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Project Name and Location

Project Name:*	App Number:	Stage:
<input type="text" value="2015 IFA Training Application"/>		Threshold-InWork
Primary Address (from Buildings section):	City(ies):	County(ies):
<input type="text" value="1555 A Ave, Lamoni, IA 50140-0000"/>	<input type="text" value="Lamoni"/>	<input type="text" value="DECATUR"/>

Jurisdiction

Political Jurisdiction:*	Address:*		
<input type="text" value="City of Lamoni"/>	<input type="text" value="1905 Chestnut"/>		
City:*	Zip:*	Phone:	Email:*(Reference)
<input type="text" value="Lamoni"/>	<input type="text" value="50140-1236"/>	<input type="text" value="(641) 784-6311"/>	<input type="text" value="dfostermayor@gmail.com"/>
CEO First Name:*	CEO Last Name:*	Title:*	
<input type="text" value="Douglas"/>	<input type="text" value="Foster"/>	<input type="text" value="Mayor"/>	

Check here if project is located in multiple political jurisdictions.

Jurisdiction 2

Political Jurisdiction:*	Address:*		
<input type="text"/>	<input type="text"/>		
City:*	Zip:*	Phone:	Email:*(Reference)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CEO First Name:*	CEO Last Name:*	Title:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Jurisdiction 3

Political Jurisdiction:*	Address:*		
<input type="text"/>	<input type="text"/>		
City:*	Zip:*	Phone:	Email:*(Reference)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CEO First Name:*	CEO Last Name:*	Title:*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Project Description

Project Type*

New Construction
 Rehab
 Acquisition/Rehab
 Adaptive Reuse

Credit Request

Check if you are planning on using the Senior Living Revolving Loan Program.

Are you requesting State HOME funds?

Set-Aside(s):

Nonprofit
 Preservation
 Senior
 Rural

Credit % applied for:*

Federal Financing:*

If Federal Financing, provide type:

If type is Other, explain:

Minimum Set-Aside Requirements:*

At least 20% of the rental residential units in this project will be rent-restricted and occupied by individuals whose income is 50% or less of area median income as adjusted by family size and published annually by HUD.

At least 40% of the rental residential units in this project will be rent-restricted and occupied by individuals whose income is 60% or less of area median income as adjusted by family size and published annually by HUD.

In addition to the Minimum Set-Aside Requirement selected above, the Project will also meet the deep rent skewing option as defined in Section 142(d)(4) of the Code (15% of the units occupied by individuals whose income is 40% or less of area median income).

Other Elections

Ownership waives the right to ask IFA to find a buyer after year 15.

The entire Project will be located in and be a part of a Great Place community approved by the Department of Cultural Affairs.

Serves Lowest Income Residents - Project will provide Units that are set-aside and occupied by tenants with incomes at 40% AMI or less and are rent restricted. Annual recertification of tenant income is required.

Serves Lowest Income Residents - Project will provide Units that are set-aside and occupied by tenants with incomes at 30% AMI or less and are rent restricted. Annual recertification of tenant income is required. These Units shall be in addition to any Units selected for the 40% AMI or less.

Market Rate Incentive - Project will provide market rate Units (not eligible for Tax Credits). On-site staff Units cannot be counted for points. Annual re-certification of tenant income is required.

Check if all buildings within the Project shall be on the National Register of Historic Places or are determined eligible for the National Register by the State Historic Preservation Officer.

Will the Project provide Transitional Housing as referenced in IRC section 42(i)(3)(B)(iii)?

Occupancy Type

Occupancy Type:*

Location Near Services

Check all of the following services, as applicable, if requesting points for this scoring category. By checking a service box and entering the Service Description Information, the Applicant is stating the service and distance (mileage), meet QAP Section 6.2.1 requirements. The following service(s) meets the requirements of QAP 6.2.1.

Service Type

Full Service Grocery Store

Service Description

Name	Address	City	State	Zip
Grocery Store	1670 B Avenue	Lamoni	IA	50140

Schools (Family Projects Only)

Name	Address	City	State	Zip
Middle School	1550 School St	Lamoni	IA	50140

Name	Address	City	State	Zip
Senior Center description has not been entered.				

Medical Services

Name	Address	City	State	Zip
Medcial Clinic of Lamoni	1500 Mercy Dr	Lamoni	IA	50140

Workforce Training

Name	Address	City	State	Zip
Workforce Training description has not been entered.				

Public Library

Name	Address	City	State	Zip
Public Library description has not been entered.				

Cultural Arts Facility

Name	Address	City	State	Zip
Cultural Arts Facility description has not been entered.				

Park (city, state, or county)

Name	Address	City	State	Zip
Made up City Park Name	1500 Park Ave	Lamoni	IA	50140

The following service is within 1/2 mile walking distance & meets QAP 6.2.1 requirements.

Public Transportation

Name	Address	City	State	Zip
Public Transportation description has not been entered.				

Building Type*

Duplex Row/Townhouse Single Family Detached Standard Apartment

Ownership Type*

Iowa ROSE Program Rental

Rental Assistance

Will this project be utilizing federal assistance?*

Will the project be receiving HUD-VASH Voucher Assistance?*

If yes, provide the number of units covered by a written commitment for HUD-VASH Voucher Assistance:

Will the project be receiving Local Project-Based PHA Voucher Assistance?*

No

If yes, provide the number of PHA Voucher Assistance units:

0

If yes, provide the name of the local PHA:

PHA Contact Name:

PHA Contact Address:

PHA Contact City:

PHA Contact State:

--

PHA Contact Zip:

PHA Contact Phone:

PHA Contact Email:

Will the project be receiving Project-Based Rental Assistance?*

No

If yes, provide the subsidy source:

--

If yes, provide the number of units:

0

- Section 8 New Construction or Substantial Rehabilitation
- Section 8 Moderate Rehabilitation
- Section 8 Vouchers
- Section 221(d)(3)BMIR (Below Market Rate Interest Rate)
- Section 8 Rent Supplement or Rental Assistance payment

- Rural Development 515 Rental Assistance (Loan Number:)
- State Assistance
- Section 236
- Other

Is HUD approval for transfer of physical asset required?*

No

Is RD approval for transfer of physical asset required?*

No

Is IFA approval for transfer of physical asset required?*

No

Impact on the Environment

- Environmentally Friendly Interior Paint
- Environmentally Friendly Adhesives
- No Smoking
- Energy Efficient Water Heaters
- Water Conserving Appliances
- Passive (New Construction) or Active (rehab/reuse) Radon System

Description: All interior paints and primers comply with Green Seal standards for low VOC limits.

Description: All adhesives comply with Rule 1168 of the South Coast Air Quality Management District. All caulks and sealants comply with Regulation 8, Rule 51 of the Bay Area Air Quality Management District.

Description: A 'no smoking' policy will be implemented and enforced in all common areas and individual living areas of all buildings.

Description: Water heaters will have a minimum energy factor (EF) of 0.61 for tank type gas and 0.93 for tank type electric, or shall be tankless water heaters 0.96 efficient.

Specify Water Heater Tank Type: Test Specification for Water Heater Tank Type

Description: Toilets are high efficiency WaterSense toilets that use 1.28 gallons per flush or less; faucet aerators use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; showerheads use 1.5 gpm or less. (dual flush toilets do not qualify)

Description: Radon-reducing features below the building slab along with vertical vent pipe(s) and junction box(es) following requirements in Appendix F, "Radon Control Methods" in the 2012 International Residential Code.

Energy Efficiency

New Construction

- Home Energy Rating Systems (HERS) Index of 62 or less

Existing Structures

- 2012 International Energy Conservation Code (IECC) exceeded by eight percent (8%) or more. (not available to Projects utilizing Historic Tax Credits)

Overview

Provide a brief description of the proposed project:
Test Overview Description

Targeting Plan

Summary

All approved Projects will be required to target ten percent (10%) of the total Project units to the Target Population of Persons with a Disability as set forth in Section 5.16 of the QAP.

- Check if the Ownership Entity understands and certifies to comply with the requirements of the Targeting Plan requirements as set forth in Section 8.9 of the 2015 QAP.*
- Check if this project will be an Affordable Assisted Living Program/Facility.

Unit Information for Target Population

Number of Total Project Units: 43
 Number of Project Units Giving Preference to Target Population: 5
 Percent of Total Project Units Giving Preference to Target Population: 12%

Held for Occupancy

Held for Occupancy means the percentage of the total Project Units specified in the approved Application must be designed and Held for Occupancy by members of the Target Population, with IFA's "Held for Occupancy Policy" that states the following: (1) During initial lease-up, priority must be given in the tenant screening process to income-qualified households in the Target Population. A minimum of the percentage of total Project Units committed in the approved Application for occupancy by the Target Population (the "Minimum Unit Percentage") up to a maximum of twenty-five percent (25%) of the total Project Units shall be Held for Occupancy by qualified Target Population households until the lesser of such time as the minimum unit commitment has been met or for a period of 60 days from the Placed-in-Service date; (2) Once a Unit occupied by a Target Population household has vacated, that Unit shall be held for a minimum of 30 days for occupancy by another qualified Target Population household unless the Project otherwise complies with the Minimum Unit Percentage. Efforts to market the available Unit to the Target Population shall be demonstrated during this time period; (3) If after a 30-day period the Unit is leased to a household that does not meet the Target Population commitment and the Project does not otherwise meet the Minimum Unit Percentage, the next subsequent available Unit shall be marketed to and Held for Occupancy by the Target Population for 30 days. This subsequent unoccupied Unit rule will continue to apply until the Project has once again met its Minimum Unit Percentage requirement; (4) Any household that qualified as a member of the Target Population at initial occupancy or at any time during occupancy will be counted as occupying a qualified service plan Unit when calculating the Project's compliance with the Minimum Unit Percentage; (5) The Project shall comply with the Minimum Unit Percentage and all other Target Population requirements at initial lease-up and throughout the Compliance Period and the Extended Use Period, if applicable. In addition, the Target Population commitments will be specified in the LURA.

Implementation of the Held for Occupancy policy's required 30-day hold period shall begin on the date the tenant gives notice to vacate. In theory, the 30-day hold marketing of the available Unit to the Target Population will be done while the Unit is still occupied. Once the tenant leaves the Project at the end of the 30-day notice period, the Project will rent the Unit to the next eligible applicant, giving priority to members of the Target Population.

If the tenant does not provide a 30-day notice to vacate, the 30-day hold period will begin on the day Property Management becomes aware of the tenant household's intent to vacate or becomes aware that the tenant has already moved out of the Unit. Compliance with the 30-day hold period shall be demonstrated whether or not the tenant provides a full 30-day notice to vacate.*

Fair Housing

The Applicant acknowledges its responsibility for ensuring that all Fair Housing requirements are met.*

Boarding Home Registration

The Applicant/Ownership Entity acknowledges Iowa's Boarding Home Registration law, Iowa Code Chapter 1350 and Iowa Administrative Code 481-Chapter 66, as outlined in Appendix F. The Applicant/Ownership Entity certifies the Ownership Entity/Applicant is familiar with, understands, and will comply with Iowa's Boarding Home Registration requirements. The undersigned further certifies the Ownership Entity/Applicant will consult with appropriate individuals and entities, which may include, but is not limited to, DIA staff and members of the Qualified Development Team, including the Developer, Management Company, Tax Attorney, and Syndicator, to ensure the Project's compliance with Iowa's Boarding Home Registration law.*

Iowa's Boarding Home Registration Law, Iowa Code Chapter 1350 and Iowa Administrative Code 481-Chapter 66, **will not apply** to the Project.*

Iowa's Boarding Home Registration Law, Iowa Code Chapter 1350 and Iowa Administrative Code 481-Chapter 66, **will apply** to the Project. The Project will comply with all Boarding Home Registration Requirements, including registration of the Project with DIA on or prior to the Placed-in-Service Date and submission of an annual occupancy report to the DIA.*

Targeting Plan Contact Information - person responsible for preparing the Targeting Plan and responding to any IFA questions

Contact Name:*		Entity Name*	
<input type="text" value="Terri Rosonke"/>		<input type="text" value="Target Plan Entity Name"/>	
Address:*	City:*	State:*	Zip:*
<input type="text" value="2015 Grand Ave"/>	<input type="text" value="Des Moines"/>	<input type="text" value="IA"/>	<input type="text" value="50312"/>
Phone:*	Email:*		
<input type="text" value="5157254900"/>	<input type="text" value="Terri.Rosonke@iowa.gov"/>		

AFHMP Contact Information - person responsible for preparing the Affirmative Fair Housing Marketing Plan and responding to any IFA questions on the AFHMP.

Contact Name:*		Phone:*	Email:*
<input type="text" value="Nancy Peterson"/>		<input type="text" value="5157254900"/>	<input type="text" value="Nancy.Peterson@iowa.gov"/>
Address:*	City:*	State:*	Zip:*
<input type="text" value="2015 Grand Ave"/>	<input type="text" value="Des Moines"/>	<input type="text" value="IA"/>	<input type="text" value="50312"/>

Site Description

Total Site Acreage:*

Check if this project is spread over 2 market areas Additional Site Count:

*IFA reserves the right to charge additional market study fee if Applicant enters incorrect PMA information.

Check if this is a scattered site project with buildings owned by the same owner and financed under the same agreement and located within a 20-mile radius as determined by Googlemaps using driving directions.

Readiness to Proceed (QAP Section 5.4)

Identify infrastructure and utilities currently available with adequate capacity at the site(s). Refer to QAP Appendix 1, D for Access to Paved Roads threshold requirement & Appendix 1, E for Access to Utilities threshold requirement before checking the boxes.

<input checked="" type="checkbox"/> Sewer	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Paved Road	<input checked="" type="checkbox"/> Electric
<input checked="" type="checkbox"/> Gas	Utilities Explain:	All utilities are available with adequate capacity at the site and access to paved road meets the QAP requirement.	

Is any portion of the site(s) located in a FEMA identified or proposed 100-year flood zone?

Is the demolition of any buildings required or planned?

Note: If the demolition expense of any building on the site will be incurred and paid by the Ownership Entity of this LIHTC Project AND if (1). Each or any building demolition doesn't includes 75% or more of the existing external walls of the building being retained in place as internal or external walls; AND (2). 75% or more of the existing internal structural framework of the building will not be retained in place, then this demolition expense must be excluded from eligible basis.

If yes, please describe:*

Are existing buildings on the site currently occupied?

If yes:

(a) Briefly describe the situation:*

(b) Will tenant displacement be temporary?

(c) Will tenant displacement be permanent?

Describe relocation plan and assistance:*

Is any portion of the site or adjoining sites located within 1/2 mile of storage areas for hazardous or noxious materials, sewage treatment plant or other solid waste facility, businesses or equipment producing foul odors or excessive noise or the site is a prior storage area for hazardous or noxious materials, sewage or other solid or liquid waste?

If yes, please describe:*

Does any portion of the site or adjoining sites have slope/terrain that is not suitable for the Project based on extensive earth removal/replacement required for development?

If yes, please describe:*

Does any portion of the site or adjoining sites have obvious physical barriers to the Project? No

If yes, please describe:*

Is any portion of the site or adjoining sites located within 1/2 mile of a sanitary landfill or sites that were previously used as a sanitary landfill? No

If yes, please describe:*

Is any portion of the site or adjoining sites located within a flood hazard area, at or on a 100-year flood zone as determined by the Iowa Department of Natural Resources, FEMA or FIRM map or a designated wetland? No

If yes, please describe:*

Is any portion of the site or adjoining sites located within 500 feet of an airport runway clear zone or accident potential zone? No

If yes, please describe:*

Is any portion of the site or adjoining sites landlocked? No

If yes, please describe:*

Will the project will be classified as a condominium for property tax purposes?* No

Is any portion of the site native prairie land, wet lands, or endangered habitats?* No

Is any site adjacent to the Project site native prairie land, wet lands, or endangered habitats?* No

Legal Description of Property (including any land for free parking, if applicable):*
 Training application Legal description

Site Control

Applicant understands and certifies to comply with the Site Control requirements listed in QAP, Appendix 1, A. and understands and certifies that site control shall be continuous and uninterrupted throughout the completion of the Project.*

Name of Entity that has site control for the project:* Testers United

Does an identity of interest (direct or indirect) exist between the owner/principal or ownership entity with the option/contract for purchase of the property and the seller of the property?* Yes

If yes, specify the relationship: * Developer. managing member, and Ownership Entity have same member.

