Indiana Housing and Community Development Authority

2025 4% LIHTC and Bonds Initial Application

| Date: | 9/10/2024 |
|--------------------------------------|----------------------------|
| Development Name: | Henderson Court Apartments |
| Development City: | Bloomington |
| Development County: | Monroe |
| Application Fee: | \$3,500 |
| Application Number (IHCDA use only): | |

The following pages contain:

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

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

Documentation Submission Checklist

| Part 4.1 - Qualified Non Profits | | Notes: |
|--|---|--------|
| Articles of Incorporation IRS documentation of §501(c)(3) tax-exempt status Nonprofit Questionnaire (Form B) | Place in Tab C. Place in Tab C. Place in Tab C. | |
| Part 4.2 - Community Integration | | |
| Community Integration Narrative Copy of executed MOU(s) with referral provider(s) | Place in Tab A. Place in Tab A. | |
| Part 4.4 Preservation | | |
| Capital Needs Assessment (Schedule F) Third-party documentation from the entity enforcing affordable housing requirements Hard cost budget | Place in Tab L. Place in Tab L. Place in Tab L. | |
| Part 5.1 - Threshold Requirements | | |
| A. Development Feasibility Form A - Excel Form A - PDF Commercial - 15 year proforma B. IHCDA Notification | Place in Tab A. Place in Tab A. Place in Tab A. Submit via: | |
| ~ Form C 9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application Noncompetitive 4% and bonds: submitted prior to application | RHTC@ihcda.in.gov | |
| C. Not-for-Profit Participation Signed Resolution from Board of Directors | Place in Tab C. | |
| D. Market Study See QAP for requirements. | Place in Tab N. | |
| G. Capabilities of Management Team Resumes of Developer and Management Company | Place in Tab D. | |
| Most recent year-end financial statements, year-to-date balance sheets, and income statements from: 1) The Developer 2) Any Individual or Entity providing guarantees | Place in Tab D. Place in Tab D. | |
| H. Readiness to Proceed ~ Complete Application - including: | | |
| 1) Form A 2) Narrative Summary of Development | Place in Tab A. Place in Tab A. | |
| ~ Application Fee (and supplemental fees if applicable) | To be paid online. | |
| ~ Evidence of Site Control | Place in Tab E. | |
| See QAP for acceptable forms of evidence. ~ Development Site Information and Plans | Place in Tab F. | |
| See QAP for specific requirements. ~ Documentation of all funding sources LOI from Equity Providers for both Federal and State Tax credits | Place in Tab G. Place in Tab G. | |
| See QAP for specific requirements. ~ Documentation of proper zoning See QAP for specific requirements. | Place in Tab H. | |
| J. Evidence of Compliance ~ Affidavit (Form Q) from each Development Team member disclosing: 1) complete interest in and affiliation with Development 2) outstanding non-compliance issues 3) any loan defaults 4) ownership interest in other RHTC-funded Developments | Place in Tab J. | |
| ~ Management Agent Affidavit - See QAP for specifics. K. Phase I Environmental Assessment | Place in Tab J. | |
| ~ Phase I ESA | Place in Tab K. | |
| Map from IDNRS's IHBBC Public App webpageApplication Fee (and supplemental fees if applicable) | Place in Tab K. Place in Tab K. | |

| O. Commercial Areas | Place in Tab F. | |
|--|---|----------|
| Site plan showing Commercial SpaceTimeline for construction | | |
| | Place in Tab F. | |
| P. Appraisal ~ Fair Market Appraisal | Place in Tab L. | |
| See QAP for specific requirements. | Place in Tab L. | |
| Q. Acquisition | | |
| ~ Fulfillment of or Exemption from 10-year placed-in-service rule | | |
| A chain of title report, OR | Place in Tab L. | |
| Tax opinion, OR | Place in Tab L. | |
| A letter from the appropriate federal official | Place in Tab L. | |
| ~ Disclosure of Related Parties and Proceeds from the sale | Place in Tab L. | |
| 1) Attorney opinion | | |
| 2) Completed Related Party Form | | |
| R. Capital Needs Assessment/Structural Conditions Report | Place in Tab L. | |
| S. Tenant Displacement & Relocation Plan | Place in Tab L. | |
| T. IRS Form 8821 - for each Owner/GP - if requested | Place in Tab A. | |
| U. Threshold Requirements for Supportive Housing | i idee iii ida Ai | |
| ~ Letter from CSH certifying completion of all requirements for the | Place in Tab O. | |
| Indiana Supportive Housing Institute | | |
| ~ Memorandum of Understanding with CSH for technical assistance | Place in Tab O. | |
| ~ MOU with each applicable supportive service provider | Place in Tab O. | |
| ~ Documentation of subsidy source commitments and narratives ~ Form O1 or O2 for vouchers, if applicable | Place in Tab O. | |
| | Place in Tab O. | |
| Part 5.2 - Underwriting Guidelines | | |
| J. Taxes and Insurance | | |
| Documentation of estimated property taxes and insurance | Place in Tab M. | |
| | riace iii rab ivi. | |
| K. Federal Grants and Subsidies Any additional information | Place in Tab G. | |
| | Flace III Tab G. | |
| L. Basis Boost Narrative (or documentation for Declared Disaster Area) | Place in Tab A. | |
| Natiative (of documentation for Declared Disaster Area) | Place III Tab A. | |
| Part 5.3 - User Eligibility and Limitations | | |
| B. Developer Fee Limitation | | |
| Developer Fee Statement | Place in Tab M. | |
| Non Profit Board Resolution | Place in Tab M. | |
| D. Architect Competitive Negotiation Procedure, if used | Place in Tab M. | |
| | | |
| H. Related Party Fees - Form N | Place in Tab J. | |
| I. Davis Bacon Wages General Contractor Affidavit | Place in Tab J. | |
| | Place in Tab J. | |
| IDart F. A. Minimum Davalanmant Standards | | |
| Part 5.4 - Minimum Development Standards | | III . |
| | | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans | Place in Tab F. | |
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| F. Minimum Unit Sizes ~ Detailed Floor Plans | Place in Tab F. | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics | Place in Tab F. Place in Tab P. | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing | | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site | Place in Tab P. Place in Tab P. | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space | Place in Tab P. Place in Tab P. Place in Tab P. | |
| F. Minimum Unit Sizes ~ Detailed Floor Plans Part 6.2 - Development Characteristics E. Preservation of Existing Affordable Housing Relevant proof of Preservation - See QAP for specific requirements F. Infill New Construction Aerial photos of the proposed site Documentation if qualifying adjacent site is an established park or green space Market study includes language certifying site is not existing agricultural land | Place in Tab P. Place in Tab P. | |
| F. Minimum Unit Sizes | Place in Tab P. Place in Tab P. Place in Tab P. Place in Tab P. | |
| F. Minimum Unit Sizes | Place in Tab P. | |
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| F. Minimum Unit Sizes | Place in Tab P. | |
| E. Minimum Unit Sizes | Place in Tab P. Place in Tab P. | |
| F. Minimum Unit Sizes | Place in Tab P. Place in Tab P. | |

| K. Internet Access Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated | Place in Tab T. Place in Tab T. | |
|--|---|--|
| Part 6.3 - Sustainable Development Characteristics | | |
| A. Building Certification The Green Professional acknowledgement | Place in Tab J. | |
| D. Desirable Sites A site map indicating all desirable or undesirable sites. Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh parts. | Place in Tab Q. produce points | |
| Part 6.4 - Financing & Market | | |
| A. Leveraging Capital Resources A letter from the appropriate authorized official approving the funds Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) Third-party appraisal (Land or building donation) For loans with below market interest rates, lender acknowledgement | Place in Tab B. Place in Tab B. Place in Tab B. Place in Tab B. | |
| B. Non-IHCDA Rental Assistance Commitment or conditional commitment letter from the funding agency | Place in Tab B. | |
| F. Lease-Purchase Detailed plan for the lease-purchase program Executed agreement with nonprofit that will implement the lease-purchase program | Place in Tab R. Place in Tab R. | |
| G. Leveraging the READI or HELP Programs Commitment letter from IEDC or OCRA | Place in Tab B. | |
| Part 6.5 - Other | | |
| A. Certified Tax Credit Compliance Specialist Copies of Certification(s) | Place in Tab S. | |
| C. Emerging XBE Developers XBE Certification for emerging developer MOU between developer and RHTC consultant or co-developer | Place in Tab S. Place in Tab S. | |
| D. Unique Features Unique Features Form R | Place in Tab A. | |
| E(1). CORES Certification Proof of CORES Certification for the owner or management company | Place in Tab T. | |
| E(2). Resident Service Coordinator for Supportive Housing (ISH only) If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator | Place in Tab T. | |
| E(3). Onsite Daycare/Adult Day Copy of MOU for each licensed provider Copy of provider's license | Place in Tab T. Place in Tab T. | |
| F. Integrated Supportive Housing for Persons Experiencing Homelessness CSH letter Copy of executed CSH MOU Copy of MOU with each applicable supportive service provider | Place in Tab O. Place in Tab O. Place in Tab O. | |
| Documentation of commitment of PBRA or narrative G. Eviction Prevention Plan Affidavit from the Management Agent | Place in Tab J. | |
| H. Low-Barrier Tenant Screening Affidavit from the Management Agent | Place in Tab J. | |
| J. Developments from Previous Institutes Letter from CSH | Place in Tab O. | |

| Evaluation Factors | Self Score | IHCDA Use | | Notes | /Issues | |
|---|------------|-----------|---------------------|-------|-------------|-----------|
| A. Rent Restrictions (up to 20 points) [9% ONLY] | | | Number of Units: | AMI | Total Units | % at AMI% |
| 30% and below 50% Area Median Income Rents 1. Less than 25% at 30% AMI, 33% of total at or below 50% AMI (4 points) | | | | 30 | | #DIV/0! |
| 2. At least 25% at 30% AMI, 33% of total at or below 50% AMI (8 points) | | | | 40 | | #DIV/0! |
| 3. At least 25% at 30% AMI, 40% of total or below 50% AMI (12 points) | | | | 50 | | #DIV/0! |
| 4. At least 25% at 30% AMI, 50% of total or below 50% AMI (16 points) 5. At least 30% at 30% AMI, 50% of total | | | | 60 | | #DIV/0! |
| or below 50% AMI (20 points) | 0 | | | >60 | | #DIV/0! |
| B. Income Restrictions (3 points) | | | | | | |
| Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A | 0 | | | | | |
| Document Required: | | | | | | |
| C. Additional Years of Affordability (up to 4 points) | | | | | | |
| 35-year Extended Use Period (2 points) 40-year Extended Use Period (4 points) | 4 | | | | | |
| Document Required: ~ Completed Form A | | | | | | |
| Subtotal (27 possible points) | 4.00 | 0.00 | | | | |

