

2018 Electronic Underwriting Application LIHTC, HOME and Other LHC Funding

Project Name & Location:

0

Parish: **Orleans**

Submitted by:

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Project narrative (required)- please include a description of the project and any unique attributes.

Revised 05/24/2018 v.1.2

SAMPLE

2018 Checklist

Please be advised, the following checklist is provided as guidance only. The QAP/Selection Criteria requirements are the governing documents.

CHECKLIST			Required	Included	Signature	Notarized
1	– Narrative		X			
2	– Underwriting Criteria		X			
3	– Summary		X			
4	– Sources & Uses		X			
5	– Income		X			
	a) Attach waiver request letter for minimum bathroom and bedroom size if appropriate					
	b) Attach certification letter of compliance for reduction of minimum s.f. requirements					
6	– Expenses		X			
7	– Operating Proforma		X			
8	– Building Information		X			
9	– Basis Calculation		X			
10	– Housing Credits		X			
11	– Selection Criteria		X			
12	– Threshold Requirements		X			
13	– Syndication		X			
	a) Syndication Information and Certification (<i>attach completed signed & notarized PDF document</i>)		X		X	X
	b) SEC filings					
14	– Financing Certification (<i>attach completed signed & notarized PDF document</i>)		X		X	X
15	– Loan Information		X			
16	– Amortization		X			
17	– Project Schedule		X			
18	– Development Team		X			
	a) Attach detailed organizational chart (include contact information and ownership percentages for each entity)		X			
19	– Pool Selection and Tax Credit Selection Criteria		X			
20	– Checklist					
21	– Taxpayer Certification (<i>attach completed PDF signed & notarized document</i>)		X		X	X
22 Documents in Support of Applicant Information						
Appendix 1	– Ownership Information (<i>attach completed PDF signed document</i>)		X		X	X
23 Documents in Support of Property Information						
a) Appendix 2	– Site Control Worksheet		X			
	i) Worksheet (<i>attach completed PDF document</i>)					
	ii) Site control documents					

- iii) Legal descriptions
- iv) Map
- b) Appendix 3
 - Ownership History (*if applicable, attach completed signed & notarized PDF document*)
- c) Appendix 4
 - Zoning Evidence
 - i) Zoning Certification Letter (use format provided in application, obtain from local jurisdiction)
 - ii) Other documents related to zoning
- d) Appendix 5
 - Appraisal
- e) Appendix 6
 - Capital Needs Assessment

24 Documents in Support of Sources and Uses

- | | |
|----------------|--|
| a) Appendix 7 | -- Financing Commitments (obtain from bank, syndicator, etc.) |
| b) Appendix 8 | -- Letter requesting waiver of profit limits and supporting documentation |
| c) Appendix 9 | -- Developer Services Agreement; if non-profit, evidence that Qualified Non-profit or CHDO will receive at least fifty-one percent (51%) of the Developer Fee. |
| d) Appendix 10 | -- Letter from any federal agency providing federal funds or insurance advising that it has no objections to the reservation of tax credits to the project. |

25 Documents in Support of Pool Selection

- | | |
|----------------|--|
| a) Appendix 11 | -- Non-Profit Participation Information (<i>attach completed PDF document</i>) |
| b) Appendix 12 | -- IRS Determination Letter of 501(c)(3) or 501(c)(4) status (obtain from IRS) |
| c) Appendix 13 | -- Counsel's Opinion (obtain from counsel - or see Appendix 13) |
| d) Appendix 14 | -- Articles and By-Laws |
| e) Appendix 15 | -- CHDO approval letter from participating jurisdiction (obtain from local jurisdiction) |
| f) Appendix 16 | -- RD Rural Rehab- evidence of financing by United States Department of Agriculture Rural Development under Section 520 of the Housing Act of 1949 |

26 Documents in Support of Selection Criteria

- | | |
|----------------|--|
| a) Appendix 17 | -- Deconcentration Project- Geographic Diversity - Attach evidence |
| b) Appendix 18 | -- Redevelopment Project- Provide evidence as cited in glossary of QAP for (i) a Distressed Property, (ii) Redevelopment Property, or (iii) Owner-Occupied Property covered by a Development Plan of Action,. |
| c) Appendix 19 | -- High Vacancy Project-Letter from local jurisdiction that unit has been vacant for at least 90 days and likely to remain vacant because such unit are substandard. |
| d) Appendix 20 | -- Scattered Site-List of each address, square footage and costs of each separate building for Scattered Site
-- Non Scattered Site Rehabilitation Project-Attach evidence per selection
-- Scattered Site Substantial Rehabilitation or Infill Project- Attach evidence per selection |
| e) Appendix 21 | -- Preservation Project- Attach evidence of rental subsidy |
| f) Appendix 22 | -- Special Needs Households other than Elderly Households and provides Supportive Services |

- i) Description of Supportive Services tailored to each Special Needs Household
 - ii) Costs per annum of Supportive Services per Special Needs Household or written confirmation from
 - iii) Experience of Taxpayer/Owner in developing Projects servicing Special Needs Households
 - iv) Targeted Population Type Support
 - Increased Unit Affordability- Attach evidence of PSH Support or subsidies
 - QCT/DDA
 - Governmental Support (Government funds must be actual "awarded funds" as evidenced by a signed commitment obligating the funds to the project.)
 - Green Buildings- Statement from the architect to certify LEED, Green Communities, or National Green Building Standard ICC 700 (see glossary)
 - Description of Community Facilities
 - Description of Amenities
 - Additional Accessible Units- Submit number, percentage and description of construction and/or equipment provided for each Accessible Unit
 - On Site Security- (as defined in the glossary)
 - Project TDC 15% or more below maximum TDC/unit. Attach calculation supporting selection
- g) Appendix 23
- h) Appendix 24
- i) Appendix 26
- j) Appendix 27
- k) Appendix 28
- l) Appendix 29
- m) Appendix 30
- n) Appendix 31
- o) Appendix 33

27 Other Documents Required by Application but not listed elsewhere

- a) Appendix 34 -- Certification Regarding Debarment (*attach completed signed PDF document*)
- b) Appendix 35 -- Matching Certification (*attach completed signed & notarized PDF document*)
- c) Appendix 36 -- Environmental Checklist (*obtain from LHC website*)
- d) Appendix 37 -- Evidence of Community Notification
- e) Appendix 38 -- Evidence of Network Neighborhood, On-site Utilities, Transportation and Education facilities
- f) Appendix 39 -- Tenant referrals from LRA/OCD,PHA, etc.
- g) Appendix 40 -- Evidence of minimum internet/cable
- h) Appendix 41 -- Evidence of project to incorporate Energy Efficient products - original stamped letter from either architect or engineer of record.
- i) Appendix 42 -- Evidence of project to incorporate: i) 15 year or more maintenance-free exterior; ii) have at least a 25 year roof warranty; iii) have storm windows
- j) Appendix 43 -- Evidence of project to meet FEMA Guidelines for the location of the proposed project for elevation of housing relative to Base Flood Elevation. New Construction- Architect's certification must be provided for projects located inside a levee protected area. Rehabilitation- Must submit a Capital Needs Assessment which specifically addressing the current FEMA Guidelines.
- k) Appendix 44 -- Historic rehabilitation projects- include information concerning minimum project requirements, including but not limited to Energy Efficiency, Design Features, Base Flood Elevation and Internet Cable requirements for consideration of applicable waivers. Evidence approved Part I

X		X
X		X
X		
X		
X		
X		
X		
X		

l) Appendix 45

m) Appendix 52

m) Appendix 53

28 Other LHC Documents

a) LHC-1

b) LHC-2

c) LHC-3

d) LHC-4

e) LHC-5

-- Evidence that Property Management Co. or on-site Manager has received LIHTC Compliance Certification within 12 months prior to the application deadline date

-- Other project information (for items not listed elsewhere)

-- Waiver Requests

-- Certification of Demand (*To be supplied by Market Analyst*)

-- CEO Notification Letter Information

-- Developer Experience (*attach completed PDF signed document*)

-- Management Experience (*attach completed PDF signed document*)

-- Tenant Selection Plan

X		
X		
X		
X		
X		X
X		X
X		

INSTRUCTIONS FOR COMPLETING THE LHC MULTIFAMILY UNDERWRITING MODEL

General Instructions

- A. Do not create additional formulas in any cells as this may interfere with LHC's project underwriting.
- B. Some cells may be shaded black based on data input from previous sheets/cells. Do not enter data in blacked out cells.
- C. Complete each of the worksheets.
- D. All worksheets must be completed. Information on each worksheet is linked to other sheets.
- E. To print this entire file, click on "*File*," then "*Print*" and select "*Print Entire Workbook*."

1) Underwriting Criteria

- A. This provides you with LHC's guidelines for various underwriting criteria and identifies if your project meets these criteria.
- B. LHC's default percentages for rent inflation, vacancy and operating expense inflation are shown. However, if another non-LHC funding source requires different inflation factors, the percentages may be modified with appropriate justification.
- C. LHC's required per unit amount for the reserve for replacement account is shown. However, if another non-LHC funding source requires a higher replacement reserve amount per unit, this may be modified with appropriate justification.
- D. If your numbers vary from LHC guidelines, you must explain these variances either in the spaces provided or as an attachment to the application submission.

2) Summary

- A. Enter basic info about the project and developer.
- B. Be sure to indicate if this is an application for LHC Low-Income Housing Tax Credits.
- C. Enter any additional explanatory information you wish to provide LHC in the "Applicant Notes" section at the bottom of the sheet. During initial application scoring and underwriting, more information is better!

3) Sources & Uses

- A. Enter all permanent sources of funding, debt and equity, along with requested information for each source.
- B. If a cash flow loan is a source, describe the terms of repayment in the box provided.
- C. Enter all construction sources. Some of the construction sources may also be the same as some of the permanent sources; however, you must identify the amount of each source (including equity) that is available during the construction period. If there are costs not paid during construction, identify those.
- D. Enter all development and construction costs. Be sure to identify the source funding your operating deficit reserve and any sources you enter in cells marked "Other."

- E. Construction contingency defaults to 10% of total hard costs.
- F.
For projects proposing federal historic tax credits, enter the equity amount generated in the "Sources" section and at the bottom in the red section, deduct the amount of federal historic credits awarded (not the equity amount). The Sources shows the equity and the bottom of the Uses should deduct the actual federal historic credit.
- G. Verify that permanent sources and construction sources both equal the total development cost (uses).
- H. Enter the applicable credit percentage for the 30% value credits which is the month prior to the application due date.
LHC will underwrite at the rate in effect the month prior to the application submission due date, so the credit factor is subject to modification by LHC if the credit rate entered by the applicant is different from the rate in effect the month prior to application submission for 30% value credits. LHC will use a flat 9% rate for 70% value credits.

4) Income

- A. Indicate which amenities your project will provide.
- B. *Utility Allowances* : Indicate the type of utilities the project will have, as well as which will be paid by owner and which will be paid by tenants. For utilities paid by tenants, enter the applicable utility allowance for each. Also enter the source of the utility allowances you are using.
- C. *Unit Distribution*: For each bedroom type, enter the requested information. Be sure to enter the Contract Rent, which is the rent you will be charging tenants or the project-based rent (if applicable).
- D. *Project Totals*: Enter the common area square footage and commercial square footage, if applicable.
- E. *Rental Assistance*: If the project is proposing project-based rental assistance, enter the source of the assistance and the number of units that will have project-based assistance. The current rental assistance contract, along with current approved rents and utility allowances as documented by the rental assistance provider, must be submitted with the application
- F. *Other Income*: Enter the monthly amount of other revenues you are reasonably sure the project will receive.
- G. *Annual Operating Subsidies* : If the project will receive operating subsidy, enter the source and amount. Documentation of the amount and source of the operating subsidy must be provided with the application. If the operating subsidy will not continue for the full applicable compliance period, justification must be provided to explain how the project will cash flow without the additional subsidy.

5) Expenses

- A. Enter the projected annual expenses for Year 1 of stabilized operations.
- B. At the bottom of the sheet, again indicate who will be responsible for which utilities.

6) Operating Proforma

- A. This cash flow charts revenue and expenses over 20 years to see how a project performs financially. You may not need to enter any information, but you should make sure the project has sufficient debt coverage ratios and cash flow throughout whatever compliance period applies to the funding you seek (15 years for tax credits). LHC requires a DCR of no less than 1.15 through Year 15 (exception: 1.10 DCR for Rural Housing Services (RHS) Rural Development funded properties). If a LHC funding source, such as HOME, requires a longer compliance period and the DCR is not positive through year 20, an explanation must be provided on the Summary page detailing how the owner will handle the negative cash flow so that the project remains financially viable throughout the compliance period.
- B. If you determine that inflation or vacancy factors should be modified, go to "0)Underwriting Criteria" and enter your numbers in the column labeled "Applicant's #." Any changes must be justified and explained.
- C. If there are project expenses that are payable subject to available cash flow, manually input the annual amount of those expenses. At the bottom of the proforma, identify those expenses subject to cash flow.
- D. If a cash flow loan is a source, manually input the annual repayment amount of the cash flow loan.
- E. This sheet will automatically calculate the repayment of any Deferred Developer Fee with available cash flow.
- F. For the Capital Reserve Balance Analysis, all housing credit projects must enter the annual total repair and replacement costs. The annual amount needed must be entered as a **negative number**. This section will then calculate the reserve balance to determine if the project can meet its ongoing capital needs.

7) Housing Credits

- A. If you indicated your project is not seeking Housing Credits, this sheet will be blacked out.

The remaining sheets are to be completed as instructed. Please upload all information needed to support point selections. Each uploaded item must be labeled.

