
Please Silence all cell phones
and/or electronic devices.



THANK YOU!



AHFA 2018 HOME/Housing Credit/HTF APPLICATION WORKSHOP

Culmination of year round efforts to provide information via:

www.ahfa.com:

- Plans (prior and current)
- Application Documents
- Q & A opportunity
- MF Notices
- Application Guidance
- Resources

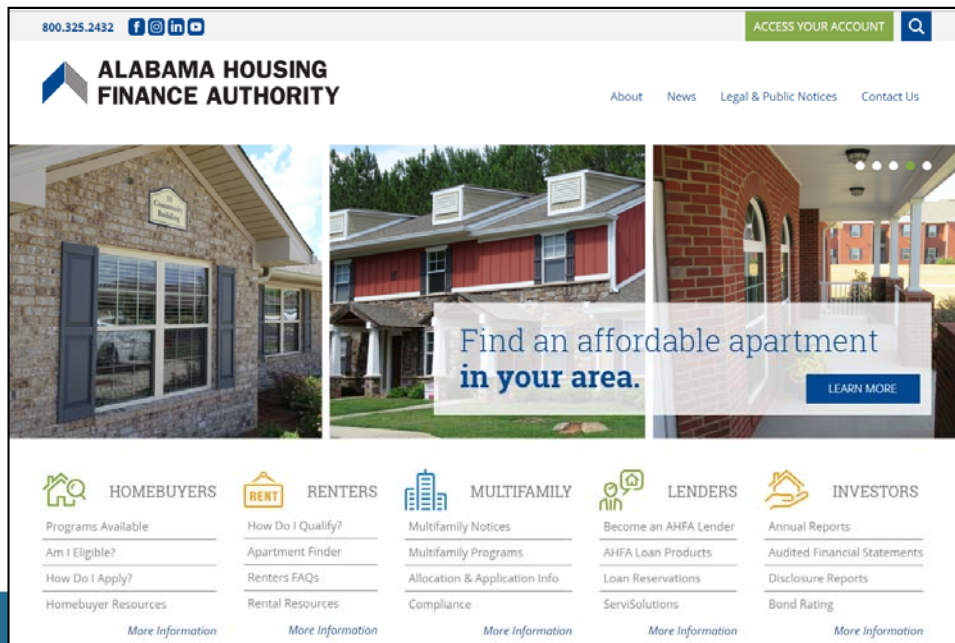
Trainings/Meetings:

- Public Hearings
- Environmental Workshop
- CHDO Workshop
- Application Workshop

Today we will focus on preparations for the 2018 Application Cycle

AHFA Online

AHFA.com



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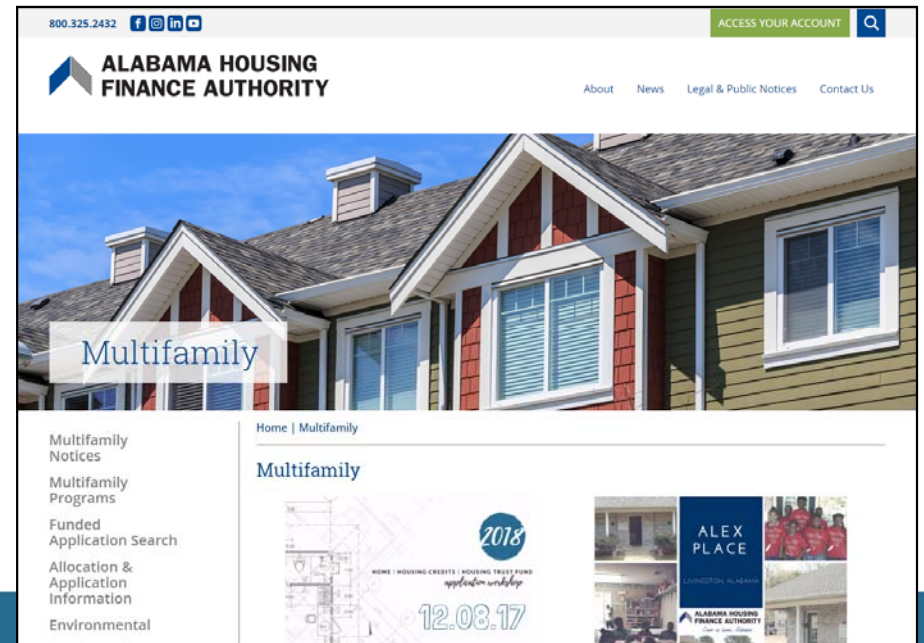
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|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
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| Am I Eligible? | Apartment Finder | Multifamily Programs | AHFA Loan Products | Audited Financial Statements |
| How Do I Apply? | Renters FAQs | Allocation & Application Info | Loan Reservations | Disclosure Reports |
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2018 application workshop

12.08.17

ALEX PLACE

ALABAMA HOUSING FINANCE AUTHORITY

AHFA 2018 Allocation Estimates

| | Housing Credit | HOME | HTF |
|-------------|---|--|------------------------|
| Allocation | \$11.6M \$4.5M FYBC \$7.1M remaining | \$8M (EN) \$4.9M (uncommitted) \$2.1M (PI) YTD ~\$15M Total | \$6M (PY16 & PY17) |
| Set Asides* | NP (10%) \$1.16M | CHDO (15%) \$1.2M | None |
| Caps* | 12% \$1.4M | 20% \$1.6M | \$1.3M |
| Uses | New Construction Acq/Rehab Adaptive Reuse | New Construction | New Construction |
| Units | Min: 12 Max: Cap Based | Min: 12 Max: 56 | Min: None Max: None |

*applies to current year allocation

HOME & Housing Credit Application Process

Awards Selection

1. Highest scoring project per county with ownership by an AHFA approved CHDO until regulatory 15% CHDO set-aside is met.
2. Highest scoring Housing Credit project and/or HOME project combined with Housing Credits per county until all available 2018 Housing Credits have been allocated.
3. If HOME funds still remain, the highest scoring HOME project combined with Housing Credits may be awarded per county, subject to a future-year Housing Credit allocation.

HOME & Housing Credit Application Process

Tiebreaker Changes

The 7th tiebreaker priority – to the owner who requested the least amount of Housing Credits per unit without expectations of additional AHFA funding to offset the difference.



HOME & Housing Credit Application Process

Scoring Changes

- Points for providing a gazebo were reduced from 3 to 2.
- Attached bike rack (1/building, including the Community Building) added as a 2 point amenity.
- Points for Capital Fund Program and Replacement Factor funds were reduced from a maximum of 5 points to a new maximum of 3 points.

HOME & Housing Credit Application Process

Scoring Changes

- A maximum of 3 points will be given to a project with a letter from USDA stating the applicant appears to meet the requirements for a transfer/assumption of an existing USDA Rural Development 515 loan and final underwriting must be completed in accordance with USDA Rural Development requirements.
- The % of units for HUD commitments of rental/operating subsidies were increased from 25% to 75%.
- Points for attendance at the AHFA sponsored HOME/Housing Credit Workshop were removed.

HOME & Housing Credit Application Process

Scoring Changes

- Points were increased from 7 to 8 for 100% repayment of a HOME loan.
- Points were increased from 5 to 6 if the proposed project owner fully executed a commitment with AHFA for a 15-year extension of the project's original HOME loan.
- The distance to neighborhood services was expanded from 2 to 3 miles of the site.
- Points will not be deducted for properties located adjacent to a railroad if the environmental report indicates that noise levels are acceptable (outside noise level <65dB, interior noise level <45dB).

HOME & Housing Credit Application Process

Order of Submittals

1. Community Housing Development Organizations (CHDO)
2. Registration and Deviation Requests
3. Application Package & AHFA Authority DMS Online Application



HOME & Housing Credit Application Process

**CHDO Certification Applications
Due by 5pm CST on December 13, 2017**

Only 2018 Applicants with a CHDO Certification Application submitted by the deadline will be considered for the CHDO Set-Aside in the 2018 Competitive Cycle.

HOME & Housing Credit Application Process

Deviation Requests and Registration

Due by 5pm, January 2, 2018

Deviation Requests

Due by 5pm, January 30, 2018

Application Log

HOME & Housing Credit Application Process

Application

Due 9am-5pm CST, February 1, 2018

Application Fees*

- \$10,000
- \$7,500
- \$2,000 Community Housing Development Organization (CHDO)

Application Package

AHFA DMS Online Application (include printed copy with Application Package)
Environmental and Market Studies

If Applicable:

- Capital Needs Assessment & Summary
- AHFA Approval to compete for CHDO Set-Aside

***Note:** \$1,000 Ownership Structure Fee for each owner (individual/entity) exceeding eight (8)

HOME & Housing Credit Application Process

Missing and/or Incomplete Document Fees

| Missing /Incomplete Document | Required Fee | Missing Item Occurrence Rate |
|---|-------------------------|------------------------------|
| Missing / Incomplete Application Document | \$2,000 per document | 1 / document |
| Incomplete 3 rd -Party Report | \$2,000 per report | 1 / report |
| Requests for additional information or clarification of 3 rd -Party Report | \$2,000 after 5 or more | 1 / report |

Notes:

Any application with eight (8) or more missing items occurrences will result in an automatic termination of the application.

If AHFA determines that any threshold requirement is missing or fails to materially adhere to the AHFA defined standards during the completeness review, the application will be terminated.

Missing / Incomplete items do not include point scoring items.

A vertical technical drawing or blueprint is shown on the left side of the slide. It features various geometric shapes, including circles, arcs, and lines, with some areas shaded in white. The drawing is set against a dark blue background.

