



MULTIFAMILY HOUSING FINANCING APPLICATION



SUBMISSION REQUIREMENTS

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2	Applicant Conflict of Interest Disclosure Form
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4	Applicant Information (proof of legal existence, 501(c)(3), etc.)
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	Accountant Certification for Carryover Allocation (10% test) due within one year of Carryover Allocatior
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	Applicable Fraction/Qualified Basis/Annual Credit (Schedule H) due at request for Issuance of 8609

* MaineHousing requires one copy of an application to be submitted. Materials within the application should be organized using numbered tabs with the corresponding information included.

FEE SCHEDULE

Below is an overview of required MaineHousing Application/LIHTC fees:

A) Site Review and Evaluation

\$500 per application

Due at least 45 days prior to the deadline for Application.

The fee will be applied to the Application fee.

B) Multifamily Application Fee

(Taxable Debt, Tax-Exempt Debt, or Subsidy)

\$1,000 per application

Due at time of application

C) Low Income Housing Tax Credit Fees

Application for LIHTC

(9% Tax Credits Only, due at initial application)

\$250 (up to 10 units)

\$500 (11 to 23 units)

\$1,000 (24 or more units)

Allocation Fee

(9% Tax Credits Only, due at Allocation)

3% of Annual Credit Dollar Amount.

Issuance of IRS Form 8609 Application

(9% Tax Credits Only, due at request for issuance)

\$250 (up to 10 units)

\$500 (11 to 23 units)

\$1,000 (24 or more units)

Monitoring

All projects receiving tax credits

\$400 one time fee per qualified low income unit.

**MAINE STATE HOUSING AUTHORITY
MULTIFAMILY HOUSING FINANCING APPLICATION**

I am aware that this Application must be signed and complete, including required Exhibits and attachments at noted.

To the best of my knowledge, all information contained in this application and its supporting exhibits and attachments is true and correct. I also hereby authorize MaineHousing to evaluate the application in such manner as the Authority deems necessary, including discussing this application with any lender, municipal official, vendor, or other party with an interest in this property or project.

I hereby authorize MaineHousing to verify any bank or other fund balance indicated on any personal or organizational financial exhibit, to investigate credit, employment or business standing of that or any related party, to disclose any aspect of the financial information to any person but only for the purpose of determining the accuracy of the information or otherwise investigate and evaluate the application in such manner as MaineHousing deems necessary.

I certify that neither the owner/applicant, its principals or partners is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in HUD programs.

I also certify that I have read and agree to follow the guidelines set forth in the Temporary Relocation and Permanent Displacement Policy in the Rental Loan Program Guide.

Applicant:

By: _____ Date: _____

Applicant:

By: _____ Date: _____

Name of Corporation (if applicable)

Applications must be signed by all principals (Individual, Partner, general Partner or Corporate representative authorized to bind the company) in the applicant entity.

No application for financing will be accepted or approved by MaineHousing if the applicant, or any entity controlled by the applicant, is more than 60 days delinquent on any loan with MaineHousing, or has been declared in default of such loan, unless either an approved payment or workout plan is in place and in good standing.

**UNSIGNED APPLICATIONS WILL NOT BE
ACCEPTED BY
MAINE STATE HOUSING AUTHORITY**

APPLICANT INFORMATION

Name of Applicant

Taxpayer ID Number or Social Security Number

Contact Person & Title

Mailing Address

Telephone Number

FAX Number

Email Address

Form/Type of Ownership

Existing

Individual

Limited Liability Corp.

Limited Partnersh

To Be Formed

Corporation

Bond For Deed

Partnership

Non-Profit

If applicant is other than individual, please complete:

Name of Principal	Position	% Interest	Address

Identity of Interest:

[explain relationship between partners or principals in the ownership entity, any relationship between the owner and seller, the owner and contractor, the owner and management company, etc.]

Development Team (please complete where applicable)

	Name	Email	Telephone
Project Developer			
Architect			
Attorney			
Accountant			
Tax Professional			
General Contractor			
Construction Lender			
Development Consultant			
Service Provider			
Management Agent			

PROJECT/BUILDING INFORMATION

Name of Project

Address

Municipality

Tax Map, Lot or Census Tract #

County

Chief Elected Official/Title

Mailing Address

Telephone

Nature of Project

Acquisition

Rehab

Adaptive Reuse/Conversion

Acquisition/Rehab

Preservation

New Construction

Age of Building (approx.)

 Years

Structure Type

Number of Units Now

Number of Parking Spaces

Number of Units after Rehab / Constr

Number of Stories

Number of Units Currently Occupied

Number of Stories at Completion

Number of Units to be Low Income

Does this project involve any relocation of tenants, whether temporary or permanent?

Yes No

If yes, please describe the proposed relocation assistance to be provided (note: MaineHousing or the Federal Relocation Policy will need to be followed):

Site Control:

Bond for Deed
 Deed

Purchase & Sale Agreement
 Option Agreement

(Expiration Date)

(Expiration Date)

Date of Purchase

Purchase Price

Is the building owner-occupied?

Yes No

Is any portion of the building include commercial space?

Yes No

Are there any restrictive covenants, easements or conditions attached to the property?

