

# Indiana Housing and Community Development Authority

## 2026-2027 9% LIHTC Initial Application

**Date:** 7/28/2025

**Development Name:** Historic Jeff Centre

**Development City:** Lafayette

**Development County:** Tippecanoe

**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

<b>Part 4.1 - Qualified Non Profits</b>		<b>Notes:</b>
Articles of Incorporation	<input checked="" type="checkbox"/>	Place in Tab C.
IRS documentation of §501(c)(3) or 501(c)(4) tax-exempt status	<input checked="" type="checkbox"/>	Place in Tab C.
Nonprofit Questionnaire (Form B)	<input checked="" type="checkbox"/>	Place in Tab C.
W-2 or 1099 for paid, full-time employee listed on Form B	<input checked="" type="checkbox"/>	Place in Tab C.
<b>Part 4.2 - Community Integration</b>		
Community Integration Narrative	<input type="checkbox"/>	Place in Tab A.
Copy of executed MOU(s) with referral provider(s)	<input type="checkbox"/>	Place in Tab A.
Form O2 if requesting Section 811 Project Rental Assistance	<input type="checkbox"/>	Place in Tab A.
		Not Applicable.
<b>Part 4.4 Preservation</b>		
Capital Needs Assessment (Schedule F)	<input checked="" type="checkbox"/>	Place in Tab L.
Third-party documentation from the entity enforcing affordable housing requirements	<input checked="" type="checkbox"/>	Place in Tab L.
Hard cost budget	<input checked="" type="checkbox"/>	Place in Tab L.
		Existing LIHTC (IN-03-00900)
<b>Part 5.1 - Threshold Requirements</b>		
<b>A. Development Feasibility</b>		
Form A - Excel	<input checked="" type="checkbox"/>	Place in Tab A.
Form A - PDF	<input checked="" type="checkbox"/>	Place in Tab A.
Commercial - 15 year proforma	<input checked="" type="checkbox"/>	Place in Tab A.
<b>B. IHCDA Notification</b>		
~ Form C	<input type="checkbox"/>	Submit via:
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application	<input checked="" type="checkbox"/>	
Noncompetitive 4% and bonds: submitted no more than 60 days prior to application	<input checked="" type="checkbox"/>	RHTC@ihcda.in.gov
<b>C. Not-for-Profit Participation</b>		
Signed Resolution from Board of Directors	<input checked="" type="checkbox"/>	Place in Tab C.
<b>D. Market Study</b>		
See QAP Schedule C for requirements.	<input checked="" type="checkbox"/>	Place in Tab N.
<b>G. Capabilities of Management Team</b>		
Resumes of Developer, Co-Developer, and Management Company	<input checked="" type="checkbox"/>	Place in Tab D.
Most recent year-end financial statements, year-to-date balance sheets, and year-to-date income statements from:		
1) The Developer	<input checked="" type="checkbox"/>	Place in Tab D.
2) Any Individual or Entity providing guarantees	<input checked="" type="checkbox"/>	Place in Tab D.
<b>H. Readiness to Proceed</b>		
~ Complete Application - including:		
1) Form A	<input checked="" type="checkbox"/>	Place in Tab A.
2) Narrative Summary of Development	<input checked="" type="checkbox"/>	Place in Tab A.
~ Application Fee (and supplemental fees if applicable)	<input type="checkbox"/>	To be paid online.
~ Evidence of Site Control	<input type="checkbox"/>	Place in Tab E.
See QAP for acceptable forms of evidence.		
~ Development Site Information and Plans	<input type="checkbox"/>	Place in Tab F.
See QAP for specific requirements.		
~ Documentation of all funding sources	<input type="checkbox"/>	Place in Tab G.
LOI from Equity Providers for both Federal and State Tax credits	<input type="checkbox"/>	Place in Tab G.
See QAP for specific requirements.		
~ Documentation of proper zoning	<input type="checkbox"/>	Place in Tab H.
See QAP for specific requirements.		
<b>J. Evidence of Compliance</b>		
~ Affidavit (Form Q) from each Development Team member disclosing:	<input type="checkbox"/>	Place in Tab J.
1) complete interest in and affiliation with Development		
2) outstanding non-compliance issues		
3) any loan defaults		
4) ownership interest in other RHTC-funded Developments		
~ Management Agent Affidavit - See QAP for specifics.	<input type="checkbox"/>	Place in Tab J.
<b>K. Phase I Environmental Assessment</b>		
~ Phase I ESA	<input checked="" type="checkbox"/>	Place in Tab K.
~ An affidavit from the entity completing the Phase I ESA	<input checked="" type="checkbox"/>	Place in Tab K.
~ In case of RECs, narrative of how RECs will be mitigated	<input checked="" type="checkbox"/>	Place in Tab K.
~ Screenshot(s) from IDEM Restricted Sites map	<input checked="" type="checkbox"/>	Place in Tab K.
~ Environmental restrictive covenants	<input checked="" type="checkbox"/>	Place in Tab K.
~ FIRM floodplain map(s)	<input checked="" type="checkbox"/>	Place in Tab K.
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc	<input checked="" type="checkbox"/>	Place in Tab K.

<p>~ If applying for HOME, HTF, PBV, Sec. 811, or CoC from IHCDA: ERR workbook</p> <p><u>L. Development Fund Historic Review</u></p> <p>~ Map from IDNR's IHBBC Public App webpage</p> <p>~ Application Fee (and supplemental fees if applicable)</p>	<input type="checkbox"/> Place in Tab K. <input checked="" type="checkbox"/> Place in Tab K. <input type="checkbox"/> Place in Tab K.	No RECs on Phase 1. No environmental restrictive covenants. No additional HOME/Development Fund application fees applicable.
<p><u>O. Commercial Areas</u></p> <p>~ Site plan showing Commercial Space</p> <p>~ Timeline for construction</p>	<input checked="" type="checkbox"/> Place in Tab F. <input checked="" type="checkbox"/> Place in Tab F.	
<p><u>P. Appraisal</u></p> <p>~ Fair Market Appraisal</p> <p>See QAP for specific requirements.</p>	<input checked="" type="checkbox"/> Place in Tab L.	
<p><u>Q. Acquisition</u></p> <p>~ Fulfillment of or Exemption from 10-year placed-in-service rule</p> <p>A chain of title report, OR</p> <p>Tax opinion, OR</p> <p>A letter from the appropriate federal official</p> <p>~ Disclosure of Related Parties and Proceeds from the sale</p> <p>1) Attorney opinion</p> <p>2) Completed Related Party Form</p>	<input checked="" type="checkbox"/> Place in Tab L. <input checked="" type="checkbox"/> Place in Tab L. <input checked="" type="checkbox"/> Place in Tab L. <input checked="" type="checkbox"/> Place in Tab L.	Related party legal opinion provided.
<p><u>R. Capital Needs Assessment/Structural Conditions Report</u></p> <p>~ Detailed rehabilitation budget</p> <p>~ Capital Needs Assessment or Structural Conditions Report</p>	<input checked="" type="checkbox"/> Place in Tab K. <input checked="" type="checkbox"/> Place in Tab K.	Documents in Tab L, per QAP.
<p><u>S. Tenant Displacement &amp; Relocation Plan</u></p>	<input checked="" type="checkbox"/> Place in Tab L.	
<p><u>T. IRS Form 8821 - for each Owner/GP - if requested</u></p>	<input type="checkbox"/> Place in Tab A.	Not applicable.
<p><u>U. Threshold Requirements for Supportive Housing</u></p> <p>~ Letter from CSH certifying completion of all requirements for the Indiana Supportive Housing Institute</p> <p>~ Memorandum of Understanding with CSH for technical assistance</p> <p>~ MOU with each applicable supportive service provider</p> <p>~ Documentation of subsidy source commitments and narratives</p> <p>~ Form O1 or O2 for vouchers, if applicable</p>	<input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O.	Not applicable.
<b>Part 5.2 - Underwriting Guidelines</b>		
<p><u>J. Taxes and Insurance</u></p> <p>Documentation of estimated property taxes and insurance</p>	<input checked="" type="checkbox"/> Place in Tab M.	
<p><u>K. Federal Grants and Subsidies</u></p> <p>Any additional information</p>	<input checked="" type="checkbox"/> Place in Tab G.	
<p><u>L. Basis Boost</u></p> <p>Narrative (or documentation for Declared Disaster Area)</p>	<input checked="" type="checkbox"/> Place in Tab A.	
<b>Part 5.3 - User Eligibility and Limitations</b>		
<p><u>B. Developer Fee Limitation</u></p> <p>Developer Fee Statement</p> <p>Non Profit Board Resolution</p>	<input checked="" type="checkbox"/> Place in Tab M. <input checked="" type="checkbox"/> Place in Tab M.	
<p><u>D. Architect Competitive Negotiation Procedure, if used</u></p>	<input type="checkbox"/> Place in Tab M.	Not applicable.
<p><u>H. Related Party Fees - Form N</u></p>	<input checked="" type="checkbox"/> Place in Tab J.	
<p><u>I. Davis Bacon Wages</u></p> <p>General Contractor Affidavit</p>	<input type="checkbox"/> Place in Tab J.	Not applicable.
<b>Part 6.2 - Development Characteristics</b>		
<p><u>E. Preservation of Existing Rental Housing</u></p> <p>Relevant proof of Preservation - See QAP for specific requirements</p>	<input checked="" type="checkbox"/> Place in Tab P.	
<p><u>F. Infill New Construction</u></p> <p>Aerial photos of the proposed site</p> <p>Documentation if qualifying adjacent site is an established park or green space</p> <p>Architect or engineer certification that the site has or can connect to existing utilities</p>	<input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P.	Not applicable. (Preservation pts)
<p><u>G. Development is Historic in Nature</u></p> <p>Relevant proof of historic documentation - See QAP for specific requirements</p> <p>The preliminary acceptance of the Part 2 historic tax credit application</p>	<input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P.	
<p><u>H. Foreclosed and Condemned Properties</u></p> <p>Copy of foreclosure documents</p> <p>Copy of condemnation documents from appropriate authority</p>	<input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P.	Not applicable.
<p><u>I. Community Revitalization Plan</u></p> <p>Documentation of development and adoption of plan</p> <p>Copy of entire plan</p> <p>Map of targeted area with project location marked</p>	<input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P.	