Submission Requirements

Authority DMS Document Upload:

- Market Study & Certification
- Environmental Site Assessment Reports
- Capital Needs Assessment

3-ring binders with each appendix separately tabbed:

- Market Study & Certification
- Environmental Site Assessment Reports
- Capital Needs Assessment

NOTE: Binders should be sized appropriately to contain the identified materials (more than one per study/report may be used if necessary – please number accordingly)



Submission Requirements

Application Forms and Documents:

- 2-hole punched
- Smead Pressboard Fastener Folder with SafeSHIELD Coated Fasteners, 3" expansion, legal size, 60% recycled, Gray/Green, Item #935783

Digital (PDF) Copies: *Each form must be saved individually by listing the AHFA form number, form title, and name of project.*

- 2a. Ownership Entity forms - ABC Estates
- 2b. Credit Authorization forms -ABC Estates
- 3a. Market Study Certification-ABC Estates
- 3b. Market Study- ABC Estates

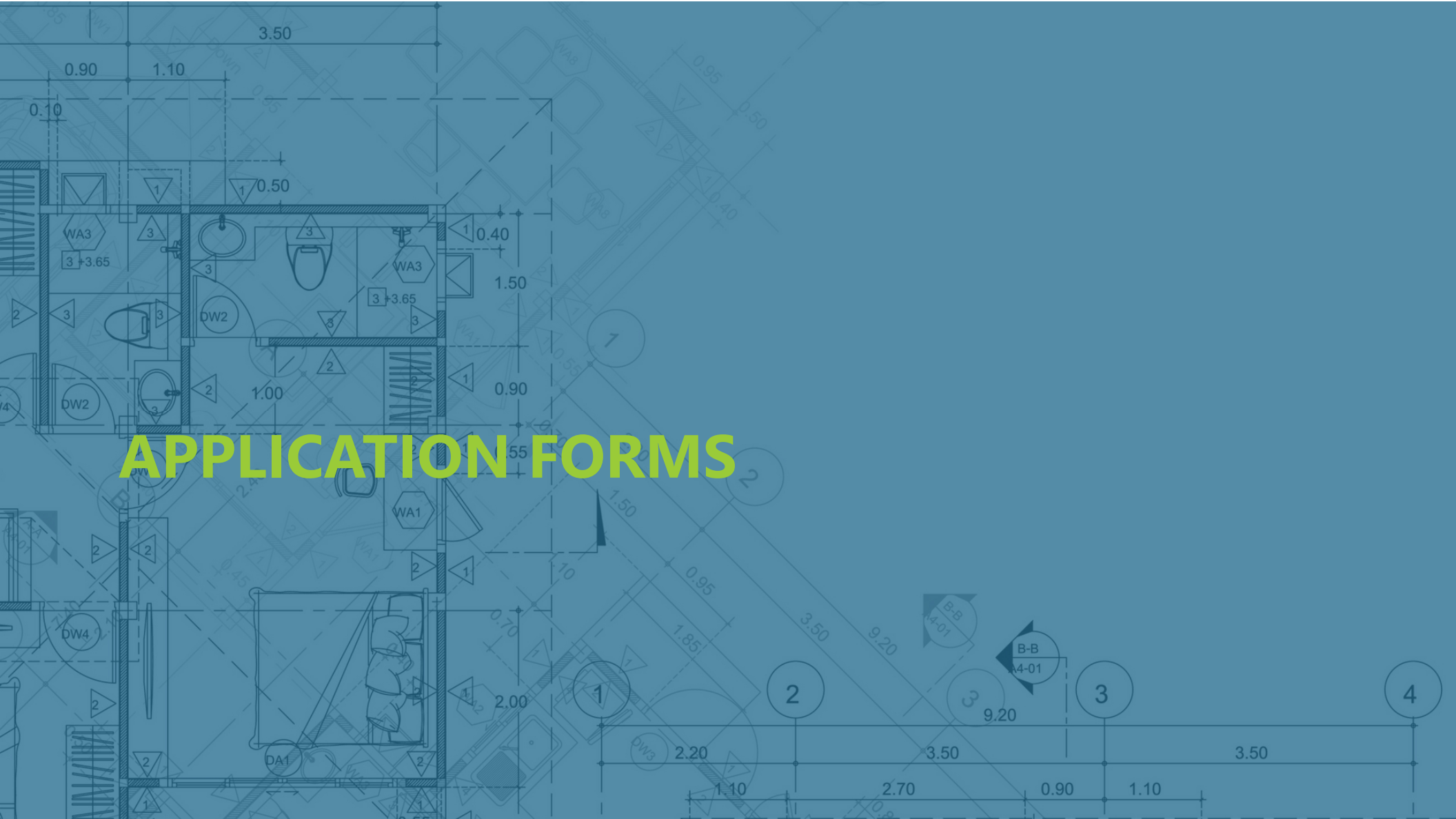
Submission Requirements

Design Quality Standards / Construction Manual:

- AHFA Construction Standards
- Inspection and Report Requirements



APPLICATION FORMS



Application Forms

Forms are a reference tool for the online application.
Complete all forms prior to starting online application.

- Application Log
- Chief Elected Official Response Form
- Deviation Request Form
- Schedule of Real Estate Owned Form
- AHFA 2018 Management Verification Form
- Management Relevant Experience Form
- New Construction/Rehabilitation Architect's Certification Form
- Applicant/Owner Signature Authorization Form
- Owner Zoning Certification Form
- Disabilities/Homeless Election Form & Best Practices for MOU

2018 Application Forms Chief Elected Official Response Form

| 4a A. CHIEF EXECUTIVE OFFICER INFORMATION FORM | | | |
|--|--|---|--|
| <p>Applicant should complete this form in its entirety. The applicant must select the preferred method (Federal Express or Email) for AHFA to use in sending notification of receipt of the project application to the Chief Executive Officer. If Federal Express is the preferred method, the applicant must complete a prepaid Federal Express delivery label and provide it with this form. If email is the preferred delivery method for notification, it is not necessary to provide the Federal Express delivery label.</p> | | | |
| CHIEF EXECUTIVE OFFICER (CEO) INFORMATION | | | |
| Chief Executive Officer Name | | Office Held | City or County Name |
| | | | |
| Preferred Delivery Method for Notification: | | FedEx <input type="checkbox"/> | Email <input type="checkbox"/> |
| Delivery or Mailing Address | | | |
| | | | |
| CEO Phone | | CEO Email | |
| | | | |
| PROPOSED PROJECT INFORMATION | | | |
| Project Name | | Project Address | |
| | | | |
| Project Type | | | Funding Types Requested |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Acq. / Rehab. | <input type="checkbox"/> Adaptive Reuse | <input type="checkbox"/> HOME <input type="checkbox"/> Housing Credits |
| Target Tenants | | Number of Units | Current Zoning |
| <input type="checkbox"/> Multifamily | <input type="checkbox"/> Elderly | | |
| Owner | | | |
| Mailing Address | | | |
| | | | |
| Owner Contact | | | |
| Owner Contact Company | | | |
| Company Mailing Address | | | |
| | | | |
| Owner Contact Phone | | Owner Contact Email | AHFA Application # |
| | | | |

2018 Application Forms Schedule of Real Estate Owned

| 14a Schedule of Real Estate Owned (Active -AHFA Projects) Part 1 <small>2018</small> | |
|---|--|
| <p>The projects provided on this Schedule of Real Estate Owned (Active-AHFA Projects), that meet the requirements listed below, will be counted for owner experience in the 2018 application cycle for the Organization or Individual listed below. This form should be completed for each ownership organization and individual.</p> | |
| <p>Complete the information below for all active AHFA funded projects that have received a Housing Credit Reservation Letter or HOME Written Agreement in 2006 or later and either (1) closed their HOME loan, or (2) received the IRS 8609 form, for the ownership organization/individual listed below.</p> | |
| <p>Projects should be listed in descending order beginning with the most recent active AHFA funded project. Do not include projects approved but not yet Placed in Service.</p> | |
| <input type="checkbox"/> | The individual/organization listed below does not own any active AHFA funded projects. |
| Date: | <input type="text"/> |
| Application Project Name: | <input type="text"/> |
| Organization/Individual Name: | <input type="text"/> |
| Organization Number: | <input type="text"/> |
| Active AHFA Projects Since 2006 | |
| <u>Project Name</u> | <u>Project Number</u> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |



2018 Application Forms Schedule of Real Estate Owned (non-AHFA)

14a Schedule of Real Estate Owned (Non-AHFA Projects) Part 2 2018

Name of Organization/or Individual (A separate form must be submitted for each or)

| | | |
|--|---|---|
| <input type="checkbox"/> Owner (Ltd, Corp, LLC, GP, LLP) | <input type="checkbox"/> Shareholder(s) | <input type="checkbox"/> Special Limited Partner (Non-Investor) |
| <input type="checkbox"/> General Partner(s) | <input type="checkbox"/> Member(s) | |
| <input type="checkbox"/> "Not Applicable" (Select this block if you do not own any non-AHFA multifamily projects.) | | |
| Newly Formed <input type="checkbox"/> Yes | | |

Complete the information below for all non-AHFA funded projects developed and owned by the above referenced organization/or individual. Projects should be listed in descending order (beginning with the most recent Placed in Service Date for the Project). Do not include projects approved but not yet placed in service. (Include additional copies of this form as needed.)
Mobile/Manufactured home developments, hospitals, sanitariums, life care facilities, or intermediate care facilities are not considered multifamily housing for the purpose of this form.

This form should be completed for each ownership organization and individual. Please indicate ownership capacity in the box above. If you have not developed and/or currently own a Non-AHFA funded project, please indicate so by checking the box above. Newly formed entities should select the "Newly Formed" option above.

| Total number of Non-AHFA PIS units owned | Most Recent Placed in Service Date | Date of Ownership | Project Type (Market Rate or Affordable) | # of Units | # of Low-Income Units | Current Occupancy % | Total Debt/Mortgage Balance | Funding Source(s) (Name of entity, contact person, and phone number) | Annual Gross Income | Annual Operating Expenses | Net Operating Income | Annual Debt Service | Net Cash Flow after Debt |
|--|--|-------------------|--|------------|-----------------------|---------------------|-----------------------------|--|---------------------|---------------------------|----------------------|---------------------|--------------------------|
| 1) | Project Name: | | | | | | | | | | | | |
| | Project Address:(street, city, state, zip) | | | | | | | | | | | | |
| 2) | Project Name: | | | | | | | | | | | | |
| | Project Address:(street, city, state, zip) | | | | | | | | | | | | |
| 3) | Project Name: | | | | | | | | | | | | |
| | Project Address:(street, city, state, zip) | | | | | | | | | | | | |

Page 1

2018 Application Forms Schedule of Real Estate Owned (Part 3)

| Schedule of Real Estate - Approved and/or 14a Under Construction (AHFA and non-AHFA) Certification Part 3 2018 | | | | | | | |
|--|-------|---|---------|--|--------------------------------------|--------------------|---|
| Name of Organization/or Individual | | | | | | | |
| Section I: Complete the information in this section for all multifamily projects the above referenced organization/individual currently has approved and/or are currently under construction. (Include additional copies of this form as needed). | | | | | | | |
| <input type="checkbox"/> The individual/organization currently does not have any multifamily projects approved and/or under construction. | | | | | | | |
| Project Name | State | Project Type (NC, Rehab, or ACQ/Rehab) | # Units | # Low- Income Units | Anticipated Place in Service Date | Total Project Cost | Funding Source(s) (Name of financing entity, contact person, and phone number) |
| | | | | | | | |
| Section II: Are there or have there been any uncorrected 8823's, pending judgements, legal suits/actions or bankruptcy claims against any of the projects listed (in Forms Part 1, Part 2, or Part 3). No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please attach an explanation) | | | | | | | |
| Have any staff or development teams members listed in application previously or currently been involved in litigation against another housing credit agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach an explanation) | | | | | | | |
| I, the undersigned, certify that the information provided in the Schedule of Real Estate Forms Part 1, Part 2, & Part 3 is true and correct in connection with my 2018 application for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I hereby further acknowledge that in reviewing and considering my request, AHFA may request additional information from me or the financing entities for the purpose of evaluating my request. | | | | | | | |
| <input style="width: 100%;" type="text"/> Print Name | | | | By: _____ Signature | | | |
| <input style="width: 100%;" type="text"/> Date: | | | | Its: <input style="width: 100%;" type="text"/> | | | |



2018 Application Forms **AHFA 2018 Management Verification**

19c AHFA 2018 Management Verification Form

The projects provided on this verification form will be counted for management experience in the 2018 application cycle for the Management Company listed below.