Yes No

If yes, list and attach documents (if available)

PROJECT/BUILDING INFORMATION CONTINUED

Type of Request:

Acquisition/Rehab <input type="checkbox"/>	With Federal subsidies <input type="checkbox"/>
Rehab Only <input type="checkbox"/>	Without Federal subsidies <input type="checkbox"/>
New Construction <input type="checkbox"/>	Acquisition requires 10-year waiver <input type="checkbox"/>

A. Rental Restrictions

All Benefit Pledges will be set forth in a document to be recorded in the local Registry of Deeds.

1) MINIMUM SET-ASIDE

Section 42 requires a MINIMUM SET-ASIDE ELECTION. Select only one of the following

- 20% of the units will be available to and occupied by households at or below 50% of the area median income
- 40% of the units will be available to and occupied by households with incomes at or below 60% of the area median income

2) FEDERAL HOME PROGRAM FUNDING

Will the project attempt to qualify FedHOME funds in eligible basis by electing a minimum targeting of 40% of the units rent restricted and available to households at or below 50% of the area median income?

- Yes No

3) INCOME TARGETING/AFFORDABILITY

Threshold Application Requirements state an Applicant shall agree to keep at least 60% of the total units in a Project occupied by (maximum 50% AMI) and to keep the Credit-eligible units in the Project rent-restricted in accordance with Section 42 of the Code for

- # units income and rent restricted for 0%-50% median income households
- # units income and rent restricted for 51%-60% median income households
- # units income and rent restricted for 61% plus median income households

4) TENANT POPULATION

This will be used when reviewing Selection Criteria A.4. and A.8. for applicants to the 9% LIHTC round.

- Property will be restricted to elderly tenants. 55+ 62+
- Property will be for families.

B. Acquisition of Existing Buildings

Are buildings being acquired from a Related Party [as defined in the Internal Revenue Code] Yes No

How many buildings will be acquired for the project?

How many total units?

Number existing market rentals?

Number existing low income rentals?

Are any of these low-income rental units likely to be converted to non-low income occupancy if the Low Income Housing Tax Credit is not made available? Yes No

If yes, please describe how and why:

Bldg #	Address of Bldg Street #/Map Lot	Date last placed in service	Date of most recent non-qualified sub improvement*	Proposed Acquire Date	# Years between original date placed in service and acq
1					
2					
3					
4					
5					

* Defined at Section 42(d)(2)

C. Tenant Rights

Do the tenants hold any right of first refusal after the close of the extended use period? Yes No

If yes, how is the future purchase price calculated?

D. Resident Service Coordination

Attach a copy of the agreement to provide resident service coordination to the residents of the project and a detailed service plan. The service plan must describe the services offered, the experience and training of the resident service d identify where on the project site the services will be offered tp the residents. Also attach a budget for all services offered and the funding sources(s).

The resident service coordinator will be present on the project site and available to the residents a minimum of ___ days during the week and a minimum of ___ hours during the week

If a source(s) of funding for resident service coordination is the operating budget of the project, please include the cost in the operating budget in Tal of this application. Please describe all other sources of funding for resident service coordination and include commitment(s) of funding in the applica

Will other services be provided to residents? Yes No

If yes, please describe the services and the funding sources for the services. If the funding source covers services and other costs, such as rent, please provide a breakdown of the funding for each of the costs or explain why these costs are not separable.

Include all commitment(s) of service funding the application.

E. Rental Assistance

Will any low-income units receive Rental Assistance? (please attach a copy of the contract or commitment) Yes No

If yes, HOW MANY UNITS of each type:

- Sec 8 New Construction _____
- Sec 8 Mod Rehab _____
- Sec 8 Project Based _____
- Rural Development 515 RA _____
- State Assistance _____
- Other: _____
Number: _____

If Sec 8, what organization is providing the Rental Assistance?

F. Sources of Construction and Permanent Funds

ATTACH copies of all loan commitments along with Sources of Funding Statement (Pg 18, Schedule F)

Indicate whether any portion of the Construction or Permanent financing is provided directly or indirectly from any of the following Federal Funds. Check the type and list the amount of funds:

<u>TYPE</u>	<u>AMOUNT</u>
<input type="checkbox"/> CDBG	
<input type="checkbox"/> Federal HOME	
<input type="checkbox"/> Rural Development 515	
<input type="checkbox"/> Fed Rent Rehab	
<input type="checkbox"/> State Rent Rehab	
<input type="checkbox"/> Tax-exempt bond financing	
<input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	

G. Project Need and Viability

Project Need

Provide information on Need and Demand for the type of housing proposed, including an evaluation of the anticipated impact on similar housing opportunities available, under construction or planned in the area. A market study is required at the time of application.

**If seeking additional consideration in the competitive selection process for serving special needs populations, attach a narrative description and evidence of availability of support services.

H. Applicant Information

Attach organizational documents and evidence of legal existence for the owner of the project, if formed, and the organizational documents and evidence of existence for the general partner(s), if the owner is a limited partnership, and the manager(s)/managing member(s), if the owner is a limited liability company. Organizational documents for the owner of the project should include the initial limited partnership agreement or operating agreement, as applicable, and certificate of limited partnership or articles of organization, as applicable. The organizational documents for the general partner(s) or member(s)/manager(s) of the owner will depend on the type of entity – articles of incorporation and by-laws for corporations or articles of organization and operating agreement for limited liability companies.

