

Indiana Housing and Community Development Authority

2025 9% LIHTC Initial Application

Date: 7/29/2024

Development Name: Spires Senior Village

Development City: Oldenburg

Development County: Franklin

Application Fee: \$3,500

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 <input checked="" type="checkbox"/> Place in Tab C. IRS documentation of §501(c)(3) tax-exempt status <input checked="" type="checkbox"/> Place in Tab C. Nonprofit Questionnaire (Form B) <input checked="" type="checkbox"/> Place in Tab C. | |
| Part 4.2 - Community Integration | |
| Community Integration Narrative <input type="checkbox"/> Place in Tab A. Copy of executed MOU(s) with referral provider(s) <input type="checkbox"/> Place in Tab A. | NA |
| Part 4.4 Preservation | |
| Capital Needs Assessment (Schedule F) <input type="checkbox"/> Place in Tab L. Third-party documentation from the entity enforcing affordable housing requirements <input type="checkbox"/> Place in Tab L. Hard cost budget <input type="checkbox"/> Place in Tab L. | NA |
| Part 5.1 - Threshold Requirements | |
| <u>A. Development Feasibility</u> Form A - Excel <input checked="" type="checkbox"/> Place in Tab A. Form A - PDF <input checked="" type="checkbox"/> Place in Tab A. Commercial - 15 year proforma <input type="checkbox"/> Place in Tab A. | Commercial NA |
| <u>B. IHCD Notification</u> ~ Form C 9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application Noncompetitive 4% and bonds: submitted prior to application Submit via: <input type="checkbox"/> <input checked="" type="checkbox"/> RHTC@ihcda.in.gov | |
| <u>C. Not-for-Profit Participation</u> Signed Resolution from Board of Directors <input checked="" type="checkbox"/> Place in Tab C. | |
| <u>D. Market Study</u> See QAP for requirements. <input checked="" type="checkbox"/> Place in Tab N. | |
| <u>G. Capabilities of Management Team</u> Resumes of Developer and Management Company <input checked="" type="checkbox"/> Place in Tab D. Most recent year-end financial statements, year-to-date balance sheets, and income statements from: 1) The Developer <input checked="" type="checkbox"/> Place in Tab D. 2) Any Individual or Entity providing guarantees <input checked="" type="checkbox"/> Place in Tab D. | |
| <u>H. Readiness to Proceed</u> ~ Complete Application - including: 1) Form A <input checked="" type="checkbox"/> Place in Tab A. 2) Narrative Summary of Development <input checked="" type="checkbox"/> Place in Tab A. ~ Application Fee (and supplemental fees if applicable) <input checked="" type="checkbox"/> To be paid online. ~ Evidence of Site Control <input checked="" type="checkbox"/> Place in Tab E. See QAP for acceptable forms of evidence. ~ Development Site Information and Plans <input checked="" type="checkbox"/> Place in Tab F. See QAP for specific requirements. ~ Documentation of all funding sources <input checked="" type="checkbox"/> Place in Tab G. LOI from Equity Providers for both Federal and State Tax credits <input checked="" type="checkbox"/> Place in Tab G. See QAP for specific requirements. ~ Documentation of proper zoning <input checked="" type="checkbox"/> Place in Tab H. See QAP for specific requirements. | Merchants bank const. loan CREA - equity LOI HUD - HUD 202 |
| <u>J. Evidence of Compliance</u> ~ Affidavit (Form Q) from each Development Team member disclosing: <input checked="" type="checkbox"/> Place in Tab J. 1) complete interest in and affiliation with Development 2) outstanding non-compliance issues 3) any loan defaults 4) ownership interest in other RHTC-funded Developments ~ Management Agent Affidavit - See QAP for specifics. <input checked="" type="checkbox"/> Place in Tab J. | |
| <u>K. Phase I Environmental Assessment</u> ~ Phase I ESA <input checked="" type="checkbox"/> Place in Tab K. ~ An affidavit from the entity completing the Phase I ESA <input checked="" type="checkbox"/> Place in Tab K. ~ In case of RECs, narrative of how RECs will be mitigated <input type="checkbox"/> Place in Tab K. ~ Screenshot(s) from IDEM Restricted Sites map <input checked="" type="checkbox"/> Place in Tab K. ~ Environmental restrictive covenants <input type="checkbox"/> Place in Tab K. ~ FIRM floodplain map(s) <input checked="" type="checkbox"/> Place in Tab K. ~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc <input type="checkbox"/> Place in Tab K. <u>L. Development Fund Historic Review</u> ~ Map from IDNRS's IHBBCC Public App webpage <input type="checkbox"/> Place in Tab K. ~ Application Fee (and supplemental fees if applicable) <input type="checkbox"/> Place in Tab K. | No RECs, No restrictive covenants. |
| <u>O. Commercial Areas</u> ~ Site plan showing Commercial Space <input type="checkbox"/> Place in Tab F. ~ Timeline for construction <input type="checkbox"/> Place in Tab F. | NA |
| <u>P. Appraisal</u> ~ Fair Market Appraisal <input type="checkbox"/> Place in Tab L. See QAP for specific requirements. | |
| <u>Q. Acquisition</u> ~ Fulfillment of or Exemption from 10-year placed-in-service rule | |

| | | |
|---|---|---------------------------|
| A chain of title report, OR Tax opinion, OR A letter from the appropriate federal official | <input type="checkbox"/> Place in Tab L. <input type="checkbox"/> Place in Tab L. <input type="checkbox"/> Place in Tab L. | |
| ~ Disclosure of Related Parties and Proceeds from the sale 1) Attorney opinion 2) Completed Related Party Form | <input type="checkbox"/> Place in Tab L. | NA |
| R. Capital Needs Assessment/Structural Conditions Report | <input checked="" type="checkbox"/> Place in Tab L. | |
| S. Tenant Displacement & Relocation Plan | <input type="checkbox"/> Place in Tab L. | NA |
| T. IRS Form 8821 - for each Owner/GP - if requested | <input type="checkbox"/> Place in Tab A. | |
| U. Threshold Requirements for Supportive Housing ~ Letter from CSH certifying completion of all requirements for the Indiana Supportive Housing Institute ~ Memorandum of Understanding with CSH for technical assistance ~ MOU with each applicable supportive service provider ~ Documentation of subsidy source commitments and narratives ~ Form O1 or O2 for vouchers, if applicable | <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. | NA |
| Part 5.2 - Underwriting Guidelines | | |
| J. Taxes and Insurance Documentation of estimated property taxes and insurance | <input checked="" type="checkbox"/> Place in Tab M. | |
| K. Federal Grants and Subsidies Any additional information | <input checked="" type="checkbox"/> Place in Tab G. | |
| L. Basis Boost Narrative (or documentation for Declared Disaster Area) | <input type="checkbox"/> Place in Tab A. | NA |
| Part 5.3 - User Eligibility and Limitations | | |
| B. Developer Fee Limitation Developer Fee Statement Non Profit Board Resolution | <input checked="" type="checkbox"/> Place in Tab M. <input checked="" type="checkbox"/> Place in Tab M. | |
| D. Architect Competitive Negotiation Procedure, if used | <input type="checkbox"/> Place in Tab M. | NA |
| H. Related Party Fees - Form N | <input checked="" type="checkbox"/> Place in Tab J. | |
| I. Davis Bacon Wages General Contractor Affidavit | <input checked="" type="checkbox"/> Place in Tab J. | |
| Part 5.4 - Minimum Development Standards | | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans | <input checked="" type="checkbox"/> Place in Tab F. | |
| Part 6.2 - Development Characteristics | | |
| E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements | <input type="checkbox"/> Place in Tab P. | NA |
| 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 | <input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P. | NA |
| 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 | <input checked="" type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P. | See part 1 and part 1 app |
| H. Foreclosed and Disaster-Affected Copy of foreclosure documents Documentation from a third-party confirming Disaster affected | <input type="checkbox"/> Place in Tab P. <input type="checkbox"/> Place in Tab P. | NA |
| 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 | <input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P. <input checked="" type="checkbox"/> Place in Tab P. | |
| K. Internet Access Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated | <input type="checkbox"/> Place in Tab T. <input checked="" type="checkbox"/> Place in Tab T. | |
| Part 6.3 - Sustainable Development Characteristics | | |
| A. Building Certification The Green Professional acknowledgement | <input checked="" type="checkbox"/> Place in Tab J. | |
| D. Desirable Sites A site map indicating all desirable or undesirable sites. Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh produce points | <input checked="" type="checkbox"/> Place in Tab Q. | |
| Part 6.4 - Financing & Market | | |
| A. Leveraging Capital Resources A letter from the appropriate authorized official approving the funds Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) | <input checked="" type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. | |