0 Underwriting Criteria

LHC Guidelines						
Vacancy Rates	Minimum	Maximum	LHC Notes	Applicant's #	Within Limits?	If outside limits, briefly explain.
Vacancy Rate for 11 Units or Less	7.0%		Default is 7%	7.0%	Yes	
Vacancy Rate Year 1-3	7.0%			7.0%	Yes	
Vacancy Rate Year 4-15	7.0%			7.0%	Yes	
Rent Inflation						
Rent Inflation Rate Years 1-3	2.0%		Default is 2%	2.0%	Yes	
Rent Inflation Rate Years 4+	2.0%			2.0%	Yes	
Operating Cost Inflation Rates						
Administrative	3.0%		Default is 3%	3.0%	Yes	
Utilities	3.0%			3.0%	Yes	
Taxes/Insurance	3.0%			3.0%	Yes	
Reserve For Replacement						
\$250 for New Construction Seniors Project \$300 for New Construction Family and Rehabs	\$300		,	\$250	No	
Operating Costs & Inflation Factors						
Annual Operating Costs Per Unit	\$3,600			\$0	No	
Development & Construction Costs						
Construction Contingency		10.0%	Capped at 10% of hard costs	N/A	No	
Operating Deficit Reserve	\$0		Six months of projected operating expenses. Up to \$2,000 per unit per year may be funded from project development sources. Reserves exceeding \$2,000 per unit must be funded either with deferred developer fees, unsecured debt or soft cash flow debt.	\$0	Yes	
Developer Fee <i>(complete calculation below)</i>		\$0		\$0	Yes	
Debt Coverage Ratio						
Debt Coverage Ratio Year 1	1.15	1.4	<i>1.15 minimum DCR; 1.10 DCR for Rural Housing Services (RHS) and HUD financed projects.</i>	n/a		
Lowest Average DCR for all 15 Years	1.15			0.00		
Deferred Developer Fee Repayment						
Deferred Fee must mature by the end of 15 years?	Yes					
TDC per Unit Limit						
Is TDC Within the allowable limit?		#N/A	Maximum Average TDC per Unit			
Is Adjusted TDC Within the allowable limit?		#N/A	Maximum Average TDC per Unit			
Is TDC per unit at least 15% below max limit?		#N/A	Selection Criteria Item			

Builder IS related to Taxpayer or General Partner

Is there an identity of interest to the Developer?	0	
--	---	--

Construction Type	Units Entered on Income Sheet
New Construction	0
Rehabilitation	0
Adaptive Reuse/Historic Rehab	0
Total Residential Units:	0

Developer Fee Calculation

Any deviation from the Developer Fee Calculations should be explained below:

General Requirements	Limit	\$0.00
	Actual	\$0.00
Builder's Overhead	Limit	\$0.00
	Actual	\$0.00
Builder's Profit	Limit	\$0.00
	Actual	\$0.00
Developer Fee	Limit	\$0.00
	Actual	\$0.00
Total Development Costs		\$0.00
Extraordinary Costs		\$0.00
Adjusted TDC		\$0.00
Acquisition Costs		\$0.00
Land Costs		\$0.00
Developer Fee		\$0.00
Consulting Fee		\$0.00
Any payments deemed Lease Payments for self-owned equipment		\$0.00
Payments to related persons or persons with an identity of interest to the Developer		\$0.00
		\$0.00
		\$0.00
Developer Fee Base		\$0.00
5% Acquisition Cost Base		\$0.00
Maximum Total Developer Fee:		\$0.00

0

PROJECT SUMMARY

Taxpayer Name:			
Taxpayer Address:			
City, State & Zip:			
Taxpayer Contact:			
Phone:		Email:	
Project Name:			
Street Address:			
City:		Parish:	Orleans
Zip Code:		MSA:	New Orleans

Total Units:	0	Construction Type:	
Primary Unit Type:		Target Population:	
Additional Unit Type:		Infill:	
Total Residential Square Feet:	0	Elevation:	
Avg Sq Ft/Unit:	-		

LHC Funding Type:		
Is project located in a DDA and/or QCT?		
Is project requesting HOME?		Amount:
Is project requesting NHTF?		Amount:
Is project requesting CDBG?		Amount:
Census Tract(s):		
Tax Credit Set-Aside Election:		
Federal ID / SSN:		
Is there an identity of interest between the Builder the Developer?		
Is property RD, PHA or HUD distressed?		

Unit Mix	Efficiency	1-BR	2-BR	3-BR	4-BR	Totals
20% AMI	0	0	0	0	0	0
30% AMI	0	0	0	0	0	0
40% AMI	0	0	0	0	0	0
50% AMI	0	0	0	0	0	0
60% AMI	0	0	0	0	0	0
80% AMI	0	0	0	0	0	0
120% AMI	0	0	0	0	0	0

#DIV/0!

Unrestricted	0	0	0	0	0	0
Totals	0	0	0	0	0	0

Operating Budget	Annual	Per Unit
Adjusted Gross Income	\$0	\$0
Other Income/Subsidies	\$0	\$0
Vacancy 7%	\$0	\$0
Effective Gross Income	\$0	\$0
Operating Expenses	\$0	\$0
Replacement Reserve	\$0	\$0
Net Operating Income	\$0	\$0
Debt Service	\$0	\$0
Cash Flow Year 1	\$0	\$0

Development Costs	Total	Per Unit	% of Total
Acquisition	\$0	\$0	0.0%
Hard Costs	\$0	\$0	0.0%
Construction Contingency	\$0	\$0	0.0%
Soft Costs	\$0	\$0	0.0%
Developer Fee	\$0	\$0	0.0%
Total	\$0	#DIV/0!	

Sources	Total	Per Unit	% of Total
<u>Debt Sources</u>			
HOME	\$0	\$0	0.0%
NHTF	\$0	\$0	0.0%
CDBG	\$0	\$0	0.0%
Risk-Sharing	\$0	\$0	0.0%
Other loan (identify):	\$0	\$0	0.0%
Non-LHC Loans	\$0	\$0	0.0%
<u>Equity Sources</u>			
Deferred Dev Fee	\$0	\$0	0.0%
Cash Flow Loan	\$0	\$0	0.0%

Operating Cash Flow	DCR	Cash Flow Per Unit
Year 1	n/a	-
Year 5	n/a	-
Year 10	n/a	-
Year 15	n/a	-

Key Assumptions	
Vacancy Rate Year 1-3:	7.0%
Vacancy Rate: Year 4+	7.0%
Rent Inflation Year 1-3:	2.0%
Rent Inflation Year 4+:	2.0%
Expense Inflation:	
Administrative	3.00%
Operating/Maintenance	3.00%
Utilities	3.00%
Taxes/Insurance	3.00%

Capital Reserve Balance	Total	Per Unit
Year 10	\$0	\$0
Year 15	\$0	\$0
Year 20	\$0	\$0

Housing Credit Allowed	
Annual Credit Allowed:	\$0
Per Unit:	\$0
LIHTC Applicable Fraction:	0.0%

LHC Sources

LIHTC Equity	\$0	\$0	0.0%
Other Equity/Grants	\$0	\$0	0.0%
Total	\$0	\$0	0.0%
(Gap) or Surplus	\$0	\$0	0.0%

Total LHC Sources:	\$0
LHC Cost Per Unit:	\$0
LHC Costs as % of TDC:	0.0%

Applicant's Initial Submission Underwriting Notes to LHC	
1	
2	
3	
4	
5	
6	
7	
8	
9	
#	

LHC Underwriting Review Notes	Applicant Response
1	

Issue
Resolved?

2		
3		
4		
5		
6		
7		
8		
9		
#		
#		
#		
#		
#		
#		

Rehab / Construction

**Note that New construction
information should be entered in
rows 110 to 180, rehab
information in rows 2 to 107**

0

Rehab Escrow Requirements		Code	Cost of Rehabilitation
Site Utilities		1.5	
Site Improvements		2.0	
Topography		2.1	
Drainage		2.2	
Parking Lot- asphalt		2.3	
Parking Lot- stripe		2.3	
Parking Lot- concrete		2.3	
Flatwork		2.4	
Dumpster Pads		2.5	
Landscaping		2.6	
Lighting, porch lights		2.7	
Lighting, building mounted		2.7	
Signage		2.8	
Parking Garage		2.9	
Amenities, playground		2.10	
Amenities, pool deck		2.10	
Amenities, pool equipment		2.10	
Amenities, pool plaster		2.10	
Amenities, basketball court		2.10	
Amenities, tennis courts		2.10	
Fences, chain link w/gates		2.11	
Fences, wrought iron		2.11	
Fences, post and rail		2.11	
Fences, stockade and weave		2.11	
Carports		2.12	
Mail facilities		2.13	
Exterior		3.0	
Walls, aluminum siding		3.1	
Walls, brick/block		3.1	
Walls, stone veneer		3.1	
Walls, glass block		3.1	
Walls, granite block		3.1	

Walls, pre-cast concrete	3.1	
Walls, vinyl	3.1	
Walls, plywood (T1-11)	3.1	
Walls, stucco	3.1	
Windows, frames & glazing	3.2	
Doors, solid core	3.3	
Doors, sliding doors	3.3	
Doors, screen doors	3.3	
Exterior Stairs, wood	3.4	
Exterior Stairs, filled metal pans	3.4	
Exterior Stairs, concrete	3.4	
Balconies / Landings	3.5	
Interior	4.0	
Walls and ceilings, common areas	4.1	
Walls and ceilings, units	4.2	
Flooring, carpet common areas	4.3	
Flooring, carpet units	4.3	
Flooring, tile common areas	4.3	
Flooring, tile units	4.3	
Cabinets	4.4	
Countertops and Sinks	4.5	
Refrigerators	4.6	
Ranges & vent hoods	4.7	
Interior Closet Doors	4.8	
Interior Doors	4.8	
Interior Stairs	4.9	
Structure	5.0	
Foundation	5.1	
Framing	5.2	
HVAC	6.0	
Heat Pumps	6.1	
Window units	6.1	
Heating Eqpt., Electric	6.1	
Heating Eqpt., Gas	6.1	
Cooling Equipment	6.2	
Electrical System	7.0	
Service	7.1	
Devices	7.2	

Plumbing Systems	8.0	
Supply/Waste Lines	8.1	
Water Heaters	8.2	
Boiler, gas fired	8.2	
Boiler, room valves	8.2a	
Washers/Dryers	8.3	
Toilets	8.4a	
Vanities w/sinks	8.4b	
Wall-mounted sinks	8.4b	
Tubs w/ shower walls	8.4c	
Disposals	8.5	
Roofs	9	
Roofs, shingles w/gutters & downspouts	9.1	
Roofs, built-up	9.1	
Roofs, membrane	9.1	
Roofs, metal	9.1	
Fire Suppression	10.0	
Sprinkler system	10.1	
Life and Safety	10.2	
Elevator & Vert. Trans.	11.0	
Elevator controller	11.1	
Elevator cab	11.2	
Elevator, machinery	11.3	
Elevator, shaft doors	11.4	
Elevator, shaftways	11.5	
ADA	12.0	
Safety & Violations	13.0	
Security Systems	13.1	
Code Violations	13.2	
CONSTRUCTION CONTINGENCY, NOT MORE THAN 10		
Other		
Other		
Other		
Other		
Other		
TOTAL REHABILITATION COSTS		\$0

New Construction

<i>Development Costs</i>			<i>Code</i>	<i>Cost</i>
Concrete			3	\$0
Masonry			4	\$0
Metals			5	\$0
Rough Carpentry			6	\$0
Finish Carpentry			6	\$0
Rehabilitation Costs			6	\$0
Insulation			7	\$0
Roofing			7	\$0
Sheet Metal			7	\$0
Doors			8	\$0
Windows			8	\$0
Glass			8	\$0
Lath and Plaster			9	\$0
Drywall			9	\$0
Tile Work			9	\$0
Acoustical			9	\$0
Wood Flooring			9	\$0
Resilient Flooring			9	\$0
Painting and Decorating			9	\$0
Specialties			10	\$0
Special Equipment			11	\$0
Cabinets			11	\$0
Appliances			11	\$0
Blinds and Shades			12	\$0
Carpets			12	\$0
Special Construction			13	\$0
Elevators			14	\$0
Plumbing and Hot Water			15	\$0
Heat and Ventilation			15	\$0
Air Conditioning			15	\$0
Electrical			16	\$0
Accessory Structures				\$0
Earth work			2	\$0
Site Utilities			2	\$0
Roads and Walks			2	\$0
Site Improvement			2	\$0
Lawns and Planting			2	\$0
Unusual Site Conditions			2	\$0

General Requirements & Other Costs	Code	Cost
General Requirements	1	\$0
Supervision	1	
Field Engineering	1	
Field Office Expense	1	
Temporary Facilities	1	
Temporary Utilities	1	
Cleaning & Rubbish Removal	1	
Builders Risk Insurance	1	
Watchmen Wages	1	
Travel Expense	1	
Building Permit	1	
Other:	1	
Other:	1	
Other:	1	
Other:	1	
Builder Overhead		
Builder's Profit		
Miscellaneous		
Bond Premium		
Other Fees Paid by Contractor		
CONSTRUCTION CONTINGENCY, NOT MORE THAN 10		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
TOTAL HARD COSTS		\$0

General Requirements	<i>Limit</i>	\$0
	<i>Actual</i>	\$0
Builder's Overhead	<i>Limit</i>	\$0
	<i>Actual</i>	\$0
Builder's Profit	<i>Limit</i>	\$0

	<i>Actual</i>	\$0
Developer Fee	<i>Limit</i>	\$0
	<i>Actual</i>	
<i>Months from Reservation to Placed in Service:</i>		0

Rehab/Development Cost Comments:

0 Sources & Uses

Total Units: 0
Construction: 0

Primary Unit Type: 0
Parish: Orleans

Do not create additional formulas in any cells as this may interfere with LHC's project underwriting.