To qualify for the non-profit participation selection criteria, the application must also include additional information described in Section 7.D.3. of the Qualified Allocation Plan.

I. Attach resume of all partners and each member of the Development Team

J. Set- Asides. Check one or more of the following set-asides in which you wish to participate.

Non-Profit Set-aside.

Attach the following for the qualified nonprofit organization(s):

- 1) Organizational documents, including articles of incorporation and bylaws
- 2) Current 501(c)(3) determination letter from the Internal Revenue Service
- 3) Evidence that one of the exempt purposes of the qualified nonprofit organization is the fostering of low-income housing
- 4) Evidence that the qualified nonprofit organization is not affiliated with or controlled by a for profit organization
- 5) Evidence that the qualified nonprofit organization will own an interest in the project and materially participate in the development and operation of the project during the tax credit compliance period

If the qualified nonprofit organization is not the general partner or member/manager of the owner of the project, the general partner(s) or managing member(s)/manager(s) of the owner of the project must be a qualified corporation. The Applicant shall include all of the above information for the qualified nonprofit organization and, in addition, shall attach evidence that the qualified nonprofit organization(s) own 100% of the stock of the general partner(s) or managing member(s)/manager(s) of the owner of the project and Items 1, 3, 4 and 5 for the general partner(s) or managing member(s)/manager(s) of the owner of the project.

RD Set-aside. Attach the Rural Development financing documents for the project.

Housing for Persons who are Homeless Set-aside. Attach evidence that the project contains separate living units, including both cooking and bathroom facilities, and that a minimum of 75% of the units are set aside for persons who are homeless. Also attach a detailed service plan specific to the needs of the population served by the project, a commitment by one or more qualified service providers to provide the services described in the plan and evidence of funding for the services.

TCAP Set-aside. Attach a copy of the Notice of Award under the 2009 Tax Credit Assistance Program Selection Process and Criteria.

K. Compliance with State Growth Management Law (30-A M.R.S.A. § 4349-A)

Project will be located in a locally designated growth area as identified in either a comprehensive plan or growth management plan that is consistent with state requirements.

Applicants must submit a letter from the municipality conforming the existence of a comprehensive plan or growth management plan consistent with state law, verifying the location of the project in designated growth areas identified in the and attaching the relevant portions of the plan as backup.

If the municipality does **not** have a comprehensive plan or growth management plan consistent with state law, then identify in which of the following three areas the project will be located:

Project will be located in an area by public sewer system with existing capacity for the project. Applicants must submit a letter from the municipal sewer district stating the area is currently served.

OR

Project will be located in an area identified as a census-designated place in the latest Federal Decennial Census. Please submit evidence in support of the designation.

OR

Project will be located in a compact area of an urban compact municipality as defined under M.R.S.A. § 754. Applicants must submit a letter from the municipality conforming the location of the project in a compact area.

L. Section 8 Waiting List

Attach a letter of evidence that preference will be given to eligible persons whose names appear on a public housing or Section 8 waiting list in renting the units in the project.

M. Financial Statements

No financial statements are required as part of the initial application submission. However, MaineHousing reserves the right to require financial statements of the owner and any of its principals and affiliates as MaineHousing determines is necessary, in its sole discretion, with respect to a successful application. Refusal to provide a requested financial statement(s) will result in a withdrawal of the application.

I. Certification

State of Maine)
)
County of _____)

_____, being duly sworn, deposes and says:

- 1) That he/she is a duly authorized partner or officer of _____
_____ (Applicant), with full authority to make application on behalf of applicant;
- 2) That he/she acknowledges the full and complete responsibility of Applicant to know and understand the provisions of MaineHousing's 2010 and 2011 Qualified Allocation Plan (QAP) and Section 42 of the Internal Revenue Code of 1986, as amended (the Code);
- 3) That the statements, representations and information provided in this Application are true and correct and present a complete and accurate disclosure of all facts relevant and necessary to determine the eligibility of the Application for an allocation of low-income housing tax credits pursuant to the QAP and Section 42 of the Code.

Signature: _____

Subscribed and sworn to before me this _____ day of _____, 200_____.

Printed Name:
Notary Public/Attorney at Law

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To ensure that we maintain the continued confidence of Maine people and our partners in carrying out our mission of providing affordable housing, our employees and commissioners and former employees and commissioners must avoid situations which are, or appear to be, at odds with their responsibility to MaineHousing. These situations can include obligations or commitments to other organizations or individuals or personal or financial relationships or interests.

Maine law and, when federal funding is involved, federal regulations govern conflicts of interest. In general, these laws prohibit MaineHousing employees and commissioners from working on transactions with applicants with whom they have financial, business, professional, or personal relationships or other ties. In addition, these laws prohibit former MaineHousing employees and commissioners from working on certain transactions for up to two years after leaving MaineHousing.