Will the site, including any building or land/lot for free parking or project acquired or used for rental activities, have an installment contract or leasehold interest by the recipient?* No

Does the owner have fee simple ownership of the property (site/buildings/free parking site/lot)?* No

Purchase Price:* \$265,000

If fee simple ownership, provide:
 Purchase Date:*

If no fee simple ownership, provide:
 Enter the current expiration date of the option/contract/lease to purchase:* 5/9/2015

Acquisition or Rehabilitation Projects Only

Rehabilitation expenditures allocable to low-income units:* \$0

Adjusted building basis:* \$0

How many buildings will be acquired for the development? * 0

Are all of the buildings currently under site control for the development? * No

Zoning

Present zoning classification of the site:* MFH

Is the site zoned appropriately for proposed development? * Yes

Check if Applicant certifies that the site will be zoned appropriately by Carryover-10% Test due date.

Check to acknowledge understanding that if proper zoning of the site is not possible, a substitute site will not be permitted.

Are variances, special or conditional use permits or any other item requiring a public hearing needed to develop this proposal? * No

If yes, have the hearings been completed and permits been obtained? * No

If yes, specify permit or variance required and date obtained.*

If no, describe permits/variances required and schedule for obtaining them.*

Ownership Entity

Company Name:*

Testers United			
Address:*	City:*	State:*	Zip:*
2015 GRAND AVE	DES MOINES	IA	50312
Phone:*	Fax:	Email:*	State duly organized under the laws of and qualified to transact business under:*
(515) 725-4900	(515) 725-4901	Dave.Vaske@Iowa.gov	IA
Entity Type:*	Entity Status:*	Tax ID Number:*	DUNS Number:*
Limited Liability Company	Already Formed	00000000	00000000
Management Type:*	Member		

Contact Information

Click to copy address from above

First Name:*	Last Name:*	Phone:*	Email:*
Carolann	Jensen	(515) 725-4900	Carolann.Jensen@iowa.gov
Address:*	City:*	State:*	Zip:*
2015 Grand Ave	Des Moines	IA	50312

Check if the Ownership Entity an IFA Certified CHDO.

Check if applicant certifies that the Ownership Entity will obtain a Final Title Guaranty Owner Certificate on the real estate of the Project from the Iowa Finance Authority's Title Guaranty Division prior to submittal of the 8609 package. The Ownership Entity shall obtain, at a minimum, a Final Title Guaranty Certificate with an Amount of Coverage that is not less than the value of the Land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the project.

Acknowledgements

- Owner acknowledges that in the event IFA is awarded project-based subsidy from HUD under the Section 811 (PRA) Project Rental Assistance Program, the Project whether or not it applies for Section 811 (PRA) Project Rental Assistance, can be required by IFA to participate in, to accept an allocation of this project-based subsidy and to comply with all application program restrictions.
 - Ownership Entity will provide IFA with a copy of the Notification to the Public Housing Authority (PHA) prior to the Placed-in-Service Date.
 - Applicant agrees to lease Accessible Units designed for persons with disabilities to tenants requiring the Accessibility features of the unit. The Applicant agrees to require a lease addendum to be executed by a tenant(s) occupying that Accessible Unit, who doesn't require such Accessible features. The lease addendum shall state that the tenant(s) agree to move to a comparable non-accessible Unit upon the request of the Owner with moving expenses to be paid by the Owner. The lease addendum shall be submitted to IFA no later than 120 days prior to the Placed-in-Service Date and shall maintain the required use of the lease addendum throughout the Compliance Period and the Extended Use Period, if applicable.
 - If awarded tax credits, the Ownership Entity certifies that annual audited financial statements for the Project will be submitted to IFA within ninety (90) days of the close of the Project's fiscal year, beginning the year after the Project has received the IRS Form 8609.
 - Applicant certifies to comply with QAP Section 4.6.6 and will not create a subrecipient of the Federal Historic Tax Credits in order to become eligible for more LIHTC.
 - Applicant agrees to provide IFA with documentation that the Operating Reserves & Replacement Reserves are fully funded within 6 months from the date IFA sends the Ownership Entity the IRS Form 8609.
 - Applicant acknowledges and agrees to provide IFA with a copy of the Affirmative Fair Housing Marketing Plan (AFHMP) no less than 120 days prior to the Placed-in-Service Date and shall maintain the AFHMP throughout the Compliance Period and the Extended Use Period, if applicable. A new plan shall be established and approved by IFA every five (5) years or as prescribed by HUD, whichever is stricter.
 - The Owner and its management company acknowledges and agrees to develop and make public written tenant selection policies and procedures (tenant selection plan) that complies with Section 5.17 of the 2015 Qualified Allocation Plan (QAP) and to submit the tenant selection plan to IFA at least 120 days prior to the first Unit Placed-in-Service. The plan shall be maintained throughout the Compliance Period and the Extended Use Period, if applicable. The plan shall be provided and reviewed by IFA every five (5) years.
 - Applicant acknowledges and agrees to complete IRS Form 8609 Part B and return a copy of the fully executed IRS Form 8609 to IFA within 60 days of IFA sending the IFA executed 8609. The Owner's completed IRS Form 8609 shall match the terms agreed upon in the LURA and failure to submit within the required timeframe listed in QAP Section 8.7 may result in a State Issued Notice of Noncompliance.
 - Applicant acknowledges the Capital Needs Assessment (CNA) requirement for this Project and will submit the required CNA to IFA prior to the start of construction. (code to show up only if Acq/Rehab, Rehab or Historic Preservation Project).
 - Applicant and its managers shall comply with the requirements of the Violence Against Women Act (VAWA) and shall use HUD 91066, Certification of Domestic Violence, Dating Violence or Stalking and HUD 91067, Lease Addendum.
 - Applicant agrees and understands if the Project is awarded tax credits, the awarded Project shall be listed on Iowa's free rental housing locator at www.IowaHousingSearch.org no less than 120 days prior to the Placed-in-Service Date and the listing maintained throughout the Compliance Period and the Extended Use Period, if applicable. Failure to list the property is an unsatisfactory performance issue with IFA and may deem the party ineligible for future rounds. IFA reserves the right to change this requirement if a free rental housing locator is no longer maintained.
- Is the Ownership Entity a single asset entity? Yes
- Does/Will an Identity of Interest exist between the Ownership Entity, the builder, or the general contractor? Yes

Mandatory Developer Application Training

Attendee Name:*	Attendee Agency:*	Attendance Date:*
Carolann Jensen	IFA 2015 Testing LLC	10/23/2014

Ownership Entity Component

Company Name:*	Contact First Name:*	Contact Last Name:*
Testers United GP	Carolann	Jensen
Address:*	City:*	State:*
2015 Grand Ave	Des Moines	IA
Phone:*	Fax:	Email:*
(515) 725-4900	(515) 725-4901	Carolann.Jensen@iowa.gov
Ownership Percent:*	Entity Type:*	Tax ID Number:*
0.010%	General Partner	000

Ownership Entity Component

Company Name:*	Contact First Name:*	Contact Last Name:*
Testers United LP	Dave	Jamison

Address*	City*	State*	Zip*
2015 Grand Ave	Des Moines	IA	50312
Phone*	Fax:	Email*	Tax ID Number*
(515) 725-4900	(515) 725-4901	Dave.Jamison@iowa.gov	00000
Ownership Percent*	Entity Type*		
99.990%	Limited Partner		

Authorized Signors

How many signatures are required for execution of legal documents?*

First Name	Last Name	Title	Entity Name
Carolann	Jensen	Member	IFA 2015 Testing LLC
Dave	Vaske	Vice President	Testers United GP

Ineligibility

The following Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than 5 years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining eligibility, IFA shall consider conduct occurring up to 5 years prior to the effective date hereof.

Has the Ownership Entity or Significant Parties been convicted of, entered in an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following?

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

Has the Ownership Entity or Significant Parties been a syndicator, equity partner, private placement originator, limited partner or member of an LLC of a Project from which, following the commencement of construction through the issuance of an IRS Form 8609, the purchaser of Tax Credit equity withdraws?

The following Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than 3 years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining eligibility, IFA shall consider conduct occurring up to 3 years prior to the effective date hereof.

Has the Ownership Entity or Significant Parties intentionally or negligently misrepresented or omitted any material facts in its LIHTC Application or in any other written communication with IFA?

Does the Ownership Entity or Significant Parties have an uncorrected default of any agreement between the Ownership Entity and IFA or Significant Parties and IFA?

Has the Ownership Entity or Significant Parties been removed as a General Partner or managing member by the equity investor from any previous approved LIHTC Project in Iowa or any other state?

The following Significant Parties and Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than 1 year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time. In determining ineligibility, IFA shall consider conduct occurring up to 1 year prior to the effective date hereof.

Has the Ownership Entity or Significant Parties Materially Participated in any Project that has had unsatisfactory performance, in Iowa, or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA? This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than 2 delinquency letters in the previous 12 month period.

Has the Ownership Entity or Significant Parties served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA, or under any agreement or loan, as determined by IFA? This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than 2 delinquency letters in the previous 12 month period.

Has the Ownership Entity or Significant Parties been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/managing member members thereof, and consultants, or any persons determined by IFA to have an Identity of Interest or of personnel with any thereof, who have Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2014 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/managing members thereof, and consultants, or any persons determined by IFA to have an Identity of Interest or of personnel with any thereof, who have Materially Participated in a Project that was awarded 9% Tax Credits in 2012 or 2013 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test or the IRS Form 8609 Application?

Has the Ownership Entity or Significant Parties been part of a Developer, Ownership Entity, General Partner/managing members thereof, and consultants, or any persons as determined by IFA to have an Identity of Interest or of personnel with any thereof, for whose Project an IRS Form 8609 with Part II completed was not timely submitted to IFA, or for whose Project an incorrectly completed IRS Form 8609 was submitted?

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has the Ownership Entity or Significant Parties Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? No

Has the Ownership Entity or Significant Parties failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.? No

Has the Ownership Entity or Significant Parties ever failed to disclose all known members of the Project Qualified Development Team? No

Has the Ownership Entity or Significant Parties voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

Has the Ownership Entity or Significant Parties filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

Project Team

Team Member

Team Member Type:* Management Company Team Member Is: Legal Entity Individual

Company Name:*

Tax Identification Number:*

State duly organized under the laws of and qualified to transact business under:* IA

Address:* City:* State:* IA Zip:*

Phone* Email* Business Type* Corp. or Inc.

Contact Information

Click to copy address from above

First Name:* Last Name:* Phone* Email*

Address:* City:* State:* IA Zip:*

Years of Related Experience:* Years of Section 42 Related Experience:* Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Acknowledgements

- The Owner and its management company acknowledges and agrees to develop and make public written tenant selection policies and procedures (tenant selection plan) that complies with Section 5.17 of the 2015 Qualified Allocation Plan (QAP) and to submit the tenant selection plan to IFA at least 120 days prior to the first Unit Placed-in-Service. The plan shall be maintained throughout the Compliance Period and the Extended Use Period, if applicable. The plan shall be provided and reviewed by IFA every five (5) years.*
- Applicant and its managers shall comply with the requirements of the Violence Against Women Act (VAWA) and shall use HUD 91066, Certification of Domestic Violence, Dating Violence or Stalking and HUD 91067, Lease Addendum.*

Identity of Interest

Identity of Interest? No

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

Has this team member previously submitted a LIHTC to IFA? (9% deals) No

Has this team member previously submitted a LIHTC to IFA? (4% deals) No

Has this team member received an award of LIHTC from IFA? No

Enter all state abbreviations where you have had previous LIHTC projects:

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project			
State	Allocating Agency	Contact	Email
Previous LIHTC project has not been entered.			

Is this team member a materially participating Nonprofit working with the project? No

The Nonprofit shall receive no less than fifty percent (50%) of the combined total of the Developer and Consultant Fee.

If yes, please select the Nonprofit from our approved list:

--

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project									
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date
Project has not been entered.									

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance - Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected.

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation: No

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project? No

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Will there be on-site property management staff? Yes

If yes, provide:

Number of Staff Positions:

Names of Staff:

Check if Applicant is certifying that all on-site property management staff will complete mental first aid training approved by the IA Dept. of Human Services and/or the Olmstead Consumer Taskforce approved disability awareness training program, such as may be offered by a Center for Independent Living. If this box is checked, all award recipients committing that all on-site Property Management Staff will complete Mental Health First Aid or equivalent training shall document compliance as part of the IRS Form 8609 Request Package.

Authorized Signors*

How many signatures are required for execution of legal documents? 1

Please use the link below to list all authorized persons to sign on behalf of the Management Company.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Julie	Noland	Presidnet	Traning Application NonProfit Management Company	Remove

Qualified Development Team Experience

Does this management company have at least three (3) years of experience managing a Section 42 Project? Yes

Does the management company manage LIHTC projects in Iowa? Yes

List all states in which the management company manages LIHTC projects: IA

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner? No

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:
 Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project									
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date		
Project has not been entered.									

Team Member

Team Member Type:* Team Member Is: Legal Entity Individual

Company Name:*

State duly organized under the laws of and qualified to transact business under:*

Address:* City:* State:* Zip:*

Phone* Email* Business Type* Type of Management*

Contact Information

Click to copy address from above

First Name:* Last Name:* Phone* Email*

Address:* City:* State:* Zip:*

Years of Related Experience:* Years of Section 42 Related Experience:* Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity.*

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this team member may have.
[Add New Identity Of Interest](#)

Has this team member submitted an Application to IFA in the previous three (3) LIHTC rounds?

Has this team member previously submitted a LIHTC to IFA? (9% deals)

Has this team member previously submitted a LIHTC to IFA? (4% deals)

Has this team member received an award of LIHTC from IFA?

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Morlan Point Apartments	1000 Grand Ave	Des Moines	Morlan Point Apartments LP	Morlan and Morlan	Morlan Point GP, LP	None	None	Developer	12/20/2012	

Explain how this team member Materially Participated in the role listed above:

List all states and project names for which this team member has performed as LIHTC Development Consultant:

Add Project							
Project	Address	City	OE Name	Dev Name	GP Name	MM Name	
Test Consultant Project 1	address	Des Moines	Test OE Name Project 1	Test Developer Name Project 1	Test GP Name Project 1	none	

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury

- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Has this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2014 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

Has this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2012 or 2013 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test or the IRS Form 8609 Application.?

If yes, provide name(s), Project Name and Number:

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which a state agency has notified that Ownership Entity that Part II (B) of the IRS form 8609 was completed incorrectly?

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which that Ownership Entity failed to provide a copy of the fully completed (Part II/B) of the IRS form 8609 to the allocating tax credit agency?

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents?*

Please use the link below to list all authorized persons to sign on behalf of the Development Consultant.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Tim	Morlan	Member	Morlan and Associates	Remove

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner?*

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project							
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.							