SOURCES OF FUNDING

Permanent Debt Sources:	Amount	Per Unit	Interest Rate	Amortization Term (in Years)	Lien Position	Annual Payment
LHC HOME, amortizing		\$0				
LHC HOME, deferred, due at maturity		\$0				
LHC HOME, forgiven at maturity (excluded from basis)		\$0				
NHTF, amortizing		\$0				
NHTF, deferred, due at maturity		\$0				
NHTF, forgiven at maturity		\$0				
CDBG		\$0				
Risk-Sharing		\$0				
Other loan (identify):		\$0				
Other loan (identify):		\$0				
NON-LHC DEBT:						
Non-LHC loan #1 (identify lender):		\$0				
Non-LHC loan #2 (identify lender):		\$0				
Non-LHC loan #3 (identify lender):		\$0				
Cash Flow Loans		\$0				
Total Debt Sources:	\$0	\$0				\$0

If any of the above non-LHC loans require payment of a mortgage insurance premium, identify loan and MIP amount:
Is the MIP included in the rate/payment amount shown above?

Frequency:

Permanent Equity Sources:	Federal Grant?	Amount	Per Unit	Affordability Period		Describe repayment of cash flow loan:
Deferred Developer Fee (amount unpaid by Yr 15 deducted from basis)			\$0			
Cash Flow Loan			\$0			
Federal Historic Tax Credit Equity (credit amount is deducted from basis)			\$0		Pricing: \$	
Other equity/grant (identify):			\$0			
Other equity/grant (identify):			\$0			
Other equity/grant (identify):			\$0			
Other equity/grant (identify):			\$0			
Other equity/grant (identify):			\$0			
Donated or volunteer labor (total cost must include value of donation)			\$0			
Donated materials (total cost must include value of donation)			\$0			
Donated land value (total acquisition cost must include value of donation)			\$0			
Net present value of waived or reduced taxes (not in development budget)			\$0			
LIHTC Anticipated Net Syndication Proceeds (4% / 9%)			\$0			
Total Equity Sources:		\$0	\$0			

Estimated Credit Pricing: cents per dollar

Equity Provider/Syndicator:

TOTAL PERMANENT SOURCES:

\$0 -

Total Development Costs:

\$0 -

Permanent Funding Sources out of balance by:

\$0 -

Annual Credit Allocation:
\$0

Construction Financing Sources:

(May include permanent sources listed above)

From Uses of Funding Below

	Amount Available During Construction	% TDC	Developer Notes
Bank Construction Loan		0.0%	
Developer Equity (Self-Financing)		0.0%	
Deferred Developer Fee		0.0%	
Housing Credit Equity Available During Construction		0.0%	
Costs Not Paid During Construction (Must Identify)		0.0%	
Other:		0.0%	
Other:		0.0%	
Other:		0.0%	
Other:		0.0%	
Total Construction Sources:	\$0	0.0%	

Const. Financing Sources out of balance by:

\$0 0.0%

Construction sources must be equal to or greater than Total Development Costs.

USES OF FUNDING	TOTAL COST	Per Unit Cost	Tax Credit Project: Eligible Costs		Non-Tax Credit Project OR Excluded from Tax Credit Basis
			70% Present Value Credit	30% Present Value Credit	

Any deviation from the uses of funding or eligible costs should be explained below. Addition information may be included in the application submission.

ACQUISITION

Building Acquisition	\$0	\$0			
Land Acquisition (include value of donated land)	\$0	\$0			
TOTAL ACQUISITION	\$0	\$0	\$0	\$0	\$0

HARD COSTS

Building Costs

Appliances	\$0	\$0			
Building - New Construction Costs	\$0	\$0			
Building - Rehabilitation Construction Costs	\$0	\$0			
Lead-based paint controls or abatement	\$0	\$0			

Site Work

Demolition	\$0	\$0			
Earth Work	\$0	\$0			
Lawn/Plantings	\$0	\$0			
Off Site Work	\$0	\$0			
Roads/Walks	\$0	\$0			
Site Utilities	\$0	\$0			
Unusual Site Conditions	\$0	\$0			

Contractor Fees

Payment and Performance Bond	\$0	\$0			
General Requirements	\$0	\$0			
Builder's Overhead	\$0	\$0			
Builder's Profit	\$0	\$0			
Construction Manager's Fee	\$0	\$0			
Builder's Risk Insurance	\$0	\$0			
Builder's Liability Insurance	\$0	\$0			
Worker's Compensation Insurance	\$0	\$0			

N/A of Hard Costs
N/A of Hard Costs
N/A of Hard Costs

Other Hard Costs

Other:	\$0	\$0			
Other:	\$0	\$0			
Other:	\$0	\$0			
TOTAL HARD COSTS	\$0	\$0	\$0	\$0	\$0

CONSTRUCTION CONTINGENCY

Construction Hard Cost Contingency	\$0	\$0			
------------------------------------	-----	-----	--	--	--

N/A of Hard Costs

SOFT COSTS

Construction Interim Costs

Bridge Loan Fees	\$0	\$0			
Bridge Loan Legal Fees	\$0	\$0			
Building Permits/Fees	\$0	\$0			
Construction Credit Enhancement	\$0	\$0			
Construction Financing Fees	\$0	\$0			
Construction Hazard Insurance	\$0	\$0			
Construction Interest	\$0	\$0			
Construction Legal Fees	\$0	\$0			
Construction Liability Insurance	\$0	\$0			
Construction Loan Points	\$0	\$0			
Construction Title and Recording	\$0	\$0			
Other Construction Finance Fees	\$0	\$0			

Permanent Financing

Permanent Credit Enhancement	\$0	\$0			
Permanent Financing Fees	\$0	\$0			
Permanent Legal Fee	\$0	\$0			
Permanent Loan Points	\$0	\$0			
Permanent Title and Recording	\$0	\$0			
Other Permanent Loan Financing Fees	\$0	\$0			

LHC Risk-Sharing Fees

Application Fee (\$3,000)	\$0	\$0			
Commitment Fee (3% of loan amount)	\$0	\$0			\$0
Upfront MIP (.5% of loan amount)	\$0	\$0			\$0
Closing Fee (\$5,000)	\$0	\$0			

Professional Fees					
Accounting Fees	\$0	\$0			
Architect Fees	\$0	\$0			
Engineering Fees	\$0	\$0			
Reserves					
Escrows	\$0	\$0			
Operating Deficit Reserve	\$0	\$0			
Rent Up Reserves	\$0	\$0			
Replacement Reserve Deposit	\$0	\$0			
Other:	\$0	\$0			
Other:	\$0	\$0			
Other:	\$0	\$0			
Syndication Costs					
Syndication Legal Fees	\$0	\$0			
Syndication Organization Expenses	\$0	\$0			
Other Syndication Expenses	\$0	\$0			
Other Soft Costs					
Relocation Expenses	\$0	\$0			
Appraisal	\$0	\$0			
Market Study	\$0	\$0			
Environmental Study	\$0	\$0			
Environmental Review Contractor (HOME/Risk Sharing)	\$0	\$0			
Lead-Based Paint Assessment and Testing	\$0	\$0			
Survey	\$0	\$0			
Physical Capital Needs Assessment	\$0	\$0			
Marketing	\$0	\$0			
Property Taxes	\$0	\$0			
Cost Certification	\$0	\$0			
Asset Management Fee	\$0	\$0			
LHC Non-Tax Credit Application Fee	\$0	\$0			
LHC Tax Credit Application Fee	\$0	\$0			
LHC Tax Credit Reservation Fee (5% of credit request)	\$0	\$0			
LHC Fees other	\$0	\$0			
Non-LHC Tax Credit Fees	\$0	\$0			
Other:	\$0	\$0			
Other:	\$0	\$0			
Other:	\$0	\$0			
Developer's Fee					
Consulting Fee	\$0	\$0			
Developer Fee	\$0	\$0			
	\$0	\$0			\$0
TOTAL SOFT COSTS	\$0	\$0	\$0	\$0	\$0
TOTAL DEVELOPMENT COSTS	\$0	\$0	\$0	\$0	\$0
<u>Reductions to Eligible Basis:</u>					
HOME forgiven at maturity	\$0				
Federal Historic Tax Credits	\$0				
Other Federal Grants & Subsidies	\$0				
Excess Cost Units					
Other					
Unpaid Deferred Developer Fee (after 15 Years)	\$0				
ELIGIBLE BASIS	\$0				
High Cost Adjustment (Basis Boost)					
*Add 130% if applicable	100%		100%	100%	
ADJUSTED ELIGIBLE BASIS	\$0		\$0	\$0	
Applicable Fraction			0%	0%	
QUALIFIED BASIS	\$0		\$0	\$0	
Tax Credit Rate			9.00%	0.00%	
MAXIMUM ANNUAL TAX CREDIT	\$0		\$0	\$0	

\$0 Minimum

Total Dev. & Consult. Fees:
of allowable TDC
Consulting Fee:
#DIV/0! of Total Fees
N/A of TDC

0 UNITS & INCOME

Utility Allowances

Amenities Included in Units:

Oven/Range		Garbage Disposal	
Refrigerator		Washer/Dryer	
Microwave		Washer/Dryer Hookup	
Dishwasher			

Heating System

Heating Fuel:	
System Type:	

Utility	Utility Fuel Source (electric, gas, oil, etc.)	Utilities Paid By	Allowance for Utilities Paid by Tenant Only				
			0 BR	1 BR	2 BR	3 BR	4 BR
Cooking							
Other, Lighting	Electric						
Hot Water							
Water							
Heating							
Air Conditioning	Electric						
Sewer							
Trash Collection							
TOTAL			\$0	\$0	\$0	\$0	\$0

Source for utility allowance: _____
(Attach documentation and include the date of most current chart)

Unit Distribution

Required Unit Distribution by Funding Source

Based on LHC funding requested, distribution is calculated by the percentage of total sources each funding type represents. Refer to the "Compliance Checks" sheet to see the required distribution of HOME funds by bedroom type.

Funding Source	% of Sources	Min. Units	Min. Low HOME Units:
HOME units	0.0%	#REF!	#REF!
NHTF units	0.0%		Total minimum required units may exceed a project's actual units due to blended funding.

0 Bedroom Units

Construction Type	# of Units	Rent Restriction Program	Housing Credit Unit(s)?	Project Based Rental Assistance if applicable	Income Restriction	# of Baths	Square Footage Per Unit	Proposed Contract Rent (excludes utility allowance)	Cost per unit	Cost per unit multiplied by # of units	Monthly Rent	Annual Rent	Contract Rent + Utility Allowance	TDC per unit limit
										\$0	\$0	\$0	\$0	\$108,907
										\$0	\$0	\$0	\$0	\$108,907
										\$0	\$0	\$0	\$0	\$108,907
										\$0	\$0	\$0	\$0	\$108,907
										\$0	\$0	\$0	\$0	\$108,907

Subtotal 0 0 \$0 \$0 \$0

1 Bedroom Units

Construction Type	# of Units	Rent Restriction Program	Housing Credit Unit(s)?	Project Based Rental Assistance if applicable	Income Restriction	# of Baths	Square Footage	Proposed Contract Rent (excludes utility allowance)	Cost per unit	Cost per unit multiplied by # of units	Monthly Rent	Annual Rent	Contract Rent + Utility Allowance	TDC per unit limit
										\$0	\$0	\$0	\$0	\$152,469
										\$0	\$0	\$0	\$0	\$152,469
										\$0	\$0	\$0	\$0	\$152,469
										\$0	\$0	\$0	\$0	\$152,469
										\$0	\$0	\$0	\$0	\$152,469

Subtotal 0 0 \$0 \$0 \$0

2 Bedroom Units

Construction Type	# of Units	Rent Restriction Program	Housing Credit Unit(s)?	Project Based Rental Assistance if applicable	Income Restriction	# of Baths	Square Footage	Proposed Contract Rent (excludes utility allowance)	Cost per unit	Cost per unit multiplied by # of units	Monthly Rent	Annual Rent	Contract Rent + Utility Allowance	TDC per unit limit
										\$0	\$0	\$0	\$0	\$196,032
										\$0	\$0	\$0	\$0	\$196,032
										\$0	\$0	\$0	\$0	\$196,032
										\$0	\$0	\$0	\$0	\$196,032
										\$0	\$0	\$0	\$0	\$196,032

Subtotal 0 0 \$0 \$0 \$0

3 Bedroom Units

Construction Type	# of Units	Rent Restriction Program	Housing Credit Unit(s)?	Project Based Rental Assistance if applicable	Income Restriction	# of Baths	Square Footage	Proposed Contract Rent (excludes utility allowance)	Cost per unit	Cost per unit multiplied by # of units	Monthly Rent	Annual Rent	Contract Rent + Utility Allowance	TDC per unit limit
										\$0	\$0	\$0	\$0	\$261,376
										\$0	\$0	\$0	\$0	\$261,376
										\$0	\$0	\$0	\$0	\$261,376
										\$0	\$0	\$0	\$0	\$261,376
										\$0	\$0	\$0	\$0	\$261,376

Subtotal 0 0 \$0 \$0 \$0

4 Bedroom Units

Construction Type	# of Units	Rent Restriction Program	Housing Credit Unit(s)?	Project Based Rental Assistance if applicable	Income Restriction	# of Baths	Square Footage	Proposed Contract Rent (excludes utility allowance)	Cost per unit	Cost per unit multiplied by # of units	Monthly Rent	Annual Rent	Contract Rent + Utility Allowance	TDC per unit limit
										\$0	\$0	\$0	\$0	\$326,720
										\$0	\$0	\$0	\$0	\$326,720
										\$0	\$0	\$0	\$0	\$326,720
										\$0	\$0	\$0	\$0	\$326,720
										\$0	\$0	\$0	\$0	\$326,720

Subtotal 0 0 \$0 \$0 \$0

Unit Totals

New Construction Units	0
Rehabilitation Units	0
Adaptive Reuse/Historic Rehab	0
Total Residential Units:	0
Square Footage of Residential Units:	0
Commercial Square Footage:	
Common Area(s) Square Footage:	
CSF Square Footage (if applicable):	
Total Square Footage:	0