To help ensure the continuing integrity of MaineHousing's business and compliance with these laws, applicants for loans or certain other assistance under MaineHousing's programs must disclose any financial, business, professional, civic, charitable, family (or other personal) relationships, associations or connections that the applicant, its affiliates, employees of applicant who may work on the MaineHousing project, or any parties the applicant intends to hire to work on the MaineHousing project (whether employees, contractors or consultants) may currently have with MaineHousing or any MaineHousing employee or commissioner or may have had within the past two years. An applicant and its affiliates include:

- if the applicant is one or more individuals, all individuals;
- if the applicant is a business or nonprofit entity, that entity;
- the officers and board members of the applicant;
- employees of the applicant with decision-making authority, including an executive director, manager or someone in a similar position;
- if the applicant is a business corporation, any shareholder with a controlling interest;
- if the applicant is a partnership, the applicant's partners;
- any other business partner or associate of the applicant involved in this MaineHousing project;
- if the applicant is a limited liability company, the members and managers;
- a family member (including husband, wife, child, brother, sister) or other person in a personal relationship;

If you are unsure whether a relationship, association, or connection you have may constitute a conflict of interest, please consult with MaineHousing's Manager of Internal Audit.

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To the best of your knowledge:

1. Are you, any of your affiliates, or any party you intend to hire to work on the project a party to (or financially interested in) any business owned or operated by a MaineHousing commissioner or employee either as an individual or through an interest in a corporation, partnership, limited liability company, or other entity?

(please circle) YES NO

2. Do you, any of your affiliates, or any party you intend to hire to work on the project have family relations or other personal associations with any MaineHousing employee or MaineHousing commissioner?

(please circle) YES NO

3. Do you or any party you intend to hire to work on the project have any employee who was once an employee or commissioner of MaineHousing?

(please circle) YES NO

4. Do you, any of your affiliates, or any party you intend to hire to work on the project have any other type of relationship either with a MaineHousing employee or MaineHousing commissioner that may be construed to be a conflict of interest?

(please circle) YES NO

PLEASE NOTE: If you answered yes to any of the above questions, please describe below (or on back).

Name of Applicant: _____

Signed: _____

Date: _____

Printed Name: _____

Title: _____

Self-scoring Form

This form summarizes the scoring criteria in the QAP and does not in any way modify or replace the criteria in the QAP. See the QAP for the full text of the criteria and the requirements in determining eligibility for the points under the scoring criteria.

Scoring Criteria	Points Available	Self-score	Explanation of eligibility for points with reference to supporting information by Tab # and/or exhibit in the Application
7.A.1 Rehabilitation of existing multi-family rental housing or other building(s) or use of previously developed site	3		
7.A.2.a. On-site community room or adjacent available community room	1		
7.A.2.b. Computers in common area for tenant use	1		
7.A.2.c. Internet service infrastructure in units and free internet service for tenants	1		
7.A.2.d. On-site accessible laundry facilities	1		
7.A.2.e. Free areas of activity on-site or within 1/2 mile	1		
7.A.3 20% preference for persons with special needs, waiting list and supportive services	2		
7.A.4 Family project - 30% low income units are 2-bedroom plus additional 20% units are 3-bedroom	6		
7.A.5 Tenant ownership after 90-year extended use period	1		
7.A.6. All municipal approvals and expiration of appeal period with no appeal	4		
7.A.7 Higher level of accessibility in Family Housing	up to 8		Please complete the Higher Level of Accessibility worksheet.
7.A.7. Higher level of accessibility for Elderly Housing			
7.A.8 Policy prohibiting smoking in all units and common areas	1		
7.A.9 Rehabilitation of certified historic structures using 20% federal historic preservation tax credit and 30% state historic preservation affordable housing tax credit	2		
7.B.1 Below market capital funds	up to 6		

7.B.2 Donated land and or buildings	2		
7.B.3 New project-based rental assistance	up to 5		
7.B.4 Operating subsidy or reduction through TIF, PILOT, abatement or other tax relief	3		
7.C.1.a. Service Center Community - Family Housing Need or 7.C.1.b. Service Center Community - Elderly Housing Need 7.C.1.c. Service Center Community - Housing for Homeless Persons Need 7.C.1.d. Native American Tribal Land Need	up to 5		
7.C.2. Vacancy rates in comparable Qualified Low Income Housing Projects and comparable market rate multifamily rental housing	up to 3		
7.C.3. Average maximum tax credit rent relative to average maximum market rent	up to 2		
7.C.4. Part of community revitalization plan	up to 3		
7.C.5.a. 1500 feet safe walking distance of downtown	up to 10		
7.C.5.b. 2500 feet safe walking distance of downtown			
7.C.5.c. 1500 feet safe walking distance of one destination important to course of daily living and 2500 feet safe walking distance of two destinations important to course of daily living			
7.C.5.d. 1500 feet safe walking distance of designated pick-up location for fixed-route transportation			
7.D.1. Applicant experience	2		
7.D.2. Applicant LIHTC performance history	2		
7.D.3.a. Non-profit participation	2		
7.D.4 Property management experience	2		
7.D.5 Contractor health insurance coverage for employees	up to 3		

7.A.7. Higher Level of Accessibility - Calculation Sheet

A project for families that is designed and constructed to provide a higher level of accessibility will receive up to 4 points. A Project for persons who are Elderly that is designed and constructed to provide a higher level of accessibility will receive up to 8 points. Two (2) points will be awarded for each 10% of the total units in the Project above the minimum State and Federal accessibility requirements that at a minimum meet the requirements of "Voluntary Pledges" in the MaineHousing's Design & Construction Manual under the "Summary of Accessibility Regulations and Additional MaineHousing Requirements".