Team Member

Team Member Type:*

Team Member Is:

 Legal Entity Individual

Company Name:*

Tax Identification Number:*

State duly organized under the laws of and qualified to transact business under:*

Address:*

City:*

State:*

Zip:*

Phone*

Email*

Business Type*

Contact Information

Click to copy address from above

First Name:*

Last Name:*

Phone*

Email*

Address:*

City:*

State:*

Zip:*

Years of Related Experience:*

Years of Section 42 Related Experience:*

Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Test explanation

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Testers United General Contracting, Inc. - Contractor	Carolann Jensen and Dave Vaske own Testers United General Contractor	Yes	Remove
View	Testers United - Developer	Same members - The identity of interest fees were also entered on the managing member tab so this is duplicate entry since same type of identity of interest.	Yes	Remove

Managing Member Organizational Structure

Please use the "Add" link below to provide all Partners/Members/Managers/Officers for this Managing Member.

Add

	Name	Entity Type	Address	Phone	Email	Percent Of Interest	
View	Testers United GP	Partnership	address			100.0000 %	Remove

Has this team member submitted an Application to IFA in the previous three (3) LIHTC rounds?

Has this team member previously submitted a LIHTC to IFA? (9% deals)

Has this team member previously submitted a LIHTC to IFA? (4% deals)

Has this team member received an award of LIHTC from IFA?

Has this project team member completed at least one LIHTC Project in which all LIHTC units have been leased at least once and has received an IRS form 8609 for that project, in Iowa or any other state?

If yes, provide one project name and address:

Enter all state abbreviations where you have had previous LIHTC projects:

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project				
	State	Allocating Agency	Contact	Email
	IA	IFA	Dave Jamison	Dave.Jamison@iowa.gov
				Remove

Is this team member a materially participating Nonprofit working with the project?

The Nonprofit shall receive no less than fifty percent (50%) of the combined total of the Developer and Consultant Fee.

If yes, please select the Nonprofit from our approved list:

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
	Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date
	Project 1 Name	address	city	OE Project 1 Name, LP	Developer Project 1 Name	Project 1 GP Name	none	none	General Partner	12/7/2011
										Remove

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

- o Fraud
- o Tax Fraud
- o Embezzlement
- o Bribery
- o Payment of illegal gratuities
- o Perjury
- o False Statements
- o Racketeering
- o Blackmail
- o Extortion
- o Falsification or Destruction of Record
- o A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

[Empty text box with scroll arrows]

Has this team member withdrawn from a Project following the commencement of construction thru the issuance of an IRS form 8609?

If yes, provide name(s), project name & address, state, and date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

[Empty text box with scroll arrows]

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

[Empty text box with scroll arrows]

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

[Empty text box with scroll arrows]

Has this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2014 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

[Empty text box with scroll arrows]

Has this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2012 or 2013 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test or the IRS Form 8609 Application.?

If yes, provide name(s), Project Name and Number:

[Empty text box with scroll arrows]

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which a state agency has notified that Ownership Entity that Part II (B) of the IRS form 8609 was completed incorrectly?

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which that Ownership Entity failed to provide a copy of the fully completed (Part II/B) of the IRS form 8609 to the allocating tax credit agency?

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance - Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected.

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project?

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents?

Please use the link below to list all authorized persons to sign on behalf of the Managing Member.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Dave	Vaske	Vice President	Testers United GP	Remove
Edit	Carolann	Jensen	President	Testers United GP	Remove

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner?

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project								
	Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
	Test Project 2	address	city	Test OE Name 2	Test Developer Name 2		General Partner	12/19/2012
	Test Project 3	address	city	Test OE Name 3	Test Developer Name 3	none	General Partner	12/8/2011
	Test Project Name 1	address	city	Test OE Project Name 1	Test Developer Name 1	none	General Partner	12/20/2013

Team Member

Team Member Type: Team Member Is: Legal Entity Individual

Company Name:

Address: City: State: Zip:

Phone* (515) 725-4900 Email* John.Kerrs@iowa.gov Business Type* Corp. or Inc.

Contact Information

Click to copy address from above

First Name:* John Last Name:* Kerrs Phone* (515) 725-4900 Email* John.Kerrs@iowa.gov
 Address:* 2015 Grand Ave City:* Des Moines State:* IA Zip:* 50312

Years of Related Experience:* 25 Years of Section 42 Related Experience:* 20 Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Test explanation.

Identity of Interest

Identity of Interest? Yes

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Testers United GP - Managing Member	Carolann Jensen and Dave Vaske own Testers United General Contractor	Yes	Remove
View	Testers United Architect - Architect	Art is brother to General Contractor	Yes	Remove
View	Testers United - Developer	Same members of the managing member own the GC Co.	No	Remove

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years? No

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Project has not been entered.										

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?: No

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA? No

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA? No

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state? No

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.? No

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner? No

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project	Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.								

Team Member

Team Member Type:*

Team Member Is:

Architect Legal Entity Individual

Company Name:*
Testers United Architect

State duly organized under the laws of and qualified to transact business under:* IA

Address:* City:* State:* Zip:*

2000 Grand Ave Des Moines IA 50312

Phone* Email* Business Type*

(515) 725-4900 Art.Kersstua@gmail.com Corp. or Inc.

Contact Information

Click to copy address from above

First Name:* Last Name:* Phone* Email*

Art Kerss (515) 725-4900 Art.Kersstua@gmail.com

Address:* City:* State:* Zip:*

2000 Grand Ave Des Moines IA 50312

Years of Related Experience:* Years of Section 42 Related Experience:* Website URL:

20 15

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Test explanation.

Identity of Interest

Identity of Interest? Yes

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Testers United General Contracting, Inc. - Contractor	Art is brother to General Contractor	Yes	Remove

Is this Architect registered in the state of Iowa? Yes

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years? No

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Project has not been entered.										

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?: No

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA? No

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA? No

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state? No

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period? No

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency? No

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.? No

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Authorized Signors*

How many signatures are required for execution of legal documents? 1

Please use the link below to list all authorized persons to sign on behalf of the Architect.

[Add New Authorized Signor](#)

	First Name	Last Name	Title	Entity Name	
Edit	Art	Kerss	President	Testers United Architect	Remove

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner? No

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project							
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.							

Team Member

Team Member Type:*

Energy Consultant

Team Member Is:

Legal Entity Individual

Company Name:*

Energy Consultants Training Application

Address:*

101

City:*

Energy

State:*

IA

Zip:*

50312

Phone*

(515) 725-4900

Email*

ohagoihh

Business Type*

LP, LLP, LLLP

Contact Information

Click to copy address from above

First Name:*

Penny

Last Name:*

Saver

Phone*

(515) 725-4900

Email*

agkjh

Address:*

101

City:*

Energy

State:*

IA

Zip:*

50312

Years of Related Experience:*

8

Years of Section 42 Related Experience:*

8

Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Test explanation

Identity of Interest

Identity of Interest?

No

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

Team Member does not have an Identity Of Interest.

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

No

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Project has not been entered.										

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?:

No

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Has this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2014 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

Has this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2012 or 2013 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test or the IRS Form 8609 Application.?

If yes, provide name(s), Project Name and Number:

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which a state agency has notified that Ownership Entity that Part II (B) of the IRS form 8609 was completed incorrectly?

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which that Ownership Entity failed to provide a copy of the fully completed (Part II/B) of the IRS form 8609 to the allocating tax credit agency?

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner?*

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project							
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.							

Team Member

Team Member Type:*

Team Member Is:

 Legal Entity Individual

Company Name:*

Address:*

City:*

State:*

Zip:*

Phone:*

Email:*

Business Type:*

Contact Information

Click to copy address from above

First Name:*

Last Name:*

Phone:*

Email:*

Address:*

City:*

State:*

Zip:*

Years of Related Experience:*

Years of Section 42 Related Experience:*

Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Project has not been entered.										

Explain how this team member Materially Participated in the role listed above:

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner?

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:
Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project							
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.							

Team Member

Team Member Type:*

Team Member Is:

 Legal Entity Individual

Company Name:*

Address:*

City:*

State:*

Zip:*

Phone*

Email*

Business Type*

Type of Management*

Contact Information

Click to copy address from above

First Name:*

Last Name:*

Phone*

Email*

Address:*

City:*

State:*

Zip:*

Years of Related Experience:*

Years of Section 42 Related Experience:*

Website URL:

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity:*

Identity of Interest

Identity of Interest?

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

Team Member does not have an Identity Of Interest.

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years?

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date	
Project has not been entered.										

Explain how this team member Materially Participated in the role listed above:

[Empty text box with scroll arrows]

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the

- Fraud
- Tax Fraud
- Embezzlement
- Bribery
- Payment of illegal gratuities
- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

[Empty text box with scroll arrows]

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

[Empty text box with scroll arrows]

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.? No

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues? No

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years? No

If yes, provide name(s) and explanation with date:

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner? No

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project							
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date
Project has not been entered.							

Team Member

Team Member Type: * Team Member Is:
 Developer Legal Entity Individual

Company Name: *
 Testers United

Tax Identification Number: *
 0101001525

State duly organized under the laws of and qualified to transact business under: * IA

Address: * City: * State: * Zip: *
 2015 Grand Ave Des Moines IA 50312

Phone: * Email: * Business Type: *
 (515) 725-4900 Dave.Vaske@Iowa.gov LP, LLP, LLLP

Contact Information

Click to copy address from above

First Name: * Last Name: * Phone: * Email: *
 Dave Vaske (515) 725-4900 Dave.Vaske@iowa.gov

Address: * City: * State: * Zip: *
 2015 Grand Ave Des Moines IA 50312

Years of Related Experience: * Years of Section 42 Related Experience: * Website URL:
 10 10

Explain how this Development Team member possesses the necessary experience to successfully complete the proposed Project and all other projects under construction, and that it has developed projects of comparable size and financing complexity: *

Test explanation

Identity of Interest

Identity of Interest? Yes

Use the link below to list any Identity of Interest that this team member may have.

Add New Identity Of Interest

	Identity of Interest	Explanation	Fee(s) Paid	
View	Testers United GP - Managing Member	Same members - The identity of interest fees were also entered on the managing member tab so this is duplicate entry since same type of identity of interest.	Yes	Remove
View	Testers United General Contracting, Inc. - Contractor	Same members of the managing member own the GC Co.	No	Remove

Will/have any fees be paid to parties who have an Identity of Interest? (Refer to QAP Appendix 2 - Glossary of Terms for definition of Identity of Interest) Yes

If yes, list fee(s) below:

Add Fee			
	Service	Fee	
	Builder Overhead	\$100,000.00	Remove
	Builder Profit	\$100,000.00	Remove
	General Requirements	\$200,000.00	Remove

Developer Organizational Structure

Please use the 'Add' link below to provide all Partners/Members/Managers/Officers for this Developer.

Add

	Name	Entity Type	Address	Phone	Email	Percent Of Interest	
View	Testers United GP	Partnership	address			100.0000 %	Remove

- Has this team member submitted an Application to IFA in the previous three (3) LIHTC rounds? Yes
- Has this team member previously submitted a LIHTC to IFA? (9% deals) Yes
- Has this team member previously submitted a LIHTC to IFA? (4% deals) No
- Has this team member received an award of LIHTC from IFA? Yes
- Has this project team member completed at least one LIHTC Project in which all LIHTC units have been leased at least once and has received an IRS form 8609 for that project, in Iowa or any other state? Yes

If yes, provide one project name and address:

Developer Test Project Name and Address

Enter all state abbreviations where you have had previous LIHTC projects:

List each state Tax Credit allocating agency with the agency contact name and email address.

Add Previous LIHTC Project				
	State	Allocating Agency	Contact	Email
	IA	IFA	Dave Jamison	Dave.Jamison@iowa.gov
				Remove

Is this team member a materially participating Nonprofit working with the project? No

The Nonprofit shall receive no less than fifty percent (50%) of the combined total of the Developer and Consultant Fee.

If yes, please select the Nonprofit from our approved list:

--

Returning or New Developer in Iowa

Provide the name(s) of the person(s) and agency name(s) who represented the Developer in a meeting with LIHTC Manager: *

Provide the date of the meeting with LIHTC Manager: *

Mandatory Developer Training

Provide the name(s) of the person(s) that attended the mandatory developer training: *

Provide the date of the mandatory developer training: *

Relationship of Attendee to Developer: *

Relationship to Developer Explain (required if Relationship is "Other"):

Qualified Development Team

Has this team member Materially Participated in the role of a Developer, managing member, General Partner or development consultant in the development of a LIHTC Project that has received an IRS Form 8609 from any state within the past 7 years? Yes

If yes, provide the Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project General Partner Name, Project Managing Member Name, Project Development Consultant Name, Team Member Role in Project:

Add Project										
	Project Name	Project Address	Project City	OE Name	Developer Name	GP Name	MM Name	Dev Consult Name	Role	8609 Issuance Date
	Project 1 Name	address	city	OE Project 1 Name, LP	Testers United	Project 1 GP	none	none	Developer	12/7/2011
										Remove

Explain how this team member Materially Participated in the role listed above:

Text explanation.

Significant Parties

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five (5) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five (5) years prior to the effective date hereof):

Has this team member been convicted of, entered an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following in the previous five (5) years?: No

- o Fraud
- o Tax Fraud
- o Embezzlement
- o Bribery
- o Payment of illegal gratuities

- Perjury
- False Statements
- Racketeering
- Blackmail
- Extortion
- Falsification or Destruction of Record
- A crime of violence related to any housing Project

If yes, provide name(s), state, date, and explanation:

[Empty text box with scroll arrows]

Has this team member withdrawn from a Project following the commencement of construction thru the issuance of an IRS form 8609?

If yes, provide name(s), project name & address, state, and date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three (3) years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three (3) years prior to the effective date hereof):

Has this team member intentionally or negligently misrepresented or omitted any material fact in its LIHTC Application or in any other written communication with IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Does this team member have an uncorrected default of any agreement between the Significant Party and IFA?

If yes, provide name(s), program, and date:

[Empty text box with scroll arrows]

Has this team member been removed as General Partner or Managing Member by the equity investor from any previously approved LIHTC Project in Iowa or any other state?

If yes, provide name(s), state, project name, date:

[Empty text box with scroll arrows]

Significant Parties and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one (1) year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to one (1) year prior to the effective date hereof):

Has this team member Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, and date:

[Empty text box with scroll arrows]

Has this team member served as an officer, director, General Partner, managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any Entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes Entities with loans under any IFA program that are 60 days or more delinquent or have received more than two (2) delinquency letters in the previous twelve (12) month period?

If yes, provide name(s), state, program information, date:

[Empty text box with scroll arrows]

Has this team member been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency?

If yes, provide name, state, and date of debarment:

[Empty text box with scroll arrows]

Has this team member Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in calendar year 2014 prior to the closing of such Project's equity investment and no subsequent year Tax Credits were issued to replace the returned Tax Credits. An Ownership Entity or Developer, who returns excess Tax Credits at the time of the IRS Form 8609 issuance, or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round?

If yes, provide name(s), Project, and date:

[Empty text box with scroll arrows]

Has this team member Materially Participated in a Project that was awarded nine percent (9%) Tax Credits in 2012 or 2013 in which the Project costs exceeded the applicable Unit cost cap at the time of the Carryover-10% Test or the IRS Form 8609 Application.?

If yes, provide name(s), Project Name and Number:

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which a state agency has notified that Ownership Entity that Part II (B) of the IRS form 8609 was completed incorrectly?

Has any member/partner/officer/principal of this development team member had an ownership interest in a low income housing tax credit project in which that Ownership Entity failed to provide a copy of the fully completed (Part II/B) of the IRS form 8609 to the allocating tax credit agency?

If yes, provide name(s), Project Name and Number:

Significant Parties and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

Has this team member Materially Participated in a Project that has received from IFA or from any other state an IRS Form 8823 on which a box in the column headed "Out of compliance" has been checked (regardless of whether the non-compliance for which the IRS Form 8823 was issued has subsequently been corrected) or who have a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823? IFA may consider as mitigating or aggravating factors, the number of instances of non-compliance, whether the non-compliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control of the Significant Party in question over the out-of-compliance Project. Applicants are encouraged to work with the IFA Compliance staff to correct any outstanding issues prior to the Application deadline. If corrections cannot be completed prior to the Application deadline, the Applicant must submit a detailed account, on the exhibit provided in the Application, of any noteworthy compliance issues or uncorrected IRS Form 8823's that have been issued with respect to properties associated with any Significant Parties. IFA issues a report, similar to an IRS Form 8823, called the "Low Income Housing Tax Credit Notice of Non-Compliance - Land Use Restrictive Agreement (LURA) Extended Use Period", which addresses issues that are not in compliance with the LURA to the Owner that also must be corrected.

