

Workshop

HOUSING CREDITS | HOME | HOUSING TRUST FUND

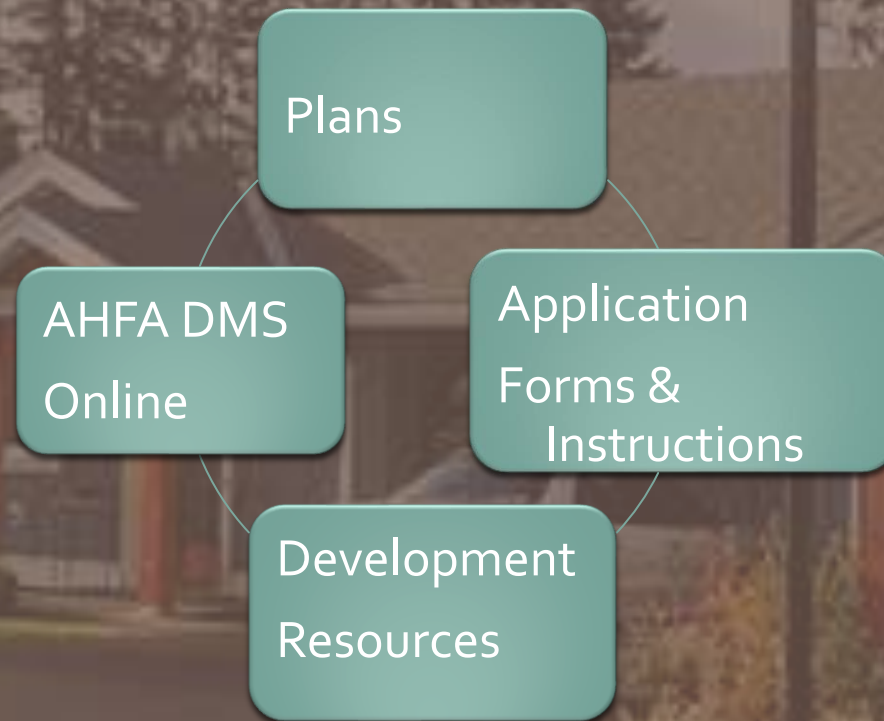
2025

ALABAMA HOUSING
FINANCE AUTHORITY
Count on home. Alabama.

Competitive Application Cycle Information

February 2025

AHFA Application Resources



AHFA Funding Programs

Competitive

Low-Income Housing Credit Program

Competitive

HOME Program Combined with Housing Credits (subject to applicable Plan requirements)

Competitive

Workforce Housing Tax Credits with Multifamily Housing Revenue Bonds

Competitive Open Cycle

National Housing Trust Fund Program

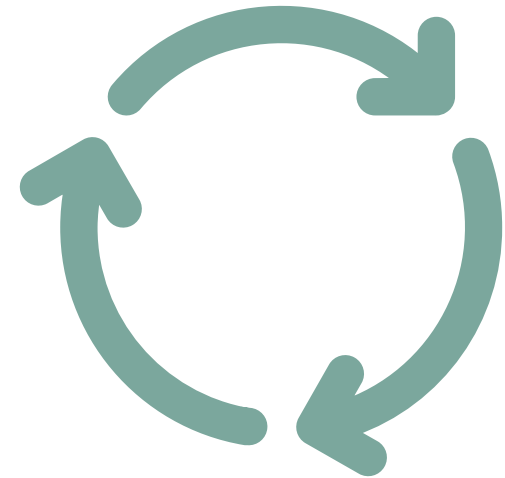
Non-Competitive Open Cycle (Tentatively March 1- September 1)

AHFA Multifamily Bond Program

Plan Development and Application Cycle Timeline

The AHFA Multifamily Division works on multiple, different plans concurrently.

Notices regarding releases, public comment periods, training and cycle deadlines are published on ahfa.com and via email in the form of [Multifamily Notices](#).



2025 Application Cycle

NOTE: Future dates indicated are subject to revision. Any changes to the schedule will be published and posted on [AHFA.com](https://www.ahfa.com).

Dates	Cycle Events
11/21/2024	2025 Workforce Housing Tax Credit Application Release
12/3/2024	2025 CHDO Application Release
1/7/2025	2025 Workforce Housing Tax Credit with Multifamily Housing Revenue Bonds Application Deadline
1/7/2025	2025 CHDO Application Deadline
1/9/2025	2025 HOME/Housing Credit Application Release
1/17/2025	2025 Application Workshop Registration Opens & Materials Release
1/17/2025 – 1/31/2025	2025 Application Workshop Questions Acceptance Period
1/31/2025	2025 Application Workshop Registration Deadline

2025 Application Cycle (continued)

NOTE: Future dates indicated are subject to revision. Any changes to the schedule will be published and posted on [AHFA.com](https://www.ahfa.com).

Dates	Cycle Events
2/7/2025	2025 HOME/Housing Credit Application Deviation Request Deadline
2/7/2025	2025 Application Workshop
2/18/2025	2025 HOME/Housing Credit Application Log Deadline
2/20/2025	2025 HOME/Housing Credit Application Deadline
2025 Award Announcements	TBD

2025 Allocation Estimates

Funding	Housing Credit	HOME	National Housing Trust Fund
Allocation (estimated)	\$15,325,404 \$7.0M Remaining (est.)	\$10,545,453	\$3,144,833
Set Asides	Non-profit 10%	CHDO 15%	None
Caps	15%	25%	\$1.35M
Uses	<ul style="list-style-type: none"> New Construction Acquisition /Rehab Adaptive Reuse 	New Construction	New Construction
Units	Min: 12 Max: Cap Based	Min: 12 Max: 56	Min: 1 Max: \$1.35M Cap

*Figures are subject to change based on program changes by HUD or the IRS.

*M=Million

Non-Profit	Project Name	Project County	Project City
Accessible Alabama, LLC	The Kelsey Avondale	Jefferson	Birmingham
Alabama Communities, Inc.	Pinecrest Place	Marshall	Albertville
East Lake Community Development, Inc.	Phillips Landing	Mobile	Mobile ----- Theodore
Fuse Project	Hurtel Crossings	Mobile	Mobile

CHDO Applications Received for the 2025 AHFA CHDO Set-Aside Funding

Applications were received on January 12, 2025, from 4 non-profits with 4 projects

Workforce Housing Tax Credit Program

- On May 9, 2024, the State of Alabama enacted Act No. 2024-302 entitled "The Alabama Workforce Housing Tax Credit Act" (the "Act"), which established a new workforce housing tax credit ("Workforce Housing Credit") program. The Workforce Housing Credit program encourages and promotes continued investment in affordable rental housing for low-income households located in areas near to employers with expanding or recently created workforce jobs. Through these investments, the program is intended to increase the number of affordable housing units available to Alabamians seeking employment in areas of economic growth. The primary benefit to Qualified Taxpayers is a dollar-for-dollar reduction in certain Alabama state tax liabilities.

Workforce Housing Tax Credit	
WHTC	Amounts
Allocation	\$5,000,000 per Year
Caps	Project - \$2,000,000 Rural - \$1,250,000
Uses	New Construction
Units	Minimum - 12 Maximum - Financial Feasibility