	Monthly	Annual
Gross Rent Potential (Excluding Utilities)	\$0	\$0
Per Unit Average Rent	-	-
# Housing Credit Units	0	
Square Footage of Housing Credit Units	-	
Sum of Unit Costs	\$0	

Rental Assistance

Is project-based rental assistance (PBRA) or project-based voucher (PBV) assistance provided?		Source of rental assistance:		Name of other source:	
Number of units receiving rental assistance:		Rental assistance contract expiration date:			

Other Income

(These will be trended at the same rate as rents on the Operating Proforma)

	Monthly	Annually
Rent from Commercial Space		\$0
Interest		\$0
Laundry		\$0
Parking		\$0
Tenant Charges (late fees, insufficient funds fees, etc)		\$0
Other (identify):		\$0
Total Other Income:	\$0	\$0

Annual Operating Subsidies

	Year 1	Year 2	Year 3	Year 4	Year 5
Source 1:					
Source 2:					
Source 3:					
Total Operating Subsidy:	\$0	\$0	\$0	\$0	\$0
	Year 6	Year 7	Year 8	Year 9	Year 10
Source 1:					
Source 2:					
Source 3:					
Total Operating Subsidy:	\$0	\$0	\$0	\$0	\$0
	Year 11	Year 12	Year 13	Year 14	Year 15
Source 1:					
Source 2:					
Source 3:					
Total Operating Subsidy:	\$0	\$0	\$0	\$0	\$0

	Year 16	Year 17	Year 18	Year 19	Year 20
Source 1:					
Source 2:					
Source 3:					
Total Operating Subsidy:	\$0	\$0	\$0	\$0	\$0

Applicant's Unit & Income Notes to LHC	

0
ANNUAL OPERATING EXPENSES

Parish: Orleans
Number of units: 0
Target population: 0

Administrative	Total	Per Unit	% of Total	% EGI
Accounting Services		\$0	0.0%	
Administrative Rent Free Unit(s)		\$0	0.0%	
Bad Debt		\$0	0.0%	
Rent Concessions		\$0	0.0%	
Advertising		\$0	0.0%	
LHC Compliance Monitoring Fees		\$0	0.0%	
Compliance Fees (Other)		\$0	0.0%	
Asset Management Fee		\$0	0.0%	
Legal Auditing		\$0	0.0%	
Management Fee		\$0	0.0%	0.00%
Manager(s) Salaries		\$0	0.0%	
Office Salaries		\$0	0.0%	
Office Supplies		\$0	0.0%	
Telephone		\$0	0.0%	
Other (identify):		\$0	0.0%	
Total Administrative	\$0	\$0	0.0%	
Operating/Maintenance				
Elevator Maintenance/Contract		\$0	0.0%	
Exterminating Contract		\$0	0.0%	
Grounds Expense		\$0	0.0%	
Janitorial Services		\$0	0.0%	
Repairs/Maintenance		\$0	0.0%	
Security Payroll/Contract		\$0	0.0%	
Waste Collection		\$0	0.0%	
Other (identify):		\$0	0.0%	
Total Operating/Maintenance	\$0	\$0	0.0%	
Utilities				
Electricity		\$0	0.0%	
Gas		\$0	0.0%	
Sewer		\$0	0.0%	
Water		\$0	0.0%	
Other (identify):		\$0	0.0%	
Total Utilities	\$0	\$0	0.0%	
Taxes/Insurance				
Property Insurance		\$0	0.0%	
Other Insurance		\$0	0.0%	
Payroll Taxes		\$0	0.0%	
Real Estate Taxes		\$0	0.0%	
Workmen's Compensation		\$0	0.0%	
Other (identify):		\$0	0.0%	
Total Taxes/Insurance	\$0	\$0	0.0%	
Total Operating Expenses	\$0	\$0	0.0%	

	Tenant Utilities	Responsible Party
Who will be responsible for tenant utilities? Does not include common areas.	Electricity	
	Gas	
	Water	
	Sewer	
	Other:	

For which Parish was the LHC historical expense data utilized?

0

Operating Proforma

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
REVENUE											
	<i>Inflation Factor</i>										
	<i>Yrs 1-3</i>										
	<i>Yrs 4+</i>										
Gross Rent Potential	2.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vacancy Rate	7.0%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adjusted Gross Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Income		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Subsidies		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Effective Gross Income (Net Income)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Per Unit</i>		-	-	-	-	-	-	-	-	-	-
OPERATING EXPENSES											
	<i>Inflation Factor</i>										
	<i>3.00%</i>										
Administrative	3.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating/Maintenance	3.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Utilities	3.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Taxes/Insurance	3.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Per Unit</i>		#DIV/0!	-	-	-	-	-	-	-	-	-
	<i>Per Unit Per Year</i>										
Reserve For Replacement	\$250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Operating Income (NOI)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Per Unit</i>		-	-	-	-	-	-	-	-	-	-
DEBT SERVICE											
	<i>Loan Amount</i>										
LHC HOME, amortizing	\$0										
NHTF, amortizing	\$0										
CDBG	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk-Sharing	\$0										
Other loan (identify):	\$0										
Non-LHC loan #1 (identify lenc	\$0										
Non-LHC loan #2 (identify lenc	\$0										
Non-LHC loan #3 (identify lenc	\$0										
Mortgage Insurance Premium (Risk-Sharing)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Debt Service		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Debt Coverage Ratio (DCR)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CASH FLOW		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Per Unit</i>		-	-	-	-	-	-	-	-	-	-
Please Manually Input:											
Expenses Subject to Available Cash Flow											
<i>(Asset Mgt. Fee, Investor Fees, etc. - identify below)</i>											
Cash Flow Loan or M2M Repayment											
<i>Remaining Cash Flow</i>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deferred Developer Fee Repayment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Balance of Deferred Dev. Fee \$0</i>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Final Cash Flow		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Per Unit</i>		-	-	-	-	-	-	-	-	-	-
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10

Expenses Subject to Available Cash Flow:

CAPITAL RESERVE BALANCE ANALYSIS

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Beginning of the year balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual reserve deposits:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Projected annual repair or replacement costs:										
<i>Annual net change:</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
End of the year balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Upfront reserve needed to balance to start of Year 10:

\$0

Upfront reserve needed to balance to start of Year 15:

\$0

Upfront reserve needed to balance to start of Year 20:

\$0

0

Operating Proforma

	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
REVENUE										
Gross Rent Potential	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vacancy Rate	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adjusted Gross Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Subsidies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Effective Gross Income (Net Income)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Per Unit	-	-	-	-	-	-	-	-	-	-
OPERATING EXPENSES										
Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating/Maintenance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Taxes/Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Per Unit	-	-	-	-	-	-	-	-	-	-
Reserve For Replacement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Operating Income (NOI)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Per Unit	-	-	-	-	-	-	-	-	-	-
DEBT SERVICE										
LHC HOME, amortizing	\$0									
NHTF, amortizing	\$0									
CDBG	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk-Sharing	\$0									
Other loan (identify):	\$0									
Non-LHC loan #1 (identify lenc	\$0									
Non-LHC loan #2 (identify lenc	\$0									
Non-LHC loan #3 (identify lenc	\$0									
Mortgage Insurance Premium (Risk-Sharing)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Debt Coverage Ratio (DCR)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CASH FLOW	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Per Unit	-	-	-	-	-	-	-	-	-	-
Please Manually Input:										
Expenses Subject to Available Cash Flow										
(Asset Mgt. Fee, Investor Fees, etc. - identify below)										
Cash Flow Loan or M2M Repayment										
Remaining Cash Flow	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deferred Developer Fee Repayment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Balance of Deferred Dev. Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Final Cash Flow	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Per Unit	-	-	-	-	-	-	-	-	-	-
	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20

Unpaid Developer Fee after Year 15: \$0
 Unpaid Cash Flow Loan after Year 15: \$0

CAPITAL RESERVE BALANCE ANALYSIS

	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
Beginning of the year balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual reserve deposits:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Projected annual repair or replacement costs:										
Annual net change:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub-Total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
End of the year balance:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Upfront reserve needed to balance to start of Year 10:
 Upfront reserve needed to balance to start of Year 15:
 Upfront reserve needed to balance to start of Year 20:

0

INITIAL HOUSING CREDIT ALLOCATION ANALYSIS

Applicable Fraction *(Use lower of unit fraction or square footage fraction)*

Housing Credit units	0
Total units	0
Applicable Fraction	0
Housing Credit Square Footage	-
Total Gross Square Footage	0
Applicable Fraction	0.00%

Equity Gap Calculation Test

Total Development Cost (TDC)	\$0
Less Financing	\$0
Equity Gap	\$0
Anticipated Credit Pricing (per dollar of eligible basis)	\$0.0000
Percentage of Credits to Investor(s)	100.00%
Total Credit Needed over 10 years	\$0
Credit Need	\$0

Total Credits Requested

Total Credit Allowed *(maximum \$1,000,000)*

\$0

2018 Building Information

0

Building Information	
Development Type	0
Total Number of Buildings	0
Number of Building Configurations	0
Total Area of Residential Buildings	0
Total Area of Accessory Buildings	
Number of Accessory Buildings	
Total Development Cost	\$0.00
Land costs NOT in Basis (negative)	\$0.00
Acquisition costs NOT in Construction Basis	\$0.00
Community Facilities (negative)	\$0.00
Governmental grants/Historic syndication proceeds (negative)	\$0.00
Other costs NOT in Construction Basis	\$0.00
Other costs NOT in Construction Basis	\$0.00
Adjusted Construction Basis	\$0.00
Provide any comments on changes to Basis here :	
Acquisition costs in Basis	\$0.00

Calculation of Intermediary Cost

Step 1: Add the following amounts from Sources and Uses of Funds.

Builder's Overhead	\$	-
Builder's Profit	\$	-
Developer Fee	\$	-
Syndication Costs	\$	-
Architect's Fees	\$	-
Legal Fees	\$	-
Organization Fees	\$	-
Other Fees	\$	-
	\$	-

Step 2: Specify amount shown as Total Uses of Funds

Total Uses \$ -

Step 3: Divide total in Step 1 by amount shown in Step 2.

Intermediary Cost 100.0000%

2018 Basis Calculation

0

Building Configuration	Total 0	Configuration 1													
THIS SECTION IS NOT REQUIRED AS THERE ARE NO TAX CREDITS REQUESTED															
Number of Buildings with Configuration	0														
Per Building Residential Area	0														
Per Building Non-Residential Area	0														
Per Building Total Area	0	0													
Number of 0BR Units Per Building	0														
Number of 1BR Units Per Building	0														
Number of 2BR Units Per Building	0														
Number of 3BR Units Per Building	0														
Number of 4BR Units Per Building	0														
Number of 5BR Units Per Building	0														
Number of Other BR Units Per Building	0														
Total Number of Units Per Building	0	0													
Total Number of Units in Configuration	0	0													
Grant/Contingent Loans/Subsidy															
Home Funds	0	0													
TYPE OF SUBSIDY - Total		0													
TYPE OF SUBSIDY - Total		0													
TYPE OF SUBSIDY - Total		0													
Total Grant Per Building		0													
Total Grant in Configuration	0	0													
BASIS CALCULATION															
Eligible Construction Basis Per Building		#DIV/0!													
Acquisition EB Per Building		#DIV/0!													
Eligible Basis in Configuration	#DIV/0!	#DIV/0!													
Eligible Con. Basis Reduction Per Building (1)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Acquisition EBR Per Building		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eligible Basis in Configuration	0	0													
Adjusted Eligible Const. Basis Per Building		#DIV/0!													
Acquisition AEB Per Building		#DIV/0!													
Adjusted Eligible Basis in Configuration	#DIV/0!	#DIV/0!													
QCT Eligible Const. Basis Per Building		#DIV/0!													
Acquisition QCT EB Per Building		#DIV/0!													
QCT Eligible Basis Per in Configuration	#DIV/0!	#DIV/0!													
Applicable Fraction		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Unadjusted Qualified Con. Basis Per Building		#DIV/0!													
Acquisition UQB per Building		#DIV/0!													
Unadjusted Qualified Basis in Configuration	#DIV/0!	#DIV/0!													
Homeless Basis Adjustment (2)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Qualified Construction Basis Per Building		#DIV/0!													
Acquisition QB Per Building		#DIV/0!													
Qualified Basis in Configuration	#DIV/0!	#DIV/0!													
Credit Percentage	9.00%														
Acquisition Credit Percentage	4.00%														
Permitted Construction Credit Per Building		#DIV/0!													
Permitted Acquisition Credit Per Building		#DIV/0!													
Total Permitted Credit Per Building		#DIV/0!													
Permitted Credit in Configuration	#DIV/0!	#DIV/0!													

0

(1) Input in column D "Eligible Basis Reduction" amounts by which basis

should be reduced in accordance with the following:

- a) disproportionate quality of LIUs (see Section 42(d)(3)(B));
- b) non-qualified non-recourse loans;
- c) amount of grants funding eligible basis (see Section 42(d)(5)(A));
- d) basis allocable to expenditures elected under Section 167(k); or
- e) historic credits related to rehabilitation (see Section 42(d)(5)(B)).

(2) Input in column L "Homeless Basis Adjustment" amounts

(see Section 42(c)(1)(E)).

[illegible]

community facility)

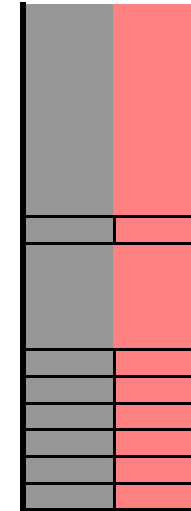
** Owner must agree to sell units at minimum purchase price by not later than the 16th year of Compliance period.
The award is subject to a transactional structure acceptable to the Corporation according to industry best practices that protects the expectations of tenants anticipating title transfer of their units in fee simple absolute or condo or cooperative ownership.