| | | |
|---|--|---|
| Third-party appraisal (Land or building donation) For loans with below market interest rates, lender acknowledgement | <input type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. | HUD - HUD 202 |
| B. Non-IHCDA Rental Assistance Commitment or conditional commitment letter from the funding agency | <input checked="" type="checkbox"/> Place in Tab B. | HUD 202 PRAC Letter |
| F. Lease-Purchase Detailed plan for the lease-purchase program Executed agreement with nonprofit that will implement the lease-purchase program | <input type="checkbox"/> Place in Tab R. <input type="checkbox"/> Place in Tab R. | NA |
| G. Leveraging the READI or HELP Programs Commitment letter from IEDC or OCRA | <input type="checkbox"/> Place in Tab B. | NA |
| Part 6.5 - Other | | |
| A. Certified Tax Credit Compliance Specialist Copies of Certification(s) | <input checked="" type="checkbox"/> Place in Tab S. | |
| C. Emerging XBE Developers XBE Certification for emerging developer MOU between developer and RHTC consultant or co-developer | <input type="checkbox"/> Place in Tab S. <input type="checkbox"/> Place in Tab S. | |
| D. Unique Features Unique Features Form R | <input checked="" type="checkbox"/> Place in Tab A. | Emerging XBE is NA |
| E(1). CORES Certification Proof of CORES Certification for the owner or management company | <input checked="" type="checkbox"/> Place 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 | <input type="checkbox"/> Place in Tab T. | NA |
| E(3). Onsite Daycare/Adult Day Copy of MOU for each licensed provider Copy of provider's license | <input checked="" type="checkbox"/> Place in Tab T. <input type="checkbox"/> Place in Tab T. | MOU with Catholic Charities for Adult Day Care |
| F. Integrated Supportive Housing for Persons Experiencing Homelessness CSH letter Copy of executed CSH MOU Copy of MOU with each applicable supportive service provider Documentation of commitment of PBRA or narrative | <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. | NA |
| G. Eviction Prevention Plan Affidavit from the Management Agent | <input checked="" type="checkbox"/> Place in Tab J. | |
| H. Low-Barrier Tenant Screening Affidavit from the Management Agent | <input checked="" type="checkbox"/> Place in Tab J. | |
| J. Developments from Previous Institutes Letter from CSH | <input type="checkbox"/> Place in Tab O. | CSH Letter NA |

| 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) | 20 | | 20 | 30 | 65 | 30.77% |
| 2. At least 25% at 30% AMI, 33% of total at or below 50% AMI (8 points) | | | | 40 | | #DIV/0! |
| 3. At least 25% at 30% AMI, 40% of total or below 50% AMI (12 points) | | | 41 | 50 | 65 | 63.08% |
| 4. At least 25% at 30% AMI, 50% of total or below 50% AMI (16 points) | | | | 60 | | #DIV/0! |
| 5. At least 30% at 30% AMI, 50% of total or below 50% AMI (20 points) | | | 4 | >60 | 65 | 6.15% |
| B. Income Restrictions (3 points) | | | | | | |
| Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A | 3 | | | | | |
| Document Required: ~ Completed Form A | | | | | | |
| 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 | | | | |

| <u>A. Development Amenities (up to 6 points)</u> | | | | | |
|--|------|--|------|----------------------------|--|
| 1. 10 amenities in Chart 1 - QAP p. 54 (2 points) - Minimum of two amenities required in each of the three sub-columns A, B, & C in the first chart. | 2.00 | | | | |
| 2. 5 amenities in Chart 2 - QAP p. 55 (2 points) - Minimum of two amenities required in each of the two sub-categories A and B in the second chart. | 2.00 | | | | |
| 3. 3 amenities in Chart 3 - QAP p. 55 (2 points) - Minimum of one amenity required in each of the two sub-categories A and B in the third chart. | 2.00 | | | | |
| | | | | Family Developments | Elderly Developments |
| | | | | Rehab/ Adaptive Reuse | New Construction Rehab/ Adaptive Reuse w/o elevator |
| <u>B. Accessible/Adaptable Units (up to 5 points)</u> | | | | 1 points | -- |
| 1. 7.0 - 7.9% | 5.00 | | | 3 points | 1 points |
| 2. 8.0 - 8.9% | | | | -- | -- |
| 3. 8.0 - 10.9% | | | | 1 points | -- |
| 4. 9.0 - 9.9% | | | | 5 points | 3 points |
| 5. 10.0 - 99.9% | | | | 5 points | 5 points |
| 6. 11.0 - 13.9% | | | | 5 points | 5 points |
| 7. 14.0 - 99.9% | | | | 5 points | 5 points |
| 8. 100% | | | | 5 points | 5 points |
| <u>C. Universal Design Features (up to 5 points)</u> | | | | | |
| 1. 8 or more universal design features from each Universal Design Column. (3 points) | 5.00 | | | | |
| 2. 9 or more universal design features from each Universal Design Column. (4 points) | | | | | |
| 3. 10 or more universal design features from each Universal Design Column. (5 points) | | | | | |
| Document Required: ~ Completed Form A | | | | | |
| <u>D. Vacant Structure (Up to 6 points)</u> | | | | | |
| 1. 50% of the structure square footage. (2 points) | 6.00 | | | | |
| 2. 75% of the structure square footage. (4 points) | | | | | |
| 3. 100% of the structure square footage. (6 points) | | | | | |
| Document Required: ~ Completed Form A | | | | | |
| <u>E. Preservation of Existing Affordable Housing (up to 6 points)</u> | | | | | |
| 1. RHTC development with compliance period OR extended use period that has expired/will expire in the current year. (6 points) | 0.00 | | | | |
| Required Document: See QAP for required documentation. Place in Tab P. | | | | | |
| 2. Previously HUD - or USDA-funded affordable housing. (6 points) | | | | | |
| 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. | | | | | |
| <u>F. Infill New Construction (6 points)</u> | | | 0.00 | | |
| See QAP for required documentation. Place in Tab P. | | | | | |
| <u>G. 1. Development is Historic in Nature (up to 2 points)</u> | | | | | |
| ~ 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) | 2.00 | | |
| 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) | | | |
| 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. <u>Foreclosed and Disaster-Affected</u> (4 points) | 0.00 | | |
| See QAP for required documentation. Place in Tab P. | | | |
| I. a. <u>Community Revitalization Plan</u> (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 <u>Qualified Census Tract</u> (1 additional point) | 0.00 | | |
| See QAP for Required Documentation. Place in Tab P. | | | |
| J. <u>Tax Credit Per Unit (9% Applications Only)</u> (up to 4 points) | | | |
| 1. 80th percentile: 4 points 2. 60th percentile: 3 points 3. 40th percentile: 2 points 4. 20th percentile: 1 point 5. Below 20th percentile: 0 points | 4.00 | | |
| Document Required: ~ Form A | | | |
| K. <u>Internet Access</u> (up to 4 points) | | | |
| Free high-speed service is provided or Free high-speed Wi-Fi service is provided <u>and</u> free Wi-Fi access is provided in common areas (2 points) (3 points) (1 point) | 4.00 | | |
| Required Documentation: ~ Form A; Operating Budget must include line item for internet expenses See QAP for required documentation. Place in Tab T. | | | |
| Subtotal (54 possible points) | 36.00 | 0.00 | |

| Part 6.3. Sustainable Development Characteristics | | | |
|---|--|-------|------|
| A. Building Certification (Up to 2 points) | | | |
| ~ LEED Silver Rating (2 points) | | 2.00 | |
| ~ Silver Rating National Green Building Standard™ (2 points) | | | |
| ~ Enterprise Green Communities (2 points) | | | |
| ~ Passive House (2 points) | | | |
| ~ Equivalent under a ratings for systems that are accredited by the American National Standards Institute may earn equivalent points for equivalent end results of the above listed items. (2 points) | | | |
| Required Documentation: ~ Completed Form A | | | |
| B. Onsite Recycling (up to 1 point) | | | |
| ~ offering onsite recycling at no cost to residents (1 point) | | 1.00 | |
| Required Documentation: ~ Completed Form A | | | |
| C. Desirable Sites (up to 12 Points) | | | |
| a) Proximity to Amenities (up to 3 points) | | 3.00 | |
| b) Transit oriented (2 points) | | 2.00 | |
| c) Opportunity index (up to 7 points) | | | |
| High Income (1 point) | | 1.00 | |
| Low Poverty (1 point) | | 0.00 | |
| Low Unemployment Rate (1 point) | | 1.00 | |
| Life Expectancy (1 point) | | 1.00 | |
| Access to Primary Care (1 point) | | 1.00 | |
| Access to Post Secondary Education (1 point) | | 0.00 | |
| Access to Employment (1 point) | | 1.00 | |
| d) Located in a R/ECAP (1 point deduction) | | | |
| e) Undesirable sites (1 point deduction per feature) | | | |
| See QAP for required documentation. Place in Tab Q. | | | |
| Subtotal (15 possible points) | | 13.00 | 0.00 |