WORKFORCE HOUSING CREDIT



2025 Workforce Housing Tax Credit with Multifamily Housing Revenue Bond Applications Received

Project Name	Project #	Project Address	City	Zip Code	County	Owner Information	Units	Tenant Type	Project Type	Owner Type	Requested Funding
Blue Spring Apartments	2025704	0 Blue Spring Road <small>(Pending USDA Rural Verification)</small>	Huntsville	35810	Madison	Standard Blue Spring Venture, LP 1015 18th Street Washington, DC 20036 Amir Boulos aboulos@standard-communities.com 347-201-0403	198	Family	New Construction	For Profit	WHTC, Bonds, Housing Credits
Gateway at Athens	2025713	Hine Street South <small>(Pending USDA Rural Verification)</small>	Athens	35611	Limestone	Gateway at Athens, LTD. 920 Florence Blvd Florence, AL 35630 Allan Rappuhn arappuhn@gatewaymgt.com 256-760-9657	88	Family	New Construction	For Profit	WHTC, Bonds, Housing Credits
Mill Creek Phase 1	2025714	2600 Govenors Drive SW <small>(Pending USDA Rural Verification)</small>	Huntsville	35805	Madison	Mill Creek Phase 1, LP 100 N. Broadway Suite 100 St. Louis, Missouri 63102 Sandra Seals sandra.seals@mccormackbaron.com 314-335-8970	84	Family	New Construction	For Profit	WHTC, Bonds, Housing Credits
Sutton Estates	2025710	Winchester Rd NE <small>(Pending USDA Rural Verification)</small> approximately 2105	Huntsville	35811	Madison	Sutton Estates, Ltd. 100 Towncenter Blvd, Suite 300 Tuscaloosa, AL 35406 Mark English mark@nahpa.org 205-394-8000	144	Family	New Construction	Non-Profit	WHTC, Bonds, Housing Credits
The Grove at Foley Beach	2025709	12799 Springsteen Lane <small>(Pending USDA Rural Verification)</small>	Foley	36535	Baldwin	Foley Beach Hall Apartments, Ltd. 2814 Forner St, Bldg J Dothan, AL 36309 Gary Hall ghall@housing.net 334-794-2678	180	Family	New Construction	For Profit	WHTC, Bonds, HOME, Housing Credits

Workforce Housing Tax Credit Program Applications Received

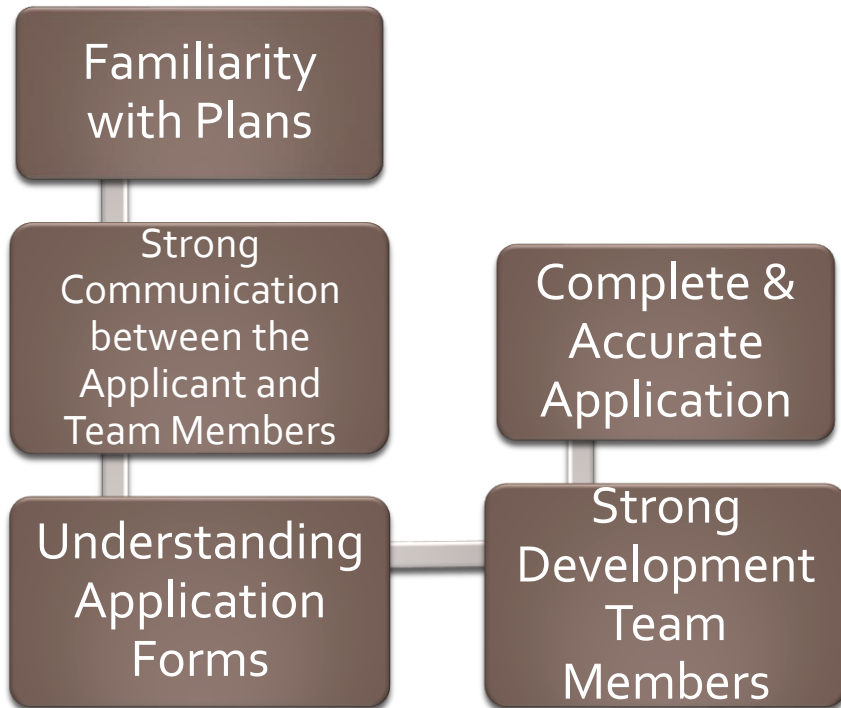
WORKFORCE HOUSING CREDIT



						Athens Hall Apartments, Ltd. 2810 Fortner St. Bldg J Dothan, AL 36305				WHTC, Bonds, Housing Credits
The Grove at South Jefferson	2025703	(Pending USDA Rural Verification) 2121 South Jefferson Street	Athens	35611	Limestone	Gary Hall ghall@hallhousing.net 334-794-2678	120	Family	New Construction	For Profit
						Whippoorwill Hall Apartments, Ltd. 2811 Fortner St, Bldg J Dothan, AL 36306				WHTC, Bonds, HOME, Housing Credits
Whippoorwill Grove	2025706	(Pending USDA Rural Verification) 35 Whippoorwill Lane	Calera	35040	Shelby	Gary Hall ghall@housing.net 334-794-2678	120	Family	New Construction	For Profit

Workforce
Housing Tax
Credit Program
Applications
Received
(continued)

Tools for Success







Contact Information



- Please reach out to the applicable organization, shared email box (ex. ahfa.mf.application@AHFA.com) listed on AHFA provided documents. This helps to ensure a prompt review time and response as multiple AHFA team members monitor these inboxes.

2025 Application Packages

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

-  12a. AHFA DMS Authority Online Application- ABC Estates
-  12b. AHFA DMS Authority Online Application Receipt- ABC Estates
-  13. Certification of Bid Law Compliance- ABC Estates
-  14. Dated and Executed Organizational Documents

Application Package Formats

Application Forms Package	Hard and Digital (USB)	Smead® Pressboard Fastener Folder with SafeSHIELD Coated Fasteners, 3" expansion, legal size, 60% recycled, Gray/Green, Smead®
Environmental Assessment Study(ies)	Hard and Digital (USB)	3-Ring Binder(s) DMS Upload
Market Study, Engagement Letter & Certification	Hard and Digital (USB)	3-Ring Binder(s) DMS Upload
Capital Needs Assessment	As Applicable Hard and Digital (USB)	3-Ring Binder(s) DMS Upload

Tab All Sections / Appendices within 3-Ring Binders.
Size Binders appropriately to contain the necessary materials.

2025 Application Fees

For applicants with up to eight Responsible Owners applying in a single application:

HOME/TC	\$10,000	If (x) each Responsible Owner has fewer than 3 Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA and (y) any Responsible Owner has one or more multi-family rental projects financed from non-AHFA sources.
HOME/TC	\$7,500	If each Responsible Owner has 3 or more Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA, regardless of whether any Responsible Owner has other multi-family rental projects financed from non-AHFA sources.
HOME/TC	\$7,500	If (x) each Responsible Owner has fewer than 3 Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA and (y) no Responsible Owner has any multi-family rental projects financed from non-AHFA sources.
CHDO	\$2,000	For all AHFA-Approved CHDO applicants applying for HOME Funds regardless of the number of Placed-In-Service projects allocated by AHFA.
BOND (WHTC w/Bond)	\$10,000	<u>Multifamily Housing Revenue Bond Application</u> a non-refundable fee must accompany the Application Package submitted for consideration for a Declaration of Official Intent. Workforce Housing Tax Credit with Multifamily Housing Revenue Bond

An additional application fee will be due at the time of application submission for application(s) that have Ownership Entities exceeding 8 Responsible Owners. The amount of the fee will be \$1,000 per each owner (individual/entity) exceeding 8. This fee does not apply to the Investor Owner.

Application Fees

All application fees are non-refundable. If an application fee is returned for any reason, the application will terminate.

It is strongly recommended that a cashier's check or certified funds accompany your Application submittal to forego any banking concerns.

[See the Current Year Allocation Plans for additional information](#)

Missing / Incomplete Documents

Missing and/or Incomplete Documents	Required Fee	Missing Item Occurrence
Missing and/ or incomplete application document(s)	\$2,000 per document	1 occurrence per document
Incomplete third-party report ¹	\$2,000 per report	1 occurrence per document
Requests for additional information or clarification of third-party report(s) ¹	\$2,000 for 5 or more per report	1 occurrence for 5 or more clarifications (or requests for additional information) per report

¹ Applicant can supply missing and/or incomplete items with respect to environmental reports only to the extent permitted by Addendum B, and this table applies only to such items.

Missing/ Incomplete Items

Excludes Threshold Requirements, Material Environmental Findings, and Point Scoring Items.

An aggregate total of eight (8) or more missing/ incomplete item occurrences will result in the automatic termination of the application by AHFA.

[See the Current Year Allocation Plans for additional information](#)

The highest scoring project per county with ownership by an AHFA-Approved CHDO will be funded until the regulatory 15% CHDO set-aside has been met.

The highest scoring Housing Credits project will be funded regardless of location provided the concentration of affordable housing units is not negatively affected.

In addition to meeting the CHDO funding requirements, and to maximize the utilization of available or excess HOME Funds, if any, and to increase new construction of HOME funded Projects, AHFA will prioritize the funding of at least 2 of the highest scoring Housing Credits combined with HOME projects per county.