If yes, provide name, project name, #, state, date of issuance of 8823 and date of correction with explanation:

Has this team member failed to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.?

If yes, provide name(s), project name, explanation, date:

Has this team member voluntarily agreed to be replaced as a General Partner or managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues?

If yes, provide name(s), state, project name, date, and explanation:

Has this team member filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement within the past 7 years?

If yes, provide name(s) and explanation with date:

Is this team member an IFA Certified CHDO?

If yes, provide DUNS Number:

Authorized Signors*

How many signatures are required for execution of legal documents?

Please use the link below to list all authorized persons to sign on behalf of the Developer.

Add New Authorized Signor

	First Name	Last Name	Title	Entity Name	
Edit	Carolann	Jensen	President	Testers United	Remove
Edit	Dave	Vaske	Vice President	Testers United	Remove

Qualified Development Team Experience

Has this team member completed at least 3 LIHTC Projects which have received an IRS Form 8609 between July 1, 2008 and July 1, 2014 as a Developer, Managing Member, or General Partner?

Please use the link below to list all projects completed.

If yes, provide the following information for all 3 LIHTC Projects:

Project IRS form 8609 Issuance Date, Project Ownership Entity Name, Project Name, Project Address, Project City, Project State, Project Zip, Project Developer Name, Project Managing Member Name, Team Member Role:

Add Project									
	Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date	
	Test Project 2	address	city	Test OE Name 2	Testers United	none	Developer	12/19/2012	Remove
	Test Project 3	address	city	Test OE Name 3	Testers United	none	Developer	12/8/2011	Remove

Add Project									
Project Name	Project Address	Project City	OE Name	Developer Name	MM Name	Role	IRS Date		
Test Project Name 1	address	city	Test OE Project Name 1	Testers United	none	Developer	12/20/2013	Remove	

Project Amenities

Please provide a detailed description of the current use of the property, all adjacent property land uses, and surrounding neighborhood.*

Training App detail description.

Market Appeal Characteristics (check all that apply):

- Video Security System
Description: The security system shall record activity at the site such that no part of the site can be accessed without that activity being recorded at a level of resolution wherein the persons recorded are recognizable. The recordings must be maintained for a minimum of 30 days. To be eligible for points, single family or scattered site Projects are required to have the video security system to cover all Units. The video security system shall be provided and maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership.
- Medical Alert System
Description:
- In-Unit Laundry space with washer and dryer
Description: In-Unit Laundry space with washer and dryer means a dedicated laundry space within the unit with at least one washer and dryer provided and maintained by the Owner. If a Unit is Accessible, the Accessibility requirements must be met for the laundry space and the laundry equipment (washer and dryer). The dryer shall be vented to the exterior of the building.
- Bike Racks
Description: Bike racks mean the Project will provide and maintain bike racks that are adjacent to the primary entrance of each building throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership. The area shall be lighted and in close proximity to a paved path that leads to a recreation trail or safe entrance to a public street.
- Storage Units
Description: Storage unit means a dedicated, lockable, structurally strong and secure, floor to ceiling room that is at least 20 square feet. The Storage Unit must be in addition to and excess of the required Bedroom, Linen, and Coat closets. Storage rooms shall be maintained in compliance with the requirements for fire safety and Uniform Fire Code, which limits flammable and combustible materials. The Storage Units shall be provided and maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership.
Specify location of storage units: Storage Unit Location entered here.
- Computer Learning Center
Description:
- Free Internet Connectivity
Description: Free Internet Connectivity means the Project will provide, at no cost to the tenant, broadband internet access to each unit. The term broadband includes a broad range of technologies, all of which provide a minimum rate of 768K-3Mbps. These technologies include those using telephone wires (DSL), fiber optic, cable TV, and wireless satellite cable TV. The Free Internet Connectivity shall be provided and maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership.
- Built-in Dishwasher
Description: Built-In Dishwasher means the Project will provide and maintain a built-in dishwasher throughout the Compliance Period and the Extended Use Period in all Units at the cost of the Project Ownership.
- Free Parking
Description: Provide Free Parking of minimum of one space per Unit within 1/2 mile walking distance of the Project's Primary Address and meets IFA's Site Control Requirements.

Construction Characteristics

Exterior Construction: Durability

Exterior of the building(s) is (are) constructed with:

- Minimum of 60% of the gross exterior (excluding window and door areas), of brick, stone, stucco over masonry, architectural CMU block, pre-cast concrete wall panels. The remaining 40% shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. Window infill panels, if present, shall be constructed of 100% fiber cement board siding OR pre-finished aluminum metal AND Pre-finished aluminum metal or fiber cement board fascia and vented soffit systems.
- 100% fiber cement board siding (excluding window and door areas) AND Pre-finished aluminum metal or fiber cement board fascia or nominal 2" thick manufactured stone over 3/4" stucco and vented soffit systems.
- Minimum of 60% of the gross exterior (excluding window and door areas), of brick, stone, stucco over masonry, architectural CMU block, pre-cast concrete wall panels or nominal 2" thick manufactured stone over 3/4" stucco. The remaining 40% shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. Window infill panels, if present, shall be constructed of 100% fiber cement board siding OR pre-finished aluminum metal.
- 100% fiber cement board siding (excluding window and door areas).
- Pre-finished aluminum metal or fiber cement board fascia or nominal 2" thick manufactured stone over 3/4" stucco and vented soffit systems.
- None of the above.

Doors

- Steel Frame Door (Projects with Historic tax credits do not qualify)
Description: All hall entry and unit doors will have steel frames.

Vertical grab bars

- Vertical grab bars in the bathtub/shower and lever door hardware throughout the unit
Description: Project will provide vertical grab bars in the bathtub/shower and lever door hardware throughout the unit.

Main Entrance Areas

- Main entrance areas shall be designed with a foyer and equipped with a remote security and intercom system to each Unit to control entry to common areas. (Unit main entrance to interior)
- Covered entry and storm door (Unit main entrance to exterior) shall have a minimum depth and width of coverage of 4 feet by 4 feet.
- None of the above.

Other Site Amenities (check all that apply):

Community Bldg - Sq Ft:

Community Room

Community Room - Sq Ft:

Garages

Number of Garages:

Will rent be charged?

Rent Amount:

Surface Parking

Number of Parking Spaces:

Will rent be charged?

Rent Amount:

Underground Parking

Number of Parking Spaces:

Will rent be charged?

Rent Amount:

Laundry Room Library Media Center Room Onsite Leasing Office

Playground - Commercial Equipment Picnic Area/Tables Security Locked Bldg Swimming Pool

Dining Room 24 Hour On-site Resident Manager Gazebo High Speed Internet Access Per Unit

Beauty Salon/Barber Craft/Game Room Site Lighting Fitness Center

Other:

Describe Differences in Low-income & Market-rate Unit Amenities:
No difference.

Other Interior Apartment Amenities (check all that apply):

Applicant certifies that all amenities selected will be provided to all units.*

Ceiling fans Garbage Disposal Refrigerator Microwave

Kitchen Exhaust Fan Washer and Dryer Hook-up (only)

Range

Range Type:

Window Coverings

Window Covering Type:

Flooring:

Carpet Vinyl Wood Ceramic Tile

Other:

Heating:

Gas Heat Heat Pump Electric Pump Electric Heat

Geothermal

Boiler Other:

Cooling:

Central Air Thru-wall A/C unit Geothermal Other:

Water Heating:

Gas Water Heating Electric Water Heating Other:

Construction Characteristics

Construction Characteristic	Minimum Requirement
Exterior Construction:	Air filtration barrier building wrap required on all new siding installations. Specify the material to be used:* <input type="text" value="Training application specification of materials to be used."/>
Roofs:	If shingles will be installed, then use of a minimum of 25-year shingles with 30 pound roofing felt shall be required. For flat roofs, a system with a 10-year full warranty is required. Full warranty includes: all labor and materials for the entire roofing system and insurance rider for consequential damage. Specify the material to be used:* <input type="text" value="Training application specification of the material to be used."/>
Exterior Entry Doors to Common Areas:	Insulated metal or fiberglass type with optional thermo-pane glass insert or thermo-pane glass full lite doors with metal thermal break type frame. Specify the material to be used:* <input type="text" value="Training application specification of material to be used."/> Explain how the use will meet the minimum requirements:* <input type="text" value="Training application explanation of how the use will meet the minimum requirements."/>
Unit Doors:	Direct unit access to exteriors, insulated metal or fiberglass panel type with optional thermo-pane glass insert, 180-degree peephole, lockset and deadbolt lock with one-inch throw. Specify the material to be used:* <input type="text" value="Training application specification of material to be used."/>

Explain how the use will meet the minimum requirements:*

Training application explanation of how the use will meet the minimum requirements.

Unit Doors:

Interior common hall Unit entry doors of steel or solid core wood with 180-degree peephole, with passage set and deadbolt lock with one-inch throw.

Specify the material to be used:*

Training application specification of material to be used.

Overhead Doors:

Embossed steel panel doors without insulation to non-heated areas.

Specify the material to be used:*

Training application specification of material to be used.

Appliances:

The kitchen must have a cook top, an oven, a microwave, a cooling/freezing unit, and a sink. A Family Unit must have a two-bowl kitchen sink. See the Single Room Occupancy definition in Appendix 2-Glossary of Terms for exceptions.

Specify the material to be used:*

Training application specification of material to be used.

Carpeting:

Minimum Weight and Density Requirements for Carpet			
		Nylon	Nylon /Olefin Blend
Location:		Face Weight	Face Weight
In Units	Level/textured Loop	22 oz.	26 oz.
	Cut-Pile Heat Set Plied	24 oz.	30 oz.
Common Areas	Level/textured Loop	26 oz.	28 oz.
	Cut-Pile Heat Set Plied	28 oz.	32 oz.

*Carpet shall contain minimum 45% recycled content. Polyester carpet is not allowed.

Specify the material to be used:*

Training application specification of material to be used.

Resilient Flooring:

Kitchens - Either 1/8 inch vinyl composition tile, color, and pattern full thickness, LVT with a 12 mil wear layer or sheet vinyl complying with bathroom specifications listed in QAP Appendix 1, G.10, made from products that do not use vinyl chloride in the manufacturing process and do not produce dioxin. An alternative to vinyl composite tile or sheet vinyl is natural linoleum flooring, tile flooring, or bamboo.

Specify the material to be used:*

Training application specification of material to be used.

Resilient Flooring:

Bathrooms - Sheet vinyl with wear surface of 20 mils or greater, with underlayment product on second or higher floors. Resilient flooring shall be made from products that do not use vinyl chloride in the manufacturing process and do not produce dioxin. An alternative is natural linoleum flooring, tile flooring, or bamboo. VCT or LVT is not allowed in restrooms, shall be a sheet product.

Specify the material to be used:*

Training application specification of material to be used.

Shower Flooring:

Bathrooms that have Accessible roll-in showers shall use molded fiberglass pan or manufactured fiberglass surround unit, non-slip type ceramic floor tiles, or terrazzo flooring.

Specify the material to be used:*

Training application specification of material to be used.

Explain how the use will meet the minimum requirements:*

Training application explanation of how the use will meet the minimum requirements.

Cabinetry:

All cabinets, shelves, and countertops made with formaldehyde free materials: solid wood, formaldehyde-free particleboard or MDF (medium density fiberboard), metal with natural or baked enamel factory finish. Laminate countertops required at a minimum.

Specify the material to be used:*

Training application specification of material to be used.

Explain how the use will meet the minimum requirements:*

Training application explanation of how the use will meet the minimum requirements.

Window Covering:

Window coverings are required. A spring loaded type window shade is not an approved window covering.

Specify the material to be used (from Amenities section):*

Vertical Blinds

Sidewalks:

A concrete sidewalk shall be provided from each entrance door to a public way and where possible, combine the sidewalks. In the event the city requires additional sidewalks, that requirement shall be followed. ADA/UFAS/ANSI A117.1 slope and curb cut ramp requirements shall apply.

Provide a description:*

Training application sidewalk description.

Laundry: A common laundry room facility located on site with a minimum of one washer/dryer to serve each 12 Units. A minimum of one front loading accessible washer and dryer is required. Central laundry facilities in buildings with an elevator will comply. An Applicant can provide a washer and dryer in each Unit in lieu of a common laundry room facility.

Specify by marking the applicable box (from Amenities section):*

- Laundry Room In-Unit Laundry space with washer and dryer

Provide a description:*

Project will provide washers and dryers in each unit.

Explain how the minimum characteristics will be met as a ratio of machines to number of units:*

Training application explanation of how the use will meet the minimum requirements.

Heating and Air Conditioning: The Units shall be heated and air conditioned. Air conditioning equipment should be at least 13 SEER and use R-410a refrigerant that is charged according to manufacturer's specifications. Thru-wall A/C units must be at least 10.7 EER. Heating equipment should be at least 90 AFUE for furnaces and 85 AFUE for boilers. Window A/C units are not allowed.

Specify by marking the applicable box (from Amenities section):*

Heating:

- Gas Heat Heat Pump Electric Pump Electric Heat Geothermal Boiler

Other:

Cooling:

- Central Air Thru-wall A/C unit Geothermal Other:

Water Heating:

- Gas Water Heating Electric Water Heating Other:

Specify the equipment to be used:*

Training application specification of equipment to be used.

Explain how the use will meet the minimum requirements:*

Training application explanation of how the use will meet the minimum requirements.

Accessible Units: In new as well as rehab construction, a minimum of ten percent (10%) of all Units supplied shall be Fully Accessible (as defined by ANSI 117.1) on the building accessible routes which includes all floors if an elevator is provided. All Units on the accessible routes must be adaptable (Type B Units per the International Building Code, (IBC), upon reasonable tenant request for special needs. A minimum of two (2%) of all Units supplied shall be adapted for hearing and/or vision impairments as Units with Accessible Communication Features. The two percent (2%) can't be included in the ten percent (10%) of the Accessible Unit. When an Applicant elects to exceed the 10% requirement for Fully Accessible Units, those Units over and above that requirement shall be Accessible Type A units per the IBC. Accessible units, shall be dispersed throughout the Property and different bedroom sizes rather than segregated.

The following number of units have been entered in the application and will be supplied in the Project:

of fully accessible units: 5, # of units with Accessible Communication features: 1, # of Type A units: 13, # of Type C (Visitable) units: 24

Specify the number of Adaptable Units that will be supplied and constructed in accordance with the 2015 QAP, Appendix 1, G.17, and the Fair Housing Act: *

Construction Warranty: Obtain a minimum of one-year construction blanket warranty that is enforceable. The warranty will stipulate that the general contractor is responsible to do or have done any and all required warranty repair work at its expense

Describe:*

Training application construction warranty description.

High Speed Internet Access: Provide high speed internet access to each Unit by wiring for broadband, wireless, or digital subscriber (DSL). Service provider is the responsibility of the tenant, unless the Applicant requested scoring points for free internet connectivity.

Describe:*

Training application high speed internet access description

Closets: A closet (2 foot x 5 foot minimum) with a door shall be provided in each bedroom. The minimum complement of closets per Unit include: 1 linen, 1 coat, all 2 foot x 3 foot minimum; 1 in each bedroom 2 foot x 5 foot minimum.