| Part 6.4. Financing & Market | | | | |
|---|------|--|---|--|
| A. Leveraging Capital Resources (up to 4 points) | | | | |
| 1. 1.00 to 2.49% (1 point) | 4.00 | | | |
| 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) | | | | |
| 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) | | | | |
| See QAP for required documentation. Place in Tab B. | | | | |
| C. Unit Production in Areas Underserved by the 9% RHTC Program [9% ONLY] (up to 14 points) | | | | |
| <i>1) Within Local Unit of Government (LUG):</i> | | | | |
| a. No RHTC allocation within the last 5 program years (3 points) | 7.00 | | Never in Oldenburg; 2017 award in County | |
| b. No RHTC allocation within the last 10 program years (5 points) | | | | |
| c. No RHTC allocation within the last 15 program years (7 points) | | | | |
| <i>2) Within County:</i> | | | | |
| a. No RHTC allocation within the last 5 program years (3 points) | 3.00 | | | |
| 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. (up to 3 points) | | | | |
| 1) Census Tract without same type RHTC development (3 points) | 3.00 | | Never in Oldenburg | |
| 2) Only one RHTC development of same type (1.5 points) | | | | |
| 3) Preservation set-aside; only active RHTC development in the census tract (3 points) | | | | |
| Required Document: ~ Completed Form A | | | | |
| E. Housing Need Index (up to 7 points) | | | | |
| 1. Located in a county experiencing population growth (1 point) | 0.00 | | | |
| 2. Located in a city or town in which 44% or more of renter households are considered rent burdened (1 point) | 1.00 | | | |
| 3. Located in a city or town in which 25% or more of renter households are considered to have at least one severe housing problem (1 point) | 1.00 | | | |
| 4. Located in a city or town in which 25% or more of renter households are at or below 30% of AMI (1 point) | 1.00 | | | |
| 5. Located in a county in which the ration of RHTC units to renter households below 80% AMI is below state ratio (1 point) | 1.00 | | | |
| 6. Located in a county in which the highest number of units were built in 1939 or earlier (1 point) | 0.00 | | | |
| 7. Located in a county in which the percent of "vacant and available units" is below the state average (1 point) | 1.00 | | | |
| F. Lease Purchase (2 points) | | | | |
| See QAP for qualifications and required documentation. | | | | |
| Place in Tab R. | | | | |
| G. Leveraging READI and HELP Programs (up to 4 points) | | | | |
| 1) Applicant does not request additional IHCD gap resources (2 points) | 0.00 | | | |
| 2) Applicant requests a basis boost of no more than 20% (2 points) | 0.00 | | | |
| Required Document: ~ Completed Form A | | | | |
| Subtotal (36 possible points) | | | 24.00 0.00 | |

| Part 6.5. Other | | | |
|--|--|--------|------|
| A. Certified Tax Credit Compliance Specialist (up to 3 points) | | | |
| 1. Management (Max 2 points) | | 2.00 | |
| 2. Owner (Max 1 point) | | 1.00 | |
| Required Document: | | | |
| ~ Completed Form A, Section Q | | | |
| ~ See QAP for other required documentation. Place in Tab S. | | | |
| B. MBE, WBE, DBE, VOSB, and SDVOSB (Max 5 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. Unique Features (9% Applications Only) (Max 3 points) | | 3.00 | |
| Required Document: | | | |
| ~ Unique Features Form R - Place in Tab A. | | | |
| E. Resident Services (Max 17 points) | | | |
| 1. Resident Services (up to 8 points) | | 8.00 | |
| 2. Cores Certification (2 points) | | 2.00 | |
| 3. Resident Service Coordinator (Supportive Housing) (2 points) | | 0.00 | |
| 4. Onsite Daycare/Adult Day Center (5 points) | | 3.00 | |
| Required Document: | | | |
| ~ Completed Form A. See QAP for required documentation. Place in Tab T. | | | |
| F. Integrated Supportive Housing (Max 3 points) | | | |
| ~ Non-Institute Integrated Supportive Housing with previous experience (3 points) | | 0.00 | |
| G. Eviction Prevention Plan (up to 2 points) | | 2.00 | |
| Required Documents: | | | |
| ~ Completed Form A | | | |
| ~ Management Company affidavit acknowledging commitment. Place in Tab J. | | | |
| ~ Eviction Prevention Plan drafted and submitted prior to lease-up. | | | |
| H. Low-Barrier Tenant Screening (up to 4 points) | | | |
| 1. Plan does not screen for misdemeanors (1 point) | | 1.00 | |
| 2. Plan does not screen for felonies older than five years (1 point) | | 1.00 | |
| 3a. Plan does not screen for evictions older than 12 months (1 point) | | 2.00 | |
| 3b. Plan does not screen for evictions older than 6 months (2 points) | | | |
| Required Documents: | | | |
| ~ Completed Form A | | | |
| ~ Management Company affidavit acknowledging commitment Place in Tab J. | | | |
| ~ Tenant Selection Plan drafted and submitted prior to lease-up | | | |
| I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) | | | |
| 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) | | | |
| 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) | | | |
| 3. Foreclosure that resulted in release of extended use period (-4 points) | | | |
| J. Developments from Previous Institutes (Max 3 points) | | | |
| Required Documents: | | | |
| ~ Letter from CSH. Place in Tab O. | | | |
| Subtotal (45 possible points) | | 29.00 | 0.00 |
| Reduction of Points | | 0.00 | 0.00 |
| Subtotal (possible 4 point reduction) | | 29.00 | 0.00 |
| Total Development Score (177 possible points) | | 129.00 | 0.00 |

| Select Financing Type. (Check all that apply.) | Set-Aside(s): MUST select all that apply. See QAP. |
|--|--|
| <input checked="" type="checkbox"/> Rental Housing Tax Credits (RHTC) <input type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> State Affordable and Workforce Housing Tax Credits (AWHTC) <input type="checkbox"/> IHCD HOME Investment Partnerships (MUST complete HOME Supplement) <input type="checkbox"/> IHCD Development Fund (MUST complete Development Fund Supplement) <input type="checkbox"/> OTHER: Please list. | <input type="checkbox"/> Small City <input type="checkbox"/> Large City <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Preservation <input checked="" type="checkbox"/> Not-for-Profit <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Community Integration <input checked="" type="checkbox"/> General |

A. Development Name and Location

1. Development Name Spires Senior Village
Street Address 22139 Vine Street
City Oldenburg County FRANKLIN State IN Zip 47036

2. Is the Development located within existing city limits? Yes No
If no, is the site in the process or under consideration for annexation by a city? Yes No
Date: _____

3. Census Tract(s) # 9601
a. Qualified Census tract? Yes No
b. Is Development eligible for adjustment to eligible basis? Yes No
Explain why Development qualifies for 30% boost: _____

4. Is Development located in a Difficult Development Area (DDA)? Yes No

5. Congressional District IN-9 State Senate District 42 State House District 55

6. List the political jurisdiction in which the Development is to be located and the name and address of the chief executive officer thereof:
Political Jurisdiction (name of City or County) Town of Oldenburg
Chief Executive Officer (name and title) Dennis Moeller
Street Address 3028 Pearl Street
City Oldenburg State IN Zip 47036

B. Funding Request

1. Total annual Federal Tax credit amount requested with this Application \$ 1,300,000

2. Total annual State Tax credit amount requested with this Application _____

3. Total amount of Multi-Family Tax Exempt Bonds requested with this Application _____

4. Total amount of IHCD HOME funds requested with this Application _____

5. Total amount of IHCD Development Fund funds requested with this Application _____

6. Total number of IHCD Section 8 Vouchers requested with this Application
Form O1 _____
Form O2 _____
If a Permanent Supportive Housing Development

7. Total Amount of Housing Trust Fund _____
If a Permanent Supportive Housing Development

8. Have any prior applications for IHCD funding been submitted for this Development? Yes No
If yes, please list the name of the Development(s), date of prior application, type of funding request (with amount) and indicate what information has changed from the prior application. (Place this information in Tab D.)

footnotes:

C. Types of Allocation

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.
- 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, or
- Historic Rehab/Adaptive 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:

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

footnotes:

D. Applicant Information

Yes No

1. Is Applicant an IHEDA State Certified CHDO?

If the Applicant intends to apply for CHDO Operating Supplement in conjunction with a RHTC/HOME award, the applicant must submit a completed CHDO Application Workbook. The CHDO Application Workbook can be found on the IHEDA CHDO Program website.

Participating Jurisdiction (non-state) Certified CHDO?

Yes No

Qualified not-for-profit?

Yes No

A public housing agency (PHA)?

Yes No

2. Name of Applicant Organization RDOOR Housing Corporation

Contact Person Lauren Rodriguez

Street Address 441 W. Michigan Street

City Indianapolis State IN Zip 46202

Phone 317-324-4603 E-mail lrodriguez@rdoor.org

3. If the Applicant is not a Principal of the General Partner of the Ownership Entity, explain the relationship between the Applicant and the Owner.

Applicant will own 100% of General Partner

4. Identity of Not-for-profit

Name of Not-for-profit RDOOR Housing Corporation

Contact Person Lauren Rodriguez

Address 441 W. Michigan Street

City Indianapolis State Indiana Zip 46202

Phone 317-324-4603

E-mail address lrodriguez@rdoor.org

Role of Not-for-Profit in Development

Developer / Sponsor / General Partner

5. List the following information for the person or entity who owned the property immediately prior to Applicant or Owner's acquisition.

Name of Organization Sisters of St. Francis of Oldenburg

Contact Person Maureen Irvin, OSF

Street Address 22143 Main Street

City Oldenburg State IN Zip 47036

6. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team? Yes No

If yes, list type of relationship and percentage of interest.

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

IN-19-02400 and IN-19-02401

E. Owner Information

1. Owner Entity

- Legally formed
 To be formed

Name of Owner: RHC Spires, LP

Contact Person: Lauren Rodriguez

Street Address: 441 W Michigan Street

City: Indianapolis State: Indiana Zip: 46202

Phone: 317-324-4603

E-mail Address: lrodriguez@rdoor.org

Federal I.D. No.: 037-50-8350


- Type of entity:
- Limited Partnership
 - Individual(s)
 - Corporation
 - Limited Liability Company
 - Other: _____

2. List all that have an ownership interest in Owner and the Development. Must **include** names of **all** general partners (including the principals of each general partner if applicable), managing member, controlling shareholders, etc.

| | Name | Role | % Ownership | Email |
|---------------------|--|----------------|-------------|----------------------|
| General Partner (1) | RHC Spires GP, LLC | General Partne | 0.01% | |
| Principal | Lauren Rodriguez | | | lrodriguez@rdoor.org |
| Principal | | | | |
| Principal | | | | |
| General Partner (2) | | | | |
| Principal | | | | |
| Principal | | | | |
| Principal | | | | |
| Limited Partner | RDOOR, Inc. (to be identified investor entity) | Temp LP | 99.99% | |
| Principal | Lauren Rodriguez | | | lrodriguez@rdoor.org |
| Principal | | | | |

Provide Name and Signature for each Authorized Signatory on behalf of the Applicant.