Determination of Minimum Required Type A Accessible Units:

Enter number of units on ground floor. Note there may be more than one ground floor.	0	No less than 10%	0	Rounded up to whole unit	0	Required Type A Units
Enter number of units on upper floors	0	Minimum of 10%	0	Rounded up to whole unit	0	Required Type A Units
Does an elevator serve the upper floors?	Yes/No					
Total number of units in project	0				0	Total Required Type A Units

Determination of Total Type A Accessible Units Required to Gain Points:

<u>Type of Project</u>	<input type="checkbox"/>	<u>Pledge Points</u>	<u>% of Total Units</u>	<u># of Additional Type A Units</u>	<u># of Additional Type A Units (rounded up to whole unit)</u>	<u>Plus units from above</u>	<u>Total number of Type A Units</u>
		Family	<input type="checkbox"/>	0	0%	0	0
	<input type="checkbox"/>	2	10%	0	0	0	0
	<input type="checkbox"/>	4	20%	0	0	0	0
	<input type="checkbox"/>						
Elderly	<input type="checkbox"/>	0	0%	0	0	0	0
	<input type="checkbox"/>	2	10%	0	0	0	0
	<input type="checkbox"/>	4	20%	0	0	0	0
	<input type="checkbox"/>	6	30%	0	0	0	0
	<input type="checkbox"/>	8	40%	0	0	0	0

Please indicate level of pledge by checking a box above. MaineHousing staff will verify that number of Type A units required to meet pledge are shown on architectural drawings submitted with application.

Only required for Tax-exempt Applications

REQUEST FOR INDUCEMENT

Applicant Entity _____ Existing
 To be Formed

Contact Person _____

Mailing Address _____

Phone _____

Property Name (if existing) _____

Location (Street or Tax Map/
Lot Numbers) _____

Number of Units/Beds: _____

Estimated Total MaineHousing Financing Request \$ _____

We hereby request MaineHousing "Official Action" with regard to our intent to participate in MaineHousing Rental Loan Program. To the best of our knowledge at this time, all the information contained in this request is true and correct.

Applicant _____

Date _____ By _____

**NOTIFY MAINEHOUSING IMMEDIATELY
IF ANY OF THIS INFORMATION CHANGES AFTER SUBMISSION**

UTILITY ALLOWANCE CALCULATIONS

Utility	Fuel			Paid By		Allowance by bedroom size				
						OBR	1BR	2BR	3BR	4BR
Heating	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hot Water	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cooking	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lighting	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sewer	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trash	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air Cond.	<input type="checkbox"/> Oil	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Utility Allowance for Unit						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a narrative which describes the method used to calculate the Utility Allowances. If applicant is also applying for Low Income Housing Tax Credits, demonstrate compliance with IRS regulations for determining utility allowances.

- Section 8 UA through local housing authority
- Section 8 UA through state housing authority
- UA through Rural Housing Services
- Consumption estimates from Utility Company
- Other

PROJECTED INCOME

# of bedrooms	# of units	[times]	proposed* monthly rent	equals	total monthly rent	[times]	total annual rent	rent restricted		Level (%AMI)
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	x 12	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Total # units		<input type="text"/>	Gross Rental Income		<input type="text"/>		<input type="text"/>			
					monthly		annual			
1 Gross Rental Income					<input type="text"/>		<input type="text"/>			
2 Income from garage/parking					<input type="text"/>		<input type="text" value="\$0"/>			
3 Income from laundry					<input type="text"/>		<input type="text" value="\$0"/>			
4 Other Income: <input type="text"/>					<input type="text"/>		<input type="text" value="\$0"/>			
5 Total schedule income (sum of lines 1 through 4)					<input type="text"/>		<input type="text"/>			
6 Projected vacancy rent loss **					<input type="text"/>		<input type="text"/>			
7 Gross Effective Income (line 5 minus line 6)					<input type="text"/>		<input type="text"/>			

* restricted rent per MaineHousing rent chart or current rent from rent roll, whichever is less adjusted for utility allowances

