

### Application Form for Approved Utility Allowance Provider

1. The Indiana Housing and Community Development Authority ("IHCD") requires independent, Indiana-licensed engineers and qualified professionals who will calculate utility allowances for Section 42 low-income housing tax credit developments using the "Qualified Engineer Estimate" option defined in the *LIHTC Compliance Manual* to be approved to complete such an estimate. IHCD maintains an IHCD Approved Utility Allowance Provider List. Project owners seeking an IHCD approved utility allowance provider to conduct a Qualified Engineer Estimate for their project must contract directly with a provider on the approved list to obtain the estimate.
2. To be placed on the approved list, interested persons or firms must submit a complete application package to IHCD. IHCD staff will review the application package and notify the applicants of the results of their review within 30 days of the receipt of the application package. Applications will be reviewed based on the individual's experience, capacity, and knowledge of IHCD and national standards. Applications will be accepted on a rolling basis throughout the calendar year.
3. IHCD reserves the right to remove a provider from the list at any time due to the failure of adhere to IHCD requirements or other actions deemed by IHCD to be harmful to the program or applicants.
4. A complete application package must consist of the following:
  - a. Completed application form.
  - b. A sample Qualified Engineer Estimate utility allowance model for a tax credit development.
  - c. A resume (no more than 5 pages) outlining staff, education, experience, and credentials.
5. Submit complete application packages to [ua@ihcd.in.gov](mailto:ua@ihcd.in.gov)

1. Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Years of experience conducting affordable housing utility allowance estimates: \_\_\_\_\_ Years

3. References:

- a. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- b. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

4. I certify to the best of my knowledge that the information provided is true and complete. I also understand that to remain on IHCD's list of approved utility allowance providers; I must adhere to IHCD's utility allowance requirements as contained in the *LIHTC Compliance Manual*.

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IHCDA USE ONLY - DATE RECEIVED: \_\_\_\_\_