1. Lauren Rodriguez
Printed Name & Title


Signature

2. _____
Printed Name & Title

Signature

footnotes:

F. Development Team Good Standing

1. Have Applicant, Owner, Developer, Management Agent, and any other member of the Development Team

- a. Ever been convicted of a felony under the federal or state laws of the United States? Yes No
- b. Ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States? Yes No
- c. Ever defaulted on any low-income housing Development(s)? Yes No
- d. Ever defaulted on any other types of housing Development(s)? Yes No
- e. Ever Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? Yes No
- f. Uncorrected 8823s on any developments? Yes No
- f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J.

2. Has the applicant or its principals returned, or had rescinded, any IHCD Funding?
If Yes, list the dates returned and award numbers of said funds.

Yes No

| <u>BIN</u> | <u>Date Returned</u> | <u>Amount</u> |
|------------|----------------------|---------------|
| | | |
| | | |
| | | |
| | | |

footnotes:

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 Emily Ziegler
Firm Name Frost Brown Todd
Phone 502-779-8733
E-mail Address eziegler@fbtlaw.com

Is the named Attorney's affidavit in Tab J? Yes No

2. Bond Counsel (if applicable) _____
(*Must be an Indiana Firm)
Firm Name _____
Phone _____
E-mail Address _____

Is the named Bond Counsel's affidavit in Tab J? Yes No

3. Developer (contact person) Lauren Rodriguez
Firm Name RDOOR Housing Corporation
Phone 317-324-4603
E-mail address lrodriguez@rdoor.org

Is the Contact Person's affidavit in Tab J? Yes No

4. Co-Developer (contact person) _____
Firm Name _____
Phone _____
E-mail address _____

Is the Contact Person's affidavit in Tab J? Yes No

5. Accountant (contact person) Bruce Merrill
Firm Name CBIZ
Phone 317-472-2161
E-mail address bmerill@somersetcpas.com

Is the Contact Person's affidavit in Tab J? Yes No

footnotes: _____

6. Consultant (contact person) _____

Firm Name _____

Phone _____

E-mail address _____

Is the Contact Person's affidavit in Tab J? Yes No

7. High Performance Building Consultant (contact person) Christin Kappel

Firm Name Simply Sustainable LLC

Phone 765-412-2099

E-mail address christin@simplysustainablellc.net

Is the Contact Person's affidavit in Tab J? Yes No

8. Management Entity (contact person) Jill Meals-Herron

Firm Name Herron Management

Phone 317-927-8283

E-mail address jill@herronmgmt.com

Is the Contact Person's affidavit in Tab J? Yes No

9. General Contractor (contact person) Ken Meiring

Firm Name KP Meiring

Phone 317-257-7506

E-mail address kenmeiring@kpmeiring.com

Is the Contact Person's affidavit in Tab J? Yes No

10. Architect (contact person) Luke Liesing

Firm Name Guidon

Phone 317-409-7545

E-mail address luke@guidondesign.com

Is the Contact Person's affidavit in Tab J? 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.

Yes No

If Yes, provide a list and description of such interest(s) in TAB J.

footnotes:

H. Threshold

1. Site Control: Select type of Site Control Applicant has:

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> | Executed and Recorded Deed | |
| <input type="checkbox"/> | Option (expiration date: _____) | |
| <input checked="" type="checkbox"/> | Purchase Contract (expiration date: <u>12/1/2025</u>) | |
| <input type="checkbox"/> | Long Term Lease (expiration date: _____) | |
| <input type="checkbox"/> | Intends to acquire site/building through a government body. | |

2. Scattered Site Development: If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)? Yes No

| | |
|--|-----------------------|
| 3. Completion Timeline (month/year) | <u>Estimated Date</u> |
| Construction Start Date | <u>October 2025</u> |
| Completion of Construction | <u>October 2026</u> |
| Lease-Up | <u>October 2027</u> |
| Building Placed in Service Date(s) | <u>October 2026</u> |

4. Zoning: Is site properly zoned for your development without the need for an additional variance? Yes No

5. Utilities: List the Utility companies that will provide the following services to the proposed Development

| | |
|-----------|---|
| Water: | <u>Town of Oldenburg</u> |
| Sewer: | <u>Town of Oldenburg</u> |
| Electric: | <u>Duke Energy</u> |
| Gas: | <u>Batesville Water & Gas Utility</u> |

6. Applicable State and Local Requirements & Design Requirements are being met (see QAP section 5.1.M) Yes No

7. Lead Based Paint: Are there any buildings in the proposed development constructed prior to 1978? Yes No
 If yes, Developer acknowledges project complies with the Lead-Based Paint Pre-Renovation Rule ("Lead PRE") and the State of Indiana's Lead-Based Paint Rules Acknowledged

8. Acquisition Credit Information

- The Acquisition satisfies the 10-year general look-back rule of IRC Section 42(d)(2)(B)(ii) and supporting documentation included in Tab L
- The Acquisition satisfies the Related Party rule of IRC Section 42(d)(2)(B)(iii) and Attorney Opinion included in Tab L
- If requesting an acquisition credit based on an exception to this general rule e.g. Section 42(d)(2)(D)(i) or Section 42(d)(6), an Attorney's Opinion is provided in Tab L

9. Rehabilitation Credit Information

- Development satisfies the 20% of basis/\$6000 min. rehab requirement of IRC Section 42(e)(3)(A)(ii).
- Development satisfies the Minimum Rehab costs of the QAP: \$25,000/unit for Rehab and \$35,000/unit for Preservation
- If requesting Rehabilitation credits based on exceptions like IRC Section 42(e)(3)(B) or IRC Section 42(f)(5)(B)(ii)(I) provide supporting documentation

10. Relocation Information. If there is a permanent or temporary relocation of existing tenants, is a displacement and relocation Plan included in Tab L? Yes No

11. Irrevocable Waiver of Right to Request Qualified Contract: The Applicant acknowledges that they irrevocably waive the right to request a Qualified Contract for this Development. Acknowledged

12. Federal Grants: Is Development utilizing any Federal Grants not structured as a loan If Yes, then please explain how these Federal funds will be treated in eligible basis: Yes No

13. Davis Bacon Wages: Does Davis Bacon apply to this Development? Yes No

Eg. 12 or more HOME-assisted units, 9 or more Project Based Voucher units, 12 or more Section 811 Project Rental Assistance units
 If yes, Developer acknowledges that Davis Bacon wages will be used. Acknowledged

14. Minimum Unit Size: What percent of units, by bedroom type, meet or exceed the square footage requirements set forth in Part 5.4.D of the QAP?

| 0 Bedroom | 1 Bedroom | 2 Bedrooms | 3 Bedrooms | 4 Bedrooms |
|-----------|-----------|------------|------------|------------|
| 100.00% | 100.00% | | | |

15. Accessible/Adaptable Units: Number of Units that are Type A or Type B

| # of Type A/Type B units in Development | Total Units in Development | % of Total Development |
|---|----------------------------|------------------------|
| 65 | 65 | 100.0000% |

16. Development Meets Accessibility Requirements for Age-Restricted Developments and Housing First set-aside Yes No

The following are mandatory Threshold requirements. All applicants must affirmatively check the boxes below to acknowledge these requirements:

17. Visitability Mandate: If the Development is new construction of single-family homes, duplexes, triplexes, or townhomes, then the units must be visitable and in compliance with the Type C unit criteria in ICC A117.1 Section 1005.

18. Smoke-Free Housing: Developer commits to operating as smoke-free housing.

19. Special Needs Population: Developer commits to setting aside 10% of the total units for occupancy by qualified tenants who meet the definition of "special needs populations" pursuant to Indiana Code 5-20-1-4.5.

20. Affirmative Fair Housing Marketing Plan: Developer agrees to create an Affirmative Fair Housing Marketing Plan by initial leaseup.

footnotes: 66 units total with 1 manager's unit (not a leaseable unit) and 4 market rate units, for a total of 65 lease units.

I. Affordability

1. Do you commit to income restrictions that match the rent restrictions selected? Yes No
2. **Additional Years of Affordability**
- Applicant commits to 30 year Extended Use Period
 - Applicant commits to 35 year Extended Use Period
 - Applicant commits to 40 year Extended Use Period

J. Development Characteristics

1. Development Amenities: Please list the number of development amenities from each column listed under Part 6.2.A. of the 2023-24 QAP.