Describe:*

Training application closets description

Minimum Unit Square Footage: Minimum Unit Square Footage for New Construction and Adaptive Reuse: Efficiency Unit - 450 sq. ft., 1 Bedroom Unit - 625 sq. ft., 2 Bedroom Unit - 800 sq. ft., 3 Bedroom Unit - 1000 sq. ft., 4 Bedroom Unit - 1175 sq. ft.

Describe:*

The Project will exceed the minimum unit square footage.

Energy Efficiency: New construction developments with three (3) stories of residential space or less, in addition to meeting Iowa State Code and the IECC, shall meet or exceed Energy Star 3.0 standards and receive a Home Energy Rating Systems (HERS) Index of 70 or less from a certified rater in Iowa. A home energy rating performed by a certified HERS rater is required on each building after it is completed to verify that actual construction meets the above listed requirements. Five (5) Units with different floor plans and orientations for complexes of less than 50 Units and ten percent (10%) of Units up to a maximum of 10 Units in complexes of 50 or more Units must be rated. The contract for the determination of the HERS index must be between the certified rater and the Ownership Entity. If upon completion, a Project does not meet the HERS index of 70 or less, additional steps shall be taken by the Ownership Entity to obtain the HERS index of 70 prior to issuance of the IRS Form 8609. For existing structures that receive a Tax Credit Reservation, an energy audit conducted by a certified home energy rater or firm specializing in energy efficiency that is acceptable to IFA, shall be provided on each building prior to the preparation of the final work rehabilitation order. At the credit reservation state, IFA requires an engineer or architect to certify that the design meets the 2012 IECC. The review shall be documented with a letter from the engineer or architect to IFA indicating whether the proposed construction meets the IECC. At completion of the rehabilitation, an energy audit by a certified energy rater is required to verify that the rehabilitation work on each building meets the standards of IECC. If upon completion, a Project does not verify that the Project has met the specified energy improvements, additional steps shall be taken by the Ownership Entity prior to the issuance of the IRS Form 8609.

Existing Structures - An energy audit conducted by a certified Home Energy Rater must be provided on each building prior to the preparation of the final work rehabilitation order. The rater, the owner, and IFA will determine the feasibility of meeting the requirements of IECC prior to the start of rehabilitation. If it's determined to be feasible to meet the IECC standards, appropriate specifications will be written into the order. If it's not feasible, the rater will provide information indicating effective and cost-effective energy improvements that could be included as part of the rehabilitation Project. At the completion of rehabilitation, a follow-up energy audit by a Certified Energy Rater is required to verify the rehabilitation work on each building meets the IECC standards or includes recommended energy performance measures designed to achieve energy use reductions projected as a part of the initial performance audit and consultation. The contract for the determination of the energy audit must be between the Certified Rater and the Ownership Entity. If upon completion, a Project doesn't verify the Project has met the specified energy improvements, additional steps must be taken by the Ownership Entity prior to issuance of IRS form 8609.

Additional Energy Efficiency Election for HERS Index or IECC (from Description section):*

Home Energy Rating Systems (HERS) Index of 64 or less 2012 International Energy Conservation Code (IECC) exceeded by 8% or more

Explain how the use will meet the minimum requirements:*

Training application explanation how the energy efficiency requirement will be met.

Site Lighting:

Project site lighting must be adequate to ensure safe and secure travel from parking areas to Unit or building entries. Care shall be taken to provide energy efficient lighting that is not excessive or intrusive to the neighborhood. Areas covered by security cameras shall be illuminated. Cutoff fixtures that direct light downward are encouraged. Minimum requirements of the Iowa State Code will apply in any case.

Describe:*

Training application site lighting description.

Buildings

General Building Information

All HOME units will be:*

Fixed

Summary Information

	30% AMI	40% AMI	50% AMI	60% AMI	Total
Low Income Only Units:	2	11	0	24	37
Low Income & HOME Units:	0	0	0	4	4
HOME Only Units:	0	0	0	0	0
Market Rate Units:					2
Manager Units:					0
Fully Accessible Units:	1	0	0	4	5
Units with Communication Features:	0	1	0	0	1
Visitable Units:	1	2	0	19	24
Accessible Type A Units:	0	8	0	5	13
All Units:					43
Buildings:					1

	0 BR	1 BR	2 BR	3 BR	4+ BR	Total
Low Income Only Units:	0	3	10	19	5	37
Low Income & HOME Units:	0	2	2	0	0	4
HOME Only Units:	0	0	0	0	0	0
Market Rate Units:	0	0	1	1	0	2
Manager Units:	0	0	0	0	0	0
Fully Accessible Units:	0	1	1	2	1	5
Units with Communication Features:	0	0	1	0	0	1
Visitable Units:	0	2	10	12	0	24
Accessible Type A Units:	0	2	1	6	4	13
New Construction LIHTC Units:	0	0	0	0	0	0
Rehab LIHTC Units:	0	0	0	0	0	0
Totals:	0	5	13	20	5	43

	30% AMI	40% AMI	50% AMI	60% AMI	0 BR	1 BR	2 BR	3 BR	4+ BR	Total
BIN: 1555 A Ave, Lamoni, IA 50140-0000										43
Fully Accessible Units	1	0	0	4	0	1	1	2	1	5
Units with Accessible Communication Features	0	1	0	0	0	0	1	0	0	1
Visitable Units	1	2	0	19	0	2	10	12	0	24
Additional Accessible Type A Units	0	8	0	5	0	2	1	6	4	13

	Common Sq. Ft.	Residential Sq. Ft.	LI Residential Sq. Ft.	Commercial Sq. Ft.	Gross Floor Sq. Ft.	# Stories	# Elevators	Building Type
BIN: 1555 A Ave, Lamoni, IA 50140-0000	0	54,350	51,925	0	54,350	3	1	Standard Apartment
Totals	0	54,350	51,925	0	54,350			

	Size	# Units - Target Income	Proposed Gross Rent	LIHTC Max Rent
BIN: 1555 A Ave, Lamoni, IA 50140-0000				
	1 BR	1 @ 30%	\$333.00	\$336.00
	1 BR	1 @ 40%	\$443.00	\$447.00
	1 BR	2 @ 60%	\$453.00	\$454.00
	1 BR	1 @ 60%	\$618.00	\$671.00
	2 BR	1 @ 0%	\$774.00	\$0.00
	2 BR	1 @ 30%	\$403.00	\$403.00
	2 BR	2 @ 40%	\$529.00	\$537.00
	2 BR	2 @ 60%	\$579.00	\$579.00
	2 BR	7 @ 60%	\$584.00	\$805.00
	3 BR	1 @ 0%	\$980.00	\$0.00
	3 BR	6 @ 40%	\$590.00	\$620.00

	3 BR	13 @ 60%	\$920.00	\$930.00
	4 BR	2 @ 40%	\$689.00	\$692.00
	4 BR	3 @ 60%	\$1,014.00	\$1,038.00

Building

Address Information

Address: 1555 A Ave City: * Lamoni 9 Digit Zip Code: * 50140 - 0000

State: IA County: DECATUR Census Tract: 9602 Check if Primary Address

Congressional District: 2 State Senate District: 14 State House District: 27 BIN:

Has this building ever been part of a Project that received low income housing tax credits in a prior year? *

If above is "Yes", provide prior BIN:

Is the building part of a LIHTC project that is in the initial 15 year compliance period?

Is the building part of an existing Land Use Restrictive Covenants (LURA)?

Is the building part of a prior LIHTC project that requested a Qualified Contract through IFA and has had a partial LURA released?

What was the owner's minimum set-aside election for this previous LIHTC building?

* Applicant acknowledges and fully understands that original building identification numbers (BIN) are required to be used if previous tax credits have been awarded on any of the buildings that are part of this application and if any part of this application is included in a Land Use Restrictive Agreement still in effect, any applicable portion of the owner's application is bound to the most restrictive terms in the Land Use Restrictive Agreement(s).

Other Information

Building is: New Acquired Number of Stories: 3 Building Type: * Standard Apartment

Acquisition Date: Acquisition Cost: \$0 Rehabilitation Cost: \$0

Date Constructed: Date Placed In Service By Previous Owner: Expected Date Placed In Service: 7/1/2016

Number of Fully Accessible Units: 5 Number of Units with Accessible Communication Features: 1 Number of Visitable Units: 24 Number of Additional Accessible Type A Units: 13

Type of Control: * Option

If Type of Control is Ownership, provide Date Acquired By Applicant:

If Type of Control not Ownership, provide Control Doc Expires On: 10/31/2015

Is this building on or eligible for the National Register of Historic Places?

If any building in the Project consists of 4 or fewer units, will any unit in such building be occupied by the owner of such building or any person who is related to such owner?

Check if Building is Common Space Only

Extend Rent Limit

Contract Number

Qualified Basis

For Acquisition Costs:	Applicable Fraction:	Credit %:	Bldg Acquisition Credits:
\$0.00	95.3488%	3.3000%	\$0.00
For New/Rehab Costs:	Applicable Fraction:	Credit %:	Bldg New/Rehab Credits:
\$0.00	95.3488%	7.60%	\$0.00

Utilities included in rents

Water/Sewer Electric Gas Trash

Water Heating Other

Tenant Paid Utilities

Utilities	Eff/SRO	1 BR	2 BR	3 BR	4 BR	5 BR
Heating Electric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Heating Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Air Conditioning	\$0.00	\$5.00	\$7.00	\$9.00	\$12.00	\$0.00
Cooking Electric	\$0.00	\$5.00	\$7.00	\$9.00	\$12.00	\$0.00
Cooking Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Electric	\$0.00	\$8.00	\$10.00	\$12.00	\$15.00	\$0.00
Water Heating Electric	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Water Heating Gas	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Water	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sewer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Trash Collection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (specify):	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:	\$0.00	\$18.00	\$24.00	\$30.00	\$39.00	\$0.00

Are there any additional charges that are mandatory charges required for tenancy?

Mandatory Charge Amount: \$0.00

Building includes

Elevators
 Accessory Building(s)
 Commercial Facilities
 Other Facilities
 Number of Elevators

Square Footage Information

Residential Sq.Ft. (Sum of Net Sq. Ft. From Units below):
 Common Sq.Ft.:*
 Commercial/Retail Sq.Ft.:*
 Gross Floor Square Footage:
 Remarks concerning Building:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1	800
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$465	\$447
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$425	\$18.00	\$0.00	\$443
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025

Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	40	\$593	\$537
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$505	\$24.00	\$0.00	\$529
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	40	\$593	\$537
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$505	\$24.00	\$0.00	\$529
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		Yes	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	4	2	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	60	\$1,050	\$1,038
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$975	\$39.00	\$0.00	\$1,014
Is unit Fully Accessible?		Yes	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value=""/>	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		Yes	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1	800
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$454	\$671
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$435	\$18.00	\$0.00	\$453
Is unit Fully Accessible?		Yes	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input checked="" type="checkbox"/> Check if HOME unit			
HOME Type	HOME Funds per Unit	HOME Rent Limit	
High	\$154,636	\$454	

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		Yes	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1	800
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$454	\$671
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$435	\$18.00	\$0.00	\$453
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input checked="" type="checkbox"/> Check if HOME unit			

HOME Type High HOME Funds per Unit \$154,636 HOME Rent Limit \$454

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type* Low Income # BRs* 2 # Baths* 1.5 Net Sq.Ft.* 1025
 Unit Number AMI%* 60 Fair Market Rent \$579 LIHTC Rent Limit \$805
 Monthly Rent* \$555 Utility Allowance* \$24.00 Other Fees \$0.00 Total Housing Expense \$579
 Is unit Fully Accessible? No
 Does unit have Accessible Communication Features? No
 Is unit Visitable? Yes
 Is Additional Accessible Type A unit? No

Check if HOME unit

HOME Type High HOME Funds per Unit \$154,636 HOME Rent Limit \$579

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type* Low Income # BRs* 2 # Baths* 1.5 Net Sq.Ft.* 1025
 Unit Number AMI%* 60 Fair Market Rent \$579 LIHTC Rent Limit \$805
 Monthly Rent* \$555 Utility Allowance* \$24.00 Other Fees \$0.00 Total Housing Expense \$579
 Is unit Fully Accessible? No
 Does unit have Accessible Communication Features? No
 Is unit Visitable? Yes
 Is Additional Accessible Type A unit? No

Check if HOME unit

HOME Type High HOME Funds per Unit \$154,636 HOME Rent Limit \$579

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type* Low Income # BRs* 3 # Baths* 2 Net Sq.Ft.* 1400
 Unit Number AMI%* 40 Fair Market Rent \$874 LIHTC Rent Limit \$620
 Monthly Rent* \$560 Utility Allowance* \$30.00 Other Fees \$0.00 Total Housing Expense \$590
 Is unit Fully Accessible? No
 Does unit have Accessible Communication Features? No
 Is unit Visitable? No
 Is Additional Accessible Type A unit? Yes

Check if HOME unit

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type* Low Income # BRs* 3 # Baths* 2 Net Sq.Ft.* 1400
 Unit Number AMI%* Fair Market Rent LIHTC Rent Limit

<input type="text" value="40"/>	<input type="text" value="\$874"/>	<input type="text" value="\$620"/>
Monthly Rent*	Utility Allowance*	Other Fees
<input type="text" value="\$560"/>	<input type="text" value="\$30.00"/>	<input type="text" value="\$0.00"/>
		Total Housing Expense
		<input type="text" value="\$590"/>
Is unit Fully Accessible?	<input type="text" value="No"/>	
Does unit have Accessible Communication Features?	<input type="text" value="No"/>	
Is unit Visitable?	<input type="text" value="No"/>	
Is Additional Accessible Type A unit?	<input type="text" value="Yes"/>	
<input type="checkbox"/> Check if HOME unit		

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1400"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="40"/>	<input type="text" value="40"/>	<input type="text" value="\$874"/>	<input type="text" value="\$620"/>
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$560"/>	<input type="text" value="\$30.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$590"/>
Is unit Fully Accessible?	<input type="text" value="No"/>		
Does unit have Accessible Communication Features?	<input type="text" value="No"/>		
Is unit Visitable?	<input type="text" value="No"/>		
Is Additional Accessible Type A unit?	<input type="text" value="Yes"/>		
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1400"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="40"/>	<input type="text" value="40"/>	<input type="text" value="\$874"/>	<input type="text" value="\$620"/>
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$560"/>	<input type="text" value="\$30.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$590"/>
Is unit Fully Accessible?	<input type="text" value="No"/>		
Does unit have Accessible Communication Features?	<input type="text" value="No"/>		
Is unit Visitable?	<input type="text" value="No"/>		
Is Additional Accessible Type A unit?	<input type="text" value="Yes"/>		
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
<input type="text" value="Low Income"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1400"/>
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="40"/>	<input type="text" value="40"/>	<input type="text" value="\$874"/>	<input type="text" value="\$620"/>
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
<input type="text" value="\$560"/>	<input type="text" value="\$30.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$590"/>
Is unit Fully Accessible?	<input type="text" value="No"/>		
Does unit have Accessible Communication Features?	<input type="text" value="No"/>		
Is unit Visitable?	<input type="text" value="No"/>		
Is Additional Accessible Type A unit?	<input type="text" value="Yes"/>		
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	4	2	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$1,050	\$692
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$650	\$39.00	\$0.00	\$689
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	4	2	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	40	\$1,050	\$692
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$650	\$39.00	\$0.00	\$689
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Market Rate	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	--	\$0	\$0
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$750	\$24.00	\$0.00	\$774
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Market Rate	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	--	\$0	\$0
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$950	\$30.00	\$0.00	\$980
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1	800
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	30	\$465	\$336
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$315	\$18.00	\$0.00	\$333
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	1	1	800
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$465	\$671
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$600	\$18.00	\$0.00	\$618
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	30	\$593	\$403
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$379	\$24.00	\$0.00	\$403
Is unit Fully Accessible?		Yes	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	

