	
3. Environmental Report	38,500	38,500	
4. IHCD A Fees	103,729		
5. Consultant Fees			
6. Guarantee Fees			
7. Soft Cost Contingency	24,038	24,038	
8. Other(s) (specify below)			
Relocation	145,644	145,644	
<b>i. For Syndication Costs</b>			
1. Organizational (e.g. Partnership)			
2. Bridge Loan Fees and Expenses			
3. Tax Opinion			
4. Other(s) (specify below)			
<b>j. Developer's Fee</b>			
22% % Not-for Profit			
78% % For-Profit	3,215,676	3,215,676	
<b>k. For Development Reserves</b>			
1. Rent-up Reserve	56,000		
2. Operating Reserve	446,523		
3. Other Capitalized Reserves*			
*Please explain in footnotes.			
<b>l. Total Project Costs</b>	<b>29,860,645</b>	<b>28,653,515</b>	<b>-</b>

footnotes:



ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
<b>SUBTOTAL OF PREVIOUS PAGE</b>	<b>29,860,645</b>	<b>28,653,515</b>	<b>0</b>
<b>m. Total Commercial Costs*</b>			
<b>n. Total Dev. Costs less Comm. Costs (l-m)</b>	29,860,645		
<b>o. Reductions in Eligible Basis</b> Subtract the following: 1. Amount of Grant(s) used to finance Qualifying development costs 2. Amount of nonqualified recourse financing 3. Costs of nonqualifying units of higher quality (or excess portion thereof) 4. Historic Tax Credits (residential portion) <i>Subtotal (o.1 through o.4 above)</i>			
		0	0
<b>p. Eligible Basis (ll minus o.5)</b>		28,653,515	0
<b>q. High Cost Area / Basis Boost</b> Adjustment to Eligible Basis  Please see 2022 QAP pg. 34 for eligibility criteria. Adjustment Amount cannot exceed 30%			
		7,396,055	
<b>r. Adjusted Eligible Basis (p plus q)</b>		36,049,570	0
<b>s. Applicable Fraction</b> (% of development which is low income) (Select from drop down choices.)	Based on Unit Mix or Sq Ft? <b>Unit Mix</b>	100.00%	
<b>t. Total Qualified Basis (r multiplied by s)</b>		36,049,570	0
<b>u. Applicable Percentage</b> (weighted average of the applicable percentage for each building and credit type)		4.00%	9.00%
<b>v. Maximum Allowable Credit under IRS Sec 42 (t*u)</b>		1,441,983	0
<b>w. Combined 30% and 70% PV Credit</b>	1,441,983		

\* Commercial costs are defined as those costs that are not eligible basis and are attributed to non-residential areas of the Development (e.g. retail area of mixed-use development).

**Note: The actual amount of credit for the Development is determined by IHCD. If the Development is eligible for Historic Tax Credit, include a complete breakdown of the determination of eligible basis for the Historic Credit with the Application. If the Development's basis has been adjusted because it is in a high cost area or qualified census tract, the actual deduction for the Historic Cost items must be adjusted by multiplying the amount by 130%. This does not apply to Historic Tax Credits.**

footnotes:

## 2. Determination of Reservation Amount Needed

The following calculation of the amount of credits needed is substantially the same as the calculation which will be made by IHCD to determine, as required by the IRS, the maximum amount of credits which may be reserved for the Development. However, IHCD at all times retains the right to substitute such information and assumptions as are determined by IHCD to be reasonable for the information and assumptions provided herein as to costs (including development fees, profits, etc.) sources of funding, expected equity, etc. Accordingly, if the development is selected by IHCD for a reservation of credits, the amount of such reservation may differ significantly from the amount that is computed below.

a. TOTAL DEVELOPMENT COSTS	\$	29,860,645
b. LESS SYNDICATION COSTS	\$	0
c. TOTAL DEVELOPMENT COSTS (a - b)	\$	29,860,645
d. LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$	17,032,481
e. EQUITY GAP (c - d)	\$	12,828,164
f. EQUITY PRICING (Price per dollar of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties)	\$	0.84
g. Limited Partner Ownership %		99.99%
h. 10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$	15,271,624
i. ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10)	\$	1,527,162
j. MAXIMUM ALLOWABLE CREDIT AMOUNT	\$	1,441,983
k. RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.)	\$	1,441,983
l. LIMITED PARTNER INVESTMENT		12,111,444
m. GENERAL PARTNER INVESTMENT		200
n. TOTAL EQUITY INVESTMENT (anticipated for initial app)	\$	12,111,644
o. DEFERRED DEVELOPER FEE	\$	716,520
p. Per Unit Info		
1. CREDIT PER UNIT (Including non-program units) (j/Number of Units)	\$	17,166
2. CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$	8,011
3. HARD COST PER UNIT	\$	200,003
4. HARD COST PER BEDROOM	\$	93,334.66
5. TOTAL DEVELOPMENT COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits)		
Total Number of Units	\$	355,484

