

## Staff Unit Request Form

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

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

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

BIN#: \_\_\_\_\_

1) Has the equity investor been notified of the requested modifications? ☐ Yes ☐ No

a) If no, when do you anticipate notifying the investor? \_\_\_\_\_

b) If yes, do they approve? ☐ Yes ☐ No

c) If investor does not approve, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) Type of Request: (choose one) ☐ Add a manager's unit  
☐ Add a maintenance unit  
☐ Add a security unit  
☐ Add a model unit

3) Will the manager/maintenance staff/security officer be considered full-time? ☐ Yes ☐ No

a) If yes, please provide definition of full-time. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) If requesting a security unit, what will be the security officer's duties?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) What is the reason for the Development modification? **Note:** Supporting documentation must be submitted with the request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Is there currently a manager's, maintenance, security, or model unit on site? ☐ Yes ☐ No

a) If yes, how many and what type? \_\_\_\_\_

b) If yes, in what building(s)? BIN # \_\_\_\_\_

c) If yes, what unit number(s)? \_\_\_\_\_

6) Will the manager's, maintenance, or security unit be considered a Low-Income Tax Credit Unit, a Market Rate Unit, or as an Exempt Unit? (choose one)

☐ Low-Income Tax Credit Unit ☐ Market Rate Unit ☐ Exempt Unit

**Note:** Developments with market rate units will not be allowed to designate tax credit units as manager, maintenance, or security units unless the tenant qualifies under Section 42 guidelines.

7) If requesting a model unit, how will the model unit be utilized in the development? (choose one)

- ☐ Model during rent-up and later as a LIHTC unit rented to a qualified tenant
- ☐ Model during rent-up and throughout entire compliance period
- ☐ Qualified LIHTC unit that becomes vacant and is used as a model temporarily
- ☐ N/A

8) All requests for additional staff units submitted during the project's Compliance Period or Extended Use Period require a \$500 modification fee. I have included a \$500 check payable to IHCD along with the original signed copy of this document. ☐ Yes Check # \_\_\_\_\_

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date of Signature