The highest scoring Housing Credit project and/or HOME project combined with Housing Credits will be allocated per county until all available Housing Credits and HOME Funds have been allocated, subject to the following exception. AHFA will allocate Housing Credits to 2 projects in the same county or city only if both projects score high enough to be funded, are otherwise eligible to be funded under this QAP, and one of the projects being considered has all of the following attributes at the time of application: (i) has received a HOME Loan from AHFA, (ii) has at least 85% occupancy, and (iii) has either (a) repaid the HOME Loan in full, or (b) has closed a 15-year extension of the debt evidenced by the outstanding HOME Loan.

If all available 2025 Housing Credits have been allocated and there still remains available HOME Funds, the highest scoring HOME project combined with Housing Credits may be allocated per county, subject to a future-year Housing Credit allocation.

2025 FUNDING PRIORITIES

[See the Current Year Allocation Plans for additional information](#)



2025 APPLICATION SCORING CHANGES

- Added 2 points for non-profit with at least 51% ownership interest.
- Scoring Addendum
 - (ii.) Energy/water conservation – eliminated 1 point section.
 - (iv.) Tenant Needs – (c.) added 1 point for projects that set-aside a minimum of 5%.
 - (vi.) Location – (h.) added 2 point option for services within 5 miles for sites that meet the definition of “rural area.”
 - 2.) Applicant Characteristics – (i.) specified 5 points for minority or women with no identity of interest.
 - 2 points for minority or women owned with an identity of interest

PROGRESS REQUIREMENTS- After Reservation

The list of Reservation requirements are provided at [Reservation | Alabama Housing Finance Authority](#).

Multifamily Notices
Multifamily Programs
Funded Application Search
→ Post-Award
HOME Closings
→ Reservation
Pre-Construction /Davis Bacon
Construction

Housing Credits Combined with HOME Reservation Items

WHEN AHFA ISSUES A HOUSING CREDIT/HOME RESERVATION LETTER, THE OWNER WILL BE REQUIRED TO PROVIDE THE APPLICABLE DOCUMENTS LISTED BELOW, AND WHERE INDICATED, PROVIDE A DIGITAL PDF COPY (COMPACT DISC FORMAT OR USB FLASH DRIVE) OF THE DOCUMENT. THE DIGITAL COPY MUST MATCH EXACTLY IN ALL RESPECTS THE ORIGINAL PROVIDED. THE DIGITAL COPY MUST LIST THE FORM TITLE AND NAME OF THE PROJECT.

Reservation +15 days:

- a) Executed original Reservation Letter (along with Addendum A Survey Requirements) acknowledging acceptance of the terms and conditions.
- b) Non-refundable fee in the amount equal to 15% of the first year's Housing Credit allocation (certified funds - no cash accepted).
- c) Carryover Allocation Agreement (along with Exhibits A & B).
- d) Executed HOME Written Agreement (along with Addenda A-K) acknowledging acceptance of terms and conditions.
- e) Management Plan (available on AHFA's website).
<http://www.ahfa.com/multifamily/post-award/pre-constructionreservation>
- f) Affirmative Fair Housing Marketing Plan (available on HUD's website).
<http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf>
- g) Tenant Lease Agreement with HOME Program Addendum to Lease and HUD Lease Addendum Violence Against Women and Justice Department Reauthorization Act of 2005 (available on AHFA's website)
<http://www.ahfa.com/multifamily/post-award/pre-constructionreservation>

Reservation +60 days:

- a) The Environmental Assessment Checklist (Available on AHFA's website) and one (1) digital copy. <http://www.ahfa.com/multifamily/environmental>
- b) Asbestos abatement plan by a licensed asbestos contractor for all friable and non-friable Asbestos Containing Materials (ACMs) in deteriorated condition and one (1) digital copy.
- c) Site-specific Operations and Maintenance Plan for all intact non-friable ACM's that are to be left in place and one (1) digital copy.
- d) Lead-based paint abatement plan by a certified lead inspector/risk assessor and one (1) digital copy.
- d) Police/Sheriff Department Letter (Available on AHFA's website)
- e) Fire Department Letter (Available on AHFA's website)



2025 Application Forms

IMPORTANT ITEMS TO NOTE

*LIST IS NOT ALL INCLUSIVE

2025 APPLICATION FORMS – Profile Sheet

Zip Code: _____
 Telephone #: _____ Ext: _____
 E-mail Address: _____

Alternate Contact: _____
 Alternate Contact Title: _____
 Alternate Contact Email: _____
 Alternate Contact Telephone #: _____

Project Location

Project Name: _____
 Address: _____
 City: _____
 Zip Code: _____
 County: _____
 Congressional District: _____
 Census Tract Number: _____
 Site Acreage: _____

Is the proposed project a prior funded AHFA project?
 Yes No

If the proposed project is a prior funded AHFA project, provide the original name of the prior funded AHFA project:

Has the proposed project repaid 100% of the AHFA HOME loan?
 Yes No

Has the proposed project closed a 15 year extension of the original AHFA HOME loan?
 Yes No

Funding Source Requested

Housing Credits (HC) only HC Amount Requested _____

HOME funds combined with Housing Credits (if selected, answer questions below regarding the permanent first mortgage) HOME Amount Requested _____
 HC Amount Requested _____

AHFA may underwrite and consider funding the project's permanent **first** mortgage
 I decline AHFA's consideration of underwriting and funding the project's **first** mortgage

Are you applying for the CHDO set-aside? Yes No

Is an entity involved in the Ownership a non-profit? Yes No

Are you applying for the non-profit set-aside? Yes No

Non-AHFA Funding Sources (Amounts should match what is submitted in the AHFA DMS Authority Online Application Funding Sources)

Name of Financing Entity	Type of Loan (RD 515, 221d4, CDBG, Local HOME, etc)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



Answers should be consistent across the entire Application Package.

2025 APPLICATION FORMS – Profile Sheet

Provide on a USB flash drive, One Complete [Digital \(PDF\) Version](#) of the Application Package submission items 1-52, including Third-Party Reports, (Digital copy must match exactly what was provided in original Application Package), the text of which shall be in a searchable format. Each form must be saved individually by listing the AHFA form number, form title, and name of project. Some items as specified will require both a **digital** and **hard** copy submittal.

Bold type denotes that AHFA provides the form or form letter.

Original signatures required: Statement of Application and Certification, Responsible Owner Signature Authorization, and Architect Certifications.

HC Hard Copy
 E Digital only

Pre-Application Package Submittal Items

Deviation Request Form, any deviation requests from the AHFA Design Quality Standards and Construction Manual must be submitted for AHFA's approval prior to submitting your application OR with the application to the Application Package submission date. The Deviation Request Form and any supporting documentation should be submitted to ahfa.mf.general@ahfa.com.

Application Log, complete and submit the Excel version of the Application Log for each application to the following email address: ahfa.mf.application@AHFA.COM, during normal business hours and within the specified timeframe posted at: <http://www.ahfa.com/multifamily/multifamily-notice>.

Deviation Request Form Not Applicable
 Application Package Log

Hard Copy Submittal Items (These items are to be submitted in both paper and digital format)

The Application Package (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944. (Office Depot®/OfficeMax® Item # 025782)

The Application package submittal format is designed to reduce the number of items which will be submitted in hard copy. Please keep in mind that all items are to be submitted in the electronic format unless specifically stated otherwise (i.e., self-score form).

2025 APPLICATION FORMS – Self-Score Sheet

Project Self Scoring Form

Do not include this form in the digital copy.

Items listed below are partial excerpts from the Housing Credit QAP and HOME Action Plan (Plans). Please review the Plans for full context. Final scoring determination will be made by AHFA based on all Application Package documentation submitted.

Application Number:	<input type="text"/>
Project Name:	<input type="text"/>
Type of Funds Requested:	<input type="text"/>
Construction Type:	<input type="text"/>

A. POINTS GAINED

1. Project Characteristics (Maximum 82 Points)

(i) Type of Construction (Maximum 33 Points)

*(a.) Upgrade with amenities
(Maximum 25 Points)*

(4 points each)

Clubhouse/Community Building/ Community Room	<input type="text"/>
Washer/Dryer provided in each unit	<input type="text"/>
Exterior Security Package	<input type="text"/>
Unit Security Package	<input type="text"/>
Storm Shelter	<input type="text"/>
Playground	<input type="text"/>
Outdoor Fitness Activity Area	<input type="text"/>
Covered Picnic Pavilion	<input type="text"/>

Points Gained:

The self-score form is for the applicant's use only and does not determine the actual score calculated by AHFA. This form should not be included as part of the electronic submission.