Management companies should provide copies of the completed verification form to any/all 2018 project applicant(s) with whom they will be affiliated.

To qualify for maximum points, Management Companies with fewer than ten (10) AHFA projects or 1,000 low-income units listed on this form should also provide the AHFA Management Relevant Experience Form, if applicable, to any/all 2018 project applicant(s).

The organization listed below does not manage any AHFA funded projects.
 Date: _____

Application Project Name: _____

Application Project Number (if any): _____

Management DMS Organization Contact: _____

Management Company Name: _____

Management Company Address: _____

Contact: _____ Phone: _____ Email: _____

| Number of Projects | AHFA Project Number | Project Name | Apartment City | Number of Units | Total Number of Low-Income Units |
|--------------------|---------------------|--------------|----------------|-----------------|----------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |



2018 Application Forms Management Relevant Experience

| 19d Management Relevant Experience Form 2018 | | | | | | |
|---|-------|--|--------------------------|----------------------|------------------------|-----------------|
| <p>To qualify for management points the Management Relevant Experience Form must be completed Only by management organizations with: (1) fewer than ten (10) AHFA projects or 1,000 units as listed on the AHFA 2018 Management Verification Form or (2) need to list non-AHFA funded projects to obtain points. Complete the information below for each low-income multifamily housing development your organization currently manages. List only those HOME/Housing Credit, HUD, USDA RD projects which have activities, features, and/or are similar in size or scope to the proposed project. Do not include projects approved but not yet placed in service. Attach copies of this form as needed to qualify for the maximum number of points.</p> | | | | | | |
| Management Firm: _____ | | Contact Person: _____ | | Contact Phone: _____ | | |
| DMS Organization Code: _____ | | | | | | |
| | State | Project Type (NC, REHAB, or ACQ/REHAB) | # Units | # Low-Income Units | Date Placed in Service | # Years Managed |
| Project Name: _____ Project Contact: _____ | | | | | | |
| Project Name: _____ Project Contact: _____ | | | | | | |
| Project Name: _____ Project Contact: _____ | | | | | | |
| Project Name: _____ Project Contact: _____ | | | | | | |
| Number of affordable units currently managing. _____ | | | | | | |
| I, the undersigned, certify that the information provided is true and correct. I further acknowledge that AHFA may request additional information for purposes of evaluating this application. | | | | | | |
| Print Name: _____ | | | By: _____ (Signature) | | | |
| Date: _____ | | | Its: _____ | | | |

2018 Application Forms New Construction/Rehabilitation Architect's Cert.

| 20a New Construction Square Footage and Architect's Certification 2018 | | Project Name: _____ | | | |
|---|-------------|---------------------|---|---------------------------|--------------------|
| | | # of Units: _____ | | | |
| | | City: _____ | | | |
| <p>The project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards/Construction Manual. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.</p> | | | | | |
| <p>The following information refers to (check one):</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> Low-Income Units <input type="checkbox"/> Family </div> <div style="text-align: center;"> <input type="checkbox"/> Market Rent Units <input type="checkbox"/> Elderly </div> </div> <p>(Duplicate this page for information regarding the type of units not checked above.)</p> | | | | | |
| Type: | # of Units: | # of Baths: | Bedroom Sq. Foot: <small>(List the Sq. ft. for each B/R)</small> | Heated Area: | Total Heated Area: |
| | | | <small>1x B/R 2x B/R 3x B/R 4x B/R</small> | | |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Bedroom | | | | s.f. | s.f. |
| Living Units Total | | | | Total Heated Living Area: | s.f. |
| Community/Clubhouse Building | | | | | s.f. |
| Office Area | | | | | s.f. |
| Community Laundry | | | | | s.f. |
| Other Buildings (specify): | | | | | s.f. |
| Other Buildings (specify): | | | | | s.f. |

2018 Application Forms New Construction/Rehabilitation Architect's Cert.

| | | |
|---|---------------------------------------|--|
| 20b | Amenities 2018 | Project Name: _____ |
| | | # of Units: _____ |
| | | City: _____ |
| REQUIRED UNIT AMENITIES FOR ALL PROJECTS | | |
| <i>Please mark each check box to notate all required amenities are included in each unit you have selected for the proposed project. If the proposed project does not have all required unit amenities, provide AHFA's written approval of applicable Deviation Request.</i> | | |
| <input type="checkbox"/> Range | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Heater | <input type="checkbox"/> W/D connections |
| <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Microwave | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> Deviation Request Form <i>(attach the written approval by AHFA)</i> | | |
| EXTRA PROJECT AND UNIT AMENITIES for Points | | |
| Amenities elected below will be used to determine whether or not the project receives additional points under the point scoring system as described in the applicable Plan. Indicate which of the following extra amenities will be provided to all low-income and/or market rent units: | | |
| Extra Project Amenities | | |
| <input type="checkbox"/> Clubhouse/Community Building/Community Room <i>(must have at a minimum a kitchen, community meeting room, restrooms, community TV with cable, satellite or streaming services with a minimum of 42 inch screen TV, and wireless internet service. A</i> | | |
| Extra Unit Amenities | | |
| <input type="checkbox"/> Washer/Dryer Provided in each unit <i>(3-7 cu. ft. capacity. Washer must be Energy Star rated)</i> | | |
| <input type="checkbox"/> Unit Security Package <i>(Each unit must have an alarm on all entry doors and windows)</i> | | |
| <input type="checkbox"/> Emergency Pull Cord/Call Button in each unit | | |
| <input type="checkbox"/> Storm doors per unit | | |
| Project Architect and Applicant/Owner Amenity Package Certification | | |
| The undersigned project architect and applicant/owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected project and unit amenities will be provided to the proposed project. The plans and specifications will reflect all required and selected extra amenities. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination. | | |
| Project Architect: _____ | Name of Applicant/Owner: _____ | |
| By: _____ | By: _____ | |
| Signature | Signature | |

2018 Application Forms New Construction/Rehabilitation Architect's Cert.

| | | |
|---|--|---|
| 20c | Type of Construction/Energy/Water Conservation/Healthy Living Environment/Section 504 <small>2018</small> | Project Name: _____ # of Units: _____ City: _____ _____ _____ |
| Type of Construction | | |
| <i>Indicate which of the following will be provided:</i> | | |
| <input type="checkbox"/> Storm windows, thermal break insulated windows or extruded vinyl windows and insulated exterior doors. Windows must be Energy Star Rated. | | |
| Energy/Water Conservation and Healthy Living Environment | | |
| <i>Indicate which of the following will be provided:</i> | | |
| <input type="checkbox"/> HVAC of 15 SEER (HSPF 9.0) or above | | |
| Section 504 Election (Required for AHFA HOME Projects) | | |
| <i>Indicate if applicable:</i> | | |
| <input type="checkbox"/> At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below. Total number of Sensory Impaired Units: _____ Total number of Handicapped units: _____ | | |
| Architect and Applicant/Owner Certification | | |
| The undersigned project architect and applicant/owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected type of construction, Energy/Water Conservation, Healthy Living Environment and Section 504 Election will be provided to the proposed project. The plans and specifications will reflect all required and selected items. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination. | | |
| Project Architect: _____ | | Name of Applicant/Owner: _____ |
| By: _____ Signature | By: _____ Signature | |

2018 Application Forms Applicant/Owner Signature Authorization

8a Applicant/Owner Signature Authorization 2018

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the project's Ownership Entity. **Original Signatures are Required.** All documents must be signed by the individual(s) authorized under Alabama law to bind the Project Owner entity. You must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signature.

Project Name: _____ Project Application Number: _____

Ownership Entity: _____

Please note an example signature format below, which will vary depending on your respective ownership structure. Please provide the project owner entity name, any subsequent ownership layers, and relationship to owner entity. Complete all fields. If a field is inapplicable, please insert N/A. Please include the title of the authorized signatory.

Sample Entity Signature for Authorized Signatory:

ABC II Housing, LP
 By: XYZ Housing, GP
 Its: General Partner
 By: 123, Inc.
 Its: Member

By: Joe Owner
 Its: President

Please indicate the signature structure for the Project Entity name. Provide the project owner entity layer and relationship to owner entity (ex. its general partner, member, etc.). Please provide a legible print or type of the authorized signatory name, and include the title of the authorized signatory.

| | |
|--|--|
| Enter Ownership Entity Name: | <input style="width: 95%;" type="text"/> |
| <i>Enter "By" Entity:</i> | By: <input style="width: 95%;" type="text"/> |
| Enter "Relationship" to Project Owner Entity: | Its: <input style="width: 95%;" type="text"/> |
| <i>Enter "any additional owner" layer:</i> | By: <input style="width: 95%;" type="text"/> |
| <i>Enter "relationship" to previous owner layer:</i> | Its: <input style="width: 95%;" type="text"/> |
| Signature of authorized signatory: | <input style="width: 95%;" type="text"/> |
| Enter name and title of authorized signatory: | Printed name: <input style="width: 95%;" type="text"/> |
| | Title: <input style="width: 95%;" type="text"/> |
| | Date: <input style="width: 95%;" type="text"/> |

- Completed to show how the authorized individual will sign on behalf of the ownership entity of the project.
- Owners must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument which authorizes a person in the position to bind the entity with their signature.