** MaineHousing may increase or decrease to reflect area market conditions.

ANNUAL OPERATING BUDGET

SCHEDULE D

	Actual Budget (If Existing Project)	Projected Annual Budget
Administrative Expenses		
Management Fees	<input type="text"/>	<input type="text"/>
Management Charges	<input type="text"/>	<input type="text"/>
Marketing Expenses	<input type="text"/>	<input type="text"/>
Legal Expenses	<input type="text"/>	<input type="text"/>
Auditing Expenses	<input type="text"/>	<input type="text"/>
Other Administrative Expenses	<input type="text"/>	<input type="text"/>
TOTAL ADMINISTRATIVE EXPENSES	\$0	\$0
Operating Expenses		
Janitorial Payroll	<input type="text"/>	<input type="text"/>
Janitorial Supplies and Equipment	<input type="text"/>	<input type="text"/>
Janitorial Contractual Services	<input type="text"/>	<input type="text"/>
Fuel and Gas	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>
Water and Sewer	<input type="text"/>	<input type="text"/>
Garbage and Trash Removal	<input type="text"/>	<input type="text"/>
Vehicle and Equipment Expenses	<input type="text"/>	<input type="text"/>
Other Operating Expenses	<input type="text"/>	<input type="text"/>
TOTAL OPERATING EXPENSES	\$0	\$0
Maintenance Expenses		
Grounds Maintenance Payroll	<input type="text"/>	<input type="text"/>
Grounds Tools and Supplies	<input type="text"/>	<input type="text"/>
Grounds Contractual Services	<input type="text"/>	<input type="text"/>
Miscellaneous Ground Maintenance	<input type="text"/>	<input type="text"/>
Sub-total Grounds Expenses	\$0	\$0
Building Maintenance Payroll	<input type="text"/>	<input type="text"/>
Building Tools and Supplies	<input type="text"/>	<input type="text"/>
Building Contractual Services	<input type="text"/>	<input type="text"/>
Building Systems Maintenance	<input type="text"/>	<input type="text"/>
Miscellaneous Building Maintenance	<input type="text"/>	<input type="text"/>
Sub-total Building Expenses	\$0	\$0
TOTAL MAINTENANCE EXPENSES	\$0	\$0
General Expenses:		
Property Taxes	<input type="text"/>	<input type="text"/>
Property and Liability Insurance	<input type="text"/>	<input type="text"/>
Resident Service Coordinator	<input type="text"/>	<input type="text"/>
Other General Expenses	<input type="text"/>	<input type="text"/>
TOTAL GENERAL EXPENSES	\$0	\$0
Replacement Reserve	<input type="text"/>	<input type="text"/>
Total Commercial Expense	<input type="text"/>	<input type="text"/>
TOTAL BUDGETED EXPENSE	\$0	\$0

Please explain Other Admin Expenses

Please explain Other Operating Expenses

Please explain Other General Expenses

Project Costs and Eligible Basis

		Total Cost
Site Costs:		
	Earth works	<input type="text"/>
	Site utilities	<input type="text"/>
	Lawns/plant	<input type="text"/>
	Road/walks	<input type="text"/>
	Site improvement	<input type="text"/>
	Unusual site condition	<input type="text"/>
1	TOTAL SITE COST	<input type="text" value="\$0"/>
Structures:		
	Main Buildings	<input type="text"/>
	Accessory Structures	<input type="text"/>
2	TOTAL STRUCTURE	<input type="text" value="\$0"/>
General Requirements:		
	Supervision	<input type="text"/>
	Field Engineering	<input type="text"/>
	Field Office	<input type="text"/>
	Temp. Facilities	<input type="text"/>
	Temp Utilities	<input type="text"/>
	Cleaning/rubbish	<input type="text"/>
	Permits	<input type="text"/>
3	TOTAL GEN REQMTS	<input type="text" value="\$0"/>
Builder Overhead/Profit:		
	Builder Overhead	<input type="text"/>
	Builder Profit	<input type="text"/>
4	TOTAL BUILDER PROFIT	<input type="text" value="\$0"/>
	Bond Premium:	<input type="text"/>
5	TOTAL BOND PREMIUM	<input type="text" value="0"/>
	Construction Contingency:	<input type="text"/>
6	CONTINGENCY	<input type="text" value="0"/>

Please explain Unusual site condition

NOTES for Schedule E:

--**Builder overhead and profit MUST be separately identified**

--Use of any "other" category must be accompanied by narrative detail

--Acquisition costs must be supported by site control documentation

--Professional services such as legal or accounting which are performed by employees of the development entity should be documented in w

if they are to be allocated to any line item other than Developer Fee

-- Developer Fee

-- Consultants Fees do not include fees paid for services

such as environmental studies, market studies, soils analysis, et

Consultant fees do include fees for services normally conducted

by the Developer such as obtaining site control, financing, regula

approvals, and negotiating the syndication, among others.

-- Developer overhead and profit MUST be separately identified

Project Costs and Eligible Basis				Eligible Basis Calculations			
				Depreciable costs includable for:			
				30% PV	30% PV	70% PV	
				Acq Credit	Const/Reh	Const/Reh	
	Total Cost	Depreciable	Amortizable	Non-Amort			
7	TOTAL CONSTRUCTION: (Add 1, 2, 3, 4, 5 and 6)	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SOFT COSTS:							
	Permits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Survey & Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Architect/Design & Inspec	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Owners Rep Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Project Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title & Recording	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Project Audit/Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const. period Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const. period Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	TOTAL SOFT COSTS:	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINANCING FEES:							
	Const Loan Orig. Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Const loan Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Perm Loan Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	TOTAL FINANCING FEES	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MISCELLANEOUS COSTS & EXPENSES:							
	Market Study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Appraisal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Environmental Study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LIHTC process fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Commissioning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	On the Job Training (OJT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	F, F, & E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	TOTAL MISCELLANEOUS	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACQUISITION:							
	Structure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Legal associated w/acq	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	TOTAL ACQUISITION	<input type="text" value="\$0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Costs and Eligible Basis				Eligible Basis Calculations		
				Depreciable costs includable for:		
Total Cost	Depreciable	Amortizable	Non-Amort	30% PV Acq Credit	30% PV Const/Reh	70% PV Const/Reh
RESERVES						
Operating Deficit Escrow	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent-up & Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax & Insurance Escrow	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Replacement Reserve	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 TOTAL RESERVES:	<input type="text" value="\$0"/>					
SYNDICATION:						
Organizational (Partnership)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bridge Loan Fees & Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Opinion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 TOTAL SYNDICATION	<input type="text" value="\$0"/>					
DEVELOPER FEE:						
Consultant Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developer Overhead	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developer Profit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 TOTAL DEVELOPER FEE	<input type="text" value="\$0"/>					
				<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Line 7				Total Elig Basis for 30% PV Acq Credit	Total Elig Basis for 30% PV Const/Reh Credit	Total Elig Basis for 70% PV Const/Reh Credit
TOTAL CONSTRUCTION COSTS	<input type="text" value="\$0"/>					
Add 7 thru 12						
TOTAL DEVELOPMENT COSTS	<input type="text" value="\$0"/>					
Add 7 thru 14						
TOTAL PROJECT COSTS	<input type="text" value="\$0"/>					

