**Application for Approved Utility Allowance Provider**

1. The Indiana Housing and Community Development Authority requires independent, Indiana licensed engineers and qualified professionals, who will calculate Utility Allowances for Section 42 low-income housing tax credit developments, to be approved to complete the energy consumption estimate. The estimate is to provide the professional’s opinion of the utility allowance (s) for a tax Credit development. Beginning with the 2009 program year, IHCDA will begin compiling an IHCDA Approved Utility Allowance Provider List. This list will be used for Section 42 low-income housing tax credit developments and multifamily bond developments. Tax credit development owners seeking an IHCDA approved utility allowance provider for these programs must contract directly with a provider on the preferred list to obtain the estimate.
2. In order to be placed on the preferred list, interested persons or firms must submit a complete application package at least 30 days prior to the date on which the energy consumption estimate will be submitted to IHCDA. IHCDA staff will review the application package and notify the applicants of the results of their review within 15 days of the receipt of the application package. Applications will be judged by the individual’s experience, capacity, and knowledge of IHCDA and national standards. Applications will be accepted on a rolling basis throughout the calendar year.
3. If placed on the approved provider list, the energy consumption provider will remain on the list for three years. After such time, the provider will need to re-apply to IHCDA to be put back on the list. IHCDA reserves the right to remove a provider from the list at any time due to the failure of adhere to IHCDA energy consumption requirements as outlined in program guidelines or other actions deemed by IHCDA to be harmful to the program or applicants.
4. A complete application package must consist of the following:
   1. Completed application form.
   2. A sample energy consumption model for a proposed rental housing tax credit development.
   3. A resume (no more than 5 pages) outlining staff, education, experience, and credentials.
5. Submit complete application packages to:
   1. **Indiana Housing and Community Development Authority**

**Real Estate Development- Compliance and Asset Management**

**RE: Approved Energy Consumption Provider List**

**30 S. Meridian Street, Suite 1000**

**Indianapolis, IN 46204**

**APPLICATION FORM – Approved Utility Allowance Provider List**

**Indiana Housing and Community Development Authority**

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 IHCDA’s list of approved utility allowance providers; I must adhere to IHCDA’s utility allowance requirements as contained in the program guidelines and agree to remain informed of program updates and IHCDA statewide rental studies.

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

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

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

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