Indiana Housing and Community Development Authority

2025 9% LIHTC Initial Application

Date:	7/29/2024
Development Name:	Historic Jeff Centre
Development Name.	This to the Jeff Centre
Development City:	Lafayette
Davelonment County	Tippocanos
Development County:	Tippecanoe
Application Fee:	\$4,500

Application Number (IHCDA use only):

The following pages contain:

- 1. The Threshold Checklist
- 2. The Scoring Template
- 3. Information pages for the Application

For other specific submission guidelines, see Schedule G of the QAP.

Documentation Submission Checklist

Part 4.1 - Qualified Non Profits		Notes:
Articles of Incorporation	x Place in Tab C.	
IRS documentation of §501(c)(3) tax-exempt status	X Place in Tab C.	
Nonprofit Questionnaire (Form B)	X Place in Tab C.	
Part 4.2 - Community Integration		
Community Integration Narrative	Place in Tab A.	
Copy of executed MOU(s) with referral provider(s)	Place in Tab A. Place in Tab A.	n/a
Part 4.4 Preservation		
Capital Needs Assessment (Schedule F)	X Place in Tab L.	
Third-party documentation from the entity enforcing affordable housing requirements	Place in Tab L.	
Hard cost budget	X Place in Tab L.	Expired LIHTC project
Part 5.1 - Threshold Requirements		
A. Development Feasibility Form A - Excel	X Place in Tab A.	
Form A - PDF	X Place in Tab A.	
Commercial - 15 year proforma	X Place in Tab A.	
B. IHCDA Notification ~ Form C	Submit via:	
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application		
Noncompetitive 4% and bonds: submitted prior to application	x RHTC@ihcda.in.gov	
C. Not-for-Profit Participation		
Signed Resolution from Board of Directors	X Place in Tab C.	
D. Market Study		
See QAP for requirements.	X Place in Tab N.	
G. Capabilities of Management Team		
Resumes of Developer and Management Company	X Place in Tab D.	
Most recent year-end financial statements, year-to-date balance sheets, and income statements from:	_	
1) The Developer	X Place in Tab D.	
2) Any Individual or Entity providing guarantees	X Place in Tab D.	
H. Readiness to Proceed		
~ Complete Application - including:		
1) Form A	X Place in Tab A.	
2) Narrative Summary of Development	X Place in Tab A.	
~ Application Fee (and supplemental fees if applicable)	X To be paid online.	
or Evidence of Site Countrel	Discours to Tab 5	
~ Evidence of Site Control See QAP for acceptable forms of evidence.	X Place in Tab E.	
~ Development Site Information and Plans	X Place in Tab F.	
See QAP for specific requirements.	riace iii Tab 1.	
~ Documentation of all funding sources	Place in Tab G.	
LOI from Equity Providers for both Federal and State Tax credits	X Place in Tab G.	
See QAP for specific requirements.	<u> </u>	
~ Documentation of proper zoning	X Place in Tab H.	
See QAP for specific requirements.		
J. Evidence of Compliance		
~ Affidavit (Form Q) from each Development Team member disclosing:	X Place in Tab J.	
1) complete interest in and affiliation with Development		
2) outstanding non-compliance issues		
any loan defaults ownership interest in other RHTC-funded Developments		
4) ownership interest in other RHTC-tunded Developments~ Management Agent Affidavit - See QAP for specifics.	X Place in Tab J.	
K. Phase I Environmental Assessment	1	
~ Phase I ESA	X Place in Tab K.	
~ An affidavit from the entity completing the Phase I ESA	Place in Tab K.	
~ In case of RECs, narrative of how RECs will be mitigated	x Place in Tab K.	
~ Screenshot(s) from IDEM Restricted Sites map	X Place in Tab K.	
~ Environmental restrictive covenants	Place in Tab K.	
~ FIRM floodplain map(s)	X Place in Tab K.	
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc	Place in Tab K.	
L. Development Fund Historic Review		No REC's or additional
~ Map from IDNRS's IHBBC Public App webpage	X Place in Tab K.	environmental budgetary considerations needed.
~ Application Fee (and supplemental fees if applicable)	X Place in Tab K.	considerations needed.
O. Commercial Areas	_	
~ Site plan showing Commercial Space	X Place in Tab F.	
~ Timeline for construction	X Place in Tab F.	
P. Appraisal		
~ Fair Market Appraisal	X Place in Tab L.	

See QAP for specific requirements. Q. Acquisition		
~ Fulfillment of or Exemption from 10-year placed-in-service rule A chain of title report, OR	X Place in Tab L.	
Tax opinion, OR	Place in Tab L.	
A letter from the appropriate federal official	Place in Tab L.	
or Displaceurs of Deleted Deutics and Dungs and France the sele	Plane to Table	
~ Disclosure of Related Parties and Proceeds from the sale 1) Attorney opinion	X Place in Tab L.	
2) Completed Related Party Form		
R. Capital Needs Assessment/Structural Conditions Report	x Place in Tab L.	
S. Tenant Displacement & Relocation Plan	X Place in Tab L.	
T. IRS Form 8821 - for each Owner/GP - if requested	Place in Tab A.	n/a
U. Threshold Requirements for Supportive Housing	<u></u>	
~ Letter from CSH certifying completion of all requirements for the	Place in Tab O.	
Indiana Supportive Housing Institute ~ Memorandum of Understanding with CSH for technical assistance	Place in Tab O.	
~ MOU with each applicable supportive service provider	Place in Tab O.	
~ Documentation of subsidy source commitments and narratives	Place in Tab O.	
~ Form O1 or O2 for vouchers, if applicable	Place in Tab O.	n/a
Part 5.2 - Underwriting Guidelines		
J. Taxes and Insurance Documentation of estimated property taxes and insurance	V Dlace in Tab 84	
Documentation of estimated property taxes and insurance K. Federal Grants and Subsidies	X Place in Tab M.	
Any additional information	X Place in Tab G.	
L. Basis Boost		
Narrative (or documentation for Declared Disaster Area)	x Place in Tab A.	
Part 5.3 - User Eligibility and Limitations		
B. Developer Fee Limitation Developer Fee Statement	X Place in Tab M.	
Non Profit Board Resolution	x Place in Tab M.	
D. Architect Competitive Negotiation Procedure, if used	Place in Tab M.	n/a
	Flace III Tab IVI.	11/4
H Related Party Fees - Form N	V Dlace in Tab I	
H. Related Party Fees - Form N	x Place in Tab J.	
H. Related Party Fees - Form N I. Davis Bacon Wages General Contractor Affidavit		No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit	X Place in Tab J.	No Prevailing Wages.
I. Davis Bacon Wages		No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes	X Place in Tab J.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes ~ Detailed Floor Plans		No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics	X Place in Tab J.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing	X Place in Tab J. X Place in Tab F.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements	X Place in Tab J.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction	X Place in Tab J. X Place in Tab F. X Place in Tab P.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements	X Place in Tab J. X Place in Tab F.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site	X Place in Tab J. X Place in Tab F. X Place in Tab P.	No Prevailing Wages.
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature	X Place in Tab J. X Place in Tab F. X Place in Tab P. Place in Tab P. Place in Tab P.	
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application	X Place in Tab J. X Place in Tab F. X Place in Tab P.	
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected	X Place in Tab J. X Place in Tab F. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items K. Internet Access	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P. Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P. Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items K. Internet Access Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated Part 6.3 - Sustainable Development Characteristics A. Building Certification	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab T. Place in Tab T.	n/a Project will have federal historic ta
I. Davis Bacon Wages General Contractor Affidavit Part 5.4 - Minimum Development Standards F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land G. Development is Historic in Nature Relevant proof of historic documentation - See QAP for specific requirements The preliminary acceptance of the Part 2 historic tax credit application H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected I. Community Revitalization Plan Documentation of development and adoption of plan Details regarding community input and public meetings held during plan creation Copy of entire plan Map of targeted area with project location marked Narrative listing location and page number of required items K. Internet Access Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated Part 6.3 - Sustainable Development Characteristics	X Place in Tab J. X Place in Tab F. X Place in Tab P. X Place in Tab P. Place in Tab P. X Place in Tab P.	n/a Project will have federal historic ta

Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh produce points	Pages identified within Tab Q.
Part 6.4 - Financing & Market	
Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) Third-party appraisal (Land or building donation) For loans with below market interest rates, lender acknowledgement Place Place	e in Tab B. e in Tab B. e in Tab B. e in Tab B.
B. Non-IHCDA Rental Assistance Commitment or conditional commitment letter from the funding agency x Place	e in Tab B.
Executed agreement with nonprofit that will implement the lease-purchase program G. Leveraging the READI or HELP Programs	e in Tab R. n/a n/a e in Tab B.
Part 6.5 - Other	e III Tab b.
A. Certified Tax Credit Compliance Specialist	e in Tab S.
H · · · · · · · · · · · · · · · · · · ·	e in Tab S. e in Tab S.
D. Unique Features Unique Features Form R x Place	e in Tab A.
E(1). CORES Certification Proof of CORES Certification for the owner or management company x Place	e in Tab T.
E(2). Resident Service Coordinator for Supportive Housing (ISH only) If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator Place	e in Tab T.
	e in Tab T. E in Tab T. East Coast Migrant Head Start
Copy of executed CSH MOU Copy of MOU with each applicable supportive service provider Place Place	e in Tab O. e in Tab O. e in Tab O. e in Tab O. n/a
G. Eviction Prevention Plan Affidavit from the Management Agent x Place	e in Tab J.
H. Low-Barrier Tenant Screening Affidavit from the Management Agent x Place	e in Tab J.
J. Developments from Previous Institutes Letter from CSH Place	e in Tab O. Previous Intitutes - n/a

Evaluation Factors	Self Score	IHCDA Use		Notes	/Issues	
A. Rent Restrictions (up to 20 points) [Not Applicable for Competitive Bonds/AWHTC]			Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents 1. Less than 25% at 30% AMI, 33% of total at or below 50% AMI (4 points)			23	30	74	31.08%
At least 25% at 30% AMI, 33% of total at or below 50% AMI (8 points)				40		#DIV/0!
 At least 25% at 30% AMI, 40% of total or below 50% AMI (12 points) 			22	50	74	29.73%
4. At least 25% at 30% AMI, 50% of total or below 50% AMI (16 points)			29	60	74	39.19%
5. At least 30% at 30% AMI, 50% of total or below 50% AMI (20 points)	20			>60		#DIV/0!
B. Income Restrictions (3 points)						
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A	3					
Document Required:						
C. Additional Years of Affordability (up to 4 points)						
35-year Extended Use Period (2 points) 40-year Extended Use Period (4 points)	4					
Document Required: ~ Completed Form A						
Subtotal (27 possible points)	27.00	0.00				

A. Development Amenities (up to 6 points)						
1. 10 amenities in Chart 1 - QAP p. 54 (2 points)						
- Minimum of two amenities required in each of the three	2.00					
sub-columns A, B, & C in the first chart.						
2. 5 amenities in Chart 2 - QAP p. 55 (2 points)			,			
- Minimum of two amenities required in each of the two	2.00					
·	2.00					
sub-categories A and B in the second chart.						
3. 3 amenities in Chart 3 - QAP p. 55 (2 points)						
- Minimum of one amenity required in each of the two	2.00					
sub-categories A and B in the third chart.						
			Family Dev	elopments	Elderly	Developments
					Rehab/	
					Adaptive	Now Construction or
			Dahah/	New		New Construction or
D. Assessible (Adenteble Huite (valte Francische)			Rehab/	New	Reuse w/o	Rehab/Adaptative
B. Accessible/Adaptable Units (up to 5 points)		1	Adaptive Reuse	Construction	elevator	Reuse w/ elevator
1. 7.0 - 7.9%			1 points			
2. 8.0 - 8.9%			3 points	1	1 points	
3. 8.0 - 10.9%				1 points		
4. 9.0 - 9.9%	F 00	C \A/-!	5 points		3 points	
5. 10.0 - 99.9%	5.00	See Waive	5 points		5 points	
6. 11.0 - 13.9%			5 points	3 points	5 points	
7. 14.0 - 99.9%			5 points	5 points	5 points	
8. 100%			5 points	5 points	5 points	5 points
0. 100/0			3 points	3 politis	5 points	5 politis
C. Universal Design Features (up to Finalists)						
C. Universal Design Features (up to 5 points)		1				
1. O an manua continuonal diseiser festivos f						
1. 8 or more universal design features from each Universal						
Design Column. (3 points)						
2. 9 or more universal design features from each Universal	5.00					
Design Column. (4 points)						
3. 10 or more universal design features from each Universal						
Design Column. (5 points)						
Document Required:						
· · · · · · · · · · · · · · · · · · ·						
~ Completed Form A						
D. Vacant Structure (Up to 6 points)						
1. 50% of the structure square footage. (2 points)						
, , , ,						
2. 75% of the structure square footage. (4 points)						
3. 100% of the structure square footage. (6 points)	0.00					
Document Required:						
~ Completed Form A						
Completed Form A						
E. Preservation of Existing Affordable Housing						
(up to 6 points)						
1. RHTC development with compliance period OR extended use period that has						
expired/will expire in the current year. (6 points)						
Required Document:						
See QAP for required documentation. Place in Tab P.						
2. Previously HUD - or USDA-funded affordable housing. (6 points)	6.00					
Required Document:						
See QAP for required documentation. Place in Tab P.						
3. Preservation of any other affordable housing						
development. (4 points)						
Required Document:						
See QAP for required documentation. Place in Tab P.						
See war for required documentation, ridge in Tab r.						
F. Infill New Construction (6 points)	0.00					
See QAP for required documentation.			•			
Place in Tab P.						
G. 1. Development is Historic in Nature (up to 2 points)						
G. 1. Development is mistoric in reacute (up to 2 points)						
$^{\sim}$ 2 points if at least 50% of the total units or 1 point if at least 25% of the						
total units fall in one of the categories listed on pages 64-65 of the QAP.						
•						

a. A building that is individually Listed on the Indiana Register of Historic Sites (IRHS) or National Register of Historic Places (NRHP), or by a local preservation ordinance; or (up to 2 points) b. A building classified as a contributing resource or local landmark for a district listed on the IRHS or NRHP, or by local preservation ordinance; or (up to 2 points) c. A building that is not already listed on the NRHP but has an approved Part 1 application for Federal Historic Tax Credits and received a recommendation for by the Indiana Department of National Resources Division of Historic Preservation and Archaeology (up to 2 points)	2.00	
See QAP for required documentation. Place in Tab P.		
G. 2. Development Utilizes Federal or State historic tax credits		
and has received preliminary Part 2 acceptance. (1 point)	0.00	
Required Document: See QAP for required documentation. Place in Tab P.		
H. Foreclosed and Disaster-Affected (4 points)	0.00	
See QAP for required documentation.		
Place in Tab P.		
I. a. Community Revitalization Plan (4 points)	4.00	
See QAP for required documentation.		
Place in Tab P. b. 2. At least 50% of the total development units		
are in a Qualified Census Tract (1 additional point)	1.00	
See QAP for Required Documentation. Place in Tab P.		
J. Tax Credit Per Unit (9% Applications Only) (up to 4 points)		
 80th percentile: 4 points 60th percentile: 3 points 		
4. OULT DELCETTIE. 3 DUITES		
3. 40th percentile: 2 points	4.00	
·	4.00	
3. 40th percentile: 2 points4. 20th percentile: 1 point5. Below 20th percentile: 0 points	4.00	
3. 40th percentile: 2 points4. 20th percentile: 1 point5. Below 20th percentile: 0 points Document Required:	4.00	
3. 40th percentile: 2 points4. 20th percentile: 1 point5. Below 20th percentile: 0 points	4.00	
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access (up to 4 points)	4.00	
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access Free high-speed service is provided (up to 4 points) (2 points)		
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access (up to 4 points) Free high-speed service is provided (2 points) or Free high-speed Wi-Fi service is provided (3 points)	4.00	
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access Free high-speed service is provided (up to 4 points) (2 points)		
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access Free high-speed service is provided or Free high-speed Wi-Fi service is provided and free Wi-Fi access is provided in common areas (1 point) Required Documentation:	4.00	
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access (up to 4 points) Free high-speed service is provided (2 points) or Free high-speed Wi-Fi service is provided (3 points) and free Wi-Fi access is provided in common areas (1 point) Required Documentation: ~ Form A; Operating Budget must include line item for internet expenses	4.00	
3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points Document Required: ~ Form A K. Internet Access Free high-speed service is provided or Free high-speed Wi-Fi service is provided and free Wi-Fi access is provided in common areas (1 point) Required Documentation:	4.00	