Underwriting Guidelines:	QAP Guidelines		Per Application	Within Limits?
Total Operating Expenses (per unit)	5,000		6,164	Yes
Management Fee (Max Fee 5-7% of "Effective Gross Income")				
1 - 50 units = 7%				
51 - 100 units = 6%	52,988		38,209	Yes
101 or more units = 5%				
Vacancy Rate				
Development has more than 20% PBV/PBRA/PRA	4% - 7%		6.0%	Yes
*If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" tab				
Affordable Assisted Living	10%-12%			
*If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab				
All Other Developments	6% - 8%		6.0%	
Operating Reserves (4 months Operating Expenses, plus 4 months debt service or \$1,500 per unit, whichever is greater)	297,682		446,523	Yes
Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300; Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420)	29,400		35,280	Yes
Is Stabilized Debt Coverage Ratio within bounds?				
Large and Small City	1.15-1.45			
*If Development is in Large or Small city, check cell M5 or J5 respectively in "Development Info (p 9)" tab				
Rural	1.15-1.50			
*If Development is in Rural, check cell J7 in "Development Info (p 9)" tab				
Developments with PBV	1.10-1.45			Yes
*If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab				
At least 40% of the total Units in the project must be tax credit.	40%	<=	100%	Yes
Average of tax credit units must not exceed 60% AMI	60%	>=	60%	Yes
User Eligibility and Other Limitations:				
Do Sources Equal Uses?				Yes
50% test	50%		50%	Yes
Developer Fee with consultant fee	4,298,027		3,215,676	Yes
*For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost				
Maximum Deferred Developer Fee as % of Developer fee	80%	<=	22.3%	Yes
Deferred Developer Fee Requirement: greater than \$2,500,000 has to be deferred	715,676		716,520	Yes
Can the Deferred Developer Fee be repaid in 15 years?	716,520		716,520	Yes
Development Fund Limitation	500,000		-	Yes
Total Development Fund Assisted Units as per % TDC calculation	0.0			
Dev Fund Assisted units (at or below 50% AMI)	10.00		0.00	
For Bond apps: # DF units based on greater of 10 units or DFL as % of TDC				
Contractor Fee Limitation	1,931,707		1,931,706	Yes
General Requirements	827,874		827,874	Yes
General Overhead	275,958		275,958	Yes
Builders Profit	827,874		827,874	Yes
Hard Cost Contingency	2,359,442		1,602,556	Yes
Soft Cost Contingency	36,918		24,038	Yes
Architect Fee Limitation	693,287		317,738	Yes
Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab)	25,000		147,151	Yes
Basis Boost	7,396,055		7,396,055	Yes
Applicable Fraction (Lower of Sq. Footage or Units)	100.00%		100.00%	Yes

### 3. Determination of State Tax Credit Reservation Amount

a.	Aggregate 10 Year Federal RHTC Amount	\$	<u>14,419,828.00</u>
b.	Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%)	\$	<u>35%</u>
c.	Aggregate 5 Year State AWHTC Amount	\$	<u>5,046,939.80</u>
	State AWHTC per year	\$	<u>1,009,387.96</u>
d.	State Tax Credit Equity Price	\$	<u>0.00</u>
e.	Limited Partner ownership %	\$	<u>99.99%</u>
f.	Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%)		<u>-</u>
g.	Financial Gap		<u>-</u>

The undersigned hereby acknowledges that :

