Indiana Housing and Community Development Authority

2026-2027 Noncompetitive 4% LIHTC and Bonds Initial Application

Date:	6/18/2025
Development Name:	The Grove at Pleasant Run
Development City:	Indianapolis
Development County	Marian County
Development County:	Marion County
Application Fee:	\$3,500
Application Number (IHCDA 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	Place in Tab C.	
IRS documentation of §501(c)(3) or 501(c)(4) tax-exempt status	Place in Tab C.	
Nonprofit Questionnaire (Form B)	Place in Tab C.	
W-2 or 1099 for paid, full-time employee listed on Form B	Place in Tab C.	n/a
Part 4.2 - Community Integration		
Community Integration Narrative	Place in Tab A.	
Copy of executed MOU(s) with referral provider(s)	Place in Tab A.	n/a
Form O2 if requesting Section 811 Project Rental Assistance	Place in Tab A.	
Part 4.4 Preservation		n/a
Capital Needs Assessment (Schedule F)	Place in Tab L.	
Third-party documentation from the entity enforcing affordable housing requirements	Place in Tab L.	
Hard cost budget	Place in Tab L.	
Part 5.1 - Threshold Requirements		
A. Development Feasibility	<u> </u>	
Form A - Excel	X Place in Tab A.	
Form A - PDF	X Place in Tab A.	
Commercial - 15 year proforma	Place in Tab A.	
B. IHCDA Notification ~ Form C		
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application	Submit via:	
Noncompetitive 4% and bonds: submitted no more than 60 days prior to application	X RHTC@ihcda.in.gov	
C. Not-for-Profit Participation	_	
Signed Resolution from Board of Directors	Place in Tab C.	
D. Market Study		
See QAP Schedule C for requirements.	X Place in Tab N.	
G. Capabilities of Management Team		
Resumes of Developer, Co-Developer, and Management Company	X Place in Tab D.	
Most recent year-end financial statements, year-to-date balance sheets, and year-to-date income		
statements from:	V 8	
The Developer Any Individual or Entity providing guarantees	X Place in Tab D. Place in Tab D.	
	ridee iii rab bi	
H. Readiness to Proceed ~ Complete Application - including:		
1) Form A	X Place in Tab A.	
2) Narrative Summary of Development	X Place in Tab A.	
~ Application Fee (and supplemental fees if applicable)	X To be paid online.	
~ Evidence of Site Control	X Place in Tab E.	
See QAP for acceptable forms of evidence.	V 81	
~ Development Site Information and Plans	X Place in Tab F.	
See QAP for specific requirements. ~ Documentation of all funding sources	X Place in Tab G.	
LOI from Equity Providers for both Federal and State Tax credits	X Place in Tab G.	
See QAP for specific requirements.		
~ Documentation of proper zoning	X Place in Tab H.	
See QAP for specific requirements.		
J. Evidence of Compliance		
~ Affidavit (Form Q) from each Development Team member disclosing:	X 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 DevelopmentsManagement Agent Affidavit - See QAP for specifics.	X Place in Tab J.	
K. Phase I Environmental Assessment		
~ Phase I ESA	X Place in Tab K.	
~ An affidavit from the entity completing the Phase I ESA	X Place in Tab K.	
~ In case of RECs, narrative of how RECs will be mitigated	X Place in Tab K.	
~ Screenshot(s) from IDEM Restricted Sites map	X Place in Tab K.	
~ Environmental restrictive covenants	Place in Tab K.	

~ FIRM floodplain map(s)	X Place in Tab K.	
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc	X Place in Tab K.	
~ If applying for HOME, HTF, PBV, Sec. 811, or CoC from IHCDA: ERR workbook	Place in Tab K.	
L. Development Fund Historic Review	_	
~ Map from IDNR's IHBBC Public App webpage	Place in Tab K.	
~ Application Fee (and supplemental fees if applicable)	Place in Tab K.	
O. Commercial Areas		
~ Site plan showing Commercial Space	Place in Tab F.	
~ Timeline for construction	Place in Tab F.	n/a
P. Appraisal		
~ Fair Market Appraisal	Place in Tab L.	
See QAP for specific requirements.	- I dec iii ido E	
Q. Acquisition		
~ Fulfillment of or Exemption from 10-year placed-in-service rule		
A chain of title report, OR	Place in Tab L.	
Tax opinion, OR	Place in Tab L.	
A letter from the appropriate federal official	Place in Tab L.	
~ Disclosure of Related Parties and Proceeds from the sale	Place in Tab L.	
1) Attorney opinion		
2) Completed Related Party Form		n/a
R. Capital Needs Assessment/Structural Conditions Report	Diagram in Table	
~ Detailed rehabilitation budget	Place in Tab K.	n/a
~ Capital Needs Assessment or Structural Conditions Report	Place in Tab K.	n/a
S. Tenant Displacement & Relocation Plan	Place in Tab L.	n/a
T. IRS Form 8821 - for each Owner/GP - if requested	Place in Tab A.	n/a
U. Threshold Requirements for Supportive Housing		
~ Letter from CSH certifying completion of all requirements for the	Place in Tab O.	
Indiana Supportive Housing Institute	Place III Tab O.	
~ Memorandum of Understanding with CSH for technical assistance	Place in Tab O.	
~ MOU with each applicable supportive service provider	Place in Tab O.	
~ Documentation of subsidy source commitments and narratives	Place in Tab O.	
~ Form O1 or O2 for vouchers, if applicable	Place in Tab O.	n/a
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Total Of O Oziol vouchers, il applicable		
Part 5.2 - Underwriting Guidelines	p. nace 142 01	
Part 5.2 - Underwriting Guidelines	11000	
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I. Community Revitalization Plan Documentation of development and adoption of plan Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items K. Internet Access Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated	Place in Tab P. Place in Tab P. Place in Tab P. Place in Tab P. Place in Tab T. Place in Tab T.	
Part 6.3 - Sustainable Development Characteristics		
A. Building Certification Affidavit from Green Professional	X Place in Tab J.	
C. Desirable Sites A site map indicating all desirable or undesirable sites. Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh	X Place in Tab Q.	
Part 6.4 - Financing & Market		
A. Leveraging Capital Resources Narrative identifying all sources counted as leveraging and applicant's % calculation A letter from the appropriate authorized official approving the funds Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) Third-party appraisal (Land or building donation) For loans with below market interest rates, lender acknowledgement	X Place in Tab B. X Place in Tab B. Place in Tab B. Place in Tab B. Place in Tab B.	
B. Non-IHCDA Rental Assistance Commitment or conditional commitment letter from the funding agency	Place in Tab B.	
F. Lease-Purchase Detailed plan for the lease-purchase program Executed agreement with nonprofit that will implement the lease-purchase program	Place in Tab R. Place in Tab R.	
G. Leveraging the READI Program Commitment letter from IEDC or participating region	Place in Tab B.	
Part 6.5 - Other		
A. Certified Tax Credit Compliance Specialist Copies of Certification(s)	X Place in Tab S.	
B. Unique Features Unique Features Form R	Place in Tab A.	
D. Resident Service Coordinator for Supportive Housing (ISH only) If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator	Place in Tab T.	
E. Integrated Supportive Housing for Persons Experiencing Homelessness CSH letter Copy of executed CSH MOU Copy of MOU with each applicable supportive service provider Documentation of commitment of PBRA or narrative, or Form O2	Place in Tab O.	
F. Eviction Prevention Plan Affidavit from the Management Agent	X Place in Tab J.	
G. Low-Barrier Tenant Screening Affidavit from the Management Agent	X Place in Tab J.	
I. Developments from Previous Institutes Letter from CSH	Place in Tab O.	

Evaluation Factors	Self Score	IHCDA Use		Notes	/Issues	
A. Rent Restrictions (up to 16 points) [Not Applicable for Competitive Bonds/AWHTC]			Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents 1. Less than 20% at 30% AMI, 33% of total at or below 50% AMI (4 points)				30		#DIV/0!
2. At least 20% at 30% AMI, 33% of total at or below 50% AMI (8 points)				40		#DIV/0!
 At least 20% at 30% AMI, 40% of total or below 50% AMI (12 points) 	0.00			50		#DIV/0!
 At least 20% at 30% AMI, 50% of total or below 50% AMI (16 points) 				60		#DIV/0!
				>60		#DIV/0!
B. Income Restrictions (3 points) [Not Applicable for Competitive Bonds/AWHTC]						
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A	3.00					
Document Required: ~ Completed Form A						
C. Additional Years of Affordability (4 points)						
35-year Extended Use Period (2 points) 40-year Extended Use Period (4 points)	4.00					
Document Required:						
Subtotal (23 possible points)	7.00	0.00				