| A. Development Amenities (up to 6 points) | | | | | |
|--|------|----------------|--------------|-----------|---------------------|
| 1. 10 amenities in Chart 1 - QAP p. 54 (2 points) | | | | | |
| - Minimum of two amenities required in each of the three | 2.00 | | | | |
| sub-columns A, B, & C in the first chart. | | | | | |
| 2. 5 amenities in Chart 2 - QAP p. 55 (2 points) | | | | | |
| | 2.00 | | | | |
| - Minimum of two amenities required in each of the two | 2.00 | | | | |
| sub-categories A and B in the second chart. | | | | | |
| 3. 3 amenities in Chart 3 - QAP p. 55 (2 points) | | | | | |
| - Minimum of one amenity required in each of the two | 2.00 | | | | |
| sub-categories A and B in the third chart. | | | | | |
| | | | | | |
| | | Family Dev | elopments | Flderly | Developments |
| | | · a.i.ii, zei | 0.0000 | | |
| | | | | Rehab/ | |
| | | | | Adaptive | New Construction or |
| | | Rehab/ | New | Reuse w/o | Rehab/Adaptative |
| B. Accessible/Adaptable Units (up to 5 points) | | Adaptive Reuse | Construction | elevator | Reuse w/ elevator |
| 1. 7.0 - 7.9% | | 1 points | | | |
| 2. 8.0 - 8.9% | | 3 points | | 1 points | |
| 3. 8.0 - 10.9% | | | 1 points | | |
| 4. 9.0 - 9.9% | | 5 points | | 3 points | |
| | 0.00 | | - | | |
| 5. 10.0 - 99.9% | | 5 points | | 5 points | |
| 6. 11.0 - 13.9% | | 5 points | 3 points | 5 points | |
| 7. 14.0 - 99.9% | | 5 points | 5 points | 5 points | |
| 8. 100% | | 5 points | 5 points | 5 points | 5 points |
| | | | | | |
| C. Universal Design Features (up to 5 points) | | | | | |
| o. Oniversal besign reactares (up to 5 points) | | 1 | | | |
| 1. 8 or more universal design features from each Universal | | | | | |
| Design Column. (3 points) | | | | | |
| Design Column. (5 points) | | | | | |
| 2. 9 or more universal design features from each Universal | 0.00 | | | | |
| | 0.00 | | | | |
| Design Column. (4 points) | | | | | |
| | | | | | |
| 3. 10 or more universal design features from each Universal | | | | | |
| Design Column. (5 points) | | | | | |
| Document Required: | | | | | |
| ~ Completed Form A | | | | | |
| completed form // | | | | | |
| | ı | | | | |
| D. Vacant Structure (Up to 6 points) | | | | | |
| 1. 50% of the structure square footage. (2 points) | | | | | |
| | | | | | |
| 2. 75% of the structure square footage. (4 points) | | | | | |
| 3. 100% of the structure square footage. (6 points) | 0.00 | | | | |
| Document Required: | | | | | |
| ~ Completed Form A | | | | | |
| completed form A | | | | | |
| | | | | | |
| | I | | | | |
| E. Preservation of Existing Affordable Housing | | | | | |
| (up to 6 points) | | | | | |
| | | | | | |
| 1. RHTC development with compliance period OR extended use period that has | | | | | |
| expired/will expire in the current year. (6 points) | | | | | |
| Required Document: | | | | | |
| See QAP for required documentation. Place in Tab P. | | | | | |
| - | C 00 | | | | |
| 2. Previously HUD - or USDA-funded affordable housing. (6 points) | 6.00 | | | | |
| Required Document: | | | | | |
| See QAP for required documentation. Place in Tab P. | | | | | |
| · | | | | | |
| 3. Preservation of any other affordable housing | | | | | |
| development. (4 points) | | | | | |
| Required Document: | | | | | |
| See QAP for required documentation. Place in Tab P. | | | | | |
| The second of th | | | | | |
| | | | | | |
| F. Infill New Construction (6 points) | 0.00 | | | | |
| See QAP for required documentation. | | ĺ | | | |
| Place in Tab P. | | | | | |
| | | | | | |
| G. 1. Development is Historic in Nature (up to 2 points) | | | | | |
| o. 1. Development is riistoric in reacure (up to 2 points) | | | | | |
| | | | | | |
| ~ 2 points if at least 50% of the total units or 1 point if at least 25% of the | | | | | |
| total units fall in one of the categories listed on pages 64-65 of the QAP. | | | | | |
| | | | | | |
| | | | | | |

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

| Part 6.3. Sustainable Development Characte | prietics | | | |
|---|----------------------|------|------|---------------------------------|
| A. Building Certification | (Up to 2 points) | 1 | | |
| ~ LEED Silver Rating | (2 points) | | l | |
| ~ Silver Rating National Green Building Sta | | | | |
| ~ Enterprise Green Communities | (2 points) | | | |
| ~ Passive House | (2 points) | - | | |
| ~ Equivalent under a ratings for systems th | • • • | 0.00 | | |
| the American National Standards Institut | | | | |
| points for equivalent end results of the a | · | | | |
| . | (2 points) | | | |
| Required Documentation: ~ Completed F | | | | |
| | | | | |
| B. Onsite Recycling | (up to 1 point) |] | | |
| ~ offering onsite recycling at no cost to res | idents (1 point) | 1.00 | | |
| Required Documentation: ~ Completed Forr | n A | | | |
| | | • | | |
| C. Desirable Sites | (up to 12 Points) | | | Kroger is within 1.1mi from HC, |
| a) Proximity to Amenities | (up to 3 points) | 2.00 | | |
| b) Transit oriented | (2 points) | 2.00 | | |
| c) Opportunity index | (up to 7 points) | | | |
| High Income | (1 point) | 0.00 | | |
| Low Poverty | (1 point) | 0.00 | | |
| Low Unemployment Rate | (1 point) | 0.00 | | |
| Life Expectancy | (1 point) | 1.00 | | |
| Access to Primary Care | (1 point) | 1.00 | | |
| Access to Post Secondary Education | (1 point) | 1.00 | | |
| Access to Employment | (1 point) | 1.00 | | |
| , | (1 point deduction) | | | |
| | luction per feature) | | | |
| See QAP for required documentation. Place i | in Tab Q. | | | |
| | | | | |
| Subtotal (15 possible points) | | 9.00 | 0.00 | |

| Part 6.4. Financing & Market | | \$3,300,000/\$32,767,178 = 10% |
|--|-------|--|
| A. Leveraging Capital Resources (up to 4 points) | | of total project costs |
| 1. 1.00 to 2.49% (1 point) | | |
| 2. 2.50 to 3.99% (1.5 points) | | For this section, we are asking |
| 3. 4.00 to 5.49% (2 points) | | for \$3,300,000 of the total GP |
| 4. 5.50 to 6.99% (2.5 points) | 4.00 | note for points. |
| 5. 7.00 to 8.49% (3 points) | | |
| 6. 8.50 to 9.99% (3.5 points) | | |
| 7. 10% or greater (4 points) | | |
| See QAP for required documentation. Place in Tab B. | | |
| | | |
| B. Non-IHCDA Rental Assistance (up to 2 points) | 2.00 | |
| See QAP for required documentation. Place in Tab B. | | |
| | | |
| C. <u>Unit Production in Areas Underserved by the 9% RHTC Program</u> | | _ |
| [9% ONLY] (up to 14 points) | | _ |
| 1) Within Local Unit of Government (LUG): | | |
| a. No RHTC allocation within the last 5 program years (3 points) | | |
| b. No RHTC allocation within the last 10 program years (5 points) | 0.00 | |
| c. No RHTC allocation within the last 15 program years (7 points) | | |
| 2). Within County: | | |
| a. No RHTC allocation within the last 5 program years (3 points) | | |
| b. No RHTC allocation within the last 10 program years (5 points) | 0.00 | |
| c. No RHTC allocation within the last 15 program years (7 points) | | |
| | | |
| D. Census Tract without Active Tax Credit Properties. | | The second form how and did not consider |
| (up to 3 points) | | There are four tax credit properties |
| Census Tract without same type RHTC development (3 points) | | in 11.01 - One, is this project, in for |
| 2) Only one RHTC development of same type (1.5 points) | 4.50 | resydication, two are PSH projects, |
| 3) Preservation set-aside; only active RHTC development | 1.50 | and the last is Retreat @ the |
| in the census tract (3 points) | | Switchyard. Retreat is the only of |
| Required Document: | | these that would count against |
| ~ Completed Form A | | Henderson for points. |
| | | |
| E. <u>Housing Need Index</u> (up to 7 points) | | |
| 1. Located in a county experiencing population growth | 0.00 | |
| (1 point) | 0.00 | |
| 2. Located in a city or town in which 44% or more of renter households | 4.00 | |
| are considered rent burdened (1 point) | 1.00 | |
| 3. Located in a city or town in which 25% or more of renter households | | |
| are considered to have at least one | 1.00 | |
| severe housing problem (1 point) | | |
| 4. Located in a city or town in which 25% or more of renter households | 4.00 | |
| are at or below 30% of AMI (1 point) | 1.00 | |
| 5. Located in a county in which the ration of RHTC units to renter | | |
| households below 80% AMI is below state ratio (1 point) | 1.00 | |
| 6. Located in a county in which the highest number of units were built in | | |
| 1939 or earlier (1 point) | 0.00 | |
| | | |
| 7. Located in a county in which the percent of "vacant and available | 0.00 | |
| units" is below the state average (1 point) | | |
| F. Lease Purchase (2 points) | | |
| See QAP for qualifications and required documentation. | 0.00 | |
| Place in Tab R. | 5.55 | |
| | | |
| G. Leveraging READI and HELP Programs | | |
| (up to 4 points) | | |
| Applicant does not request additional IHCDA gap resources | | |
| (2 points) | 0.00 | |
| 2) Applicant requests a basis boost of no more than 20% (2 | | |
| points) | 0.00 | |
| Required Document: | | |
| ~ Completed Form A | | |
| - Completed Form / Comp | | |
| Subtotal (36 possible points) | 11.50 | 0.00 |
| Juntotal (30 possible politis) | 11.50 | 0.00 |