Part 6.3. Sustainable Development Characte	eristics			
A. Building Certification	(Up to 2 points)			i
~ LEED Silver Rating	(2 points)			i
~ Silver Rating National Green Building Sta	andard™ (2 points)			i
~ Enterprise Green Communities	(2 points)			i
~ Passive House	(2 points)	2.00		i
~ Equivalent under a ratings for systems th	nat are accredited by	2.00		i
the American National Standards Institut				i
points for equivalent end results of the a	bove listed items.			i
	(2 points)			
Required Documentation: ~ Completed F	Form A			
B. Onsite Recycling	(up to 1 point)			
~ offering onsite recycling at no cost to res		1.00		i
Required Documentation: ~ Completed For	m A			
C. Desirable Sites	(up to 12 Points)			i
a) Proximity to Amenities	(up to 3 points)	3.00		i
b) Transit oriented	(2 points)	2.00		
c) Opportunity index	(up to 7 points)			i
High Income	(1 point)		igsquare	i
Low Poverty	(1 point)		igsquare	i
Low Unemployment Rate	(1 point)	1.00		i
Life Expectancy	(1 point)		igsquare	
Access to Primary Care	(1 point)	1.00		i
Access to Post Secondary Education	(1 point)	1.00		i
Access to Employment	(1 point)	1.00	igsquare	i
•	(1 point deduction)			i
· · ·	duction per feature)			i
See QAP for required documentation. Place	in Tab Q.			
Subtotal (15 possible points)				

Part 6.4. Financing & Market			
A. Leveraging Capital Resources (up to 4 points)			
1. 1.00 to 2.49% (1 point)			
2. 2.50 to 3.99% (1.5 points)			
3. 4.00 to 5.49% (2 points)			
4. 5.50 to 6.99% (2.5 points)	4.00		
5. 7.00 to 8.49% (3 points)			
6. 8.50 to 9.99% (3.5 points)			
7. 10% or greater (4 points)			
See QAP for required documentation. Place in Tab B.			
B. Non-IHCDA Rental Assistance (up to 2 points)	1.00		Over 10% of the units will have
See QAP for required documentation. Place in Tab B.			PBV Sec 8.
C. Unit Production in Areas Underserved by the 9% RHTC Program			
[9% ONLY] (up to 14 points)			
1) Within Local Unit of Government (LUG):			
a. No RHTC allocation within the last 5 program years (3 points)			
b. No RHTC allocation within the last 10 program years (5 points)			n/a. Not new construciton.
c. No RHTC allocation within the last 15 program years (7 points)			il/a. Not new construction.
2). Within County:			
a. No RHTC allocation within the last 5 program years (3 points)			
b. No RHTC allocation within the last 10 program years (5 points)			
c. No RHTC allocation within the last 15 program years (7 points)			
D. Census Tract without Active Tax Credit Properties.	1		
(up to 3 points)			
Census Tract without same type RHTC development (3 points)			1.5 pts if awarded under the NFP
2) Only one RHTC development of same type (1.5 points)			Set-Aside (The Jeffersonian awarded
Preservation set-aside; only active RHTC development	1.50		2024 RHTC). 0 pts if awared under
in the census tract (3 points)			the Preservation set-aside.
Required Document:			
~ Completed Form A			
	1		
E. <u>Housing Need Index</u> (up to 7 points)	1		
1. Located in a county experiencing population growth			
(1 point)	1.00		
2. Located in a city or town in which 44% or more of renter households			
are considered rent burdened (1 point)	0.00		
3. Located in a city or town in which 25% or more of renter households			
are considered to have at least one	0.00		
severe housing problem (1 point)			
4. Located in a city or town in which 25% or more of renter households			
are at or below 30% of AMI (1 point)	0.00		
· · · · ·			
5. Located in a county in which the ration of RHTC units to renter	0.00		
households below 80% AMI is below state ratio (1 point)			
6. Located in a county in which the highest number of units were built in	0.00		
1939 or earlier (1 point)			
7. Located in a county in which the percent of "vacant and available	0.00		
units" is below the state average (1 point)	0.00		
F. <u>Lease Purchase</u> (2 points)			
See QAP for qualifications and required documentation.	0.00		
Place in Tab R.			
G. <u>Leveraging READI and HELP Programs</u>			
(up to 4 points)			
Applicant does not request additional IHCDA gap resources			
(2 points)			
2) Applicant requests a basis boost of no more than 20% (2	2.00		
points)	2.00		
Required Document:			
~ Completed Form A			
Subtotal (36 possible points)	9.50	0.00	

Part 6.5. Other	
A. Certified Tax Credit Compliance Specialist (up to 3 p	points)
	·
	points) 2.00
	L point) 1.00
Required Document:	
~ Completed Form A, Section Q	
~ See QAP for other required documentation. Place in Tab S.	
	points) 4.00
~ Completed Form A, Section U	
See QAP for required documentation. Place in Tab S.	
C. Emerging XBE Developer (Max 5)	points) 0.00
Required Document:	
~ See QAP for required documentation Place in Tab S.	
D. <u>Unique Features</u> (9% Applications Only) (Max 3 po	oints) 3.00
Required Document:	, 5,55
~ Unique Features Form R - Place in Tab A.	
Sgue i easures i official in Tab A.	
E. Resident Services (Max 17 pe	pints)
1. Resident Services (up to 8 pc	
	· · · · · · · · · · · · · · · · · · ·
	·
3. Resident Service Coordinator (Supportive Housing) (2 po	
4. Onsite Daycare/Adult Day Center (5 pc	oints) 3.00
Required Document:	
~ Completed Form A. See QAP for required documentation. Place in Tab T	
F. Integrated Supportive Housing (Max 3 p	oints)
~ Non-Institute Integrated Supportive Housing with previous	
	oints) 0.00
, (5 p.	
G. Eviction Prevention Plan (up to 2 po	pints) 2.00
Required Documents:	
~ Completed Form A	
 Management Company affidavit acknowledging commitment. Place in T 	ab J.
~ Eviction Prevention Plan drafted and submitted prior to lease-up.	
Eviction i revention rian drafted and submitted prior to lease-up.	
H. Low Parrier Tenent Consults	oints)
H. Low-Barrier Tenant Screening (up to 4 pc	
	oint) 1.00
2. Plan does not screen for felonies older than five years (1 po	
3a. Plan does not screen for evictions older than 12 months (1 po	1 200 1
3b. Plan does not screen for evictions older than 6 months (2 po	ints)
Required Documents:	
~ Completed Form A	
~ Management Company affidavit acknowledging commitment Place in Ta	ab J.
~ Tenant Selection Plan drafted and submitted prior to lease-up	
I. Owners Who Have Requested Release Through Qualified Contract	
(Max 4 point redu	iction)
1. Qualified Contract requested for one project after 1/25/2021 (-2 poi	·
2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points)	
3. Foreclosure that resulted in release of extended use period (-4 po	•
(-4 po	
J. <u>Developments from Previous Institutes</u> (Max 3 po	pints)
Required Documents: ~ Letter from CSH. Place in Tab O.	
Letter Holli Coll. Flace III Tab U.	
Subtotal (45 possible points)	20.00
Subtotal (45 possible poliits)	29.00 0.00
Reduction of Points	0.00 0.00
Subtotal (nassible 4 naint reduction)	20.00
Subtotal (possible 4 point reduction)	29.00 0.00
Total Development Score (177 possible points)	114.50 #VALUE!

elect Fin	nancing Type. (Check all	that apply.)	Set-Aside(s): MUST select all th	nat apply. See QAP.	
X	Rental Housing Tax Cred	lits (RHTC)	Small City	X Large City	
_	Multi-Family Tax Exemp		Rural	X Preservation	
_				_	
	State Affordable and Wol (AWHTC)	rkforce Housing Tax Credits	X Not-for-Profit	Supportive Housing	
	IHCDA HOME Investmer (MUST complete HOME Suppl	•	Community Integration	General	
	IHCDA Development Fur (MUST complete Developmen				
	OTHER: Please list.				
Dev	elopment Name and Loc	cation	J		
	Development Name	Historic Jeff Centre			
	Street Address	619 N 9th St			
			TIDDECANOE	ato IN 7:a 47004	
	City Lafayette		ry <u>TIPPECANOE</u> Sta	ate IN Zip 47904	—
	•	ed within existing city limits?		x Yes	No
ľ	If no, is the site in the pro	ocess or under consideration for annexat	ion by a city?	Yes	No
				Date:	
3. Ce	ensus Tract(s) #	18-157-0004.00			
	a. Qualified Census tract?	e for adjustment to eligible basis?		x Yes Yes	No No
			Project is in a OCT preservation and		INO
	Explain v	vhy Development qualifies for 30% boos	levels that receive at least 16 points	i-aside, and committing to rent	
4. Is	Development located in	a Difficult Development Area (DDA)?		Yes X	No
		4 State Senate District	22 State House District	<u>26</u>	
5. C	Congressional District	3tate Seliate District			
6. L		on in which the Development is to be loc	ated and the name and address of	f the	
6. Li	ist the political jurisdiction	on in which the Development is to be loc reof:	ated and the name and address of City of Lafayette	f the	
6. Li cl	ist the political jurisdictic hief executive officer the	on in which the Development is to be loc reof: ne of City or County)		f the	
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (nam	on in which the Development is to be loc reof: ne of City or County)	City of Lafayette	f the	
6. Li cl F	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (n Street Address	on in which the Development is to be locareof: ne of City or County) name and title) 20 North 9th St	City of Lafayette		
6. Li	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (necent Address City	on in which the Development is to be loc reof: ne of City or County) ame and title)	City of Lafayette Mayor Tony Roswarski	Zip <u>47901</u>	
6. Li ch F	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (note that a street Address City ding Request	on in which the Development is to be locareof: ne of City or County) name and title) 20 North 9th St Lafayette	City of Lafayette Mayor Tony Roswarski State IN	Zip <u>47901</u>	900
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (notes and the Street Address City City City Cotal annual Federal Tax of Cotal annual F	on in which the Development is to be locareof: ne of City or County) ame and title) 20 North 9th St Lafayette credit amount requested with this Applic	City of Lafayette Mayor Tony Roswarski State IN	Zip 47901	90
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (note that the Execut	on in which the Development is to be located: ne of City or County) ame and title) 20 North 9th St Lafayette credit amount requested with this Applications and the country of the co	City of Lafayette Mayor Tony Roswarski State IN ation	Zip <u>47901</u>	90
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (note that the Execut	on in which the Development is to be locareof: ne of City or County) ame and title) 20 North 9th St Lafayette credit amount requested with this Applic	City of Lafayette Mayor Tony Roswarski State IN ation	Zip 47901	90
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (not Street Address City Cotal annual Federal Tax officer (not annual State Tax crest of Total annual State Tax	on in which the Development is to be located: ne of City or County) ame and title) 20 North 9th St Lafayette credit amount requested with this Applications and the country of the co	City of Lafayette Mayor Tony Roswarski State IN ation ion nis Application	Zip 47901	90
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (notice Exe	on in which the Development is to be located: ne of City or County) ame and title) 20 North 9th St Lafayette credit amount requested with this Application of the county of the cou	City of Lafayette Mayor Tony Roswarski State IN ation ion nis Application on	Zip 47901 \$ \$ \$	90
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (name Chief Exe	on in which the Development is to be located: ne of City or County) ame and title) 20 North 9th St Lafayette Credit amount requested with this Applicationally Tax Exempt Bonds requested with this Applicationally Tax Exempt Bonds requested with this Application.	City of Lafayette Mayor Tony Roswarski State IN ation ion inis Application on this Application	Zip 47901 \$ \$ \$ \$ \$ \$ \$ \$ \$	
6. Li cl F C S C Func 1. T 2. T 3. T 4. T 5. T 6. T 6	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (not Street Address) City ding Request Total annual Federal Tax or compared to the Tax cree of the Tax cree	on in which the Development is to be located: ne of City or County) ame and title) 20 North 9th St Lafayette Credit amount requested with this Application and the server with the server of the	City of Lafayette Mayor Tony Roswarski State IN ation ion inis Application on this Application	Zip 47901 \$ \$ \$	
6. Li ch	ist the political jurisdiction hief executive officer the Political Jurisdiction (name Chief Executive Officer (not Street Address) City ding Request Total annual Federal Tax officer (not annual State Tax creet annual State Tax creet annual annual State Tax creet annual annual of IHCDA Horotal annual of IHCDA Depotation of IHCDA Depotation of IHCDA See Form O1	on in which the Development is to be located: the of City or County) ame and title) 20 North 9th St Lafayette Credit amount requested with this Application amount reques	City of Lafayette Mayor Tony Roswarski State IN ation ion inis Application on this Application	Zip 47901 \$ \$ \$ \$ \$ \$ 0.00	

1. Minimum Set Aside Election of the Minimum Set Aside Requirement (This election is also made by the owner on IRS Form 8609): The Owner irrevocably elects **one** of the Minimum Set Aside Requirements: At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income. X At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 60% or less of the area median gross income. At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 80% or less of the area median gross income. The average income of the restricted units must be at or below 60% of the area median gross income. 2. Type of Allocation New construction, or Rehabilitation, <u>or</u> Historic Rehab/Adapative Reuse 3. Type of Project Family Age-Restricted **Integrated Supportive Housing** Affordable Assisted Living 4. Age Restrictions per Housing for Older Persons Act of 1995 If this Development will be designated as age-restricted, please elect which definition this Development will adopt: X At least 80% of the units in the entire development are restricted for and solely occupied by households in which at least one member is age 55 or older.

#2 - The project is a rehabilitation and will utilize historic tax credits.

100% of the units are restricted for households in which all members are age 62 or older.