2025 APPLICATION FORMS – CEO Form

Identify the CEO:

- A. Within City Limits – Mayor
- B. Unincorporated Area- County Commissioner

Required Copies:

- 4a. Chief Executive Officer Information Form (CEO Form)- **3 total complete copies**
- 4b. Federal Express (FedEx) or United Parcel Service (UPS) Prepaid Shipping Label- **3 total copies**
- 4c. Shipping Envelope: (FedEx or UPS)



CHIEF EXECUTIVE OFFICER INFORMATION FORM				
Applicant should complete this form in its entirety. The applicant must include a Fedex or UPS shipping envelope and label with the application to use in sending notification of receipt of the project application to the Chief Executive Officer (CEO) where the proposed project is located. The CEO should be the mayor unless the project site is located in an unincorporated area. If that is the case, the Commissioner's information should be provided.				
CHIEF EXECUTIVE OFFICER INFORMATION				
Local CEO Name	Office Held (Mayor, Commissioner)	City	N/A	County
CEO Physical Delivery or Physical Mailing Address		Is the site located in an unincorporated area?	YES	
			NO	
CEO Phone Number				
CEO Email Address				

Hard Copy Submittal Items (These items are to be submitted in both paper and digital format)	
<i>The Application Package (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944, (Office Depot®/OfficeMax® Item # 935783).</i>	
1	2024 Multifamily Application Package Profile and Completeness Checklist
2a	Non-Refundable Application Fee - \$10,000 for an application with up to eight (8) Responsible Owners applying on a single application that have less than three (3) placed-in- service projects funded with Housing Credits and/or HOME funds awarded by AHFA.
Or	
2b	Non-Refundable Application Fee - \$7,500 for an application with up to eight (8) Responsible Owners applying on a single application whereas each Responsible Owner has three (3) or more placed-in-service projects funded with Housing Credits and/or HOME funds awarded by AHFA.
2c	Non-Refundable Application Fee CHDO Application \$2,000 for all proposed Community Housing Development Organization (CHDO) applicants applying for HOME funds regardless of the number of placed-in-service projects awarded by AHFA.
2d	Non-Refundable Additional Application Fee (If applicable) An additional application fee will be due at the time of application submission for application(s) that have ownership structures exceeding eight (8) individuals and/or entities. The amount of the fee will be \$1,000 per each owner (individual/entity) exceeding eight (8). This fee does not apply to the investor limited partner.
2e	Three copies of Fee Check(s) (All copies of checks should notate the project name, number and applicable fee type.)
3	Project Self Scoring Form (Must be submitted in a sealed envelope labeled with the Project name, Project number and Attn: Internal Audit: Self Scoring)
4a	Chief Executive Officer Information Form (CEO Form)- 3 total complete copies
4b	Federal Express (FedEx) or United Parcel Service (UPS) Prepaid Shipping Label- 3 total copies
4c	Shipping Envelope: (FedEx or UPS)
5	Statement of Application and Certification
6a	Ownership Entity Signature Authorization
6b	Signature Authorization Instrument Excerpt(s)

2025 APPLICATION FORMS –

The forms below should be identical to what is submitted in the DMS Online Application.

New Construction Square Footage and Architect's Certification

New Construction Square Footage and Architect's Certification				Project Name: _____ # of Units: _____ City: _____		
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 and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.						
The following information refers to (check one): <input type="checkbox"/> Low-Income Units <input type="checkbox"/> Market Rent Units <input type="checkbox"/> Family <input type="checkbox"/> Elderly						
(Duplicate this page for information regarding the type of units not checked above.)						
Type:	# of Units:	# of Baths:	Bedroom Sq. Foot: (List the Sq. ft. for each B/R)		Heated Area:	Total Heated Area:
			1st B/R	2nd B/R	3rd B/R	4th B/R
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.	s.f.
Office Area					s.f.	s.f.
Community Laundry					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
					TOTAL HEATED AREA:	s.f.
Type:	# of Type:			Area:	Total Area:	
Covered Porches				s.f.	s.f.	
Breezeways				s.f.	s.f.	
Outside Storage				s.f.	s.f.	
Other (specify):				s.f.	s.f.	
					TOTAL SQ. FT.:	s.f.

Rehabilitation Square Footage and Architect's Certification

Rehabilitation Square Footage and Architect's Certification				Project Name: _____ # of Units: _____ City: _____		
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 and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.						
The following information refers to (check one): <input type="checkbox"/> Low-Income Units <input type="checkbox"/> Market Rent Units <input type="checkbox"/> Family <input type="checkbox"/> Elderly						
(Duplicate this page for information regarding the type of units not checked above.)						
Type:	# of Units:	# of Baths:	Bedroom Sq. Foot: (List the Sq. ft. for each B/R)		Heated Area:	Total Heated Area:
			1st B/R	2nd B/R	3rd B/R	4th B/R
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.	s.f.
Office Area					s.f.	s.f.
Community Laundry					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
Other Buildings (specify):					s.f.	s.f.
					TOTAL HEATED AREA:	s.f.
Type:	# of Type:			Area:	Total Area:	
Covered Porches				s.f.	s.f.	
Breezeways				s.f.	s.f.	
Outside Storage				s.f.	s.f.	
Other (specify):				s.f.	s.f.	
					TOTAL SQ. FT.:	s.f.

2025 APPLICATION FORMS – Project – Unit Amenities

Amenities		Project Name: <input type="text"/>	
		# of Units: <input type="text"/>	
		City: <input type="text"/>	
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"/> Ice Maker
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Heater	<input type="checkbox"/> W/D connections	<input type="checkbox"/> Ceiling Fans
			<input type="checkbox"/> Microwave
			<input type="checkbox"/> Deviation Request Form (attach the written approval by AHFA)
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 (Must have at a minimum a kitchen (with refrigerator/freezer, cabinets and a sink with counter space), community meeting room (with seating and activity areas commensurate to total number of units), restrooms, community TV with cable, satellite or streaming services with a minimum of 42 inch screen TV, and wireless internet service. A community laundry must be included if not providing a washer/dryer in each unit and the community laundry must contain at least 1 washer and 1 dryer for every 25 units proposed in the project.)			
<input type="checkbox"/> Community Laundry provided			
<input type="checkbox"/> Community Laundry not provided			
<input type="checkbox"/> Exterior Security Package Must include at a minimum the following:			
* Alarm (sound and/or third-party monitored) system at the clubhouse/ community building, resident manager's office and laundry.			
* Camera/Video monitoring system to provide visibility of all pedestrian and vehicular traffic of all main Project entry and exit points, parking lot and Project amenities.			
* Lighting of all project amenities, parking lot(s), and all Project entry and exit points.			

The amenities listed on this form, must match what is selected in the DMS online application.

2025 APPLICATION FORMS – Rehab Square Footage and Architect’s Certification

Rehabilitation Square Footage and Architect's Certification		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 and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. 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> <p> <input type="checkbox"/> Low-Income Units <input type="checkbox"/> Market Rent Units <input type="checkbox"/> Family <input type="checkbox"/> Elderly </p> <p>(Duplicate this page for information regarding the type of units not checked above.)</p>					
Type:	# of Units:	# of Baths:	Bedroom Sq. Foot: (List the Sq. ft. for each B/R) <small>1st B/R 2nd B/R 3rd B/R 4th B/R</small>	Heated Area:	Total Heated Area:
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Bedroom					
Living Units Total				Total Heated Living Area:	

All projects are required to meet the criterion contained in AHFA’s Design Quality Standards and Construction Manual for construction and rehabilitation of rental units. These are minimum standards and AHFA permits applicants to exceed these project standards. Any deviations from these standards must have written approval of AHFA prior to applying for funding. A request for approval of a deviation, with all supporting documentation, must be submitted to AHFA at least fourteen (14) days before the related application is submitted to AHFA.

2025 APPLICATION FORMS – Surveyor's Certificate

This form must be initialed by the surveyor, electronic/typed initials are not sufficient.