| A Contributed Two Crustic Compliance Specialist Li Management (Max 1 points) Li Owner (Max 1 points) See QAP for other required documentation. Place in Tab 5. See Max 1 points Completed Form A, Section U See QAP for required documentation. Place in Tab 5. See QAP for required documentation. Place in Tab 5. Completed Form A, Section U See QAP for required documentation. Place in Tab 5. Completed Form A, Section U See QAP for required documentation. Place in Tab 5. Completed Power See QAP for required documentation. Place in Tab 5. Completed Power See QAP for required documentation. Place in Tab 5. Completed Power See QAP for required documentation. Place in Tab 5. Completed Power See QAP for required documentation. Place in Tab 5. Completed Power See QAP for required documentation. Place in Tab 5. Completed Power A. See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 7. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for required documentation. Place in Tab 1. Lindeau Features Form See QAP for Required Features Form See QAP for Required Features Form See Q | Part 6.5. Other | | | | |
|--|---|-------------------|-------|------|--|
| 1. Management (Max 2 points) 2,00 2. Owner (Max 1 point) 1,00 Required Document: | | (un to 3 naints) | | Г | |
| 2. Owner Required Document: - Completed Form A, Section Q - See QAP for required documentation, Place in Tab 5. 8. MBF, WBF, DBF, VOSB, and SDVOSB (Max 5 points) - Completed Form A, Section U See QAP for required documentation. Place in Tab 5. C Empling XBE Developer (Max 5 points) - Output See Cap for Completed Form A, Section U See QAP for required documentation. Place in Tab 5. C Empling XBE Developer (Max 5 points) - Output See Cap for See Completed See Complete | | | 2.00 | | |
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| G. Eviction Prevention Plan (up to 2 points) Required Documents: | | - · · | 0.00 | | |
| Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment. Place in Tab J. ~ Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 0.00 2. Plan does not screen for felonies older than five years (1 point) 0.00 3a. Plan does not screen for evictions older than 12 months (1 point) 0.00 3b. Plan does not screen for evictions older than 6 months (2 points) 0.00 Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up 1. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous institutes (Max 3 points) D. Developments from Previous institutes (Max 3 points) 1. Developments from Previous institutes ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Subtotal (45 possible 4 point reduction) 15.00 0.00 | experience | (3 points) | 0.00 | | |
| Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment. Place in Tab J. ~ Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 0.00 2. Plan does not screen for felonies older than five years (1 point) 0.00 3a. Plan does not screen for evictions older than 12 months (1 point) 0.00 3b. Plan does not screen for evictions older than 6 months (2 points) 0.00 Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up 1. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous institutes (Max 3 points) D. Developments from Previous institutes (Max 3 points) 1. Developments from Previous institutes ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Subtotal (45 possible 4 point reduction) 15.00 0.00 | | | | | |
| Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment. Place in Tab J. ~ Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 0.00 2. Plan does not screen for felonies older than five years (1 point) 0.00 3a. Plan does not screen for evictions older than 12 months (1 point) 0.00 3b. Plan does not screen for evictions older than 6 months (2 points) 0.00 Required Documents: ~ Completed Form A — Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up 1. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous institutes (Max 3 points) D. Developments from Previous institutes (Max 3 points) 1. Developments from Previous institutes ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Subtotal (45 possible 4 point reduction) 15.00 0.00 | | | | | |
| ~ Completed Form A Management Company affidavit acknowledging commitment. Place in Tab J. Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 2. Plan does not screen for evictions older than five years (1 point) 3a. Plan does not screen for evictions older than 12 months (1 point) 3b. Plan does not screen for evictions older than 12 months (1 point) 3b. Plan does not screen for evictions older than 6 months (2 points) Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for multiple projects after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) D. Developments: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 1. 5.00 0.00 Reduction of Points Subtotal (possible 4 point reduction) 1. 5.00 0.00 | | (up to 2 points) | 2.00 | | |
| ~ Management Company affidavit acknowledging commitment. Place in Tab J. ~ Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 0.00 2. Plan does not screen for felonies older than five years (1 point) 0.00 3a. Plan does not screen for evictions older than 12 months (1 point) 0.00 3b. Plan does not screen for evictions older than 6 months (2 points) Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up 1. Owners Who Have Requested Release Through Qualified Contract (Max 4 points) 2. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) Cubic Place in Tab 0. Subtotal (45 possible points) 1 5.00 0.00 Reduction of Points Subtotal (possible 4 point reduction) 1 5.00 0.00 | • | | | | |
| **Eviction Prevention Plan drafted and submitted prior to lease-up. H. Low-Barrier Tenant Screening | · | | | | |
| I. Low-Barrier Tenant Screening (up to 4 points) 1. Plan does not screen for misdemeanors (1 point) 2. Plan does not screen for felonies older than five years (1 point) 3a. Plan does not screen for evictions older than 12 months (1 point) 3b. Plan does not screen for evictions older than 6 months (2 points) Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan dratted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 3. Foreclosure that resulted in release of extended use period (-4 points) I. Developments from Previous Institutes (Max 3 points) Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 5. Documents (15,00) 0.00 Reduction of Points 15.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | | | | | |
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| 1. Plan does not screen for misdemeanors 2. Plan does not screen for felonies older than five years 3. Plan does not screen for evictions older than 12 months 3. Plan does not screen for evictions older than 12 months 3. Plan does not screen for evictions older than 6 months (2 points) Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan dratted and submitted prior to lease-up 1. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous Institutes (Max 3 points) Required Documents: ~ Letter from CSH. Place in Tab 0. Subtotal (45 possible points) 1. 5.00 0.00 Subtotal (possible 4 point reduction) 1. 5.00 0.00 | | / | _ | L | |
| 2. Plan does not screen for felonies older than five years (1 point) 3a. Plan does not screen for evictions older than 12 months (1 point) 3b. Plan does not screen for evictions older than 6 months (2 points) 3b. Plan does not screen for evictions older than 6 months (2 points) **Required Documents: **Completed Form A **Management Company affidavit acknowledging commitment Place in Tab J. **Tenant Selection Plan drafted and submitted prior to lease-up 1. *Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. *Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. *Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. *Foreclosure that resulted in release of extended use period (-4 points) 1. *Developments from Previous Institutes (Max 3 points) *Required Documents: **Letter from CSH. Place in Tab O.* Subtotal (45 possible points) 15.00 0.00 **Reduction of Points 15.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | | | | | |
| 3a. Plan does not screen for evictions older than 12 months 3b. Plan does not screen for evictions older than 6 months (2 points) Required Documents: Completed Form A Management Company affidavit acknowledging commitment Place in Tab J. Tenant Selection Plan drafted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) Qualified Contract requested for one project after 1/25/2021 (-4 points) Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) Required Documents: Letter from CSH. Place in Tab O. Subtotal (45 possible points) Subtotal (possible 4 point reduction) 15.00 0.00 Subtotal (possible 4 point reduction) | | · · | | | |
| 3b. Plan does not screen for evictions older than 6 months (2 points) Required Documents: ^ Completed Form A ^ Management Company affidavit acknowledging commitment Place in Tab J. ^ Tenant Selection Plan dratted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) Required Documents: ^ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 5. Union of Points 15.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | · | | 0.00 | | |
| Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) I. Developments from Previous Institutes (Max 3 points) Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | | · · | 0.00 | | |
| ~ Completed Form A | | (2 points) | | | |
| ~ Management Company affidavit acknowledging commitment Place in Tab J. | · | | | | |
| "Tenant Selection Plan drafted and submitted prior to lease-up I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) Required Documents: " Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | · · | t Diaco in Tab I | | | |
| I. Owners Who Have Requested Release Through Qualified Contract (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) I. Developments from Previous Institutes (Max 3 points) Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | | | | | |
| (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous Institutes (Max 3 points) 0.00 Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 | Total Control | <u> </u> | | i i | |
| (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous Institutes (Max 3 points) 0.00 Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 | | | | | |
| (Max 4 point reduction) 1. Qualified Contract requested for one project after 1/25/2021 (-2 points) 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) 1. Developments from Previous Institutes (Max 3 points) 0.00 Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 | I. Owners Who Have Requested Release Through Qualified Contr | act | | | |
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| 2. Qualified Contract requested for multiple projects after 1/25/2021 (-4 points) 3. Foreclosure that resulted in release of extended use period (-4 points) J. Developments from Previous Institutes (Max 3 points) 0.00 Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | - | | | | |
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| Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | 3. Foreclosure that resulted in release of extended use period | (-4 points) | | | |
| Required Documents: ~ Letter from CSH. Place in Tab O. Subtotal (45 possible points) 15.00 0.00 Reduction of Points 0.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | J. Developments from Previous Institutes | (Max 3 points) | 0.00 | | |
| Letter from CSH. Place in Tab O. Subtotal (45 possible points) Reduction of Points Subtotal (possible 4 point reduction) 15.00 0.00 | | (a. o pointo) | 3.00 | | |
| Subtotal (45 possible points) Reduction of Points 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 0.00 | | | | | |
| Reduction of Points 0.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | | | | | |
| Reduction of Points 0.00 0.00 Subtotal (possible 4 point reduction) 15.00 0.00 | Subtotal (45 possible points) | | 15.00 | 0.00 | |
| Subtotal (possible 4 point reduction) 15.00 0.00 | | | | | |
| Subtotal (possible 4 point reduction) 15.00 0.00 | Reduction of Points | | 0.00 | 0.00 | |
| | Reduction of Foilits | | 0.00 | 0.00 | |
| | | | | | |
| | | | | | |
| Total Development Score (177 possible points) 55.50 0.00 | Subtotal (possible 4 point reduction) | | 15.00 | 0.00 | |
| Total Development Score (177 possible points) 55.50 0.00 | | | | | |
| | Total Development Score (177 possible points) | | 55.50 | 0.00 | |
| | | | | | |

| Sel | ect Financing Type. (Check all t | hat apply.) | Set-Aside(s): MUST select all that apply. See QAP. (9% Rental Housing Tax Credits ONLY) | | | |
|-----|---|---|---|--|-------------------------------------|--|
| | X Rental Housing Tax Credi | ts (RHTC) | | Not-for-Profit | Housing First | |
| | X Multi-Family Tax Exempt | Bonds | | Community Integration | Large City | |
| | State Affordable and Work (AWHTC) | kforce Housing Tax Credits | | Small City | Rural | |
| | IHCDA HOME Investment | t Partnershins | | Preservation | General | |
| | (MUST complete HOME Supple | · | | Geographic Set-Asides (Compet | itive 4% ONLY) | |
| | IHCDA Development Fundament (MUST complete Development | | | Northwest | Northeast | |
| | OTHER: Please list. | | | Central | Southwest | |
| | | | | Southeast | | |
| A. | Development Name and Loca | ation | | | | |
| | 1. Development Name | Henderson Court Apartments | | | | |
| | Street Address | 2475 South Winslow Court | | | | |
| | City Bloomington | | County | MONROE Sta | te <u>IN</u> Zip <mark>47401</mark> | |
| | 2. Is the Development located | d within existing city limits? | | | X Yes No | |
| | | cess or under consideration for a | annexation | n by a city? | Yes No | |
| | is, is the side in the proc | 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 3 | 11- | Date: | |
| | 2. Companya Tangat/a) # | 14.04 | | | Date. | |
| | 3. Census Tract(s) # | 11.01 | | | | |
| | a. Qualified Census tract?b. Is Development eligible | e for adjustment to eligible basis | 5? | | Yes X No Yes X No | |
| | Explain v | why Development qualifies for 3 | 30% boost: | | | |
| | | | | | | |
| | 4. Is Development located in a | a Difficult Development Area (D | DA)? | | Yes X No | |
| | 5. Congressional District | 9th State Senate Distr | rict | 40 State House District | <u>61</u> | |
| | | | o be locate | ed and the name and address of th | ne | |
| | chief executive officer ther | | | | | |
| | Political Jurisdiction (name | | | Bloomington | | |
| | Chief Executive Officer (na | ime and title) | | Mayor Kerry Thompson | | |
| | Street Address | 401 North Morton | n Street | | | |
| | City | Bloomington | | State <u>IN</u> | Zip <u>47404</u> | |
| В. | Funding Request | | | | | |
| | 1. Total annual Federal Tax cr | redit amount requested with thi | s Applicati | on | \$ 1,125,602 | |
| | 2. Total annual State Tax cred | dit amount requested with this A | Application | | \$ - | |
| | 3. Total amount of Multi-Fam | nily Tax Exempt Bonds requested | d with this | Application | \$ 17,000,000 | |
| | 4. Total amount of IHCDA HO | ME funds requested with this A | pplication | | \$ - | |
| | 5. Total amount of IHCDA Dev | velopment Fund funds requeste | ed with this | s Application | \$ - | |
| | 6. Total number of IHCDA Sec | tion 8 Vouchers requested with | this Applic | cation | | |
| | Form O1 Form O2 | | | | 0.00 | |
| | If a Permanent Supportive 7. Total Amount of Housing Tr | | | | \$ - | |
| | If a Permanent Supportive | | | | - | |
| | If yes, please list the name | | prior appl | is Development? ication, type of funding request (vapplication. (Place this information) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | footnotes: | | | | | |