D. Public Housing Priority

Marketing of lease-up plan which will give a priority to persons on a current Public Housing waiting list.	<input type="checkbox"/>	0	2
--	--------------------------	---	---

E. Preservation Priority Project (Only one selection allowed - Maximum 5 points allowed) Project must meet QAP definition for Preservation Property to receive points in this category. Not Applicable to New Construction.

(i) Developments with Project Based Section 8 for 100% of the units or federally funded (such as USDA, HUD, or PHA) rental subsidy or more than 60% of the units	<input type="checkbox"/>	0	5
(ii) Developments with Project Based Section 8 for at least 59% of the units or federally funded (such as USDA, HUD, or PHA) rental subsidy for up to a maximum of 40% of the units	<input type="checkbox"/>	0	4
(iii) Developments with Project Based Section 8 for at least 39% of the units or federally funded (such as USDA, HUD, or PHA) rental subsidy for up to a maximum of 20% of the units	<input type="checkbox"/>	0	3



II TARGETED POPULATION TYPE (Maximum 6 points allowed)

For Items II.A and B under Targeted Population Type application must include the following:

- (i) Description of Supportive Services tailored to each Special Needs Household (See Supportive Services Definitions)
- (ii) Costs per annum of Supportive Services per Special Needs Household or written commitment from governmental or non-profit agency that Supportive Services will be provided to Project without cost
- (iii) Experience of Taxpayer/Owner in developing Projects servicing Special Needs Households

A. Special Needs Households must provide Supportive Services - this does not apply to Permanent Supportive Housing (Check one or more of (i), (ii), (iii) or (vi) and one of (a), (b) or (c) for Special Needs Households)

- (i) Homeless Households
- (ii) Disabled Households
- (iii) Single Parent Households
- (vi) Veterans

- | | | | | |
|--|----|----------------------|---|---|
| (a) Thirty Percent serve such households | or | <input type="text"/> | 0 | 5 |
| (b) Twenty Percent serve such households | or | <input type="text"/> | 0 | 4 |
| (c) Ten Percent serve such households | | <input type="text"/> | 0 | 3 |

B. Elderly Households 100% of the project units are designated for elderly households.

<input type="text"/>	0	6
----------------------	---	---

III PRIORITY DEVELOPMENT AREAS AND OTHER PREFERENCES (All That Apply)

A. Extended Affordability Agreement (Lease to own projects ineligible*) (Only one selection allowed - Maximum 6 points allowed)

Project will execute agreement in which Owner irrevocably waives its rights to Qualified Contract under the provisions of I.R.C. §42(h)(6)(E) and (F) until after the

- | | | | |
|-----------------|----------------------|---|---|
| (i) 35th Year | <input type="text"/> | 0 | 4 |
| (ii) 40th Year | <input type="text"/> | 0 | 5 |
| (iii) 45th Year | <input type="text"/> | 0 | 6 |

* Lease to own projects ineligible; not eligible if executing Corporation's Option to Purchase and Right of First Refusal Agreement. The selected extended affordability period begins after the initial statutory compliance period.

B. Increased Unit Affordability (Only one selection each from B(i) and B(ii) allowed - Maximum 8 points allowed)

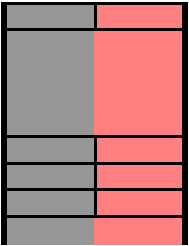
(i) Unit Affordability

- | | | | |
|---|----------------------|---|---|
| (a) At least 5% less than 10% of units serve households (other than PSH) with incomes at or below 30% AMI | <input type="text"/> | 0 | 2 |
|---|----------------------|---|---|

(b) At least 5% and less than 10% of units serve PSH households with incomes at or below 20% AMI



0 4



(ii) Low Income Targeting

(a) 25 percent of the units at or below 50% AMI



0 2

(b) 30 percent of the units at or below 50% AMI



0 3

(c) 40 percent of the units at or below 50% AMI



0 4

*To qualify for points in this section, units must be reflected on the rental income page of the application.
 Project must evidence ability to maintain lower rate units via rental income, grants or subsidies throughout the projects affordability period. Only one-and two-bedroom units will qualify as PSH units. To qualify for PSH points
 (ii) applicant **must** submit letter of PSH Support from the Executive Director of the Louisiana Housing Authority.
 The letter of support must be requested no later than 14 days prior to the application due date.

C. Governmental Priorities (Maximum 4 points allowed)

- | | | | |
|---|--------------------------------|---|---|
| (i) Project Located in Qualified Census Tract (QCT) or Difficult Development Area (DDA) | <input type="text" value="0"/> | 0 | 2 |
| Census Tract number: | 0 | | |
| Parish Location | Orleans | | |
| (ii) Project located in a Parish previously unfunded by LHC: Beauregard, Catahoula, Claiborne, East Feliciana, La Salle, St. Helena, St. John the Baptist, St. Mary, or Vernon Parish. | <input type="text" value="0"/> | 0 | 2 |
| (iii) Project located in a Parish identified by LHC as sharing 4 or more Housing Priorities*:
St. Landry, Union, East Carroll, Washington, Evangeline, Claiborne, Winn, or Bienville parish. | <input type="text" value="0"/> | 0 | 2 |

* The 8 identified parishes are among the top 20 parishes in 4 or more of the following Housing Priorities categories.
 Highest percentage of Persons who are Elderly, Disabled, Living in Poverty, or Paying greater than 35% of Household Income on Rent, Lowest Median Household Income, Highest percentage of Housing Units Built before 1980.
 Data from Census 5-Year American Community Survey (ACS) 2011-2015 - Released July 2017

D. Additional Financial Support (Only one selection allowed - Maximum 4 points allowed)

Note: (The below referenced Funds must be actual "awarded funds" as evidenced by a signed commitment obligating the funds to the project.) Support documentation from the entity and calculation supporting the selection must be included in the application submission.

Additional Financial support reduces project development costs by providing Philanthropic donations, CDBG, HOME, or other governmental assistance/funding in the form of loan, grants, rental assistance or a combination of these forms or by:

- * Waiving water and sewer tap fees;
- * Waiving building permit fees;
- * Foregoing real property taxes during construction;
- * Contributing land for project development;
- * Providing below market rate construction and/or permanent financing;
- * Providing an abatement of real estate taxes; PHA contributions or other governmental contributions;

- | | | | |
|---|--------------------------------|---|---|
| (i) 7% or more of total project development cost reduction | <input type="text" value="0"/> | 0 | 4 |
| (ii) Greater than or equal to 4% but less than 7% of total project development cost reduction | <input type="text" value="0"/> | 0 | 3 |
| (iii) 2% but less than 4% of total project development cost reduction | <input type="text" value="0"/> | 0 | 2 |

IV LOCATION CHARACTERISTICS

A. Neighborhood Features

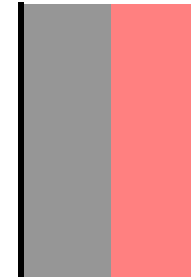
(Points in this section are capped by the applicant's selection and verified through commissioned market study)

Applicants must include in their submissions the name, address, and map location of each item where points are

claimed under this section. Evidence may be submitted but points will be assigned by the Market Analyst.

(i) Points Gained*: (maximum of 10 Points, maximum 1 point per service)

Points will be awarded for the following services located within the specified distance of the site. Applicant should ensure that the service is suitable for the targeted population. Points will only be awarded for the services listed below. One (1) point will be awarded for services listed that are within a 1 mile radius of the project. One Half (0.5) point will be awarded for any service listed that is located over 1 mile but is within a 2 mile radius of the development. The addresses for each selection must be included in the application submission.



Grocery Store		
Elementary School, Secondary or Post Secondary School		
Pharmacy/Drug Store		
Public Transportation (shuttle services excluded)		
Place of Worship		
Hospital/Doctor Office or Clinic		
Louisiana Licensed (current) Adult/Child Day Care/ After School Care		
Gym or Health Club		

Public Library		
Bank/Credit Union (must have live tellers)		
Post Office		
Public Park		
Police or Fire Station		
Laundry or Dry Cleaner		
YMCA, youth center, senior center of club comparable community center		
0	0	

(ii) Negative neighborhood Services:

New construction project must not be adjacent to or within 1/2 mile radius of any of the following incompatible uses listed with the exception of Towns or Cities with a population of 15,000 or less.

Junk yard/dump		
Salvage yard		
Industrial		
Airports		
Prisons		

Pig/chicken farm		
Processing plants		
Distribution facilities (all)		
High utility substations		
Solid waste disposal		

*The Market Study for every project must include a separate section that evidences whether the Project satisfies the positive points listed or incurs the negative points listed above.

V PROJECT CHARACTERISTICS (Selection and provide support documentation on all that apply)

A. Green Buildings		0	5
B. Community Facilities (See Glossary)		0	2
Community facilities must be consistent with definition contained in QAP. Homeownership and Scattered site projects on a Non-Contiguous site are not eligible to receive points for community facilities.			
C. Optional Amenities (Provide architecture certification for the selected amenities.)			
(i) Washers and dryers are installed and maintained in every unit		0	3
(ii) Dishwashers maintained in each unit		0	1
(iii) Covered Parking		0	1

D. Project Amenities (2 points awarded per 3 items selected for a maximum 4 points allowed.)

*All amenities must be located on the project site.

Playground		
------------	--	--

Basketball Court
Tennis Court
Computer Center one computer for every 10
units in the project
Exercise Room
Picnic Area with Permanent Grill
Paved walking Trail (minimum 1/4 mile)
Community Garden

0	0

0	0
---	---

In order to receive points, the **Community Garden** must have a minimum planting area of at least 400 square feet, a water source surrounded on all sides with a fence that will be accessible to the tenants. Must include a description of how staff and/or volunteers will engage residents, build skills and ensure that the basic organization and management of the garden is maintained

0	0

Accessible Units in excess of Section 504 of II C Accessible Project Rehabilitation Act of 1973 (Not Qualified for Selection Criteria II-C Accessible Project) Assume Section 504 applies to all Projects, i.e., 5% of units must be accessible for people with mobility impairments and 2% for people with hearing or vision impairments.

Page 10

0.00%

- (i) more than 10% of the total units but less than or equal to 20% of the total units
- (ii) more than 20% of the total units

$$\begin{array}{cc} 0 & 2 \\ 0 & 3 \end{array}$$

Submit number, percentage and description of construction and/or equipment provided for each Accessible Unit
Unit count must represent at least (1) one unit above the 504 requirement

--	--

0
2

Twenty-four (24) hour on-site security through the use of cameras, security gate or on-site personnel in an official capacity as a professional security guard. Security personnel may be uniformed or non-uniformed. If security cameras are provided, a diagram of the proposed location of cameras must be included in the application to receive points. At least one camera per every 20 units is required to receive points in this category. The number of cameras will be rounded up in making this determination. Additionally, Cameras must be dispersed throughout the development so as to provide maximum security coverage. Costs for on-site security must be evidenced as an expense item on the projects operating pro-forma.

□

11/11/2019

Calculation supporting the selection must be included in the application submission.

- (i) 15%
- (ii) 20%
- (iii) 25% or more

0	2
0	3
0	4

Total Tax Credit Points: 0

O

Threshold Requirements from QAP
--

Many requirements formerly evaluated as part of the point-based competitive review section are now included as threshold items. Unless noted otherwise, projects with taxexempt bond financing must also meet all threshold requirements to receive Tax Credits. Due to the current timeline, all applications must be complete upon submission. There will not be a threshold review report provided to the applicants.

Project Threshold Requirements

Yes/No

1. Site Control: Site control documentation in the form of either a fully executed purchase agreement, an option to purchase or a valid title in the name of the taxpayer or developer.
2. Zoning: Appropriate zoning evidence in the form of (i) an official local jurisdiction map that the site is actually zoned for the proposed project type or (ii) a letter from an official of the jurisdiction stating either that (a) the proposed project is consistent with existing zone requirements or (b) if the site is not currently zoned for the project type, that changing the existing zoning requirements to permit the project to be constructed will be completed by a date certain (not later than the date specified in the QAP for tax credit reservations). This documentation must be in the final application dated no later than August 28, 2013.
3. Infrastructure: Evidence of essential infrastructure and proximity to other services:
4. Environmental Review: All projects involving use of existing structures must submit an Environmental Restrictions Checklist completed by a professional licensed to conduct environmental testing. Any finding that environmental hazards exist must be mitigated or abated in accordance with an Operating and Maintenance plan that addresses how each hazardous material or condition will be addressed, including the training of on-site personnel in accordance with applicable local, State and Federal laws or regulations.
5. Tenant Referrals from LRA/OCD, PHAs and the LHC: Taxpayer shall acknowledge and agree to rent low income units to households referred by the LRA/OCD, and/or the local PHA if the tenants referred to the Taxpayer satisfy the requirements of the Project's Management and/or Operating Plan.
6. Minimum Internet/Cable Capacity Requirements: All units must be equipped with networks to provide cable television, telephone and internet access in the living area and each bedroom.
7. Energy Efficiency: Projects are required to meet the Energy Star Qualified Homes Version 3 (Rev.05) (Exhibit EE-ENERGY STAR Reference Design) minimum requirement. All of the energy efficiency components must be clearly and individually listed in an original stamped letter from either the architect or engineer of record.
8. Exterior Siding: All projects must meet the following design criteria: (1) All projects must have a 15-year or more maintenance-free exterior, such as brick, stucco or other fiber -cementitious acceptable durable materials. Vinyl siding does not meet this requirement. Additional product may be added to this list subject to review by the Corporation Construction Department. (2) All projects must have a 25 year roof warranty (3) All projects must have storm windows or coastal windows or insulated windows.
9. New construction projects must meet new FEMA Guidelines dated 4/12/2006 or the most current available for the location of the proposed project for elevation of housing relative to Base Flood Elevation. An Architect's certification must be provided for any project located inside a levee protected area.
10. Rehabilitation projects must submit a Capital Needs Assessment which specifically addressing the current FEMA Guidelines.
11. Historic rehabilitation projects must include in their submission information concerning minimum project requirements, including but not limited to Energy Efficiency requirements, Design Features, Base Flood Elevation requirements and Internet Cable requirements for consideration of applicable waivers at time of application.