Incorrect-
electronic/ typed initials

Surveyor's Certificate	
I, _____ (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of Project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items [Surveyor Must Initial Each Item] :	
<u>JM</u>	Survey is drawn in ink on base plat at least 24 inches by 36 inches.
<u>JM</u>	Survey indicates North arrow
<u>JM</u>	Survey Shows graphic scale
<u>JM</u>	Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.

Correct-
handwritten initials

Surveyor's Certificate	
I, _____ (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of Project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items [Surveyor Must Initial Each Item] :	
<u>JM</u>	Survey is drawn in ink on base plat at least 24 inches by 36 inches.
<u>JM</u>	Survey indicates North arrow
<u>JM</u>	Survey Shows graphic scale
<u>JM</u>	Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.

Foreign Ownership Certification

If applicable, complete this certification for each Foreign Ownership that is a Responsible Owner.

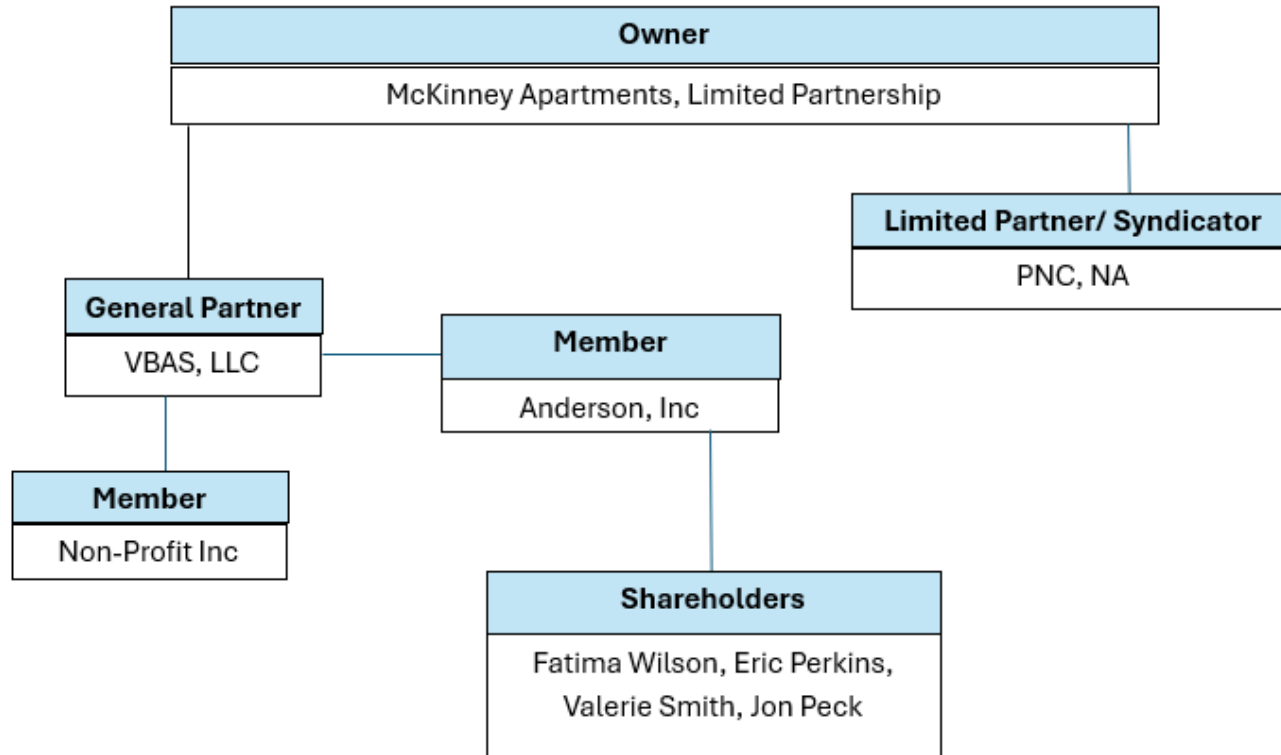
The undersigned, being the duly appointed [title of officer] of [legal name of foreign entity], an [jurisdiction of formation and type of entity] ("Declarant"), executes and delivers this Foreign Entity Ownership Certificate ("this Certificate") in support of the information listed below to the Alabama Housing Finance Authority (the "Authority") as an equity ownership interest in [legal name of project owner], an Alabama limited [partnership/limited liability company] (the "Owner"), which owns a [number of units] unit affordable multifamily project commonly known as [name of project] located at [project address] in [project city], Alabama (the "Project").

In support of the foregoing request, Declarant represents, warrants and certifies to the Authority that Declarant has obtained all registrations, consents, franchises, licenses, visas, permits, authorizations and other approvals legally necessary for Declarant to conduct its business in the United States of America, including without limitation ownership of interests in real estate such as the Project, under the applicable treaties, laws and regulations of the United States and the State of Alabama (collectively, "Applicable US Law"). Without limiting the foregoing, but in supplementation thereof, Declarant further represents, warrants and certifies as follows:

2025 APPLICATION FORMS – Foreign Ownership Certification



Ownership Structure Info./ Problems



Limited Partnership		Project Name: <u>Mckinney Apartments</u>
If the Ownership Entity is a limited partnership (LP), please include Forms LP as applicable. If the general partner of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."		
Name of Partnership: <u>Mckinney Apartments, Ltd</u>	Partnership is: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit	
Address: <u>10 Montgomery Blvd</u>	Is Partnership Newly Formed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip: <u>Montgomery, AL 36116</u>	Is Partnership applying for CHDO Certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Partners		
	Percentage Ownership:	Newly Formed?
1. Partner: <u>VBAS, LLC</u>	% Ownership <u>0.01%</u>	
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication?	Newly Formed?
City, State, Zip: <u>Montgomery, AL 36116</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
2. Partner: <u>PNC, NA</u>	% Ownership <u>99.99%</u>	
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication?	Newly Formed?
City, State, Zip: <u>Montgomery, AL 36116</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> General <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
3. Partner:	% Ownership	
Address:	To be Removed at Syndication?	Newly Formed?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
4. Partner:	% Ownership	
Address:	To be Removed at Syndication?	Newly Formed?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
5. Partner:	% Ownership	
Address:	To be Removed at Syndication?	Newly Formed?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
I, the undersigned, certify that the information provided on this form is true and correct in connection with my Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.		
Print Name: <u>Valerie Smith</u>	By: _____ (Signature)	
Date: <u>1/27/2025</u>	Its: <u>Manager</u>	

Limited Liability Company		Project Name: <u>Mckinney Apartments</u>
If the Ownership Entity is limited liability company (LLC), please include Forms LLC, as applicable. If the member of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."		
Name of LLC: <u>VBAS, LLC</u>	LLC is: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit	
Address: <u>10 Montgomery Blvd</u>	Is LLC Newly Formed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip: <u>Montgomery, AL 36116</u>	Is LLC applying for CHDO Certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Membership		
	Percentage Ownership:	Newly Formed?
Manager (if any):		<input type="checkbox"/> Yes
Address:	To be Removed at Syndication?	<input type="checkbox"/> No
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Member Name: <u>Non-Profit, Inc</u>	% Ownership <u>50%</u>	
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication?	Newly Formed?
City, State, Zip: <u>Montgomery, AL 36116</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input checked="" type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
2. Member Name: <u>Anderson, Inc</u>	% Ownership <u>50%</u>	
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication?	Newly Formed?
City, State, Zip: <u>Montgomery, AL 36116</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
3. Member Name:	% Ownership	
Address:	To be Removed at Syndication?	Newly Formed?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
4. Member Name:	% Ownership	
Address:	To be Removed at Syndication?	Newly Formed?
City, State, Zip:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
I, the undersigned, certify that the information provided on this form is true and correct in connection with my Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.		
Print Name: <u>Valerie Smith</u>	By: _____ (Signature)	
Date: <u>1/27/2025</u>	Its: <u>Manager</u>	

Corporation	Project Name: <u>Mckinney Apartments</u>
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If the Ownership Entity is a corporation (CORP), please include Forms CORP, as applicable. If the shareholder of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."