2. Types of Allocation 1. Minimum Set Aside Election of the Minimum Set Aside Requirement (This election is also made by the owner on IRS Form 8609): The Owner irrevocably elects one of the Minimum Set Aside Requirements: At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income. X At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 60% or less of the area median gross income. At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 80% or less of the area median gross income. The average income of the restricted units must be at or below 60% of the area median gross income. 2. Type of Allocation New construction, or Rehabilitation or

| <u> </u> |
|--|
| New construction, or Rehabilitation, or Historic Rehab/Adapative Reuse |
| 3. Type of Project |
| X Family Age-Restricted Integrated Supportive Housing Affordable Assisted Living |
| 4. Age Restrictions per Housing for Older Persons Act of 1995 |
| If this Development will be designated as age-restricted, please elect which definition this Development will adopt: At least 80% of the units in the entire development are restricted for and solely occupied by households in which at least one member is age 55 or older. 100% of the units are restricted for households in which all members are age 62 or older. |
| footnotes: |

| | | | | | V | |
|---|--|--|---------------------------------------|--|------------------------------|------------|
| Is Applicant an IHCDA State Certi | ified CHDO? | | | | Yes | XN |
| If the Applicant intends to apply for completed CHDO Application Workl | CHDO Operating Su | | | | | а |
| Participating Jurisdiction (non-sta Qualified not-for-profit? A public housing agency (PHA)? | ate) Certified CHDO | ? | | | Yes Yes Yes | X N X N |
| A public flousing agency (FfiA): | | | | | 163 | |
| 2. Name of Applicant Organization | GBG LIHTC Dev | elopmen | t, LLC | | | |
| Contact Person | Janine Betsey | | | | | |
| Street Address | 8801 River Cro | ssing Blvc | l., Suite 200 | | | |
| City | Indpls State | IN | Zip 46240 | | | |
| Phone | 317.495.6912 | E-mail | janine.betsey@ | glickco.com | | |
| | | | | | | |
| 3. If the Applicant is not a Principal | | ner of the | Ownership Entity | , explain the relations | hip | |
| between the Applicant and the Owr GBG LIHTC Developmpent, LLC is th | | ner of the | e Glick Housing Fo | undation, the sole me | mber of the General Partner. | |
| 4. Identity of Not-for-profit | | | , , , , , , , , , , , , , , , , , , , | , | | |
| Name of Not-for-profit | Glick Housing Foun | dation | | | | |
| ranie di ride idi pi dire | O | | | | | |
| | | aution | | | | |
| Contact Person | Ryan Brady | dation | | | | |
| Contact Person Address | Ryan Brady 8801 River Crossing | | uite 200 | | | |
| | | | uite 200 State IN | | Zip <mark>46240</mark> | |
| Address | 8801 River Crossing | | | | Zip <u>46240</u> | |
| Address | 8801 River Crossing | g Blvd., Su | | | Zip <u>46240</u> | |
| Address City Phone E-mail address | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickce | g Blvd., Su | | | Zip <u>46240</u> | |
| Address City Phone | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickce | g Blvd., Su | | | Zip <u>46240</u> | |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment | g Blvd., Su | State IN | | | |
| Address City Phone E-mail address Role of Not-for-Profit in Develop | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment r the person or entit | g Blvd., Su o.com | State IN | | Applicant | |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for or Owner's acquisition. | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment r the person or entit | g Blvd., Su o.com y who ow | State IN | immediately prior to A | Applicant | |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for or Owner's acquisition. Name of Organization | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment r the person or entit Sy Henderson (| g Blvd., Su o.com y who ow | State IN | immediately prior to A | Applicant | |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for or Owner's acquisition. Name of Organization Contact Person | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment the person or entit Sy Henderson O Jonathan Cohn | g Blvd., Su o.com y who ow | State IN | immediately prior to A | Applicant | |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for or Owner's acquisition. Name of Organization Contact Person Street Address | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment The person or entit Sy Henderson Of Jonathan Cohn 7920 Ward Par | g Blvd., Su o.com y who ow Court Inve | vned the property | immediately prior to A uri limited partnership Zip | Applicant 0 | X |
| Address City Phone E-mail address Role of Not-for-Profit in Develope 5. List the following information for or Owner's acquisition. Name of Organization Contact Person Street Address City | 8801 River Crossing Indianapolis 317.469.0400 ryan.brady@glickcoment The person or entit Sy Henderson Of Jonathan Cohn 7920 Ward Par Kansas City | g Blvd., Su o.com y who ow Court Inve | vned the property | immediately prior to A uri limited partnership Zip | Applicant 0 | X |

| E. Ov | vner Infori | mation | | | | |
|--|--|---|---|-------------|------------------------|-----------|
| 1. Ow | ner Entity | | X Legally formed To be formed | | | |
| | Name of | f Owner | Henderson Court Housing | g, LP | | |
| | Contact | Person | Ryan Tolle | | | |
| | Street A | ddress | 8801 River Crossing Blvd. | , Suite 200 | | |
| | City | Indianapolis | State IN | Zip | 46240 | |
| | | | State IIV | Zip | 40240 | |
| | Phone | 317.469.0400 | | | | |
| | E-mail A | ddress | ryan.tolle@glickco.com | | | |
| | Federal | I.D. No. | 99-3190592 | | | |
| | Type of | entity: | X Limited Partnership | | | |
| | | | Individual(s) | | | |
| | | | Corporation | | | |
| | | | Limited Liability Com | 2204 | | |
| | | | _ | party | | |
| | | | Other: | | | |
| List all that have an ownership interest in Owner and the Development. Must <u>include</u> names of <u>all</u> general partners (<u>including the principals of each general partner if applicable</u>), managing member, controlling shareholders, etc. | | | | | | |
| ma | anaging me | ember, controlling | | | <u>,,</u> | |
| ma | anaging me | ember, controlling | | Role | % Ownership | Email |
| | ral Partne | | shareholders, etc. | Role | | Email |
| | ral Partnei | | Name | Role GP | % Ownership | Email |
| Gene | ral Partnei ipal | | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Princi | ral Partnei ipal ipal ipal | · (1) | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Princi Gene | ral Partnei ipal ipal ipal ral Partnei | · (1) | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Princi Gene Princi | ral Partnei ipal ipal ipal ral Partnei ipal | · (1) | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Princi Gene Princi | ral Partnei ipal ipal ipal ral Partnei ipal | · (1) | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Gene Princi Princi | ral Partnei ipal ipal ipal ral Partnei ipal ipal | · (1) | Name Glick Henderson Court In Gene B. Glick Family Hou | Role GP | % Ownership | Email |
| Gene Princi Princi Gene Princi Princi Limite | ral Partner ipal ipal ral Partner ipal ipal ipal ipal ipal ipal | · (1) | Name Glick Henderson Court In | Role GP | % Ownership | Email |
| Gene Princi Princi Gene Princi Princi Limite | ral Partner ipal ipal ral Partner ipal ipal ipal ipal ipal ipal | · (1) | Name Glick Henderson Court In Gene B. Glick Family Hou | Role GP | % Ownership | Email |
| Gene Princi Princi Gene Princi Princi Limite | ral Partner ipal ipal ral Partner ipal ipal ipal ipal ipal ipal | · (1) | Name Glick Henderson Court In Gene B. Glick Family Hou | Role GP | % Ownership | Email |
| Gene Princi Princi Gene Princi Princi Limite Princi Princi | ral Partner ipal ipal ipal ipal ipal ipal ipal ipal | r (1) | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | Email |
| General Princi Princi General Princi Princi Princi Princi Princi Princi Princi Princi Princi Provid | ral Partner ipal ipal ipal ipal ipal ipal ipal ipal | r (1) r (2) and Signature for garrett, President ar | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | Email |
| Genee Princi Princi Genee Princi Princi Princi Princi Provio | ral Partner ipal ipal ipal ipal ipal ipal ipal ipal | r (1) r (2) and Signature for garrett, President ar | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | 0.3 |
| General Princi Princi General Princi Provinci Princi Prin | ral Partner ipal ipal ipal ipal ipal ipal ipal ipal | r (1) r (2) and Signature for garrett, President arme & Title | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | 0.3 |
| General Princi Princi General Princi Provinci Princi Prin | ral Partner ipal ipal ral Partner ipal ipal ipal ipal ipal ide Partner ipal ipal | r (1) r (2) and Signature for garrett, President arme & Title | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | Signature |
| Geneel Princi Princi Geneel Princi Pr | ral Partner ipal ipal ral Partner ipal ipal ipal ipal ipal ide Partner ipal ipal | and Signature for garrett, President arme & Title | Name Glick Henderson Court In Gene B. Glick Family Hou TBD | Role GP | % Ownership 0.01 99.99 | Signature |

| F. Development Team Good Standing | | |
|---|-----|------|
| 1. Have Applicant, Owner, Developer, Management Agent, and any other member of the Development Team | | |
| a. Ever been convicted of a felony under the federal or state laws of the United States? | Yes | X No |
| b. Ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States? | Yes | X No |
| c. Ever defaulted on any low-income housing Development(s)? | Yes | X No |
| d. Ever defaulted on any other types of housing Development(s)? | Yes | X No |
| e. Ever Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? | Yes | X No |
| f. Uncorrected 8823s on any developments? | Yes | X No |
| f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J. | | |
| Has the applicant or its principals returned, or had rescinded, any IHCDA Funding?If Yes, list the dates returned and award numbers of said funds. | Yes | X No |
| BIN Date Returned Amount | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| footnotes: | | |