Project Team/Developer Threshold Requirements

1. Developer Experience
2. Property Management Experience
3. Project Team Disqualifications

A disqualification under this subsection (F)(3) will result in the individual or entity involved not being allowed to participate in the 2014 cycle and removing from consideration any application where they are identified.

SYNDICATION INFORMATION AND CERTIFICATION

THIS SECTION IS NOT REQUIRED AS THERE ARE NO TAX CREDITS REQUESTED

The Undersigned duly authorized representative of the Taxpayer/Applicant hereby certifies under penalty of perjury as follows:

I. Syndication Commitment:

A Commitment attached hereto as Exhibit A has been received from the Syndicator (named below) to purchase an ownership interest in the Taxpayer/Applicant for the total dollar amount specified below (the "Syndication Proceeds") in the percentage specified below in connection with the Low-Income Housing Credits specified in the Commitment:

A. Syndicator Information*

Name:
 Address:
 Telephone: Fax:
 Contact:

* See Glossary for definition of "Syndicator"

B. Percentage Interest in Taxpayer to be Acquired by Syndicator:	<input style="width: 80px; height: 15px;" type="text"/>
C. Percentage Interest in Taxpayer to be Retained by Sponsor/Developer:	<input style="width: 80px; height: 15px;" type="text" value="100.00%"/>
D. Amount of Tax Credits Specified in Commitment:	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
E. Syndication Proceeds Generated by Syndicator (Prior to Subtraction of Syndication Costs):	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
F. Gross Equity to be invested in Taxpayer by Syndicator:	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
G. Syndication Costs Paid by Syndicator (E-F):	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
H. Syndication Costs Paid by Developer (VI.10):	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
I. Total Syndication Costs (G+H):	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>
J. Total Syndication Costs as a Percentage of Syndication Proceeds (I/E):*	<input style="width: 80px; height: 15px;" type="text" value="0.00%"/>
K. Total Syndication Proceeds Available (F-H):	<input style="width: 80px; height: 15px;" type="text" value="\$ -"/>

* If syndication is public, may not exceed 15%. If syndication is private, may not exceed 10%.

II. Disbursement of Gross Equity by Installment:

The Gross Equity will be invested in the Taxpayer by the Syndicator in the following installments:

	<u>Event</u>	<u>Date</u>	<u>Projected Percentage</u>	<u>Installment</u>
1)				\$ -
2)				\$ -
3)				\$ -
4)				\$ -
5)				\$ -
6)				\$ -
7)				\$ -
8)				\$ -
9)				\$ -
10)				\$ -
11)				\$ -
12)				\$ -
13)				\$ -
14)				\$ -
15)				\$ -

III. Sources of Interim Financing From Commercial Lenders:

The following constitutes the source of Bridge Loan Costs and/or other Interim Financing Devices from commercial lenders:

Interim Funds From Commercial Lender:

Interest Rate

1. Name: 0.00% per annum

Address:

Telephone: Fax:

Amount of Interim Loan:

Estimate Total Interest Payments:

Security for Interim Funds:

Interim Funds From Commercial Lender:**Interest Rate**2. Name: per annumAddress:
Telephone: Fax: Amount of Interim Loan: Estimate Total Interest Payments: Security for Interim Funds: IV. **Identity of Interest Information With Respect to Commercial Loans:**

The terms of the interim financing specified in Section III above were negotiated in good faith and on an "arm's-length" basis. There is no identity-of-interest between the entities listed in the Sources of Interim Funds and any partners or investors in the Taxpayer/Applicant.

V. **Interim Funds from Syndicator and Syndication Costs:**

A. The Syndicator will provide interim financing of \$ -
at an interest rate of 0.00% per annum and expects to receive
 \$ - of interest on funds loaned to the Taxpayer by the Syndicator.

B. The following amounts represent syndication expenses to be incurred and paid by the Syndicator in obtaining cash to invest in the Taxpayer:

<u>Items</u>	<u>Payee*</u>	<u>Amounts*</u>
1 Accountant's Fee Paid by Syndicator	<input type="text"/>	<input type="text"/>
2 Syndicator's Fee	<input type="text"/>	<input type="text"/>
3 Attorney's Fee Paid by Syndicator	<input type="text"/>	<input type="text"/>
4 Broker Fees Paid by Syndicator	<input type="text"/>	<input type="text"/>
5 Organizational Expense of Syndication	<input type="text"/>	<input type="text"/>
6 Other:	<input type="text"/>	<input type="text"/>
7 Other:	<input type="text"/>	<input type="text"/>
8 Other:	<input type="text"/>	<input type="text"/>
9 Other:	<input type="text"/>	<input type="text"/>
10 Other:	<input type="text"/>	<input type="text"/>
TOTAL Syndication Costs:		<input type="text"/> \$ -

* All amounts must relate solely to the Syndication and must be amounts specifically approved and paid by

the Syndicator. No amounts should be shown without specifying the name of a payee and no amounts shown may be paid by the Taxpayer or Developer.

VI. Syndication Costs Paid by Taxpayer or Developer:

A. The following amounts represent syndication expenses to be incurred and paid by the Taxpayer or Developer in obtaining cash to invest in the Taxpayer:

<u>Items</u>	<u>Payee*</u>	<u>Amounts*</u>
1 Accountant's Fee Paid by Taxpayer		
2 Syndicator's Fee Paid by Taxpayer		
3 Attorney's Fee Paid by Taxpayer		
4 Broker Fees Paid by Taxpayer		
5 Organizational Expense of Syndication		
6 Other:		
7 Other:		
8 Other:		
9 Other:		
10 Other:		
TOTAL Syndication Costs:		\$ -

* All amounts must relate solely to the Syndication. No amounts should be shown without specifying the name of a payee and no amounts shown may be paid by the Syndicator.

VII. Net Equity:

The Net Equity* as of the Estimated Placed in Service Date of
is \$ -

* Compute Net Equity by (i) compounding Installments from Part II above in advance of the Placed In Service Date by the Compound Factor, (ii) discounting Installments following the Placed In Service Date by the Discount Factor, (iii) adding the sum total of adjusted Installments from (i) and (ii). The Compound Factor and the Discount Factor for purposes of the Application will be determined as of January 1st of the year in which the Application is submitted and will be based on the yield as of such date on the six (6) month T-Bill plus two (2) percent.

Please evidence this calculation as follows:

(i) Compounding Installments prior to Placed In Service Date:	\$ -
(ii) Discounting Installments Following Placed In Service Date:	\$ -
(iii) Net Equity [Add (i) plus (ii)]:	\$ -

WITNESS my signature, on this the ____ day of _____, 20____.

0.811001003

Taxpayer/Applicant

By: _____

Notary

The undersigned duly authorized representative of the Syndicator hereby certifies as follows:

- (1) The information contained in this Syndication Information and Certification is true and correct as of the date of its execution by the Taxpayer/Applicant.
- (2) The syndication of the tax credits requested by the Syndicator has been or will be (check one):

<input type="checkbox"/>	Publicly Offered*
<input checked="" type="checkbox"/>	Privately Placed

* If the syndication proceeds are generated through public offering, please submit copy of all filings with the SEC as Appendix B.

WITNESS my signature, on this, the ____ day of _____, _____.

Syndicator

By: _____

Title: _____

Financing Certification

A. Source of Funds

List Total Source of Funds (including grants but excluding construction loans to be paid by permanent sources of funds) for the Project as of the Project's Placed in Service Date.

	Name of Lender or Source of Funds	Amount of Funds	Annual Debt Service Cost	Interest Rate of Loan	Amortization Period
1.	0	-	-	0.00%	0
2.	0	-	-	0.00%	0
3.	Other	-	-	0.00%	0
4.	Other	-	-	0.00%	0
5.	Proceeds from Low-Income Tax Credits			-	
6.	Proceeds from Historic Tax Credits				
Total Source of Funds:				-	
Total Annual Debt Service Cost				-	
Placed in Service Date				1/0/00	

Specify items which vary from terms contained in the later of the certifications in the Taxpayer's Application or in the certifications as of the Allocation/Reservation of tax credits:

	<u>Application/Reservation Date</u>	<u>Placed-in-Service Date</u>
Land Costs		
TDC		
TDC/Unit		
Soft Costs/Unit		
1st Mortgage Principal		
Interest		
Term		
2nd Mortgage Principal		
Interest		
Term		

Deferred Developer Fee
Developer Fee Paid
Gross Equity
Net Equity

B. Syndication Information

Provide the following information concerning syndication from sale of tax credits:

I. Syndication Proceeds to be Received During Credit Period:

1:	-	6:	-
2:	-	7:	-
3:	-	8:	-
4:	-	9:	-
5:	-	10:	-

II. Historic Rehabilitation Credits:

Syndication Proceeds to be Received During Credit Period:

Year 1:	
Year 2:	
Year 3:	

III. Information Concerning Syndicator

Name:

Address:

Telephone:

IV. Specify all operating and/or credit guarantees required by Syndicator:

V. Attach evidence of syndication from Syndicator.

C. Subsidies

The following constitutes the full extent of all Federal, State and local subsidies which apply (or which the

Taxpayer expects to apply) with respect to the Project as of the date the reservation/allocation of tax credits were made and as of the Project's Placed in Service Date.

		<u>Reservation Date</u>	<u>Allocation Date</u>	<u>Placed In Service Date</u>
I.	<u>Non Repayable Grants</u>			
(a)	CDBG (State)			
(b)	CDBG (Local)			
(c)	HOME			
(d)	Rental Rehab			
(e)	State			
(f)	Local			

(g)	Other			
	TOTAL	-	-	-

II. Secondary Financing

(a)	CDBG (State)			
(b)	CDBG (Local)			
(c)	HOME			
(d)	HOPE VI			
(e)	State			
(f)	Local			
(g)	Other			
(h)	Other			
(I)	Other			
	TOTAL	-	-	-

III. Value Other Subsidies

(a)	Tax Abatement			
(b)	Historic Rehab Credit			
(c)	Land Donation			
(d)	Other			
	TOTAL	-	-	-

IV. Credit Enhancements

(a)	FHA Section #			
(b)	Private Mortgage Insurance			
(c)	Letters of Credit			
(d)	Other			

V. Rental Assistance Anticipated

(a)	Tenant Based			
	(i) Section 8			
	(ii) Other			
	(iii) Other			
(b)	Project Based			
	(i) Section 8			
	(ii) RD/RA			

(iii) State PBA

(iv) Other

D. Uses

	\$ Amount
Rehabilitation Hard Costs	
Construction Hard Costs	
Total Soft Costs	
Acquisition Costs:	
Land Only	
Buildings Only	
Other (please describe)	
Other Fund Uses NOT in Basis	
Demolition	
Other (please describe)	
Total Development Costs	\$0.00
Temporary Contraction Loan Pay off	
Initial Operating Reserve	
Initial Deposit to Replacement Reserve	
Total Use of Funds	\$0.00

E. Funds Available for Cash Requirements

15.	Sources of Cash:			
	(a) Syndication Proceeds	-		
	(b) Owner Contribution	-		
	(c) Other	-		
	Subtotal	-	-	-
16.	Source of Fees and Grants:			
	Home Funds	-		
	Other	-		
	Other	-		
	Subtotal	-	-	-
17.	TOTAL CASH, FEES &	-	-	-

The undersigned hereby certifies under penalty of perjury that the information contained in this Financing Certification is true and correct as of _____, _____.

WITNESS this signature on the _____ day of _____, _____.