Name of Corporation: <u>Anderson, Inc</u>	Corporation is: <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
Address: <u>10 Montgomery Blvd</u>	Is Corporation Newly Formed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>	Is Corporation applying for CHDO Certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Officers

President: <u>Jermery Beaver</u>	Vice President: <u>Jeff Bian</u>
Secretary: _____	Treasurer: _____

Shareholders

Shareholders:	Percentage Ownership:	Newly Formed?
1. Name: <u>Fatima Wilson</u>	<u>25.00%</u>	<input type="checkbox"/> Yes
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>		
2. Name: <u>Eric Perkins</u>	<u>25.00%</u>	<input type="checkbox"/> Yes
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>		
3. Name: <u>Valerie Smith</u>	<u>25.00%</u>	<input type="checkbox"/> Yes
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>		
4. Name: <u>Jon Peck</u>	<u>25.00%</u>	<input type="checkbox"/> Yes
Address: <u>10 Montgomery Blvd</u>	To be Removed at Syndication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>		

I, the undersigned, certify that the information provided on this form is true and correct in connection with my Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: <u>Valerie Smith</u>	By: _____ (Signature)
Date: <u>1/27/2025</u>	Its: <u>Manager</u>

Corporation	Project Name: <u>Mckinney Apartments</u>
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If the Ownership Entity is a corporation (CORP), please include Forms CORP, as applicable. If the shareholder of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."

Name of Corporation: <u>Non-Profit, Inc</u>	Corporation is: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Non-Profit
Address: <u>10 Montgomery Blvd</u>	Is Corporation Newly Formed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State, Zip: <u>Montgomery, AL 36116</u>	Is Corporation applying for CHDO Certification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Officers

President: <u>Caleb Armstrong</u>	Vice President: <u>Lea Bennett</u>
Secretary: _____	Treasurer: _____

Shareholders

Shareholders:	Percentage Ownership:	Newly Formed?
1. Name: _____	_____	<input type="checkbox"/> Yes
Address: _____	To be Removed at Syndication? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
City, State, Zip: _____		
2. Name: _____	_____	<input type="checkbox"/> Yes
Address: _____	To be Removed at Syndication? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
City, State, Zip: _____		
3. Name: _____	_____	<input type="checkbox"/> Yes
Address: _____	To be Removed at Syndication? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
City, State, Zip: _____		
4. Name: _____	_____	<input type="checkbox"/> Yes
Address: _____	To be Removed at Syndication? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
City, State, Zip: _____		

I, the undersigned, certify that the information provided on this form is true and correct in connection with my Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: <u>Valerie Smith</u>	By: _____ (Signature)
Date: <u>1/27/2025</u>	Its: <u>Manager</u>

2025 APPLICATION FORMS – Credit Authorization Form

Credit Authorization Form		Project Name: <input type="text"/>
<p>This form must be completed by each organization, Responsible Owner(s), member(s), shareholder(s), general partner(s), developer(s), general contractor(s), and management company to authorize AHFA to obtain a credit report for purposes of evaluating the Application Package. Newly formed entities must complete the form and select the "Newly formed" option below. <u>A physical address is required, a P.O. Box is not acceptable.</u></p>		
<input type="checkbox"/> Ownership Entity	<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Developer
<input type="checkbox"/> Members and/or Shareholders	<input type="checkbox"/> General Contractor	
<input type="checkbox"/> General Partners	<input type="checkbox"/> Management Company	
List all projects in the current application cycle associated with each organization or individual.		
Project Name: <input type="text"/>	Project Name: <input type="text"/>	
Project Name: <input type="text"/>	Project Name: <input type="text"/>	
Project Name: <input type="text"/>	Project Name: <input type="text"/>	
Project Name: <input type="text"/>	Project Name: <input type="text"/>	
Organization		
Organization Name: <input type="text"/>		
Physical Organization Address: <input type="text"/>		
City: <input type="text"/>		
State: <input type="text"/>	Zip: <input type="text"/>	
Tax ID Number: <input type="text"/>	Newly Formed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>(Specific to Organization Name Above)</small>		

Provide the full name of the organization or individual.

Do not use a P.O. Box as an address, a physical address is required.

If no Tax ID # is available for the organization, type in "applied for."

2025 APPLICATION FORMS – Personal Financial & Credit Statement Pt. 1

Personal Financial and Credit Statement				
Statement of: _____		As of (M/D/Y): _____		
Personal Address: _____ _____		Email Address: _____		
Assets		Liabilities and Net Worth		
Cash on hand and in banks (Name of Depository)	(Balance)		Accounts Payable:	
_____	_____		Notes Payable:	_____
_____	_____		Debts Payable in less than one year (secured by real property):	_____
_____	_____		Debts Payable in less than one year (secured by other assets):	_____
Accounts Receivable	_____		_____	_____
Net of Doubtful Accounts:	_____		Other current Liabilities (describe):	_____
Notes Receivable	_____		_____	_____
Net of Doubtful Notes:	_____		_____	_____
Stocks and Bonds (from next page):	_____		_____	_____
Other current Assets (describe):	_____		Total current Liabilities:	_____
_____	_____		Debts Payable in more than one year (secured by real property):	_____
_____	_____		Debts Payable in more than one year (secured by other assets):	_____
_____	_____		_____	_____
Total Current Assets:	_____		Other liabilities (describe):	_____
Real Property (from next page):	_____		_____	_____
Machinery, Equipment, Fixtures:	_____		_____	_____
Life Ins. (Cash value less loans):	_____		_____	_____
Other assets (describe):	_____		_____	_____
_____	_____		_____	_____

The personal address must be a physical address, not a P.O. Box and should match the personal address on page 2.

2025 APPLICATION FORMS – Personal Financial & Credit Statement Pt. 2

Personal Financial and Credit Statement						
(Continued)						
<u>Stocks and Bonds</u>						
Description	Cost	Market Value (at date of this statement)	If listed, name exchange			
TOTAL:			< This value on previous page			
<u>Real Property (Including Personal Residence)</u>						
Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page
The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:						
Location of Real Property			Name of Title Holder			

If you do not own a personal residence, clearly indicate such on the form.

Schedule of Real Estate Owned (Active AHFA Projects) Part 1

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 application cycle for the Responsible Owner listed below. This form should be completed for each Responsible Owner. Do not combine multiple organizations or individuals on one form.

Complete the Information below for all Active AHFA Projects that received a Housing Credit Reservation or HOME Written Agreement in 2000 or later.

Projects should be listed in descending order, listing the most recent Active AHFA Project first. Do not include projects approved but not yet Placed in Service.

The Responsible Owner listed below does not own any Active AHFA Projects.



Date:

Project Name:

Responsible Owner Name:

Organization Number:

2025 APPLICATION FORMS – Schedule of Real Estate Owned (Active AHFA Projects) Pt. 1

Read the instructions on the form closely, if the Responsible Owner does not own any Active AHFA projects, mark the box on the form.

2025 APPLICATION FORMS – Schedule of Real Estate Owned (Non-AHFA Projects) Pt. 2

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

Name of Responsible Owner (A separate form must be submitted for each organization/individual.)

Ownership Entity (Ltd, Corp, LLC, GP, LLP)
 Shareholder(s)
 Special Limited Partner (Non-Investor)

General Partner(s)
 Member(s)

"Not Applicable" (Select this block if you do not own any non-AHFA projects.)
←

Newly Formed
 Yes ←

Complete the information below for all non-AHFA projects developed and owned by the above referenced Responsible Owner. 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 Responsible Owner. Please select the ownership type above. If you do not currently own a non-AHFA project, please select the "Not Applicable" option 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)													
4) Project Name: Project Address: (street, city, state, zip)													

If the Responsible Owner has not developed and does not own any non-AHFA Projects, mark the box on the form.



Schedule of Real Estate - Approved and/or Under Construction (AHFA and non-AHFA) Certification Name of Responsible Owner _____

Part 3

Section I: Complete the information in this section for all multifamily projects the above referenced Responsible Owner currently has approved and/or are currently under construction. (Include additional copies of this form as needed).

The Responsible Owner 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). Yes No (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? Yes 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 2025 Application Package. I hereby further acknowledge that in reviewing and considering my Application Package, AHFA may request additional information from me or the financing entities for the purpose of evaluating my Application Package.