G. Development Team Information

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

| 1. | Attorney | Gareth Ku | ıhl | | | | | | |
|------|---------------------------|--------------|-------------------------|----------------|-------------|-------|----|---|--|
| | Firm Name | Kuhl & Gr | ant LLP | | | | | | |
| | Phone | 317.423.9 | 9404 | | | | | | |
| | E-mail Addres | SS | gkuhl@k | uhlgrantlaw. | com | | | | |
| ls t | the named Att | orney's af | fidavit in ⁻ | Гаb J? | X Yes | | No | | |
| | Bond Counse (*Must be an | | - | | Tyler Kala | chnik | | | |
| | Firm Name | Ice Miller | | | | | | | |
| | Phone | 317.236.2 | 2174 | | | | | | |
| | E-mail Addres | SS | tyler.kala | achnik@icem | iller.com | | | | |
| ls t | the named Bo | nd Counse | l's affidav | it in Tab J? | X Yes | | No | | |
| 3. | Developer (co | ontact pers | son) | Janine Betse | еу | | | | |
| | Firm Name | | GBG LIH | TC Developm | ent, LLC | | | | |
| | Phone | 317.469.6 | 5912 | | | | | | |
| | E-mail addres | s | janine.be | etsey@glickco | o.com | | | | |
| ls t | the Contact Pe | erson's affi | | | X Yes | | No | _ | |
| 4. | Co-Developer | · (contact p | person) | n/a | | | | | |
| | Firm Name | | | | | | | | |
| | Phone | | | | | | | | |
| | E-mail addres | S | | | | | | | |
| ls t | the Contact Pe | erson's affi | davit in Ta | ab J? | Yes | | No | _ | |
| 5. | Accountant (c | ontact per | son) | Bruce Merri | II | | | | |
| | Firm Name | | CBIZ Son | nerset | | | | | |
| | Phone | 317.472.2 | 2161 | | | | | | |
| | E-mail addres | S | bruce.m | errill@cbiz.co | om | | | | |
| ls t | the Contact Pe | erson's affi | davit in Ta | ab J? | X Yes | | No | | |
| | footnotes: | | | | | | | | |

| 6. (| Consulta | nt (contact p | erson) | n/a | | | |
|-------|-----------|---|---------------------|----------------------------|--------------------|-------------------------------|--|
| ı | Firm Nan | ne | | | | | |
| ı | Phone | | | | | | |
| ı | E-mail ad | ldress | | | | | |
| Is tl | he Conta | ct Person's a | ffidavit in Tab J? | | Yes | No | |
| 7. | High Perf | formance Bui | ilding Consultant (| contact person) | n/a | | |
| ı | Firm Nan | ne | | | | | |
| ı | Phone | | | | | | |
| ı | E-mail ad | ldress | | | | | |
| Is t | he Conta | ct Person's a | ffidavit in Tab J? | | Yes | No | |
| 8. | Manager | ment Entity (d | contact person) | | Amanda Imel | | |
| ı | Firm Nan | ne | Gene B. Glick Con | npany, Inc. | | | |
| ı | Phone | 317.469.587 | 74 | | | | |
| ı | E-mail ad | ldress | amanda.imel@gli | ickco.com | | | |
| Is tl | he Conta | ct Person's a | ffidavit in Tab J? | | X Yes | No | |
| 9. (| General (| Contractor (c | ontact person) | Dave Powers | | | |
| ı | Firm Nan | ne | CRG Residential | | | | |
| ı | Phone | 317.590.679 | 98 | | | | |
| ı | E-mail ad | ldress | dpowers@crgresi | idential.com | | | |
| Is tl | he Conta | ct Person's a | ffidavit in Tab J? | | X Yes | No | |
| 10. | Archited | ct (contact pe | erson) | Luke Leising | <u> </u> | _ | |
| ı | Firm Nan | ne | Guidon | | | | |
| ı | Phone | 317.880.638 | 38 | | | | |
| | E-mail ad | | luke@guidon.con | n | | | |
| | | | ffidavit in Tab J? | | X Yes | No | |
| | | of Interest Does any mo with anothe | ember of the deve | levelopment team, and/ | financial or oth | er interest, directly or indi | |
| | | | | lopment for a fee. | XYes | No | |
| | | | | iption of such interest(s) | | | |
| fo | otnotes: | PI | ease see attached | idenity of interest for do | etailing of the re | elated parties. | |

| H. Threshold | | | | | | | |
|--|---------------------------------|---------------------------|--------------------------|----------------------|-----------------|----------------------|---------------|
| 1. Site Control: Select type of Site Co X Executed and Recorded De Option (expiration date: | | as: | | | | | |
| X Purchase Contract (expirat | | 10/14/224 | | | | | |
| Intends to acquire site/bui | | overnment body. | | | | | |
| 2. Scattered Site Development: If sit pursuant to IRC Section 42(g)(7)? | es are not contigu | uous, do all of the s | sites collectively qu | ualify as a scattere | ed site Develo | opment Yes | X No |
| 3. Completion Timeline (month/year Construction Start Date | r) | | Estimated Date 11/1/2025 | | | | |
| Completion of Construction | | | 5/1/2026 | | | | |
| Lease-Up Building Placed in Service Date(| s) | | 6/1/2026 8/1/2026 | | | | |
| 4. Zoning: Is site properly zoned for y | your developmen | t without the need | for an additional | variance? | | X Yes | No |
| 5. Utilities: List the Utility companies | | | ices to the propos | ed Development | | | |
| Water: Sewer: | City of Bloomin | | | | | | |
| Electric: Gas: | Duke n/a | | | | | | |
| 6. Applicable State and Local Requir | ements & Design | Requirements are | heing met (see () | AP section 5.1 M) | | X Yes | No |
| | _ | - | - ' | | | | |
| 7. Lead Based Paint: Are there any bull of yes, Developer acknowledges project and the State of Indiana's Lead-Base | ect complies with | - | | | ") | X Yes X Acknowle | No edged |
| 8. Acquisition Credit Information | | | (1000 ··· 40/ | 1)/2)/5)/::) | | | |
| 1. X The Acquisition satisfies and supporting docume | entation included | in Tab L | | d)(2)(B)(II) | | | |
| X The Acquisition satisfies and Attorney Opinion in | | y rule of IRC Section | n 42(d)(2)(B)(iii) | | | | |
| 3. If requesting an acquise 42(d)(2)(D)(i) or Section | ition credit based | | | e.g. Section | | | |
| 9. Rehabilitation Credit Information 1. X Development satisfies t 2. X Development satisfies t | he 20% of basis/\$ | | - | | | Preservation | |
| 3. If requesting Rehabilian provide supporting doc | tion credits based | | | | | | |
| 10. Relocation Information. If there inlucded in Tab L? | is a permanent o | r temporary reloca | tion of existing ter | nants, is a displace | ement and re | location Plan X Yes | No |
| 11. Irrevocable Waiver of Right to R Qualified Contract for this Developm | = | Contract: The Appl | icant ackowledges | s that they irrevoc | ably waive th | ne right to requ | |
| 12. Federal Grants: Is Development how these Federal funds will be treated | | | ctureed as a loan I | f Yes, then please | explain | Yes | X No |
| | | | | | | | |
| | | | | | | | |
| 13. Davis Bacon Wages: Does Davis Eg. 12 or more HOME-assisted units | s, 9 or more Project | Based Voucher units, | 12 or more Section | 811 Project Rental A | ssistance units | Yes Acknowle | X No |
| 14. Minimum Unit Size: What perce | _ | | or exceed the squa | re footage require | ements set fo | _ | · · |
| in Part 5.4.D of the QAP? | 1 Bedroom | 2 Bedrooms | 3 Bedrooms | 4 Bedrooms | inents set to | a Cit | |
| o Bedroom | 100.00% | 100.00% | 100.00% | 4 Bediooilis | | | |
| 15. Accessible/Adaptable Units: Nur | mber of Units tha | t are Type A or Type | е В | | | | |
| # of Type A/Type B unit in Development | s Total Units in Development | % of Total Development | | | | | |
| · | .5 15 | | | | | | |
| 1C Davidanna art Masta Assasibilita | . Do aviso so outo fo | u Ann Doctuistad Do | | Javoina Firet oot o | a: d a | □ v _{aa} | V Na |
| 16. Development Meets Accessibility The following are mandatory Thresh | • | _ | • | _ | | Yes | X No |
| The following are managed y thresh | ioia requirement | s. All applicants in | ust unminutively c | HEER THE BOXES DE | LIOW to uckin | owicuge these | requirements. |
| 17. Visitability Mandate: If the Deve must be visitable and in compliance | - | _ | | - | , or townhom | nes, then the u | nits |
| 18. Smoke-Free Housing: Developer | commits to opera | ating as smoke-free | housing. | | | X | |
| 19. Special Needs Population: Devel the definition of "special needs population" | • | • | | or occupancy by qu | ualified tenar | nts who meet | |
| 20. Affirmative Fair Housing Market | i ng Plan: Develop | er agrees to create | an Affirmative Fa | ir Housing Market | ing Plan by ir | nitial leaseup. | |
| 21. Developer Acknowledges that D | eveloper will con | nply with the Closi | ng Requirements, | Deadlines, and Fe | ees of Schedu | ule D. | |
| footnotes: | | | | | | | |

| I. Affordabili | ty | | |
|----------------------------|---|--|---------------------------------|
| 1. | Do you commit to income restrictions that mate | ch the rent restrictions selected? | Yes X No |
| 2. | Additional Years of Affordability Applicant commits to 30 year Extended Applicant commits to 35 year Extended Applicant commits to 40 year Extended | l Use Period | X |
| - | ent Charactersists pment Amenities: Please list the number of devel | opment amenities from each column listed under | Part 6.2.A. of the 2023-24 QAP. |
| a. Chart 1 | L: Common Area: | 10 | |
| | 1. Total development amenities available from | chart 1, sub-category A: | 5 |
| | 2. Total development amenities available from | chart 1, sub-category B: | 2 |
| | 3. Total development amenities available from | chart 1, sub-category C: | 3 |
| b. Chart 2 | 2: Apartment Unit: | 5 | |
| | 1. Total development amenities available from | chart 2, sub-category A: | 3 |
| | 2. Total development amenities available from | chart 2, sub-category B: | 2 |
| c. Chart 3 | : Safety & Security: | 3 | |
| | 1. Total development amenities available from | chart 3, sub-category A: | 1 |
| | 1. Total development amenities available from | chart 3, sub-category B: | 2 |
| 2. Adaptable Please Fil | /Accessible I the appropriate box with number of Type A/Type | e B Units | |
| | | | Non Age-Restricted Developments |
| | | Rehab/Adaptive Resue | 15 |
| | | New Construction | Age-Restricted/Housing First |
| | | Rehab/Adaptive Resue (w/ Elevator) | |
| | | Rehab/Adaptive Resue (w/ Elevator) & New | |
| | | Construction | |
| 3. Universal | Design Features Applicants will adopt minimum of: Six (6) Universal Design Features Eight (8) Universal Design Features Nine (9) Universal Design Features Ten (10) Universal Design Features | X | |
| footnotes | 5: | | |