1. This Application form, provided by IHCDCA to applicants for funding, tax credits and tax-exempt bonds, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHCDCA in reviewing the reservation requests. Completion hereof in no way guarantees eligibility for the credits or bonds or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; any notations herein describing IRC requirements are offered only as general guides and not as legal advice;
2. The undersigned is responsible for ensuring that the proposed Development will be comprised of qualified low-income buildings; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDCA in respect of the proposed Development and bond issue; and that the IHCDCA has no responsibility for ensuring that all or any funding allocated to the Development may be usable or may not later be recaptured;
3. For purposes of reviewing this Application, IHCDCA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDCA for the accuracy of these representations or their compliance with IRC requirements;
4. IHCDCA may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may reserve credits, if any, in an amount significantly different from the amount requested;
5. The IHCDCA offers no advice, opinion or guarantee that the Applicant, the Issuer or the proposed development will ultimately qualify for or receive low-income housing tax credits, Multi-family tax-exempt Bonds, HOME funds or section 501(c)3 Bonds;
6. Allocations/reservations of funding are not transferable without prior written notice and consent of the IHCDCA;
7. If the IHCDCA believes, in its sole discretion, that the Development will not be completed or that any condition set forth in the Application will not be satisfied within the required time period, or will become unsatisfied or will otherwise cause the Development to fail to qualify for a Bond allocation, the Issuer agrees that the IHCDCA may rescind and retrieve any funds allocated to the Issuer. The Issuer acknowledges that all terms, conditions, obligations and deadlines set forth in this Application constitute conditions precedent to any allocation of funds, and the Development's failure to comply with any of such terms and conditions shall entitle the IHCDCA, in its sole discretion, to deem the allocation canceled by mutual consent. After any such cancellation, the Issuer acknowledges that neither it nor the Development will have any right to claim funds. The IHCDCA reserves the right, in its sole discretion, to modify and/or waive any such failed condition precedent, so long as such waiver does not violate any Code requirements relating to the Development;
8. The requirements for applying for funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDCA regulations, or other binding authority;
9. Reservations may be subject to certain conditions to be satisfied prior to allocation and shall in all cases be contingent upon the receipt of the required Application and reservation fees;
10. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity;
11. Applicant represents and warrants to IHCDCA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDCA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
12. In the event the Applicant is not the Owner, Applicant represents and warrants to IHCDCA that it will take, and not fail to take, any and all necessary actions to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
13. Applicant represents and warrants to IHCDCA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

Further, the undersigned hereby certifies that:

- a) All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;
- b) It shall promptly notify the IHCD of any corrections or changes to the information submitted to the IHCD in connection with this Application upon becoming aware of same;
- c) It is responsible for all calculations and figures used for the determination of the eligible basis and qualified basis for any and all buildings and other improvements, and it understands and agrees that the amount of funding to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made herein;

- d) It will at all times indemnify, defend and hold harmless IHCDa against claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitation, attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of, or relating to IHCDa's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of funding in connection herewith; and
- e) It shall furnish the IHCDa with copies of any and all cost certifications made to any other governmental agency, including, but not limited to, cost certifications made to FmHA or FHA, at the time that such certifications are furnished to such other agency.
14. Applicant hereby authorizes IHCDa and its successors, affiliates, agents and assigns to utilize in any manner and at anytime, any photograph, picture, or misrepresents in any other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications, or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHCDa at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (1) it is relinquishing any and all ownership rights in any such photographs; and (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photographs by IHCDa.
15. DISSEMINATION OF INFORMATION and AGREEMENT TO RELEASE AND INDEMNIFY. The undersigned for and on behalf of itself, the Development, Owner and all participants in the Development, together with their respective officers, directors, shareholders, members, partners, agents, representatives, and affiliates (collectively, "Applicant") understands, acknowledges and agrees that this and any application for Rental Housing Tax Credits ("Credits") (including, but not limited to, all preliminary or final Applications, related amendments and information in support thereof and excepting personal financial information) are, and shall remain, available for dissemination and publication to the general public.

As additional consideration for IHCDa's review of its request for Credits, the Applicant does hereby release IHCDa and its directors, employees, attorneys, agents and representatives of and from any and all liability, expenses, costs and damage that applicant may, directly or indirectly, incur because of such dissemination or publication, and the Applicant hereby agrees to hold IHCDa harmless of and from any and all such liability, expense or damage.

**AFFIRMATION OF APPLICANT.** Under penalty of perjury, I/we certify that the information, acknowledgements, and representations in this application and its supporting documents are true and accurate to the best of my/our knowledge. The undersigned understands that providing false, misleading or incomplete information herein constitutes an act of fraud and may subject applicant to debarment and other legal recourse.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Legal Name of Applicant/Owner

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Its: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, in and for said County and State, personally appeared, \_\_\_\_\_,  
(the \_\_\_\_\_ of \_\_\_\_\_ ),  
the Applicant in the foregoing Application of \_\_\_\_\_ (current year) funding, who acknowledged  
the execution of the foregoing instrument as his (her) voluntary act and deed, and stated, to the best of his (her) knowledge  
and belief, that any and all representations contained therein are true.