- a. Chart 1: Common Area: 10
- 1. Total development amenities available from chart 1, sub-category A: 5
 - 2. Total development amenities available from chart 1, sub-category B: 2
 - 3. Total development amenities available from chart 1, sub-category C: 3
- b. Chart 2: Apartment Unit: 5
- 1. Total development amenities available from chart 2, sub-category A: 2
 - 2. Total development amenities available from chart 2, sub-category B: 3
- c. Chart 3: Safety & Security: 3
- 1. Total development amenities available from chart 3, sub-category A: 1
 - 1. Total development amenities available from chart 3, sub-category B: 2

2. Adaptable/Accessible

Please Fill the appropriate box with number of Type A/Type B Units

| | Non Age-Restricted Developments |
|---|---------------------------------|
| Rehab/Adaptive Resue | |
| New Construction | |
| | Age-Restricted/Housing First |
| Rehab/Adaptive Resue (w/ Elevator) | 65 |
| Rehab/Adaptive Resue (w/ Elevator) & New Construction | |

3. Universal Design Features

- 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

footnotes:

Manager's unit is not a leased unit and not age restricted

4. Does the Development propose to convert a percentage of total square footage in a 100% vacant structure into rental housing? Yes No
- 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? Yes No
6. For Developments Preserving Existing Affordable Housing, select one:
 Existing RHTC Project
 HUD/USDA Affordable Housing
 Other
7. Does the Development meet the the following criteria for Infill New Construction? Yes No
- 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 amenity. 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? Yes No
- b. Is the proposed Development in a QCT? Yes No

10. Tax Credit Per Unit

| | |
|------------------------------------|---------------------|
| Total Tax Credit Request* | \$1,300,000 |
| Total Program Units in Development | <u>61</u> |
| Tax Credits per Unit | <u>\$ 21,311.48</u> |

11. Internet Access. The Development will provide:
- the necessary infrastructure for high-speed internet/broadband service.
- each unit with free high-speed internet/broadband service.
- each unit with free Wi-Fi high-speed internet/broadband service.
- free Wi-Fi access in a common area, such as a clubhouse or community room.

footnotes:

K. Sustainable Development Characteristics

1. Building Certification

- LEED Silver Rating
- 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 Points | |
|------------------------|----|
| Proximity to Amenities | 3 |
| Transit Oriented | 2 |
| Opportunity Index | 5 |
| Undesirable Sites | |
| Total Points | 10 |

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. 40-47, 59-60 & 150-151

footnotes:

L. Financing & Marketing

1. Rental Assistance

a. Will any low-income units receive Project-Based rental assistance? Yes No

If yes, indicate type of rental assistance and attach copy of rental assistance contract, if applicable.

Section 8 HAP FmHA 515 Rental Assistance
 Other: HUD 202 PRAC

b. Is this a Supportive Housing Project? Yes No

If yes, are you applying for IHCD Project-Based Section 8? Yes No

c. Number of units (by number of bedrooms) receiving assistance:

61 (1) Bedroom (2) Bedrooms
 (3) Bedrooms (4) Bedrooms

d. For scoring purposes, are 20% units or more receiving Rental Assistance? Yes No

For HUD purposes, are more than 25% units receiving Rental Assistance? Yes No

If yes, select the excepted unit category Age-Restricted Supportive Housing

e. Number of years in the rental assistance contract 20 Expiration date of contract 2045

2. Unit Production

a. Has there been an award of 9% RHTC in the Local Unit of Government:

Within the last 5 years? Yes No
Within the last 10 years? Yes No
Within the last 15 years? Yes No

b. Has there been an award of 9% RHTC in the county:

Within the last 5 years? Yes No
Within the last 10 years? Yes No
Within the last 15 years? Yes No

3. Development is in a Census Tract that:

Does not contain any active RHTC projects of the same occupancy type
Contains one (1) active RHTC project of the same occupancy type

4. This Development will be subject to the standard 15-year Compliance Period as part of a Lease-Purchase Program and will provide homeownership opportunities to qualified tenants after compliance period. See IRS Revenue Ruling 95-48 and IHCD Act of Extended Rental Housing Commitment.

5. Leveraging the READI or HELP Programs

Applicant does not request additional IHCD gap resources
 Applicant requests a basis boost of no more than 20%

footnotes: The Rental Assistance noted above is through the HUD 202 Project Rental Assistance Contract (PRAC).

M. Other

1. Certified Tax Credit Specialist:

| Name/Organization | Role of Individual on Development Team | Certification Type | Date of Certification |
|-------------------|--|--|-----------------------|
| Lauren Rodriguez | Developer | Certified Credit Compliance Professional | 5/28/2024 |
| Jill Meals-Herron | Management Firm | Housing Credit Certified Professional (HCCP) | September 2021 |
| Jill Meals-Herron | Management Firm | Site Compliance Specialist (SCS) | July 15, 2021 |

2. MBE/WBE/DBE/VOSB/SDVOSB Participation

Check the boxes that apply:

| Firm/Entity | >=5% AND <10% of Total Soft Costs | >= 10% of Total Soft Costs |
|-----------------------|-----------------------------------|----------------------------|
| Professional Services | | x |

| Firm/Entity | >=5% AND <10% of Total Hard Costs | >= 10% of Total Hard Costs |
|--------------------|-----------------------------------|----------------------------|
| General Contractor | | |

| Firm/Entity | >=8% AND <15% of Total Hard Costs | >=15% of of Total Hard Costs |
|-----------------|-----------------------------------|------------------------------|
| Sub-contractors | | x |

| Firm/Entity | |
|---|---|
| Owner/Developer | x |
| Management Entity (Minimum 2 year contract) | x |

3. Is the Applicant an emerging XBE Developer?

Yes
 No

4. Resident Services

Number of Resident Services Selected:

| | |
|------------------|---|
| Level 1 Services | 7 |
| Level 2 Services | 5 |

5. CORES Certification

CORES Certification for the owner or management company

6. Resident Service Coordinator for Supportive Housing

Development is an Integrated Supportive Housing Development and utilizes a Resident Service Coordinator

7. Onsite Daycare/Before and After School Care/Adult Day

- Onsite, licensed daycare center
- Onsite, licensed before and after school care
- Onsite, waiver-certified adult day center

8. Integrated Supportive Housing

| Total Units | Total Supportive Housing Units | Percent of total #DIV/0! |
|-------------|--------------------------------|-----------------------------|
| | | |

9. Development will implement an Eviction Prevention Plan

10. Low-Barrier Tenant Screening

- Plan does not screen for misdemeanors
- Plan does not screen for felonies older than five years
- Plan does not screen for evictions more than 12 months prior to application
- Plan does not screen for evictions more than 6 months prior to application

footnotes:

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 | 16 | | | | 20 | 30.77% |
| 40% AMI | # Units | | | | | | 0 | 0.00% |
| 50% AMI | # Units | 2 | 39 | | | | 41 | 63.08% |
| 60% AMI | # Units | | | | | | 0 | 0.00% |
| 70% AMI | # Units | | | | | | 0 | 0.00% |
| 80% AMI | # Units | | | | | | 0 | 0.00% |
| Market Rate | # Units | | 4 | | | | 4 | 6.15% |
| Development Total | # Units | 6 | 59 | 0 | 0 | 0 | 65 | 100.00% |
| | # Bdrms. | 6 | 59 | 0 | 0 | 0 | 65 | 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 | 402-799 | | | |
| New Construction | | | | |
| New Construction - Age Restricted | | | | |

3. Will the development utilize a manager's unit?

Yes No

If yes, how will the unit be considered in the building's applicable fraction?

Tax Credit Unit
 Exempt unit
 Market Rate Unit

6. Utilities and Rents

a. Monthly Utility Allowance Calculations - Entire Section Must Be Completed

| Utilities | Type of Utility (Gas, Electric, Oil, etc.) | Utilities Paid by: | Enter Allowance Paid by Tenant ONLY | | | | |
|--|--|---|-------------------------------------|--------|--------|--------|--------|
| | | | 0 Bdrm | 1 Bdrm | 2 Bdrm | 3 Bdrm | 4 Bdrm |
| Heating | Electric | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Air Conditioning | Electric | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Cooking | Electric | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Other Electric | Electric | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Water Heating | Electric | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Water | Water | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Sewer | Sewer | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Trash | Trash | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant | | | | | |
| Total Utility Allowance for Costs Paid by Tenant | | | \$ - | \$ - | \$ - | \$ - | \$ - |

b. Source of Utility Allowance Calculation

| | |
|--|--|
| <input type="checkbox"/> HUD | <input type="checkbox"/> HUD Utility Schedule Model (HUSM) |
| <input type="checkbox"/> PHA/IHCDA | <input type="checkbox"/> Utility Company (Provide letter from utility company) |
| <input type="checkbox"/> Rural Development | <input type="checkbox"/> Energy Consumption Model |
| <input type="checkbox"/> 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 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 30% AMI | \$ 469 | \$ 503 | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ 469 | \$ 503 | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 40% AMI | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 50% AMI | \$ 782 | \$ 838 | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ 782 | \$ 838 | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 60% AMI | \$ 939 | \$ 1,006 | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ 939 | \$ 1,006 | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 70% AMI | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Tenants at 80% AMI | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ - | \$ - | \$ - | \$ - | \$ - |
| Equals Maximum Allowable rent for your Development | \$ - | \$ - | \$ - | \$ - | \$ - |

footnotes: Tenant rent is covered by the HUD 202 PRAC. Allowable rents are provided by HUD and determined in the PRAC. See narrative in Rent Calculation Narrative in Tab B.