2018 Application Forms **Zoning Letter**

No changes to this requirement. A letter from the appropriate governmental authority stating the zoning classification for the property and that the property is properly zoned for the proposed project. Include any related or referenced materials.

2018 Application Forms **Owner Zoning Certification**

29b **Owner Zoning Certification** 2018

Complete this form to verify that the proposed project is consistent with the zoning ordinance in effect at the time of application to the Alabama Housing Finance Authority (AHFA). Review the applicable zoning ordinance and provide the zoning requirements for the proposed project. Zoning documentation must be provided. Please do not provide the entire zoning ordinance, provide only those sections required for reference.

Project Name: _____ Zoning District/City/County: _____

Ordinance Number or Date: _____

Please list zoning requirements from the standards listed below, provide documentation, and initial. If there are no zoning requirements from the list below (including "other", enter "NA" and initial.

| Zoning Standard | Zoning Regulations Requirements (list the specific requirements from the zoning standards list) | Zoning Documentation (list section of zoning regulation and provide referenced attachments) | Proposed Project (list your project standard as it relates to the zoning regulation) | Owner Initials |
|---|--|--|---|----------------|
| Setback/Density/Number of Buildings/Units: Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units. | | | | |
| Building Size/Height: Provide any restrictions or requirements related to building size or height. | | | | |
| Other: Please include any other restrictions or requirements (zoning classification, parking and other requirements) not listed or included in this form. | | | | |

I, the undersigned Owner for the above referenced project, do hereby certify to AHFA that I have reviewed the zoning ordinance in effect at the time of my application submission to AHFA for the proposed project listed above. I further state that all planned improvements and land use as a multifamily/single-family residential development for the proposed project, will (a) comply with applicable provisions of the zoning ordinance in effect at the time of my application to AHFA, and (b) to the best of my knowledge, no action is currently proceeding or pending before any court of administrative agency (as it relates to my proposed project), and, if applicable, (c) all special approvals which are required to be in compliance with the above-referenced zoning ordinance, have been obtained and provided to AHFA as of the date of my application. I certify that no further city meetings, approvals, and/or advertisement is required for proper zoning of my proposed project at the time of my application to AHFA. I certify that the information provided in this form is true and correct in connection with my 2018 application for Housing Credits, Housing Credits combined with HOME funds, Multifamily Housing Revenue Bonds, or Housing Trust Funds.

Print Name

Signature

Date

Its

Owner Zoning Certification Instructions

The applicant/owner must complete this form to indicate that the project is consistent with the zoning ordinance that is in effect at the time of application. The owner must also certify that they have reviewed the zoning ordinance applicable to the proposed project.

The following are general guidelines to help in the completion of this form.

Project Name: List the project n **Zoning District/City/County:** List the zoning district, city or county (as applicable) for the proposed project.

Ordinance Number or/Date: List Ordinance Number, date or appropriate identifier. Example: "Zoning Ordinance No. 581", or "Ordinance 2017 – 77".

Owner must complete each section in the form. See example below for completing the Setback/Density/Number of Buildings/Units zoning standard section in the form. Please note, if there are no zoning requirements that match the zoning standards provided here, enter NA. Review the zoning

Zoning Standard: Review the zoning ordinance and list any regulations pertaining to the zoning standards listed in the form (Setback/Density/Number of Buildings/ Units; Building Size/Height; Other).

Zoning Regulation Requirements: List specific requirements found in the zoning ordinance.

Zoning Documentation: Provide the referenced section in the zoning ordinance and include the supporting documentation. *Please note: Do not provide entire zoning ordinance. Provide only those sections from your supporting documentation.*

Proposed Project: List your proposed project's standard as it relates to the zoning regulation requirement.

Owner Initial: The owner must **initial** in the applicable section of the form.

| Zoning Standard | Zoning Regulations Requirements (list the specific requirements from the | Zoning Documentation (list section of zoning regulation | Proposed Project (list your project standard as it | Owner Initials |
|---|---|--|---|----------------|
| Setback/Density/Number of Buildings/Units: Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units. | Number of Buildings on a Lot: Building number cannot exceed 10. | Section 7.4. Building Quantity Regulation. (see attached) | Proposed Project will contain a total of 7 buildings, including Community building. | KDB |

Please complete **all** sections of the form. The owner must certify to the information contained in the form by providing their printed name, signature, date

- Completed by Owner
- Indicates that the project is consistent with zoning ordinance in effect.
- Certifies that owner has reviewed the zoning ordinance.
- Zoning requirements are indicated on the form.
- Backup documentation must be provided.

2018 Application Forms Disabilities/Homeless Election

| 41a Disabilities/Homeless Election Form 2018 | |
|--|--|
| <p>The Applicant/Owner can receive a point preference for providing a minimum set-aside of five percent (5%) of the total proposed units for tenants with disabilities or homeless populations. Please see the requirements below for project owners committing to provide the set-aside units for disabled and/or homeless populations.</p> | |
| Project Name: | <input type="text"/> |
| Project Address: | <input type="text"/> <input type="text"/> <input type="text"/> |
| 1) Total # of Units in the Project: | <input type="text"/> |
| 2) Total # of Set-Aside Units: | <input type="text"/> |
| 3) Set-Aside %: | #DIV/0! |
| <p>Targeted Households</p> <p>Disability <input type="checkbox"/></p> <p>Homeless <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p> | |
| <p>Required Documents</p> <p>Marketing Plan <input type="checkbox"/></p> <p>Preference Plan <input type="checkbox"/></p> <p>List of Local and/or Regional Service Providers Contacted <input type="checkbox"/></p> <p>Executed MOU <input type="checkbox"/></p> <p>Letter of Support from AL HUD Continuum of Care (if targeting Homeless) <input type="checkbox"/> <input type="checkbox"/> N/A</p> | |
| Owner's Certification | |
| <p>I, the undersigned Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information and required documents included with this form are true and correct. I certify that I as the owner of the above listed project will set-aside the amount stated in item number three (3) above of the total amount of the project's units for tenants with disabilities and/or homeless populations. I further agree that, subsequent to this certification and prior to the final allocation of Low-Income Housing Tax Credits, HOME funds, or Multifamily Bond financing, I will furnish AHFA with the rent roll and any other documentation requested by AHFA evidencing the qualifying units.</p> | |
| Print Name: | <input type="text"/> |
| By: | _____ (Signature) |
| Date: | <input type="text"/> |
| Its: | <input type="text"/> |

2018 Application Forms Alabama / Federal Historic Tax Credit

One of the following documents must be provided:

- Historic designation letter from the National Park Service
- Verification from the website www.nps.gov/nr
- Signed Historic Preservation Certification Application (Part 1).
- Alabama Historic Rehabilitation Tax Credit program Determination of Program Eligibility.



Application Forms

Original signatures are required on the following forms:

- Statement of Application and Certification
- Signature Authorization
- Financial Statements
- Credit Authorization
- Architect Certification



John Hancock



MARKET STUDY REQUIREMENTS



UNDERWRITING UPDATES



Excerpts from the Plans Pertaining to Underwriting

Eligible Basis - Any Housing Credit allocation awarded will be calculated first by using AHFA's determined eligible basis as defined in Section 42 of the Internal Revenue Code.

30% boost in QCTs or DDAs

Projects located in HUD-designated Qualified Census Tracts or difficult to develop areas receive a 30% increase on eligible basis.



Excerpts from the Plans Pertaining to Underwriting

30% boost

Under Section 42(d)(5)(B)(v), AHFA may designate a building(s) that shall receive an increase in eligible basis in order for the building(s) to be financially feasible as part of a qualified low-income project and shall be treated as located in a difficult development area. AHFA will consider designating a building(s) in an application as being located in a difficult development area and the designated buildings(s) may receive an increase in eligible basis if AHFA determines that the project requires an additional increase in eligible basis to be financially feasible and it must meet one (1) of the following criteria:

- (i.) The applicant is applying for building(s) financed with AHFA HOME funds and AHFA is providing the first and second mortgages; or
- (ii.) The proposed project has fully executed a commitment with AHFA for a fifteen (15) year extension of the project's original HOME loan.



Excerpts from the Plans Pertaining to Underwriting

1.) Loan Terms and Repayment: HOME funds will be allocated to approved projects in the form of a loan(s). AHFA may allocate HOME funds to an approved project(s) in the following ways:

(i.) The loan will bear an interest rate of one-half of one percent (1/2%) accrued annually with all principal and accrued interest payments due at the end of the 20th year. In the event of default, AHFA reserves the right to set a default rate in excess of the prevailing Prime Lending Rate applicable at the time of the default; or

Excerpts from the Plans Pertaining to Underwriting

A combination of the above loan with the following:

(ii.)The loan will bear an interest rate of one percent (1%) fully amortizing in twenty (20) years with required quarterly principal and interest payments. The loan will be in first position relative to any other proposed debt (hard or soft) for the project. The loan will require a minimum debt service coverage ratio of 1.20:1 and if not repaid will result in foreclosure. Debt service coverage is defined as the ratio of a property's net operating income (rental income less operating expenses and reserve payments) to foreclosable, currently amortizing debt service obligations. AHFA will determine the allowable operating expense per unit based on historic and current HOME and Housing Credit properties' financial statements.



Excerpts from the Plans Pertaining to Underwriting

AHFA will determine the financial feasibility of the project based on the lesser Housing Credit amount determined by AHFA or the amount requested by the applicant. The HOME funds are allocated as gap financing based on the Housing Credit amount determined by AHFA. Because AHFA is permitted to allocate only the resources necessary to make a project financially feasible, AHFA cannot and should not be expected to fund the full amount requested by an applicant.

Therefore, AHFA will award Housing Credits based on the lesser of the amount requested by applicant or the Housing Credit amount that is determined by AHFA to be necessary to make a project financially feasible.



Excerpts from the Plans Pertaining to Underwriting

Special purpose or high cost housing applications that exceed normal construction and soft costs of other applications received must be supported with other subsidy sources, especially in those cases where proposed cost significantly exceed projects which meet AHFA's minimum design quality standards. AHFA fully expects that any proposed application submitted will include sufficient other subsidy sources if needed to leverage AHFA's limited Housing Credit and HOME resources.



Excerpts from the Plans Pertaining to Underwriting

Reasonableness of Project Costs.

- (a) Any line item costs, square footage costs or total unit costs exceeding a range of reasonableness may be disallowed. Additional information and documentation (verified by AHFA and/or an AHFA designee) may be required to substantiate the reasonableness of the cost. Any allocation made will be determined using AHFA's assessment of cost. Any allocation of HOME funds cannot exceed the limits published by HUD. A list of applicable limits can be provided by AHFA.
- (b) AHFA determines reasonableness of project costs by comparing aggregate cost data based on all applications received, historical cost certification cost data of completed projects, and current cost data provided by AHFA third party construction consultant reports. After evaluating all the data, reasonable standard project hard construction costs and soft costs are established.