By: _____

WITNESSES

Title: _____

NOTARY

FIRST MORTGAGE	
Lender Name:	
Original Loan Amount:	
Current Principal Amount:	\$0.00
As of Date:	
Maturity Date:	
Interest Rate:	
Amortization Period (Years):	
Monthly P&I Payment	\$0.00
Annual Debt Service	\$0.00
Loan Servicer:	0
Prepayment Penalty:	
Lock Out Date:	
Years remaining at closing:	
Loan Type	

SECOND MORTGAGE	
Lender Name:	
Original Loan Amount:	
Current Principal Amount:	\$0.00
As of Date:	
Maturity Date:	
Interest Rate:	
Amortization Period (Years):	
Monthly P&I Payment	\$0.00
Annual Debt Service	\$0.00
Loan Servicer:	0
Prepayment Penalty:	
Lock Out Date:	
Years remaining at closing:	
Loan Type	

HOME MORTGAGE	
Lender Name:	LHC
Original Loan Amount:	
Interest Rate:	0.000%
Balance at Term of First Mortgage:	
Reasonably repaid at Term of First Mortgage:	\$0

CDBG MORTGAGE	
Lender Name:	State
Original Loan Amount:	
Interest Rate:	0.000%

2018 Amortization

HOME / CDBG MORTGAGE				
Year	BegBal	Accrd Int	Pmt	EndBal
1	\$0	\$0	\$0	\$0
2	\$0	\$0	\$0	\$0
3	\$0	\$0	\$0	\$0
4	\$0	\$0	\$0	\$0
5	\$0	\$0	\$0	\$0
6	\$0	\$0	\$0	\$0
7	\$0	\$0	\$0	\$0
8	\$0	\$0	\$0	\$0
9	\$0	\$0	\$0	\$0
10	\$0	\$0	\$0	\$0
11	\$0	\$0	\$0	\$0
12	\$0	\$0	\$0	\$0
13	\$0	\$0	\$0	\$0
14	\$0	\$0	\$0	\$0
15	\$0	\$0	\$0	\$0
16	\$0	\$0	\$0	\$0
17	\$0	\$0	\$0	\$0
18	\$0	\$0	\$0	\$0
19	\$0	\$0	\$0	\$0
20	\$0	\$0	\$0	\$0
21	\$0	\$0	\$0	\$0
22	\$0	\$0	\$0	\$0
23	\$0	\$0	\$0	\$0
24	\$0	\$0	\$0	\$0
25	\$0	\$0	\$0	\$0
26	\$0	\$0	\$0	\$0
27	\$0	\$0	\$0	\$0
28	\$0	\$0	\$0	\$0
29	\$0	\$0	\$0	\$0
30	\$0	\$0	\$0	\$0
31	\$0	\$0	\$0	\$0
32	\$0	\$0	\$0	\$0
33	\$0	\$0	\$0	\$0
34	\$0	\$0	\$0	\$0
35	\$0	\$0	\$0	\$0
36	\$0	\$0	\$0	\$0
37	\$0	\$0	\$0	\$0
38	\$0	\$0	\$0	\$0
39	\$0	\$0	\$0	\$0
40	\$0	\$0	\$0	\$0

0

Owner Distribution			
Year	Cash Flow	0%	Discount
1	\$0	100%	\$0
2	\$0	100%	\$0
3	\$0	100%	\$0
4	\$0	100%	\$0
5	\$0	100%	\$0
6	\$0	100%	\$0
7	\$0	100%	\$0
8	\$0	100%	\$0
9	\$0	100%	\$0
10	\$0	100%	\$0
11	\$0	100%	\$0
12	\$0	100%	\$0
13	\$0	100%	\$0
14	\$0	100%	\$0
15	\$0	100%	\$0
16	\$0	100%	\$0
17	\$0	100%	\$0
18	\$0	100%	\$0
19	\$0	100%	\$0
20	\$0	100%	\$0
21	\$0	100%	\$0
22	\$0	100%	\$0
23	\$0	100%	\$0
24	\$0	100%	\$0
25	\$0	100%	\$0
26	\$0	100%	\$0
27	\$0	100%	\$0
28	\$0	100%	\$0
29	\$0	100%	\$0
30	\$0	100%	\$0
31	\$0	100%	\$0
32	\$0	100%	\$0
33	\$0	100%	\$0
34	\$0	100%	\$0
35	\$0	100%	\$0
36	\$0	100%	\$0
37	\$0	100%	\$0
38	\$0	100%	\$0
39	\$0	100%	\$0
40	\$0	100%	\$0

Projected Cash Flow to owner over term of first loan
Discounted Cash Flow to owner over term of first loan
Eligible Capital for Capital Recovery Payment
Projected Residual Value of the property at term of First Mortgage?

\$0
\$0
\$0
\$0

Projected Soft Loan Balance at term of First Mortgage?

\$0
0.00%

Enter Project Schedule

Activity	Scheduled Date (mm/dd/yyyy)
A. SITE	
Option/Contract	
Site Acquisition	
Zoning Approval	
Site Analysis	
Environmental Clearance	
B. FINANCING	
1. Construction Loan/Interim Financing	
Loan Application	
Conditional Commitment	
Firm Commitment	
2. Permanent Loan	
Loan Application	
Conditional Commitment	
Firm Commitment	
3. Other Loans and Grants	
Type & Source	
Application	
Award	
4. Other Loans and Grants	
Type & Source	
Application	
Award	
C. PLANS AND SPECIFICATIONS,	

WORKING DRAWINGS

D. CLOSING AND TRANSFER OF PROPERTY

E. CONSTRUCTION START

10% Construction complete

50% Construction complete

90% Construction complete

F. COMPLETION DATE

G. CERTIFICATE OF OCCUPANCY DATE

**H. PLACED IN SERVICE DATE OF FIRST
BUILDING**

**I. DATE OF LAST BUILDING PLACED
IN SERVICE**

J. 10% OF UNIT OCCUPANCY ACHIEVED

Please identify each development team member.

Primary Contact for Developer:

Contact:

--

 Phone:

--

E-Mail Address:

--

 Fax:

--

Taxpayer:

Contact:

--

 Phone:

--

E-Mail Address:

--

 Fax:

--

Managing Member
Limited Liability Company

Contact:

--

 Phone:

--

E-Mail Address:

--

 Fax:

--

Sponsor:

Contact:

--

 Phone:

--

E-Mail Address:

--

 Fax:

--

Consultant:

Contact:

--

 Phone:

--

E-Mail Address:

--

 Fax:

--

Fiscal Member/Partner:

Contact: Phone:

Syndicator:

Contact: Phone:

Attorney:

Contact: Phone:

Accountant:
(Independent 3rd Party)

Contact: Phone:

Construction Mortgage
Lender:

Contact: Phone:

Permanent Mortgage
Lender:

Contact: Phone:

Management Co.:

Contact: Phone:

Architect:

Contact: Phone:

Builder / Contractor:

Contact:

Phone:

☐

Mandatory- Attach organizational structure of partnership with ownership percentage indicated.

Managing General Partner
Managing Member

Limited Partnership
Limited Liability Company

TAXPAYER/APPLICANT CERTIFICATION

The undersigned Taxpayer or duly authorized representative of the same hereby certifies that the information contained in the Low Income Tax Credit Application Package, including all appendices and Exhibits attached hereto is complete and accurate as of the date hereof. The undersigned acknowledges that the information provided in this Application package or in any other document, release or communication by the Louisiana Housing Corporation (the "Corporation") has not been relied upon for purpose of making any investment decision by the Taxpayer and that any and all expenses and investments with respect to this application for an allocation of low-income housing tax credits have been or will be made on the basis of an independent judgement by the Taxpayer or upon consultation with a qualified tax consultant.

The Taxpayer hereby certifies that the project can be completed and operated within the development schedule and budget set forth in the Application.

The Taxpayer represents that it will furnish promptly such other supporting information, documents and fees as may be requested and/or required. In carrying out the development and operation of the project, the Taxpayer agrees to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all Corporation rules and regulations. The Taxpayer understands and agrees that the Corporation is not responsible for actions taken by the Taxpayer in reliance on a prospective tax credit reservation by the Corporation and the Taxpayer further agrees that the Corporation, its employees, agents and/or consultants shall not be responsible or liable in any manner whatsoever for expenses incurred by Taxpayer or its consultants in applying for low income housing tax credits.

By execution of this Application, the Taxpayer understands and agrees that the Corporation may conduct its own independent review and analysis of the information contained herein and in the attachments hereto, that any such review and analysis will be made for the protection of the Corporation. It is further understood and agreed by the Taxpayer that, for the purpose of determining and establishing the terms and conditions under which the allocation may be made, the Corporation may request or require adjustment or changes in the information contained herein (including attachments hereto) or in any documentation or materials now or hereafter submitted in connection with this Application.

The Taxpayer acknowledges that a certification of information contained in this Application will be made as of the date the Corporation reserves or allocates tax credits for the Project and as of the Placed in Service Date of the Project and that the amount of tax credits reserved and/or allocated pursuant to any forward commitment or carry forward allocation may be revised or adjusted in accordance with the feasibility/viability review as of such Placed in Service Date and in accordance with the audit of the Certificate of Actual Costs. The Taxpayer further acknowledges that the Tax Credit Regulatory Agreement (including the Compliance Monitoring Agreement attached thereto) shall be entered into prior to or simultaneously with the allocation of tax credits by the Corporation or within any year of the compliance period. The Taxpayer shall hold the Corporation, its employees, agents and/or consultants harmless in connection with any claims of damage which may be filed by the Taxpayer based upon the processing of this Application by the Corporation or its agents, employees and/or consultants.

Taxpayer

By: _____

Date: _____

Sworn to and subscribed before me
this ____ day of _____, _____.

Notary Public, State of _____

OWNERSHIP INFORMATION

(Please note: The Corporation reserves tax credits to the Taxpayer and the managing general partner of the Taxpayer. Reservations are not transferrable. Any changes in managing general partner is deemed a material change.)

For-Profit	
Non-Profit	

(Complete information below)

NAME OF PARTNERSHIP

0

FEDERAL ID NUMBER

0

NAME OF MANAGING GENERAL PARTNER

Telephone

% Ownership 0.01%

I. PREVIOUS PARTICIPATION OF MANAGING GENERAL PARTNER

List all projects in which the managing general partner has requested an allocation of low-income housing tax credits or sold a project which received an allocation of low income housing tax credits. Attach a separate sheet with additional information if necessary.

Project Name and Location	Application Date	Status

II. DISCLOSURE OF IDENTITIES OF INTEREST RELATED PARTIES:

The undersigned duly authorized representative of the Developer/Taxpayer hereby certifies under penalty of perjury that the following persons are (i) members of the Corporation's Board of Commissioners or Corporation Staff who are related to or having any identity of interest with the Developer/Taxpayer or (ii) affiliates, employees, consultants or otherwise related to or having an identity of interest with the Developer/Taxpayer and who have applied for an Allocation of Tax Credits in the calendar year within which this Application has been submitted or who have any interests in any project receiving Tax Credits and/or project subject to compliance monitoring by the Corporation.

Related Board Members and Staff:

(1)	
(2)	
(3)	
(4)	
(5)	

Related Affiliates, Employees, Consultants, Etc.:

(1)	
(2)	
(3)	
(4)	
(5)	

The undersigned duly authorized representative of the owner (the "Taxpayer") of the captioned project (the "Project") hereby certifies under penalty of perjury that the Contractor certifying the construction and/or rehabilitation requirements for the Project as well as the cost estimates for the Project bear a relationship either to the Taxpayer or the General Partner within the meaning of Section 267(b) or Section 707(b)(1) of the Internal Revenue Code of 1986, as amended, after substituting 5% for 50% in Section 267(b) and Section 707(b)(1) and does not have any identity of interest with any member of the Board, staff, consultant or other affiliate of the Corporation.

WITNESS my signature on this, the ____ day of _____, ____.

Builder IS related to Taxpayer or General Partner

Taxpayer

By: _____

Sworn to and subscribed before me
this ____ day of _____, ____.

Notary Public, State of _____

SITE CONTROL WORKSHEET

I. Applicant must have control of the site and existing building(s) if any.

A. Please indicate the method of site control:

	Purchase (please complete Section B below)
	Option to Purchase (please complete Section C below)
	Lease (please complete Section D below)

B. Purchase Information

Purchase Price:	
To be Paid:	
Total Cost:	\$0
Outstanding Balance:	
Site Area:	
Cost/S.F.:	\$0.00
Date of Purchase:	

C. Option Information

Option Price:	
To be Paid:	
Total Cost:	\$0
Outstanding Balance:	
Site Area:	
Cost/S.F.:	\$0.00
Date of Option:	

D. Lease Information

Amount Paid for Leasehold Interest:	
Annual Ground Rent:	
Lease Term:	
Remaining Years:	
Site Area:	
Cost/S.F.:	\$0.00
Date of Lease:	

* You must include Annual Ground Rent as a Miscellaneous Expense under Uses of Funds.

E. Attached to and made a part hereof are copies of the site control documents.

II. Complete this section if applicant does not have control of the site and existing building(s) if any.

A. What is the estimated Purchase Price for the site?

--

B. Provide the following information about the current legal owner:

Name			
Address			
City		State	
Telephone		Fax	
			Zip

III. Attached to and made a part hereof is a legal description of each parcel of land.

OWNERSHIP HISTORY OF EXISTING BUILDINGS

This worksheet must be completed if Taxpayer is requesting credits for the purchase price of an existing building.

- I. Specify the date on which building was acquired by purchase as defined in Section 179(d)(2) of the Internal Revenue Code of 1986, as amended (the "Code") (substitute 10% for 50% in Sections 267(b) and 179(b)(n)):

- II. Specify all previous owners of and the purchase price with respect to the building from the January which is ten years prior to the calendar year in which Taxpayer is seeking an award of tax credits to the date the building was or will be acquired by Taxpayer:

Owners

Purchase Price

- III. Do any of the previous owners bear a relationship to the Taxpayer specified in Section 267(b) or Section 707(b)(1)?

If Yes, specify which of the previous owners are such related persons:

- IV. Are any of the previous owners and the Taxpayer under common control (within the meaning of subsections (a) and (b) of Section 52 of the Code)?

If Yes, specify which of the previous owners are such related persons:

V. Is this a distressed property?

If yes, attach written certification from HUD or RD that property is distressed.

ZONING CERTIFICATION

Attn: Tax Credit/HOME Manager
Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, Louisiana 70808

Subject: Project Name Here
City and State Here

This letter certifies the following:

- _____ the property is properly zoned for the proposed project.
- _____ the developer has submitted a request to zone site for multi-family use and the authority
- _____ the property is not properly zoned for the proposed project.
- _____ the property has not been zoned by this authority and no request has been made.

Sincerely,

By: _____
Name: _____
Title: _____
Date: _____

NON-PROFIT PARTICIPATION INFORMATION

Date the non-profit was created:

Describe the non-profit's name and participation in the development and operation of the project.

(Add as Appendix 1A a description of how Non-Profit materially participates.)

List the names and addresses of Board Members for the non-profit organization.

Identify all paid, full time staff and sources of funds for annual operating expenses and current programs.

Specify Non-profit's Ownership interest in the project or the partnership owning the project:

Is Non-profit "Local"?

Is Non-profit a CHDO?

If Applicant requested points based on non-profit being "Local," not more than fifteen percent (15%) of Board Members may reside outside of the service area of the non-profit and at least 75% of Board Members must reside within Market Area of the Project.

Is Non-profit a 501(c)(3) or 501(c)(4) organization?

Describe the charitable activities of Non-profit over the last three calendar years and how such activities are consistent with services to be provided in connection with the Project.

Charitable Activities Comments :

Attach resume of the non-profit employee who has affordable housing development experience.

Identify affordable housing developments owned by Non-profit.