Narrative listing location and page number of required items		<input checked="" type="checkbox"/> Place in Tab P.	
<b>K. Internet Access</b>	Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated	<input checked="" type="checkbox"/> Place in Tab T. <input type="checkbox"/> Place in Tab T.	
<b>Part 6.3 - Sustainable Development Characteristics</b>			
<b>A. Building Certification</b>	Affidavit from Green Professional	<input checked="" type="checkbox"/> Place in Tab J.	
<b>C. Desirable Sites</b>	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 produce points	<input checked="" type="checkbox"/> Place in Tab Q.	Narrative provided on where to find pages within in the market study, per the QAP.
<b>Part 6.4 - Financing &amp; Market</b>			
<b>A. Leveraging Capital Resources</b>	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	<input checked="" type="checkbox"/> Place in Tab B. <input checked="" type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. <input checked="" type="checkbox"/> Place in Tab B.	
<b>B. Non-IHCDA Rental Assistance</b>	Commitment or conditional commitment letter from the funding agency	<input checked="" type="checkbox"/> Place in Tab B.	
<b>F. Lease-Purchase</b>	Detailed plan for the lease-purchase program Executed agreement with nonprofit that will implement the lease-purchase program	<input type="checkbox"/> Place in Tab R. <input type="checkbox"/> Place in Tab R.	Not applicable.
<b>G. Leveraging the READI Program</b>	Commitment letter from IEDC or participating region	<input checked="" type="checkbox"/> Place in Tab B.	
<b>Part 6.5 - Other</b>			
<b>A. Certified Tax Credit Compliance Specialist</b>	Copies of Certification(s)	<input checked="" type="checkbox"/> Place in Tab S.	
<b>B. Unique Features</b>	Unique Features Form R	<input checked="" type="checkbox"/> Place in Tab A.	
<b>D. Resident Service Coordinator for Supportive Housing (ISH only)</b>	If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator	<input type="checkbox"/> Place in Tab T.	Not applicable.
<b>E. Integrated Supportive Housing for Persons Experiencing Homelessness</b>	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	<input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O.	Not applicable.
<b>F. Eviction Prevention Plan</b>	Affidavit from the Management Agent	<input checked="" type="checkbox"/> Place in Tab J.	
<b>G. Low-Barrier Tenant Screening</b>	Affidavit from the Management Agent	<input checked="" type="checkbox"/> Place in Tab J.	
<b>I. Developments from Previous Institutes</b>	Letter from CSH	<input type="checkbox"/> Place in Tab O.	Prior CSH Institute - not applicable

Evaluation Factors	Self Score	IHCDA Use	Notes/Issues			
<b>A. Rent Restrictions (up to 16 points)</b> [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 <b>(4 points)</b>			23	30	74	31.08%
2. At least 20% at 30% AMI, 33% of total at or below 50% AMI <b>(8 points)</b>				40		#DIV/0!
3. At least 20% at 30% AMI, 40% of total or below 50% AMI <b>(12 points)</b>			22	50	74	29.73%
4. At least 20% at 30% AMI, 50% of total or below 50% AMI <b>(16 points)</b>			29	60	74	39.19%
	16			>60		#DIV/0!
<b>B. Income Restrictions (3 points)</b> [Not Applicable for Competitive Bonds/AWHTC]						
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A		3				
<b>Document Required:</b> ~ Completed Form A						
<b>C. Additional Years of Affordability (4 points)</b>						
35-year Extended Use Period (2 points)						
40-year Extended Use Period (4 points)		4				
<b>Document Required:</b> ~ Completed Form A						
<b>Subtotal (23 possible points)</b>	23.00	0.00				

<b>Part 6.2 - Development Characteristics</b>						
<b>A. Development Amenities (up to 6 points)</b>						
1. 10 amenities in Chart 1 - QAP p. 54 (2 points) - Minimum of two amenities required in each of the three sub-columns A, B, & C in the first chart.	2.00					
2. 5 amenities in Chart 2 - QAP p. 55 (2 points) - Minimum of two amenities required in each of the two sub-categories A and B in the second chart.	2.00					
3. 3 amenities in Chart 3 - QAP p. 55 (2 points) - Minimum of one amenity required in each of the two sub-categories A and B in the third chart.	2.00					
<b>B. Accessible/Adaptable Units (up to 5 points)</b>						
1. 7.0 - 7.9% 2. 8.0 - 9.9% 3. 10.0 - 10.9% 4. 11.0 - 12.9% 5. 13.0 - 14.9% 7. 15.0 - 99.9% 8. 100%	5.00		Family Rehab or Adaptive Reuse	Family New Construction OR Age-Restricted Adapt. Reuse w/o elevator	Age-Restricted Rehab	Age-Restricted New Construction or Adapt. Reuse w/ elevator
1 point			--	--	--	--
3 points			1 point	--	--	--
5 points			1 point	--	--	--
5 points			3 points	1 point	--	--
5 points			3 points	3 points	--	--
5 points			5 points	5 points	5 points	--
5 points			5 points	5 points	5 points	5 points
<b>C. Universal Design Features (up to 5 points)</b>						
1. 8 or more universal design features from <b>each</b> Universal Design Column. (3 points) 2. 9 or more universal design features from <b>each</b> Universal Design Column. (4 points) 3. 10 or more universal design features from <b>each</b> Universal Design Column. (5 points)	5.00					
<b>Document Required:</b> ~ Completed Form A						
<b>D. Vacant Structure (6 points)</b>						
<b>Document Required:</b> ~ Completed Form A						
<b>E. Preservation of Existing Rental Housing (up to 6 points)</b>						
1. RHTC development with compliance period OR extended use period that has expired/will expire in the current year. (6 points) 2. Previously HUD - or USDA-funded affordable housing. (6 points) 3. Preservation of any other affordable housing development. (4 points) 4. Preservation of existing market rate housing that will be converted to affordable housing through the LIHTC program (4 points)	6.00					
<b>See QAP for required documentation.</b> Place in Tab P.						
<b>Bonus Point:</b> Number of Units Preserved (4% Application) (up to 3 pts.)						
a. 100 - 124 units: 1 point b. 125 - 149 units: 2 points c. 150+ units: 3 points	1.00			74 units of 9% applications are being preserved and receives 1 pt.		
<b>F. Infill New Construction (6 points)</b>						
<b>See QAP for required documentation.</b> Place in Tab P.						
<b>G. 1. Development is Historic in Nature (up to 2 points)</b>						
~ 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)	2.00					
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)						
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)						
<b>See QAP for required documentation. Place in Tab P.</b>						
<b>G. 2. Development Utilizes Federal or State historic tax credits and has received preliminary Part 2 acceptance. (1 point)</b>	1.00					

<b>H. Foreclosed and Condemned Properties</b> (3 points)			
See QAP for required documentation. Place in Tab P.			
<b>I. Internet Access</b> (up to 4 points)			
Free high-speed service is provided, or (3 points) Internet is included in project's utility allowance (3 points)	3.00		
Either of the above, and (1 point) Free Wi-Fi access is provided in common areas (1 point)	1.00		
<b>Required Documentation:</b> ~ Form A; Operating Budget must include line item for internet expenses See QAP for required documentation. Place in Tab T.			
<b>J. Lease-Purchase</b> (2 points)			
See QAP for qualifications and required documentation. Place in Tab R.			
<b>K. Building Certification</b> (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) ~ Silver Rating National Green Building Standard™ (2 points) ~ Enterprise Green Communities (2 points) ~ Passive House (2 points) ~ Equivalent 2-point certification (2 points)	2.00		
<b>Required Documentation:</b> ~ Completed Form A			
<b>L. Onsite Recycling</b> (1 point)			
~ offering onsite recycling at no cost to residents	1.00		
<b>Required Documentation:</b> ~ Completed Form A			
<b>Subtotal (52 possible points)</b>	33.00	0.00	

Form A, Tab 5, Scoring-Dev Character (p5) has a has a printing error and not printing the Section L or the subtotal. This PDF has been provided to show the Applicant's self scoring.