Witness my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My County of Residence:

\_\_\_\_\_

\_\_\_\_\_  
Printed Name  
(title)



**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY**  
**2024 HOME/Development Fund/Rental Housing Finance Application**

**A. HOME/Development Fund Applicant (*HOME is restricted to IHCD-certified CHDOs or applicants in the Housing First set-aside*)**

State-Certified CHDO - (CHDO must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.)

Not-for-Profit Organization or Public Housing Agency- (NFP or PHA must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.)

***Please include a copy of the IRS determination letter in Tab I.***

Partner or Member - (If LP or LLC has not yet been formed, then the applicant must be a general partner or member. If awarded, funds would be loaned to the LP or LLC.)

Limited Partnership (LP) or Limited Liability Company (LLC) - (If LP or LLC has been formed, then the applicant must be this entity.)

Legal Name (as listed with the Indiana Secretary of State)

***Entities organized under the State of Indiana must provide proof of good standing with the Indiana Secretary of State. Submit a copy of the Certificate of Existence in Tab I.***

Chief Executive Officer (name and title)

Contact Person (name and title)

E-Mail Address

Federal ID #

SAM Registration

***The applicant must register and maintain SAM status. Provide in Tab I.***

Street Address

City

State

Zip

County

Phone

Mobile

**B. Award Administrator**

Legal Name (as listed with the Indiana Secretary of State)

Contact Person (name and title)

E-Mail Address

Federal ID #

Street Address

City

State

Zip

County

Phone

Fax

Mobile

**C. Development Location**

Development Name

Development Street Address

City

State

Zip

County

District Numbers

State Representative

State Senator

U.S. Congressional

**D. Activity Type**

☐

Rental

☐

Permanent Supportive Housing

☐

Adaptive Reuse

☐

New Construction

☐

Rehabilitation

**E. Funding Summary**

HOME Request\*

Dev. Fund Request\*\*

Other Funds

Total Funds

**\*\*Maximum request is \$500,000; starting interest rate is 3%**

**F. Progress on Open HOME awards**

- 1 List all awards that have been received in the 12 months prior to the application deadline in which the Applicant has served as an Applicant. For joint ventures, the funding attributed to each partner or member will be proportionate to its share of ownership.

Award Number	Award Date	IHCDA Program (HOME, HOME CHDO, CDBG, RHTC/HOME)	Award Amount
			\$
			\$
			\$
			\$
			\$
Total			\$ -

**G. Historic Review - HOME & Development Fund**

- 1 Is the development located on a single site? Yes ☐ No ☐  
If yes, when was the Section 106 approval from SHPO received?
- 2 Is the development scattered site? Yes ☐ No ☐  
If yes, the Applicant will be required to complete Section 106 prior to executing contracts or beginning construction on individual sites.
- 3 Is the project located in a community w/ a local housing trust fund? Yes ☐ No ☐

**H. Environmental Review - HOME & Development Fund**

- 1 Has the applicant completed the Environmental Review Record (ERR) required for release of funds for this project? Yes ☐ No ☐  
*Submit ER forms in Tab I*
- 2 Are any of the properties located in a 100 year flood plain? Yes ☐ No ☐  
*Acquisition, rehabilitation, or new construction of any part of a development or its land located within the boundaries of a one hundred (100)- year floodplain is prohibited and ineligible for HOME funds. A floodplain determination must be submitted for each parcel associated with the project.*
- 3 Has the property already been purchased? Yes ☐ No ☐  
i. If yes, when was the property purchased?   
ii. Was the property purchased with the intent of using HOME funds?
4. Has Rehabilitation started on this property? Yes ☐ No ☐  
If yes, when did rehabilitation start?

*footnotes:*

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I. Affirmative Fair Housing Marketing Plan - HOME ONLY

Is the proposed project 5 or more HOME assisted units?

Yes ☐ No ☐

If yes, submit Form HUD-935.2A in Tab I.

J. Development Information - HOME ONLY

1 HOME PJ - Is the proposed development located within a HOME

Participating Jurisdiction?

Yes ☐ No ☐

(If the answer is yes to #1, the Development is not eligible for

HOME funding through IHCD, regardless of activity type.)

\* Please note that HOME funds are allowed in PJs for permanent supportive housing projects

2 Comparison of Assisted Units to Total Development – Indicate the number of units, HOME

award amount, HOME-eligible match generated, and total development cost. Then calculate the percentage of Development totals.