| 4. | Does the Development propose to convert a percentage of total square footage in a 100% vacant structure into rental housing? | Yes | XNo | | | |
|-----|---|------|------------|--|--|--|
| | If yes, how much of the vacant structure square footage will be utilized? | 100% | 75% 50% | | | |
| 5. | Is the proposed development considered Historic in Nature as defined by the QAP? | Yes | XNo | | | |
| 6. | For Developments Preserving Existing Affordable Housing, select one: Existing RHTC Project HUD/USDA Affordable Housing Other | | | | | |
| 7. | Does the Development meet the the following critera for Infill New Construction? | Yes | XNo | | | |
| | i. The site is surrounded on at least two sides with adjacent established development. | Yes | No | | | |
| | ii. The site maximizes the use of existing utilities and infrastructure. | Yes | No | | | |
| | iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community ammenity. | Yes | No | | | |
| 8. | Does the property qualify as one of the following: Foreclosed Upon Affected by a Disaster | | | | | |
| 9. | a. Is there a Community Revitalization Plan that clearly targets the specific neighborhood in which the project is located? | X | No | | | |
| | b. Is the proposed Development in a QCT? | Yes | XNo | | | |
| 10. | Tax Credit Per Unit | | | | | |
| | Total Tax Credit Request* Total Program Units in Development Tax Credits per Unit \$1,125,602 150 \$7,504.01 | | | | | |
| 11. | 11. Internet Access. The Development will provide: X the necessary infrastructure for high-speed internet/broadband service. each unit with free high-speed internet/broadband service. each unit with free Wi-Fi high-speed internet/broadband service. X free Wi-Fi access in a common area, such as a clubhouse or community room. | | | | | |
| | footnotes: | | | | | |

| 1. Building Certification |
|---|
| LEED Silver Rating |
| Silver Rating National Green Building Standard |
| Enterprise Green Communities |
| Passive House |
| Equivalent Certification |
| 2. Onsite Recycling Development will have onsite recycling at no cost to residents |
| 3. Desirable Sites |
| Target Area Points Proximity to Amenities 3 Transit Oriented 2 Opportunity Index 4 Undesirable Sites 0 Total Points 9 |
| If the site map, which indicates the specific locations of each desirable site, is located in the Market Study. pg 40-46 |
| footnotes: |
| |
| |

K. Sustainable Development Charactersistics

| 1. Ren | ncing & Marketing tal Assistance | | | — . [| _ |
|---------|-------------------------------------|------------------------------------|--|-----------------------------|----------------------|
| a. \ | Will any low-income u | units receive Project-Based rent | X | No | |
| If ye | es, indicate type of re | ntal assistance and attach copy | of rental assistance contract, if appli | icable. | |
| X | Section 8 HAP | FmHA 515 Rental Assistar Other: | nce | | |
| | | | | | |
| b. Is | s this a Supportive Ho | using Project? | | Yes | X No |
| If ye | es, are you applying fo | or IHCDA Project-Based Section | 1 8? | Yes | X No |
| c. N | Number of units (by n | umber of bedrooms) receiving | assistance: | | |
| | (1) Bedroom (3) Bedrooms | 92 (2) Bedrooms (4) Bedrooms | | | |
| d. F | For scoring purposes, | are 20% units or more receiving | g Rental Assistance? | X Yes | No |
| For | HUD purposes, are n | more than 25% units receiving R | Rental Assistance? | X | No |
| If y | es, select the excepte | ed unit category | | Age-Resti X Supportiv | ricted re Housing |
| e. N | lumber of years in the | e rental assistance contract | 20 Years | Expiration date of contract | 7/11/2029 |
| 2. The | total number of RHT0 | C 9% units awarded during the | past 3 years in the Local Unit of Gove | ernment: | 38 |
| 3. Dev | elopment is in a Cens | Does not contain any active R | RHTC projects of the same occupancy project of the same occupancy type | type X | |
| 4. | homeownership opp | | 5-year Compliance Period as part of a after compliance period. See IRS Rev | _ | |
| 5. Leve | eraging the READI or I | HELP Programs | | | |
| | Applicant does not re | equest additional IHCDA gap re | sources | | |
| | Applicant requests a | basis boost of no more than 20 | 0% | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

M. Other

1. Certified Tax Credit Specialist:

| Name/Organization | Role of Individual on Development Team | Certification Type | Date of Certification |
|-------------------|---|--------------------|-----------------------|
| Amanda Imel | Glick Management Compliance Director | NCP | Does not Exipre |
| Amanda Imel | Glick Management Compliance Director | НССР | Renewed 1/28/24 |
| Janine Betsey | Director of Tax Credit Operations, Developer | SCS | 10/25/2010 |

| 2. MBE/WBE/DBE/VOSB/SDVOSB Pa | rticipation | | |
|---|---|-----------------------------------|------------------------------|
| Check the boxes that apply: | | | |
| Firr | m/Entity | >=5% AND <10% of Total Soft Costs | >= 10% of Total Soft Costs |
| Professional Services | | | |
| | | | |
| Firr | m/Entity | >=5% AND <10% of Total Hard Costs | >= 10% of Total Hard Costs |
| General Contractor | | | |
| | | | |
| Firr | m/Entity | >=8% AND <15% of Total Hard Costs | >=15% of of Total Hard Costs |
| Sub-contractors | | | |
| | | | • |
| Owner/Developer | Firm/Entity | | |
| Management Entity (Minimum 2 year | ar contract) | | |
| management Energy (| 3. 33.16. 33.7 | | l |
| 3. Is the Applicant an emerging XBE | Developer? | | Yes No |
| 4. Resident Services | | | |
| Number of Resident Service | es Selected: | | |
| | | Level 1 Services 10 | |
| | | Level 2 Services 3 | |
| 5. CORES Certification | | | |
| CORES Certification for the own | ner or management company | X | |
| 6. Resident Service Coordinator for S | Supportive Housing | | |
| | Supportive Housing Supportive Housing Development and utili | izes a Resident Service | |
| Coordinator | | | |
| 7 Outsite Develope (Defende and Aftern | Saharal Cana / Adult Day | | |
| 7. Onsite Daycare/Before and After Sonsite, licensed daycare center | | | 1 |
| Onsite, licensed before and after | | | |
| Onsite, waiver-certified adult d | | | |
| | | | |
| 8. Integrated Supportive Housing | | | |
| | | | |
| | | | |
| Total Units | Total Supportive Housing Units | Percent of total | |
| | | #DIV/0! | |
| O Davalanment will implement an E | iviation Provention Plan | | 1 |
| 9. Development will implement an E | eviction Prevention Plan | | |
| 10. Low-Barrier Tenant Screening | | | |
| Plan does not screen for mi | | | |
| Plan does not screen for fel | onies older than five years ictions more than 12 months prior to app | lication | |
| | ictions more than 12 months prior to applications more than 6 months prior to applications. | | |
| _ | | | |
| | | | |
| | | | |
| footnotes: | | | |

1. Units and Bedrooms by AMI

| | List number of | units and nu | mber of be | drooms for e | ach income c | ategory in ch | art below: | |
|----------------------|----------------|--------------|------------|--------------|--------------|---------------|------------|------------|
| | | 0 Bedroom | 1 Bedroom | 2 Bedrooms | 3 Bedrooms. | 4 Bedrooms. | Total | % of Total |
| 20 % AMI | # Units | | | | | | 0 | 0.00% |
| 30 % AMI | # Units | | | | | | 0 | 0.00% |
| 40% AMI | # Units | | | | | | 0 | 0.00% |
| 50% AMI | # Units | | | | | | 0 | 0.00% |
| 60% AMI | # Units | | 28 | 92 | 30 | | 150 | 100.00% |
| 70% AMI | # Units | | | | | | 0 | 0.00% |
| 80% AMI | # Units | | | | | | 0 | 0.00% |
| Market Rate | # Units | | | | | | 0 | 0.00% |
| Development Total | # Units | 0 | 28 | 92 | 30 | 0 | 150 | 100.00% |
| | # Bdrms. | 0 | 28 | 184 | 90 | 0 | 302 | 100.00% |

2. Units and Bedrooms by Bedroom size

| Unit Type | 0-1 Bedroom | 2 Bedrooms | 3 Bedrooms | 4 Bedrooms |
|---------------------------------------|-------------|------------|------------|------------|
| Substantial Rehabilitation | 28 | 92 | 30 | |
| Single Family (Infill) Scattered Site | | | | |
| Historic Rehabilitation | | | | |
| New Construction | | | | |
| New Construction - Age Restricted | | | | |

| 3. Will the development utilize a manager's unit? | Ye | es | X No |
|--|----|------------|--------|
| If yes, how will the unit be considered in the building's applicable fraction? | Та | x Credit L | Jnit |
| | Ex | empt unit | t |
| | M | arket Rate | e Unit |

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

| | | | | | | Enter Allowance Paid by Tenant ONLY | | | | | | | | |
|------------------|--|------|----------------------|------|--------|-------------------------------------|----|--------|------|-------|-----|-----|-----|-----|
| Utilities | Type of Utility (Gas, Electric, Oil, etc.) | | Utilities Paic | l by | : | 0 Bdrm | 1 | l Bdrm | 2 | Bdrm | 3 B | drm | 4 B | drm |
| Heating | Electric | | Owner | X | Tenant | | | | | | | | | |
| Air Conditioning | Electric | | Owner | X | Tenant | | | | | | | | | |
| Cooking | Electric | | Owner | Χ | Tenant | | | | | | | | | |
| Other Electric | | | Owner | Χ | Tenant | | | 109 | | 145 | | 208 | | |
| Water Heating | Electric | | Owner | Χ | Tenant | | | | | | | | | |
| Water | | X | Owner | | Tenant | | | | | | | | | |
| Sewer | | X | Owner | | Tenant | | | | | | | | | |
| Trash | | X | Owner | | Tenant | | | | | | | | | |
| | Total Utility | Allc | wance for Costs Paid | \$ - | \$ | 109.00 | \$ | 145.00 | \$ 2 | 08.00 | \$ | - | | |

| h | Source | Ωf | Litility | Allowance | Calculation |
|----|--------|----|----------|-----------|-------------|
| D. | Source | OI | Utility | Allowance | Calculation |

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

Note: IRS regulations provide further guidance on how utility allowances must be determined.

More info is also located in the RHTC Compliance Manual, Part 3.4.