Print Name

Date

By: _____
Signature

Its: _____

2025 APPLICATION FORMS – Schedule of Real Estate Owned (AHFA and Non- AHFA) Pt. 3

If the Responsible Owner does not have projects under construction, mark the box on the form.

2025 APPLICATION FORMS – Management Verification Form

AHFA Management Company Verification Form

The projects provided on this verification form will be counted for Management Company experience in the Competitive Application Cycle for the Management Company listed below.

Management Companies should provide copies of the completed verification form to any/all project Applicant Packages 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 Company Relevant Experience Form, if applicable, to any/all Projects.

The Management Company listed below does not manage any AHFA Projects.

Date:

Project Name:

Project Number (if available):

Management Company DMS Organization Code:

Management Companies should provide copies of the completed verification form to all 2025 project Applicants with whom they will be affiliated.

2025 APPLICATION FORMS – Addendum to the Purchase Option

ADDENDUM TO THE PURCHASE OPTION (FOR AHFA APPLICATION FOR HOME FUNDS)

The undersigned, being duly appointed and authorized to enter into this Addendum to the Purchase Option for Application for HOME Funds (this "Addendum"), executes and delivers this Addendum to set forth sufficient evidence of site control to the Alabama Housing Finance Authority (the "Authority"), as required by Section IV.C.5 of the 2025 HOME Action Plan (the "HOME Plan").

In support of the application, the undersigned acknowledge, agree, represent, warrant and certify to the Authority that the undersigned are parties to one of a duly executed, valid and legally binding purchase option, (as applicable, the "Site Control Document") as indicated below. Further, the undersigned acknowledge, agree, represent, warrant and certify to the Authority that the Site Control Document meets the requirements as set forth below.

Site Control Document:

Purchase Option: The undersigned are parties to a purchase option agreement, which purchase option provides, at minimum, a six (6) month purchase option, with an option to extend such option for at least an additional six (6) months. The purchase option does not impose any obligation upon the potential buyer to purchase the property. **The undersigned acknowledge that if the Applicant (as defined in the signature block) is applying for HOME funds, site control must be evidenced by a purchase option (not a sales contract or long-term lease).**

In addition to the foregoing, the undersigned acknowledge that the National Environmental Policy Act ("NEPA") requires that no "choice-limiting activities" occur relating to the proposed project from the property owner, applicant, or any other party or at the project site from the time the Applicant submits an application to the Authority until the NEPA environmental assessment process is complete. The Site Control Document must comply with all rules and regulations issued by the U.S. Department of Housing and Urban Development ("HUD"), including, without limitation, 24 C.F.R. § 58.22. The undersigned acknowledge, agree, represent, warrant and certify to the Authority that (i) no "choice-limiting activities" shall occur on the proposed project or at the proposed project site during the time period between the delivery to the Authority of the application and the Authority's written authorization to proceed (the "Prohibited Period"); (ii) the undersigned shall take all actions necessary to ensure that no participant in the development process undertakes or permits any "choice-limiting activities" during the Prohibited Period; and (iii) the Site Control Document adequately provides for such prohibition on "choice-limiting activities" in accordance with the requirements set forth in this Addendum and with the rules and regulations issued by HUD. The undersigned acknowledge and agree that should any "choice-limiting activities" occur at the proposed project or the project site during the Prohibited Period, regardless of whether the undersigned consented to the activity or had knowledge of the occurrence of the activity, the application shall terminate and will not be considered for funding by the Authority.

In the event of any conflict between this Addendum and the Site Control Document, the provisions of this Addendum shall control.

By executing this Addendum, the undersigned hereby acknowledge and agree that the Authority may rely without investigation upon the acknowledgments, agreements, representations, warranties and certifications contained in this Addendum, and undersigned agree to indemnify and protect the Authority in the event that any matter herein provides to be inaccurate, in whole or in part, for any reason, and to execute and/or file such applications or instruments, pay such costs, and take such other actions as the Authority may deem necessary or desirable in order to protect and indemnify the Authority for any and all costs, expenses or losses that may result from any such inaccuracy, including without limitation the Authority's legal fees and expenses.

IN WITNESS WHEREOF, the undersigned have executed this Addendum as of the ____ day of _____, 20__.

APPLICANT:

By: _____

Name: _____

Title: _____

Project Name: _____

OWNER:

By: _____

Name: _____

Title: _____

**Note: If the Site Control Document is a Warranty Deed, this signature block to remain blank.*

2025 APPLICATION FORMS – Site Information Form

Site/Project Information Form

Project Name: _____
Address: _____

TO ENSURE AHFA STAFF OR ITS DESIGNEE CAN IDENTIFY THE CORRECT PROPERTY: ALL PROPERTY CORNERS MUST BE CLEARLY MARKED (with stakes, survey tape, or other markings particular to the site) **AND** A SIGN AT LEAST 12" X 24" MUST BE PLACED AT THE PROPOSED ENTRANCE. (Do not indicate financed by AHFA or future AHFA development on the sign).

If needed and if the property's address listed above is not also the physical mailing address, please provide the physical address for the closest adjacent residential or commercial property:

Is public transportation (i.e. bus stop) provided within .3 miles from the entrance to the site? Yes No

a. Provide driving instructions to the Project site from Montgomery.
(Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.

2025 APPLICATION FORMS – Site Information Form – Neighborhood Services

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.

While duplicate services are not eligible for additional points, listing additional services may help to mitigate a loss of points because of a closure (i.e., a bank or pharmacy closing).

Site/Project Information Form (Neighborhood Services)	
Project Name: _____	_____
Address: _____	_____
<p>Neighborhood Services: When listing services, begin with the service located closest to the site grouping them by similar direction. Provide detailed directions from the site to the service(s) located within three (3) miles of the proposed site or within 5 miles if the site meets the definition of "Rural Area". List only those services documented in the HOME & Housing Credit Plans that are eligible for points. (Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)</p> <p>If AHFA cannot locate a service due to incorrectly written directions (per the completed form), one (1) point will be deducted for each service where incorrectly written directions are provided.</p> <p>Note: Only those services listed on this form will be eligible for points. Each service must be open and operating for normal business hours to be eligible for points, (See QAP for exceptions in a federally declared disaster county). Duplicate services will not be eligible for additional points.</p>	
Example: Name of Service: <u>Walgreens</u> Distance from Site: <u>1.2 miles</u> Photo # <u>1</u>	Type of Service: <u>Pharmacy</u> Street Address: <u>22 Weis Way</u>
#1 1) Name of Service: _____ 3) Distance from Site: _____ Photo # _____	2) Type of Service: _____ 4) Street Address: _____
Directions from the site to the service: (Press Alt Enter to skip to the next line) <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>	

Neighborhood Services and Negative Neighborhood Services Photos

- Include name of service and/ or negative service and complete address for each unique service photo(s) provided.
- Each service and/ or negative service should be in its own unique photo.
- The example on the right is not a required format. However, it is an easily interpreted, clear-cut format.

Neighborhood Services


Project Name
Photo #5










River Oaks Family Medicine & Urgent Care

Street Address
City, AL zip code
Phone Number

Travel 0.05 miles to Cedar
and turn right. Travel 0.5 miles to Spring Ave. SW and turn right. Travel 0.5 miles to
and turn left. Travel 1.2 miles to Danville Rd. SW and turn left. Travel 0.1 miles to
Mall and turn right. Travel 0.05 miles to Mall Perimeter Rd. and turn right.
parking lot entrance of River Oaks Family Medicine and turn right. The
office and urgent care will be on your left. (Approximately 2.4 Miles)

32 a.  **Site/Project Information Form** b.  **Neighborhood Services** c.  **Negative Neighborhood Services**