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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Your Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for beneficiaries at 30% or less of area median income | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Your Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for beneficiaries at 40% or less of area median income | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Your Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for beneficiaries at 50% or less of area median income | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Your Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for beneficiaries at 60% or less of area median income | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Maximum Allowable Rent for Your Development | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

e. Estimated Rents and Rental Income

1. Total Number of Low-Income Units (20% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> |
| | | | Other Income Source | <input type="text" value=""/> | | | | <input type="text" value=""/> | |
| | | | Other Income Source | <input type="text" value=""/> | | | | <input type="text" value=""/> | |
| | | | Total Monthly Income | | | | | \$ - | |
| | | | Annual Income | | | | | \$ - | |
| ** Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to both and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.** | | | | | | | | | |

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

| Dev Fund | HOME | 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 bedrooms | | | | | | | |
| No | No | Yes | 0 | Bedrooms | 1 | 4 | 402-456 | 681.75 | \$ 2,727 | <input checked="" type="checkbox"/> |
| No | No | Yes | 1 | Bedrooms | 1 | 16 | 501-799 | 681.75 | \$ 10,908 | <input checked="" type="checkbox"/> |
| | | | | | | | | \$ - | <input type="checkbox"/> | |
| | | | | | | | | \$ - | <input type="checkbox"/> | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> | |
| | | | Other Income Source | Laundry and other | | | | \$ 167 | | |
| | | | Other Income Source | <input type="text" value=""/> | | | | <input type="text" value=""/> | | |
| | | | Total Monthly Income | | | | | \$ 13,802 | | |
| | | | Annual Income | | | | | \$ 165,624 | | |

footnotes: 80% unit noted on page 26 is a non revenue producing manager's unit, which is exempt from the building's basis. Tenant rent is covered by the HUD 202 PRAC. Allowable rents are provided by HUD and determined by HUD in the PRAC.

3. Total Number of Low-Income Units (40% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Other Income Source | | | | | | |
| | | | Other Income Source | | | | | | |
| | | | Total Monthly Income | | | | | \$ - | |
| | | | Annual Income | | | | | \$ - | |

4. Total Number of Low-Income Units 41 (50% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | | |
| No | No | Yes | 0 | Bedrooms | 1 | 2 | 402-456 | 681.75 | \$ 1,364 | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| No | No | Yes | 1 | Bedrooms | 1 | 39 | 501-799 | 681.75 | \$ 26,588 | |
| | | | | Bedrooms | | | | \$ - | | |
| | | | | Bedrooms | | | | \$ - | | |
| | | | | Bedrooms | | | | \$ - | | |
| | | | Other Income Source | Laundry and other | | | | \$ 250 | | |
| | | | Other Income Source | | | | | | | |
| | | | Total Monthly Income | | | | | \$ 28,202 | | |
| | | | Annual Income | | | | | \$ 338,421 | | |

5. Total Number of Low-Income Units (60% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Other Income Source | | | | | | |
| | | | Other Income Source | | | | | | |
| | | | Total Monthly Income | | | | | \$ - | |
| | | | Annual Income | | | | | \$ - | |

6. Total Number of Low-Income Units (70% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Other Income Source | | | | | | |
| | | | Other Income Source | | | | | | |
| | | | Total Monthly Income | | | | | \$ - | |
| | | | Annual Income | | | | | \$ - | |

7. Total Number of Low-Income Units 1 (80% Rent Maximum)

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| | | | Bedrooms | | | | | \$ - | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Bedrooms | | | | | \$ - | |
| | | | Other Income Source | | | | | | |
| | | | Other Income Source | | | | | | |
| | | | Total Monthly Income | | | | | \$ - | |
| | | | Annual Income | | | | | \$ - | |

8. Total Number of Market Rate Units 4

| Dev Fund | HOME | 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 bedrooms | | | | | | |
| No | No | No | 1 | Bedrooms | 1 | 4 | 501-799 | 728 | \$ 2,912 |
| | | | | Bedrooms | | | | | \$ - |
| | | | | Bedrooms | | | | | \$ - |
| | | | | Bedrooms | | | | | \$ - |
| | | | | Bedrooms | | | | | \$ - |
| | | | Other Income Source | Laundry and other | | | | \$ 42 | |
| | | | Other Income Source | | | | | | |
| | | | Total Monthly Income | | | | | \$ 2,954 | |
| | | | Annual Income | | | | | \$ 35,444 | |

5. Summary of Estimated Rents and Rental Income

| | | |
|-----------------------------------|----|-----------|
| Annual Income (20% Rent Maximum) | \$ | - |
| Annual Income (30% Rent Maximum) | \$ | 165,624 |
| Annual Income (40% Rent Maximum) | \$ | - |
| Annual Income (50% Rent Maximum) | \$ | 338,421 |
| Annual Income (60% Rent Maximum) | \$ | - |
| Annual Income (70% Rent Maximum) | \$ | - |
| Annual Income (80% Rent Maximum) | \$ | - |
| Annual Income (Market Rate Units) | \$ | 35,444 |
| Potential Gross Income | \$ | 539,489 |
| Less Vacancy Allowance | 6% | \$ 32,369 |
| Effective Gross Income | \$ | 507,120 |

Default annual % increase in income over the Compliance Period? 2%

W. Annual Expense Information

(Check one) Housing OR Commercial

| <u>Administrative</u> | | <u>Other Operating</u> | |
|--|--------------------|-------------------------------|-------------------|
| 1. Advertising | <u>1,000</u> | 1. Elevator | <u>5,000</u> |
| 2. Management Fee | <u>23,356</u> | 2. Fuel (heating & hot water) | |
| 3. Legal/Partnership | <u>1,000</u> | 3. Electricity | <u>79,252</u> |
| 4. Accounting/Audit | <u>2,000</u> | 4. Water/Sewer | <u>46,008</u> |
| 5. Compliance Mont. | <u>2,500</u> | 5. Gas | |
| 6. Office Expenses | <u>5,000</u> | 6. Trash Removal | <u>10,000</u> |
| 7. Other (specify below) Phone and misc. | <u>8,000</u> | 7. Payroll/Payroll Taxes | <u>30,000</u> |
| Total Administrative | \$ <u>42,856</u> | 8. Insurance | <u>42,700</u> |
| <u>Maintenance</u> | | 9. Real Estate Taxes* | <u>32,000</u> |
| 1. Decorating | \$ <u>11,000</u> | 10. Other Tax | |
| 2. Repairs | \$ <u>15,000</u> | 11. Yrly Replacement Reserves | <u>27,300</u> |
| 3. Exterminating | | 12. Resident Services | <u>10,000</u> |
| 4. Ground Expense | | 13. Internet Expense | <u>10,000</u> |
| 5. Other (specify below) Payroll | \$ <u>40,000</u> | 14. Other (specify below) | |
| Total Maintenance | \$ <u>66,000</u> | Total Other Operating | \$ <u>292,260</u> |
| Total Annual Administrative Expenses: | \$ <u>42,856.0</u> | Per Unit | <u>659</u> |
| Total Annual Maintenance Expenses: | \$ <u>66,000.0</u> | Per Unit | <u>1015</u> |
| Total Annual Other Operating Expenses: | \$ <u>292,260</u> | Per Unit | <u>4496</u> |
| TOTAL OPERATING EXPENSES (Admin+Operating+Maint): | \$ <u>401,116</u> | Per Unit | \$ <u>6,171</u> |
| Default annual percentage increase in expenses for the next 15 years? | | | <u>3%</u> |
| Default annual percentage increase for replacement reserves for the next 15 years? | | | <u>3%</u> |

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

footnotes:

15 Year Operating Cash Flow Projection:

Housing
Commercial

Headnotes

[Redacted Headnotes]

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Totals |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Income | | | | | | | | | | | | | | | | |
| Potential Gross Income | 539,489 | 550,279 | 561,284 | 572,510 | 583,960 | 595,639 | 607,552 | 619,703 | 632,097 | 644,739 | 657,634 | 670,787 | 684,203 | 697,887 | 711,844 | 9,329,609 |
| Less: Vacancies | (32,369) | (33,017) | (33,677) | (34,351) | (35,038) | (35,738) | (36,453) | (37,182) | (37,926) | (38,684) | (39,458) | (40,247) | (41,052) | (41,873) | (42,711) | (559,777) |
| Effective Gross Income | 507,120 | 517,262 | 527,607 | 538,159 | 548,923 | 559,901 | 571,099 | 582,521 | 594,172 | 606,055 | 618,176 | 630,540 | 643,150 | 656,013 | 669,134 | 8,769,832 |
| Expenses | | | | | | | | | | | | | | | | |
| Administrative | 42,856 | 44,142 | 45,466 | 46,830 | 48,235 | 49,682 | 51,172 | 52,707 | 54,289 | 55,917 | 57,595 | 59,323 | 61,102 | 62,935 | 64,824 | 797,075 |
| Maintenance | 66,000 | 67,980 | 70,019 | 72,120 | 74,284 | 76,512 | 78,807 | 81,172 | 83,607 | 86,115 | 88,698 | 91,359 | 94,100 | 96,923 | 99,831 | 1,227,528 |
| Operating | 292,260 | 301,028 | 310,059 | 319,360 | 328,941 | 338,809 | 348,974 | 359,443 | 370,226 | 381,333 | 392,773 | 404,556 | 416,693 | 429,194 | 442,069 | 5,435,719 |
| Other | | | | | | | | | | | | | | | | - |
| Less Tax Abatement | | | | | | | | | | | | | | | | - |
| Total Expenses | 401,116 | 413,149 | 425,544 | 438,310 | 451,460 | 465,003 | 478,953 | 493,322 | 508,122 | 523,365 | 539,066 | 555,238 | 571,896 | 589,052 | 606,724 | 7,460,322 |
| Net Operating Income | 106,004 | 104,113 | 102,063 | 99,849 | 97,463 | 94,898 | 92,146 | 89,199 | 86,050 | 82,690 | 79,110 | 75,301 | 71,255 | 66,961 | 62,410 | 1,309,510 |
| 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 | 106,004 | 104,113 | 102,063 | 99,849 | 97,463 | 94,898 | 92,146 | 89,199 | 86,050 | 82,690 | 79,110 | 75,301 | 71,255 | 66,961 | 62,410 | 1,309,510 |
| 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 | 106,004 | 104,113 | 102,063 | 99,849 | 97,463 | 94,898 | 92,146 | 89,199 | 86,050 | 82,690 | 79,110 | 75,301 | 71,255 | 66,961 | 62,410 | 1,309,510 |
| Cash Flow/Total Expenses (not to exceed 10 %) | 26% | 25% | 24% | 23% | 22% | 20% | 19% | 18% | 17% | 16% | 15% | 14% | 12% | 11% | 10% | 18% |
| EGI/Total Expenses | 1.26 | 1.25 | 1.24 | 1.23 | 1.22 | 1.20 | 1.19 | 1.18 | 1.17 | 1.16 | 1.15 | 1.14 | 1.12 | 1.11 | 1.10 | 1.18 |