Don't C.2. Development Characteristics		_				
Part 6.2 - Development Characteristics						
A. Development Amenities (up to 6 points)		1				
1. 10 amenities in Chart 1 - QAP p. 54 (2 points) - Minimum of two amenities required in each of the three	2.00					
sub-columns A, B, & C in the first chart.	2.00					
2. 5 amenities in Chart 2 - QAP p. 55 (2 points)						
- Minimum of two amenities required in each of the two	2.00					
sub-categories A and B in the second chart.						
3. 3 amenities in Chart 3 - QAP p. 55 (2 points)	2.00					
 Minimum of one amenity required in each of the two sub-categories A and B in the third chart. 	2.00					
Sub-categories A and birritie time that.						
				Family Navy Construction		Ann Dontrict of Nove
				Family New Construction OR	Age-	Age-Restricted New Construction or
			Family Rehab or	Age-Restricted	Restricted	Adapt. Reuse w/
B. Accessible/Adaptable Units (up to 5 points)			Adaptive Reuse	Adapt. Reuse w/o elevator	Rehab	elevator
1. 7.0 - 7.9%			1 point	=		
2. 8.0 - 9.9%			3 points	1 point		
3. 10.0 - 10.9% 4. 11.0 - 12.9%	5.00		5 points 5 points	1 point 3 points	1 point	
5. 13.0 - 14.9%	3.00		5 points	3 points	3 point	
7. 15.0 - 99.9%			5 points	5 points	5 points	
8. 100%			5 points	5 points	5 points	5 points
C. Universal Design Features (up to 5 points)						
8 or more universal design features from each Universal						
Design Column. (3 points)						
2. 9 or more universal design features from each Universal	3.00					
Design Column. (4 points)						
10 or more universal design features from each Universal						
Design Column. (5 points)						
Document Required:						
~ Completed Form A						
D. Vacant Structure (6 points)						
Document Required:	0.00					
~ Completed Form A						
E. Preservation of Existing Rental 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)						
Previously HUD - or USDA-funded affordable housing. (6 points)	0.00					
Preservation of any other affordable housing development. (4 points)	0.00					
Preservation of existing market rate housing that will be converted to						
affordable housing through the LIHTC program (4 points)						
See QAP for required documentation.						
Place in Tab P.						
Bonus Point: Number of Units Preserved (4% Application) (up to 3 pts.)						
a. 100 - 124 units: 1 point	0.00]				
b. 125 - 149 units: 2 points	0.00					
c. 150+ units: 3 points						
F. Infill New Construction (6 points)	6.00					
See QAP for required documentation. Place in Tab P.						
G. 1. Development is Historic in Nature (up to 2 points)						
$^{\sim}$ 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 page 67 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 (up to 2 points)						
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						
(up to 2 points)	0.00					
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 (up to 2 points)		<u></u>				
See QAP for required documentation. Place in Tab P.						
G. 2. Development Utilizes Federal or State historic tax credits	0.00					
and has received preliminary Part 2 acceptance. (1 point) Required Document:						
See QAP for required documentation. Place in Tab P.						
•						

	_		
H. Foreclosed and Condemned Properties (3 points)	0.00		
See QAP for required documentation.		_	
Place in Tab P.			
	_		
I. Internet Access (up to 4 points)	7		
Free high-speed service is provided, or (3 points)	0.00		
Internet is included in project's utility allowance (3 points)	0.00		
Either of the above, and	4.00		
Free Wi-Fi access is provided in common areas (1 point)	1.00		
Required Documentation:			
~ Form A; Operating Budget must include line item for internet expenses			
See QAP for required documentation. Place in Tab T.			
	_		
J. <u>Lease-Purchase</u> (2 points)			
See QAP for qualifications and required documentation.	0.00		
Place in Tab R.			
	_		
K. Building Certification (Up to 2 points)			
~ LEED Rating System (1 points)			
~ Bronze Rating National Green Building Standard™ (1 points)			
~ Equivalent 1-point certification (1 points)			
~ LEED Silver Rating (2 points)	2.00		
~ Silver Rating National Green Building Standard™ (2 points)	2.00		
~ Enterprise Green Communities (2 points)			
~ Passive House (2 points)			
~ Equivalent 2-point certification (2 points)			
Required Documentation: ~ Completed Form A			
L. Onsite Recycling (1 point)			
~ offering onsite recycling at no cost to residents	1.00		
Required Documentation: ~ Completed Form A			
Subtotal (52 possible points)	24.00	0.00	
	_ 1.00	0.00	

			_	
Part 6.3 - Market Characteristics				
	6 Points)			
,	(2 points)	2.00		
b) Proximity to Positive Land Uses	(2 points)	2.00		
	(2 points)	2.00		
d) Undesirable Sites (1 point deduction	n per site)			
B. Areas Underserved by the 9% Program (up to	6 points) (Not			
Applicable for 4%)	,, (
No 9% allocation in LUG within the last 5 years	(1 point)			
·	(2 points)			
, , , , , , , , , , , , , , , , , , ,				
No 9% allocation in LUG within the last 15 years	(3 points)			
		1		
No 9% allocation in county within the last 5 years	(1 point)			
No 9% allocation in county within the last 10 years	(2 points)			
No 9% allocation in county within the last 15 years	(3 points)			
C. Census Tract without Active Tax Credit Properties				
(up to	3 points)			
1) Consus Tract without same type BUTC development	(2 noints)			
1) Census Tract without same type RHTC development		3.00		
Only one RHTC development of same type Required Document:	1.5 points)			
· ·			L	
~ Completed Form A		1		
D. Opportunity Index	A noints)			
	4 points)	0.00		
·	(1 point)	0.00		
Low Poverty Low Unemployment Rate	(1 point)			
	(1 point)	0.00		
	(1 point)	1.00		
R/ECAP (1 point de	eduction)			
E. Hausing Nagal Index	0:	1		
	8 points)	0.00	T	
1. Located in a county experiencing population growth		0.00		
2. Located in a city or town in which 44% or more of rei	nter households	1.00		
are considered rent burdened (1 point)				
3. Located in a city or town in which 25% or more of real	nter households			
are considered to have at least one severe housing prob	olem	1.00		
(1 point)				
4. Located in a city or town in which 25% or more of real	nter households	4.00		
are at or below 30% of AMI (1 point)		1.00		
5. Located in a county in which the ratio of RHTC units	to renter			
•	(1 point)	0.00		
6. Located in a county in which the highest number of u	· · · ·			
before 1940 (1 poi		1.00		
7. Located in a county in which the percent of "vacant a	•			
•		0.00		
	(1 point)			
8. Located in a county designated as an Age-Restricted I	•	0.00		
Desert (1 point))			
	5 points)			
a. 10,000+ (5 points)				
b. 9,000-9,999 (4.5 points)				
c. 8,000-8,999 (4 points)				
d. 7,000-7,999 (3.5 points)				
e. 6,000-6,999 (3 points)				
f. 5,000-5,999 (2.5 points)		5.00		
g. 4,000-4,999 (2 points)				
h. 3,000-3,999 (1.5 points)				
i. 2,000-2,999 (1 point)				
j. 1,000-1,999 (0.5 point)				
k. 0-999 (0 points)				
G. Five-Year Actual Job Growth % by County (up to 5	5 points)			
a. 10.00%+ (5 points)	o ponitaj		I	
b. 9.00-9.99% (4.5 points)				
c. 8.00-8.99% (4 points)				
d. 7.00-7.99% (3.5 points)				
e. 6.00-6.99% (3 points)		1.00		
f. 5.00-5.99% (2.5 points)		1.00	ı l	

g. 4.00-4.99% (2 points) h. 3.00-3.99% (1.5 points) i. 2.00-2.99% (1 point) j. 1.00-1.99% (0.5 point)		
k. Less than 1.00% (0 points)		
H. Ratio of New Jobs to Housing Permits (up to 3 points) Net jobs added per permit issued: a. 20+ (3 points) b. 15-19 (2.5 points)	2 50	

Part 6.4 - Financing			
A. Leveraging Capital Resources (up to 4 points)			
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)	4.00		PILOT
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. <u>Leveraging the READI Program</u> (up to 4 points)			
1) Applicant does not request additional IHCDA gap resources	0.00		
(2 points)	0.00		
2) Applicant requests a basis boost of no more than 20% (2	0.00		
points)	0.00		
Required Document:			
~ Completed Form A			
		ı	
C. Non-IHCDA Rental Assistance (up to 2 points)	0.00		
Required Documentation:			
~ See QAP. Place in Tab B.			
D. Tax Credit/Bond Volume Per Unit (up to 4 points)			
(Not applicable for Noncompetitive 4%)		1	
80th Percentile (4 points)			
60th Percentile (3 points)			
40th Percentile (2 points)			
20th Percentile (1 point)			
Below 20th Percentile (0 points)			
Subtatal (14 passible points)	4.00	0.00	1
Subtotal (14 possible points)	4.00	0.00	