Is Additional Accessible Type A unit? Yes

Check if HOME unit

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income <input type="checkbox"/>	4 <input type="checkbox"/>	2 <input type="checkbox"/>	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	60 <input type="checkbox"/>	\$1,050	\$1,038
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$975	\$39.00	\$0.00	\$1,014
Is unit Fully Accessible?		No <input type="checkbox"/>	
Does unit have Accessible Communication Features?		No <input type="checkbox"/>	
Is unit Visitable?		No <input type="checkbox"/>	
Is Additional Accessible Type A unit?		Yes <input type="checkbox"/>	

Check if HOME unit

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income <input type="checkbox"/>	2 <input type="checkbox"/>	1.5 <input type="checkbox"/>	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	60 <input type="checkbox"/>	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No <input type="checkbox"/>	
Does unit have Accessible Communication Features?		No <input type="checkbox"/>	
Is unit Visitable?		Yes <input type="checkbox"/>	
Is Additional Accessible Type A unit?		No <input type="checkbox"/>	

Check if HOME unit

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income <input type="checkbox"/>	2 <input type="checkbox"/>	1.5 <input type="checkbox"/>	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	60 <input type="checkbox"/>	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No <input type="checkbox"/>	
Does unit have Accessible Communication Features?		No <input type="checkbox"/>	
Is unit Visitable?		Yes <input type="checkbox"/>	
Is Additional Accessible Type A unit?		No <input type="checkbox"/>	

Check if HOME unit

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income <input type="checkbox"/>	2 <input type="checkbox"/>	1.5 <input type="checkbox"/>	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text"/>	60 <input type="checkbox"/>	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense

<input type="text" value="\$560"/>	<input type="text" value="\$24.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$584"/>
Is unit Fully Accessible?		No	<input type="button" value="v"/>
Does unit have Accessible Communication Features?		No	<input type="button" value="v"/>
Is unit Visitable?		Yes	<input type="button" value="v"/>
Is Additional Accessible Type A unit?		No	<input type="button" value="v"/>
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	2	1.5	1025
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="60"/>	<input type="text" value="60"/>	\$593	\$805
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$24.00	\$0.00	\$584
Is unit Fully Accessible?		No	<input type="button" value="v"/>
Does unit have Accessible Communication Features?		No	<input type="button" value="v"/>
Is unit Visitable?		Yes	<input type="button" value="v"/>
Is Additional Accessible Type A unit?		No	<input type="button" value="v"/>
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="40"/>	<input type="text" value="40"/>	\$874	\$620
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$560	\$30.00	\$0.00	\$590
Is unit Fully Accessible?		No	<input type="button" value="v"/>
Does unit have Accessible Communication Features?		No	<input type="button" value="v"/>
Is unit Visitable?		Yes	<input type="button" value="v"/>
Is Additional Accessible Type A unit?		No	<input type="button" value="v"/>
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
<input type="text" value="60"/>	<input type="text" value="60"/>	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	<input type="button" value="v"/>
Does unit have Accessible Communication Features?		No	<input type="button" value="v"/>
Is unit Visitable?		Yes	<input type="button" value="v"/>
Is Additional Accessible Type A unit?		No	<input type="button" value="v"/>
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units
 To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.
 Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

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Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	3	2	1400
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$874	\$930
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$890	\$30.00	\$0.00	\$920
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		Yes	
Is Additional Accessible Type A unit?		No	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Unit

Type*	# BRs*	# Baths*	Net Sq.Ft.*
Low Income	4	2	1675
Unit Number	AMI%*	Fair Market Rent	LIHTC Rent Limit
	60	\$1,050	\$1,038
Monthly Rent*	Utility Allowance*	Other Fees	Total Housing Expense
\$975	\$39.00	\$0.00	\$1,014
Is unit Fully Accessible?		No	
Does unit have Accessible Communication Features?		No	
Is unit Visitable?		No	
Is Additional Accessible Type A unit?		Yes	
<input type="checkbox"/> Check if HOME unit			

Add Multiple Units

To add multiple units with the exact same characteristics as this unit, enter the total number of units you would like to add in the field below, otherwise a single unit will be added.

Number of Units to Add:

Funding Sources

Estimated Pricing on Sale of Federal Tax Credits:*

Is there a current State HOME debt on the Project?:*

If yes, will the HOME debt be assumed by the new Ownership Entity of the Project?

General Partner/Managing Member Minimum Contribution:* \$100

Match for HOME projects: \$0

Comments:

Local Government Contribution

Total Contributions: \$430,000

Contribution Type	Source	Amount
Waiver of Fees	City	\$75,000.00
Tax Abatement	City	\$280,000.00
Below Market Rate Interest Rate Loan (Interest Savings)	City	\$75,000.00

Funding Source

Type:*	Source:*	Amount:*	Non-Amortizing:
Developer/Owner Cash Contribution	Developer/Owner	\$217,000	<input type="checkbox"/>
Rate:	Term:	Amortization Period:	
0.000%	0	0	
Used for HOME Match?	HOME Match Type		
No	--		

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:

Rate: Term: Amortization Period:

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$81,348	\$81,348	\$81,348	\$81,348	\$81,348
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$81,348	\$81,348	\$81,348	\$81,348	\$81,348
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$81,348	\$81,348	\$81,348	\$81,348	\$81,348
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$81,348	\$81,348	\$81,348	\$81,348	\$81,348

Funding Source

Type:* Source:* Amount:* Non-Amortizing:

Rate: Term: Amortization Period:

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$10,060	\$10,060	\$10,060	\$10,060	\$10,060
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$10,060	\$10,060	\$10,060	\$10,060	\$10,060
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$0	\$0	\$0	\$0	\$0
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$0	\$0	\$0	\$0	\$0

Funding Source

Type:* Source:* Amount:* Non-Amortizing:

Rate: Term: Amortization Period:

Used for HOME Match? HOME Match Type

Debt Service Yr 1	Debt Service Yr 2	Debt Service Yr 3	Debt Service Yr 4	Debt Service Yr 5
\$23,000	\$23,000	\$23,000	\$23,000	\$23,000
Debt Service Yr 6	Debt Service Yr 7	Debt Service Yr 8	Debt Service Yr 9	Debt Service Yr 10
\$23,000	\$23,000	\$23,000	\$23,000	\$23,000
Debt Service Yr 11	Debt Service Yr 12	Debt Service Yr 13	Debt Service Yr 14	Debt Service Yr 15
\$23,000	\$23,000	\$23,000	\$23,000	\$23,000
Debt Service Yr 16	Debt Service Yr 17	Debt Service Yr 18	Debt Service Yr 19	Debt Service Yr 20
\$23,000	\$23,000	\$23,000	\$23,000	\$23,000

Costs And Credit Calculation

Is this an application for additional credit?

Cost Element	Estimated Total Cost	Eligible Basis	
		30% PV	70% PV
I. Purchase Land and Buildings			

Land and Broker's Fees	\$265,000		
Existing Structures	\$0	\$0	
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Purchase Land and Buildings	\$265,000	\$0	\$0
II. Site Work			
On-site Work	\$7,000	\$0	\$7,000
Off Site Work for Utility	\$0		
Demolition	\$0		
Garages (not included in rent)	\$0		
Parking (not included in rent)	\$0		
Landscaping	\$5,000	\$0	\$5,000
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Site Work	\$12,000	\$0	\$12,000
III. Construction			
New Building	\$5,150,000	\$0	\$5,150,000
Rehabilitation	\$0	\$0	\$0
Lead Based Paint Measures	\$0	\$0	\$0
Accessory Building(s)	\$0	\$0	\$0
Garages that are part of LIHTC rent	\$0	\$0	\$0
Surface Parking that is part of LIHTC rent	\$125,000	\$0	\$125,000
Underground Parking that is part of LIHTC rent	\$0	\$0	\$0
Community Service Facility	\$0	\$0	\$0
General Requirements	\$200,000	\$0	\$200,000
Builder Overhead	\$150,000	\$0	\$150,000
Builder Profit	\$150,000	\$0	\$150,000
Builder Bond Fee	\$0	\$0	\$0
Construction Contingency	\$275,000	\$0	\$275,000
Asbestos Abatement/Containment	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
Less EZ Sales Tax Rebate	\$0	\$0	\$0
Less Energy Rebate	\$2,000	\$0	\$2,000
Less Builder's Eligible Basis Reduction	\$0	\$0	\$0
SUBTOTAL: Construction	\$6,048,000	\$0	\$6,048,000
IV. Professional Fees			
Architect Fees - Design	\$15,000	\$0	\$15,000
Architect Fees - Supervision (inspection)	\$7,500	\$0	\$7,500
Engineer Fees	\$3,000	\$0	\$3,000
Attorney Fees (Real Estate)	\$2,000	\$0	\$2,000
Accountant Fees	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Professional Fees	\$27,500	\$0	\$27,500
V. Interim Costs			
Construction Insurance	\$6,000	\$0	\$6,000
Construction Interest	\$3,500	\$0	\$3,500
Construction Loan Origination Fee	\$5,000	\$0	\$5,000
Construction Loan Credit Enhancement	\$0	\$0	\$0
Taxes During Construction	\$0	\$0	\$0
Water, Sewer and Impact Fees	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Interim Costs	\$14,500	\$0	\$14,500
VI. Financing Fees and Expenses			
Bond Premium	\$0		
Bond Costs	\$0		
Credit Report			

	\$0		
Cost of Issuance	\$0		
Permanent Loan Origination Fee	\$6,000		
Permanent Loan Credit Enhancement	\$0		
Attorney's Fees	\$2,500		
Letter of Credit (LOC) Fees	\$0		
Title and Recording	\$3,000		
Placement Fee	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Financing Fees and Expenses	\$11,500	\$0	\$0
VII. Soft Costs			
Property Appraisal	\$5,000	\$0	\$5,000
Market Study	\$5,000	\$0	\$5,000
Environmental Report	\$6,000	\$0	\$6,000
Survey	\$2,500	\$0	\$2,500
Rent-Up Marketing	\$0		
Tax Credit Application Fees	\$2,200		
Tax Credit Compliance Fee	\$1,075		
Tax Credit Reservation Fee	\$65,802		
IFA Construction Monitoring Fee	\$2,000		
8609 Fee	\$6,580		
Cost Certification/Accounting Fees	\$8,500	\$0	\$8,500
Permanent Relocation Expenses	\$0		
Temporary Relocation Expenses	\$0	\$0	\$0
Furnishings and Equipment	\$6,000	\$0	\$6,000
Capital Needs Assessment Report	\$0	\$0	\$0
Other Attorney's Fees	\$0	\$0	\$0
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Soft Costs	\$110,657	\$0	\$33,000
VIII. Syndication Costs			
Bridge Loan Fees and Expenses	\$0		
Organizational (Partnership)	\$10,000		
Tax Opinion	\$6,000		
Other (explain below):	\$0		
SUBTOTAL: Syndication Costs	\$16,000		
IX. Developer's Fees			
Developer's Fee	\$820,000	\$0	\$820,000
Developer Overhead	\$0	\$0	\$0
Consultants Fee	\$30,000	\$0	\$30,000
Other (explain below):	\$0	\$0	\$0
SUBTOTAL: Developer's Fees	\$850,000	\$0	\$850,000
X. Project Reserve			
Rent-Up Reserve	\$25,000		
Operating Reserve	\$127,000		
Escrows	\$0		
Other (explain below):	\$0		
SUBTOTAL: Project Reserve	\$152,000		
Intermediate Costs	\$1,182,157	\$0	\$925,000
Total Development Costs	\$7,507,157	\$0	\$6,985,000
Less Federal Financing		\$0	\$0
Less Federal Historic Tax Credit Residential		\$0	\$0
Less Other (explain below):		\$0	\$0

Total Eligible Basis		\$0	\$6,985,000
Adjustment for QCT		\$0	\$0
Deduction from QCT Adjustment		\$0	\$0
Adjustment for Non-MSA City or County		\$0	\$1,047,750
Adjustment for Projects Serving Lower AMIs		\$0	\$1,047,750
Applicable Fraction		95.3488%	95.3488%
Total Qualified Basis		\$0	\$8,658,148
Tax Credit Percentage Rate		3.3000%	7.6000%
Federal Tax Credits per Eligible Basis		\$0	\$658,019
Total Federal Tax Credits per Eligible Basis	\$658,019		
Previous Year's Allocation	\$0		
Federal Tax Credits Requested	\$658,019		
Credit Calculation Using Equity Gap			
Total Project Costs	\$7,507,157		
Total Sources of Funds	\$1,848,191		
Total Equity Gap	\$5,658,966		
Applicable Fraction	100.0000%		
Equity Gap Adjusted for Applicable Fraction	\$5,658,966		
Minimum Credit Value	0.8600		
Tax Credit Allowed by Equity Gap Calculation	\$658,019		
Credit Calculated by:			
Eligible Basis Calculation	\$658,019		
Equity Gap Calculation	\$658,019		
Other Adjustment	\$0		
Credit Amount	\$658,019		
Credit Amount per Low Income Unit	\$16,049		

Other Reasonably Expected Basis (for Underwriting use only):

\$0

Actual Credits Awarded to Date:

\$0

Reasonably Expected Basis:

\$7,255,500

10% of Reasonably Expected Basis:

\$725,550

Remarks concerning Project Costs and Credit Calculation:

Projected Operating Costs

Project Operations (Year 1)

I. Administrative Expenses	
Advertising	\$1,200
Office Salaries	\$20,000
Office Expenses	\$5,000
Property Management Fee	\$18,000
Onsite Manager Salary	\$0
Legal Expenses - Project Only	\$1,000
Auditing Expenses - Project Only	\$1,000
Bookkeeping Fees/Accounting Services	\$0
Subtotal: Administrative Expenses	\$46,200
II. Operating & Maintenance Expenses	
Electricity (Light & Misc. Power) & Gas	\$20,000
Water & Sewer	\$25,000
Trash	\$15,000
Maintenance Payroll	\$22,000
Maintenance Supplies	\$5,000
Security Payroll/Contract (incl taxes and benefits)	\$0
Snow Removal	\$0
Decorating	\$0
Subtotal: Operating & Maintenance Expenses	\$87,000

III. Taxes and Insurance	
Net Real Estate & Personal Property Taxes Year 1	\$1,500
Edit Property Taxes After Year 1	
Insurance	\$0
Subtotal: Taxes and Insurance	\$1,500
IV. Other Expenses	
Security System Expense	\$2,400
Free Internet Connectivity Expense	\$280
Support Services	\$0
ROSE Program Savings	\$0
Tax Credit Monitoring Fees	\$1,075
Annual Replacement Reserves	\$18,000
Mortgage Ins. Premium (MIP)	\$0
Investor Fee	\$10,000
Other Expenses	\$0
Subtotal: Other Expenses	\$31,755
Total Operating Expenses	\$166,455
Total Operating Expenses without Taxes and Reserves	\$146,955
Total Units	43
Per Unit Per Year	\$3,418

Remarks concerning Projected Operating Costs:

Projected Cash Flow

- Check if project has maintained 95% annual occupancy for pervious 3 years.
- Check if project currently has a minimum of 95% occupancy.