C. Types of Allocation

footnotes:

					Yes	X No
1. Is Applicant an IHCDA State Cert If the Applicant intends to apply for completed CHDO Application Work	CHDO Operating Supp				e applicant must submit a	X
Participating Jurisdiction (non-st Qualified not-for-profit? A public housing agency (PHA)?	rate) Certified CHDO?				Yes Yes Yes	X No No X No
2. Name of Applicant Organization	Lafayette Neighb	orhood Hou	sing Service	es, Inc. (LNHS)		
Contact Person	Marie Morse					
Street Address	671 North 36th S	treet				
City	Lafayette State IN	I Ziç	47904			
Phone	765-423-1284	E-mail ma	ırie@home	steadCS.org		
3. If the Applicant is not a Principa between the Applicant and the Ow A wholly owned subsidiary of LNHS	ner.					
4. Identity of Not-for-profit						
·						
Name at Nat-tar-protit	Lafayette Neighborho	and Hausing				
Name of Not-for-profit	Larayette Weighborne	Jou Housing	Services, II	nc. (LNHS)		
Contact Person	Marie Morse	Jou Housing	Services, II	nc. (LNHS)		
			Services, II	nc. (LNHS)		
Contact Person	Marie Morse			nc. (LNHS)	Zip <u>47904</u>	
Contact Person Address	Marie Morse 671 North 36th Stree				Zip <u>47904</u>	
Contact Person Address City	Marie Morse 671 North 36th Stree Lafayette	it			Zip <u>47904</u>	
Contact Person Address City Phone	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadCo	it			Zip <u>47904</u>	
Contact Person Address City Phone E-mail address	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadCo	it			Zip <u>47904</u>	
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent	S.org	State	IN		
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent	S.org	State	IN		
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for or Owner's acquisition.	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent or the person or entity	S.org	State	IN		
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for or Owner's acquisition. Name of Organization	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent or the person or entity Historic Jeff Cent	S.org who owned re, L.P.	State	IN		
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for Owner's acquisition. Name of Organization Contact Person	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent or the person or entity Historic Jeff Cent Marie Morse	S.org who owned re, L.P.	State	IN		
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for or Owner's acquisition. Name of Organization Contact Person Street Address	Marie Morse 671 North 36th Stree Lafayette 765-423-1284 marie@homesteadComent or the person or entity Historic Jeff Cent Marie Morse 671 North 36th Stree	who owned re, L.P.	_ State _	ty immediately prior to Applic	cant	No
Contact Person Address City Phone E-mail address Role of Not-for-Profit in Develop Applicant, Owner, and Developer 5. List the following information for or Owner's acquisition. Name of Organization Contact Person Street Address City	Marie Morse 671 North 36th Street Lafayette 765-423-1284 marie@homesteadComent or the person or entity Historic Jeff Cent Marie Morse 671 North 36th Street r manner to the Applicate and percentage of interest	who owned re, L.P. street State IN ant and/or Coest.	State the proper	ty immediately prior to Applicately prior to Applic	cant	

7. BIN of most recently issued 8609 to applicant, owner or developer within Indiana
BIN IN-03-00900

D.

E. Owner Information 1. Owner Entity Legally formed X To be formed Name of Owner Jeffersonian, L.P. **Contact Person** Marie Morse **Street Address** 671 North 36th Street City Lafayette State IN Zip 46905 Phone 765-423-1284 E-mail Address marie@homesteadcs.org Federal I.D. No. TBD X Limited Partnership Type of entity: Individual(s) Corporation Limited Liability Company Other: 2. List all that have an ownership interest in Owner and the Development. Must <u>include</u> names of <u>all</u> general partners (including the principals of each general partner if applicable), managing member, controlling shareholders, etc. Role % Ownership Email Name General Partner (1) Jeffersonian GP, LLC GΡ 0.01% marie@homesteadcs.org LNHS Principal Sole Member 100% marie@homesteadcs.org Principal Principal General Partner (2) Principal Principal Principal LΡ 99.99% mike.harbaugh@oldnational.com Limited Partner Old National Bank Principal Principal Provide Name and Signature for each Authorized Signatory on behalf of the Applicant. Marie Morse, Executive Director Printed Name & Title 2. Printed Name & Title Signature footnotes:

F. Development	Team Good Standing					
1. Have Appl	icant, Owner, Developer	, Management Agent, an	d any other member o	f the Development Team		
a. Ev	ver been convicted of a f	elony under the federal c	r state laws of the Uni	ted States?	Yes	X No
	ver been a party (as a de he United States?	ebtor) in a bankruptcy pro	ceeding under the app	olicable bankruptcy laws of	X Yes	No
c. E	ver defaulted on any low	<i>y</i> -income housing Develo	oment(s)?		X Yes	No
d. Ev	ver defaulted on any oth	er types of housing Deve	opment(s)?		Yes	X No
e. E	ever Surrendered or conv	reyed any housing Develo	pment(s) to HUD or th	e mortgagor?	Yes	X No
f. U	ncorrected 8823s on any	developments?			Yes	X No
		y of the questions in abov se circumstances in Tab J		tional		
		eturned, or had rescinde award numbers of said fu			Yes	X No
	BIN	Date Returned	<u>Amount</u>			
	<u> </u>		<u></u>			
footnotes: See	Owner Affidavit for addi	tional details on the loan	default which lead to	the bankruptcy filing in 200	7.	

G. Development Team Information

Note: ALL DEVELOPMENT TEAM MEMBERS MUST BE IDENTIFIED AT TIME OF APPLICATION Please submit Form Q (Affidavit) for each team member.

1.	Attorney	Gareth Ku	ıhl			
	Firm Name	Kuhl & Gr	ant			
	Phone	317-423-9	9900			
	E-mail Addres	S	gkuhl@kuhlgrantlaw.	.com		
ls '	the named Att	orney's aff	fidavit in Tab J?	X Yes	No	
	Bond Counsel (*Must be an					
	Firm Name					
	Phone					
	E-mail Addres	s				
ls '	the named Boı	nd Counse	l's affidavit in Tab J?	Yes	No	
3.	Developer (co	ntact pers	on) Marie Mors	se		
	Firm Name		Lafayette Neighborho	ood Housing S	Services, Inc.	
	Phone	765-423-2	1284			
	E-mail address	s	marie@homesteadCS	S.org		
ls '	the Contact Pe	erson's affic	davit in Tab J?	X Yes	No	_
4.	Co-Developer	(contact p	person)			
	Firm Name					
	Phone					
	E-mail address	S				
ls ⁻	the Contact Pe	erson's affic	davit in Tab J?	Yes	No	
5.	Accountant (co	ontact per	son) Kenny Denr	nison		
	Firm Name		Dauby, O'Connor, & Z	Zaleski		
	Phone	317-819-6	5173			
	E-mail address	s	kdennison@doz.net			
ls [·]	the Contact Pe	erson's affic	davit in Tab J?	X Yes	No	
	footnotes:					

6. Consultant (contact	person)	Andrea Kent				
Firm Name	ALK Development	t, LLC				
Phone 317-447-29	904					
E-mail address	akent@alkdevllc.c	com				
Is the Contact Person's	affidavit in Tab J?		X Yes	No		
7. High Performance Bu	uilding Consultant (d	contact person)	Travis Dunn			
Firm Name	TSI Energy Solution	ons				
Phone 800-481-57	748					
E-mail address	tdunn@tsienergy	solutions.com				
Is the Contact Person's	affidavit in Tab J?		X	No		
8. Management Entity	(contact person)		Jill Herron			
Firm Name	Herron Property N	Management				
Phone 317-923-82	283					
E-mail address	jill@herronmgmt.	.com				
Is the Contact Person's	affidavit in Tab J?		x Yes	No		
9. General Contractor (contact person)	Kert Toler	_	_		
Firm Name	Efficient Building	Solutions, LLC				
Phone 317-847-40						
E-mail address	kerttoler@gmail.d	rom	_			
Is the Contact Person's		COM	VVos	No		
		V II	X Yes	INO		
10. Architect (contact p		Kelly John Good				
Firm Name	KJG Architecture					
Phone <u>765-497-45</u>	598					
E-mail address	kelly@kjgarchitec	ture				
Is the Contact Person's	affidavit in Tab J?		X Yes	No		
11. Identity of Interest Does any member of the development team have any financial or other interest, directly or indirectly with another member of the development team, and/or any contractor, subcontractor, or person providing services to the Development for a fee. X Yes No If Yes, provide a list and description of such interest(s) in TAB J.						
footnotes:	Related party f	fees are listed on Form	N and included	in Tab J.		

H. Threshold						
1. Site Control: Select type of Site Co Executed and Recorded De Option (expiration date: Purchase Contract (expirat Long Term Lease (expiratio Intends to acquire site/buil	ed ion date: on date:	12/31/2025				
2. Scattered Site Development: If site pursuant to IRC Section 42(g)(7)?	es are not contigue	ous, do all of the s	sites collectively q	ualify as a scattered sit	re Development Yes	No
3. Completion Timeline (month/year Construction Start Date Completion of Construction Lease-Up Building Placed in Service Date(s			Estimated Date 7/1/2025 7/1/2026 4/1/2027 7/1/2026			
4. Zoning: Is site properly zoned for y	our development	without the need	for an additional	variance?	X Yes	No
5. Utilities: List the Utility companies Water: Sewer: Electric: Gas:	City of Lafayette City of Lafayette City of Lafayette Duke Energy Center Point Ene		ices to the propos	ed Development		
6. Applicable State and Local Require	ements & Design F	Requirements are	being met (see O	AP section 5.1.M)	X Yes	No
7. Lead Based Paint: Are there any b If yes, Developer acknowledges proje and the State of Indiana's Lead-Based	ct complies with th	-			X Yes	No Pedged
 Acquisition Credit Information X The Acquisition satisfies and supporting docume X The Acquisition satisfies and Attorney Opinion in If requesting an acquisi 42(d)(2)(D)(i) or Section 	entation included in the Related Party ncluded in Tab L tion credit based c	n Tab L rule of IRC Sectio on an exception to	n 42(d)(2)(B)(iii) o this general rule			
 Rehabilitation Credit Information Development satisfies the provide supporting document of the provide support o	he Minimum Reha ion credits based o	b costs of the QAI	P: \$25,000/unit fo	r Rehab and \$35,000/	unit for Preservation	
10. Relocation Information. If there inlucded in Tab L?	•		_		X Yes	No
11. Irrevocable Waiver of Right to Re Qualified Contract for this Developm	=	ontract: The Appl	icant ackowledge	s that they irrevocably	waive the right to requi	
12. Federal Grants: Is Development to how these Federal funds will be trea	= -		ctureed as a loan I	f Yes, then please expl	ain Yes	X No
13. Davis Bacon Wages: Does Davis E Eg. 12 or more HOME-assisted units If yes, Developer acknowledges that I 14. Minimum Unit Size: What percer	s, 9 or more Project B Davis Bacon wages	ased Voucher units, s will be used.			Acknowle	X No
in Part 5.4.D of the QAP?					its set fortif	
0 Bedroom 100.00%	1 Bedroom 100.00%	2 Bedrooms 100.00%	3 Bedrooms	4 Bedrooms		
# of Type A/Type B units in Development	Total Units in Development	% of Total Development				
16. Development Meets Accessibility	Requirements for	Age-Restricted De	evelopments and	Housing First set-aside	Yes	X No
The following are mandatory Thresh	old requirements.	. All applicants mu	ust affirmatively o	heck the boxes below	to acknowledge these	requirements:
17. Visitability Mandate: If the Development be visitable and in compliance visitable and in compliance visitable and in compliance visitable.	=	_			ownhomes, then the un	nits
18. Smoke-Free Housing: Developer	commits to operat	ing as smoke-free	housing.		X	
19. Special Needs Population: Development the definition of "special needs population"	•	_		or occupancy by qualif	ied tenants who meet X	
20. Affirmative Fair Housing Market	ing Plan: Develope	er agrees to create	an Affirmative Fa	ir Housing Marketing I	Plan by initial leaseup.	

footnotes: #16 - See IHCDA approved waiver for accessibility requirements.

			_
2.	Additional Years of Affordability		_
	Applicant commits to 30 year Exte		
	Applicant commits to 35 year Exte		
	Applicant commits to 40 year Exte	nded Use Period	X
J. Develop	ment Charactersists		
1. Dev	elopment Amenities: Please list the number of o	development amenities from each column listed u	nder Part 6.2.A. of the 2023-24 QA
a. Chai	rt 1: Common Area:	10	
	1. Total development amenities available f	rom chart 1, sub-category A:	5
	2. Total development amenities available f	rom chart 1, sub-category B:	3
	3. Total development amenities available f	rom chart 1, sub-category C:	2
b. Chai	rt 2: Apartment Unit:	5	
	1. Total development amenities available f	rom chart 2, sub-category A:	3
	2. Total development amenities available f	rom chart 2, sub-category B:	2
c. Char	t 3: Safety & Security:	3	
	1. Total development amenities available f	rom chart 3, sub-category A:	2
	1. Total development amenities available f	rom chart 3, sub-category B:	1
2. Adaptal	ple/Accessible		
-	Fill the appropriate box with number of Type A	/Type B Units	
			Non Age-Restricted Develop
		Rehab/Adaptive Re	
		New Construc	Age-Restricted/Housing Fi
		Rehab/Adaptive Resue (w/ Eleva	
		Rehab/Adaptive Resue (w/ Elevator) & I	
		Construc	
3 Univers	al Design Features		
J. Ullivers	Applicants will adopt minimum of:		
	Six (6) Universal Design Features		
	Eight (8) Universal Design Features		
	Nine (9) Universal Design Features		
	Ten (10) Universal Design Features	X	
_			
footno	tes: See approved waiver indicating the	number of Type A and Type B units is approved fo	r this age-restricted development.

4.	Does the Development propose to convert a percentage of total square footage in a 100% vacant structure into rental housing?	Yes	χNο
	If yes, how much of the vacant structure square footage will be utilized?	100%	75% 50%
5.	Is the proposed development considered Historic in Nature as defined by the QAP?	X Yes	No
6.	For Developments Preserving Existing Affordable Housing, select one: X Existing RHTC Project		
7.	Does the Development meet the the following critera for Infill New Construction?	Yes	XNo
	 i. The site is surrounded on at least two sides with adjacent established development. 	Yes	No
	ii. The site maximizes the use of existing utilities and infrastructure.	Yes	No
	iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community ammenity.	Yes	No
8.	Does the property qualify as one of the following: Foreclosed Upon Affected by a Disaster		
9.	a. Is there a Community Revitalization Plan that clearly targets the specific neighborhood in which the project is located?	XYes	No
	b. Is the proposed Development in a QCT?	X Yes	No
10. 7	ax Credit Per Unit		
	Total Tax Credit Request* Total Program Units in Development Tax Credits per Unit \$904,141 74 \$12,218.12		
11.	the necessary infrastructure for high-speed internet/broadband service. each unit with free high-speed internet/broadband service. x each unit with free Wi-Fi high-speed internet/broadband service. x free Wi-Fi access in a common area, such as a clubhouse or community room. footnotes:		

K. Sustainable Development Charactersistics
1. Building Certification
LEED Silver Rating
X Silver Rating National Green Building Standard
Enterprise Green Communities
Passive House
Equivalent Certification
2. Onsite Recycling
Development will have onsite recycling at no cost to residents
3. Desirable Sites
Target Area PointsProximity to Amenities3Transit Oriented2Opportunity Index4Undesirable Sites0Total Points9
If the site map, which indicates the specific locations of each desirable site, is located in the Market Study, list the page number from the Market Study. Pages 46-63
Tuges 40 05
footnotes:

L. Financing & Marketing 1. Rental Assistance						
	units receive Project-Ba	sed rental assistance	e?	X Yes	No	
If yes, indicate type of i	rental assistance and atta	ach copy of rental as	sistance contract	t, if applicable.		
X Section 8 HAP	FmHA 515 Rental Other:	Assistance				
b. Is this a Supportive H	lousing Project?			Yes	X No	
If yes, are you applying	for IHCDA Project-Based	Section 8?		Yes	X No	
c. Number of units (by	number of bedrooms) re	eceiving assistance:				
5 (1) Bedroom (3) Bedrooms	(2) Bedrooms (4) Bedrooms					
d. For scoring purposes	s, are 20% units or more	receiving Rental Ass	istance?	Yes	X No	
For HUD purposes, are	more than 25% units red	ceiving Rental Assist	ance?	Yes	XNo	
If yes, select the excep	ted unit category				estricted rtive Housing	
e. Number of years in t	he rental assistance cont	ract 15	Expiratio	on date of contra	15-year rene	ewal
2. Unit Production a. Has there been an awar Within the last 5 ye Within the last 10 y Within the last 15 y	ears? years?	al Unit of Governme X Yes Yes Yes	nt: No No No			
b. Has there been an awa Within the last 5 ye Within the last 10 y Within the last 15 y	rd of 9% RHTC in the cou ears? years?		No No No			
3. Development is in a Cer	nsus Tract that: Does not contain any Contains one (1) activ	· · · · · · · · · · · · · · · · · · ·			X	
homeownership o	will be subject to the sta pportunities to qualified I Housing Commitment.					
5. Leveraging the READI o	r HELP Programs					
Applicant does not	request additional IHCD	A gap resources				
X Applicant requests	a basis boost of no more	than 20%				