	# of Units	% of Total Units in Development	Dollar Amount	% of Total Development Costs
Total Development	84	100%	\$ 29,860,645.00	100%
HOME-Assisted		0%	\$ -	0%
HOME-Eligible (Non-HOME Assisted)		0%		0%
Total HOME (Assisted & Eligible)	0	0%	\$ -	0%

Please show the break down of the HOME assisted units for this property by address in the first chart and by AMI level and bedroom type in the second. This information should match info provided in the "Income and Expenses" Tabs (tabs 38 - 40).

Address	Total Units	HOME Units	NC or R

HOME-Assisted Units

		SRO (w/o kitchen &/or bathroom)	0 Bdrm. (SRO with kitchen and bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrms.	Total	% of Total HOME- Eligible Units
20% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
30% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
40% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
50% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
60% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
Total HOME- Eligible	# Units								100%
	# Bdrms.								
	Sq. Footage								

3 Unit Comparability

Is the Development 100% HOME-assisted?

Yes No

If no, are the HOME-assisted units comparable to the non-assisted units in size and amenities?\*

☐ ☐

Yes No

☐ ☐

If no, explain differences:

footnotes:

**4 HOME-Eligible (Non HOME-Assisted) Unit Breakdown** - List number of units, number of bedrooms, and total square footage for each size unit to be **HOME-Eligible (Non HOME-Assisted)** by income category:

		SRO (w/o kitchen &/or bathroom)	0 Bdrm. (SRO with kitchen and bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrms.	Total	% of Total HOME-Eligible Units
20% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
30% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
40% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
50% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
60% AMI	# Units								#DIV/0!
	# Bdrms.								
	Sq. Footage								
Total HOME-Eligible	# Units								100%
	# Bdrms.								
	Sq. Footage								

Complete the chart below specifying the source and description of security for the HOME loan (NFP recipients that will loan funds to developments or LP/LLC Recipients that will get a direct loan of HOME funds).

## 5 Security

Explain the pledge of security for the loan, IHCD's security position (1<sup>st</sup> position, 2<sup>nd</sup> position, etc.), and whether the security is free and clear of any liens.

Security	Position	Free & Clear?		Amount
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Total				\$0.00

Additional information relating to security?

*footnotes:*

**K. HOME Eligible Match** (See Schedule E of the QAP, 24 CFR 92.220, and HUD CPD Notice 97-03.) - **HOME ONLY**

- 1 Grants or Cash Donations** – List all grants or cash donations for the activity from non-federal sources that do not require repayment and count toward your match liability. Cash donations from the owner/ developer do not count as eligible match. If a Federal Home Loan Bank AHP award is being used as a grant to the development, it should be included below. **Commitment letters must be included in Tab G.**

Grantor	Amount	Date of Application	Committed	
	\$ -		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	\$ -		Date: <input type="text"/>	
	\$ -		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	\$ -		Date: <input type="text"/>	
	\$ -		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	\$ -		Date: <input type="text"/>	
	\$ -		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	\$ -		Date: <input type="text"/>	
<b>Total</b>	\$ -			

- 2 Below Market Interest Rate** – Use the space below to indicate the amount of interest saved by a below market interest rate charged by a lender for construction financing, permanent financing, or a mortgage. See CPD Notice 97-03 or your Real Estate Production Analyst for further guidance. FHLBI – AHP funds that are loaned to the development should be listed here. **Commitment letters must be included in Tab G.**

Lender	Amount of Loan	Interest Rate	Amortization Period	Term	Amount of Interest Saved
	\$ -	0.00%			
	\$ -	0.00%			\$ -
<b>Total:</b>					\$ -

footnotes:

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- 3 In-Kind Donations** - List all in-kind contributions to the acquisition and/or development phase, including construction materials, volunteer labor, waived fees, portion of sale price below appraised value, donated on-site or off-site infrastructure (that occurred less than 12 months prior to application) etc. **Commitment letters must be included in Tab G.**

Donor	# of Volunteer Hours	Rate Per Hour (\$10.00 for unskilled labor)	Amount	Committed	Yes/No - Date
		\$ -	\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
<b>Total</b>			\$ -		

- 4 In-Kind Supportive Services** – In the chart below indicate the value of any supportive services or homebuyer counseling that will be provided to the beneficiaries of this activity and that will count toward your match liability. Also indicate who will be providing the services. **Commitment letters must be included in Tab G.**

Provider	Description of Services	Cost of Services and Source of	Committed	Yes/No - Date
			Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
		\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
<b>Total:</b>		\$ -		

- 5 Property Tax Abatement** – List the amount of property tax abatement for each year. Calculate the present value of these tax savings for purposes of determining the value of eligible match. See CPD Notice 97-03 or your Community Development Representative for further guidance. **Commitment letters must be included in Tab G.**