Don't C.E. Othor		_	
Part 6.5. Other			
A. Certified Tax Credit Compliance Specialist (up to 3 points)			
1. Management (Max 2 points)	2.00		
2. Owner (Max 1 point)			
Required Document:			
Completed Form A, Section M			
~ Copies of certifications. Place in Tab S.			
B. Unique Features (up to 3 points)	0.00		
Required Document:			
~ Unique Features Form R. Place in Tab A.			
Onique reacures rominic. Place in Tab A.	l	L	
C. Resident Services (up to 5 points)	3.50		
Required Document:	3.30		
•	1		
~ Completed Form A. See QAP for required documentation. Place in Tab T.		L	
D. Resident Service Coordinator (Supportive Housing) (2 points)	0.00		
~ Completed Form A. See QAP for required documentation. Place in Tab T .	0.00		
completed formal access in the required accession reaction reaction.	l	L	
E. Integrated Supportive Housing (3 points)			
 Non-Institute Integrated Supportive Housing with previous 	0.00		
experience			
F. Developments from Previous Institutes (Max 3 points)	0.00		
Required Documents:			
~ Letter from CSH. Place in Tab O.			
	ı		
G. Eviction Prevention Plan (up to 2 points)	2.00		
Required Documents:	2.00		
~ Completed Form A			
~ Management Company affidavit acknowledging commitment. Place in Tab J.			
~ Eviction Prevention Plan drafted and submitted prior to lease-up.			
Eviction Prevention Plan drafted and Submitted prior to lease-up.	ļ		
II Low Dowing Toront Consoring	1	L	
H. Low-Barrier Tenant Screening (up to 4 points)	1.00	1	
1. Plan does not screen for misdemeanors (1 point)	1.00		
2. Plan does not screen for felonies older than five years (1 point)	1.00		
3a. Plan does not screen for evictions older than 12 months, or (1 point)	2.00		
3b. Plan does not screen for evictions older than 6 months (2 points)			
Required Documents:			
~ Completed Form A			
Management Company affidavit acknowledging commitment Place in Tab J.			
~ Tenant Selection Plan drafted and submitted prior to lease-up			
	•		
I. <u>Readiness to Proceed</u> (up to 5 points)			
ESA does not identify any RECS (1 point)			
Phase II ESA completed and submitted (1 point)			
Uncommitted sources \leq 10% of total sources, or (1 point)		7	
Uncommited sources ≤ 5% of total sources (2 points)	2.00		
HUD PCNA is final version (1 point)			
Commits to closing within 6 months of approval (1 point)			
J. Owners Who Have Requested Release Through Qualified Contract			
(Max 4 point reduction)			
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)			
Part 6.6. Bond Experience Scoring (Not Applicable for 9%)			
A. Indiana Bond Experence (Max 4 points)			
1. Developer has been issued Form 8609 for at least one 4% LIHTC/bond project placed in			
service no more than 5 years prior to application due date (4 points)	4.00		
2. Developer has been issued Form 8609 for at least one 4% LIHTC/bond project placed in	4.00		
service between 5-10 years prior to application due date (2 points)			
Subtotal (34 possible points)	15.50	0.00	
Outotal (of possible politic)	15.50	0.00	
Reduction of Points	0.00	0.00	

Subtotal (possible 4 point reduction)	15.50	0.00
Total Development Score (165 possible points)	73.00	0.00

Sele	ect Financing Type. (Check all	that apply.)	Geographic Location Type: MUST select ONE. (Applies to all 4% bond applications)		
	X Rental Housing Tax Cred	its (RHTC)	Small City	X Large City	
	X Multi-Family Tax Exemp	t Bonds	Rural		
	State Affordable and Wor (AWHTC)	kforce Housing Tax Credits			
	IHCDA HOME Investmen (MUST complete HOME Suppl				
	IHCDA Development Fur (MUST complete Developmen				
	OTHER: Please list.				
Α.	Development Name and Loc	cation			
	1. Development Name	The Grove at Pleasant Run			
	Street Address	2852 E County Line Rd			
	City <u>Indianapolis</u>	Count	MARION Sta	ate <u>IN Zip <mark>46227</mark></u>	
	2. Is the Development locate	ed within existing city limits?		X Yes No	
	If no, is the site in the pro	cess or under consideration for annexati	on by a city?	Yes No	
				Date:	
	3. Census Tract(s) #	3812.04			
	a. Qualified Census tract? b. Is Development eligibl	e for adjustment to eligible basis?		X Yes No	
		why Development qualifies for 30% boost	Location is within Qualified Census	Tract 3812.04	
	•	, , ,			
	4. Is Development located in	a Difficult Development Area (DDA)?		Yes X No	
	5. Congressional District	6 State Senate District	36 State House District	93	
	List the political jurisdiction chief executive officer the	on in which the Development is to be loca reof:	ated and the name and address o	f the	
	Political Jurisdiction (nam	ne of City or County)	City of Indianapolis		
	Chief Executive Officer (n		Mayor Joe Hogsett		
	Street Address	200 E Washington St, t250	1		
	City	Indianapolis	State IN	Zip 46204	
В.	Funding Request				
	Total annual Federal Tax c	redit amount requested with this Applica	ation	\$ 19,443,960	
	Total annual State Tax cre	dit amount requested with this Applicati	on	\$ -	
	3. Total amount of Multi-Far	nily Tax Exempt Bonds requested with th	is Application	\$ 21,100,000	
	4. Total amount of IHCDA HO	DME funds requested with this Application	on	\$ -	
	5. Total amount of IHCDA De	evelopment Fund funds requested with t	nis Application	\$ -	
	6. Total number of IHCDA Sec	ction 8 Vouchers requested with this App	lication		
	Form O1 Form O2			0.00	
	If a Permanent Supportive 7. Total Amount of Housing T			\$ -	
	If a Permanent Supportive				
	If yes, please list the name	ns for IHCDA funding been submitted for e of the Development(s), date of prior ap t information has changed from the prio	olication, type of funding request		
	footnotes:				

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 X New construction, or Rehabilitation, or Historic Rehab/Adapative Reuse 3. Type of Project X 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:

C. Types of Allocation

Applicant Information		Yes	X No
	CHDO? O Operating Supplement in conjunction with a RHTC/HOME award, the applicant ma The CHDO Application Workbook can be found on the IHCDA CHDO Program websi	ust submit a	_ A INO
Participating Jurisdiction (non-state) Qualified not-for-profit? A public housing agency (PHA)?	Certified CHDO?	Yes Yes Yes	X No X No X No
2. Name of Applicant Organization	TWG Development, LLC		
Contact Person	Louis A. Knoble		
Street Address	1301 E Washington St, Ste 100		
City	anapolis State IN Zip 46202		
Phone (31	7) 264-1833 E-mail tony@twgdev.com		
Identity of Not-for-profit Name of Not-for-profit			
Contact Person			
Address			
City	StateZ	Zip	
Phone			
E-mail address			
Role of Not-for-Profit in Developmen	t		
5. List the following information for the or Owner's acquisition. Name of Organization Contact Person Street Address	person or entity who owned the property immediately prior to Applicant		
City	State Zip		
6. Is the prior owner related in any mar	nner to the Applicant and/or Owner or part of the development team?	Yes	X No
If yes, list type of relationship and pe	rcentage of interest.		

IN-22-03600

1. Owner Entity Legally formed X To be formed Name of Owner TWG County Line, LP Contact Person Louis A Knoble Street Address 1301 E Washington St, Ste 100 City Indianapolis State IN Zip 46202 Phone (317) 264-1833 E-mail Address tony@twgdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company Other:	
Contact Person Louis A Knoble Street Address 1301 E Washington St, Ste 100 City Indianapolis State IN Zip 46202 Phone (317) 264-1833 E-mail Address tony@twqdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Street Address I301 E Washington St, Ste 100 City Indianapolis State IN Zip 46202 Phone (317) 264-1833 E-mail Address tony@twqdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
City Indianapolis State IN Zip 46202 Phone (317) 264-1833 E-mail Address tony@twqdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Phone (317) 264-1833 E-mail Address tony@twqdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
E-mail Address E-mail Address tony@twqdev.com Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Federal I.D. No. Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Type of entity: X Limited Partnership Individual(s) Corporation Limited Liability Company	
Individual(s) Corporation Limited Liability Company	
Corporation Limited Liability Company	
Limited Liability Company	
_	
_	
List all that have an ownership interest in Owner and the Development. Must <u>include</u> names of <u>all</u>	
managing member, controlling shareholders, etc. Name Role % Ownership Email	
General Partner (1) TWG County Line GP, LLC GP 0.01% tony@twgdev.com	
Principal TWG GP V, LLC Sole Member 100% tony@twgdev.com	
Principal Princi	
Principal	
General Partner (2)	
Principal Principal	
Principal Principal	
Principal Princi	

1. Have Applicant, Owner, Deve	loper, Management Agent,	and any other member of the Devel	opment Team
a. Ever been convicted	of a felony under the federa	al or state laws of the United States?	Yes X No
b. Ever been a party (a the United States?	s a debtor) in a bankruptcy	proceeding under the applicable bar	nkruptcy laws of Yes X No
c. Ever defaulted on ar	ny low-income housing Deve	elopment(s)?	Yes X No
d. Ever defaulted on an	y other types of housing De	evelopment(s)?	Yes X No
e. Ever Surrendered or	conveyed any housing Dev	elopment(s) to HUD or the mortgage	or? Yes X No
f. Uncorrected 8823s o	on any developments?		Yes X No
	to any of the questions in a g these circumstances in Ta	bove, please provide additional b J.	
2. Has the applicant or its princi If Yes, list the dates returned			Yes X No
BIN	Date Returned	<u>Amount</u>	
footnotes:			