Commercial and Office Space: IHCD 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 IHCD'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 IHCD 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 Merchants Capital | 7/10/2024 | 7/26/2024 | \$ 5,202,333 | Gus Gilmore, 317-324-4731 |
| 2 HUD Capital Advance | 1/25/2023 | 10/26/2023 | \$ 6,000,000 | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| Total Amount of Funds | | | \$ 11,202,333 | |

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 HUD Capital Advance | 1/25/2023 | 10/26/2023 | \$ 6,000,000 | \$0 | 0.00% | 0 | 0 |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| Total Amount of Funds | | | \$ 6,000,000 | \$ - | | | |
| Deferred Developer Fee | | | \$ - | | | | |

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

| Source of Funds | Date of Application | Date of Commitment | Amount of Funds | Name and Telephone Numbers of Contact Person |
|------------------------------|---------------------|--------------------|-----------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| Total Amount of Funds | | | \$ - | |

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:

4. Historic Tax Credits

Have you applied for a Historic Tax Credit?

Yes No

If Yes, please list amount

If Yes, 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 Other Source

d. Contact Person Phone

6. Sources and Uses Reconciliation

| | | | |
|--|----|---------------|--------------------------------------|
| Limited Partner Equity Investment from Fed Tax Credits | \$ | 11,048,895 | *From Fed Credit Determination Tab |
| General Partner Investment from Fed Tax Credits | \$ | 100 | |
| Limited Partner Equity Investment from State Tax Credits | \$ | - | *From State Credit Determination Tab |
| General Partner Investment from State Tax Credits | | | |
| Total Equity Investment | \$ | 11,048,995 | |
| Total Permanent Financing | \$ | 6,000,000 | |
| Deferred Developer Fee | \$ | - | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Total Sources of Funds | \$ | 17,048,995.00 | |
| Total Uses of Funds | \$ | 17,048,995.00 | |

^^^Note: Sources MUST EQUAL Uses^^^

* Are Load Fees included in Equity Investment?

Yes No

If Yes, Load Fees are: \$

footnotes:

7. Federal Tax Credit Intermediary Information

a. Actual or Anticipated Name of Intermediary

(e.g. Syndicator, etc.) CREA

Contact Person Adam Lavelle

Phone 317-634-4797

Street Address 30 S. Meridian Street, Suite 400

City Indianapolis State IN Zip 46204

Email Alavelle@creallc.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 the aggregate basis of the building and land of the development:

If this percentage is 50% or more , a formal allocation of credits from IHCD is not necessary (although the development must satisfy and comply with all requirements for an allocation under this Allocation Plan and Section 42 of the Code. The Issuer of the bonds must determine the maximum amount of credits available to the development which, just as for developments which do need allocation, is limited to the amount of credits necessary to make the development financially feasible). AT THE TIME OF SUBMITTING THIS APPLICATION, YOU MUST PROVIDE IHCD WITH AN OPINION OF COUNSEL, SATISFACTORY TO IHCD, THAT YOU ARE NOT REQUIRED TO OBTAIN AN ALLOCATION OF TAX CREDITS FROM IHCD AND THAT THE DEVELOPMENT MEETS THE REQUIREMENTS OF THE ALLOCATION PLAN AND CODE.

footnotes:

b. 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 relationship between the Borrower and Owner in footnotes below.

If Development will be utilizing Multi-family Tax Exempt Bonds, you must provide a list of the entire development team in addition to above. Place in Tab J.

d. Does any Development financing have any credit enhancement? Yes No
If yes, list the financing and describe the credit enhancement:

e. Is HUD approval for transfer of physical asset required? Yes No
If yes, provide copy of TPA request to HUD.

f. Is Rural Development approval for transfer of physical asset required? Yes No
If yes, has Rural Development been notified of your RHTC application? Yes No

g. Is the Development a federally-assisted low-income housing Development with at least 50% of its units in danger of being removed by a federal agency from the low-income housing market due to eligible prepayment, conversion, or financial difficulty? Yes No
If yes, please provide documentation in Tab P of the application package.

10. Total Multi-Family Tax Exempt Bonds already awarded to Developer
in current year: _____

footnotes: _____

Z. Cost/Basis/Maximum Allowable Credit

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

| ITEMIZED COSTS | Eligible Basis by Credit Type | | |
|--|-------------------------------|-----------------------|-----------------------|
| | Project Costs | 30% PV [4% Credit] | 70% PV [9% Credit] |
| a. To Purchase Land and Buildings | | | |
| 1. Land | 80,000 | | |
| 2. Demolition | | | |
| 3. Existing Structures | 720,000 | | |
| 4. Other(s) (Specify below.) | | | |
| b. For Site Work | | | |
| 1. Site Work (not included in Construction Contract) | | | |
| 2. Other(s) (Specify below.) | | | |
| c. For Rehab and New Construction (Construction Contract Costs) | | | |
| 1. Site Work | 139,723 | | 139,723 |
| 2. New Building | | | |
| 3. Rehabilitation** | 9,402,475 | | 9,402,475 |
| 4. Accessory Building | | | |
| 5. General Requirements* | 564,149 | | 564,149 |
| 6. Contractor Overhead* | 188,050 | | 188,050 |
| 7. Contractor Profit* | 564,149 | | 564,149 |
| 8. Hard Cost Contingency | 1,078,730 | | 1,078,730 |
| d. For Architectural and Engineering Fees | | | |
| 1. Architect Fee - Design* | 407,900 | | 437,900 |
| 2. Architect Fee - Supervision* | 65,100 | | 65,100 |
| 3. Consultant or Processing Agent | | | |
| 4. Engineering Fees | 80,000 | | 70,000 |
| 5. High Performance Building Consultant | 65,000 | | 45,000 |
| 6. Other Fees (Specify below.) | | | |
| Bond Premium | 68,477 | | 68,477 |
| e. Other Owner Costs | | | |
| 1. Building Permits | 50,000 | | 50,000 |
| 2. Tap Fees | | | |
| 3. Soil Borings | 15,000 | | 15,000 |
| 4. Real Estate Attorney | 45,000 | | 45,000 |
| 5. Developer Legal Fees | | | |
| 6. Construction Loan - Legal | 30,000 | | 30,000 |
| 7. Title and Recording | 35,000 | | 35,000 |
| 8. Cost of Furniture | 152,000 | | 152,000 |
| 9. Accounting | 25,000 | | 25,000 |
| 10. Surveys | | | |
| 11. Other Costs (Specify below.) | | | |
| Misc. Costs | 83,098 | | 83,098 |
| SUBTOTAL OF THIS PAGE | 13,858,851 | - | 13,058,851 |

* Designates the amounts for those items that are limited, pursuant to the Qualified Allocation Plan

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

$$\begin{array}{r}
 \frac{\$9,402,475.00}{\text{Rehabilitation Costs}} - \frac{\$152,000.00}{\text{Costs of Furniture, Construction of Community Center, and Common Area Amenities**}} / \frac{65}{\text{Total Number of Units}} = \frac{142,315}{\text{Rehabilitation Costs per Unit}}
 \end{array}$$

| ITEMIZED COSTS | Eligible Basis by Credit Type | | |
|---|-------------------------------|-----------------------|-----------------------|
| | Project Costs | 30% PV [4% Credit] | 70% PV [9% Credit] |
| SUBTOTAL OF PREVIOUS PAGE | 13,858,851 | 0 | 13,058,851 |
| f. For Interim Costs | | | |
| 1. Construction Insurance | 35,000 | | 35,000 |
| 2. Construction Period Interest | 86,094 | | 86,094 |
| 3. Other Capitalized Operating Expenses | | | |
| 4. Construction Loan Orig. Fee | 52,000 | | 52,000 |
| 5. Construction Loan Credit Enhancement | | | |
| 6. Construction Period Taxes | 10,000 | | 10,000 |
| 7. Fixed Price Contract Guarantee | | | |
| g. For Permanent Financing Fees & Expenses | | | |
| 1. Bond Premium | | | |
| 2. Credit Report | | | |
| 3. Permanent Loan Orig. Fee | | | |
| 4. Permanent Loan Credit Enhancement | | | |
| 5. Cost of Iss/Underwriters Discount | | | |
| 6. Title and Recording | | | |
| 7. Counsel's Fee | | | |
| 8. Other(s) (specify below) | | | |
| | | | |
| h. For Soft Costs | | | |
| 1. Property Appraisal | 4,500 | | 4,500 |
| 2. Market Study | 11,300 | | 11,300 |
| 3. Environmental Report | 8,750 | | 8,750 |
| 4. IHEDA Fees | 95,000 | | |
| 5. Consultant Fees | | | |
| 6. Guarantee Fees | | | |
| 7. Soft Cost Contingency | | | |
| 8. Other(s) (specify below) | | | |
| | | | |
| i. For Syndication Costs | | | |
| 1. Organizational (e.g. Partnership) | 75,000 | | |
| 2. Bridge Loan Fees and Expenses | | | |
| 3. Tax Opinion | 12,500 | | |
| 4. Other(s) (specify below) | | | |
| | | | |
| j. Developer's Fee | | | |
| 100 % Not-for Profit | | | |
| % For-Profit | 2,300,000 | | 2,300,000 |
| | | | |
| k. For Development Reserves | | | |
| 1. Rent-up Reserve | 100,000 | | |
| 2. Operating Reserve | 400,000 | | |
| 3. Other Capitalized Reserves* | | | |
| <i>*Please explain in footnotes.</i> | | | |
| l. Total Project Costs | 17,048,995 | - | 15,566,495 |