Year 1

Inflation Rate	
Income Inflation Rate	2.00%
Expense Inflation Rate	3.00%
Vacancy Rate (shall be 7%, 10% or 5%)	7.00%
Operating Income	
Gross rental income (from Unit Mix - Total Monthly Rent)	\$353,808
Parking	\$0
Stores and Commercial	\$0
Laundry and Vending	\$0
Other	\$0
Total Gross Income Potential at 100% Occupancy	\$353,808
Vacancy Allowance	\$24,767
Net Rental/Other Income	\$329,041
Total Operating Expenses (from Projected Operating Costs)	
	\$166,455
Net Operating Income	\$162,586
Debt Service (from Funding Sources)	
	\$114,408
Net Cash Flow	\$48,178
Debt Coverage Ratio (Minimum of 1.20)	1.421
15-Year Avg Debt Coverage Ratio	1.387

Include and calculate other estimated non-rental income sources below:

20-Year Cash Flow

Year	1	2	3	4	5	6	7	8	9	10
Net Rental/Other Income	\$329,041	\$335,622	\$342,335	\$349,181	\$356,165	\$363,288	\$370,554	\$377,965	\$385,524	\$393,235
Operating Expenses	\$164,955	\$169,724	\$174,632	\$179,683	\$184,883	\$190,235	\$195,743	\$201,412	\$207,248	\$213,255
Property Taxes	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$40,000	\$40,100	\$40,200
Debt Service	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408	\$114,408

Net Cash Flow	\$48,178	\$49,891	\$51,595	\$53,290	\$54,974	\$56,646	\$58,303	\$22,145	\$23,768	\$25,372
Debt Coverage Ratio	1.421	1.436	1.451	1.466	1.481	1.495	1.51	1.194	1.208	1.222

Year	11	12	13	14	15	16	17	18	19	20
Net Rental/Other Income	\$401,100	\$409,122	\$417,304	\$425,650	\$434,163	\$442,846	\$451,703	\$460,737	\$469,952	\$479,351
Operating Expenses	\$219,437	\$225,801	\$232,351	\$239,093	\$246,033	\$253,177	\$260,530	\$268,099	\$275,889	\$283,909
Property Taxes	\$40,300	\$40,400	\$40,500	\$40,600	\$40,700	\$40,800	\$40,900	\$41,000	\$41,100	\$41,200
Debt Service	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348	\$104,348
Net Cash Flow	\$37,015	\$38,573	\$40,105	\$41,609	\$43,082	\$44,522	\$45,926	\$47,291	\$48,615	\$49,894
Debt Coverage Ratio	1.355	1.37	1.384	1.399	1.413	1.427	1.44	1.453	1.466	1.478

Financial Feasibility

To be considered for a reservation of Tax Credits, a Project shall demonstrate that it meets the requirements described in this Section.

Developments submitted with operating expenses, operating reserves, replacement reserves and/or a debt coverage ratio outside the prescribed ranges will be considered infeasible.

Operating Expenses

- Older Person: operating expenses shall be \$2,830 or more per unit per year not including taxes and reserves = \$121,690
- Family: operating expenses shall be \$3,350 or more per unit per year not including taxes and reserves = \$144,050

Operating Expenses (not including taxes and reserves): \$146,955
 Operating Expenses per unit per year: \$3,418

Debt Coverage Ratio: Primary "Must Pay" Debt

- The 15-Year Average Debt Coverage Ratio shall be between 1.20 and 1.50 and any one year can't be below 1.15 DSCR or above 1.8 for the first 15 years

15-Year Average Debt Coverage Ratio: 1.387

Debt Coverage Ratio:	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	1.421	1.436	1.451	1.466	1.481	1.495	1.51	1.194	1.208	1.222
	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20
	1.355	1.37	1.384	1.399	1.413	1.427	1.44	1.453	1.466	1.478

Operating Reserve

The operating reserve shall be greater than or equal to the following condition(s):

- \$1,500 per unit per year = \$64,500, or...
- 6 months of debt service + operating expenses, and real estate taxes = \$131,432
- At the time of IRS Form 8609, the Operating Reserve can't exceed eight (8) months debt service, operating expenses, and real estate taxes.

Operating Reserve: \$127,000
 Explain how the operating reserve will be established: Training App explanation.

Annual Per-Unit Replacement Reserves

- Older Person: \$300 or more
- Family: \$400 or more
- HOME Project: \$350 or more

Replacement Reserves: \$419
 Explain how the replacement reserves will be escrowed and used only for the replacement of capital components of the project: Training App explanation.

Unit Cost Cap

- IFA provides no guarantee that Projects at or below the Unit cost caps will be deemed financially feasible.
- Projects receiving Federal Historic rehabilitation Tax Credits will be allowed to deduct the residential portion of the Federal Historic Tax Credit from the Project costs to allow for stricter rehabilitation standards.
- Total Project Costs shall be less than or equal too \$8,499,939 (Unit Cost Cap)

Total Development Costs: \$7,507,157

Tax Credit Cap per LIHTC Unit

- In addition to the Unit Cost Cap, all Projects will be subject to Tax Credit per Unit limits as defined in QAP section 4.9.1
- Projects that are eligible for the basis boost, will be allowed to exceed the Tax Credit Cap per LIHTC Unit listed in QAP Section 4.9.1 as defined in QAP Section 7.2. The maximum increase in the Tax Credit Cap per LIHTC Unit a Project may qualify for is 30% as no Project may receive more than a 30% increase in Eligible Basis. A Project qualifying for and receiving an increase in the Tax Credit per LIHTC Unit shall also be limited to the \$800,000 Tax Credit award amount per Project listed in QAP Section 2.3.2.
- LIHTC Credit Cap per LIHTC Unit shall be less than or equal to \$741,000

Credit Amount: \$658,019

Developer Fees

Fees paid to parties who have an Identity of Interest shall be fully disclosed, and at IFA's discretion, will be included in the allowable Developer Fee.

- Total developer fees shall be less than or equal to \$853,305 (Eligible Fees)

Total Developer Fees: \$850,000

Builder and General Contractor Fees

- Builder and General Contractor fees shall be less than or equal to 12% of hard construction costs (\$6,087,500), or \$730,500. This fee is limited to ten percent (10%) of Hard Construction Costs, if an Identity of Interest exists between the Owner, the builder and general contractor, or (\$608,750).

Total Builder and General Contractor Fees: \$500,000

Construction Contingency

Construction Contingency shall be used to cover costs for unknown conditions discovered and cost overruns incurred during construction. Applicants shall obtain IFA approval for the use of Construction Contingency funds for items that were not part of the Initial Scope of Work.

- New Construction: Construction Contingency shall not exceed the threshold amount which is 5% of total hard construction costs less Construction Contingency
- Rehab or Acquisition/Rehab or Preservation: Construction Contingency shall be between 7% and 11% of hard construction costs less Construction Contingency
- Adaptive Reuse or Historic: Construction Contingency shall be between 11% and 14% of hard construction costs less Construction Contingency
- Threshold: \$290,625

Construction Contingency: \$275,000

Minimum Number of HOME Units

- Total HOME units shall be greater than or equal to 4

Total HOME Units: 4

Maximum HOME funds for Project

- Total HOME funds can not exceed \$618,544

Total HOME Funds: \$618,544

Maximum HOME Funds per Unit

- The total amount of HOME funds awarded on a per-unit basis can't exceed the pro rata or fair share of the total project costs when compared to a similar unit in a rental activity.

Total HOME Funds per unit: \$154,636

Accessible Units

- Project shall have at least 10% Accessible Units and at least 2% Visually/Hearing Impaired Units

% of Accessible units: 11.63%
 % of Visually/Hearing Impaired units: 2.33%

In the event the Developer fee, Consultant Fee, or builder fee limits are in excess of limits imposed, IFA will make the appropriate adjustments during the underwriting phase of the evaluation of the Application.

IFA reserves the right to limit professional and other fees related to services rendered to the Project. Fees paid to parties who have an Identity of Interest shall be fully disclosed, and at IFA's discretion, will be included in allowable Developer fee. Refer to QAP Section 4.6.5.

IFA reserves the right to reduce Credit requests or allocations at any stage of the application process per Section 42 of the Code. Any reduction of Credit will be based on IFA's evaluation of debt and equity available and necessary for development feasibility.

Remarks concerning Financial Feasibility Test:

Scoring

All scoring and amenity items selected in the Application shall be shown in the Project Site Plans (Exhibit 5B), Plans and Specifications (Exhibit 8B), and the Scope of Work (Exhibit 9B - if applicable). If a discrepancy in the requested points is discovered between the Application and exhibits, IFA will award the least amount of points supported by the Application and the exhibits.

Check here to accept the application scores shown below.

	Preliminary Score	Final Score
6.1 Resident Profile		
6.1.1 Serves Lowest Income Residents (0 to 20 points)	19	Pending
Projects that provide Units that are set aside and occupied by tenants with incomes at forty percent (40%) AMI or less and are rent restricted. Annual re-certification of tenant income is required. 1 point for each full one percent (1%) of the total Project Units. (15 points max)	15	Pending
a. Total Units: 43		
b. Total Units at 40% AMI or less: 13		
c. Percent (b/a): 30.2326%		
Projects that provide Units that are set aside and occupied by tenants with incomes at thirty percent (30%) AMI or less and are rent restricted. Annual re-certification of tenant income is required. These Units shall be in addition to any Units selected for the 40% AMI or less. 1 point for each full one percent (1%) of the total Project Units. (5 points max)	4	Pending
a. Total Units: 43		
b. Total Units at 30% AMI not included in the 40% AMI or less above: 2		
c. Percent (b/a): 4.6512%		
6.1.2 Market Rate Incentive (0 to 10 points)	4	Pending
Projects that provide market rate Units (not eligible for Tax Credits). On-site staff Units cannot be counted for points. Annual re-certification of tenant income is required. 1 point for each full one percent (1%) of the Units. (10 points max)	4	Pending

- a. Total Units: 43
- b. Market Rate Units: 2
- c. Percent (b/a): 4.6512%

6.1.3 Serves Tenant Population of individuals with children (7 points)	7	Pending
6.1.4 Provides an Opportunity for Homeownership (25 points)	0	Pending

6.2 Location

6.2.1 Location Near Services (0 to 28 points)	16	Pending
• Full Service Grocery Store (4 points)	4	Pending
• Schools (Family project only) (4 points)	4	Pending
• Senior Center (Older Persons project only) (4 points)	0	Pending
• Medical Services (4 points)	4	Pending
• Workforce Training (4 points)	0	Pending
• Public Library (4 points)	0	Pending
• Cultural arts facility (4 points)	0	Pending
• Park (City, state or county) (4 points)	4	Pending
• Public Transportation (4 points)	0	Pending
6.2.2 Great Places (3 points)	0	Pending
6.2.3 Local Government Contribution (0 to 21 points)	15	Pending
6.2.4 Underserved City (8 points)	8	Pending

6.3 Building Characteristics

6.3.1 Market Appeal (0 to 41 points)	34	Pending
• Video Security System. The security system shall record activity at the site such that no part of the site can be accessed without that activity being recorded at a level of resolution wherein the persons recorded are recognizable. The recordings shall be maintained for a minimum of 30 days. To be eligible for points, single family or scattered site Projects are required to have the video security system to cover all Units. The video security system shall be provided and maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership. (10 points)	10	Pending
• Medical Alert System. Medical Alert System means a system that provides monitoring center communication with limited physical effort by the tenant. The monitoring center will communicate with the tenant and determine if emergency help is needed and will contact emergency responders if necessary. The Medical Alert System shall be provided and maintained throughout the Compliance Period and the Extended Use Period at the cost of the Project Ownership. (7 points)	0	Pending
• In-Unit laundry space with washer and dryer (6 points)	6	Pending
• Storage Units (5 points)	5	Pending
• Computer Learning Center or Free Internet Connectivity (5 points)	5	Pending
• Built in Dishwasher (3 points)	3	Pending
• Free Parking (3 points)	3	Pending
• Bike Racks (2 points)	2	Pending
6.3.2 Projects with Historical Significance (10 points)	0	Pending
6.3.3 Projects that have Federal Project-Based Rental Assistance, HUD-VASH Voucher Assistance or Local Project-Based PHA (Public Housing Authority) Voucher Assistance (0 to 35 points)	0	Pending
Federal Project-Based Rental Assistance:		
• At least fifty percent (50%) of the Project Units are covered by a federal project-based rental assistance contract. (30 points)	0	Pending
• At least seventy-five percent (75%) of the Project Units are covered by a federal project-based rental assistance contract. (35 points)	0	Pending
HUD-VASH Voucher Assistance:		
• At least five percent (5%) of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (10 points)	0	Pending
• At least fifteen percent (15%) of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (25 points)	0	Pending
• At least twenty-five percent (25%) or more of the total Project Units are covered by a written commitment for HUD-VASH Voucher assistance. (35 points)	0	Pending
Local Project-Based PHA Voucher Assistance:		
• At least five percent (5%) of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (10 points)	0	Pending
• At least fifteen percent (15%) of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (25 points)	0	Pending
• At least twenty-five percent (25%) or more of the total Project Units are covered by a written commitment for Local Project-Based PHA Voucher assistance. (35 points)	0	Pending
6.3.4 Construction/Unit Characteristics (0 to 13 points)	13	Pending
• Exterior construction: durability (0 to 8 points)	8	Pending
Minimum of 60% of the gross exterior (excluding window and door areas), of brick, stone, stucco over masonry, architectural CMU block, pre-cast concrete wall panels. The remaining 40% shall be aesthetically pleasing and in harmony with the architecture of the rest of the building. Window infill panels, if present, shall be constructed of 100% fiber cement board siding or pre-finished aluminum metal AND pre-finished aluminum metal or fiber cement board fascia and vented soffit systems.		
• Steel frame doors (2 points) (not available to Projects utilizing Historic Tax Credits)	2	Pending
	2	Pending

<ul style="list-style-type: none"> Main entrance areas shall be designed with a foyer and equipped with a remote security and intercom system to each Unit to control entry to common areas. (Unit main entrance to interior) OR covered entry and storm door (Unit main entrance to exterior) shall have a minimum depth and width of coverage of 4 feet by 4 feet. (2 points) Vertical grab bars in the bathtub/shower and lever door hardware throughout the unit (1 point) 	1	Pending
6.3.5 Olmstead Goals (0 to 24 points)	24	Pending
Fully Accessible and Visitable Units Score (0 to 12 points)	12	Pending
<ul style="list-style-type: none"> 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, all remaining Units Visitable (Type C) Units (3 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, 5% Additional Accessible Type A Units (5 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, 5% Additional Accessible Type A Units, all remaining Units Visitable (Type C) Units (8 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, and 15% Additional Accessible Type A Units (7 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, 15% Additional Accessible Type A Units, all remaining Units Visitable (Type C) Units (10 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, and 30% Additional Accessible Type A Units (9 points) 10% fully Accessible Units, 2% of Units w/Accessible Communication Features, 30% Additional Accessible Type A Units, all remaining Units Visitable (Type C) Units (12 points) 		
At least fifty percent (50%) of the Fully Accessible and Additional Accessible Type A LIHTC Units will be two-, three-, or four-bedroom Units. Scoring in this section is available only to Projects committing to develop a minimum of fifteen percent (15%) of the total Project Units as Fully Accessible or Accessible Type A. (10 points)	10	Pending
All on-site Property Management staff will complete Mental Health First Aid training approved by the Iowa Department of Human Services and/or an Olmstead Consumer Taskforce approved Disability awareness training program, such as may be offered by a Center for Independent Living. (2 points)	2	Pending
6.3.6 Impact on the Environment (0 to 12 points)	12	Pending
<ul style="list-style-type: none"> All interior paints and primers comply with Green Seal standards for low VOC limits. (2 points) All adhesives comply with Rule 1168 of the South Coast Air Quality Management District. All caulks and sealants comply with Regulation 8, Rule 51 of the Bay Area Air Quality Management District. (2 points) Implement and enforce a "no smoking" policy in all common and individual living areas of all buildings. The common area does not include the public areas of the exterior grounds of the building for this "no smoking" policy. Projects that have HUD financing or HUD subsidy are not eligible. (2 points) Water heaters that have a minimum energy factor (EF) of 0.61 for tank type gas, 0.93 for tank-type electric, or .96 for tankless water heaters. (2 points) Water conserving measures: Toilets are high efficiency WaterSense toilets that use 1.28 gallons per flush or less; faucet aerators use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; showerheads use 1.5 gpm or less. (2 points) Passive (New Construction) or Active (rehab/reuse) Radon System Radon-reducing features below the building slab along with vertical vent pipe(s) and junction box(es) following requirements in Appendix F, "Radon Control Methods" in the 2012 International Residential Code. (2 points) 	2 2 2 2 2	Pending Pending Pending Pending Pending
6.3.7 Energy Efficiency (0 to 8 points)	8	Pending
<u>New Construction:</u>		
Home Energy Rating Systems (HERS) Index of 62 or less (8 points)	8	Pending
<u>Existing Structures (not available to Projects utilizing Historic Tax Credits):</u>		
2012 International Energy Conservation Code (IECC) exceeded by eight percent (8%) or more. (8 points)	0	Pending
<hr/>		
6.4 Other		
6.4.1 Title Guaranty (10 points)	10	Pending
6.4.2 Developer or Owner Contribution (0 to 10 points)	4	Pending
6.4.3 Qualified Development Team Experience (10 points)	10	Pending
<ul style="list-style-type: none"> A member of the QDT shall have completed three (3) LIHTC Projects which have received an IRS Form 8609 between the dates of July 1, 2008 and July 1, 2014 as a Developer, managing member or General Partner. (10 points) 	10	Pending
6.4.4 Waives Right to Qualify Contract (25 points)	25	Pending
<hr/>		
Summary		
Total Score	209	Pending
Please note that this score is preliminary only and may change significantly as the application is reviewed and supporting documentation is analyzed. You shall not assume this score will be the final score this project will receive.		