F. Development Team Good Standing

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	Blake Sch	ulz			
Firm Name	Ice Miller				
Phone	(317) 236	-2204			
E-mail Addres	SS	blake.schulz@icemille	er.com		
Is the named Att	orney's aff:	idavit in Tab J?	X Yes	No	
2. Bond Counse (*Must be an			Tyler Kala	chnik	
Firm Name	Ice Miller				
Phone	(317) 236	-2116			
E-mail Addres	SS	tyler.kalachnik@icemi	iller.com		1
Is the named Bo	nd Counsel	l's affidavit in Tab J?	X Yes	No	
3. Developer (co	ontact pers	on) Marisa Cona	atser		
Firm Name		TWG Development, LI	LC		
Phone	(317) 264	-1833			
E-mail addres	S	mconatser@twgdev.c	:om		
Is the Contact Pe	erson's affic	davit in Tab J?	X Yes	No	
4. Co-Developer	r (contact p	erson)			
Firm Name					
Phone					
E-mail addres	S				
Is the Contact Pe	erson's affic	davit in Tab J?	Yes	No	
5. Accountant (c	ontact pers	son) Jared Wolsk	ii		
Firm Name		Dauby, O'Connor, & Z	aleski		
Phone	(317) 819	-6196			
E-mail addres	S	jwolski@dozllc.com			
Is the Contact Pe	erson's affic	davit in Tab J?	X Yes	No	
footnotes:					

Firm Name Phone E-mail address Is the Contact Person's affidavit in Tab J?	6. Consultant (contac	t person)			
E-mail address Is the Contact Person's affidavit in Tab J?	Firm Name				
Is the Contact Person's affidavit in Tab J? 7. High Performance Building Consultant (contact person) Firm Name Energy Diagnostics Phone [219] 464-4457 E-mail address tyler@energydiagnostics.net Is the Contact Person's affidavit in Tab J? E-mail address E-mail address Jenna Danley Elmington Property Management Phone [615] 982-6486 E-mail address Jenna Danley Is the Contact Person's affidavit in Tab J? Att Kompara Firm Name TwG Construction, LLC Phone [317] 264-1833 E-mail address Is the Contact Person's affidavit in Tab J? Is the C	Phone				
7. High Performance Building Consultant (contact person) Firm Name Energy Diagnostics Phone [219] 464-4457 E-mail address tyler@energydiagnostics.net Is the Contact Person's affidavit in Tab J? Elmington Property Management Phone [615] 982-6486 E-mail address Jdanley@elmingtonpm.com Is the Contact Person's affidavit in Tab J? [8] Was No 9. General Contractor (contact person) Firm Name TWG Construction, LLC Phone [317] 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? [8] Yes No 10. Architect (contact person) Jeffery Dawson Firm Name The STUDIO Architecture Phone [720] 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	E-mail address				
Firm Name Energy Diagnostics Phone (219) 464-4457 E-mail address tyler@energydiagnostics.net Is the Contact Person's affidavit in Tab J?	Is the Contact Person	s affidavit in Tab J?	Yes	No	
E-mail address tyler@energydiagnostics.net Is the Contact Person's affidavit in Tab J? X Yes	7. High Performance	Building Consultant (contact person)	Tyler Went	land	
E-mail address tyler@energydiagnostics.net Is the Contact Person's affidavit in Tab J? 8. Management Entity (contact person) Firm Name	Firm Name	Energy Diagnostics			
Is the Contact Person's affidavit in Tab J? 8. Management Entity (contact person) Firm Name Elmington Property Management Phone [615] 982-6486 E-mail address Jdanley@elmingtonpm.com Is the Contact Person's affidavit in Tab J? 9. General Contractor (contact person) Firm Name TWG Construction, LLC Phone [317] 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? X Yes No 10. Architect (contact person) Firm Name The STUDIO Architecture Phone [720] 460-1855 E-mail address Jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. If Yes, provide a list and description of such interest(s) in TAB J.	Phone (219) 464	1-4457			
8. Management Entity (contact person) Firm Name	E-mail address	tyler@energydiagnostics.net			
Firm Name Elmington Property Management Phone (615) 982-6486 E-mail address jdanley@elmingtonpm.com Is the Contact Person's affidavit in Tab J? 9. General Contractor (contact person) Firm Name TWG Construction, LLC Phone (317) 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? Is the Contact Person's affidavit in Tab J? Is the Contact Person's affidavit in Tab J? Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Is the Contact Person	's affidavit in Tab J?	X Yes	No	
Phone (615) 982-6486 E-mail address jdanley@elmingtonpm.com Is the Contact Person's affidavit in Tab J?	8. Management Entit	y (contact person)	Jenna Danle	еу	
E-mail address jdanley@elmingtonpm.com Is the Contact Person's affidavit in Tab J? X Yes	Firm Name	Elmington Property Management			
Is the Contact Person's affidavit in Tab J? 9. General Contractor (contact person) Firm Name TWG Construction, LLC Phone (317) 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? X Yes No 10. Architect (contact person) Jeffery Dawson Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Phone (615) 982	2-6486			
9. General Contractor (contact person) Firm Name TWG Construction, LLC Phone (317) 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? X Yes No 10. Architect (contact person) Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	E-mail address	jdanley@elmingtonpm.com			
Firm Name TWG Construction, LLC Phone (317) 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? Is the Contact person) Jeffery Dawson Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Is the Contact Person	's affidavit in Tab J?	X Yes	No	
Phone (317) 264-1833 E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? X Yes No 10. Architect (contact person) Jeffery Dawson Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	9. General Contracto	r (contact person) Matt Kompara			
E-mail address mkompara@twgdev.com Is the Contact Person's affidavit in Tab J? It Yes No 10. Architect (contact person) Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Firm Name	TWG Construction, LLC			
Is the Contact Person's affidavit in Tab J? Interest Interest	Phone (317) 264	l-1833			
10. Architect (contact person) Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	E-mail address	mkompara@twgdev.com			
Firm Name The STUDIO Architecture Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Is the Contact Person	's affidavit in Tab J?	X Yes	No	
Phone (720) 460-1855 E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	10. Architect (contac	t person) Jeffery Dawson			
E-mail address jeff@thestudioarchitecture.com Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Firm Name	The STUDIO Architecture			
Is the Contact Person's affidavit in Tab J? X Yes No 11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or p providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	Phone (720) 460)-1855			
11. Identity of Interest Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.	E-mail address	jeff@thestudioarchitecture.com			
Does any member of the development team have any financial or other interest, directly or with another member of the development team, and/or any contractor, subcontractor, or providing services to the Development for a fee. X Yes If Yes, provide a list and description of such interest(s) in TAB J.	Is the Contact Person	's affidavit in Tab J?	X Yes	No	
footnotes:	Does any with ano providing	member of the development team have ther member of the development team, a g services to the Development for a fee.	ind/or any contra	actor, subcontracto	
	footnotes:				