Excerpts from the Plans Pertaining to Underwriting

(c) AHFA reserves the right to request certification or verification in a form acceptable to AHFA of any line item cost at any time between the application cycle and actual cost certification. When the project is placed in service, AHFA requires the actual cost certification to be made by an independent Certified Public Accountant.



Excerpts from the Plans Pertaining to Underwriting

No single project will be allocated Housing Credits in excess of 12% of the state's current Housing Credit ceiling, as defined in Section 42(h)(3)(c) of the IRC (Ceiling) and no owner(s), related entities, principals or individuals as defined below shall be allocated Housing Credits in excess of 12% of the Ceiling. Regardless of each individual owner's percentage of ownership in a project, 100% of the project's Housing Credit allocation will count towards the Cap for all owners.

The Housing Credit Cap will be determined by the amount of Housing Credits the project is eligible to receive using AHFA's determined eligible basis. The amount of Housing Credits received by any increase in eligible basis will be considered in determining the project Cap. In all circumstances, all Housing Credits received in the current competitive cycle will count toward the individual owner's Cap.



Excerpts from the Plans Pertaining to Underwriting

When Housing Credits are combined with HOME funds, no related entities, principals or individuals as defined by AHFA's identity of interest shall be allocated HOME funds in excess of 20% of the state's current HOME fund allocation. Regardless of the percentage of ownership in a project, 100% of the project's HOME fund allocation will count towards the Cap.

Underwriting Assumptions

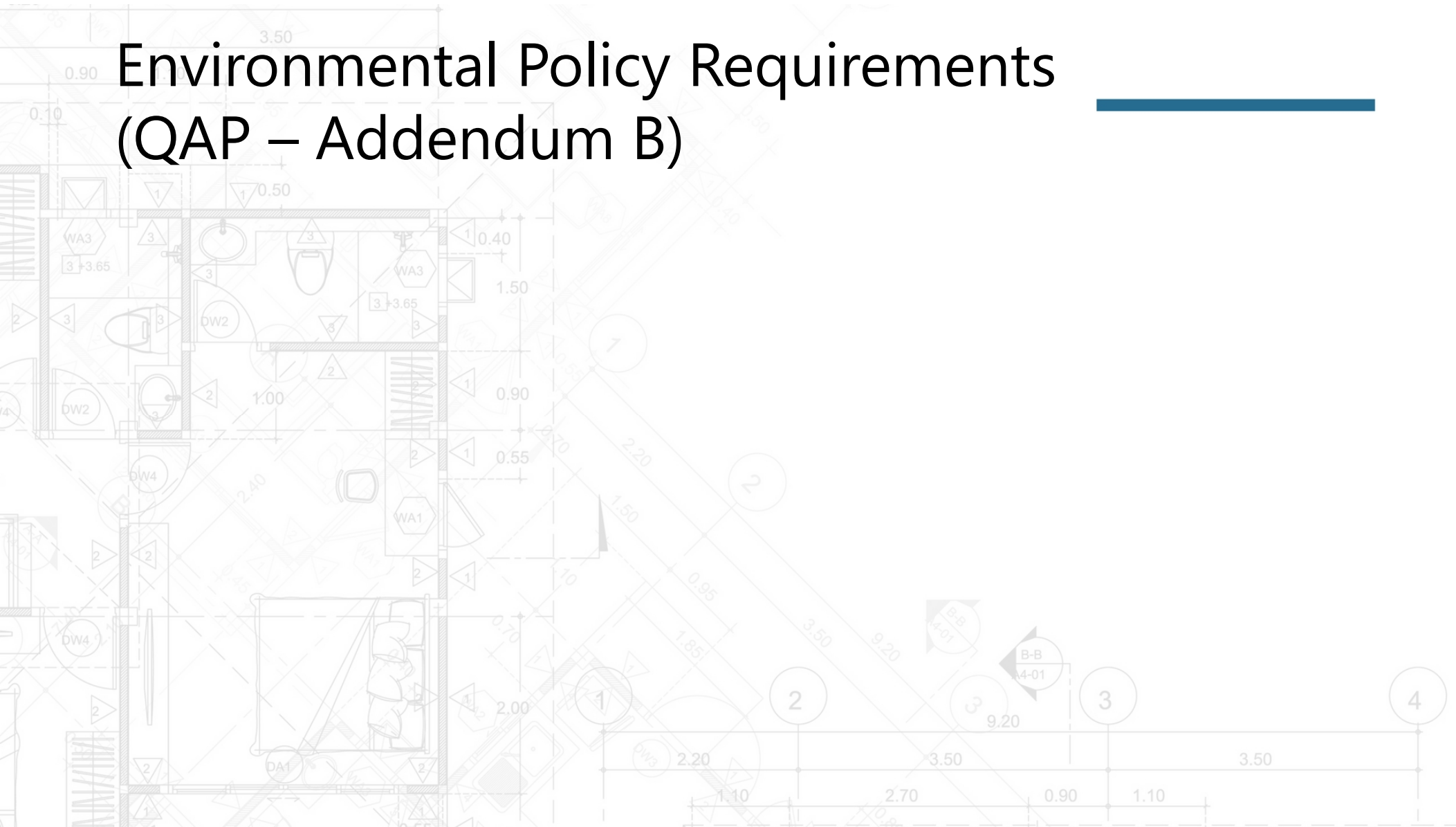
2018 Underwriting Assumptions

| | |
|-------------------------|------------|
| Vacancy Rate | 7% |
| Maximum Expenses / Unit | \$4,600 |
| Conventional Rate | 7.00% |
| Debt Service Coverage | 1.20 |
| Housing Credit Price | TBD |

The background is a detailed architectural floor plan of a bathroom, rendered in a light blue color. The plan shows various fixtures including a toilet, two sinks, and a shower area. It is annotated with numerous technical details such as window and door symbols (labeled WA3, WA1, DW2, DW4, DA1), door swing indicators, and elevation markers (e.g., 3 + 3.65, 1.00, 0.50). A grid system is overlaid on the plan, with vertical grid lines numbered 1 through 4 and horizontal grid lines numbered 1 through 4. Dimensions are provided in meters, such as 3.50, 0.90, 1.10, 0.10, 0.95, 0.50, 0.40, 1.50, 0.90, 1.00, 1.50, 0.70, 2.00, 1.85, 3.50, 9.20, 2.20, 3.50, 9.20, 2.20, 3.50, 3.50, 1.10, 2.70, 0.90, and 1.10. A north arrow is also present. The text 'ENVIRONMENTAL REQUIREMENTS' is superimposed in the center in a bold, yellow-green font.

ENVIRONMENTAL REQUIREMENTS

Environmental Policy Requirements (QAP – Addendum B)





CHANGES IN COMPLIANCE REQUIREMENTS & PENALTY CRITERIA

QAP – ADDENDUM D



Section I.

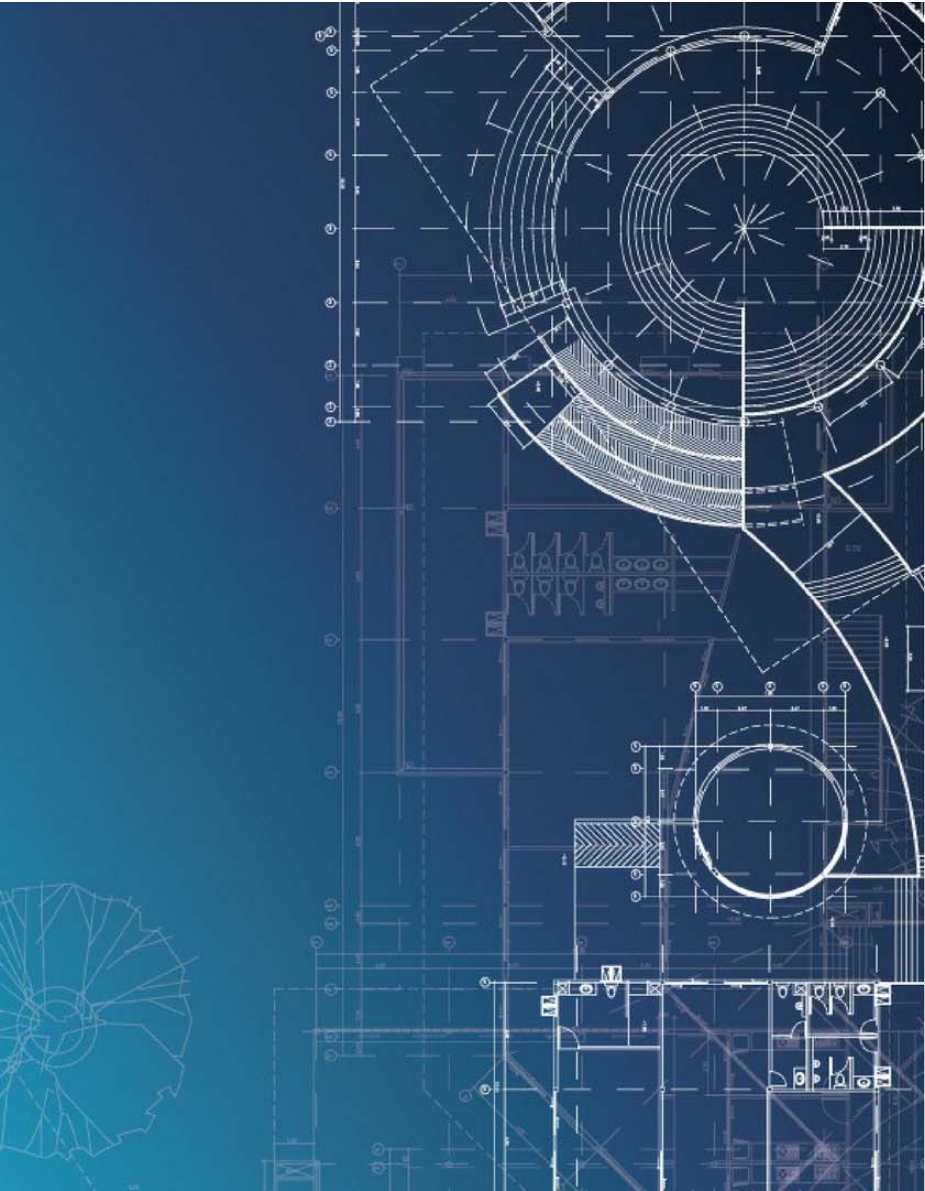
- C.** All tenant events through December 31, 2017 must be entered into AHA DMS Authority Online for each project by February 1, 2018 or there will be a one (1) point deduction per project.
- D.** A rent roll is no longer required with the Annual Owner's Certification (AOC) submittal. The AOC is due March 1, 2018.
- E.** Financial statements and Form 8609-As submitted on paper will no longer be accepted. Failure to submit these documents within 30 days after written notification of non-receipt by AHFA will result in a \$500 late fee.