footnotes:

| ITEMIZED COSTS | Eligible Basis by Credit Type | | |
|--|-------------------------------|-----------------------|-----------------------|
| | Project Costs | 30% PV [4% Credit] | 70% PV [9% Credit] |
| SUBTOTAL OF PREVIOUS PAGE | 17,048,995 | 0 | 15,566,495 |
| m. Total Commercial Costs* | | | |
| n. Total Dev. Costs less Comm. Costs (l-m) | 17,048,995 | | |
| o. 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) <i>Subtotal (o.1 through o.4 above)</i> | | | |
| | | 0 | 0 |
| p. Eligible Basis (ll minus o.5) | | 0 | 15,566,495 |
| q. High Cost Area / Basis Boost Adjustment to Eligible Basis Please see 2022 QAP pg. 34 for eligibility criteria. Adjustment Amount cannot exceed 30% | | | |
| r. Adjusted Eligible Basis (p plus q) | | 0 | 15,566,495 |
| 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% | 93.85% |
| t. Total Qualified Basis (r multiplied by s) | | 0 | 14,608,557 |
| u. Applicable Percentage (weighted average of the applicable percentage for each building and credit type) | | 4.00% | 9.00% |
| v. Maximum Allowable Credit under IRS Sec 42 (t*u) | | 0 | 1,314,770 |
| w. Combined 30% and 70% PV Credit | 1,314,770 | | |

* 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 IHCD. 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:

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

| | | | |
|----|--|----|-------------------|
| a. | TOTAL DEVELOPMENT COSTS | \$ | <u>17,048,995</u> |
| b. | LESS SYNDICATION COSTS | \$ | <u>87,500</u> |
| c. | TOTAL DEVELOPMENT COSTS (a - b) | \$ | <u>16,961,495</u> |
| d. | LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS | \$ | <u>6,000,000</u> |
| e. | EQUITY GAP (c - d) | \$ | <u>10,961,495</u> |
| f. | 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) | \$ | <u>0.85</u> |
| g. | Limited Partner Ownership % | | <u>99.99%</u> |
| h. | 10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f) | \$ | <u>12,895,876</u> |
| i. | ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10) | \$ | <u>1,289,588</u> |
| j. | MAXIMUM ALLOWABLE CREDIT AMOUNT | \$ | <u>1,314,770</u> |
| k. | RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.) | \$ | <u>1,300,000</u> |
| l. | LIMITED PARTNER INVESTMENT | | <u>11,048,895</u> |
| m. | GENERAL PARTNER INVESTMENT | | <u>100</u> |
| n. | TOTAL EQUITY INVESTMENT (anticipated for initial app) | \$ | <u>11,048,995</u> |
| o. | DEFERRED DEVELOPER FEE | \$ | <u>0</u> |
| p. | Per Unit Info | | |
| | 1. CREDIT PER UNIT (Including non-program units) (j/Number of Units) | \$ | <u>20,000</u> |
| | 2. CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms) | \$ | <u>20,000</u> |
| | 3. HARD COST PER UNIT | \$ | <u>174,971</u> |
| | 4. HARD COST PER BEDROOM | \$ | <u>174,971.18</u> |
| | 5. TOTAL DEVELOPMENT COST PER UNIT <u>a - (Cost of Land + Commercial Costs + Historic Credits)</u> | | |

Total Number of Units

\$ 262,292

3. Determination of State Tax Credit Reservation Amount

| | | |
|--|----|----------------------|
| a. Aggregate 10 Year Federal RHTC Amount | \$ | <u>13,000,000.00</u> |
| b. Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%) | \$ | <u></u> |
| c. Aggregate 5 Year State AWHTC Amount | \$ | <u>0.00</u> |
| State AWHTC per year | \$ | <u>0.00</u> |
| d. State Tax Credit Equity Price | \$ | <u></u> |
| e. Limited Partner ownership % | \$ | <u>99.99%</u> |
| f. Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%) | | <u>-</u> |
| g. Financial Gap | | <u>-</u> |

| | QAP Guidelines | Per Application | Within Limits? |
|---|----------------|-----------------|----------------|
| Underwriting Guidelines: | | | |
| Total Operating Expenses (per unit) | 5,000 | 6,171 | Yes |
| Management Fee (Max Fee 5-7% of "Effective Gross Income") | | | |
| 1 - 50 units = 7% | | | |
| 51 - 100 units = 6% | 30,427 | 23,356 | Yes |
| 101 or more units = 5% | | | |
| Vacancy Rate | | | |
| Development has more than 20% PBV/PBRA/PRA | 4% - 7% | 6.0% | Yes |
| *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% | 6.0% | |
| Operating Reserves (4 months Operating Expenses, plus 4 months debt service or \$1,500 per unit, whichever is greater) | 133,705 | 400,000 | Yes |
| Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300; Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420) | #VALUE! | 27,300 | #VALUE! |
| Is Stabilized Debt Coverage Ratio within bounds? | | | |
| Large and Small City | 1.15-1.45 | #DIV/0! | |
| *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 | #DIV/0! | |
| *If Development is in Rural, check cell J7 in "Development Info (p 9)" tab | | | |
| Developments with PBV | 1.10-1.45 | #DIV/0! | #DIV/0! |
| *If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab | | | |
| At least 40% of the total Units in the project must be tax credit. | 40% | <= 94% | Yes |
| Average of tax credit units must not exceed 60% AMI | 60% | >= 43% | Yes |
| User Eligibility and Other Limitations: | | | |
| Do Sources Equal Uses? | | | Yes |
| 50% test | 50% | N/A | Yes |
| Developer Fee with consultant fee | 2,334,974 | 2,300,000 | Yes |
| *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? | - | - | N/A |
| Development Fund Limitation | 500,000 | - | Yes |
| Total Development Fund Assisted Units as per % TDC calculation | 0.0 | | |
| Dev Fund Assisted units (at or below 50% AMI) | 10.00 | 0.00 | |
| *For Bond apps: # DF units based on greater of 10 units or DFL as % of TDC | | | |
| Contractor Fee Limitation | 1,335,908 | 1,316,348 | Yes |
| General Requirements | 572,532 | 564,149 | Yes |
| General Overhead | 190,844 | 188,050 | Yes |
| Builders Profit | 572,532 | 564,149 | Yes |
| Hard Cost Contingency | #VALUE! | 1,078,730 | #VALUE! |
| Soft Cost Contingency | 24,181 | - | Yes |
| Architect Fee Limitation | 477,491 | 473,000 | Yes |
| Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab) | 25,000 | 144,654 | Yes |
| Basis Boost | 4,669,949 | - | |
| Applicable Fraction (Lower of Sq. Footage or Units) | #VALUE! | 93.85% | #VALUE! |

The undersigned hereby acknowledges that :

1. This Application form, provided by IHCDCA 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 IHCDCA 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 IHCDCA; and that the IHCDCA has no responsibility for ensuring that all or any funding allocated to the Development may be usable or may not later be recaptured;
3. For purposes of reviewing this Application, IHCDCA 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 IHCDCA for the accuracy of these representations or their compliance with IRC requirements;
4. The IHCDCA 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 IHCDCA;
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 IHCDCA 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 IHCDCA 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 IHCDCA 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 IHCDCA 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 IHCDCA 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 IHCDCA of any corrections or changes to the information submitted to the IHCDCA 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 IHCD A 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 IHCD A'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 IHCD A 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 IHCD A 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 IHCD A 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 IHCD A.
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 IHCD A's review of its request for Credits, the Applicant does hereby release IHCD A 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 IHCD A 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 26th day of July, 2024

RDOOR Housing Corporation
 Legal Name of Applicant/Owner

By: 

Printed Name: Lauren Rodriguez

Its: CEO & President

STATE OF Indiana)
) SS:
COUNTY OF Marion)

Before me, a Notary Public, in and for said County and State, personally appeared, Lauren Rodriguez
(the CEO & President of RDOOR Housing Corporation
) , the Applicant in the foregoing Application for Reservation of 2025 (current year) funding, who acknowledged
the execution of the foregoing instrument as his (her) voluntary act and deed, and stated, to the best of his (her) knowledge
and belief, that any and all representations contained therein are true.

Witness my hand and Notarial Seal this 26th day of July, 2024.

My Commission Expires:
June 28, 2025

[Signature]
Notary Public

My County of Residence:
Marion

Nicholas Hunot
Printed Name
(title)