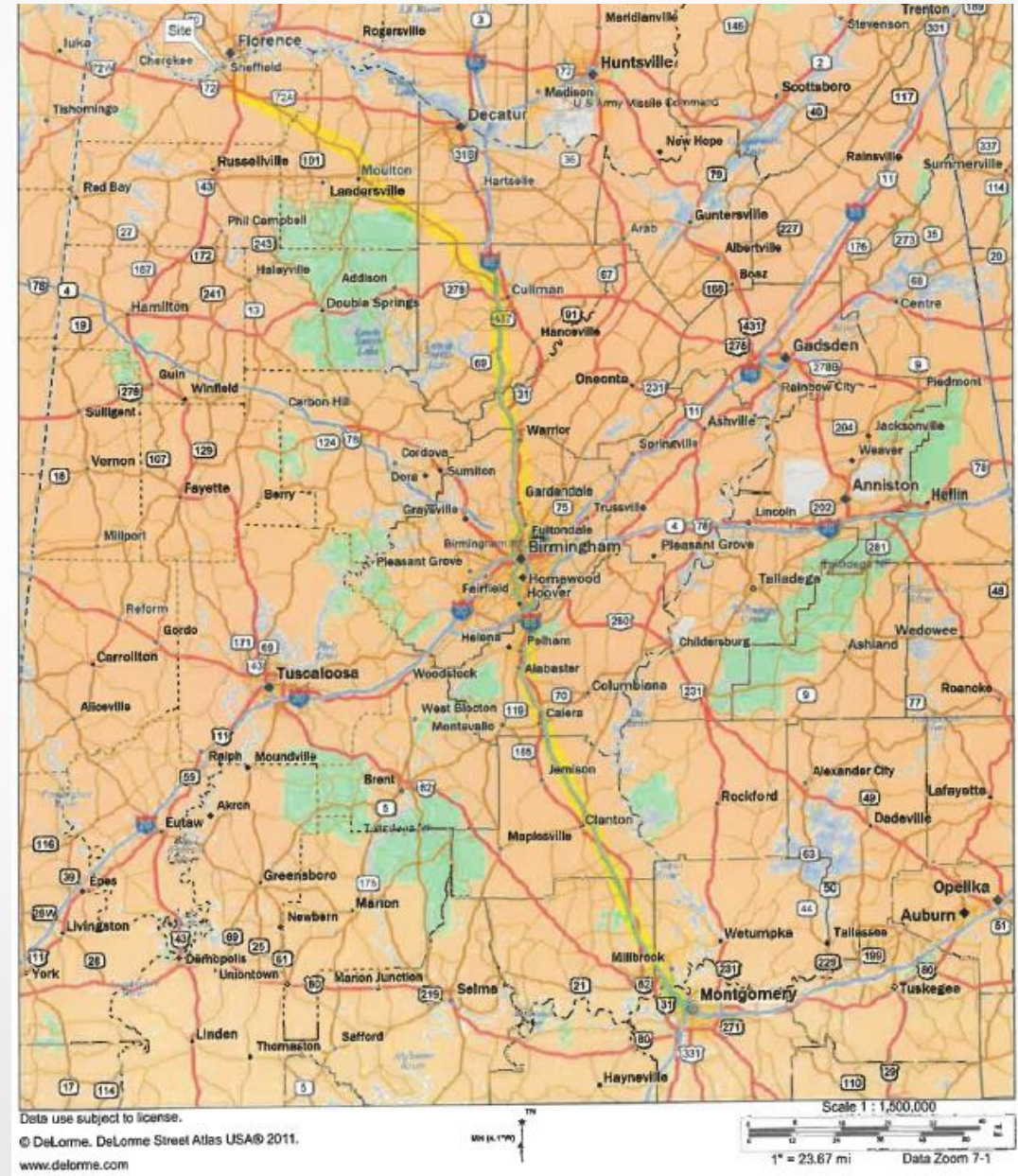
d.  **City Location Maps with Sites and Services**

-   Map #1- Driving directions to the Project site from Montgomery, AL
-   Map #2- Project and Project boundaries clearly marked, including street names.
-   Map #3- Site location marked, project services marked, street names indicating site and services

Maps

Map #1

Driving directions to
the Project Site from
Montgomery, AL



Map #2

Project and Project boundaries clearly marked, included street names.



Map #3

Site location marked,
project services
marked, street names
indicating site and
services



2025 APPLICATION FORMS – Site Information Form – Negative Neighborhood Services

Site/Project Information Form (Negative Neighborhood Services)	
Project Name:	
Address:	
Is this a prior funded AHFA project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Neighborhood Services: Provide detailed directions from the site entrance of an existing development or entrance sign of the proposed new construction site entrance to any negative neighborhood service(s) which are located within .3 miles of the site. General definitions of negative neighborhood services are listed on the following page.	
If there are no Negative Services within .3 mile of site, please indicate by marking the following box. <input type="checkbox"/> No Negative Services	
AHFA will deduct points for negative neighborhood services found during site visits (even if the negative service is not listed in the Application Package or if it is listed in other documentation submitted with the Application Package, such as environmental reports, market studies, etc.	
1) Name of Negative Service:	
2) Address:	
3) Distance from Site:	Photo #
4) Directions from the site to the service:	

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.

Minority or Women-Owned Business Certification

The Project receives additional points for participation by Minority or Women-owned businesses. In order to receive these points, please provide all the information requested on this form. *Note: The developer fee of the Minority- or Women-owned business will not count toward the 10% of the total building cost of the project awarded to Minority or Women-owned businesses.*

Project Name: _____

Project Address: _____

Will the contractor or subcontractor be a Minority or Women-owned business? Yes No
(If yes, list these below.)

Name of Minority or Women-Owned Company	Address, City, Zip	% of Ownership	Estimated Contract Amount
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
_____	_____	%	_____
	Total		_____

2025 APPLICATION FORMS – Minority or Women- Owned Business Certification

Note: The developer fee of the Minority- or Women- owned business will not count toward the 10% of the total building cost of the project awarded to Minority or Women- Owned Businesses.

Minority or Women-Owned Responsible Owner Certification

The Project may receive additional points for participation by Minority or Women-owned businesses. In all cases, the Minority (Asian American, Native Hawaiian, Pacific Islander, African American, Hispanic, Puerto Rican, Native American, or an Alaska Native) or female individual(s) must serve as a general partner or managing member of the Ownership Entity or Responsible Owner with at least a 51% ownership interest in the general partnership or managing member of the Ownership Entity

Project Name:

Project Address:

Is a Responsible Owner of the Project a minority or women-owned business? Yes No

Is there an Identity of Interest as defined in Section II(G) (4) of the 2025 QAP? Yes No

If yes, provide the name of Minority or Women-owned business(es)
 (At least 51% ownership by Minority or Women-owned business is required for points)

Name of Minority or Women- owned Business(es)	% of Ownership	Role in Ownership
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>

For each Minority or Women- owned Business(es) listed above, provide a complete resume for each of the Minority or Woman owner (Form 48c).

2025 APPLICATION FORMS – Minority or Women- Owned Responsible Owner

Minorities or women must have ownership in the Ownership Entity or any Responsible Owner; and must not have an Identity of Interest as defined in Section II (G)(4) of the 2025 QAP.

Minority or Women- Owned Business Resume

Submit this Form only (Attachments will not be accepted) if the Responsible Owner of the Project is a Minority or Women- owned business. This Form must be submitted for each Responsible Owner of the Project that is a Minority or Women- owned business.

Name of Organization:
Name of Individual (full legal name):
Title / Role:
Address:
City, State, ZIP:
Phone #:
Email Address:

DMS Organization Code:

Describe the primary role and responsibilities of the proposed Project: (Press alt enter to move cursor to the next line)

2025 APPLICATION FORMS – Minority or Women- Owned Business Resume

Each Responsible Owner of the Project that is a Minority or Women- owned business must complete this form.

Common Application Errors

Document	% of Applications with Error(s)	Error(s)
18c. Financial Statements	25%	Failed to provide complete address on first page of form or failed to provide complete residential address on 2 nd page of
	21%	Failed to provide name(s) of depository on form
18a. Ownership Entity	14%	Failed to provide signatory printed name on form
8a. Certified Survey	21%	Failed to provide original signature on survey (2), failed to provide required certification on the survey (2), or failed to sign
12a. AHFA DMA Authority Online Application	28%	Failed to provide an alternate owner contact on Owner Page or failed to provide a contact on the Development Team Members Page

DESIGN QUALITY STANDARDS AND CONSTRUCTION MANUAL

See AHFAs Design Quality
Standards and Construction
Manual

Minimum Design and Construction Standards for all Approved Projects

New Construction
Rental Units

New Construction
Single-Family
Rental Units

Attached
Rehabilitation of
Existing
Building(s)

Inspections &
Reports

Requests for Deviations from these standards must be submitted using the *Deviation Request form* to AHFA for approval 14 days prior to application submission.



Thank you

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