Section I.

- O.** Failure to submit a copy of the Form 8609 with Part II completed to AHFA within 60 days after written notification of non-receipt by AHFA will result in a \$500 fee.

- P.** AHFA will apply any health, safety or building code violation point deduction items found in any third party report in accordance with Section II. D. Any health, safety or building code violation reports issued by any regulatory or third party entity which are not submitted to AHFA's compliance department within 30 days of the date the ownership received the report will result in a \$500 fee.



Section II.

D. The point deduction items listed in Section II.D are applicable to audits and inspections conducted from January 1, 2018 through December 31, 2018.

D.a.v. An automatic deduction will only happen if insect infestation is found in more than 25% of the total units inspected.



AHFA AUTHORITY DMS Online Management System

HOME & Housing Credit Application Process

AHFA Authority DMS Online Application

Hard copy must be included with application package

Due 9am-5pm CST on February 1, 2018

Register and Affiliate Organizations

Returning users should not register in DMS – use existing credentials and organizational code.

Upload Market Study & Certification, Environmental Reports, and Capital Needs Assessment (if applicable).

System Log In

AHFA DMS Authority Online

Welcome to the DMS Authority Online Management System

The site will allow organizations working with AHFA to manage information about their awards. Some of the features of site are the Online Application, Owner Certification, etc. This site continues to be expanded to allow our partners to work closely with us and to streamline our processes.

Username:

[New User? Register Here.](#)

Password:

Login

[Forgot Your Password?](#)

<https://multifamily.ahfa.com/AuthorityOnline/Default.aspx>

General Project Information Tab

Metro Type: ←

If in a metropolitan area, select the applicable MSA. ←

Is the project involved in PHA?

PHA Type(s)

Total Number of Units:

Total Number of Buildings:

Total Number of Residential Buildings:

Are you requesting HOME combined with tax credits?

If yes, then select one of the following:
AHFA may underwrite and consider funding the project's permanent first mortgage. ←

I decline AHFA's consideration of underwriting and funding the project's permanent first mortgage. ←

Are you applying for the CHDO set-aside (If yes, the non-profit set-aside must also be answered "yes")?

Is the application for non-profit set-aside?

Print Application

NOTE:

Print from either **Chrome** or **Firefox** browsers.



Step 1:


Select **Print Application** from menu.

Step 2:

Select **Print** from the Toolbar.

Individually Printed Consolidated Tabs

The following Tabs must be printed individually upon completion of each:

- Site Information
 - Building
 - Unit Summary
 - Annual Operating Expenses – Taxes & Insurance
 - Pro Forma
- 



PRINT THIS

Site Information

This page contains information about the physical site for the development. If more than one (1) site, the Individual Site Information must be completed and added for each separate site. Miscellaneous Site Information is for the project as a whole and is not part of the "Add Site" function and must be saved separately

Individual Site Information

Site Name:

Site Street Address:

Site City:

Site County: Form of Site Control:

Please Explain: Date of Site Control:

Expiration date of option, contract or lease:

Purchase Price:

Current Land Value:

Annual Ground Rent:

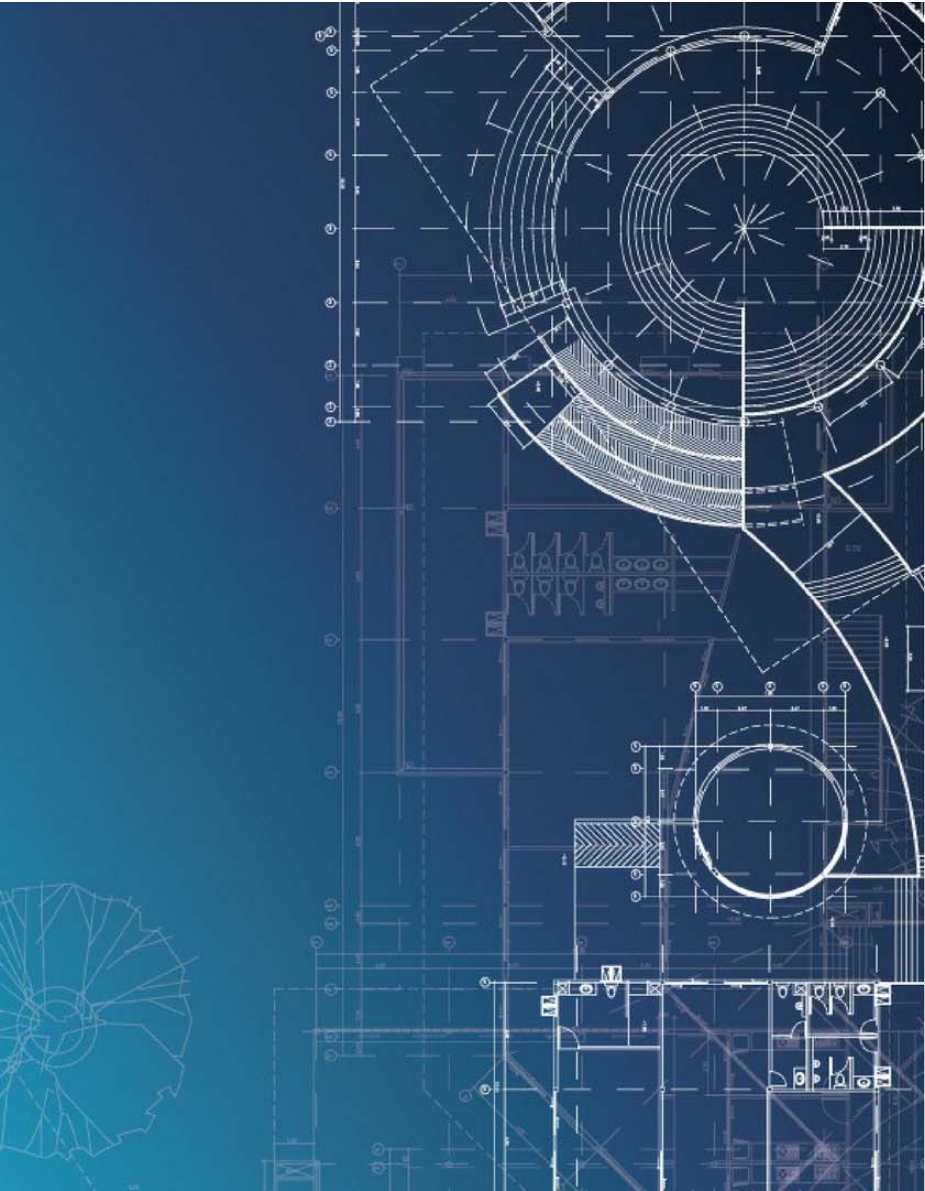
Lease Term:

NOT THAT

Site Information Summary

[Add Site](#) Click to add site information record. After entering all site information click the "Add Site" button to save site information. This page does not appear in the "print application" feature and must be printed separately

| | Address | City | County | Purchased Acres | Proposed Acres | Purchase Price | |
|----------------------------------|-------------|------------|------------|-----------------|----------------|----------------|------------------------|
| Site 1 no issues | 434 Big lot | Montgomery | Montgomery | 5.250 | 5.250 | \$100,000.00 | Delete |



PRINT THIS

Buildings

This page captures information on new or existing buildings that will be part of the property. The Building Information must be completed and added for each building. Additional Project/Building Information is for the project as a whole and is not part of the "Add" function and must be saved separately

Add/Edit Building Information

Name

Address

City State

Zip

Is this an existing building?

NOT THAT

To copy the attributes of a previously completed building to a new building, click on the specific building within the grid and select 'Copy'.

| Building Name / Address | Date Last Placed in Service | Planned or Actual Acquisition | Years Between |
|--|-----------------------------|-------------------------------|---------------|
| Building 1 - 9009 Projec way, Montgomery | | | N/A |
| Building 2 - ajsedfsajfj, Montgomery | | | N/A |
| Building 3 - somewhere, Montgomery | | | N/A |

Unit Summary

Unit Summary

This page summarizes information about the units that exist on the property.

Definitions

Net Rents = Gross Rents - Tenant Paid Utilities + Rental Subsidy (of same row)

Monthly Rental Income = Net Rents x Number of Units (of same row)

Maximum Gross Rents = the maximum gross rents from the data table in that county for that bedroom size and AMGI

Instructions

Include all low-income and market rate units in this section.

Applicants must complete all applicable information in the table below.