M. Other

1. Certified Tax Credit Specialist:

footnotes:

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification	
Marie Morse / LNHS	Applicant/Owner/Devel oper	СЗР	8/21/20	
Jill Herron / Herron Property Mgmt	Mgmt	НССР	9/2021	
Jill Herron / Herron Property Mgmt	Mgmt	SCS	7/15/2021	

SB Participation Firm/Entity						
		1				
Firm/Entity						
Firm/Entity						
	>=5% AND <10% of Total Soft Costs	>= 10% of Total Soft Costs				
Professional Services						
		1				
Firm/Entity	>=5% AND <10% of Total Hard Costs	>= 10% of Total Hard Costs				
		x				
Firm/Entity	>=8% AND <15% of Total Hard Costs	>=15% of of Total Hard Costs				
		x				
		-				
Firm/Entity		-				
2 year contract)	X	-				
		-				
XBE Developer?	x	Yes No				
	Level 2 Services 4	_				
o owner or management company	V	_				
e owner or management company	^	<u>.</u>				
r for Supportive Housing Ited Supportive Housing Development and utili	izes a Resident Service]				
After School Care/Adult Day						
enter	X					
d after school care						
duit day center	<u></u>	_				
ng						
Total Companies Haveing Huite	Deveemt of total					
Total Supportive Housing Units						
t an Eviction Prevention Plan	X]				
O. Low-Barrier Tenant Screening X Plan does not screen for misdemeanors X Plan does not screen for felonies older than five years Plan does not screen for evictions more than 12 months prior to application X Plan does not screen for evictions more than 6 months prior to application						
	Firm/Entity Firm/Entity 2 year contract) XBE Developer? Prices Selected: e owner or management company for Supportive Housing ted Supportive Housing Development and util fiter School Care/Adult Day enter d after school care lult day center Ing Total Supportive Housing Units an Eviction Prevention Plan Ing or misdemeanors or felonies older than five years or evictions more than 12 months prior to app	Firm/Entity See Selected: Services Selected: Selected:				

1. Units and Bedrooms by AMI

List number of units and number of bedrooms for each income category in chart below:									
		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms.	4 Bedrooms.	Total	% of Total	
20 % AMI	# Units						0	0.00%	
30 % AMI	# Units	4	19				23	31.08%	
40% AMI	# Units						0	0.00%	
50% AMI	# Units	1	19	2			22	29.73%	
60% AMI	# Units	1	22	6			29	39.19%	
70% AMI	# Units						0	0.00%	
80% AMI	# Units						0	0.00%	
Market Rate	# Units						0	0.00%	
Development Total	# Units	6	60	8	0	0	74	100.00%	
	# Bdrms.	6	60	16	0	0	82	100.00%	

2. Units and Bedrooms by Bedroom size

Unit Type	0-1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation				
Single Family (Infill) Scattered Site				
Historic Rehabilitation	66	8		
New Construction				
New Construction - Age Restricted				

3. Will the development utilize a manager's unit?	Yes	X No	
If yes, how will the unit be considered in the building's applicable fraction?	Tax Credit l Exempt uni Market Rat	Unit	
	Exempt uni	it	
	Market Rat	e Unit	

- 6. Utilities and Rents
 - a. Monthly Utility Allowance Calculations Entire Section Must Be Completed

							Ente	er Allowa	nce Paid by	Tenant ONL	1
Utilities	Type of Utility (Gas, Electric, Oil, etc.)		Utilities Paid by:		0 Bdrm	1	Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	
Heating	Electric		Owner	X	Tenant	19)	22	30		
Air Conditioning	Electric		Owner	X	Tenant	5	5	6	8		
Cooking	Electric		Owner	X	Tenant	7	7	8	10		
Other Electric	Electric		Owner	X	Tenant	25	5	29	40		
Water Heating	Electric		Owner	X	Tenant	17	7	17	18		
Water		X	Owner		Tenant						
Sewer		X	Owner		Tenant						
Trash		X	Owner Tenant								
	Total Utility	Allo	wance for Costs Paid	\$ 73.00	\$	82.00	\$ 106.00	\$ -	\$ -		

	b.	Source	of	Utility	Allowance	Calculation
--	----	--------	----	---------	-----------	-------------

	HUD	HUD Utility Schedule Model (HUSM)
X	PHA/IHCDA	Utility Company (Provide letter from utility company)
	Rural Development	Energy Consumption Model
	Other (specify):	

Note: IRS regulations provide further guidance on how utility allowances must be determined. More info is also located in the RHTC Compliance Manual, Part 3.4.

c. List below the applicable rental housing tax credit monthly rent limits (based on the number of bedrooms) less the applicable utility allowance calculated in subpart 2.a. above:

	0 BR	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for Tenants at 20% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 30% AMI	\$ 435	\$ 466			
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 362	\$ 384	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 40% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 50% AMI	\$ 726	\$ 778	\$ 933		
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 653	\$ 696	\$ 827	\$ -	\$ -
Maximum Allowable Rent for Tenants at 60% AMI	\$ 871	\$ 933	\$ 1,120		
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ 798	\$ 851	\$ 1,014	\$ -	\$ -
Maximum Allowable Rent for Tenants at 70% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -
Maximum Allowable Rent for Tenants at 80% AMI					
Minus Utility Allowance Paid by Tenant	\$ 73	\$ 82	\$ 106	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ (73)	\$ (82)	\$ (106)	\$ -	\$ -

f++	, and the second
jootnotes:	, and the second
,	, and the second
	, and the second
	· · · · · · · · · · · · · · · · · · ·

d. List below the maximum rent limits minus tenant-paid utilities for all HOME-Assisted, and/or HOME-Eligible, Non-assisted units in the development.

	0 BR (SRO w/o kitchen and/or bath)		0 BR (SRO with kitchen and bath)		1 BR		2 BR		3 BR		4 BR	
Maximum Allowable Rent for beneficiaries at												
20% or less of area median income MINUS Utility Allowance Paid by Tenants	\$	73	\$	73.00	\$	82	\$	106	\$	_	\$ -	
Maximum Allowable Rent for Your Development	\$	(73)	\$	-	\$	(82)	\$	(106)		-	\$ -	
Maximum Allowable Rent for beneficiaries at												
30% or less of area median income <u>MINUS</u> Utility Allowance Paid by Tenants	\$	73	\$	73	\$	82	\$	106	\$	_	\$ -	
Maximum Allowable Rent for Your Development	\$	(73)		(73)		(82)	\$	(106)	-	-	\$ -	
Maximum Allowable Rent for beneficiaries at												
40% or less of area median income <u>MINUS</u> Utility Allowance Paid by Tenants	\$	73	\$	73	\$	82	\$	106	\$	-	\$ -	
Maximum Allowable Rent for Your Development	\$	(73)	\$	(73)	\$	(82)	\$	(106)	\$	-	\$ -	
Maximum Allowable Rent for beneficiaries at												
50% or less of area median income	_				_		_				4	
MINUS Utility Allowance Paid by Tenants	\$	73	\$	73	\$	82	\$	106	\$		\$ -	
Maximum Allowable Rent for Your Development	\$	(73)	Ş	(73)	\$	(82)	Ş	(106)	Ş	-	\$ -	
Maximum Allowable Rent for beneficiaries at												
60% or less of area median income MINUS Utility Allowance Paid by Tenants	\$	73	\$	73	\$	82	\$	106	\$	-	\$ -	
Maximum Allowable Rent for Your Development	\$	(73)	\$	(73)	\$	(82)	\$	(106)	\$	-	\$ -	

e. Estimated Rents and Rental Income	
1. Total Number of Low-Income Units	(20% Rent Maximum)

Dev Fund	Baths Units of Unit Rent per Unit Type Baths Units Of Unit Rent per Unit Type										Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	drooms							
				Bedrooms					\$	-	
	Bedrooms \$ -										
	Bedrooms \$ -										
	Bedrooms \$ -										
	Bedrooms \$ -										
Other Income Source Other Income Source Total Monthly Income \$ -											
Annual Income \$ -											
			nd. If there is	not HOME o		ent Fund fina	ncing indicate			dicate "Yes" to opment Fund	

2. Total Number of Low-Income Units 23 (30% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Туре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	l Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of be	drooms		•				
Yes	No	Yes	0	Bedrooms	1	1	635	778	\$ 778	X
Yes	No	Yes	0	Bedrooms	1	3	635	362	\$ 1,086	
Yes	No	Yes	1	Bedrooms	1	5	773	908	\$ 4,540	X
Yes	No	Yes	1	Bedrooms	1	14	773	384	\$ 5,376	
				Bedrooms					\$ -	
Other Income Source Other Income Source Laundry, Application Fees								\$ 345		
			Total Month					\$ 12,125		
			Annual Inco	me					\$ 145,500	

2	Total Num	her of	l ow-Incor	na I Inits
5.	TOTAL NUM	Det Ot	i ow-incor	ne omis

(40% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	drooms						
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
			Other Incom Other Incom Total Month Annual Incor	e Source ly Income					\$ - \$ -	

4. Total Number of Low-Income Units

22 (50% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Туре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Monthly Unit Type	Check if u	
Yes/No	Yes/No	Yes/No	# of be	drooms							
Yes	No	Yes	0	Bedrooms	1	1	635	653	\$ 653		
Yes	No	Yes	1	Bedrooms	1	19	773	696	\$ 13,224		
Yes	No	Yes	2	Bedrooms	1	2	963	1069	\$ 2,138	X	
				Bedrooms					\$ -		
				Bedrooms					\$ -		
			Other Incom		Laundry, Ap	olication Fees	5		\$ 330		
			Total Month	ly Income					\$ 16,345		
			Annual Inco	nnual Income					\$ 196,140		

5. Total Number of Low-Income Units

29 (60% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit	Unit Type			Net Sq. Ft.	Monthly Rent		al Monthly	Check if units are under a HAP
Yes/No	Yes/No	Yes/No	# of bed	drooms	Baths	Units	of Unit	per Unit	Kent	t Unit Type	under a nar
	· ·	-	0	Bedrooms	1	1	COF	798	<u> </u>	798	-
Yes	No	Yes	U	Bedrooms	1	1	635	798	\$		
Yes	No	Yes	1	Bedrooms	1	22	773	851	\$	18,722	
Yes	No	Yes	2	Bedrooms	1	6	963	1014	\$	6,084	
				Bedrooms					\$	-	
				Bedrooms					\$	-	
					Laundry, App	olication Fees	5		\$	435	
			Total Month	otal Monthly Income					\$	26,039	
			Annual Inco	me					\$	312,468	

5. Total Number of Low-Income Units	(70% Rent Maximum)
o. Total Number of Low-Income Units	(70% Kent iviaximum

Dev Fund	НОМЕ	RHTC	Unit 1	Гуре	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bed	lrooms		•	•			
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
			Other Income							
			Total Monthly	/ Income					\$ -	
			Annual Incom	e					\$ -	

7. Total Number of Low-Income Units

(80% Rent Maximum)

Dev Fund	НОМЕ	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a
Yes/No	Yes/No	Yes/No	# of bedrooms						
			Bedroom	5				\$ -	1 🗍
			Bedroom	5				\$ -	1 🗖
			Bedroom	5				\$ -	1 🗖
			Bedroom	5				\$ -	1 🗖
			Bedroom	5				\$ -	1
			Other Income Source Other Income Source Total Monthly Income Annual Income					\$ - \$ -	

8. Total Number of Market Rate Units

Dev Fund	номе	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type
Yes/No	Yes/No	Yes/No	# of bed	rooms					
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
				Bedrooms					\$ -
			Other Income Other Income Total Monthly Annual Incom	Source / Income					\$ - \$ -

5. Summary of Estimated Rents and Rental Income Annual Income (20% Rent Maximum) Annual Income (30% Rent Maximum) 145,500 Annual Income (40% Rent Maximum) Annual Income (50% Rent Maximum) 196,140 Annual Income (60% Rent Maximum) 312,468 Annual Income (70% Rent Maximum) Annual Income (80% Rent Maximum) Annual Income (Market Rate Units) **Potential Gross Income** 654,108 Less Vacancy Allowance 45,788 \$ **Effective Gross Income** 608,320

Default annual % increase in income over the Compliance Period?

2%

W. Annual Expense Information

(Check one) X Housing OR Commercial

<u>Administrative</u>			Other Operating				
- Addiningtiative			<u>Other Operating</u>				
1. Advertising	2,000		1. Elevator			12,500	
2. Management Fee	36,000		2. Fuel (heating & hot w	ater)			
3. Legal/Partnership	2,000		3. Electricity			30,000	
4. Accounting/Audit	10,000		4. Water/Sewer			15,000	
5. Compliance Mont.	10,000		5. Gas				
6. Office Expenses	25,000		6. Trash Removal			5,000	
7. Other (specify below)			7. Payroll/Payroll Taxes			90,000	
Tabal Administrative	ć 05.000		8. Insurance			65,268	
Total Administrative	\$ 85,000	•	9. Real Estate Taxes*			55,796	
<u>Maintenance</u>			10. Other Tax				
1. Decorating	\$ 10,000			acoruca acoruca		21.090	
2. Repairs	\$ 20,000		11. Yrly Replacement Ro	eserves		31,080	
3. Exterminating	\$ 5,000		12. Resident Services				
4. Ground Expense	\$ 10,000		13. Internet Expense			29,640	
·	7 10,000		14. Other (specify below	v)			
5. Other (specify below)							
Total Maintenance	\$ 45,000		Total Other Operating		\$	334,284	
<u>Total Maintenance</u>	\$ 45,000	•					
Total Annual Administrative E	xpenses:	\$	85,000.0	Per Unit	1149		
Total Annual Maintenance Exp	penses:	\$	45,000.0	Per Unit	608		
Total Annual Other Operating	Expenses:	\$	334,284	Per Unit	4517		
TOTAL OPERATING EXPENSES (Ac	lmin+Operating+Maint):	\$	464,284	Per Unit	\$	6,274	
Default annual percentage increa	se in expenses for the next	15 ye	ears?			3%	
Default annual percentage increa	se for replacement reserves	for t	he next 15 years?			3%	

^{*} List full tax liability for the property. Do not reflect tax abatement.

footnotes:		

5. Summary of Estimated Rents and Rental Income Annual Income (20% Rent Maximum) Annual Income (30% Rent Maximum) 145,500 Annual Income (40% Rent Maximum) Annual Income (50% Rent Maximum) 196,140 **Commercial Operating Expenses** Annual Income (60% Rent Maximum) 312,468 Annual Income (70% Rent Maximum) Annual Income (80% Rent Maximum) Annual Income (Market Bate Units) Potential Gross Income 654,108 Less Vacancy Allowance 45,788 Effective Gross Income \$ 608,320 Default annual % increase in income over the Compliance Period? W. Annual Expense Information (Check one) Housing OR x Commercial Other Operating **Administrative** 1. Advertising 2,500 1. Elevator 2. Management Fee 2. Fuel (heating & hot water) 3,000 3. Legal/Partnership 3. Electricity 4. Accounting/Audit 4. Water/Sewer 9,000 5. Compliance Mont. 5. Gas 6. Office Expenses 6. Trash Removal 7. Other (specify below) 7. Payroll/Payroll Taxes 8. Insurance **Total Administrative** 2,500 9. Real Estate Taxes* **Maintenance** 10. Other Tax 1. Decorating 11. Yrly Replacement Reserves 2. Repairs 12. Resident Services 3. Exterminating 13. Internet Expense 4. Ground Expense 14. Other (specify below) Other (specify below) 5,000 **Total Other Operating** 14,500 5,000 **Total Maintenance** 2,500.0 Total Annual Administrative Expenses: Per Unit 34 Total Annual Maintenance Expenses: 5,000.0 Per Unit 68 Total Annual Other Operating Expenses: 14,500 Per Unit 196 TOTAL OPERATING EXPENSES (Admin+Operating+Maint): 22,000 Per Unit \$ 297 Default annual percentage increase in expenses for the next 15 years? 3% Default annual percentage increase for replacement reserves for the next 15 years? 3%

footnotes: Section W - Commerical Operations Only. The income at the top of this page does not apply.