<b>Part 6.3 - Market Characteristics</b>			
<b>A. Desirable Sites</b>	<b>(up to 6 Points)</b>		
a) Access to Fresh Produce	<b>(2 points)</b>	2.00	
b) Proximity to Positive Land Uses	<b>(2 points)</b>	2.00	
c) Transit Access	<b>(2 points)</b>	2.00	
d) Undesirable Sites	<b>(1 point deduction per site)</b>		
<b>B. Areas Underserved by the 9% Program</b> <b>(up to 6 points)</b> <b>(Not Applicable for 4%)</b>			
No 9% allocation in LUG within the last 5 years	<b>(1 point)</b>		
No 9% allocation in LUG within the last 10 years	<b>(2 points)</b>		
No 9% allocation in LUG within the last 15 years	<b>(3 points)</b>		
No 9% allocation in county within the last 5 years	<b>(1 point)</b>		
No 9% allocation in county within the last 10 years	<b>(2 points)</b>		
No 9% allocation in county within the last 15 years	<b>(3 points)</b>		
<b>C. Census Tract without Active Tax Credit Properties</b>	<b>(up to 3 points)</b>		
1) Census Tract without same type RHTC development	<b>(3 points)</b>	1.50	
2) Only one RHTC development of same type	<b>(1.5 points)</b>		
<b>Required Document:</b>			
~ Completed Form A			
<b>D. Opportunity Index</b>	<b>(up to 4 points)</b>		
High Income	<b>(1 point)</b>	0.00	
Low Poverty	<b>(1 point)</b>	0.00	
Low Unemployment Rate	<b>(1 point)</b>	1.00	
Access to Primary Care	<b>(1 point)</b>	1.00	
R/ECAP	<b>(1 point deduction)</b>		
<b>E. Housing Need Index</b>	<b>(up to 8 points)</b>		
1. Located in a county experiencing population growth	<b>(1 point)</b>	1.00	
2. Located in a city or town in which 44% or more of renter households are considered rent burdened	<b>(1 point)</b>	1.00	
3. Located in a city or town in which 25% or more of renter households are considered to have at least one severe housing problem	<b>(1 point)</b>	0.00	
4. Located in a city or town in which 25% or more of renter households are at or below 30% of AMI	<b>(1 point)</b>	0.00	
5. Located in a county in which the ratio of RHTC units to renter households below 80% AMI is below state ratio	<b>(1 point)</b>	0.00	
6. Located in a county in which the highest number of units were built before 1940	<b>(1 point)</b>	0.00	

built before 1940	(1 point)	0.00		
7. Located in a county in which the percent of "vacant and available units" is below the state average	(1 point)	0.00		
8. Located in a county designated as an Age-Restricted Rental Housing Desert	(1 point)	0.00		
<b>F. 10-Year Projected Job Growth (up to 5 points)</b>				
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) 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)	4.00			
<b>G. Five-Year Actual Job Growth % by County (up to 5 points)</b>				
a. 10.00%+ (5 points) 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) f. 5.00-5.99% (2.5 points) 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)	3.50			
<b>H. Ratio of New Jobs to Housing Permits (up to 3 points)</b>				
Net jobs added per permit issued: a. 20+ (3 points) b. 15-19 (2.5 points) c. 10-14 (2 points) d. 5-9 (1.5 points) e. 2-4 (1 points)	1.00			
<b>I. Community Revitalization Plan for Dev. in QCT (up to 2 points)</b>				
Required Document: ~ Completed Form A	2.00			
~ See QAP for required documentation. Place in Tab P.				
<b>Subtotal (42 possible points)</b>	22.00	0.00		

Form A, Tab 5, Scoring-Sustainable Dev (p6) has a has a printing error and not printing the page. This PDF has been provided to show the Applicant's self scoring.

<b>Part 6.4 - Financing</b>				
<b>A. Leveraging Capital Resources</b> (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			
5. 7.00 to 8.49% (3 points)				
6. 8.50 to 9.99% (3.5 points)				
7. 10% or greater (4 points)				
See QAP for required documentation. Place in Tab B.				
<b>B. Leveraging the READI Program</b> (up to 4 points)				
1) Applicant does not request additional IHCDAs gap resources (2 points)	2.00			
2) Applicant requests a basis boost of no more than 20% (2 points)	2.00			
Required Document:				
~ Completed Form A				
<b>C. Non-IHCDAs Rental Assistance</b> (up to 2 points)		1.00		
Required Documentation:				
~ See QAP. Place in Tab B.				
<b>D. Tax Credit/Bond Volume Per Unit</b> (up to 4 points) <b>(Not applicable for Noncompetitive 4%)</b>				
80th Percentile (4 points)				
60th Percentile (3 points)				
40th Percentile (2 points)				
20th Percentile (1 point)				
Below 20th Percentile (0 points)	4.00			
<b>Subtotal (14 possible points)</b>	13.00	0.00		

Form A, Tab 7, Fin and Marketing (p7) has a has a printing error and not printing the page. This PDF has been provided to show the Applicant's self scoring.

<b>Part 6.5. Other</b>			
A. Certified Tax Credit Compliance Specialist	(up to 3 points)		
1. Management	(Max 2 points)	2.00	
2. Owner	(Max 1 point)	1.00	
<b>Required Document:</b>			
~ Completed Form A, Section M			
~ Copies of certifications. <b>Place in Tab S.</b>			
B. Unique Features	(up to 3 points)	3.00	
<b>Required Document:</b>			
~ Unique Features Form R. <b>Place in Tab A.</b>			
C. Resident Services	(up to 5 points)	5.00	
<b>Required Document:</b>			
~ Completed Form A. See QAP for required documentation. <b>Place in Tab T.</b>			
D. Resident Service Coordinator (Supportive Housing )	(2 points)		n/a
~ Completed Form A. See QAP for required documentation. <b>Place in Tab T.</b>			
E. Integrated Supportive Housing	(3 points)		n/a
~ Non-Institute Integrated Supportive Housing with previous experience			
See QAP for required documentation. <b>Place in Tab O</b>			
F. Developments from Previous Institutes	(Max 3 points)		n/a
<b>Required Documents:</b>			
~ Letter from CSH. <b>Place in Tab O.</b>			
G. Eviction Prevention Plan	(up to 2 points)	2.00	
<b>Required Documents:</b>			
~ Completed Form A			
~ Management Company affidavit acknowledging commitment. <b>Place in Tab J.</b>			
~ Eviction Prevention Plan drafted and submitted prior to lease-up.			
H. Low-Barrier Tenant Screening	(up to 4 points)		
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, <u>or</u>	(1 point)		
3b. Plan does not screen for evictions older than 6 months	(2 points)	2.00	
<b>Required Documents:</b>			
~ Completed Form A			
~ Management Company affidavit acknowledging commitment <b>Place in Tab J.</b>			
~ Tenant Selection Plan drafted and submitted prior to lease-up			
I. Readiness to Proceed	(up to 5 points)		
ESA does not identify any RECS	(1 point)	1.00	
Phase II ESA completed and submitted	(1 point)		
Uncommitted sources $\leq$ 10% of total sources, <u>or</u>	(1 point)	2.00	
Uncommitted sources $<$ 5% of total sources	(2 points)		
HUD PCNA is final version	(1 point)	1.00	
Commits to closing within 6 months of approval	(1 point)	1.00	
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)		
<b>Part 6.6. Bond Experience Scoring (Not Applicable for 9%)</b>			
A. Indiana Bond Experience	(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)		
2. Developer has been issued Form 8609 for at least one 4% LIHTC/bond project placed in service between 5-10 years prior to application due date	(2 points)		
<b>Subtotal (34 possible points)</b>		22.00	0.00

Passed in-service between 3-10 years prior to application due date		16 points	
<b>Subtotal (34 possible points)</b>	22.00	0.00	
<b>Reduction of Points</b>	0.00	0.00	
<b>Subtotal (possible 4 point reduction)</b>	22.00	0.00	
<b>Total Development Score (165 possible points)</b>	113.00	0.00	

Form A, Tab 8, Scoring - Other (p8) has a has a printing error and not printing the page. This PDF has been provided to show the Applicant's self scoring.