Exhibits Checklist

In addition to this application, the following exhibits must be submitted to the Iowa Finance Authority:

Exhibits

- 3Tf - Owner and General Partner(s)/managing member(s) Organization Structure Chart
- 14Ta - Ownership Entity Documentation of Authorized Signor(s)

- 14Tb - General Partner(s)/managing member(s) Documentation of Authorized Signor(s)
- 14Tc - Developer(s) Documentation of Authorized Signor(s)
- 14Td - Development Consultant Documentation of Authorized Signor(s)
- 14Te - Management Company Documentation of Authorized Signor(s).
- 14Tf - Architect Documentation of Authorized Signor(s)
- 5B - Site Plans (In Part) - Scoring shall clearly show all items listed in Appendix K
- 8B - Plans and Specifications - In Part (Scoring Review comparison to Application)
- 8B - Plans and Specifications (In Part) - Heating & Cooling Equipment
- H-1 - Exhibit H-1, Application Certification (Rental with LIHTC) ([IFA Form Required](#))
- H-2 - Exhibit H-2, Assurances Signature Page ([IFA Form Required](#))
- H-3 - Exhibit H-3, Applicant/Recipient Disclosure/Update Form (HUD 2880) ([HUD Form Required](#))
- H-4 - Exhibit H-4, W-9 Form (Request Taxpayer ID number and certification) ([IRS Form Required](#))
- H-5 - Exhibit H-5, Minority Impact Statement ([IFA Form Required](#))
- H-6 - Exhibit H-6 - No Lobbying Exhibit ([IFA Form Required](#))
- H-7 - Exhibit H-7 - Disclosure of Lobbying Activities (if applicable) ([Disclosure of Lobbying Activities Form](#))
- H-8 - Exhibit H-8, Local Support
- H-22 - Exhibit H-22 - Environmental Noise Assessment (1 or 2 items required) ([IFA Form Required](#))
If checked that any noise sensitive conditions exist, must also provide a noise assessment that meets HUD federal requirements.
- H-23 - Exhibit H-23, Seller's Acknowledgement Form ([IFA Form Required](#))
- H-33 - Exhibit H-33, Flood-Zone-FEMA FIRMette map of each site. [How to Find Your FIRM and Make a FIRMette](#)
- 1B - Document(s) evidencing control or ownership of site(s)
- 2B - Related Party Documentation/Appraisal
When land/buildings are acquired from an entity or person with an Identity of Interest OR State Home funds are requested for the proposed Project, an appraisal by an MAI certified appraiser who is not a related party. (Cannot be over 6 months old from Application due date.)
- 3B - Color Photos of Property & Adjacent Properties
Eight photos of each building are required for rehab. & acq/rehab projects:
 - Looking at each bldg. from the North, South, East & West
 - Looking out from each bldg. toward the North, South, East & West
 Eight photos are required for each building location for new construction projects:
 - Looking toward the center of each building from the North, South, East & West
 - Looking out from the center of each building toward the North, South, East & West
 NOTE: The photo must include the street address, bldg. #, & direction taken. This information can be included on the photo itself, or in the electronic name of the photo.
- 4B - Map with Site Location(s) & Plat Map(s)
 - Provide legible recent official city map pinpointing the site location(s). Shall show the legal address of the property, the names of surrounding streets & any other information important for the site inspection.
 - Plat Map or Proposed Re-Platting Map for Each Site Location
 - Both are required.
- 5B - Site Plan(s) shall clearly show all items listed in Appendix K
- 7B - Proper Zoning Form completed by City/Municipality ([IFA Form Required](#))
- 8B - Plans and Specifications shall include all items listed in Appendix K
- 17C - Memorandum of Understanding (MOU)
- 18C - Local Lead Agency Certification
- 5S - Local Government Contribution Form ([IFA Form Required](#))
An Exhibit 5S is required from each Government Entity and Political Subdivision providing a Local Government Contribution. Additional supporting documentation shall also be provided with the corresponding Exhibit 5S (if required).
- 1T - Application Certification ([IFA Form Required](#))
- 3Ta - Ownership Entity Documentation - IRS F.E.I.N. letter in Ownership Entity's name
- 3Td - Ownership Entity Documentation - File-stamped Articles of Organization
- 3Te - Ownership Entity Documentation - Current Operating Agreement
- 4Ta - Owner Representative Documentation for General Partner/Managing Member & Co-General Partner - Current certificate of Limited Partnership
- 4Tb - Owner Representative Documentation for General Partner/Managing Member & Co-General Partner - Current Limited Partnership Agreement
- 5T - Letters of Intent from lending institutions (on their letterhead) for private construction & permanent financing
- 6T - Commitment Letters from all other sources except for State HOME funds. This includes any Cash Contribution from the Developer or General Partner.
- 6T(a) - Nonprofit Board of Director's Resolution allowing a deferred payment obligation to the Project.
- 9T - Executed Copy of Consultant Agreement
- 10T - Documents relating to syndication or other sale/exchange of tax credit interest to investors
- 11T - Utility Documentation
Most recent PHA, HUD, RD or Utility Company documentation showing source of utility calculations.
 - Circle utility amounts on chart.
 - If the documentation is over 1 yr. old, provide a statement from the provider confirming that the utility amounts are current.
- 12T - Market Study Documentation

Upload Exhibits

You can submit any of the Exhibits listed above to the Iowa Finance Authority by using the fields below to upload an electronic version.
0 Exhibits have been uploaded.

Use the fields below to upload an exhibit.

Exhibit:

Title:

Exhibit to Upload: Select

HOME Requirements

If the Ownership Entity does not own the land/buildings prior to submitting the application, the applicant acknowledges that it will not purchase them prior to receiving a HOME award and clearing environmental requirements as doing so makes the project ineligible for HOME funds.

All assisted units shall be rented to low-income households; at initial occupancy, at least 90% of the units shall be rented to households with incomes at or below 60% of the area's median family income and, for projects with five or more units, at least 20% of the units shall be rented to very low-income households.

With the exception of Projects utilizing project-based rental subsidies, all HOME-assisted units shall rent at the lesser of the area fair market rents established by HUD or at the high HOME rent limit. For projects with five or more units, 20% of the HOME-assisted units shall rent at the lesser of the fair market rent or the low HOME rent limit.

Property standards. All newly constructed housing shall be constructed in accordance with any locally adopted and enforced building codes, standards and ordinances. In the absence of locally adopted and enforced building codes, the requirements of the state building code shall apply.

All rental housing involving rehabilitation shall be rehabilitated in accordance with any locally adopted and enforced building or housing codes, standards and ordinances. In the absence of locally adopted and enforced building or housing codes, the requirements of the state building code shall apply.

All new rental construction shall obtain Energy Star certification and shall have an Energy Star Rater as a team member.

The total amount of HOME funds awarded on a per-unit basis may not exceed the per unit dollar limitations established under Section 221(d)(3)(ii) of the National Housing Act (12 U.S.C. 17151(d)(3)(ii)) for elevator-type projects that apply to the area in which the housing is located.

The total amount of HOME funds awarded on a per-unit basis cannot exceed the pro rata or fair share of the total project costs when compared to a similar unit in a rental activity.

Awards shall be limited to no more than \$1,000,000 for all multifamily rental activities.

Applicant agrees to use an Asbestos Inspector if asbestos is suspected.

Project is not located in a flood plain.

If the project is New Construction or Acquisition/New Construction, it has at least 5% Handicapped Accessible Units and 2% Visual/Hearing Handicapped Accessible Units.

If the project is Acquisition, Acquisition/Rehabilitation or Rehabilitation and has 15 or more units, it has at least 5% Handicapped Accessible Units and at least 2% Visual/Hearing Handicapped Accessible Units.

Applicant has site control up through IFA Board meeting date where HOME awards will be approved.

Applicant agrees to use a Lead Safe Renovator for lead based paint issues.

The HOME subsidy to the project is at least \$1,000 per unit.

As a potential recipient of HOME funds, and as a duly authorized representative of this organization, I certify that this organization agrees to follow all of the requirements listed above. Check this box if you agree.

HOME Project Name & Description

Check if all units have similar amenities (fixtures, appliances, floorcoverings, etc.)

Hard cost of construction/rehab for HOME-Assisted Units:

\$0.00

Hard cost of construction/rehab for non HOME units:

\$0.00

Are any of the units going to be designated for:

- Persons with HIV/Aids
- Persons with HIV/Aids that are chronically homeless
- Homeless persons and families
- Homeless persons and families that are chronically homeless

Recipient Type:*

For Profit

Describe accessory building(s) and area:*

None

Describe commercial facilities:*

None

If any HOME funding will be used for the rehabilitation or construction of freestanding structures, including detached garages and/or community centers, explain:

None

Provide explanation of local support for proposed project:*

Test explanation of local support

HOME Capacity

Have these team members previously submitted a State HOME Application?*

Team Member	Yes/No
Developer	<input checked="" type="radio"/> Yes <input type="radio"/> No
Ownership Entity/General Partners	<input checked="" type="radio"/> Yes <input type="radio"/> No
Management Company	<input type="radio"/> Yes <input checked="" type="radio"/> No

Have these team members previously received a State HOME Award?*

Team Member	Yes/No
Developer	<input checked="" type="radio"/> Yes <input type="radio"/> No
Ownership Entity/General Partners	<input checked="" type="radio"/> Yes <input type="radio"/> No
Management Company	<input type="radio"/> Yes <input checked="" type="radio"/> No

Developer Housing Experience (past 5 yrs.)*

Description	Yes/No	If Yes, Enter Project Names & Cities
HOME Program	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Low-Income Housing Tax Credit Program	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Subsidized Housing (Section 8, RD, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Market Rate	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Mixed Use: Subsidized & Market Rate Residential	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City

Mixed Use: REsidential & Commercial Yes No

Ownership Entity/General Partner(s) Housing Experience (past 5 yrs.)*

Description	Yes/No	If Yes, Enter Project Names & Cities
HOME Program	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Low-Income Housing Tax Credit Program	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Subsidized Housing (Section 8, RD, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Market Rate	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Mixed Use: Subsidized & Market Rate Residential	<input checked="" type="radio"/> Yes <input type="radio"/> No	Project Names and City
Mixed Use: Residential & Commercial	<input type="radio"/> Yes <input checked="" type="radio"/> No	

List all IFA Programs where an award or financing was received during the past 5 years.

Team Member	Award/Financing
Developer	LIHTC, HOME
Ownership Entity/General Partners	LIHTC, HOME

Have these team members worked on any housing project which has resulted in the initiation or completion of a foreclosure or sheriff's sale proceedings?*

Team Member	Yes/No	If Yes, explain
Developer	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Ownership Entity/General Partners	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Have these team members worked on any housing project/program where they had to repay or forfeit any funds awarded to a federal, state or local program?*

Team Member	Yes/No	If Yes, explain
Developer	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Ownership Entity/General Partner(s)	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Have these team members worked on any housing project/program that currently has an outstanding noncompliance issue for a federal, state or local program?*

Team Member	Yes/No	If Yes, explain
Developer	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Ownership Entity/General Partners	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Have the following team members experienced any turnover in key staff positions in the past two years?*

Team Member	Yes/No	If Yes, explain
Developer	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Ownership Entity/General Partners	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Name the Project Team member that has National Environmental Protection Act (environmental review) experience.

First Name:	Last Name:	Title:	Company Name:
Rita	Eble	Specialist	Eble Environmental Specialists

Staffing Experience For Proposed Project
For Application through End of Compliance Period

INSTRUCTIONS: Complete each row for the following columns:

STAFF - Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations. Enter first & last name for each staff member.

CONTRACT EMPLOYEES - Contract employees are those individuals who are paid but not entitled to receive benefits. Enter first & last name for each contract employee.

PARTNERS - Partners are those with a legally or contractually defined role in the control of the project decision making (e.g. tax credit investors, joint ventures, etc.). Enter first & last name for each partner.

OTHERS - Others are consultants, architects, marketing firms, etc. Enter first & last name for each other individual.

Description	Staff	Contract Employees	Partners	Others
A. Developer Experience				
Rental Projects (1-11 units)				
Apartments/Town House		0		0
Scattered Site				
Rental Projects (12-48 units)				
Apartments/Town House	Unknown Name 1 Unknown Name 2		Carolann Jensen Dave Vaske	
Scattered Site				
Rental Projects (49-100 units)				
Apartments/Town House	Unknown Name 1 Unknown Name 2		Carolann Jensen Dave Vaske	
Scattered Site				
Rental Projects (100+ units)				
Apartments/Town House				
Scattered Site				
B. Marketing				
Advertising	Name		Carolann Jensen Dave Vaske	
Sales/Leasing (initial leasing experience)				
C. Property Management				
Compliance (Program regulations, Name bldg. codes & contractual responsibilities)			Carolann Jensen Dave Vaske	
Property Manager	Name		Carolann Jensen Dave Vaske Julie Noland	
Property Maintenance	Name		Carolann Jensen Dave Vaske Julie Noland	
Lease/Tenant Relations (Includes rent, collection, re-leasing,	Name		Carolann Jensen Dave Vaske Julie Noland	

termination, other tenant-related issues)		
Financial Management (More focussed on bookkeeping, profit & losses, and balance sheets)	Name	Carolann Jensen Dave Vaske Julie Noland
Capital Planning (Focuses on long-term capital replacement, planning, annual updates & management of replacement reserve)	Name	Carolann Jensen Dave Vaske Julie Noland
D. Contract Management (Experience supervising/managing housing entities below:)		
Design (Architect & Engineer)	Name	Carolann Jensen Dave Vaske Julie Noland
Construction	Name	Carolann Jensen Dave Vaske Julie Noland
Marketing		
Property Management		

HOME Project Timetable

Description	Month/Year (mm/yyyy)
Site	
Acquisition	10/2015
Environmental Review Completed	9/2015
Construction Financing	
Conditional Commitment	12/2014
Firm Commitment	9/2015
Closing and Disbursement	9/2015
Permanent Financing	
Conditional Commitment	12/2014
Firm Commitment	3/2016
Closing and Disbursement	7/2016
Local Permits	
Conditional User Permits	
Variance	
Site Plan Review	8/2015
Building Permit(s)	10/2015
Other (specify)	
Other	
Final Plans and Specs	7/2015
Construction Start	10/2015
Construction Completion	9/2016
Placed in Service	7/2016

HOME Additional Match Not Listed in Funding Sources

No Additional Matches have been added.