^{*} List full tax liability for the property. Do not reflect tax abatement.

15 Year Operating Cash Flow Projection:

Housing Commercial	X	Hea	adnotes											1440465			
			L		The	LNHS loan is cash t	low contingent	and annual payme	nts decline thro	ughout the 15-year	compliance pe	<mark>riod to maintain wi</mark> t	thin the require	d 1.10-1.45 stabiliz	ed debt coverag	ge ratio.	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Income																	_
Potential Gross Income		654,108	667,190	680,534	694,145	708,028	722,188	736,632	751,364	766,392	781,720	797,354	813,301	829,567	846,158	863,082	11,311,762
Less: Vacancies		(45,788)	(46,703)	(47,637)	(48,590)	(49,562)	(50,553)	(51,564)	(52,596)	(53,647)	(54,720)	(55,815)	(56,931)	(58,070)	(59,231)	(60,416)	(791,823)
Effective Gross Income		608,320	620,487	632,897	645,555	658,466	671,635	685,068	698,769	712,744	726,999	741,539	756,370	771,497	786,927	802,666	10,519,939
Expenses																	
Administrative		85,000	87,550	90,177	92,882	95,668	98,538	101,494	104,539	107,675	110,906	114,233	117,660	121,190	124,825	128,570	1,580,908
Maintenance		45,000	46,350	47,741	49,173	50,648	52,167	53,732	55,344	57,005	58,715	60,476	62,291	64,159	66,084	68,067	836,951
Operating		334,284	344,313	354,642	365,281	376,240	387,527	399,153	411,127	423,461	436,165	449,250	462,727	476,609	490,907	505,635	6,217,319
Other																	-
Less Tax Abatement																	-
Total Expenses		464,284	478,213	492,559	507,336	522,556	538,232	554,379	571,011	588,141	605,785	623,959	642,678	661,958	681,817	702,271	8,635,178
Net Operating Income		144,036	142,274	140,338	138,219	135,910	133,403	130,688	127,758	124,603	121,214	117,580	113,692	109,539	105,111	100,395	1,884,761
Debt Service - 1st Mort.		60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	60,534	908,010
Debt Service - 2nd Mort.		25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	25,296	379,440
Debt Service - 3rd Mort.		28,333	28,333	28,333	28,333	28,333	28,333	28,333	28,333	20,000	20,000	20,000	10,000	10,000	5,000	5,000	316,664
Debt Service - 4th Mort.		20,000	20,000	20,000	20,555	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	10,000	3,000	3,000	-
Debt Service - 5th Mort.																	-
Total Debt Service		114,163	114,163	114,163	114,163	114,163	114,163	114,163	114,163	105,830	105,830	105,830	95,830	95,830	90,830	90,830	1,604,114
Operating Cash Flow		29,873	28,111	26,175	24,056	21,747	19,240	16,525	13,595	18,773	15,384	11,750	17,862	13,709	14,281	9,565	280,647
							<u> </u>								<u> </u>		
Total Combined DCR	1.2	261673572	1.246	1.229274723	1.211	1.190489699	1.169	1.144751294	1.119	1.177390813	1.145	1.111030423	1.186	1.143059991	1.157	1.105303247 ##	1.174954431
Deferred Dev. Fee Payment		29,873	19,902														49,775
Surplus Cach		0	8,209	26,175	24,056	21,747	19,240	16,525	13,595	18,773	15,384	11,750	17,862	13,709	14,281	9,565	220 972
Surplus Cash		U	0,209	20,175	24,030	21,/4/	13,240	10,323	13,333	10,//3	13,304	11,/30	17,002	13,/03	14,201	5,505	230,872
Cash Flow/Total Expenses		0%	2%	5%	5%	4%	4%	3%	2%	3%	3%	2%	3%	2%	2%	1%	3%
(not to exceed 10 %)																	
EGI/Total Expenses		1.31	1.30	1.28	1.27	1.26	1.25	1.24	1.22	1.21	1.20	1.19	1.18	1.17	1.15	1.14	1.22

15 Year Operating Cash Flow Projection:

Commercial Operating Expenses

Housing Commercial X	H	leadnotes														
		L							East Coast Mi	grant Head Start						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Income																
Potential Gross Income	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	73,554	1,103,310
Less: Vacancies	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(5,149)	(77,232)
Effective Gross Income	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	68,405	1,026,078
Expenses																
Administrative	2,500	2,575	2,652	2,732	2,814	2,898	2,985	3,075	3,167	3,262	3,360	3,461	3,564	3,671	3,781	46,497
Maintenance	5,000	5,150	5,305	5,464	5,628	5,796	5,970	6,149	6,334	6,524	6,720	6,921	7,129	7,343	7,563	92,995
Operating	14,500	14,935	15,383	15,845	16,320	16,809	17,314	17,833	18,368	18,919	19,487	20,071	20,674	21,294	21,933	269,684
Other																-
Less Tax Abatement																<u>-</u> _
Total Expenses	22,000	22,660	23,340	24,040	24,761	25,504	26,269	27,057	27,869	28,705	29,566	30,453	31,367	32,308	33,277	409,176
Net Operating Income	46,405	45,745	45,065	44,365	43,644	42,901	42,136	41,348	40,536	39,700	38,839	37,952	37,038	36,097	35,128	616,902
Debt Service - 1st Mort.																-
Debt Service - 2nd Mort.																-
Debt Service - 3rd Mort.																-
Debt Service - 4th Mort.																-
Debt Service - 5th Mort.																-
Total Debt Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Operating Cash Flow	46,405	45,745	45,065	44,365	43,644	42,901	42,136	41,348	40,536	39,700	38,839	37,952	37,038	36,097	35,128	616,902
Total Combined DCR	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0! ##	#DIV/0!
Deferred Dev. Fee Payment																
Surplus Cash	46,405	45,745	45,065	44,365	43,644	42,901	42,136	41,348	40,536	39,700	38,839	37,952	37,038	36,097	35,128	616,902
Cash Flow/Total Expenses	211%	202%	193%	185%	176%	168%	160%	153%	145%	138%	131%	125%	118%	112%	106%	151%
(not to exceed 10 %)																
EGI/Total Expenses	3.11	3.02	2.93	2.85	2.76	2.68	2.60	2.53	2.45	2.38	2.31	2.25	2.18	2.12	2.06	2.51

Commercial and Office Space: IHCDA Rental Housing financing resources cannot be used to finance commercial space within a Development. Income generated and expenses incurred from this space, though, must be factored into IHCDA's underwriting for the Development as a whole when reviewing the application. If the Development involves the development of commercial space, the applicant will need to provide separate annual operating expense information and a separate 15-year proforma for the commercial $space. \ \ Be \ sure \ to \ label \ which \ forms \ are \ for \ the \ housing \ and \ which \ ones \ are \ for \ the \ commercial \ space. \ Also \ separate \ out \ all$ development costs associated with the commercial space on line M of the Development Costs chart.

Y. Sources of Funds/Developments (Include any IHCDA HOME requests)

1. Construction Financing. List individually the sources of construction financing, including any such loans financed through grant sources. Please provide documentation in Tab G.

	Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name & Telephone Number of Contact Person
1	Construction Loan	6/1/2024	6/24/2024	\$ 6,400,000	Brent Talcott 765-423-7100
2					
3	3				
4	ļ				
į	5				
T	otal Amount of Funds			\$ 6,400,000	

2. Permanent Financing. List individually the sources of permanent financing, including any such loans financed through grant sources. Please provide documentation in Tab G.

	Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Annual Debt Service Cost	Interest Rate of Loan	Amortization Period	Term of Loan
1	LIHTC Equity & GP Contribution	6/1/2024	6/24/2024	\$ 7,684,530	\$0			
2	Historic Tax Credit Equity	6/1/2024	6/24/2024	\$ 1,297,062	\$0			
3	LNHS Low Interest Loan	6/1/2024	7/11/2024	\$ 850,000	\$28,333	3.00%	30	15
4	Permanent loan	6/1/2024	6/24/2024	\$ 725,000	\$60,534	7.45%	30	15
5	IHCDA Development Funds	7/29/2024	11/21/2024	\$ 500,000	\$25,296	3	30	15
To	otal Amount of Funds			\$ 11,056,592	\$ 114,163			
Deferred Developer Fee			\$ 49,775					

3. Grants. List all grants provided for the development. Provide documentation in Tab G.

Source of Funds	Date of	Date of	Amount of	Name and Telephone Numbers of		
Source of Failus	Application	Commitment	Funds	Contact Person		
1 AHP	6/27/2024	11/22/2024	\$ 1,000,000	Mike Recker 317-465-0200		
2 READI	6/1/2024	7/26/2024	\$ 200,000	Scott Walker 765-742-4044		
3						
4						
Total Amount of Funds			\$ 1,200,000			

If the loan and any outstanding interest is not expected to be paid until the end of the Initial Compliance Period, there must be reasonable expectation that the fair market value of the Development will be sufficient at that time to pay the accrued interest and debt and that the net income of the Development will be sufficient to sustain debt service.

footnotes: The LIHTC Equity includes \$100 in the General Partner Contribution. The LIHTC equity, historic tax credit equity will have equity pay-ins during construction as evidenced on the commitment. The LNHS loan and IHCDA development funds will be available during construciton but is permanent debt. The LNHS loan is cash flow contingent. The DF is requested at 1.5% but shown as 3% because it has not been approved.

	Have you applied for a Historic Tax	Yes X No				
	If Yes, please list amount					
		es, indicate date Part I of application was duly filed:		Include with application. Please provide in Tab P.		
5.	Other Sources of Funds (excluding	any syndication proceeds)				
	a. Source of Funds				Amount	
	b. Timing of Funds					
	c. Actual or Anticipated Name of C	ther Source				
	d. Contact Person			Phone		
6.	Sources and Uses Reconciliation					
		Investment from Fed Tax Credits ment from Fed Tax Credits		\$	7,684,430 100	*From Fed Credit Determination Tab
		Limited Partner Equity Investment from State Tax Credits		\$	-	*From State Credit Determination Tab
	General Partner Investi	General Partner Investment from State Tax Credits				
	Total Equity Investmen	t		\$	7,684,530	
	Total Permanent Finan			\$	725,000	
	-	Deferred Developer Fee		\$ \$ \$ \$	49,775	_
		nterest Loan		\$	850,000	
		elopment Fund		\$	500,000	
	Other FHLBI AHP			\$	1,000,000	
	Other READI Gra				200,000	
	Other Historic Ta	x Credits		\$	1,297,062	
	Other					
	Total Sources of Funds	Total Sources of Funds		\$	12,306,367	1
	Total Uses of Funds	Total Uses of Funds		\$	12,306,367]
^^^Note: Sources MUST EQUAL Uses^^^						
* Are Load Fees included in Equity Investment? If Yes, Load Fees are: \$					Yes	X No
	ii ies, Lodu i ees die. Ş		l			
	footnotes:					

4. Historic Tax Credits

a. Actual or Anticipated Name of Intermediary (e.g. Syndicator, etc.) Old National Bank	
Contact Person Mike Harbaugh	
	_
Phone 616-228-6067	
Street Address 5200 Cascade Road	
City Grand Rapids State MI Zip 49	9 <mark>546</mark>
Email mike.harbaugh@oldnational.com	
8. State Tax Credit Intermediary Information a. Actual or Anticipated Name of Intermediary	
(e.g. Syndicator, etc.)	
Contact Person	
Phone	
Street Address	
City State Zip	
Email	
9. Tax-Exempt Bond Financing/Credit Enhancement	
a. If Multi-family Tax Exempt Bonds are requested, list percent such bonds represent of of the building and land of the development:	f the aggregate basis
If this percentage is 50% or more, a formal allocation of credits from IHCDA is not not the development must satisfy and comply with all requirements for an allocation und Plan and Section 42 of the Code. The Issuer of the bonds must determine the maxim credits available to the development which, just as for developments which do need limited to the amount of credits necessary to make the development financially feasi TIME OF SUBMITTING THIS APPLICATION, YOU MUST PROVIDE IHCDA WITH AN OPIN OF COUNSEL, SATISFACTORY TO IHCDA, THAT YOU ARE NOT REQUIRED TO OBTAIN A ALLOCATION OF TAX CREDITS FROM IHCDA AND THAT THE DEVELOPMENT MEETS THE REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.	der this Allocation um amount of allocation, is ble). AT THE IION N
footnotes:	

7. Federal Tax Credit Intermediary Information

D.	Name of Issuer					
	Street Address					
	City		State		Zip	
	Telephone Number					
	Email					
C.	Name of Borrower					
	Street Address					
	City		State		Zip	
	Telephone Number					
	Email					
	If the Borrower is not	the Owner, explain the	relationshi	p between the Borrov	wer and Owner i	n footnotes below
	=	be utilizing Multi-family	-		rovide a list	
	of the entire develop	oment team in addition t	to above.	Place in Tab J.		_
d.		nt financing have any cre ncing and describe the cr			Yes	No
e.		ransfer of physical asset f TPA request to HUD.	required?		Yes	No
f.		approval for transfer of lopment been notified o			Yes Yes	No No
g.	its units in danger of to eligible prepaymer	federally-assisted low-ir being removed by a fede nt, conversion, or financia documentation in Tab P	eral agency al difficulty	from the low-income ?		
	Total Multi-Family Tax n current year:	Exempt Bonds already a	warded to	Developer		
foo	otnotes:					

Z. Cost/Basis/Maximum Allowable Credit

1. Development Costs - List and Include Eligible Basis by Credit Type.

		Eligible	Basis by Credit Type	
			30% PV	70% PV
	To Purchase Land and Buildings	Project Costs	[4% Credit]	[9% Credit]
a.	1. Land	500,000		
	2. Demolition			
	3. Existing Structures	1,850,000	1,850,000	
	4. Other(s) (Specify below.)			
b.	For Site Work			
D.	Site Work (not included in Construction Contract)			
	2. Other(s) (Specify below.)			
	2. Other(s) (Specify Below.)			
c.	For Rehab and New Construction			
	(Construction Contract Costs)			
	1. Site Work	350,000		350,000
	2. New Building			
	3. Rehabilitation**	4,530,000		4,530,000
	4. Accessory Building5. General Requirements*	287,500		287,500
	6. Contractor Overhead*	95,000		95,000
	7. Contractor Profit*	287,500		287,500
	8. Hard Cost Contingency	1,110,000		1,110,000
	6 ,	7 - 272.2		, .,
d.	For Architectural and Engineering Fees			
	1. Architect Fee - Design*	200,000		200,000
	2. Architect Fee - Supervision*	50,000		50,000
	3. Consultant or Processing Agent			
	4. Engineering Fees	07.000		25.000
	5. High Peformance Building Consultant	25,000		25,000
	6. Other Fees (Specify below.)			
e.	Other Owner Costs			
	1. Building Permits	25,000		25,000
	2. Tap Fees			
	3. Soil Borings	10,000		10.000
	4. Real Estate Attorney5. Developer Legal Fees	10,000 75,000		10,000 75,000
	Construction Loan - Legal	30,000		30,000
	7. Title and Recording	25,000		25,000
	8. Cost of Furniture	30,000		30,000
	9. Accounting	12,000		12,000
	10. Surveys	5,000		5,000
	11. Other Costs (Specify below.)	3,000		3,000
	Capital Needs Assessment / Platting	9,800		9,800
	CUPTOTAL OF THE COLOR	2 722 222	4 222 242	F 4-2 2-2
	* Designates the amounts for those items that are limited, p	9,506,800	1,850,000	7,156,800

 $^{^{}st}$ Designates the amounts for those items that are limited, pursuant to the Qualified Allocation Plan

\$4,530,000.00	-	\$0.00	/		74	=	61,216
Rehabilitation Costs		Costs of Furniture,		Total Number			Rehabilitation
		Construction of		of Units			Costs per Unit
		Community Center,					
		and Common Area					
		Amenities**					

^{**} Please provide a rehabilitation budget in Tab L that lists the cost of furniture, construction of community building, and common area amenities.