Select Financing Type. (Check all that apply.)	Geographic Location Type: MUST select ONE. (Applies to all 4% bond applications)
<input checked="" type="checkbox"/> Rental Housing Tax Credits (RHTC) <input type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> State Affordable and Workforce Housing Tax Credits (AWHTC) <input type="checkbox"/> IHCDA HOME Investment Partnerships (MUST complete HOME Supplement) <input type="checkbox"/> IHCDA Development Fund (MUST complete Development Fund Supplement) <input type="checkbox"/> OTHER: Please list.	<input type="checkbox"/> Small City <input checked="" type="checkbox"/> Large City <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Preservation <input checked="" type="checkbox"/> Qualified Nonprofit <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Community Integration

**A. Development Name and Location**

1. Development Name Historic Jeff Centre  
 Street Address 619 N 9th St

City Lafayette County TIPPECANOE State IN Zip 47904

2. Is the Development located within existing city limits?  Yes  No

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

Date:

3. Census Tract(s) # 18-157-0004.00

a. Qualified Census tract?  Yes  No  
 b. Is Development eligible for adjustment to eligible basis?  Yes  No

Explain why Development qualifies for 30% boost: Project is in a QCT, preservation set-aside, and committing to required rent levels.

4. Is Development located in a Difficult Development Area (DDA)?  Yes  No

5. Congressional District 4 State Senate District 22 State House District 26

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

Political Jurisdiction (name of City or County) City of Lafayette

Chief Executive Officer (name and title) Mayor Tony Roswarski

Street Address 20 North 9th St

City Lafayette State IN Zip 47901

**B. Funding Request**

1. Total annual Federal Tax credit amount requested with this Application \$ 937,019

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

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

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

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

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

Form O1 0.00

Form O2 0.00

*If a Permanent Supportive Housing Development*

7. Total Amount of Housing Trust Fund \$ -

*If a Permanent Supportive Housing Development*

8. Have any prior applications for IHCDA funding been submitted for this Development?  Yes  No

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

*footnotes:* The project is an existing rental housing tax credit project awarded in 2003. BIN IN-03-00900. A 9% LIHTC application was submitted last year and a narrative is provided within Tab D.

### C. Types of Allocation

#### 1. Minimum Set Aside

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

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

#### 2. Type of Allocation

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

#### 3. Type of Project

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

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

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

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

*footnotes:*

**D. Applicant Information**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

1. Is Applicant an IHCDA State Certified CHDO?

If the Applicant intends to apply for CHDO Operating Supplement in conjunction with a RHTC/HOME award, the applicant must submit a completed CHDO Application Workbook. The CHDO Application Workbook can be found on the IHCDA CHDO Program website.

Participating Jurisdiction (non-state) Certified CHDO?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Qualified not-for-profit?

A public housing agency (PHA)?

2. Name of Applicant Organization Lafayette Neighborhood Housing Services, Inc. (LNHS)Contact Person Marie MorseStreet Address 671 North 36th StreetCity Lafayette State IN Zip 47904Phone 765-423-1284 E-mail marie@homesteadCS.org

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

A wholly owned subsidiary of LNHS will own 100% of the General Partner interest.

4. Identity of Not-for-profit

Name of Not-for-profit Lafayette Neighborhood Housing Services, Inc. (LNHS)Contact Person Marie MorseAddress 671 North 36th StreetCity Lafayette State IN Zip 47904Phone 765-423-1284E-mail address marie@homesteadCS.org

Role of Not-for-Profit in Development

Applicant, Owner, and Developer.

5. List the following information for the person or entity who owned the property immediately prior to Applicant or Owner's acquisition.

Name of Organization Historic Jeff Centre, L.P.Contact Person Marie MorseStreet Address 671 North 36th StreetCity Lafayette State IN Zip 479046. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team?  Yes  No

If yes, list type of relationship and percentage of interest.

LNHS beneficially owns 100% of the partnership interests in the current owner, Historic Jeff Centre, L.P.

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

IN-03-00900

E. Owner Information

1. Owner Entity

Legally formed  
 To be formed

Name of Owner Historic Jeff Centre Restoration, L.P.  
Contact Person Marie Morse  
Street Address 671 North 36th Street  
City Lafayette State IN Zip 47904  
Phone 765-423-1284  
E-mail Address Marie@homesteadCS.org  
Federal I.D. No. TBD  
Type of entity:  Limited Partnership  
 Individual(s)  
 Corporation  
 Limited Liability Company  
 Other: \_\_\_\_\_

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

	Name	Role	% Ownership	Email
General Partner (1)	Historic Jeff Centre Restoration GP, LLC	GP	0.01%	marie@homesteadCS.org
Principal	LNHS	Sole Member	100%	marie@homesteadCS.org
Principal				
Principal				
General Partner (2)				
Principal				
Principal				
Principal				
Limited Partner	Old National Bank	Limited Partner	99.99%	BREEN.HAGAN@oldnational.com
Principal				
Principal				

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

1. Marie Morse, Executive Director

Printed Name & Title

  
Signature  
  
Signature

2.

Printed Name & Title

*footnotes:*

--

**F. Development Team Good Standing**

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

a. Ever been convicted of a felony under the federal or state laws of the United States?  Yes  No

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

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

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

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

f. Uncorrected 8823s on any developments?  Yes  No

f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J.

2. Has the applicant or its principals returned, or had rescinded, any IHCDA Funding?  Yes  No  
If Yes, list the dates returned and award numbers of said funds.

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

*footnotes:* [See Owner Affidavit for additional details on the loan default which lead to the bankruptcy filing in 2007.](#)

**G. Development Team Information**

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

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

1. Attorney Gareth Kuhl

Firm Name Kuhl & Grant

Phone 317-423-9900

E-mail Address gkuhl@kuhlgrantlaw.com

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

2. Bond Counsel (if applicable)

(\*Must be an Indiana Firm)

Firm Name

Phone

E-mail Address

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

3. Developer (contact person)

Marie Morse

Firm Name Lafayette Neighborhood Housing Services, Inc.

Phone 765-423-1284

E-mail address marie@homesteadCS.org

Is the Contact Person's affidavit in Tab J?

Yes  No

4. Co-Developer (contact person)

Firm Name

Phone

E-mail address

Is the Contact Person's affidavit in Tab J?

Yes  No

5. Accountant (contact person)

Kenny Dennison

Firm Name Dauby, O'Connor, & Zaleski

Phone 317-819-6173

E-mail address kennedydennison@doz.net

Is the Contact Person's affidavit in Tab J?

Yes  No

*footnotes:*

6. Consultant (contact person) Andrea Kent

Firm Name ALK Development, LLC

Phone 317-447-2904

E-mail address akent@alkdevllc.com

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

7. High Performance Building Consultant (contact person) Travis Dunn

Firm Name TSI Energy Solutions

Phone 800-481-5748

E-mail address tdunn@tsienergysolutions.com

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

8. Management Entity (contact person) Kandace Gleason

Firm Name Stenz Management Company, Inc.

Phone 317-262-4999

E-mail address kgleason@stenzcorp.com

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

9. General Contractor (contact person) William "Beau" Ansty

Firm Name Stenz Construction Corporation

Phone 317-262-4999

E-mail address bansty@stenzcorp.com

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

10. Architect (contact person) Kelly John Good

Firm Name KJG Architecture

Phone 765-497-4598

E-mail address kelly@kjgarchitecture.com

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

11. Identity of Interest

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

Yes  No

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

footnotes: Related party fees are listed on Form N and included within the application.

#### H. Threshold

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

<input type="checkbox"/>	Executed and Recorded Deed
<input type="checkbox"/>	Option - expiration date:
<input checked="" type="checkbox"/>	Purchase Contract - expiration date: <u>12/31/2026</u>
<input type="checkbox"/>	Long Term Lease - expiration date:

2. **Scattered Site Development:** If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)?