Total Amount of Annual Tax Liability:  No. of Years Taxes are Abated:

Date Committed:  Discount Factor Used in Calculation  %

Yr.	Amount of Abatement	Present Value of	Yr.	Amount of Abatement	Present Value of	Yr.	Amount of Abatement	Present Value of Abatement
1	\$ -	\$ -	5	\$ -	\$ -	9	\$ -	\$ -
2	\$ -	\$ -	6	\$ -	\$ -	10	\$ -	\$ -
3	\$ -	\$ -	7	\$ -	\$ -	11	\$ -	\$ -
4	\$ -	\$ -	8	\$ -	\$ -	12	\$ -	\$ -
<b>Total:</b>								\$ -

- 6 Banked Match** – List the proposed amount of the banked match.

Award Number	Amount of Banked Match
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total</b>	\$ -

footnotes:

7 **Shared Match** – List the proposed amount of banked shared match.  
Note: The award must be closed by IHCD before the agreement to share match is executed.  
*The agreement must be included in Tab G.*

Award Recipient	Award Number	Date of Executed Agreement	Amount of Shared Match	Award Closed	
			\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			\$ -	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total:			\$ -		

8 **Match Sources Re-cap** – Indicate only the amount of funding from the preceding tables (K. 1-7) that are proposed to serve as match. (This may differ from the total amount of funding going into the Development.)

*Include commitment(s) for each source of match in Tab G.*

a. HOME Request Amount

\$0.00

b. Required Match Liability (25% of HOME Request)

\$0.00

c. Total Units

84

d. HOME-Assisted Units

0

e. HOME-Eligible Units

0

f. Percentage of HOME-Eligible Units (d/c)

0%

g. Percentage of HOME-Assisted & HOME-Eligible Units [(d+e)/c]

0%

h. Amount of Banked & Shared Match

\$0.00

i. Amount of Eligible Non-Banked or Shared Match\*

\$ -

x

0%

\$0.00

j. Total Proposed Match Amount (h+i).

\$0.00

k. Match Requirement Met

Yes

\* Investments in the non-HOME assisted portion of mixed-income developments can be counted as match as long as 50 percent or more of the dwelling units are HOME-assisted. If the non-HOME units meet the HOME eligibility requirements for affordability, then the contributions to any affordable non-HOME units apply, regardless of the percentage of HOME units in the project. This requirement does not apply to banked or shared match.

footnotes:

**L. Displacement Assessment - HOME ONLY**

Although permanent displacement may not be anticipated, a development may still incur temporary or economic displacement liabilities. The Uniform Relocation Act contains specific requirements for HOME awards involving displacement and/or acquisition.

**1 Type of Acquisition:**

- ☐ N/A - The proposed development involves no acquisition. (skip to question #2)
- ☐ Voluntary Acquisition
- Before entering into an offer to purchase, the purchaser must inform the seller:
- That it does not have (or will not use) the power of eminent domain should negotiations fail to result in an amicable agreement.
  - Of its estimate of the fair market value of the property. An appraisal is not required, but the files must include an explanation of the basis for the estimate.
  - That the seller is not eligible for a replacement housing payment or moving expenses (a sample letter is available from IHCD).
  - What was the date of the letter informing the seller? . **Attach a copy in Tab G.**
- ☐ Involuntary Acquisition
- Contact your Real Estate Production Analyst for further guidance.
- In general, the purchaser must:
- Notify owner of the purchaser's intentions.
  - Conduct an appraisal of the property to determine its fair market value.
  - Offer just compensation for the property being acquired.
  - Make every reasonable effort to complete the property transaction expeditiously.
  - What was the date of the letter informing the seller? . **Attach a copy in Tab G.**

**2 The proposed development involves (check all that apply):**

- a. Occupied Rental Units:
- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Demolition
- ☐
  - Displaced tenants will be eligible for replacement housing payment and moving expenses.
  - Discuss how permanent displacement, economic displacement, and temporary displacement will be addressed on Q. - URA Displacement Plan.
  - If specific units have been identified, complete **Attachment A1 - Current Tenant Roster**. Also provide a tenant list from at least three months prior to the application date on **Attachment A2- Prior Tenant List**.
  - Each tenant must be sent a general information notice as soon as negotiations concerning a specific site have begun. **Enclose a copy of the notice and receipt of delivery in Tab G.**
- What was the date of the letter?
- b. Vacant Rental Units:
- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Demolition
- ☐
  - Applicant must provide documentation that no tenants were displaced so that the proposed HOME development could utilize a vacant property. **On Attachment A2 - Prior Tenant List** show each unit vacated within the past three months and the tenant's reason for leaving.
- c. Other:
- ☐ Acquisition
- ☐ Rehabilitation
- ☐ Demolition
- ☐

footnotes:

**M. Accessibility - HOME ONLY**

Complete questions below for each construction activity to be undertaken:

**1 New Construction – Developments with four or more units**

**a. Mobility Impairments**

Number of units to be made accessible to individuals with mobility impairments

Divided by the total number of units in the Development

Must meet or exceed 5% minimum requirement

**b. Sensory Impairments**

Number of additional units to be made accessible to individuals with hearing or vision impairments

Divided by the total number of units in the Development

Must meet or exceed 2% minimum requirement

**c. Common Areas – Development must meet all of the items listed below:**

- At least one building entrance must be on an accessible route.
- All public and common areas must be readily accessible to and usable by people with disabilities.
- All doors providing passage into and within all premises must be sufficiently wide for use by persons in wheelchairs.

Will the development meet all of the above criteria?

☐ Yes ☐ No

**d. Ground Floor / Elevator Floor Units - All ground floor units and all units on floors served by elevators must have:**

- An accessible route into and through the dwelling.
- Accessible light switches, electrical outlets, thermostat, and other environmental controls.
- Reinforcements in bathroom walls to allow later installation of grab bars around the toilet, tub, and shower, when needed.
- Kitchens and bathrooms configured so that a person using a wheelchair can maneuver about the space.

Will the development meet all of the above criteria?

☐ Yes ☐ No

footnotes:

**2 Rehabilitation –** Select either Substantial Alterations or Other Alterations (see definition)

- a. Are there more than 15 units in this development? Y ☐ N ☐
- b. Will the rehabilitation costs from the chart below meet or exceed 75% of the replacement cost of the completed facility? Y ☐ N ☐

Replacement Cost Comparison		
Total rehabilitation cost	Total replacement cost	Percentage (Must Exceed 75%)
		#DIV/0!

- c. If you answered "Yes" to both question "a" and "b" above, you meet the definition of "Substantial Alterations". Complete Section I. Substantial Alterations.

If you answered "No" to either question, you meet the definition of "Other Alterations". Complete Section II. Other Alterations.

I. Substantial Alterations - Definition
Alterations undertaken to a Development that has 15 or more units and the rehabilitation costs will be 75% or more of the replacement cost of the completed facility.

or

II. Other Alterations - Definition
Alterations undertaken to a Development of any size that do not meet the regulatory definition of "substantial alterations."

a.	<b>Mobility Impairments</b>
	Number of units to be made accessible to individuals with mobility impairments
	Divided by the total number of units in the Development
	84
	Must meet or exceed 5% minimum requirement
	0%
b.	<b>Sensory Impairments</b>
	Number of additional units to be made accessible to individuals with hearing or vision impairments
	Divided by the total number of units in the Development
	84
	Must meet or exceed 2% minimum requirement
	0%

a.	<b>Mobility Impairments</b>
	Number of units to be made accessible to individuals with mobility impairments
	Divided by the total number of units in the Development
	84
	Recommended that 5% meet or exceed the minimum requirement, unless doing so would impose undue financial burdens of the operation of the Development
	0%
	<b>If 5% Threshold is not Met - Explain Any Undue Financial Burdens Below:</b>

footnotes:

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**3 Common Areas - Explain efforts to make common areas accessible.**

**N. Davis-Bacon**

- 1** Is the Applicant a Public Housing Authority? Yes ☐ No ☐
- a.** If yes, is the Public Housing Authority utilizing its own funds for the development? Yes ☐ No ☐ N/A ☐
- If yes, this Development is subject to Davis-Bacon wage requirements.
- 2** Does this Development involve 12 or more HOME-assisted units? Yes ☐ No ☐
- If yes, please answer the following questions:
- a.** Do all of the units have common construction financing? Yes ☐ No ☐
- b.** Do all of the units have common permanent financing? Yes ☐ No ☐
- c.** Do all of the units have common ownership? Yes ☐ No ☐
- If yes to the questions above, the Development is subject to Davis-Bacon wage requirements.
- 3** If Davis-Bacon is applicable, what is your wage determination number

(The applicant must provide the wage determination number. For more information contact your IHCD Director of Real Estate Compliance.)