<div>Name</div>		<div>Location</div>		<div>Number of Units</div>		<div>Subsidized</div>	

**FORMAT FOR COUNSEL'S OPINION OF NON-PROFIT
QUALIFICATION LOUISIANA LIHTC PROGRAM**

(Must be submitted with initial application)
(Submitted on attorney's letterhead)

Louisiana Housing Corporation
2415 Quail Drive
Baton Rouge, Louisiana 70808
Attn: Tax Credit Coordinator

Project Name Here
City and State Here
Eligibility for Non-Profit Set-Aside

Ladies and Gentlemen:

You have asked that we render our opinion that (non-profit) is a qualified nonprofit organization within the meaning of Section 469(h) of the Internal Revenue Code. We understand that you require this opinion as a prerequisite to your consideration of making an allocation of Low-Income Housing Tax Credits with respect to the Project from the set-aside reserved for the use of qualified non-profit organizations.

In rendering the following opinion, we reviewed the Articles of Incorporation, Charter and Bylaws of (non-profit); the Letter of Determination dated (date) from the Internal Revenue Service with respect to (non-profit); and all records of (non-profit) and other potential participants in the Project sufficient to make a determination as to the relationship of (non-profit) with any other potential participants in the Project. Based on our review of the foregoing, it is our opinion that:

1. (Non-profit) is a 501(c)(3) or 501(c)(4) organization and is exempt from tax under Section 501(a).
2. One of the exempt purposes of (non-profit) includes the fostering of low-income housing.
3. Individuals or entities involved with or related to any potential for-profit participant in the Project are not involved with or related to the
4. (Non-profit) is not affiliated with or controlled by a for-profit organization.

In rendering the following opinion, we examined certificates containing representations made to us by (non-profit) and each potential participant in the Project, copies of which are attached hereto and incorporated herein by this reference. Based on our review of the attached certificates, it is our opinion that:

1. (Non-profit) and all potential participants intend that (non-profit) will own an interest in the Project either directly or through a partnership
2. (Non-profit) and all potential participants intend that (non-profit) will materially participate (within the meaning of Section 469(h)) in the

It is our intention that this opinion be relied upon by you in making your determination as to the eligibility of the Project to receive Low-Income Housing Tax Credits from the Non-profit Set-Aside.

Sincerely,

/s/ _____

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

- 1 *By signing and submitting this proposal, the applicant is providing the certification set out below.*
- 2 *The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the applicant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or Corporation with which this transaction originated may pursue available remedies, including suspension and/or debarment.*
- 3 *The applicant shall provide immediate written notice to the person to which this proposal is submitted if at any time the applicant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.*
- 4 *The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules*

*implementing Executive Order 12549.
the Corporation for assistance in obtaining a copy of those
regulations.*

- 5 The applicant agrees by submitting this proposal
that, should the proposed covered transaction be
entered into, it shall not knowingly enter into any lower
tier covered transaction with a person who is debarred,
suspended, declared ineligible, or voluntarily excluded
from participation in this covered transaction, unless
authorized by the Corporation.*

- 6 *The applicant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered*

Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- 7 *A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.*
- 8 *Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.*
- 9 *Except for transactions authorized under paragraph 5 of these instruction, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other*

remedies available to the Federal Government, the department or Corporation with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion- Lower Tier Covered Transactions.

- (1) The applicant certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or Corporation.*
- (2) The applicant certifies herein that no taxpayer, its representative or agent,*
- (3) Where the applicant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.*

Signature : _____

MATCHING CERTIFICATION

The Applicant hereby certifies that the following amounts have been or will be made available to complete the Project and/or to assure that the housing units assisted with HOME Funds are affordable:
(Full documentation evidencing commitment must be attached.)

1 Non-federal cash from local governmental unit

2 Abatement of state or local taxes, fees or other charges
which otherwise would have been imposed

3 Value of land or other real property (less any debt burden,
lien or other encumbrance) not acquired with federal
resources

4 Investments within prior 10 months from non-federal resources in
on-site and off-site infrastructure directly required for affordable
housing assistance with HOME Funds.

5 Reasonable value of any site preparation and construction materials not acquired
with federal resources and any donated or voluntary labor in connection with the
site preparation for or construction or rehabilitation of affordable housing.

TOTAL

\$0

By: _____

Date: 15-Feb-19

2018 ENVIRONMENTAL RESTRICTIONS CHECKLIST

Project Name:

Project Location:

<i>(street)</i>	<i>(city)</i>		
<i>(county)</i>	<i>(state)</i>	<i>(zip)</i>	

Owner Name:

Address:

<i>(street)</i>	<i>(city)</i>		
<i>(state)</i>	<i>(zip)</i>		

Project Description:

Environmental Review Findings

YES

NO

FLOOD PLAIN

Is the project located in a FEMA Special Flood Hazard Area? (Current flood plain maps should be found in a each HUD field office or call FEMA at 1-800-358-9619, and FEMA's website URL is www.fema.gov/mit/tsd)

--	--

Identify Map Panel and Date

Does the project currently carry Flood Insurance?

--	--

Do any structures appear to be within or close to the floodplain? (If yes, then flood insurance is required.)

--	--

HISTORIC PRESERVATION (If yes, identify relevant restrictions below.)

Is the property listed in the National Register of Historic Places?

--	--

Is the property located in a historic district listed in the National Register of Historic Places?

--	--

Is the property located in a historic district determined to be eligible for the National Register?

--	--

AIRPORT HAZARDS

Is the project located in the clear zone of an airport? (24 CFR Part 51 D. If yes, Notice is required.)

--	--

HAZARDOUS OPERATIONS

Is there any evidence or indication of manufacturing operations utilizing or producing hazardous substances (paints, solvents, acids, bases, flammable materials, compressed gases, poisons, or other chemical materials) at or in close proximity to the site

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Is there any evidence or indication that past operations located in or in close proximity to the property used hazardous substances or radiological materials that may have been released into the environment?

--	--

EXPLOSIVE/FLAMMABLE OPERATIONS/STORAGE (24 CFR Part 51C)

Is there visual evidence or indicators of unobstructed or unshielded above ground storage tanks (fuel oil, gasoline, propane, etc.) or operations utilizing explosive/flammable material at or in close proximity to the property?

--	--

FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW:

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TOXIC CHEMICAL AND RADIOACTIVE MATERIALS**Petroleum Storage**

Is there any evidence or indication of the presence of commercial or residential heating activities that suggest that underground storage tanks may be located in the property?

--	--

If yes, are any such tanks being used? If yes, indicate below whether the tank is registered, when it was last tested for leaks, the results of that test, and whether there are any applicable state or local laws that impose additional requirements beyond

--	--

Are there any out-of-service underground fuel storage tanks? If yes, indicate whether the tank was closed out in accordance with applicable state, local and federal laws.

--	--

Polychlorinated Biphenyls (PCB)

Is there any evidence or indication that electrical equipment, such as transformers, capacitors, or hydraulic equipment (found in machinery and elevators, installed prior to July 1, 1884) are present on the site?

--	--

If yes, is any such equipment (a) owned by anyone other than a public utility company; and (b) not marked with a "PCB Free" sticker?

--	--

If yes, indicate below whether such equipment has been tested for PCBs, the results of those tests, and (if no testing has been performed) the proposed testing approach. (Electrical equipment need not be tested but will be assumed to have PCBs)

--	--

If PCBs are found in non-electrical equipment over 50 ppm it must be replaced or retrofitted, otherwise any equipment with PCBs or assumed to have PCBs requires an O&M Plan.

Asbestos Containing Materials (ACM)

Is there any evidence or indication of ACM insulation or fire retardant materials such as boiler or pipe wrap, ceiling spray, etc., within the buildings on the property? If yes, the property is required to have an Operations and Maintenance Plan for asbes

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Lead Based Paint

Are there residential structures on the property that were built prior to 1978?

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If yes, has the property been certified as lead-free?

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If property has not been certified as lead-free, has a Risk Assessment been completed?

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If yes, has the owner developed a plan including Interim Controls to address the findings of the Risk Assessment including Tenant notifications and an Operations and Maintenance Plan?

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If yes, has a qualified Risk Assessor reviewed the Owner's plan and O&M plan for compliance with 24 CFR 35?

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EASEMENT AND USE RESTRICTIONS

Are there easements, deed restrictions or other use restrictions on this property? (e.g. oil and gas well pumping, transformer boxes, units, navigation, microwave, rights of way (ROW), for high-voltage power transmission lines, interstate/intrastate gas a

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FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW

--

CERTIFICATION OF DEMAND FOR NEW UNITS
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The undersigned duly authorized representative of the qualified housing consultant hereby certifies the following in connection with the market analysis conducted

(1) Market Area: The Project is located in the following market area, as described in the attached market analysis.

(Please provide a detailed description)

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(2) Market Area: A briefer Description of the Market (e.g. Bunkie City Limits)

--

(3) The Market Study contains data and critical analysis which supports or includes the following:

	I	II	III	IV	V	VI	VIII
Unit Size	Project Configuration No. of Units	Total Market Area Units by Unit Size	Substandard Units by Unit Size in Market Area	Vacancy Rate in Market Area by Unit Size	Projected Need by Unit Size for New Units in Area	Need by Unit Size for Units at 50% AMI	Need by Unit Size for Units at 60% AMI
Efficiency							
1 BR							
2 BR							

3 BR							
4 BR							

(4) The Vacancy rate of subsidized housing and market rate housing and market rents for non-subsidized housing for the market area by unit size are as follows:

Unit Size	Vacancy Rate (Subsidized)	Vacancy Rate (Market)	Market Rents (Non Subsidized)
Efficiency			
1 BR			
2 BR			
3 BR			
4 BR			

(5) The numbers of households in the market area which are income eligible and which can afford to pay tax credit rents for each unit by bedroom size are as follows:

Unit Size	Household Income Levels			
	0-30%	31-40%	41-50%	51-60%
Efficiency				
1 BR				
2 BR				
3 BR				
4 BR				
Total	-	-	-	-

(6) Based upon the Market Study's conclusions, the Project can be expected to be occupied at the percentage specified below with the number of months following the completion date as follows:

Expected Completion Date:

Percentage Occupancy	Months After Completion
10%	
50%	
75%	
90%	
100%	

(7) The Market Study supports the number of Special Needs households who are expected to occupy units in the Project. Based upon the Market Study, Special Needs households at 50% of AMI or less will occupy the following unit sizes in

Unit Size	Household at or below 50% AMI		
	Elderly	Homeless	Handicapped

Efficiency			
1 BR			
2 BR	N/A		
3 BR	N/A		
4 BR	N/A		

(8) The Market Study supports the number of Special Needs households who are expected to occupy units in the Project. Based upon the Market Study, Special Needs households at 60% of AMI or less will occupy the following unit sizes in

	Household at or below 60% AMI		
Unit Size	Elderly	Homeless	Handicapped
Efficiency			
1 BR			
2 BR	N/A		
3 BR	N/A		
4 BR	N/A		

(9) Give the total number of households on the PHA waiting list for the market area given above:

(10) Name the governmental unit responsible for permitting construction in the market area given above:

(11) How many units have been permitted by the above-referenced government unit for construction in the market area given above:

(12) The information in Line 11 above is as of what date?:

(13) Indicate the average operating expenses per unit per year for subsidized housing and for market rate (non-subsidized) housing:

	Subsidized		Non-Subsidized	
Operating Expenses	<input type="text"/>	/unit/year	<input type="text"/>	/unit/year

Witness my signature on this day, the

day of _____, 2018

By:

Signature

CEO NOTIFICATION LETTER INFORMATION

NOTE: Please provide the following information for each of the jurisdictions the project falls within. (Local, Parish, and State Rep.)

CEO Notification Letter Information 1

Project Name:

Name of local Chief Executive Officer (CEO):

Job Title:

Municipality/Locality:

Street Address:

City, State, Zip:

Salutation:

CEO Notification Letter Information 2

Project Name:

Name of local Chief Executive Officer (CEO):

Job Title:

Municipality/Locality:

Street Address:

City, State, Zip:

Salutation:

CEO Notification Letter Information 3

Project Name:

Name of local Chief Executive Officer (CEO):

Job Title:

Municipality/Locality:

Street Address:

City, State, Zip:

Salutation:

Developer Experience	
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Complete the information below for projects your organization has developed, placed in service, and currently owns. List only those projects whose size or scope meet the requirements stated in the QAP. **Do not include projects approved but not yet placed**

Project Name	Project Contact	State	Project Type	Low Income Units	Placed in Service Date	Total Development Costs	Funding Source(s) (Name of Agency, Contact Person and Phone Number)
			Total Number of Low Income units	0			

Have you been awarded 8609's on an LHC Housing Credit projects?

☐ Yes ☐ No

If yes, please complete the following for one projects:

Project Name

Project Number

Tax Credit Amount

Date of 8609

I, the undersigned, certify I have developed and have ownership in the above-listed projects and that the information given is true and correct. I hereby further acknowledge that in reviewing and considering my application, LHC may request additional if necessary.

Signature: _____

Date: _____

Name (please print): _____

New Construction

Managing General Partner
Managing Member
Sponsor

Management Experience

Management Company

Complete the information below for projects your organization has in its current portfolio of similar size and type . **Do not include projects approved but not yet placed in service.**

Project Name	Project Contact	State	Project Type	Low Income Units	Placed in Service Date	Management Contact	Management Contact Phone Number
			Total Number of Low Income units	0			

Have the person or entities serving as management agent had a project with material or uncorrected non-compliance beyond the cure period?

☐ Yes ☐ No

If yes, please complete the following for one projects:

Project Name

Project Number

Taxpayer

I, the undersigned , understand the management agent listed on the application must be retained by the ownership entity for at least two years after project completion, unless the Taxpayer releases the agent for nonperformance of duties.

Signature:

Date:

Name (please print):

New Construction

Managing General Partner
Managing Member
Sponsor