H. Threshold			
1. Site Control: Select type of Site Coni Executed and Recorded Dee Option - expiration date: X Purchase Contract - expiratio Long Term Lease - expiratio Intends to acquire site/build	on date: 1/7/2026		
2. Scattered Site Development: If sites pursuant to IRC Section 42(g)(7)?	s are not contiguous, do all of the	sites collectively qualify as a scattered site Deve	lopment Yes X No
3. Completion Timeline (month/year) Construction Start Date Completion of Construction Lease-Up Building Placed in Service Date(s)		Estimated Date Jan 2026 July 2027 April 2028 July 2028	
4. Zoning: Is site properly zoned for yo based on the initial site plans?	our development without the nee	d for an additional variance,	X Yes No
5. Utilities: List the Utility companies t Water: Sewer: Electric:	chat will provide the following sen Citizens Citizens AES	vices to the proposed Development	
Gas:	n/a		
6. Applicable State and Local Requires	ments & Design Requirements a	re being met (see QAP section 5.1.M)	X Yes No
7. Lead Based Paint : Are there any bu If yes, Developer acknowledges project and the State of Indiana's Lead-Based	t complies with the Lead@Based P	nent constructed prior to 1978? laint Pre-Renovation Rule ("Lead PRE")	Yes X No
and supporting documen The Acquisition satisfies t and Attorney Opinion inc If requesting an acquisiti	the Related Party rule of IRC Secti	on 42(d)(2)(B)(iii) to this general rule e.g. Section	
2. Development satisfies the	e Minimum Rehab costs of the Q/ on credits based on exceptions lik	requirement of IRC Section 42(e)(3)(A)(ii). AP: \$35,000/unit for Rehab and \$50,000/unit for e IRC Section 42(e)(3)(B) or IRC Section 42(f)(5)(
10. Relocation Information. If there is inlucded in Tab L?	s a permanent or temporary reloc	ation of existing tenants, is a displacement and r	elocation Plan Yes X No
11. Irrevocable Waiver of Right to Rec Qualified Contract for this Developme		plicant ackowledges that they irrevocably waive	the right to request a X Acknowledged
12. Federal Grants: Is Development ut how these Federal funds will be treate		ictureed as a loan If Yes, then please explain	Yes X No
13. Davis-Bacon Wages: Does Davis-Bacg. 12 or more HOME-assisted units, If yes, Developer acknowledges that David Accessible/Adaptable Units: Numl 14. Accessible/Adaptable Units: Numl	9 or more Project Based Voucher uni avis-Bacon wages will be used.	ts, 12 or more Section 811 Project Rental Assistance u pe B	Yes X No
# of Type A/Type B units in Development	Development Development	%	
15. Development Meets Accessibility R	Requirements for Age-Restricted I	Developments and Housing First set-aside	Yes X No
The following are mandatory Thresho	old requirements. All applicants n	nust affirmatively check the boxes below to ack	nowledge these requirements:
16. Visitability Mandate: If the Develo must be visitable and in compliance wi		gle-family homes, duplexes, triplexes, or townho A117.1 Section 1005.	mes, then the units
		d living, Developer and Management Entity com 5 and Indiana Administrative Code 455IAC2).	mit to following
18. Smoke-Free Housing: Developer co	ommits to operating as smoke-fre	ee housing.	X
19. Broadband Infrastructure: Develop	per commits to providing broadba	and infrastructure in each unit.	X
20. Special Needs Population: Develop the definition of "special needs population"		of the total units for occupancy by qualified tens 5-20-1-4.5.	ants who meet
21. Affirmative Fair Housing Marketin Fair Housing Marketing Plan by initial leads to the second s		or Housing Trust Fund, Developer agrees to crea	te an Affirmative
22. Developer commits to complying	with the Closing Requirements, I	Deadlines, and Fees of Schedule D.	X

footnotes:

. Affordabil	•	1.11	w v
1.	Do you commit to income restrictions that mate	cn the rent restrictions selected?	X Yes
2.	Additional Years of Affordability Applicant commits to 30 year Extended Applicant commits to 35 year Extended Applicant commits to 40 year Extended	d Use Period	X
	ent Charactersists opment Amenities: Please list the number of devel	opment amenities from each column listed under l	Part 6.2.A. of the 2023-24 QAP.
a. Chart	1: Common Area:	10_	
	1. Total development amenities available from	chart 1, sub-category A:	6
	2. Total development amenities available from	chart 1, sub-category B:	2
	3. Total development amenities available from	chart 1, sub-category C:	2
b. Chart	2: Apartment Unit:	5	
	1. Total development amenities available from	chart 2, sub-category A:	2
	2. Total development amenities available from	chart 2, sub-category B:	3
c. Chart	3: Safety & Security:	3	
	1. Total development amenities available from	chart 3, sub-category A:	2
	1. Total development amenities available from	chart 3, sub-category B:	1
	:/Accessible	D Unite	
Please Fi	Il the appropriate box with number of Type A/Type	B Onits	Non Age-Restricted Developments
		Rehab/Adaptive Resue	
		New Construction	62
			Age-Restricted/Housing First
		Rehab/Adaptive Resue (w/ Elevator)	
		Rehab/Adaptive Resue (w/ Elevator) & New	
		Construction	
i. Universal	Design Features		
	Applicants will adopt minimum of: Six (6) Universal Design Features		
	Eight (8) Universal Design Features	<u></u>	
	Nine (9) Universal Design Features	^	
	Ten (10) Universal Design Features		
faatnata			
footnote	5.		

4.	Does the Development propose to convert 100% of the space in a fully vacant structure into rental housing, commercial space, and/or common areas?	Yes	X No
5.	Is the proposed development considered Historic in Nature as defined by the QAP?	Yes	X No
6.	For Developments Preserving Existing Rental Housing, select one: Existing RHTC Project HUD/USDA Affordable Housing Market rate housing to be converted Other		
7.	How many units will be preserved? Units Preserved Total Units in Development #DIV/0! % Preserved		
8.	Does the Development meet the the following critera for Infill New Construction?	X Yes	No
	 i. The site is surrounded on at least two sides with adjacent established development. 	X Yes	No
	ii. The site has or can connect to existing utilities and infrastructure.	X 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.	X Yes	No
9.	Is the Development Historic in Nature?	Yes	XNo
10.	Does the property qualify as one of the following: Foreclosed Upon Condemned		
11.	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?	X Yes	No
12. I	the necessary infrastructure for high-speed internet/broadband service. *Threshold Requirement each unit with free high-speed internet/broadband service. internet as part of the project's utility allowance calculation. X free Wi-Fi access in a common area, such as a clubhouse or community room.		
	footnotes:		

k. Sustainable Development Charactersistics
1. Building Certification
LEED Rating System
Bronze Rating National Green Building Standard
LEED Silver Rating
X Silver Rating National Green Building Standard
Enterprise Green Communities
Passive House
Equivalent Certification
3. Desirable Sites
Target Area PointsAccess to Fresh Produce2Positive Land Uses2Transit Access2Opportunity Index1Undesirable Sites0Total Points7
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. p. 36 of PDF/labeled p. 31 in Market Study.
footnotes:

L. Financing & Marketing 1. Rental Assistance a. Will any low-income	units receive Project-Based rent	tal assistance?		Yes	X No
·	•	y of rental assistance contract, if ap	plicable.		
Section 8 HAP	FmHA 515 Rental Assistan Other:	ce			
b. Is this a Supportive Ho	ousing Project?			Yes	X No
If yes, are you applying t	for IHCDA Project-Based Section	18?		Yes	No
c. Number of units (by r	number of bedrooms) receiving	assistance:			
(1) Bedroom (3) Bedrooms	(2) Bedrooms (4) Bedrooms				
	: units covered by the rental assis units covered by the rental assis			Yes Yes	X No X No
For HUD purposes, are i	more than 25% units receiving F	Rental Assistance?		Yes	X No
If yes, select the except	ed unit category				estricted rtive Housing
e. Number of years in th	ne rental assistance contract		Expiration dat	te of contra	ct
homeownership op of Extended Rental 4. Leveraging the READI Pro Applicant does not re	Does not contain any active R Contains one (1) active RHTC Contains two (2) or more activities will be subject to the standard 1 portunities to qualified tenants Housing Commitment.		e pancy type of a Lease-Purc	_	
otnotes:					

M	n	+	h	۵	r

1. Certified Tax Credit Specialist:

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification
Jenna Danley/Elmington	Management	TCS	1/19/2024
Jenna Danley/Elmington	Management	НССР	9/30/2018

2	Resident	C:

Number of Resident Services Selected:

Level 1 Services	5
Level 2 Services	1

3. Resident Service Coordinator for Supportive Housing

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



Total Units	Total Companies Hausing Haite	Percent of total
Total Units	Total Supportive Housing Units	Percent or total
160	0	0.00%

5. Development will implement an Eviction Prevention Plan



6. Low-Barrier Tenant Screening

- | X | Plan does not screen for misdemeanors | X | Plan does not screen for felonies older than five years | X | 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

L	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			32	64	64		160	100.00%					
70% AMI	# Units						0	0.00%					
80% AMI	# Units						0	0.00%					
Market Rate	# Units						0	0.00%					
Development Total	# Units	0	32	64	64	0	160	100.00%					
	# Bdrms.	0	32	128	192	0	352	100.00%					

2. Units and Bedrooms by Bedroom size

Unit Type	0-1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation				
Single Family (Infill) Scattered Site				
Historic Rehabilitation				
New Construction	32	64	64	
New Construction - Age Restricted				

3. Will the development utilize a manager's unit?		Yes	X No
If yes, how will the unit be considered in the building's applicable fraction?	T	Tax Credi	it Unit
	E	Exempt u	Init
	I	Market R	Late Unit

- 6. Utilities and Rents
 - a. Monthly Utility Allowance Calculations Entire Section Must Be Completed

				1						
Utilities	Type of Utility (Gas, Electric, Oil, etc.)	Utilities Paid	0 Bdrm		1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm		
Heating	Electric	Owner	X	Tenant			40	44	46	
Air Conditioning	Electric	Owner	X	Tenant			5	7	9	
Cooking	Electric	Owner	X	Tenant			5	8	10	
Other Electric	Electric	Owner	X	Tenant			24	34	43	
Water Heating	Electric	Owner	X	Tenant			17	22	26	
Water		Owner	X	Tenant			27	38	55	
Sewer		Owner	X	Tenant			52	72	103	
Trash		Owner		Tenant						
Internet		Owner		Tenant						
	Total Utility	Tenant	\$ -	•	\$ 170.00	\$ 225.00	\$ 292.00	\$ -		