		Eli	gible Basis by Credit T	уре
			30% PV	70% PV
	ITEMIZED COSTS	Project Costs	[4% Credit]	[9% Credit]
	SUBTOTAL OF PREVIOUS PAGE	9,506,800	1,850,000	7,156,800
f.	For Interim Costs			
	Construction Insurance	90,000		90,000
	2. Construction Period Interest	500,000		300,000
	3. Other Capitalized Operating Expenses			
	4. Construction Loan Orig. Fee	93,000		93,000
	5. Construction Loan Credit Enhancement			
	6. Construction Period Taxes	12,000		12,000
	7. Fixed Price Contract Guarantee			
g.	For Permanent Financing Fees & Expenses			
	1. Bond Premium			
	2. Credit Report			
	3. Permanent Loan Orig. Fee	21,813		
	Permanent Loan Credit Enhancement	==,340		
	5. Cost of Iss/Underwriters Discount			
	6. Title and Recording			
	7. Counsel's Fee			
	8. Other(s) (specify below)			
	Predevelopment Loan Fees and Interest	40,000		40,000
	rredevelopment Loan rees and interest	40,000		40,000
h.	For Soft Costs			
	Property Appraisal			
	2. Market Study	6,000		6,000
	Environmental Report	24,000		24,000
	4. IHCDA Fees	63,966		21,000
	5. Consultant Fees	00,300		
	6. Guarantee Fees	125,000		125,000
	7. Soft Cost Contingency	123,000		123,000
	8. Other(s) (specify below)			
	Relocation Fees	100,000		100,000
	Relocation rees	100,000		100,000
ī	For Syndication Costs			
	Organizational (e.g. Partnership)	45,000		
	Bridge Loan Fees and Expenses	15,000		
	3. Tax Opinion			
	4. Other(s) (specify below)			
j.	Developer's Fee			
"	50 % Not-for Profit			
	50 % For-Profit	1,402,588		1,402,588
	70 TOT 1 TOTAL	1,402,300		1,402,300
k.	For Development Reserves			
	1. Rent-up Reserve			
	2. Operating Reserve	276,200		
	3. Other Capitalized Reserves*			
	*Please explain in footnotes.			
ı.	Total Project Costs	12,306,367	1,850,000	9,349,388

footnotes: Developer Fee is calculated 15% of eligible basis (including acquisition costs). The calculation is currently incorrect on the Underwriting tab.

		Eligible Basis by Credit Type					
	ITEMIZED COSTS	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]			
	SUBTOTAL OF PREVIOUS PAGE	12,306,367	1,850,000	9,349,388			
m.	Total Commercial Costs*						
n.	Total Dev. Costs less Comm. Costs (I-m)	12,306,367					
о.	Reductions in Eligible Basis Subtract the following: 1. Amount of Grant(s) used to finance Qualifying development costs 2. Amount of nonqualified recourse financing 3. Costs of nonqualifying units of higher quality (or excess portion thereof) 4. Historic Tax Credits (residential portion)			1,662,901			
	Subtotal (o.1 through o.4 above)			1,662,901			
p.	Eligible Basis (Il minus o.5)		1,850,000	7,686,487			
q.	High Cost Area / Basis Boost Adjustment to Eligible Basis Please see 2022 QAP pg. 34 for eligibility criteria.						
	Adjustment Amount cannot exceed 30%			1,537,297			
r.	Adjusted Eligible Basis (p plus q)		1,850,000	9,223,784			
s.	Applicable Fraction (% of development which is low income) (Select from drop down choices.)	Based on Unit Mix or Sq Ft? Unit Mix	100.00%	100.00%			
t.	Total Qualified Basis (r multiplied by s)		1,850,000	9,223,784			
u.	Applicable Percentage (weighted average of the applicable percentage for each building and credit type)						
v.	Maximum Allowable Credit under IRS Sec 42 (t*u)		4.00% 74,000	9.00%			
w.	Combined 30% and 70% PV Credit	904,141	74,000	030,141			

^{*} Commercial costs are defined as those costs that are not eligible basis and are attributed to non-residential areas of the Development (e.g. retail area of mixed-use development).

Note: The actual amount of credit for the Development is determined by IHCDA. If the Development is eligible for Historic Tax Credit, include a complete breakdown of the determination of eligible basis for the Historic Credit with the Application. If the Development's basis has been adjusted because it is in a high cost area or qualified census tract, the actual deduction for the Historic Cost items must be adjusted by multiplying the amount by 130%. This does not apply to Historic Tax Credits.

footnotes:	See Tab G for the Historic Tax Credit calculation.

2. Determination of Reservation Amount Needed

The following calculation of the amount of credits needed is substantially the same as the calculation which will be made by IHCDA to determine, as required by the IRS, the maximum amount of credits which may be reserved for the Development. However, IHCDA at all times retains the right to substitute such information and assumptions as are determined by IHCDA to be reasonable for the information and assumptions provided herein as to costs (including development fees, profits, etc.) sources of funding, expected equity, ect. Accordingly, if the development is selected by IHCDA for a reservation of credits, the amount of such reservation may differ significantly from the amount that is computed below.

a.	TOTAL DEVELOPMENT COSTS	\$ 12,306,367
b.	LESS SYNDICATION COSTS	\$ 45,000
С.	TOTAL DEVELOPMENT COSTS (a - b)	\$ 12,261,367
d.	LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$ 4,572,062
€.	EQUITY GAP (c - d)	\$ 7,689,305
•	EQUITY PRICING (Price per dollar of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or	
	similar costs to 3rd parties)	\$ 0.85
Ţ.	Limited Partner Ownership %	99.99%
١.	10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$ 9,046,241
	ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10)	\$ 904,624
	MAXIMUM ALLOWABLE CREDIT AMOUNT	\$ 904,141
ί.	RESERVATION AMOUNT REQUESTED	
	(Amount must be no greater than the lesser of j. or i.)	\$ 904,141
	LIMITED PARTNER INVESTMENT	 7,684,430
า.	GENERAL PARTNER INVESTMENT	 100
١.	TOTAL EQUITY INVESTMENT (anticipated for intial app)	\$ 7,684,530
).	DEFERRED DEVELOPER FEE	\$ 49,775
).	Per Unit Info	
	 CREDIT PER UNIT (Including non-program units) (j/Number of Units) 	\$ 12,218
	CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$ 11,026
	3. HARD COST PER UNIT	\$ 86,115
	4. HARD COST PER BEDROOM	\$ 77,713.41
	5. TOTAL DEVELOPMENT COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits)	

3. Determination of State Tax Credit Reservation Amount

a.	Aggregate 10 Year Federal RHTC Amount	\$ 9,041,410.00
b.	Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%)	\$
c.	Aggregate 5 Year State AWHTC Amount	\$ 0.00
	State AWHTC per year	\$ 0.00
d.	State Tax Credit Equity Price	\$
e.	Limited Partner ownership %	\$ 99.99%
f.	Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%)	 <u>-</u>
g.	Financial Gap	 (0)

	QAP Guidelines	Per Application	Within Limits?
Underwriting Guidelines:	5.000	6.274	V
Total Operating Expenses (per unit)	5,000	6,274	Yes
Management Fee (Max Fee 5-7% of "Effective Gross Income")			
1 - 50 units = 7%			
51 - 100 units = 6%	36,499	36,000	Yes
101 or more units = 5%			
Vacancy Rate			
Development has more than 20% PBV/PBRA/PRA	4% - 7%		
*If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" tab Affordable Assisted Living	10%-12%		
*If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab			
All Other Developments	6% - 8%	7.0%	Yes
Operating Reserves (4 months Operating Expenses,			
plus 4 months debt service or \$1,500 per unit, whichever is greater)	192,816	276,200	Yes
Replacement Reserves (New Construction age-restricted = \$250;	31,080	31,080	Yes
New Construction non age-restricted = \$300; Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420)			
Is Stabilized Debt Coverage Ratio within bounds?			
Large and Small City	1.15-1.45	1.105	
*If Development is in Large or Small city, check cell M5 or J5 respectively in "Development Info (p 9)" tab Rural	1.15-1.50	1.105	
*If Development is in Rural, check cell J7 in "Development Info (p 9)" tab	1.13 1.30	1.103	
Developments with PBV	1.10-1.45		Yes
*If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab			, 65
At least 40% of the total Units in the project must be tax credit.	40%	<= 100%	Yes
Average of tax credit units must not exceed 60% AMI	60%	>= 48%	Yes
User Eligibility and Other Limitations:			
Do Sources Equal Uses?			Yes
50% test	50%	N/A	Yes
Developer Fee with consultant fee	1,152,973	1,402,588	Review
*For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost		, ,	
Maximum Deferred Developer Fee as % of Developer fee	80%	<=	
Deferred Developer Fee Requirement: greater than \$2,500,000 has to be deferred			
Can the Deferred Developer Fee be repaid in 15 years?	49,775	49,775	Yes
Development Fund Limitation	500,000	500,000	Yes
Total Development Fund Assisted Units as per % TDC calculation	4.0		
Dev Fund Assisted units (at or below 50% AMI)	10.00	45.00	Yes
For Bond apps: # DF units based on greater of 10 units or DFL as % of TDC			
Contractor Fee Limitation	683,200	670,000	Yes
General Requirements	292,800	287,500	Yes
General Overhead	97,600	95,000	Yes
Builders Profit	292,800	287,500	Yes
Hard Cost Contingency	1,110,000	1,110,000	Yes
Soft Cost Contingency	17,819	-	Yes
Architect Fee Limitation	266,400	250,000	Yes
Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab)	25,000	61,217	Yes
Basis Boost	2,305,947	1,537,298	Yes
Applicable Fraction (Lower of Sq. Footage or Units)	100.00%	100.00%	Yes
1	=====		

The undersigned hereby acknowledges that:

- This Application form, provided by IHCDA to applicants for funding, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHCDA in reviewing the reservation requests. Completion hereof in no way guarantees eligibility for the credits or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; any notations herein describing IRC requirements are offered only as general guides and not as legal advice;
- 2. The undersigned is responsible for ensuring that the proposed Development will be comprised of qualified low-income buildings; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDA; and that the IHCDA has no responsibility for ensuring that all or any funding allocated to the Development may be usable or may not later be recaptured;
- For purposes of reviewing this Application, IHCDA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDA for the accuracy of these representations or their compliance with IRC requirements;
- 4. The IHCDA offers no advice, opinion or guarantee that the Applicant or the proposed development will ultimately qualify for or receive low-income housing tax credits, Multi-family tax-exempt Bonds, HOME funds or section 501(c)3 Bonds;
- 5. Allocations of funding are not transferable without prior written notice and consent of the IHCDA;
- 6. The requirements for applying for funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDA regulations, or other binding authority;
- 7. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity;
- 8. Applicant represents and warrants to IHCDA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
- 9. In the event the Applicant is not the Owner, Applicant represents and warrants to IHCDA that it will take, and not fail to take, any and all necessary actions to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
- 10. Applicant represents and warrants to IHCDA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

Further, the undersigned hereby certifies that:

- a) All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;
- b) It shall promptly notify the IHCDA of any corrections or changes to the information submitted to the IHCDA in connection with this Application upon becoming aware of same;
- c) It is responsible for all calculations and figures used for the determination of the eligible basis and qualified basis for any and all buildings and other improvements, and it understands and agrees that the amount of funding to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made herein; and

- d) It will at all times indemnify, defend and hold harmless IHCDA against claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitation, attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of, or relating to IHCDA's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of funding in connection herewith.
- e) It shall furnish the IHCDA with copies of any and all cost certifications made to any other governmental agency, including, but not limited to, cost certifications made to FmHA or FHA, at the time that such certifications are furnished to such other agency.
- 7. Applicant hereby authorizes IHCDA and its successors, affiliates, agents and assigns to utilize in any manner and at anytime, any photograph, picture, or misrepresents in any other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications, or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHCDA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (1) it is relinquishing any and all ownership rights in any such photographs; and (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photographs by IHCDA.
- 8. DISSEMINATION OF INFORMATION and AGREEMENT TO RELEASE AND INDEMNIFY. The undersigned for and on behalf of itself, the Development, Owner and all participants in the Development, together with their respective officers, directors, shareholders, members, partners, agents, representatives, and affiliates (collectively, "Applicant") understands, acknowledges and agrees that this and any application for Rental Housing Tax Credits ("Credits") (including, but not limited to, all preliminary or final Applications, related amendments and information in support thereof and excepting personal financial information) are, and shall remain, available for dissemination and publication to the general public.

As additional consideration for IHCDA's review of its request for Credits, the Applicant does hereby release IHCDA and its directors, employees, attorneys, agents and representatives of and from any and all liability, expenses, costs and damage that applicant may, directly or indirectly, incur because of such dissemination or publication, and the Applicant hereby agrees to hold IHCDA harmless of and from any and all such liability, expense or damage.