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

| | (|) BR | 1 BR | 2 BR | 3 BR | 4 BR |
|---|----|------|-------------|-------------|-------------|---------|
| Maximum Allowable Rent for Tenants at 2 0% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |
| Maximum Allowable Rent for Tenants at 30% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |
| Maximum Allowable Rent for Tenants at 40% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |
| Maximum Allowable Rent for Tenants at 50% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |
| Maximum Allowable Rent for Tenants at 60% AMI | | | \$ 1,309 | \$ 1,595 | \$ 1,933 | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ 1,200 | \$ 1,450 | \$ 1,725 | \$ - |
| Maximum Allowable Rent for Tenants at 7 0% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |
| Maximum Allowable Rent for Tenants at 80% AMI | | | | | | |
| Minus Utility Allowance Paid by Tenant | \$ | - | \$ 109 | \$ 145 | \$ 208 | \$ - |
| Equals Maximum Allowable rent for your Development | \$ | - | \$ (109) | \$ (145) | \$ (208) | \$ - |

| footnotes: | es: x | |
|------------|-------|--|
| | | |

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

| | w kito and | (SRO /o hen d/or th) | w kitche | (SRO ith en and th) | : | 1 BR | 2 BR | 3 BR | | 1 BR |
|--|------------------|----------------------------------|-------------|------------------------------|----|-------|-------------|-------------|----|------|
| Maximum Allowable Rent for beneficiaries at | | | | | | | | | | |
| 20% or less of area median income <u>MINUS</u> Utility Allowance Paid by Tenants | \$ | - | \$ | - | \$ | 109 | \$ 145 | \$ 208 | \$ | - |
| Maximum Allowable Rent for Your Development | \$ | - | \$ | - | \$ | (109) | \$ (145) | \$ (208) | \$ | - |
| Maximum Allowable Rent for beneficiaries at | | | | | | | | | | |
| 30% or less of area median income | | | | | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ | - | \$ | - | \$ | 109 | \$ 145 | \$ 208 | \$ | - |
| Maximum Allowable Rent for Your Development | \$ | - | \$ | - | \$ | (109) | \$ (145) | \$ (208) | \$ | - |
| Maximum Allowable Rent for beneficiaries at | | | | | | | | | | |
| 40% or less of area median income <u>MINUS</u> Utility Allowance Paid by Tenants | \$ | - | \$ | - | \$ | 109 | \$ 145 | \$ 208 | \$ | - |
| Maximum Allowable Rent for Your Development | \$ | - | \$ | - | \$ | (109) | \$ (145) | \$ (208) | \$ | - |
| Maximum Allowable Rent for beneficiaries at | | | | | | | | | | |
| 50% or less of area median income | | | | | | | | | | |
| MINUS Utility Allowance Paid by Tenants | \$ | - | \$ | - | \$ | 109 | \$ 145 | \$ 208 | \$ | - |
| Maximum Allowable Rent for Your Development | \$ | - | \$ | - | \$ | (109) | \$ (145) | \$ (208) | \$ | - |
| Maximum Allowable Rent for beneficiaries at | | | | | | | | | | |
| 60% or less of area median income <u>MINUS</u> Utility Allowance Paid by Tenants | \$ | _ | \$ | - | \$ | 109 | \$ 145 | \$ 208 | \$ | - |
| Maximum Allowable Rent for Your Development | \$ | - | \$ | - | \$ | (109) | \$ (145) | \$ (208) | \$ | - |

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

| Dev Fund | НОМЕ | RHTC | Unit Type | | Unit Type | | Number of Baths | Number of Units | Net Sq. Ft. of Unit | Monthly Rent per Unit | | Monthly Rent Unit Type | Check if units are under a HAP Contract |
|----------|---|--------|-------------|-----------|-----------|--|--------------------|--------------------|------------------------|-----------------------------|--|---------------------------|---|
| Yes/No | Yes/No | Yes/No | # of bed | drooms | | | | | | | | | |
| | | | | Bedrooms | | | | | \$ | - | | | |
| | | | | Bedrooms | | | | | \$ | - | | | |
| | | | | Bedrooms | | | | | \$ | - | | | |
| | | | | Bedrooms | | | | | \$ | - | | | |
| | | | | Bedrooms | | | | | \$ | - | | | |
| | Other Income Source Other Income Source | | | | | | | | | | | | |
| | | | Total Month | ly Income | | | | | \$ | - | | | |
| | Annual Income \$ - | | | | | | | | | | | | |
| - | Please specify what funding type is going into each unit. If there is HOME and RHTC in the unit, for example, then indicate "Yes" to oth and "No" for Development Fund. If there is not HOME or Development Fund financing indicate "No" in the Development Fund and HOME columns and "Yes" in Tax Credit column.** | | | | | | | | | | | | |

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

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

| footnotes: | |
|------------|--|
| | |

| 3. Total Number of Low-Income Units (40% Kent Maximu | 3. | tal Number of Low-Income Units | (40% Rent Maximum |
|--|----|--------------------------------|-------------------|
|--|----|--------------------------------|-------------------|

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

4. Total Number of Low-Income Units

(5**0% Rent Maximum)**

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

5. Total Number of Low-Income Units

150 (6**0% Rent Maximum)**

| Dev Fund | НОМЕ | RHTC | Unit | Туре | Number of Baths | Number of Units | Net Sq. Ft. of Unit | Monthly Rent per Unit | Total Monthly Rent Unit Type | Check if units are under a HAP Contract |
|----------|--------|--------|----------------------------|-----------|--------------------|--------------------|------------------------|--------------------------|---------------------------------|---|
| Yes/No | Yes/No | Yes/No | # of bed | drooms | | | | | | |
| No | No | Yes | 1 | Bedrooms | 1 | 28 | | 1200 | \$ 33,600 | X |
| No | No | Yes | 2 | Bedrooms | 1 | 92 | | 1450 | \$ 133,400 | X |
| No | No | Yes | 3 | Bedrooms | 1.5 | 30 | | 1725 | \$ 51,750 | X |
| | | | | Bedrooms | | | | | \$ - | |
| | | | | Bedrooms | | | | | \$ - | |
| | | | Other Incom Other Incom | | Late Fees | | | | \$ 1,833 | |
| | | | Total Month | ly Income | | | | | \$ 220,583 | |
| | | | Annual Incor | me | | | | | \$ 2,647,000 | |

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

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

7. Total Number of Low-Income Units

(80% Rent Maximum)

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

8. Total Number of Market Rate Units

| Dev Fund | НОМЕ | RHTC | Unit Type | | Number of Baths | Number of Units | Net Sq. Ft. of Unit | Monthly Rent per Unit | Total Month Rent Unit Ty | - |
|---------------|--------|---|---------------|----------|--------------------|--------------------|------------------------|--------------------------|-----------------------------|---|
| Yes/No | Yes/No | Yes/No | # of bedrooms | | | | | | | |
| | | | | Bedrooms | | | | | \$ | - |
| | | | | Bedrooms | | | | | \$ | - |
| | | | | Bedrooms | | | | | \$ | - |
| | | | | Bedrooms | | | | | \$ | - |
| | | | | Bedrooms | | | | | \$ | - |
| | | Other Income Other Income Total Monthly | Source | | | | | \$ | - | |
| Annual Income | | | | | | | | | \$ | - |

| 5. Summary of Estimated Rents and Rental Inc | come | |
|--|-------|-----------|
| Annual Income (20% Rent Maximu | m) \$ | - |
| Annual Income (30% Rent Maximu | m) \$ | - |
| Annual Income (40% Rent Maximu | m) \$ | - |
| Annual Income (50% Rent Maximu | m) \$ | - |
| Annual Income (60% Rent Maximu | m) \$ | 2,647,000 |
| Annual Income (70% Rent Maximu | m) \$ | - |
| Annual Income (80% Rent Maximu | m) \$ | - |
| Annual Income (Market Rate Units |) \$ | - |
| Potential Gross Income | \$ | 2,647,000 |
| Less Vacancy Allowance | \$ | 132,350 |
| | | |

Effective Gross Income \$ 2,514,650

Default annual % increase in income over the Compliance Period? 2% W. Annual Expense Information

| (Check one) | Housing | OR | Commercial |
|-------------|---------|----|------------|
| (Check one) | Housing | OK | Commercial |

| Advisited to the | | | Other Ores : | | | |
|--------------------------------------|--------------------------------|--------|--------------------------|------------|------|---------|
| <u>Administrative</u> | | | Other Operating | | | |
| 1. Advertising | 3,706 | | 1. Elevator | | | |
| 2. Management Fee | 114,030 | | 2. Fuel (heating & hot w | ater) | | |
| 3. Legal/Partnership | 26,874 | | 3. Electricity | | | 69,400 |
| 4. Accounting/Audit | 39,000 | | 4. Water/Sewer | | | 47,622 |
| 5. Compliance Mont. | 52,300 | | 5. Gas | | | |
| 6. Office Expenses | 37,875 | | 6. Trash Removal | | | 9,120 |
| 7. Other (specify below) Misc Admin | 23,484 | | 7. Payroll/Payroll Taxes | | | 398,450 |
| Total Administrative | \$ 297,269 | | 8. Insurance | | | 125,528 |
| <u>Maintenance</u> | | | 9. Real Estate Taxes* | | | 122,000 |
| | | | 10. Other Tax | | | |
| 1. Decorating | \$ 5,700 | | 11. Yrly Replacement Re | eserves | | 52,500 |
| 2. Repairs | \$ 83,259 | | 12. Resident Services | | | 10,000 |
| 3. Exterminating | \$ 18,751 | | 13. Internet Expense | | | 1,750 |
| 4. Ground Expense | \$ 43,200 | | • | A | | 1,730 |
| 5. Other (specify below) | \$ 24,500 | | 14. Other (specify below | <i>(</i>) | | |
| Capital Improve. | | | Total Other Operating | | \$ | 836,370 |
| <u>Total Maintenance</u> | \$ 175,410 | | | | | |
| Total Annual Administrative E | xpenses: | \$ | 297,269.0 | Per Unit | 1982 | |
| Total Annual Maintenance Exp | oenses: | \$ | 175,410.0 | Per Unit | 1169 | |
| Total Annual Other Operating | Expenses: | \$ | 836,370 | Per Unit | 5576 | |
| TOTAL OPERATING EXPENSES (Ad | dmin+Operating+Maint): | \$ | 1,309,049 | Per Unit | \$ | 8,727 |
| Default annual percentage increa | ase in expenses for the next 1 | l5 yea | ars? | | | 3% |
| Default annual percentage increa | ase for replacement reserves | for tl | he next 15 years? | | | 3% |
| | | | | | | |

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

footnotes: * Most resident services will be paid by grants by HUD and/or the Glick Housing Foundation for the full time on site Service Coordinator.