 Source of Utility Allowance Calc 	culation
--	----------

HUD	X	HUD Utility Schedule Model (HUSM)
PHA/IHCDA		Utility Company (Provide letter from utility company)
Rural Development		Energy Consumption Model
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 20% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -
Maximum Allowable Rent for Tenants at 30% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -
Maximum Allowable Rent for Tenants at 40% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -
Maximum Allowable Rent for Tenants at 50% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -
Maximum Allowable Rent for Tenants at 60% AMI		\$ 1,245	\$ 1,495	\$ 1,727	
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ 1,075	\$ 1,270	\$ 1,435	\$ -
Maximum Allowable Rent for Tenants at 70% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -
Maximum Allowable Rent for Tenants at 80% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ 170	\$ 225	\$ 292	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ (170)	\$ (225)	\$ (292)	\$ -

footnotes:	x	

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.

	kit ar	R (SRO v/o chen d/or ath)	w kitch	(SRO rith en and ath)	:	1 BR	2 BR	3 BR		4 BR
Maximum Allowable Rent for beneficiaries at										
20% or less of area median income										
MINUS Utility Allowance Paid by Tenants	\$	-	\$	-	\$	170	\$ 225	\$ 292	\$	-
Maximum Allowable Rent for Your Development	\$	-	\$		\$	(170)	\$ (225)	\$ (292) \$	-
Maximum Allowable Rent for beneficiaries at										
30% or less of area median income										
MINUS Utility Allowance Paid by Tenants	\$	-	\$	-	\$	170	\$ 225	\$ 292	\$	-
Maximum Allowable Rent for Your Development	\$	-	\$		\$	(170)	\$ (225)	\$ (292) \$	-
Maximum Allowable Rent for beneficiaries at										
40% or less of area median income										
MINUS Utility Allowance Paid by Tenants	\$	-	\$	-	\$	170	\$ 225	\$ 292	\$	-
Maximum Allowable Rent for Your Development	\$	-	\$	-	\$	(170)	\$ (225)	\$ (292) \$	-
Maximum Allowable Rent for beneficiaries at										
50% or less of area median income										
MINUS Utility Allowance Paid by Tenants	\$	-	\$	-	\$	170	\$ 225	\$ 292	\$	-
Maximum Allowable Rent for Your Development	\$	-	\$	-	\$	(170)	\$ (225)	\$ (292) \$	-
Maximum Allowable Rent for beneficiaries at										
60% or less of area median income										
MINUS Utility Allowance Paid by Tenants	\$	-	\$	-	\$	170	\$ 225	\$ 292	\$	-
Maximum Allowable Rent for Your Development	\$	-	\$	-	\$	(170)	\$ (225)	\$ (292) \$	-

e.	Estimated	Rents and	l Rental	Income
----	-----------	-----------	----------	--------

1. Total Number of Low-Income Units

0 (20% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Туре	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 \$ -												
	•		nd. If there is	not HOME o		ent Fund fina	ncing indicat		en indicate "Yes" to Development Fund				

2. Total Number of Low-Income Units

0 (30% Rent Maximum)

Dev Fund	номе	RHTC	Unit	Туре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total M Rent Un	•	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	drooms							
				Bedrooms					\$	-	
				Bedrooms					\$	-	
				Bedrooms					\$	-	
				Bedrooms					\$	-	
				Bedrooms					\$	-	
			Other Incom								
			Total Month					\$	-		
			Aimuai inco	ille					٧		

footnotes:	

3. Total Number of Low-Income Units	0 (40% Rent Maximum)
3. Total Number of Low-Income Units	(40% Rent Maxir

Dev Fund	HOME	RHTC	Unit	Туре	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 bed	drooms						
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
			Other Incom Other Incom Total Month Annual Incom	le Source					\$ - \$ -	

4. Total Number of Low-Income Units

0 (50% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Туре	Number of Baths	Number of Units	-	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	drooms						
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
			Other Incom Other Incom Total Month Annual Incom	ly Income					\$ - \$ -	

5. Total Number of Low-Income Units

160 (60% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Туре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	al Monthly t Unit Type	Check if units ar under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	drooms						
No	No	Yes	1	Bedrooms	1	32	736	1075	\$ 34,400	
No	No	Yes	2	Bedrooms	1	48	895	1270	\$ 60,960	
No	No	Yes	2	Bedrooms	1	16	927	1270	\$ 20,320	
No	No	Yes	3	Bedrooms	2	50	1058	1435	\$ 71,750	
No	No	Yes	3	Bedrooms	2	14	1086	1435	\$ 20,090	
			Other Incom		Pet rent, lat	e fees, app fe	ees, etc		\$ 4,000	
			Total Month	ly Income					\$ 211,520	
			Annual Inco					\$ 2,538,240		

b. Total Number of Low-income Onlis U (70% Kent Maximum	6.	Total Number of Low-Income Units	0 (70% Rent Maximum)
---	----	----------------------------------	----------------------

Dev Fund	НОМЕ	RHTC	Unit 1	Гуре	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 bea	Irooms						
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
	Other Income Source Other Income Source Total Monthly Income Annual Income								\$ - \$ -	-

7. Total Number of Low-Income Units

0 (80% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit 1	Гуре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if u are unde
Yes/No	Yes/No	Yes/No	# of bedrooms							
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
			Other Income Other Income	e Source / Income					\$ -	
			Annual Incom	ie				-	\$ -	

8. Total Number of Market Rate Units

0

Dev Fund	НОМЕ	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Mont Rent Unit T	-
Yes/No	Yes/No	Yes/No	# of bed	Irooms						
				Bedrooms					\$	-
				Bedrooms					\$	
				Bedrooms					\$	-
				Bedrooms					\$	-
				Bedrooms					\$	
	Other Income Source Other Income Source									
Total Monthly Income							-	\$	-	
			Annual Incom	ne				-	\$	-

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)	\$ 2,538,240
Annual Income (70% Rent Maximum)	\$ -
Annual Income (80% Rent Maximum)	\$ -
Annual Income (Market Rate Units)	\$ -
Potential Gross Income	\$ 2,538,240
Less Vacancy Allowance 7%	\$ 177,677

Effective Gross Income 2,360,563

Default annual % increase in income over the Compliance Period? W. Annual Expense Information

2%

(Check one) X Housing	OR		Commercial				
<u>Administrative</u>			Other Operating				
1. Advertising	10,000		1. Elevator			-	
2. Management Fee	94,423		2. Fuel (heating & hot w	ater)		-	
3. Legal/Partnership	10,000		3. Electricity			46,000	
4. Accounting/Audit	10,000		4. Water/Sewer			10,000	
5. Compliance Mont.	10,000		5. Gas			-	
6. Office Expenses	15,000		6. Trash Removal			16,000	
7. Other (specify below)			7. Payroll/Payroll Taxes			232,000	
			8. Insurance			96,000	
Total Administrative	\$ 149,423		9. Real Estate Taxes*			72,000	
<u>Maintenance</u>			10. Other Tax			-	
1. Decorating	\$ 20,000		11. Yrly Replacement Re	eserves		48,000	
2. Repairs	\$ 80,000		12. Resident Services	350. 703		5,000	
3. Exterminating	\$ 10,000						
4. Ground Expense	\$ 20,000		13. Internet Expense			10,000	
5. Other (specify below)			14. Other (specify below	v)			
Total Maintenance	\$ 130,000		Total Other Operating		\$	535,000	
Total Annual Administrative Ex	penses:	\$	149,423.0	Per Unit	934		
Total Annual Maintenance Exp	enses:	\$	130,000.0	Per Unit	813		
Total Annual Other Operating E	xpenses:	\$	535,000	Per Unit	3344		
TOTAL OPERATING EXPENSES (Adr	nin+Operating+Maint):	\$	814,423	Per Unit	\$	5,090	
Default annual percentage increas	.5 ye	ars?			3%		
Default annual percentage increas	e for replacement reserves	for t	he next 15 years?			3%	
	nerty. Do not reflect tax						

^{*} List full tax liability for the property. Do not reflect tax abatement.