Project Costs and Eligible Basis - Continued

	A		B	C	D
Federal & State Historic Preservation Tax Credit		Low Income Housing Tax Credit			
Federal Historic Tax Credit			30% PV credit Eligible Basis Acquisition	30% PV credit Eligible Basis Const/Rehab	70% PV credit Eligible Basis Const/Rehab
Total Development Cost	<input type="text"/>	Eligible Basis before adjustments	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Land	<input type="text"/>	LESS: portion of Federal grant used to finance qualifying development costs			
Less: Other <input type="text"/>	<input type="text"/>	Source: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Other <input type="text"/>	<input type="text"/>	LESS: amount of nonqualified non-recourse debt	<input type="text"/>	<input type="text"/>	<input type="text"/>
Less: Other <input type="text"/>	<input type="text"/>	LESS: either nonqualifying units of higher quality OR nonqualifying excess cost of higher quality units	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligible Basis	<input type="text"/>	LESS: Historic Tax Credit (Residential Portion only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
		PLUS: portion of basis for homeless support services	<input type="text"/>	<input type="text"/>	<input type="text"/>
multiply by	20%	Adjusted Eligible Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Federal Historic Tax Credit	<input type="text"/>	If improvements are eligible for 130% high cost or difficult development area adjustment, AND developer wishes to request such adjustment, insert value.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
State Historic Tax Credit		Total Eligible Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total State Historic Tax Credit	<input type="text"/>	Multiply by applicable fraction	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
		Qualified Basis	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Multiply by est'd LIHTC rate	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
		Annual LIH Tax Credits	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Multiply by	10	10	10
		Total LIH Tax Credits - 10 years	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiply by NET equity per \$1 of Credit	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
NET EQUITY INVESTMENT	A <input type="text"/>		B <input type="text"/>	C <input type="text"/>	D <input type="text"/>
TOTAL EQUITY A + B + C + D =		<input type="text"/>			

Sources of Funding

LENDER	AMOUNT	RATE	TERM (YRS)	MONTHLY PAYMENT	SPECIAL TERMS/CONDITIONS (deferrals, balloons, adjustable rate, etc.)
--------	--------	------	------------	-----------------	--

PREDEVELOPMENT SOURCES OF FUNDS

PREDEV. SUBTOTAL					

CONSTRUCTION SOURCES OF FUNDS

CONSTR. SUBTOTAL					

PERMANENT SOURCES OF FUNDS (SUBSIDY/DEBT)

PERMANENT SUBTOTAL				0	

Multiply by 12 months

X 12

TOTAL ANNUAL DEBT SERVICE	0.00
----------------------------------	------

Project Completion Schedule

Activity	Actual/Scheduled Date Month/Year
A. SITE	
Option/Contract	
Site Acquisition	
Zoning Approval	
Site Analysis	
B. FINANCING	
Construction Loan Commitment	
Permanent Loan Commitment	
Other Sources Committed	
C. PLANS AND SPECIFICATIONS	
50%	
90%	
100%	
D. CONSTRUCTION LOAN CLOSING	
E. CONSTRUCTION START	
F. COMPLETION OF CONSTRUCTION	
G. LEASE-UP	
Initial Lease-up	
Sustained (95%) Occupancy	

Please account for application processing - approximately 60 days from the application due date.

ARCHITECT CERTIFICATION

Schedule G

We have prepared the plans for (the Applicant) and proposed owner of (the housing project) to be located at with a total of units and buildings.

I certify that the attached Building and/or Unit Tabulations accurately describe the project as of the date of this statement:

<u>Attached Document</u>	<u>Date</u>	<u>Number of Sheets</u>
Building Tabulation	<input type="text"/>	<input type="text"/>
Unit Tabulations	<input type="text"/>	<input type="text"/>

Signed:

Dated:

NOTE: Please be certain to use building identification numbers/letters which are consistent with information provided in other portions of this application.

Building Tabulations

(continued)

Building # Total # Units

Are all the units in this building identical in square footage and configuration? Yes No
If NO, attach the unit tabulations as well.