Yes  No

3. **Completion Timeline (month/year)**

	Estimated Date
Construction Start Date	<u>5/1/2026</u>
Completion of Construction	<u>5/1/2027</u>
Lease-Up	<u>8/1/2027</u>
Building Placed in Service Date(s)	<u>5/1/2027</u>

4. **Zoning:** Is site properly zoned for your development without the need for an additional variance, based on the initial site plans?

Yes  No

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

Water:	<u>City of Lafayette</u>
Sewer:	<u>City of Lafayette</u>
Electric:	<u>Duke Energy</u>
Gas:	<u>Center Point Energy</u>

6. **Applicable State and Local Requirements & Design Requirements are being met** (see QAP section 5.1.M)

Yes  No

7. **Lead Based Paint:** Are there any buildings in the proposed development constructed prior to 1978?

Yes  No

If yes, Developer acknowledges project complies with the Lead-Based Paint Pre-Renovation Rule ("Lead PRE") and the State of Indiana's Lead-Based Paint Rules

Acknowledged

8. **Acquisition Credit Information**

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

9. **Rehabilitation Credit Information**

- Development satisfies the 20% of basis/\$6000 min. rehab requirement of IRC Section 42(e)(3)(A)(ii).
- Development satisfies the Minimum Rehab costs of the QAP: \$35,000/unit for Rehab and \$50,000/unit for Preservation set-aside
- If requesting Rehabilitation credits based on exceptions like IRC Section 42(e)(3)(B) or IRC Section 42(f)(5)(B)(ii)(II) provide supporting documentation

10. **Relocation Information.** If there is a permanent or temporary relocation of existing tenants, is a displacement and relocation Plan included in Tab L?

Yes  No

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

Acknowledged

12. **Federal Grants:** Is Development utilizing any Federal Grants not structured as a loan if Yes, then please explain how these Federal funds will be treated in eligible basis:

Yes  No

13. **Davis Bacon Wages:** Does Davis Bacon apply to this Development?

Yes  No

Eg. 12 or more HOME-assisted units, 9 or more Project Based Voucher units, 12 or more Section 811 Project Rental Assistance units  
If yes, Developer acknowledges that Davis Bacon wages will be used.

Acknowledged

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

# of Type A/Type B units in Development	Total Units in Development	% of Total Development
12	74	16.2162%

16. Development Meets Accessibility Requirements for Age-Restricted Developments and Housing First set-aside

Yes  No

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

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

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

19. **Broadband Infrastructure:** Developer commits to providing broadband infrastructure in each unit.

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

21. **Affirmative Fair Housing Marketing Plan:** If receiving IHCDA Home or Housing Trust Fund, Developer agrees to create an Affirmative Fair Housing Marketing Plan by initial leaseup.

22. **Developer Acknowledges that Developer will comply with the Closing Requirements, Deadlines, and Fees of Schedule D.**

*footnotes:*

**I. Affordability**

1. Do you commit to income restrictions that match the rent restrictions selected?  Yes  No

**2. Additional Years of Affordability**

Applicant commits to 30 year Extended Use Period  
 Applicant commits to 35 year Extended Use Period  
 Applicant commits to 40 year Extended Use Period

**J. Development Characteristics**

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

a. Chart 1: Common Area: 10

1. Total development amenities available from chart 1, sub-category A: 5  
 2. Total development amenities available from chart 1, sub-category B: 3  
 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: 3  
 2. Total development amenities available from chart 2, sub-category B: 2

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

**2. Adaptable/Accessible**

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

	Non Age-Restricted Developments
Rehab/Adaptive Resue	
New Construction	
	Age-Restricted/Housing First
Rehab/Adaptive Resue (w/ Elevator)	12
Rehab/Adaptive Resue (w/ Elevator) & New Construction	

**3. Universal Design Features**

Applicants will adopt minimum of:  
 Six (6) Universal Design Features  
 Eight (8) Universal Design Features  
 Nine (9) Universal Design Features  
 Ten (10) Universal Design Features



*footnotes:*

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  No

5. Is the proposed development considered Historic in Nature as defined by the QAP?  Yes  No

6. For Developments Preserving Existing Rental Housing, select one:

<input checked="" type="checkbox"/> Existing RHTC Project
<input type="checkbox"/> HUD/USDA Affordable Housing
<input type="checkbox"/> Market rate housing to be converted
<input type="checkbox"/> Other

7. How many units will be preserved? 

74.00	Units Preserved
74.00	Total Units in Development
100.00%	% Preserved

8. Does the Development meet the the following critera for Infill New Construction?  Yes  No

- i. The site is surrounded on at least two sides with adjacent established development.  Yes  No
- ii. The site has or can connect to existing utilities and infrastructure.  Yes  No
- iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community ammenity.  Yes  No

9. Is the Development Historic in Nature?  Yes  No

10. Does the property qualify as one of the following:

<input type="checkbox"/> Foreclosed Upon
<input type="checkbox"/> 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?  Yes  No

12. Internet Access. The Development will provide:

- 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.
- free Wi-Fi access in a common area, such as a clubhouse or community room.

footnotes:

## K. Sustainable Development Characteristics

### 1. Building Certification

- LEED Rating System
- Bronze Rating National Green Building Standard
- LEED Silver Rating
- Silver Rating National Green Building Standard
- Enterprise Green Communities
- Passive House
- Equivalent Certification

### 3. Desirable Sites

Target Area Points	
Access to Fresh Produce	2
Positive Land Uses	2
Transit Access	2
Opportunity Index	2
Undesirable Sites	0
Total Points	8

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. 43-63](#)

*footnotes:*

**L. Financing & Marketing**

## 1. Rental Assistance

a. Will any low-income units receive Project-Based rental assistance?

 Yes  No

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

 Section 8 HAP FmHA 515 Rental Assistance

Other: \_\_\_\_\_

b. Is this a Supportive Housing Project?

 Yes  No

If yes, are you applying for IHCD Project-Based Section 8?

 Yes  No

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

 5 (1) Bedroom  
 (2) Bedrooms  
 (3) Bedrooms  
 (4) Bedrooms

d. For scoring purposes:

1. Are 10% or more units covered by the rental assistance agreement?
2. Are 20% or more units covered by the rental assistance agreement?

 Yes  No  
 Yes  No

For HUD purposes, are more than 25% units receiving Rental Assistance?

 Yes  No

If yes, select the excepted unit category

 Age-Restricted  
 Supportive Housing

e. Number of years in the rental assistance contract

15

Expiration date of contract

15-yr renewal

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

Does not contain any active RHTC projects of the same occupancy type  
Contains one (1) active RHTC project of the same occupancy type  
Contains two (2) or more active RHTC projects of the same occupancy type

 x3.  This Development will be subject to the standard 15-year Compliance Period as part of a Lease-Purchase Program and will offer homeownership opportunities to qualified tenants after compliance period. See IRS Revenue Ruling 95-48 and IHCD Declaration of Extended Rental Housing Commitment.

## 4. Leveraging the READI Program

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

*footnotes:* L1C - The project will be receiving (8) total Project Based Vouchers: (1) efficiency, (5) one-bedroom, and (2) two-bedroom units. There is not a space to represent the efficiency.

**M. Other**

## 1. Certified Tax Credit Specialist:

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification
Marie Morse / LNHS	Applicant/Owner/Developer	C3P	8/21/20
Kandace Gleason / Stenz Mgmt	Mgmt	TaCCs	5/21/20
Kandace Gleason / Stenz Mgmt	Mgmt	C3P	7/17/25

## 2. Resident Services

Number of Resident Services Selected:

Level 1 Services	4
Level 2 Services	3

## 3. Resident Service Coordinator for Supportive Housing

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

## 4. Integrated Supportive Housing

Total Units	Total Supportive Housing Units	Percent of total
74	0	0.00%

5. Development will implement an Eviction Prevention Plan 

## 6. Low-Barrier Tenant Screening

- Plan does not screen for misdemeanors
- Plan does not screen for felonies older than five years
- Plan does not screen for evictions more than 12 months prior to application
- Plan does not screen for evictions more than 6 months prior to application

footnotes:

1. Units and Bedrooms by AMI

List number of units and number of bedrooms for each income category in chart below:								
		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms.	4 Bedrooms.	Total	% of Total
20 % AMI	# Units						0	0.00%
30 % AMI	# Units	4	19				23	31.08%
40% AMI	# Units						0	0.00%
50% AMI	# Units	1	19	2			22	29.73%
60% AMI	# Units	1	22	6			29	39.19%
70% AMI	# Units						0	0.00%
80% AMI	# Units						0	0.00%
Market Rate	# Units						0	0.00%
Development Total	# Units	6	60	8	0	0	74	100.00%
	# Bdrms.	6	60	16	0	0	82	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	66	8		
New Construction				
New Construction - Age Restricted				