Building Building 3 ▾ All buildings must be set up prior to adding unit information. Number of Units refers to the total number of unit types in the building, {example: 20 (2BR units),2 bath, 1,000 sq. ft.}

| Building Name | Number of Units | Unit Type | Number of Bedrooms | Number of Bathrooms | Square Footage | Affordable to What % of AMGI | Occupied by What % of AMGI | Gross Rents | Tenant Paid Utilities | Rental Subsidy | Net Rents | Monthly Rental Income | Maximum Gross Rents | |
|---------------|-----------------|-----------|--------------------|---------------------|----------------|------------------------------|----------------------------|-------------|-----------------------|----------------|-----------|-----------------------|---------------------|--------|
| Building 3 | 9 | Progra ▾ | 2 | 2.0 | 1050 | 60% ▾ | 60 % | \$ 950 | \$ 150 | \$ | \$ 800 | \$ 7200 | \$ 1050 | Delete |
| Building 3 | 1 | Manag ▾ | 1 | 1.0 | 875 | 60% ▾ | 60 % | \$ 0 | \$ 0 | \$ | \$ 0 | \$ 0 | \$ 0 | Delete |
| Building 3 | 1 | Handic ▾ | 1 | 1.0 | 875 | 60% ▾ | 60 % | \$ 950 | \$ 150 | \$ 0 | \$ 800 | \$ 800 | \$ 975 | Delete |
| Building 3 | 1 | Sensor ▾ | 1 | 1.0 | 875 | 60% ▾ | 60 % | \$ 950 | \$ 150 | \$ | \$ 800 | \$ 800 | \$ 975 | Delete |

Total Monthly Rental Income:

[Add](#)

Annual Operating Expenses – Taxes & Insurance

| Annual Operating Expense - Taxes & Insurance | | | | | | |
|---|------------------------------------|----------------|----------------|---------------------|--|----------------------|
| Employees | | | | | | |
| Employee Type | Hourly/Salary Employee Information | | | | Total Annual Amount of Contract | Total Annual Payroll |
| | # Emp | Full/Part Time | Hours Per Week | Average Hourly Wage | | |
| Property Manager | Hourly | 1 | Full | 40.0 | 12.00 | \$24,960.00 |
| Office | | | | | | \$0.00 |
| Maintenance | Hourly | 1 | Part | 30.0 | 12.00 | \$18,720.00 |
| Other | | | | | | \$0.00 |
| Administrative | | | | | | |
| Audit Expenses (Accounting) | | 3000.00 | | | Advertising & Marketing | 3000.00 |
| Legal Expenses (Project) | | 3000.00 | | | Leased Furniture | 3000.00 |
| Management Fees Fee per Unit | 100.00 | \$5,000.00 | | | Property Manager and Leasing Salaries | \$24,960.00 |
| Administrative Rent Free Unit | | 5.00 | | | Office Salaries | \$0.00 |
| Office Expenses, Supplies & Postage | | 5000.00 | | | Office or Model Apartment Rent | 5000.00 |
| Telephone | | 50.00 | | | Bad Debts | 100.00 |
| Conventions & Meetings | | 100.00 | | | Management Consultants | 100.00 |
| Miscellaneous Administrative Expenses (Explain Below) | | 250.00 | | | Other Renting Expenses (Explain Below) | 250.00 |
| Just in Case | | | | | Just in Case | |
| | | | | | Total Administrative Expenses | \$52,815.00 |
| Utilities | | | | | | |
| Electricity | | 2500.00 | | | Water | 2500.00 |
| Sewer | | 2500.00 | | | Gas | 2500.00 |
| Cable T.V. / Internet Access | | 2500.00 | | | | |

Pro Forma

Pro Forma

Data for the pro-forma calculated from previously entered information in the operating expense budget, unit information, miscellaneous income, and subsidies.

For all HOME Projects, provide a 20-year projection of cash flow using the following assumptions: For all Tax Credit Projects, provide a 15-year projection of cash flow using the following assumptions: 2% annual increase in income, 3% annual increase in expenses. The Vacancy Allowance is calculated at 7%

| | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | Yr 7 | Yr 8 |
|-----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Total Potential Rent Income | \$252,000.00 | \$257,040.00 | \$262,180.80 | \$267,424.42 | \$272,772.90 | \$278,228.36 | \$283,792.93 | \$289,468.00 |
| Other Income | \$1,200.00 | \$1,224.00 | \$1,248.48 | \$1,273.45 | \$1,298.92 | \$1,324.90 | \$1,351.39 | \$1,378.40 |
| Gross Potential Income | \$253,200.00 | \$258,264.00 | \$263,429.28 | \$268,697.87 | \$274,071.82 | \$279,553.26 | \$285,144.32 | \$290,847.00 |
| Vacancy Allowance | \$17,724.00 | \$18,078.48 | \$18,440.05 | \$18,808.85 | \$19,185.03 | \$19,568.73 | \$19,960.10 | \$20,359.00 |
| Effective Gross Income | \$235,476.00 | \$240,185.52 | \$244,989.23 | \$249,889.02 | \$254,886.80 | \$259,984.53 | \$265,184.22 | \$270,487.00 |
| Operating Expenses | \$112,417.00 | \$115,789.51 | \$119,263.20 | \$122,841.09 | \$126,526.32 | \$130,322.11 | \$134,231.78 | \$138,258.00 |
| Replacement Reserves | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Net Operating Income | \$123,059.00 | \$124,396.01 | \$125,726.04 | \$127,047.92 | \$128,360.47 | \$129,662.42 | \$130,952.44 | \$132,229.00 |
| Debt Service | \$87,114.10 | \$87,114.10 | \$87,114.10 | \$87,114.10 | \$87,114.10 | \$87,114.10 | \$87,114.10 | \$87,114.10 |
| Cash Flow | \$35,944.90 | \$37,281.91 | \$38,611.94 | \$39,933.82 | \$41,246.37 | \$42,548.32 | \$43,838.34 | \$45,115.00 |
| Debt Coverage Ratio | 1.41 | 1.43 | 1.44 | 1.46 | 1.47 | 1.49 | 1.50 | 1.51 |
| Income To Expense Ratio | 1.18 | 1.16 | 1.14 | 1.12 | 1.10 | 1.08 | 1.05 | 1.03 |
| ReservesMultiplier | \$1.00 | \$1.00 | \$1.00 | \$1.00 | \$1.00 | \$1.00 | \$1.00 | \$1.00 |

No usage info has been added for this application.

Add

Cancel

Save

Validation and Submission

After the validation process is complete, manually change the dropdown box from **Application Pending** to **Application Submitted** before clicking **Submit**.

Validation and Submission

This will validate your application for the required information prior to submission. Once an application is submitted, you will not be able to edit the application until the state reviews it.

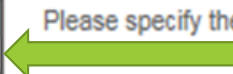
Validation was successful. Please accept the terms below to enable the submission of your application.

By checking this box, you are completing an electronic signature. By affixing your electronic signature to this application, you are attesting, under penalty of perjury, that you are the individual whose signature is being attached to this application and that all the information you have provided in this application, including any and all supporting documentation, is accurate, correct and complete. Further, you are affirming your obligation to immediately notify in the event you become aware of any subsequent events or information which would change any of the statements or representations you have provided to in this application

Please specify the stage that you are submitting this application:

Application Pending
Application Submitted

Submit



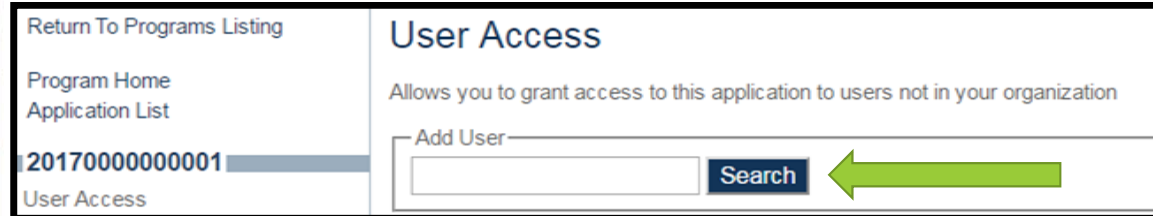
Print Receipt

The Application Receipt will not populate until the application is submitted.

| Application Receipt | | | |
|---------------------|--|---------------------|-------------------|
| Receipt Number: | 43304 | Application Number: | 2016 2 |
| Round: | 2016 Test | | |
| Project: | 2016 Test Application New Construction | | |
| Developer: | Architect Firm | | |
| Signed By: | Test Architect out of state | On: | 1/20/2016 9:06 AM |
| Submitted On: | 1/20/2016 9:06 AM | | |

User Access

Allows the Applicant to grant application access to an individual user.



Return To Programs Listing

Program Home
Application List

2017000000001

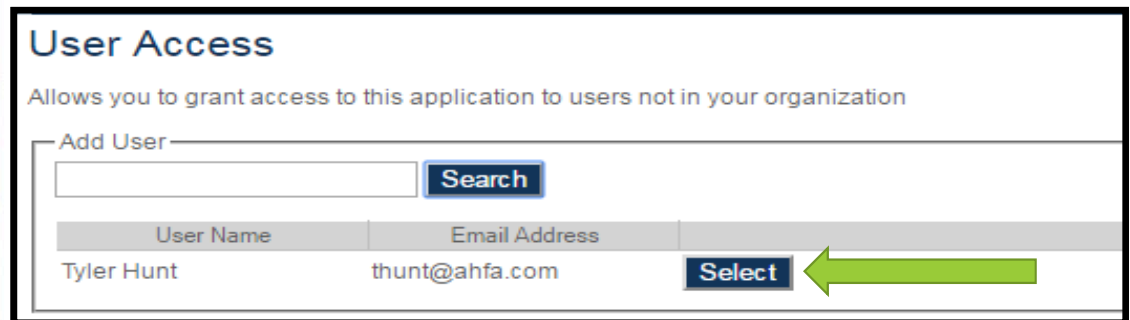
User Access

User Access

Allows you to grant access to this application to users not in your organization

Add User

Step 1: In the **User Access** tab, enter an individual's email address and select SEARCH. If the individual is listed in DMS, the information will populate on the screen. If the individual is not in DMS, they will need to be added to the system as a contact.



User Access

Allows you to grant access to this application to users not in your organization

Add User

| User Name | Email Address | |
|------------|----------------|---------------------------------------|
| Tyler Hunt | thunt@ahfa.com | <input type="button" value="Select"/> |

User Access

Step 2: Select a user permission. **View** or **Edit** permissions may be assigned to this user for this specific application. Selecting **Edit** will allow the user to make changes to the application. Selecting **View** will allow the user to review the application but make no changes.

User Access

Allows you to grant access to this application to users not in your organization

Add User

Search

Edit User

User Name: Tyler Hunt

Email Address: thunt@ahfa.com

Permission:

View ▾

View

Edit

Save

Cancel



User Access

Step 3: Select **Save**. The user is added to the list and has permission to view or edit the specific application.

User Access

Allows you to grant access to this application to users not in your organization

Add User

| User Name | Email | View/Edit | Linkage | |
|-----------------------------|-----------------------|-----------|--------------|---|
| Test Architect out of state | jperry@ahfa.com | Edit | Organization | |
| Chris Hert | chert@ahfa.com | Edit | Direct | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
| Tyler Hunt | thunt@ahfa.com | Edit | Direct | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
| Ronald Persons | adfadmstest@yahoo.com | View | Direct | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

Project Contacts

Allows the Applicant to populate the "Project Contacts" directly.

Return To Programs Listing

Program Home

Application List

2017000000001

[User Access](#)

[General Project Information](#)

[Applicant/Developer](#)

[Owner](#)

[Non-Profit/CHDO](#)

[Project Contacts](#) ←

[Site Information](#)

[Buildings](#)

[Building Summary](#)

[Unit Summary](#)

[Utility Allowance](#)

[Contractor Costs - New](#)

[Construction](#)

[Contractor Costs - Rehabilitation](#)

[Total Development Costs](#)

[Annual Operating Expense -](#)

Project Contacts

This page allows the user to list all contacts and their associated roles in the project. Note that the organization must be affiliated to the applicant/developer completing the application to appear in the dropdown boxes. (See Affiliated Organization Registration User Guide) Checking the "Show All" box will cause all entities affiliated to the applicant/developer to appear. The "Add Partner" feature may also be used to complete the project contacts. By selecting "Add Partner" and entering the Partner Organization Code and selecting add, the contact will be added to the dropdown and may be selected from their.