footnotes: ** Real estate tax is listed as the annual amount of the PILOT

15 Year Operating Cash Flow Projection:

Housing X Commercial] H	eadnotes														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Income																
Potential Gross Income	2,538,240	2,589,005	2,640,785	2,693,601	2,747,473	2,802,422	2,858,470	2,915,640	2,973,953	3,033,432	3,094,100	3,155,982	3,219,102	3,283,484	3,349,154	43,894,843
Less: Vacancies	(177,677)	(181,230)	(184,855)	(188,552)	(192,323)	(196,170)	(200,093)	(204,095)	(208,177)	(212,340)	(216,587)	(220,919)	(225,337)	(229,844)	(234,441)	(3,072,639)
Effective Gross Income	2,360,563	2,407,774	2,455,930	2,505,049	2,555,150	2,606,253	2,658,378	2,711,545	2,765,776	2,821,092	2,877,513	2,935,064	2,993,765	3,053,640	3,114,713	40,822,204
Expenses																
Administrative	149,423	153,906	158,523	163,279	168,177	173,222	178,419	183,771	189,285	194,963	200,812	206,836	213,041	219,433	226,016	2,779,106
Maintenance	130,000	133,900	137,917	142,055	146,316	150,706	155,227	159,884	164,680	169,621	174,709	179,950	185,349	190,909	196,637	2,417,859
Operating	535,000	551,050	567,582	584,609	602,147	620,212	638,818	657,983	677,722	698,054	718,995	740,565	762,782	785,666	809,236	9,950,419
Other																-
Less Tax Abatement																-
Total Expenses	814,423	838,856	864,021	889,942	916,640	944,139	972,464	1,001,638	1,031,687	1,062,637	1,094,516	1,127,352	1,161,172	1,196,008	1,231,888	15,147,383
Net Operating Income	1,546,140	1,568,919	1,591,909	1,615,107	1,638,509	1,662,113	1,685,914	1,709,908	1,734,089	1,758,454	1,782,997	1,807,712	1,832,592	1,857,633	1,882,825	25,674,820
Debt Service - 1st Mort.	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	20,154,330
Debt Service - 2nd Mort.																-
Debt Service - 3rd Mort.																-
Debt Service - 4th Mort.																-
Debt Service - 5th Mort.																-
Total Debt Service	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	1,343,622	20,154,330
Operating Cash Flow	202,518	225,297	248,287	271,485	294,887	318,491	342,292	366,286	390,467	414,832	439,375	464,090	488,970	514,011	539,203	5,520,490
Total Combined DCR	1.150725576	1.168	1.18478902	1.202	1.219471892	1.237	1.25475313	1.273	1.290608019	1.309	1.327007863	1.345	1.363919652	1.383	1.401305687 #	1.273910883
Deferred Dev. Fee Payment	202,518	225,297	248,287	271,485	294,887	318,491	342,292	366,286	390,467	414,832	207,967					3,282,809
Court of Court	_	(2)	(2)	(2)	_		(6)	(2)		_	224 402	464.060	400.070	544.04	520,202	2 227 661
Surplus Cash	0	(0)	(0)	(0)	0	0	(0)	(0)	0	0	231,408	464,090	488,970	514,011	539,203	2,237,681
Cash Flow/Total Expenses	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	21%	41%	42%	43%	44%	15%
(not to exceed 10 %)																
EGI/Total Expenses	2.90	2.87	2.84	2.81	2.79	2.76	2.73	2.71	2.68	2.65	2.63	2.60	2.58	2.55	2.53	2.70

Commercial and Office Space: IHCDA 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 IHCDA's 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 IHCDA 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	Merchants Capital	6/2/2025	6/16/2025	\$ 13,000,000	Brian Shelbourne (317) 437-6424
2					
3					
4					
5					
T	otal Amount of Funds			\$ 13,000,000	

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	Merchants Capital	6/2/2025	6/16/2025	\$ 20,350,000	\$1,343,622	6.00%	40	30
2								
3								
4								
5								
To	otal Amount of Funds			\$ 20,350,000	\$ 1,343,622			
D	eferred Developer Fee			\$ 3,282,809				

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					
To	otal 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 X 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 General Partner Investment from Fed Tax Credits Limited Partner Equity Investment from State Tax Credits General Partner Investment from State Tax Credits Total Equity Investment Total Permanent Financing Deferred Developer Fee Other Other Other Other Other Other Other Total Sources of Funds AMNote: Sources MUST EQUAL	\$ 17,692,234 *From Fed Credit Determination Tab \$ - From State Credit Determination Tab \$ - \$ 17,692,334 \$ 20,350,000 \$ 3,282,809 \$ 41,325,143.20 \$ 41,325,143.20
* Are Load Fees included in Equity Investment? If Yes, Load Fees are: \$	Yes X No
footnotes:	

a. Actual or Anticipated Name of Intermediary (e.g. Syndicator, etc.) CREA
Contact Person Adam Lavelle
Phone (317) 808-7382
Street Address 30 S. Meridian St, Ste 400
City Indianapolis State IN Zip 46204
Email alavelle@creallc.com
8. State Tax Credit Intermediary Information
a. Actual or Anticipated Name of Intermediary
(e.g. Syndicator, etc.)
Contact Person
Phone
Street Address
City State Zip
Email
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: 55%
If this percentage is 50% or more, a formal allocation of credits from IHCDA 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 IHCDA WITH AN OPINION OF COUNSEL, SATISFACTORY TO IHCDA, THAT YOU ARE NOT REQUIRED TO OBTAIN AN
ALLOCATION OF TAX CREDITS FROM IHCDA AND THAT THE DEVELOPMENT MEETS THE
REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.
footnotes:

7. Federal Tax Credit Intermediary Information

b.	Name	of Issuer	Indiana	Housing & Co	mmunity De	velopment Autho	rity		
	Street	Address	30 S Me	ridian St					
	City	Indianapolis			State	IN		Zip	46204
	Teleph	one Number		(317) 232-77	777				
	Email	arakowski@i	ihcda.in.g	gov					
c.	Name o	of Borrower		TWG County	/ Line, LP				
	Street	Address	1301 E V	Washington St	, Ste 100				
	City	Indianapolis			State	IN		Zip	46202
	Teleph	one Number		(317) 264-18	333				
	Email	tony@twgde	ev.com						
	If the B	sorrower is no	t the Owi	ner, explain th	e relationsh	ip between the B	orrower and	d Owner ir	footnotes below.
		-		-	-	pt Bonds, you m	ust provide	a list	
						Place in Tab J.		l	
a.		ny Developme ist list the fina						Yes	X No
e.		approval for to			et required?			Yes	X No
f.		•				sset required? FC application?		Yes Yes	X No No
g.	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? If yes, please provide documentation in Tab P of the application package.								
	Total Mu n curren	ulti-Family Tax nt year:	Exempt	Bonds already	awarded to	Developer \$	-		
foo	otnotes:								

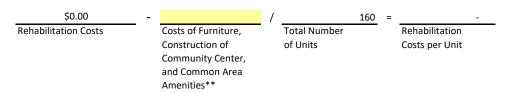
Z. Cost/Basis/Maximum Allowable Credit

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

		Eligible Basis by Credit Type			
			30% PV	70% PV	
	ITEMIZED COSTS	Project Costs	[4% Credit]	[9% Credit]	
a.	To Purchase Land and Buildings				
	1. Land	1,000,000			
	2. Demolition				
	3. Existing Structures				
	4. Other(s) (Specify below.)				
_	For Site Work				
D.	Site Work (not included in Construction Contract)				
	2. Other(s) (Specify below.)				
c.	For Rehab and New Construction				
	(Construction Contract Costs)				
	1. Site Work	2,000,000	2,000,000		
	2. New Building	20,456,141	20,456,141		
	3. Rehabilitation**				
	4. Accessory Building				
	5. General Requirements*	1,347,368	1,347,368		
	6. Contractor Overhead*	449,123	449,123		
	7. Contractor Profit*	1,347,368	1,347,368		
	8. Hard Cost Contingency	1,280,000	1,280,000		
d.	For Architectural and Engineering Fees				
	1. Architect Fee - Design*	1,075,200	1,075,200		
	2. Architect Fee - Supervision*	72 27 22	72 27 22		
	3. Consultant or Processing Agent				
	4. Engineering Fees	60,000	60,000		
	5. High Peformance Building Consultant	40,000	40,000		
	6. Other Fees (Specify below.)	.,,,,,,	.,		
	en ether recordspeeding selecting				
e.	Other Owner Costs 1. Building Permits	300,000	300,000		
	2. Tap Fees	20,000	20,000		
	3. Soil Borings	10,000	10,000		
	Real Estate Attorney	10,000	10,000		
	5. Developer Legal Fees	150,000	150,000		
	Construction Loan - Legal	60,000	60,000		
	7. Title and Recording	45,000	45,000		
	8. Cost of Furniture	75,000	75,000		
	9. Accounting	15,000	15,000		
	10. Surveys	4,000	4,000		
	11. Other Costs (Specify below.)	4,000	4,000		
	Lender Inspections	45,000			
	* Designates the amounts for those items that are limited, p	29,779,200	28,734,200	-	

^{*} 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.