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

Yes  No

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

Tax Credit Unit  
 Exempt unit  
 Market Rate Unit

6. Utilities and Rents

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

Utilities	Type of Utility (Gas, Electric, Oil, etc.)	Utilities Paid by:	Enter Allowance Paid by Tenant ONLY				
			0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm
Heating	Electric	Owner	19	22	30		
Air Conditioning	Electric	Owner	5	6	8		
Cooking	Electric	Owner	7	8	10		
Other Electric	Electric	Owner	25	29	40		
Water Heating	Electric	Owner	17	17	18		
Water		Owner					
Sewer		Owner					
Trash		Owner					
Total Utility Allowance for Costs Paid by Tenant			\$ 73.00	\$ 82.00	\$ 106.00	\$ -	\$ -

b. Source of Utility Allowance Calculation

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

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

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

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

	0 BR	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for Tenants at 20% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 30% AMI	\$ 475	\$ 509			
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 402	\$ 427	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 40% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 50% AMI	\$ 792	\$ 849	\$ 1,018		
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 719	\$ 767	\$ 912	\$ -	\$ -
Maximum Allowable Rent for Tenants at 60% AMI	\$ 951	\$ 1,019	\$ 1,222		
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 878	\$ 937	\$ 1,116	\$ -	\$ -
Maximum Allowable Rent for Tenants at 70% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 80% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -

footnotes:

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

	0 BR (SRO w/o kitchen and/or bath)	0 BR (SRO with kitchen and bath)	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for beneficiaries at <b>20% or less of area median income</b>						
MINUS Utility Allowance Paid by Tenants	\$ 73	\$ 73.00	\$ 82	\$ 106	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ (73)	\$ -	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at <b>30% or less of area median income</b>						
MINUS Utility Allowance Paid by Tenants	\$ 73	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ (73)	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at <b>40% or less of area median income</b>						
MINUS Utility Allowance Paid by Tenants	\$ 73	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ (73)	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at <b>50% or less of area median income</b>						
MINUS Utility Allowance Paid by Tenants	\$ 73	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ (73)	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for beneficiaries at <b>60% or less of area median income</b>						
MINUS Utility Allowance Paid by Tenants	\$ 73	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Maximum Allowable Rent for Your Development	\$ (73)	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -

e. Estimated Rents and Rental Income

1. Total Number of Low-Income Units

(20% Rent Maximum)

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

2. Total Number of Low-Income Units

(30% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms						
No	No	Yes	0	Bedrooms	1	1	635	748	\$ 748
No	No	Yes	0	Bedrooms	1	3	635	362	\$ 1,086
No	No	Yes	1	Bedrooms	1	5	773	874	\$ 4,370
No	No	Yes	1	Bedrooms	1	14	773	384	\$ 5,376
			Bedrooms					\$ -	
			Other Income Source						
			Other Income Source						
			Total Monthly Income				\$ -	11,580	
			Annual Income				\$ -	138,960	

*footnotes:* NSF of the unit is based on the average. Rent per unit on the non-HAP units is below max. allowable LIHTC rent. HOME has been awarded, however the unit allocation and rent has not been determined and not listed on this app. Prevailing wage will not be triggered.

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

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

4. Total Number of Low-Income Units  22 (50% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
No	No	Yes	0	Bedrooms	1	1	635	653	\$ 653	
No	No	Yes	1	Bedrooms	1	19	773	696	\$ 13,224	
No	No	Yes	2	Bedrooms	1	2	963	1045	\$ 2,090	
				Bedrooms				\$	-	
				Bedrooms				\$	-	
Other Income Source										
Other Income Source										
Total Monthly Income								\$	15,967	
Annual Income								\$	191,604	

5. Total Number of Low-Income Units  29 (60% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
No	No	Yes	0	Bedrooms	1	1	635	798	\$ 798	
No	No	Yes	1	Bedrooms	1	22	773	851	\$ 18,722	
No	No	Yes	2	Bedrooms	1	6	963	1014	\$ 6,084	
				Bedrooms				\$	-	
				Bedrooms				\$	-	
Other Income Source										
Other Income Source										
Total Monthly Income								\$	25,604	
Annual Income								\$	307,248	

#### 6. Total Number of Low-Income Units

### **(70% Rent Maximum)**

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

#### 7. Total Number of Low-Income Units

### **(80% Rent Maximum)**

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a 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										

8. Total Number of Market Rate Units

1

5. Summary of Estimated Rents and Rental Income

Annual Income (20% Rent Maximum)	\$ -
Annual Income (30% Rent Maximum)	\$ 138,960
Annual Income (40% Rent Maximum)	\$ -
Annual Income (50% Rent Maximum)	\$ 191,604
Annual Income (60% Rent Maximum)	\$ 307,248
Annual Income (70% Rent Maximum)	\$ -
Annual Income (80% Rent Maximum)	\$ -
Annual Income (Market Rate Units)	\$ -
<b>Potential Gross Income</b>	<b>\$ 637,812</b>
Less Vacancy Allowance	<b>7%</b>
	<b>\$ 44,647</b>

**Effective Gross Income** \$ 593,165

Default annual % increase in income over the Compliance Period?

2%

W. Annual Expense Information

(Check one)  Housing OR  Commercial

<u>Administrative</u>		<u>Other Operating</u>	
1. Advertising	<b>2,000</b>	1. Elevator	<b>13,000</b>
2. Management Fee	<b>35,500</b>	2. Fuel (heating & hot water)	<b>-</b>
3. Legal/Partnership	<b>5,000</b>	3. Electricity	<b>30,000</b>
4. Accounting/Audit	<b>10,000</b>	4. Water/Sewer	<b>20,000</b>
5. Compliance Mont.	<b>10,000</b>	5. Gas	<b>-</b>
6. Office Expenses	<b>25,000</b>	6. Trash Removal	<b>5,000</b>
7. Other (specify below)		7. Payroll/Payroll Taxes	<b>100,000</b>
<b>Total Administrative</b>	<b>\$ 87,500</b>	8. Insurance	<b>64,158</b>
		9. Real Estate Taxes*	<b>53,206</b>
<u>Maintenance</u>			
1. Decorating	<b>\$ 7,500</b>	10. Other Tax	<b>-</b>
2. Repairs	<b>\$ 25,000</b>	11. Yrly Replacement Reserves	<b>31,080</b>
3. Exterminating	<b>\$ 5,000</b>	12. Resident Services	<b>-</b>
4. Ground Expense	<b>\$ 10,000</b>	13. Internet Expense	<b>29,640</b>
5. Other (specify below)		14. Other (specify below)	
<b>Total Maintenance</b>	<b>\$ 47,500</b>	<b>Total Other Operating</b>	<b>\$ 346,084</b>
<b>Total Annual Administrative Expenses:</b>	<b>\$ 87,500.0</b>	<b>Per Unit</b>	<b>1182</b>
<b>Total Annual Maintenance Expenses:</b>	<b>\$ 47,500.0</b>	<b>Per Unit</b>	<b>642</b>
<b>Total Annual Other Operating Expenses:</b>	<b>\$ 346,084</b>	<b>Per Unit</b>	<b>4677</b>
<b>TOTAL OPERATING EXPENSES (Admin+Operating+Maint):</b>	<b>\$ 481,084</b>	<b>Per Unit</b>	<b>\$ 6,501</b>
Default annual percentage increase in expenses for the next 15 years?			<u>3%</u>
Default annual percentage increase for replacement reserves for the next 15 years?			<u>3%</u>

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

footnotes:

## 15 Year Operating Cash Flow Projection:

	Housing Commercial	X	Headnotes																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
<b>Income</b>																			
Potential Gross Income	637,812	650,568	663,580	676,851	690,388	704,196	718,280	732,646	747,298	762,244	777,489	793,039	808,900	825,078	841,579	859,111	11,029,949		
Less: Vacancies	(44,647)	(45,540)	(46,451)	(47,380)	(48,327)	(49,294)	(50,280)	(51,285)	(52,311)	(53,357)	(54,424)	(55,513)	(56,623)	(57,755)	(58,911)	(59,096)	(772,096)		
<b>Effective Gross Income</b>	593,165	605,028	617,129	629,472	642,061	654,902	668,000	681,360	694,988	708,887	723,065	737,526	752,277	767,322	782,669	800,785	10,257,852		
<b>Expenses</b>																			
Administrative	87,500	90,125	92,829	95,614	98,482	101,436	104,480	107,614	110,842	114,168	117,593	121,120	124,754	128,497	132,352	136,405	1,627,405		
Maintenance	47,500	48,925	50,393	51,905	53,462	55,066	56,717	58,419	60,172	61,977	63,836	65,751	67,724	69,755	71,848	73,883	78,448		
Operating	346,084	356,467	367,161	378,175	389,521	401,206	413,242	425,640	438,409	451,561	465,108	479,061	493,433	508,236	523,483	543,678	6,436,787		
Other																		-	
Less Tax Abatement																		-	
<b>Total Expenses</b>	481,084	495,517	510,382	525,693	541,464	557,708	574,439	591,673	609,423	627,706	646,537	665,933	685,911	706,488	727,683	8,947,640			
<b>Net Operating Income</b>	112,081	109,512	106,747	103,778	100,597	97,194	93,561	89,688	85,565	81,182	76,528	71,594	66,366	60,834	54,986	1,310,213			
Debt Service - 1st Mort.	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	42,654	639,810	
Debt Service - 2nd Mort.	35,000	35,000	35,000	30,000	30,000	30,000	25,000	25,000	25,000	20,000	20,000	15,000	10,000	5,000	3,500	3,500	3,500	343,500	
Debt Service - 3rd Mort.																		-	
Debt Service - 4th Mort.																		-	
Debt Service - 5th Mort.																		-	
<b>Total Debt Service</b>	77,654	77,654	77,654	72,654	72,654	72,654	67,654	67,654	67,654	62,654	62,654	57,654	52,654	47,654	46,154	46,154	983,310		
<b>Operating Cash Flow</b>	34,427	31,858	29,093	31,124	27,943	24,540	25,907	22,034	17,911	18,528	13,874	13,940	13,712	13,180	8,832	326,903			
<b>Total Combined DCR</b>	1.443340459	1.410	1.374649302	1.428	1.384600504	1.338	1.382931631	1.326	1.264739799	1.296	1.221444006	1.242	1.260418895	1.277	1.191361884	#	1.332451133		
<b>Deferred Dev. Fee Payment</b>	34,427	31,858	15,612															81,897	
<b>Surplus Cash</b>	0	(0)	13,481	31,124	27,943	24,540	25,907	22,034	17,911	18,528	13,874	13,940	13,712	13,180	8,832	245,006			
<b>Cash Flow/Total Expenses</b>	0%	0%	3%	6%	5%	4%	5%	4%	3%	3%	2%	2%	2%	2%	1%	3%			
<b>(not to exceed 10 %)</b>																			
<b>EGI/Total Expenses</b>	1.23	1.22	1.21	1.20	1.19	1.17	1.16	1.15	1.14	1.13	1.12	1.11	1.10	1.09	1.08	1.15			

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

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

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

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name & Telephone Number of Contact Person
1 Construction Loan	6/1/2025	7/21/2025	\$ 6,400,000	Brent Talcott 765-423-7100
2				
3				
4				
5				
Total Amount of Funds			\$ 6,400,000	

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 9% LIHTC Equity	6/1/2025	7/23/2025	\$ 7,963,865	n/a	n/a	n/a	n/a
2 Historic Tax Credit Equity	6/1/2025	7/23/2025	\$ 1,460,238	n/a	n/a	n/a	n/a
3 Permanent Loan	6/1/2025	7/21/2025	\$ 500,000	\$42,654	7.67%	30	15
4 LNHS Low Interest Loan	6/1/2025	7/21/2025	\$ 800,000	\$66,296	3%	30	15
5							
Total Amount of Funds			\$ 10,724,103	\$ 108,950			
Deferred Developer Fee			\$ 81,897				

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 AHP Grant	6/27/2024	12/16/2024	\$ 1,000,000	Mike Recker 317-465-0200
2 READI	6/1/2025	7/15/2025	\$ 200,000	Todd Barton 765-742-4044
3 HOME City of Lafayette	3/11/2025	6/20/2025	\$ 600,000	Valerie Oakley 765-771-1309
4				
Total Amount of Funds			\$ 1,800,000	

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:* The LNHS Low Interest Loan is cash flow contingent and repayment is adjusted on the 15-yr proforma to stay within DSCR guidelines.

**4. Historic Tax Credits**

Have you applied for a Historic Tax Credit?

 Yes  No

If Yes, please list amount

\$ 1,825,480

If Yes, indicate date Part I of application was duly filed:

5/12/25

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	\$ 7,963,865	*From Fed Credit Determination Tab
General Partner Investment from Fed Tax Credits	\$ 100	
Limited Partner Equity Investment from State Tax Credits	\$ -	*From State Credit Determination Tab
General Partner Investment from State Tax Credits	\$ -	
Total Equity Investment	\$ 7,963,965	
Total Permanent Financing	\$ 500,000	
Deferred Developer Fee	\$ 81,897	
Other <b>Historic Equity</b>	\$ 1,460,238	
Other <b>HOME</b>	\$ 600,000	
Other <b>AHP</b>	\$ 1,000,000	
Other <b>READI</b>	\$ 200,000	
Other <b>LNHS Equity</b>	\$ 800,000	
Total Sources of Funds	\$ 12,606,100.00	
Total Uses of Funds	\$ 12,606,100.00	

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

\* Are Load Fees included in Equity Investment?

 Yes  No

If Yes, Load Fees are: \$ \_\_\_\_\_

footnotes:

7. Federal Tax Credit Intermediary Information

a. Actual or Anticipated Name of Intermediary

(e.g. Syndicator, etc.) Old National Bank

Contact Person Breen Hagan

Phone 216-545-8279

Street Address 3601 Green Road

City Cleveland State OH Zip 44122

Email breen.hagan@oldnational.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:                   

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 not 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:*

b. Name of Issuer

Street Address

City  State  Zip

Telephone Number

Email

c. Name of Borrower

Street Address

City  State  Zip

Telephone Number

Email

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

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

d. Does any Development financing have any credit enhancement?  Yes  No  
If yes, list the financing and describe the credit enhancement:

e. Is HUD approval for transfer of physical asset required?  Yes  No  
If yes, provide copy of TPA request to HUD.

f. Is Rural Development approval for transfer of physical asset required?  Yes  No  
If yes, has Rural Development been notified of your RHTC application?  Yes  No

g. Is the Development a federally-assisted low-income housing Development with at least 50% of its units in danger of being removed by a federal agency from the low-income housing market due to eligible prepayment, conversion, or financial difficulty?  Yes  No  
If yes, please provide documentation in Tab P of the application package.

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

*footnotes:*

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

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

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
<b>a. To Purchase Land and Buildings</b>			
1. Land	500,000		
2. Demolition			
3. Existing Structures	1,850,000	1,850,000	
4. Other(s) (Specify below.)			
<b>b. For Site Work</b>			
1. Site Work (not included in Construction Contract)			
2. Other(s) (Specify below.)			
<b>c. For Rehab and New Construction (Construction Contract Costs)</b>			
1. Site Work	154,000		154,000
2. New Building			
3. Rehabilitation**	5,109,170		5,109,170
4. Accessory Building			
5. General Requirements*	315,785		315,785
6. Contractor Overhead*	105,260		105,260
7. Contractor Profit*	315,785		315,785
8. Hard Cost Contingency	1,200,000		1,200,000
<b>d. For Architectural and Engineering Fees</b>			
1. Architect Fee - Design*	265,000		265,000
2. Architect Fee - Supervision*			
3. Consultant or Processing Agent			
4. Engineering Fees	6,000		6,000
5. High Performance Building Consultant	25,000		25,000
6. Other Fees (Specify below.)			
<b>e. Other Owner Costs</b>			
1. Building Permits	20,000		20,000
2. Tap Fees			
3. Soil Borings			
4. Real Estate Attorney	75,000		75,000
5. Developer Legal Fees			
6. Construction Loan - Legal	25,000		25,000
7. Title and Recording	25,000		25,000
8. Cost of Furniture			
9. Accounting	12,000		12,000
10. Surveys	10,000		10,000
11. Other Costs (Specify below.)			
Relocation Expenses	100,000		100,000
<b>SUBTOTAL OF THIS PAGE</b>	<b>10,113,000</b>	<b>1,850,000</b>	<b>7,763,000</b>