Total Dwellings	<input type="text"/>	sq. ft.
Tenant Storage	<input type="text"/>	sq. ft.
Office	<input type="text"/>	sq. ft.
Social Area	<input type="text"/>	sq. ft.
Community Laundry	<input type="text"/>	sq. ft.
Community Kitchen	<input type="text"/>	sq. ft.
Community Bathroom(s)	<input type="text"/>	sq. ft.
Project Storage	<input type="text"/>	sq. ft.
Project Maintenance	<input type="text"/>	sq. ft.
Circulation	<input type="text"/>	sq. ft.
Other (Describe)	<input type="text"/>	sq. ft.
Total	<input type="text" value="0.00"/>	sq. ft.

Are all the units in this building identical in square footage and configuration? Yes No
If NO, attach the unit tabulations as well.

Total Dwellings	<input type="text"/>	sq. ft.
Tenant Storage	<input type="text"/>	sq. ft.
Office	<input type="text"/>	sq. ft.
Social Area	<input type="text"/>	sq. ft.
Community Laundry	<input type="text"/>	sq. ft.
Community Kitchen	<input type="text"/>	sq. ft.
Community Bathroom(s)	<input type="text"/>	sq. ft.
Project Storage	<input type="text"/>	sq. ft.
Project Maintenance	<input type="text"/>	sq. ft.
Circulation	<input type="text"/>	sq. ft.
Other (Describe)	<input type="text"/>	sq. ft.
Total	<input type="text" value="0.00"/>	sq. ft.

ARCHITECT CERTIFICATION (continued)

Schedule G

(continued)

Unit Tabulations

Building # Total # Units

Unit Type	Total # Units	Total Res. Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL Total should equal the total dwellings on the Building Tabs

Building # Total # Units

Unit Type	Total # Units	Total Res. Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL Total should equal the total dwellings on the Building Tabs

Building # Total # Units

Unit Type	# Units	Sq. Ft.
Type <input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATION OF COMPLIANCE WITH EQUAL ACCESS LAWS

The undersigned certifies that the undersigned is familiar with fair housing and equal opportunity laws, including without limitation, Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973 , the Americans with Disabilities Act of 1990 and the Maine Human Rights Act, all as may be amended from time to time, and any rules or regulations promulgated pursuant thereto, and further certifies that the residential rental project described in this application will be designed, constructed and operated in accordance with all such applicable fair housing and equal opportunity laws and any services related to the housing shall be offered and provided in accordance with all such applicable fair housing and equal opportunity laws.

Applicant

Date:

By:
Its:

ATTACH a site plan with building numbers to correspond to those listed below.

Applicable Fraction for each Residential Building

Resident. Bldg #	A Total # Res Units	B Total # L.I Units	C Col. B as % Col. A	D Gross Res Sq.Ft.	E Gross L.I. Sq.Ft.	F Col. E as % Col. D	G Lesser of C or F
1							
2							
3							
4							
5							
6							

Are any non-low income residential units above the average quality standard of the low-income units?

Yes No

If yes, taxpayer has EITHER:

- excluded the excess from eligible basis; OR
 - calculated the excess and found it within the limit of Section 42(e) of the Code
- Amount calculated is \$

Equipment Included in Low Income Units

- Range
- Refrigerator
- Disposal
- Dishwasher
- Kitchen Exhaust Fan
- Laundry Facility on site
- Washer/Dryer hook-up in unit
- Other

Equipment Included in Market Rate Units

- Range
- Refrigerator
- Disposal
- Dishwasher
- Kitchen Exhaust Fan
- Laundry Facility on site
- Washer/Dryer hook-up in unit
- Other

Qualified Basis and Annual Credit Dollar Amount

To complete this Schedule

- Allocate the Total Eligible Basis from Schedule E to each building. If a method other than square footage is used, ATTACH explanation of method used.
- Locate the Applicable Fraction calculated in Schedule I (page 1), Column G
- Multiply Eligible Basis by Applicable Fraction to determine Qualified Basis
- The Applicable Percentage is determined in accordance with Section 42(b)(2) either for the month in which the building is placed in service, or the month in which the Taxpayer and the credit agency enter into a Binding Agreement.

If building(s) have placed in service, provide date(s)
 If a Binding Agreement exists, indicate date executed

Applications for Reservation of credit for building not yet placed in service or without a binding agreement may use the 4% and/or 9% figures for applicable percentage. OR
 Contact MSHA tax credit staff for current applicable percentages.

- Multiply Qualified Basis by Applicable Percentage to determine Annual Credit \$ Amount

30% PRESENT VALUE BASIS

Bldg #	Eligible Basis	Applicable Fraction	Qualified Basis	Applicable Percentage	Maximum Annual Credit \$ Amount
1					
2					
3					
4					
5					
6					

Maximum 30% Present Value Credit

70% PRESENT VALUE BASIS

Bldg #	Eligible Basis	Applicable Fraction	Qualified Basis	Applicable Percentage	Maximum Annual Credit \$ Amount
1					
2					
3					
4					
5					
6					

Maximum 70% Present Value Credit

TOTAL ANNUAL CREDIT AMOUNT REQUESTED:

NOTE: The actual amount of credit for the project is determined by the housing credit agency. The applicable percentage for the month in which a reservation of credit is expected to be accepted by the Applicant will be used in the credit agency's calculation.