AFFIRMATION OF APPLICANT. Under penalty of perjury, I/we certify that the information, acknowledgements, and representations in this application and its supporting documents are true and accurate to the best of my/our knowledge. The undersigned understands that providing false, misleading or incomplete information herein constitutes an act of fraud and may subject applicant to debarment and other legal recourse.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in

its name on this	26	day of	July	, 2023	
				Lafayette Neighborhood Housing Services, Inc.	
				Legal Name of Applicant/Owner	
			Drintos	By: Marie Marie	
			Printed	ed Name: Marie Morse	

Its: Executive Director

STATE OF	Indiana)			
COUNTY OF	CINTON Tippecanoe) SS:)			
Before me, a N	lotary Public, in an	nd for said County	and State, persor	nally appeared,	Marie Morse
(the	Executive Directo	or of		Lafayette No	eighborhood Housing Services, Inc.
), the Applican	t in the foregoing	Application for R	eservation of	2024	(current year) funding, who acknowledged
	of the foregoing in at any and all repre				stated, to the best of his (her) knowledge
Witness my ha	nd and Notarial Se	eal this <u>26</u>	day of	July	, <u>2023</u> .
My Commissio	on Expires:			alue	O oast
3/13/20	024		Notary	Public	
My County of I			Printed (title)	os <i>eph Ke</i> Name	Mogg

JOSEPH KELLOGG
Notary Public
Clinton County. State of Indiana
Commission Expires March 13, 2024

INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY 2024 HOME/Development Fund/Rental Housing Finance Application A. HOME/Development Fund Applicant (HOME is restricted to IHCDA-certified CHDOs or applicants in the Housing First set-aside) State-Certified CHDO - (CHDO must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.) Not-for-Profit Organization or Public Housing Agency- (NFP or PHA must be 100% general partner or member. If awarded, HOME funds would be loaned to the LP or LLC.) Please include a copy of the IRS determination letter in Tab I. Partner or Member - (If LP or LLC has not yet been formed, then the applicant must be a general partner or member. If awarded, funds would be loaned to the LP or LLC.) Limited Partnership (LP) or Limited Liability Company (LLC) - (If LP or LLC has been formed, then the applicant must be this entity.) Legal Name (as listed with the Indiana Secretary of State) Lafayette Neighborhood Housing Services, Inc. (LNHS) Entities organized under the State of Indiana must provide proof of good standing with the Indiana Secretary of State. Submit a copy of the Certificate of Existence in Tab I. Chief Executive Officer (name and title) Marie Morse, Executive Director Marie Morse, Executive Director Contact Person (name and title) Federal ID # 31-1057335 E-Mail Address marie@homesteadCS.org SAM Registration EHDHCGM388D6 The applicant must register and maintain SAM status. Provide in Tab I. **Street Address** 671 North 36th Street State IN 47904 City Lafayette Zip County Tippecanoe Mobile 765-423-1284 Phone 765-423-1284 **Award Administrator** Legal Name (as listed with the Indiana Secretary of State) Lafayette Neighborhood Housing Services, Inc. (LNHS) Marie Morse, Executive Director Contact Person (name and title) Federal ID # 31-1057335 E-Mail Address marie@homesteadCS.org 671 North 36th Street Street Address State IN 47904 Lafayette City County Tippecanoe 765-423-1284 Mobile 465-423-1284 Phone Fax n/a **Development Location** Historic Jeff Centre **Development Name Development Street Address** 619 North 9th Street Lafayette State IN 47904 County Tippecanoe **District Numbers** State Reprentative \$ 26 State Senate \$ 22 U.S. Congressional 4.00 D. Activity Type Rental Permanent Supportive Housing Adaptive Reuse **New Construction** Rehabilitation **Funding Summary HOME Request*** Dev. Fund Request** **Total Funds** Other Funds 500.000 500.000

*Maximum request is \$500,000

^{**}Maximum request is \$500,000; starting interest rate is 3%

۸.	wand Numahan	Assend Date	IHCDA Program (HOME, HOME CHDO,	A	sual A.			
Av	vard Number	Award Date	CDBG, RHTC/HOME)	\$	ard Aı	noun	it	
				\$				
				\$				
			Total	\$				_
			Total	7				
His	toric Review -	HOME & Develop	ment Fund					
		_			Ø	Yes		
1	1 Is the development located on a single site? If yes, when was the Section 106 approval from SHPO received?							No
	-				n/a			
2	Is the develo			Yes	V	No		
	-		pe required to complete Section 106 prior eginning construction on individual sites.	to				
3	Is the project I	ocated in a comm	unity w/ a local housing trust fund?			Yes	v	No
Εnν	ironmental Re	eview - HOME & D	evelopment Fund					
1	for release o	licant completed tl of funds for this pro t ER forms in Tab I		quired		Yes	Ø	No
2	Are any of th	ne properties locat	ed in a 100 year flood plain?			Yes	-	No
	developmen (100)- year f	t or its land locate floodplain is prohib etermination must	new construction of any part of a d within the boundaries of a one hundred nited and ineligible for HOME funds. A be submitted for each parcel associated			163	v	NO
3	Has the prop	perty already been	purchased?			Yes	Ø	No
	i. If yes	s, when was the pr	operty purchased?					
	ii. Was	the property purc	hased with the intent of using HOME fund	s?				
4.	Has Rehabil	itation started on t	:his property?		ı	□ Y	es	V
	If yes,	when did rehabilita	ation start?		Г			

2		f Assisted Units to Tot t, HOME-eligible match nt totals.		l total de	velopment o	cost. Then		the perc	entage		
			# of Units		Total Units i Velopment		ollar Amo	unt	% of	Total Developmer	t Costs
		velopment	74		100%	\$,366.98		100%	
но		-Assisted on-HOME Assisted)			0% 0%	\$		-		0% 0%	
		ssisted & Eligible)	0		0%	\$		-		0%	
		eak down of the HOME ormation should matcl -							y AMI level	and bedroom type	e in
Addr	ess						Tota	l Units		HOME Units	NC or R
Assisted Uni	ts										
			0 Bdrm. (SRO with kitchen							% of Total	
		SRO (w/o kitchen &/c								HOME-	
		bathroom)	bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrn	ns.	Total	Eligible Units	
20/ A.B.41	# Units									#DIV/0!	
0% AMI	# Bdrms. Sq. Footage										
	# Units									#DIV/0!	
0% AMI	# Bdrms.										
	Sq. Footage # Units									#DIV/0!	
0% AMI	# Bdrms.									#51070:	
	Sq. Footage										
	# Units									#DIV/0!	
)% AMI	# Bdrms.										
	Sq. Footage # Units									#DIV/0!	
0% AMI	# Bdrms.										
	Sq. Footage										
al HOME-	# Units # Bdrms.									100%	
igible	Sq. Footage										
3	If no, are in size ar	whility ment 100% HOME-ass the HOME-assisted un ad amenities?* b, explain differences:		to the no	n-assisted ι	ınits	c	¹ Yes□ Yes		No No	

□ Yes

I. Affirmative Fair Housing Marketing Plan - HOME ONLY Is the proposed project 5 or more HOME assisted units?

If yes, submit Form HUD-935.2A in Tab I.

4 HOME-Eligible (Non HOME-Assisted) Unit Breakdown - List number of units, number of bedrooms, and total square footage for each size unit to be **HOME-Eligible (Non HOME-Assisted)** by income category:

		SRO (w/o kitchen &/or bathroom)	0 Bdrm. (SRO with kitchen and bathroom)	1 Bdrm.	2 Bdrms.	3 Bdrms.	4 Bdrms.	Total	% of Total HOME- Eligible Units
	# Units								#DIV/0!
20% AMI	# Bdrms.								
	Sq. Footage								
	# Units								#DIV/0!
30% AMI	# Bdrms.								
	Sq. Footage								
	# Units								#DIV/0!
40% AMI	# Bdrms.								
	Sq. Footage								
	# Units								#DIV/0!
50% AMI	# Bdrms.								
	Sq. Footage								
	# Units								#DIV/0!
60% AMI	# Bdrms.								
	Sq. Footage								
	# Units								100%
Total HOME-	# Bdrms.								
Eligible	Sq. Footage								

Complete the chart below specifying the source and description of security for the HOME loan (NFP recipients that will loan funds to developments or LP/LLC Recipients that will get a direct loan of HOME funds).

5 Security

Explain the pledge of security for the loan, IHCDA's security position (1st position, 2nd position, etc.), and whether the security is free and clear of any liens.

Security	Position	Free &	Cle	ar?	Amount
		Yes		No	
		Yes		No	
		Yes		No	
		Yes		No	
				Total	\$0.00

	Total \$0.00
Additional information relating to security?	

footnotes: Sections I and J are not applicable.

- K. HOME Eligible Match (See Schedule E of the QAP, 24 CFR 92.220, and HUD CPD Notice 97-03.) HOME ONLY
 - 1 Grants or Cash Donations List all grants or cash donations for the activity from non-federal sources that do not require repayment and count toward your match liability. Cash donations from the owner/ developer do not count as eligible match. If a Federal Home Loan Bank AHP award is being used as a grant to the development, it should be included below. Commitment letters must be included in Tab G.

Grantor	Amount	Date of Application		Committed
			□ Yes	□ No
	\$ -		Date:	
			□ Yes	□ No
	\$ -		Date:	
			□ Yes	□ No
	\$ -		Date:	
			□ Yes	□ No
	\$ -		Date:	
Total	\$ -			

2 Below Market Interest Rate – Use the space below to indicate the amount of interest saved by a below market interest rate charged by a lender for construction financing, permanent financing, or a mortgage. See CPD Notice 97-03 or your Real Estate Production Analyst for further guidance. FHLBI – AHP funds that are loaned to the development should be listed here. Commitment letters must be included in Tab G.

Lender	Amount of Loan	Interest Rate	Amortization Period	Term	Amount of Interest Saved
	\$ -	0.00%			
	\$ -	0.00%			\$ -
				Total:	\$ -

footnotes:	Section K is not applicable.

		<u>uded in Tab G.</u>												
			t of Volu	ntoor		Per Hour		Amo	···n+					
	Donoi	r #	of Volu Hour		•	.0.00 for lled labor	,	Amo	unt		C	ommitted	Yes/No - Dat	-ρ
			Hour		unoki	nea labor				□ Y	es		No No	
				\$	\$	-	\$		-	Date	2:			
											es		No	
				\$	>	-	\$		-	Date	es	To	No	
				ş	\$	_	\$		_	Date	_	П	INO	
				· ·			-				es		No	
				\$	\$	-	\$		-	Date	9:			
						Tot	al \$							
your	•	ling that will be . Also indicate w					s. <u>Com</u>	<u>imitme</u>	nt letters					
	Provide	er	Desci	ription o	of Serv	vices			ices and				., ,,	
							Soul	rce of F	unding	□ Y	es	ommitted	Yes/No - Dat	:e
										Date	_		INO	
										□ Y	_		No	
							\$		-	Date	<u>:</u> :			
										_ \			NIO	
							<u> </u>				es		No	
							\$		-	Date	e:			
							\$		-	Date	es		No	
						Total:	\$		-	Date	es			
						Total:	\$ \$		-	Date	es es	-		
valu or yo	e of these tax s	ement – List the avings for purpo Development R	ses of de	eterminir	ng the	x abateme e value of	\$ \$ ent for eligible	match	. See CPI	Date Date Ulate to Noti	es e: he p	oresent 7-03		
valu or yo <u>in To</u>	e of these tax so our Community ab G.	avings for purpo	ses of de epresent	eterminir	ng the	x abateme e value of her guidar	\$ ent for eligible oce. Co	e match o <u>mmitm</u>	. See CPI	Date Date Ulate to Noti	es e: he p	oresent 7-03		
value or yo <u>in To</u> Tota	e of these tax so our Community ab G.	avings for purpo Development R	ses of de epresent	eterminir tative for	ng the	x abateme e value of her guidar	\$ ent for eligible ace. Ca	e match ommitm s Taxes	. See CPI <u>ient lette</u>	Date Date Date Date Date Date Date Date	es e: he p	oresent 7-03		
value or yo <u>in To</u> Tota	e of these tax so our Community on G. I Amount of An	avings for purpo Development R	ses of de epresent	eterminir tative for	ng the r furtl	x abateme e value of her guidar No. c	\$ ent for eligible ace. Co	e match ommitm s Taxes	. See CPI <u>ient lette</u>	Date Date Date Date Date Date Date Date	he pce 9	oresent 7-03		
value or you <u>in To</u> Tota Date Yr.	e of these tax so our Community ob G. I Amount of An e Committed: Amount of Abatement	avings for purpo Development R Inual Tax Liability Present Value of Abatement	ses of deepresent y: Dis Yr.	eterminin tative for scount Fa Amoun Abatem	ng the r furtl	x abateme e value of her guidar No. o Used in Ca Present of Abate	\$ ent for eligible ace. Co	e match emmitm s Taxes on:	Amoun	Date Date Date Date Ulate to Noti	es es es es es es es es es es es es es e	oresent 7-03 e included		nent
value or you in To Tota Date Yr.	e of these tax so our Community ab G. I Amount of An e Committed: Amount of Abatement \$	Present Value of Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement - Abatement	ses of deepresent y: Dis Yr. 5	account Fa Amoun Abatem	ng the r furtl	x abateme e value of her guidar No. c Used in Ca Present of Abate \$	\$ ent for eligible ace. Co	e match mmitm s Taxes on: Yr.	Amoun Abatem	Date Date Date Date Date Date Date Date	es e	oresent 7-03 e included	No	nent
value or you in Total Date Yr. 1 2	e of these tax so our Community of G. Il Amount of An e Committed: Amount of Abatement \$ - \$ -	Present Value of Abatement \$ - \$ - \$ -	ses of deepresent y: Dis Yr. 5 6	account Fa Amoun Abatem \$	ng the r furtl	x abateme e value of her guidar No. c Used in Ca Present of Abate \$	\$ ent for eligible ace. Co	e match emmitm s Taxes on: Yr. 9 10	are Abate Amoun Abatem \$	Date Date Date Date Ulate to Noti	es he p cce 9 k s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	oresent 7-03 e included	No	nent
value or you in Tota Date Yr. 1 2 3	e of these tax so our Community ob G. I Amount of An e Committed: Amount of Abatement \$ - \$ - \$ -	Present Value of Abatement \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	y: Dis Yr. 5 6 7	account Fa Amoun Abatem \$ \$ \$	ng the r furtl	x abateme e value of her guidar No. c Used in Ca Present of Abate \$ \$ \$	\$ ent for eligible ace. Co	e match mmitm s Taxes on: Yr. 9 10 11	Amoun Abatem \$ \$	Date Date Date Date Date Date Date Date	es e	oresent 7-03 e included	No	nent
value or you in Tota Tota Date Yr. 1	e of these tax so our Community of G. Il Amount of An e Committed: Amount of Abatement \$ - \$ -	Present Value of Abatement \$ - \$ - \$ -	y: Dis Yr. 5 6 7	account Fa Amoun Abatem	ng the r furtl	x abateme e value of her guidar No. c Used in Ca Present of Abate \$	\$ ent for eligible ace. Co	e match emmitm s Taxes on: Yr. 9 10	Amoun Abatem \$ \$ \$ \$	Date Date Date Date Date Date Date Date	es e	oresent 7-03 e included	No	nent
value or your fin Total Dates Yr. 1 2 3 4	e of these tax so our Community of G. I Amount of An e Committed: Amount of Abatement \$ - \$ - \$ - \$ - \$ -	Present Value of Abatement \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	y: Dis	account Fa Amoun Abatem \$ \$ \$ \$ \$	actor of of one of one of of one	x abateme e value of her guidar No. c Used in Ca Present of Abate \$ \$ \$	\$ ent for eligible ace. Co	e match mmitm s Taxes on: Yr. 9 10 11	Amoun Abatem \$ \$ \$ \$	Date Date Date Ulate to Noti rs mu. ed: t of nent	es e	oresent 7-03 e included	No	nent

Award Number	Amount of Banked Match
	\$ -
	\$ -
	\$ -
	\$ -
Total	\$ -

footnotes:	Section K is not applicable.