		Elig	gible Basis by Credit Ty	ype
			30% PV	70% PV
	ITEMIZED COSTS	Project Costs	[4% Credit]	[9% Credit]
_	SUBTOTAL OF PREVIOUS PAGE	29,779,200	28,734,200	0
f.	For Interim Costs		244.000	
	1. Construction Insurance	241,000	241,000	
	2. Construction Period Interest	3,550,000	2,300,000	
	3. Other Capitalized Operating Expenses			
	4. Construction Loan Orig. Fee	341,000	341,000	
	5. Construction Loan Credit Enhancement			
	6. Construction Period Taxes	45,000	45,000	
	7. Fixed Price Contract Guarantee			
g.	For Permanent Financing Fees & Expenses			
	Bond Premium			
	2. Credit Report			
	3. Permanent Loan Orig. Fee	203,500		
	4. Permanent Loan Credit Enhancement	,		
	5. Cost of Iss/Underwriters Discount	105,500		
	6. Title and Recording	,		
	7. Counsel's Fee	75,000		
	8. Other(s) (specify below)	,		
h.	For Soft Costs			
	1. Property Appraisal	10,000	10,000	
	2. Market Study	10,000	10,000	
	3. Environmental Report	17,200	17,200	
	4. IHCDA Fees	129,886		
	5. Consultant Fees			
	6. Guarantee Fees			
	7. Soft Cost Contingency	40,000	40,000	
	8. Other(s) (specify below)			
	Lease Up & Marketing	45,000	45,000	
ı.	For Syndication Costs			
	Organizational (e.g. Partnership)	45,000		
	Bridge Loan Fees and Expenses	.5)555		
	3. Tax Opinion			
	4. Other(s) (specify below)			
	(,)(,)			
Ļ	Developed For			
j.	Developer's Fee % Not-for Profit			
		F 600 03F	E 600 03E	
	% For-Profit	5,608,835	5,608,835	
k.	For Development Reserves			
	1. Rent-up Reserve			
	2. Operating Reserve	1,079,022		
	3. Other Capitalized Reserves*			
	*Please explain in footnotes.			
l.	Total Project Costs	41,325,143	37,392,235	-

footnotes:	os:	
,		

		Eligible Basis by Credit Type				
	ITEMIZED COSTS	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]		
	SUBTOTAL OF PREVIOUS PAGE	41,325,143	37,392,235	0		
m.	Total Commercial Costs*	0				
n.	Total Dev. Costs less Comm. Costs (I-m)	41,325,143				
о.	Reductions in Eligible Basis 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) Subtotal (o.1 through o.4 above)		0 0 0 0	0		
p.	Eligible Basis (Il minus o.5)		37,392,235	0		
q.	High Cost Area / Basis Boost Adjustment to Eligible Basis Please see 2026-2027 QAP pg. 37 for eligibility criteria. Adjustment Amount cannot exceed 30%		11 217 671			
r.	Adjusted Eligible Basis (p plus q)		11,217,671 48,609,906	0		
s.	Applicable Fraction (% of development which is low income) (Select from drop down choices.)	Based on Unit Mix or Sq Ft? Unit Mix		, and the second		
t.	Total Qualified Basis (r multiplied by s)	OTHE WITE	100.00% 48,609,906	0		
u.	Applicable Percentage (weighted average of the applicable percentage for each building and credit type)		4.00%	9.00%		
v.	Maximum Allowable Credit under IRS Sec 42 (t^*u)		1,944,396	0		
w.	Combined 30% and 70% PV Credit	1,944,396				

^{*} 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 IHCDA. 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 IHCDA to determine, as required by the IRS, the maximum amount of credits which may be reserved for the Development. However, IHCDA at all times retains the right to substitute such information and assumptions as are determined by IHCDA to be reasonable for the information and assumptions provided herein as to costs (including development fees, profits, etc.) sources of funding, expected equity, ect. Accordingly, if the development is selected by IHCDA for a reservation of credits, the amount of such reservation may differ significantly from the amount that is computed below.

a.	TOTAL DEVELOPMENT COSTS	\$	41,325,143
b.	LESS SYNDICATION COSTS	\$	45,000
c.	TOTAL DEVELOPMENT COSTS (a - b)	\$	41,280,143
d.	LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$	20,350,000
e. f.	EQUITY GAP (c - d) 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)	\$\$	
g.	Limited Partner Ownership %		99.99%
h.	10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$	23,000,157
i.	ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10)	\$	2,300,016
j.	MAXIMUM ALLOWABLE CREDIT AMOUNT	\$	1,944,396
k.	RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.)	\$	1,944,396
I.	LIMITED PARTNER INVESTMENT		17,692,234
m.	GENERAL PARTNER INVESTMENT		100
n.	TOTAL EQUITY INVESTMENT (anticipated for intial app)	\$	17,692,334
о.	DEFERRED DEVELOPER FEE	\$	3,282,809
p.	Per Unit Info		
	 CREDIT PER UNIT (Including non-program units) (j/Number of Units) 	\$	12,152
	CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$	5,524
	3. HARD COST PER UNIT	\$	159,579
	4. HARD COST PER BEDROOM	\$	72,535.89
	5. TOTAL DEVELOPMENT COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits) Total Number of Units	\$	258,282

3. Determination of State Tax Credit Reservation Amount

a.	Aggregate 10 Year Federal RHTC Amount	\$ 19,443,960.00
b.	Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%)	\$ 0%
c.	Aggregate 5 Year State AWHTC Amount	\$ 0.00
	State AWHTC per year	\$ 0.00
d.	State Tax Credit Equity Price	\$ 0.00
e.	Limited Partner ownership %	\$ 99.99%
f.	Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%)	 <u>-</u>
g.	Financial Gap	 0

Underwriting Guidelines: Total Operating Expenses (per unit) Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments Operating Reserves (4 months Operating Expenses,	QAP Guidelines 5,000 118,028 4% - 7% tab 10%-12% 6% - 8%	Per Application 5,090 94,423	Within Limits? Yes Yes
Total Operating Expenses (per unit) Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	118,028 4% - 7% tab 10%-12%	94,423	
1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	4% - 7% tab 10%-12%		Yes
51 - 100 units = 6% 101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	4% - 7% tab 10%-12%		Yes
101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	4% - 7% tab 10%-12%		Yes
Vacancy Rate Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	4% - 7% tab 10%-12%		Yes
Development has more than 20% PBV/PBRA/PRA *If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	10%-12%	7.0%	
*If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	10%-12%	7.0%	
Affordable Assisted Living *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab All Other Developments	10%-12%	7.0%	
All Other Developments	6% - 8%	7.0%	
· ·	6% - 8%	7.0%	
Operating Reserves (4 months Operating Evnences			Yes
operating reserves (4 months operating Expenses,			
plus 4 months debt service or \$1,500 per unit, whichever is greater)	719,348	1,079,022	Yes
Replacement Reserves (New Construction age-restricted = \$250;	48,000	48,000	Yes
New Construction non age-restricted = \$300; Rehabilitation = \$350;	.5,555	,	
Single Family Units: \$420; Historic Rehabilitation: \$420)			
Is Stabilized Debt Coverage Ratio within bounds?			
Large and Small City	1.15-1.45		Yes
*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		
*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%	55%	Yes
Developer Fee with consultant fee	5,608,835	5,608,835	Yes
*For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost	3,000,033	3,000,033	163
Maximum Deferred Developer Fee as % of Developer fee	80%	<= 58.5%	Yes
Deferred Developer Fee Requirement: greater than \$2,500,000 has to be deferred	3,108,835	3,282,809	Yes
Can the Deferred Developer Fee be repaid in 15 years?	3,282,809	3,282,809	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	3,143,860	3,143,859	Yes
General Requirements	1,347,368	1,347,368	Yes
General Overhead	449,123	449,123	Yes
Builders Profit	1,347,368	1,347,368	Yes
Hard Cost Contingency	1,280,000	1,280,000	Yes
Soft Cost Contingency	41,619	40,000	Yes
Architect Fee Limitation	1,075,200	1,075,200	Yes
Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other ref		1,073,200 N/A	Yes
Basis Boost	11,217,671	11,217,671	Yes
Applicable Fraction (Lower of Sq. Footage or Units)	100.00%	100.00%	Yes

The undersigned hereby acknowledges that:

3.

- 1. This Application form, provided by IHCDA 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 IHCDA 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 IHCDA in respect of the proposed Development and bond issue; and that the IHCDA has no responsibility for ensuring that all or any funding allocated to the Development may be usable or may not later be recaptured;
 - For purposes of reviewing this Application, IHCDA 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 IHCDA for the accuracy of these representations or their compliance with IRC requirements;
- 4. IHCDA 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 IHCDA 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 IHCDA;
- 1. If the IHCDA 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 IHCDA 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 IHCDA, 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 IHCDA 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 IHCDA 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 IHCDA 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 IHCDA 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 IHCDA 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 IHCDA 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 IHCDA of any corrections or changes to the information submitted to the IHCDA 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
TWG Development, LLC
Legal Name of Applicant/Owner
CAIL
Ву:/~//
Printed Name: Libuis A. Knoble
lts: Member

STATE OF MADIA A SS:	
COUNTY OF MARION	
Before me, a Notary Public, in and for said County and State, positive in the Applicant in the foregoing Application of the execution of the foregoing instrument as his (her) voluntary a and belief, that any and all representations contained therein are	(current year) funding, who acknowledged and deed, and stated, to the best of his (her) knowledged
Witness my hand and Notarial Seal this day of	June, 2025.
My Commission Expires: Nov. 14 2029 Notary	Jh T Shut Public
	d Name
Johnson - Comm My Comi	KYLE J GANT Notary Public - Seal in County - State of Indiana ission Number NP0737440 mission Expires Nov 14, 2029