Project Contacts

Construction Contractor

Organization Name: (Select an organization) ▾ Show All **Add Partner** ← () - -

Address: _____ Fax: () - -

City: _____ State: ▾ Zip Code + 4: - -

Contact: (Select a Contact) ▾ Email: _____

MBE WBE

Project Contacts

Step 1: Select **Add Partner** for the specific contact you would like to populate. You will need the **Organization Code** for the entry.

Attorney Add a Partner Close

Organization This will allow you to associate your organization to one of your partners.

Address: Doing this will allow you to include that partner organization in your online applications.

City:

Contact:

MBE

Partner Org Code:

Accountant

Organization

Address:

City:

Add Cancel State:

Project Contacts

Step 2: Select the organization which appears in the dropdown box.

Attorney

Organization Name: (Select an organization) Show Phone: () -

Address: (Select an organization) Attorney, Lawyer P.C> Fax: () -

City: Capell, Howard, Knabe & Cobbs State: Zip Code + 4:

Contact: (Select a Contact) Email:

MBE WBE

Project Contacts

Step 3: The organization's information now populates the fields.

Attorney

Organization Name: Show Phone:

Address: Fax:

City: State: Zip Code + 4:

Contact: Email:

MBE WBE

Document Upload




Upload documents directly to DMS Online

2018 Applicants must upload the Market Study, Environmental Reports and Capital Needs Assessment (if applicable) via the **Document Upload** feature.

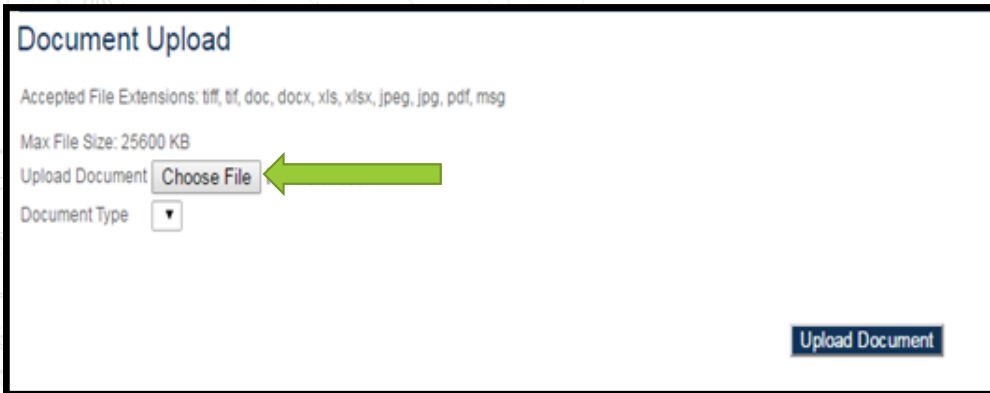
Document Upload

Step 1: Select the **Document Upload** tab from within the Online Application.



[Print Receipt](#)
[Neighborhood Services](#)
[Tenant Services and Amenities](#)
[Document Upload](#) ←
[Print Application](#)

Step 2: Select **Choose File** function to browse for the document.



Document Upload

Accepted File Extensions: tiff, tif, doc, docx, xls, xlsx, jpeg, jpg, pdf, msg

Max File Size: 25600 KB





Upload Document ←

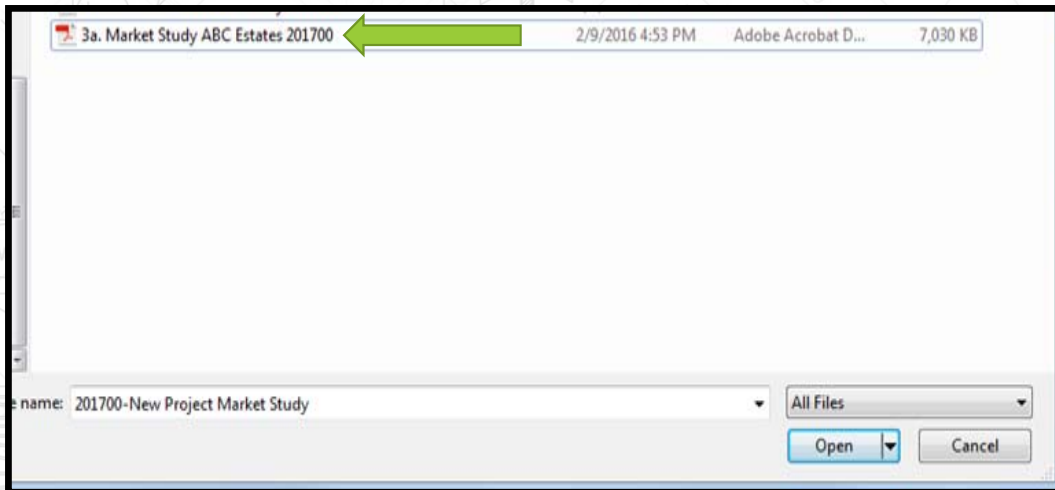
Document Type

Document Upload

Step 3: Browse for the file to upload. *NOTE: Upload documents should be labeled using the Digital Copy format provided in the Application Instructions.*

Digital Copy Format

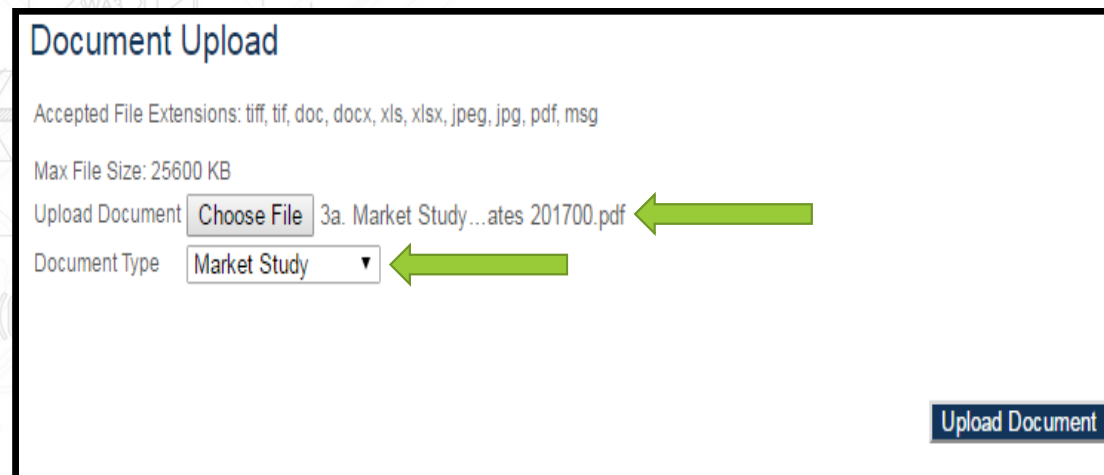
-  2a. Ownership Entity forms - ABC Estates
-  2b. Credit Authorization forms -ABC Estates
-  3a. Market Study Certification-ABC Estates
-  3b. Market Study- ABC Estates



Double Click the selected file on your device. It will appear in the **Document Upload** page.

Document Upload

Step 4: Choose the appropriate **Document Type** (Market Study / Environmental / Capital Needs Assessment). This ensures the document uploads to the correct location for viewing by AHFA.



Document Upload

Accepted File Extensions: tiff, tif, doc, docx, xls,xlsx, jpeg, jpg, pdf, msg

Max File Size: 25600 KB

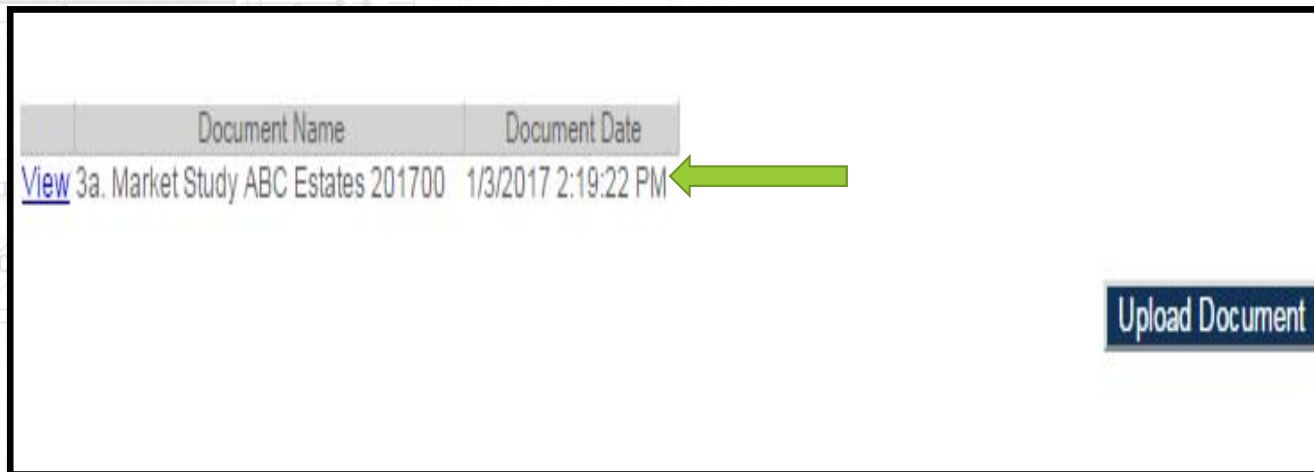
Upload Document 3a. Market Study...ates 201700.pdf ←

Document Type ▼ ←

Note: Maximum document size is 25,000 Kilobytes (25 Megabytes). Documents exceeding this size must be broken into smaller documents and uploaded individually. Clearly identify related documents by adding *part 1, part 2, etc.*

Document Upload

Step 5: Correctly uploaded documents will display on the screen.



NOTE: Documents cannot be deleted by the applicant. Notify AHFA in the event of errors or needed corrections.



Information contained in these slides is presented in excerpted/abbreviated form.

AHFA encourages potential applicants to review the complete application package including the HOME Action Plan and Housing Credit Qualified Allocation Plans in their full context before applying for funds.