**O. Timely Production**

- 1** HOME-assisted rental units must be occupied by income eligible households within 18 months of project completion; if not, PJs must repay HOME funds for vacant units. Acknowledgment

☐

**P. CHDO Requirements - HOME ONLY**

- 1** Is the Applicant a State Certified CHDO? Yes ☐ No ☐
- a.** If yes, did the applicant complete and submit Attachment B - CHDO Requirements? ☐
- b.** If yes, please provide CHDO certification letter

footnotes:

**Q. Uses of Development Fund Loan**

The following are acceptable uses of a Development Fund Loan, please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Acquisition   | <input type="checkbox"/> Pay off a HOME CHDO Predevelopment Loan    |
| <input type="checkbox"/> Permanent Financing                                     | <input type="checkbox"/> Pay off a HOME CHDO Seed Money Loan        |
| <input type="checkbox"/> Construction Financing<br>(NC or Rehab hard costs only) | <input type="checkbox"/> Pay off a Development Fund Seed Money Loan |

**R. Terms of Loan**

The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule.

All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate.

**a. Please provide justification for a lower interest rate if this is being requested.**

**b. Construction Loan Terms**

- |                          |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="text"/> Months |
| <input type="checkbox"/> | 1 Year                      |
| <input type="checkbox"/> | 2 Years                     |

**c. Permanent Loan Terms**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="text"/> Years (term)         |
| <input type="checkbox"/> | <input type="text"/> Years (amortization) |

**d. Repayment Schedule**

- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | Quarterly     |
| <input type="checkbox"/> | Semi-Annually |
| <input type="checkbox"/> | Annually      |

**e. Loan Type**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Construction Loan paid off w/ Conventional Financing |
| <input type="checkbox"/> | Construction Loan converts to Permanent Financing    |
| <input type="checkbox"/> | Permanent Loan paid off at Maturity                  |

*footnotes:*

**S. Security**

Explain the pledge of security for the Development Fund Loan, IHCD's security position

Security	Position	Amount
TOTAL		\$0

**T. Outstanding Development Fund Loans**

a. Does the Applicant have any outstanding Development Fund Loans?

☐

Yes

☐

No

b. If YES, does the outstanding balance, including this loan request, exceed \$1,000?

☐

Yes

☐

No

Current Development Fund Request	\$ -
Development Fund Loan #	Outstanding Loan Amount
	\$0
	\$0
	\$0
TOTAL	\$0

**U. Development Fund Assisted Units**

a. Dev. Fund Request

Total Development Cost

=

% of Dev. Fund Assisted Units

b. # of Units

X

% of Dev. Fund Assisted Units

=

# of Dev. Fund Assisted Units

**V. Development Fund Assisted Units Will Be:**☐

Fixed units (designated units)

☐

Floating throughout the development

footnotes:

**W. Alternative Sources of Funding**

In recent years, requests for HOME and Development Fund funds has greatly exceeded the allocation of said funds. As a result of this high demand, the Authority anticipates some developments will score high enough to be recommended for Rental Housing Tax Credits but due to funding constraints will not be eligible for HOME or Development Fund funds. To ensure the Authority consistently reviews all of the applicants' options, IHCD requests you select one of the following:

☐ Option 1: Identify alternative source(s) of funding that will replace IHCD HOME/Development Fund funds.  
(Identify alternative source(s) in chart below)

☐ Option 2: The development team has exhausted all options to identify an alternative source of funds without success. To that regard, we understand that without IHCD HOME/Development Fund funding your development will not be financially feasible. Thus, it will not meet Additional Threshold item E.2(e)(4).

**Option 1 - Required Documentation:**

All sources of financing identified below must be supported with appropriate documentation satisfactory to the Authority as identified in the latest version of the QAP. Attach required documentation to this form.

**Construction Financing:**

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number or Email)
1				
2				
Total Amount of Funds			\$0	

**Permanent Financing:**

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number or Email)
1				
2				
Total Amount of Funds			\$0	

**Grants:**

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number or Email)
1				
2				
Total Amount of Funds			\$0	

**Comments:**

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## Attachment A: Current & Past Tenant Roster

### A. Current Tenant Roster

(To be completed by applicants anticipating the purchase, demolition, or rehabilitation of occupied rental units only.)

Indicate below all tenants currently occupying the units. Photocopy and attach additional sheets if necessary.

[illegible]

*footnotes:*

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### B. Prior Tenant List

(To be completed by applicants anticipating purchasing, demolishing, or rehabilitating occupied or vacant rental units only.) Indicate below all tenants that have vacated any of the units within the 3 months prior to application submission. Photocopy and attach additional sheets if necessary.

Please place a copy of the public notice publisher's affidavit, attendance list, and minutes in Tab I

[illegible]

*footnotes:*

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