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

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

$$\begin{array}{r}
 \$5,109,170.00 \\
 \text{Rehabilitation Costs} \\
 \hline
 - \quad \$671,500.00 \\
 \text{Costs of Furniture,} \\
 \text{Construction of} \\
 \text{Community Center,} \\
 \text{and Common Area} \\
 \text{Amenities**} \\
 \hline
 \end{array}
 \quad / \quad
 \begin{array}{r}
 74 \\
 \text{Total Number} \\
 \text{of Units} \\
 \hline
 \end{array}
 = \quad
 \begin{array}{r}
 59,969 \\
 \text{Rehabilitation} \\
 \text{Costs per Unit} \\
 \hline
 \end{array}$$

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
		10,113,000	1,850,000
<b>SUBTOTAL OF PREVIOUS PAGE</b>			<b>7,763,000</b>
f. For Interim Costs			
1. Construction Insurance	75,000		75,000
2. Construction Period Interest	320,000		230,000
3. Other Capitalized Operating Expenses	24,400		24,400
4. Construction Loan Orig. Fee	65,000		65,000
5. Construction Loan Credit Enhancement			
6. Construction Period Taxes			
7. Fixed Price Contract Guarantee			
g. For Permanent Financing Fees & Expenses			
1. Bond Premium			
2. Credit Report			
3. Permanent Loan Orig. Fee	5,000		
4. Permanent Loan Credit Enhancement			
5. Cost of Iss/Underwriters Discount	20,000		
6. Title and Recording			
7. Counsel's Fee			
8. Other(s) (specify below)			
<b>Predevelopment Loan Fees and Interest</b>	40,000		40,000
h. For Soft Costs			
1. Property Appraisal			
2. Market Study	6,000		6,000
3. Environmental Report	4,000		4,000
4. IHCPA Fees	67,000		
5. Consultant Fees			
6. Guarantee Fees	125,000		125,000
7. Soft Cost Contingency	14,000		14,000
8. Other(s) (specify below)			
I. For Syndication Costs			
1. Organizational (e.g. Partnership)	45,000		
2. Bridge Loan Fees and Expenses			
3. Tax Opinion			
4. Other(s) (specify below)			
j. Developer's Fee			
% Not-for Profit			
% For-Profit	1,470,000		1,470,000
k. For Development Reserves			
1. Rent-up Reserve			
2. Operating Reserve	187,700		
3. Other Capitalized Reserves*	25,000		
*Please explain in footnotes.			
<b>II. Total Project Costs</b>	<b>12,606,100</b>	<b>1,850,000</b>	<b>9,816,400</b>

footnotes:

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
<b>SUBTOTAL OF PREVIOUS PAGE</b>	<b>12,606,100</b>	<b>1,850,000</b>	<b>9,816,400</b>
m. Total Commercial Costs*			
n. Total Dev. Costs less Comm. Costs (l-m)	12,606,100		
o. 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)			1,825,480
		0	1,825,480
p. Eligible Basis (l minus o.5)		1,850,000	7,990,920
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%			1,598,184
r. Adjusted Eligible Basis (p plus q)		1,850,000	9,589,104
s. Applicable Fraction (% of development which is low income) (Select from drop down choices.)	Based on Unit Mix or Sq Ft?		
	Unit Mix	100.00%	100.00%
t. Total Qualified Basis (r multiplied by s)		1,850,000	9,589,104
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)		74,000	863,019
w. Combined 30% and 70% PV Credit	937,019		

\* 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, etc. 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	\$ 12,606,100
b. LESS SYNDICATION COSTS	\$ 45,000
c. TOTAL DEVELOPMENT COSTS (a - b)	\$ 12,561,100
d. LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$ 4,560,238
e. EQUITY GAP (c - d)	\$ 8,000,862
f. EQUITY PRICING (Price per dollar of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties)	\$ 0.85
g. Limited Partner Ownership %	99.99%
h. 10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$ 9,412,779
i. ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10)	\$ 941,278
j. MAXIMUM ALLOWABLE CREDIT AMOUNT	\$ 937,019
k. RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.)	\$ 937,019
l. LIMITED PARTNER INVESTMENT	7,963,865
m. GENERAL PARTNER INVESTMENT	100
n. TOTAL EQUITY INVESTMENT (anticipated for intial app)	\$ 7,963,965
o. DEFERRED DEVELOPER FEE	\$ 81,897
p. Per Unit Info	
1. CREDIT PER UNIT (Including non-program units) (j/Number of Units)	\$ 12,662
2. CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$ 11,427
3. HARD COST PER UNIT	\$ 93,030
4. HARD COST PER BEDROOM	\$ 83,953.84
5. TOTAL DEVELOPMENT COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits)	
Total Number of Units	\$ 145,684

3. Determination of State Tax Credit Reservation Amount

a. Aggregate 10 Year Federal RHTC Amount	\$ <u>9,370,190.00</u>
b. Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%)	\$ <u> </u>
c. Aggregate 5 Year State AWHTC Amount	\$ <u>0.00</u>
State AWHTC per year	\$ <u>0.00</u>
d. State Tax Credit Equity Price	\$ <u> </u>
e. Limited Partner ownership %	\$ <u>99.99%</u>
f. Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%)	<u> </u> -
g. Financial Gap	<u>(0)</u>

	QAP Guidelines	Per Application	Within Limits?	
<b>Underwriting Guidelines:</b>				
Total Operating Expenses (per unit)	5,000	6,501	Yes	
Management Fee (Max Fee 5-7% of "Effective Gross Income")				
1 - 50 units = 7%				
51 - 100 units = 6%	35,590	35,500	Yes	
101 or more units = 5%				
Vacancy Rate				
Development has more than 20% PBV/PBRA/PRA	4% - 7%	7.0%	Yes	
*If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" tab				
Affordable Assisted Living	10%-12%			
*If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab				
All Other Developments	6% - 8%	7.0%		
Operating Reserves (4 months Operating Expenses, plus 4 months debt service or \$1,500 per unit, whichever is greater)	186,246	187,700	Yes	
Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300; Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420)	31,080	31,080	Yes	
Is Stabilized Debt Coverage Ratio within bounds?				
Large and Small City	1.15-1.45			
*If Development is in Large or Small city, check cell M5 or J5 respectively in "Development Info (p 9)" tab				
Rural	1.15-1.50			
*If Development is in Rural, check cell J7 in "Development Info (p 9)" tab				
Developments with PBV	1.10-1.45		Yes	
*If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab				
At least 40% of the total Units in the project must be tax credit.	40%	<=	100%	Yes
Average of tax credit units must not exceed 60% AMI	60%	>=	48%	Yes
<b>User Eligibility and Other Limitations:</b>				
Do Sources Equal Uses?			Yes	
50% test	50%	N/A	Review	
Developer Fee with consultant fee	1,476,138	1,470,000	Yes	
*For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost				
Maximum Deferred Developer Fee as % of Developer fee	80%	<=		
Deferred Developer Fee Requirement: greater than \$2,500,000 has to be deferred				
Can the Deferred Developer Fee be repaid in 15 years?	81,897	81,897	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	736,844	736,830	Yes	
General Requirements	315,790	315,785	Yes	
General Overhead	105,263	105,260	Yes	
Builders Profit	315,790	315,785	Yes	
Hard Cost Contingency	1,200,000	1,200,000	Yes	
Soft Cost Contingency	14,940	14,000	Yes	
Architect Fee Limitation	288,000	265,000	Yes	
Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab)	25,000	69,043	Yes	
Basis Boost	2,397,276	1,598,184	Yes	
Applicable Fraction (Lower of Sq. Footage or Units)	100.00%	100.00%	Yes	

The undersigned hereby acknowledges that :

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;
3. 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;
7. 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 therewith; 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 17 day of July, 2025

Lafayette Neighborhood Housing Services, Inc.

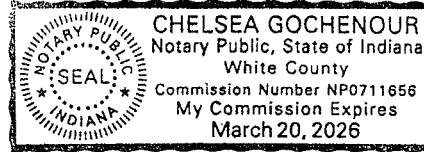
Legal Name of Applicant/Owner

By:

Printed Name: Marie Morse

Its: Executive Director

STATE OF Indiana)  
COUNTY OF Tipton) SS:



Before me, a Notary Public, in and for said County and State, personally appeared, Marie Morse (the Executive Director of Lafayette Neighborhood Housing Services, Inc.), the Applicant in the foregoing Application of 2025 (current year) funding, who acknowledged the execution of the foregoing instrument as his (her) voluntary act and deed, and stated, to the best of his (her) knowledge and belief, that any and all representations contained therein are true.

Witness my hand and Notarial Seal this 17 day of July, 2025.

My Commission Expires:

MARCH 2026

My County of Residence:

White

Chelsea Gochenour  
Notary Public  
Chelsea Gochenour  
Printed Name  
(title)