Award	Recipient	Award Number	Date of Executed Agree	ment Am	ount of S	hared M	atch			Award C	Close	ed	
				\$			_		Yes			No	
				\$			_		Yes	-	_	No	
				\$			-		Yes		_	No	
				\$			-		Yes	I	_	No	
		•	т	otal: \$			_						
	Include commitment(s) for each source of match in Tab G. HOME Request Amount									\$0.00			
			ffer from the total amoun		ig goilig i	into the t	Jeven	эртте					
a. HOM										\$0.00			
b. Requ	ired Match Lial	oility (25% of I	HOME Request)							\$0.00			
c. Total	Units						74						
d. HOM	E-Assisted Unit	:S					0						
e. HOM	E-Eligible Units							0					
f. Per	centage of HOI	ME-Eligible Ur	its (d/c)				0%						
g. Perce	entage of HOM	E-Assisted & H	IOME-Eligible Units [(d+e)	/c]			0%						
h. Amo	unt of Banked 8	& Shared Mate	ch					\$0.00					
i. Amor	unt of Eligible N h*	lon-Banked o	Shared \$	- x	0'	%				\$0.00			
j. Total	Proposed Mat	ch Amount (h	+i).							\$0.00			
k. Matc	h Requirement	Met								Yes			

			nent displacement may not be anticipated, a development may still incur temporary or economic
-			abilities. The Uniform Relocation Act contains specific requirements for HOME awards rement and/or acquisition.
	Туре	of Ac	equisition:
			N/A - The proposed development involves no acquisition. (skip to question #2)
			Voluntary Acquisition
			 Before entering into an offer to purchase, the purchaser must inform the seller: That it does not have (or will not use) the power of eminent domain should negotiations fail to result in an amicable agreement. Of its estimate of the fair market value of the property. An appraisal is not required, but the files must include an explanation of the basis for the estimate. That the seller is not eligible for a replacement housing payment or moving expenses (a sample letter is available from IHCDA).
			 What was the date of the letter informing the seller? Tab G.
			Involuntary Acquisition Contact your Real Estate Production Analyst for further guidance. In general, the purchaser must: • Notify owner of the purchaser's intentions. • Conduct an appraisal of the property to determine its fair market value. • Offer just compensation for the property being acquired. • Make every reasonable effort to complete the property transaction expeditiously. • What was the date of the letter informing the seller? Tab G. . Attach a copy in
2	The _l	propo	sed development involves (check all that apply):
	a.		Occupied Rental Units:
			Acquisition
			Rehabilitation
			Demolition
			 Displaced tenants will be eligible for replacement housing payment and moving expenses. Discuss how permanent displacement, economic displacement, and temporary displacement will be addressed on Q URA Displacement Plan. If specific units have been identified, complete Attachment A1 - Current Tenant Roster. Also provide a tenant list from at least three months prior to the application date on Attachment A2- Prior Tenant List. Each tenant must be sent a general information notice as soon as negotiations concerning a specific site have begun. Enclose a copy of the notice and receipt of delivery in Tab G. What was the date of the letter?
	b.		Vacant Rental Units:
			Acquisition
			Rehabilitation
			 Applicant must provide documentation that no tenants were displaced so that the proposed HOME development could utilize a vacant property. On Attachment A2 - Prior Tenant List show each unit vacated within the past three months and the tenant's reason for leaving.
	c.		Other:
		Г	Acquisition
			Rehabilitation
			Demolition
		П	

L	New Construction – Developments with four or more units							
	a.	Mobility Impairments						
			umber of units to be made accessible to individuals with mobility apairments					
		74 Di	vided by the total number of units in the Development					
		0% M	ust meet or exceed 5% minimum requirement					
	b.	Sensory Impairments						
			umber of <u>additional</u> units to be made accessible to individuals with earing or vision impairments					
		74 Di	vided by the total number of units in the Development					
		0% M	ust meet or exceed 2% minimum requirement					
	c.	Common Areas – Developmen	t must meet all of the items listed below:					
		 At least one building entr 	ance must be on an accessible route.					
		 All public and common ar usable by people with dis 	eas must be readily accessible to and abilities.					
			ge into and within all premises for use by persons in wheelchairs.					
		Will the development meet all	of the above criteria?					
	d.	Ground Floor / Elevator Floor and all units on floors served by	<u> </u>					
		 An accessible route into a 	nd through the dwelling.					
		 Accessible light switches, 	electrical outlets, thermostat, and other environmental controls.					
		 Reinforcements in bathro and shower, when neede 	om walls to allow later installation of grab bars around the toilet, tub, d.					
		 Kitchens and bathrooms of the space. 	configured so that a person using a wheelchair can maneuver about					
		Will the development meet all	of the above criteria?					

а	. Are there more than 15 units in this	developme	nt?	С	¹ Yes □	No			
b		. Will the rehabilitation costs from the chart below meet or exceed 75% of the replacement cost of the completed facility? □ Yes □ No							
		Replacei	ment	Cost Comparison					
	Total rehabilitation cost	Tota	al replacement cost		Percenta	age (Must Exceed 75%)			
						#DIV/0!			
С	c. If you answered "Yes" to both question "a" and "b" above, you meet the definition of "Substantial Alterations". Complete Section I. Substantial Alterations.If you answered "No" to either question, you meet the definition of "Other								
	Alterations". Complete Section II. C		ions.	II. Otho	r Altoration	ns - Definition			
				Alterations undertal	ken to a De	velopment of any size			
	Alterations undertaken to a Development that has 15 or more units and the rehabilitation costs will be 75% or more of the replacement cost of the completed facility.			that do not meet the "substantial alterati	_	y definition of			
а	. Mobility Impairment	ts	a.	Mo	bility Impa	irments			
	Number of units to be made accessible to individuals with mobility impairments			Number of units to laccessible to individ mobility impairment	uals with				
	Divided by the total number of units in the Development	74		Divided by the total of units in the Devel	_	74			
	Must meet or exceed 5% minimum requirement	0%		Recommended that or exceed the minim requirement, unless	num doing so				
b	. Sensory Impairment		would impose undu financial burdens of						
				operation of the Development If 5% Threshold is n		0%			
	Number of additional units to be made accessible to individuals with hearing or vision impairments			Financial Burdens B		plain Any Ondice			
	Divided by the total number of units in the Development	74							
	Must meet or exceed 2% minimum requirement	0%							
:	Section M is not applicable.								

;	3	Common Areas - Explain efforts to make common areas accessible.					
. D	avi	is-Bacon					
:	1	Is the Applicant a Public Housing Authority?		Yes	No		
		a. If yes, is the Public Housing Authority utilizing its own funds for the development?		Yes	No	□ N/A	4
		 If yes, this Development is subject to Davis-Bacon wage requirements. 					
:	2	Does this Development involve 12 or more HOME-assisted units?		Yes	No		
		If yes, please answer the following questions:					
		a. Do all of the units have common construction financing?		Yes	No		
		b. Do all of the units have common permanent financing?		Yes	No		
		c. Do all of the units have common ownership?		Yes	No		
		 If yes to the questions above, the Development is subject to Davis-Bacon wage requirements. 					
;	3	If Davis-Bacon is applicable, what is your wage determination number?					
		(The applicant must provide the wage determination number. For more information contact you IHCDA Director of Real Estate Compliance.)	ur				
. Ti	m	ely Production					
:	1	HOME-assisted rental units must be occupied by income eligible households completion; if not, PJs must repay HOME funds for vacant units.				ect gment	
. CI	HD	O Requirements - HOME ONLY					
:	1	Is the Applicant a State Certified CHDO?		Yes	No		
		a. If yes, did the applicant complete and submit Attachment B - CHDO Ib. If yes, please provide CHDO certification letter	Requiremer	nts?			
ootno	tes	Section M, N, O, and P are not application	able.				

The following are acceptable uses of a Development Fund Loan, please check all that apply. Acquisition Pay off a HOME CHDO Predevelopment Loan Pay off a HOME CHDO Seed Money Loan Construction Financing (NC or Rehab hard costs only) Pay off a Development Fund Seed Money Loan					
Acquisition Pay off a HOME CHDO Predevelopment Loan Pay off a HOME CHDO Seed Money Loan	Q.	Use	s of Development Fund Loan		
Acquisition Pay off a HOME CHDO Predevelopment Loan Pay off a HOME CHDO Seed Money Loan		The	following are acceptable uses of a Develop	Fund Loan, please check all that	apply.
Permanent Financing Construction Financing (NC or Rehab hard costs only) R. Terms of Loan The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule. All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate. a. Please provide justification for a lower interest rate if this is being requested. LNHS is requesting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms C. Permanent Loan Terms Was 15 Years (term) Years (amortization) Construction Loan paid off w/ Conventional Financing Construction Loan paid off w/ Conventional Financing Permanent Loan paid off at Maturity					
R. Terms of Loan The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule. All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate. a. Please provide justification for a lower interest rate if this is being requested. LNHS is requsting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms C. Permanent Loan Terms Months 1 Year 2 Years c. Permanent Loan Terms C. Permanent Loan Terms C. Permanent Loan Terms A Type Construction Loan paid off w/ Conventional Financing Construction Loan paid off at Maturity			Acquisition	Pay off a HOME CHDO Predeve	elopment Loan
(NC or Rehab hard costs only) R. Terms of Loan The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule. All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate. a. Please provide justification for a lower interest rate if this is being requested. LNHS is requsting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms		X	Permanent Financing	Pay off a HOME CHDO Seed M	oney Loan
The applicant may propose a loan term of up to two (2) years for construction financing and up to fifteen (15) years for permanent financing with a maximum thirty (30) years amortization schedule. All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate. a. Please provide justification for a lower interest rate if this is being requested. LNHS is requsting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms C. Permanent Loan Terms A legaryment Schedule Quarterly Semi-Annually Construction Loan paid off w/ Conventional Financing Construction Loan converts to Permanent Financing Permanent Loan paid off at Maturity		X		Pay off a Development Fund Se	eed Money Loan
All Loans will be issued with a three percent (3%) interest rate. Justification for a lower rate will be reviewed and considered; however, such justification must demonstrate the necessity of a lower rate. a. Please provide justification for a lower interest rate if this is being requested. LNHS is requesting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms C. Permanent Loan Terms Years (term) Years (amortization) d. Repayment Schedule Quarterly Semi-Annually Annually Permanent Loan paid off w/ Conventional Financing Permanent Loan paid off at Maturity	R.	Ter	ms of Loan		
a. Please provide justification for a lower interest rate if this is being requested. LNHS is requsting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms C. Permanent Loan Terms Nonths 1 Year X 2 Years d. Repayment Schedule Quarterly Semi-Annually Construction Loan paid off w/ Conventional Financing X Construction Loan paid off at Maturity Permanent Loan paid off at Maturity					_
LNHS is requsting a 1.5% annual interest rate on the Development Fund Loan. LNHS is a not-for-profit and provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms Months Years (term) Years (amortization) d. Repayment Schedule Quarterly Semi-Annually Construction Loan paid off w/ Conventional Financing Construction Loan converts to Permanent Financing Permanent Loan paid off at Maturity					
provides housing and financial planning services to residents of Lafayette and the surrounding counties. The lower interest rate would lessen the annual debt service burden and allow LNHS to potentially expand its service offerings. b. Construction Loan Terms Months 1 Year 2 Years c. Permanent Loan Terms Walts 15 Years (term) Years (amortization) d. Repayment Schedule Quarterly Semi-Annually Construction Loan paid off w/ Conventional Financing X Construction Loan converts to Permanent Financing Permanent Loan paid off at Maturity		a	. Please provide justification for a lower in	t rate if this is being requested.	
Months 1 Year X 2 Years d. Repayment Schedule Quarterly Semi-Annually X Annually Qually Quarterly Semi-Annually Quarterly Semi-Annually Quarterly Semi-Annually Quarterly Semi-Annually Quarterly Semi-Annually Quarterly Semi-Annually X Construction Loan paid off w/ Conventional Financing Permanent Loan paid off at Maturity		p lo	rovides housing and financial planning servi ower interest rate would lessen the annual c	o residents of Lafayette and the s	urrounding counties. The
Quarterly Semi-Annually X Annually Annually Construction Loan paid off w/ Conventional Financing Remarks to Permanent Financing Permanent Loan paid off at Maturity		b	Months 1 Year	X 15 Years (term))
footnotes:		d	Quarterly Semi-Annually	Construction Loan paid off X Construction Loan conver	ts to Permanent Financing
footnotes:					
	fo	otnote	25:		

curity	Pe	osition		Amount
rmanent Loan	1:	st		\$725,00
CDA Development Fund	l 2:	nd		\$500,00
IHS Low Interest Loan	31	rd		\$850,00
			TOTAL	\$2,075,00
o. If YES, does the outst	ave any outstand Dev anding balance, inclu	velopment Fund Loans? Iding this loan request, o	exceed \$1,000,00	x Yes No
	oment Fund Request		500,000	
Development Fu	und Loan #	Outstanding Loan Amo	\$500,000	
DI L-023-139			\$00,000	
			\$0	
	TOTAL		\$1,000,000	
b. # of Units 74 X Development Fund Assi Fixed units (designate x Floating throughout t	% of Dev. Fund Assisted Units Will Be:	\$12,306,367.00 = sisted Units # 4% =	of Dev. Fund Ass	4% sisted Units 573752
es:				

W. Alternative Sources of Fundin	g							
In recent years, requests for HOME the allocation of said funds. As a rescore high enough to be recommer eligible for HOME or Development options, IHCDA requests you select	esult of this high nded for Rental I Fund funds. To	demand, the Au Housing Tax Crec ensure the Auth	thority anticipates so lits but due to funding	g constraints will not be				
without success. To that re	Option 2: The development team has exhausted all options to identify an alternative source of funds without success. To that regard, we understand that without IHCDA HOME/Development Fund funding your development will not be financially feasible. Thus, it will not meet Additional Threshold item E.2(e)(4).							
Option 1 - Required Documentation All sources of financing identified to the Authority as identified in	ed below must b			•				
Construction Financing:								
	Date of	Date of		Contact Person (Name and				
Source of Funds	Application	Commitment	Amount of Funds	Telephone Number or Email)				
1 Deferred Developer Fee	TBD	TBD	TBD	Marie Morse 765-423-1284				
2 Total Amount of Funds			#VALUE!					
Permanent Financing:	Date of	Date of		Contact Person (Name and				
Source of Funds	Application	Commitment	Amount of Funds	Telephone Number or Email)				
1 Deferred Developer Fee	TBD	TBD	TBD	Marie Morse 765-423-1284				
2	155	100	100	Widthe Widtse 703 423 1204				
Total Amount of Funds			#VALUE!					
Grants:								
Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Contact Person (Name and Telephone Number or Email)				
1								
2								
Total Amount of Funds			\$0					
1								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								
Comments:								

Attachment A: Current & Past Tenant Roster

A. Current Tenant Roster

(To be competed by applicants anticipating the purchase, demolition, or rehabilitation of occupied rental units only.)

Indicate below all tenants currently occupying the units. Photocopy and attach additional sheets if necessary.

Unit No. Tenant's Name							Date GIN
Unit No. Tenant's Name			Annual Household	# Household		Proposed	Received By
S	Unit No.	Tenant's Name		Members	Current Rent		
S						\$ -	
						\$ -	
						\$ -	
S							
S						\$ -	
S							
S						\$ -	
						\$ -	
						\$ -	
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
S - S							
S - S						\$ -	
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -			\$ -		\$ -		
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -							
\$ - \$ - \$ - \$ -							
\$ - \$ -							
					\$ -		
\$ - \$ -							
			\$ -		\$ -	\$ -	

		\$	-	\$ - \$	-
_			•		
footr	notes:				
•					

Prior Tenant List

(To be completed by applicants anticipating purchasing, demolishing, or rehabilitating occupied or vacant rental units only.) Indicate below all tenants that have vacated any of the units within the 3 months prior to application submission. Photocopy and attach additional sheets if necessary.

Please place a copy of the public notice publisher's affidavit, attendance list, and minutes in Tab I

Unit No.	Tenant's Name	Date Vacated	Reason for Leaving
notes:			

'-			
footi	notes:		