15 Year Operating Cash Flow Projection:

| Housing X Commercial | Н | eadnotes | | | | | | | | | | | | | | |
|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Totals |
| Income | | | | | | | | | | | | | | | | |
| Potential Gross Income | 2,647,000 | 2,699,940 | 2,753,939 | 2,809,018 | 2,865,198 | 2,922,502 | 2,980,952 | 3,040,571 | 3,101,382 | 3,163,410 | 3,226,678 | 3,291,212 | 3,357,036 | 3,424,177 | 3,492,660 | 45,775,674 |
| Less: Vacancies | (132,350) | (134,997) | (137,697) | (140,451) | (143,260) | (146,125) | (149,048) | (152,029) | (155,069) | (158,170) | (161,334) | (164,561) | (167,852) | (171,209) | (174,633) | (2,288,784) |
| Effective Gross Income | 2,514,650 | 2,564,943 | 2,616,242 | 2,668,567 | 2,721,938 | 2,776,377 | 2,831,904 | 2,888,542 | 2,946,313 | 3,005,239 | 3,065,344 | 3,126,651 | 3,189,184 | 3,252,968 | 3,318,027 | 43,486,890 |
| Expenses | | | | | | | | | | | | | | | | |
| Administrative | 297,269 | 306,187 | 315,373 | 324,834 | 334,579 | 344,616 | 354,955 | 365,603 | 376,571 | 387,869 | 399,505 | 411,490 | 423,835 | 436,550 | 449,646 | 5,528,881 |
| Maintenance | 175,410 | 180,672 | 186,092 | 191,675 | 197,426 | 203,348 | 209,449 | 215,732 | 222,204 | 228,870 | 235,736 | 242,808 | 250,093 | 257,595 | 265,323 | 3,262,435 |
| Operating | 836,370 | 861,461 | 887,305 | 913,924 | 941,342 | 969,582 | 998,670 | 1,028,630 | 1,059,488 | 1,091,273 | 1,124,011 | 1,157,732 | 1,192,464 | 1,228,238 | 1,265,085 | 15,555,574 |
| Other | · | | , | | , | · | , | | | | | | | | | - |
| Less Tax Abatement | | | | | | | | | | | | | | | | - |
| Total Expenses | 1,309,049 | 1,348,320 | 1,388,770 | 1,430,433 | 1,473,346 | 1,517,547 | 1,563,073 | 1,609,965 | 1,658,264 | 1,708,012 | 1,759,252 | 1,812,030 | 1,866,391 | 1,922,383 | 1,980,054 | 24,346,890 |
| Net Operating Income | 1,205,601 | 1,216,622 | 1,227,472 | 1,238,133 | 1,248,592 | 1,258,830 | 1,268,831 | 1,278,577 | 1,288,049 | 1,297,227 | 1,306,092 | 1,314,621 | 1,322,793 | 1,330,585 | 1,337,973 | 19,140,001 |
| | | | | | | | | | | | | | | | | |
| Debt Service - 1st Mort. | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 14,944,515 |
| Debt Service - 2nd Mort. | | | | | | | | | | | | | | | | - |
| Debt Service - 3rd Mort. | | | | | | | | | | | | | | | | - |
| Debt Service - 4th Mort. | | | | | | | | | | | | | | | | - |
| Debt Service - 5th Mort. | 206.204 | 006 004 | 005 004 | 206.201 | 000 001 | 006.004 | 006 204 | 000.004 | 006 004 | 006 004 | 006.004 | 006 204 | 006.004 | 006 204 | 006 004 | - |
| Total Debt Service | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 996,301 | 14,944,515 |
| Operating Cash Flow | 209,300 | 220,321 | 231,171 | 241,832 | 252,291 | 262,529 | 272,530 | 282,276 | 291,748 | 300,926 | 309,791 | 318,320 | 326,492 | 334,284 | 341,672 | 4,195,486 |
| Total Combined DCR | 1.210 | 1.221 | 1.232 | 1.243 | 1.253 | 1.264 | 1.274 | 1.283 | 1.293 | 1.302 | 1.311 | 1.320 | 1.328 | 1.336 | 1.343 | 1.281 |
| Deferred Dev. Fee Payment | 209,300 | 220,321 | 231,171 | 241,832 | 252,291 | 262,529 | 272,530 | 56,035 | | | | | | | | 1,746,009 |
| | | | | | | | | | | | | | | | | |
| Surplus Cash | (0) | 0 | (0) | 0 | (0) | 0 | 0 | 226,241 | 291,748 | 300,926 | 309,791 | 318,320 | 326,492 | 334,284 | 341,672 | 2,449,477 |
| Cash Flow/Total Expenses | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 14% | 18% | 18% | 18% | 18% | 17% | 17% | 17% | 10% |
| , | | 0 70 | 0 70 | 0 70 | 0 70 | 0 70 | 0 70 | 1770 | 1070 | 1070 | 1070 | 1070 | 11 /0 | 11 /0 | 1770 | 10 70 |
| (not to exceed 10 %) | | | | | | | | | | | | | | | | |
| EGI/Total Expenses | 1.92 | 1.90 | 1.88 | 1.87 | 1.85 | 1.83 | 1.81 | 1.79 | 1.78 | 1.76 | 1.74 | 1.73 | 1.71 | 1.69 | 1.68 | 1.79 |

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

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

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

| | Source of Funds | Date of Application | Date of Commitment | Amount of Funds | Name & Telephone Number of Contact Person |
|---|-----------------------|------------------------|--------------------|--------------------|---|
| 1 | Merchants Bridge Loan | 8/30/2024 | 8/30/2024 | \$ 7,257,000 | Eddie Dietrick - 317.569.7420 |
| 2 | 2 | | | | |
| 3 | 3 | | | | |
| 4 | 1 | | | | |
| | 5 | | | | |
| T | otal Amount of Funds | | | \$ 7,257,000 | |

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

| | Source of Funds | Date of Application | Date of Commitment | Amount of Funds | Annual Debt Service Cost | Interest Rate of Loan | Amortization Period | Term of Loan |
|----|-----------------------|------------------------|-----------------------|--------------------|-----------------------------|-----------------------------|------------------------|--------------|
| 1 | Perm Loan MTEB | 8/30/2024 | 8/30/2024 | \$ 15,000,000 | \$996,301 | 5.75% | 35 | 35 |
| 2 | General Partner Loan | 8/30/2024 | 8/30/2024 | \$ 4,610,000 | cashflow | 4.00% | 35 | 18 |
| 3 | Capital Magnet Funds | Apr-24 | 11/1/2024 | \$ 2,000,000 | cashflow | 4.00% | 35 | 18 |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| To | otal Amount of Funds | | | \$ 21,610,000 | \$ 996,301 | | | |
| De | eferred Developer Fee | | | \$ 1,746,009 | | | | |

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

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

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

| footnotes: | | |
|------------|--|--|
| | | |
| | | |
| | | |
| | | |

| 4. Historic Tax Credits | |
|--|---|
| Have you applied for a Historic Tax Credit? | Yes X No |
| If Yes, please list amount | |
| If Yes, indicate date Part I of application was duly filed: | Include with application. Please provide in Tab P. |
| 5. Other Sources of Funds (excluding any syndication proceeds) | |
| a. Source of Funds | Amount |
| b. Timing of Funds | |
| c. Actual or Anticipated Name of Other Source | |
| d. Contact Person | Phone |
| 6. Sources and Uses Reconciliation | |
| Limited Partner Equity Investment from Fed Tax Credits General Partner Investment from Fed Tax Credits Limited Partner Equity Investment from State Tax Credits General Partner Investment from State Tax Credits Total Equity Investment Total Permanent Financing Deferred Developer Fee Other Other Other Other Other Other Other Total Sources of Funds AMNote: Sources MUST EQUAL U. | \$ 9,791,759 *From Fed Credit Determination Tab \$ 100 \$ - *From State Credit Determination Tab \$ 9,791,859 \$ 21,610,000 \$ 1,746,009 \$ 33,147,868.00 \$ 33,147,868.00 |
| * Are Load Fees included in Equity Investment? If Yes, Load Fees are: \$ | Yes X No |
| footnotes: | |

| 7. | Fe | ederal Tax C | redit Intern | nediary Informati | on | | | | | |
|----|----|--------------|--------------------|--|-----------|------------------|-------------|-----------------|-----------------|--|
| | a. | Actual or A | Anticipated | Name of Interme | diary | | | | | |
| | | (e.g. Syndio | cator, etc.) | Merchant Capita | al Corp. | | | | | |
| | | Contact Pe | erson | Josh Reed | | | | | | |
| | | Phone | 317.569.74 | 120 | | | | | | |
| | | Street Add | ress 41 | 0 Monon Blvd., 5 | th Floor | | | | | |
| | | City | Carmel | | State | IN | Zip | 46032 | | |
| | | - | | rchantscapital.cor | | | . ' | | | |
| | | EIIIdii | <u>Jreed@fflet</u> | rcriantscapital.com | 11 | | | | | |
| 8. | St | ate Tax Cre | dit Interme | diary Information | l | | | | | |
| | а. | Actual or A | Anticipated | Name of Interme | diary | | | | | |
| | | | cator, etc.) | | , | | | | | |
| | | Contact Pe | erson | | | | | | | |
| | | Phone | | | | | | | | |
| | | Street Add | ress | | | | | | | |
| | | | 1633 | | _ | | | | | |
| | | City | | | State | | Zip | | | |
| | | Email | | | | | | | | |
| 9. | Ta | ıx-Exempt B | Bond Financ | ing/Credit Enhan | cement | | | | | |
| | a. | If Multi-far | mily Tax Exe | empt Bonds are re | equested, | , list percent s | uch bonds r | epresent of the | aggregate basis | |
| | | of the build | ding and lar | nd of the develop | ment: | 55% | | | | |
| | | | _ | 0% or more , a for | | | | | | |
| | | | - | st satisfy and com f the Code. The Is | | - | | | | |
| | | | | e development w | | | | | | |
| | | | | of credits necess THIS APPLICATIO | - | | - | | | |
| | | | | CTORY TO IHCDA | | | | | | |
| | | | | CREDITS FROM IH HE ALLOCATION P | | | VELOPMEN | IT MEETS THE | | |
| | | NEQUINEIVI | ILINIO OF II | TE ALLOCATION P | LAIN AINL | , CODE. | | | | |
| | | | | | | | | | | |
| | | footnotes: | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| b. | Name | of Issuer | Indiana | Housing and Co | mmunity I | Development Autho | rity | | |
|-----|----------------------|--------------------------------|------------------------|---|----------------------------|--|-------------------|------------|---------------------|
| | Street | Address | 30 South | n Meridian Stree | et, Suite 90 | 00 | | | |
| | City | Indianapolis | | | State | IN | | Zip | 46204 |
| | Teleph | one Number | | 317.232.7777 | | | | | |
| | Email | arakowski@i | hcda.in.g | gov | | | | | |
| c. | Name | of Borrower | | Henderson Co | urt Housir | ıg, LP | | | |
| | Street | Address | 8801 Riv | ver Crossing Blvo | d., Suite 20 | 00 | | | |
| | City | Indianapolis | | | State | IN | | Zip | 46240 |
| | - | one Number | | 317.495.6912 | | | | • | |
| | Email | janine.betse | v@alicke | | | _ | | | |
| | | | | | rolationsh | in between the Der | rower and | Owner in | footpotos bolow |
| | | | | • | | ip between the Bor | | | i lootilotes below. |
| | | = | | am in addition | | pt Bonds, you mus Place in Tab J. | t provide a | a list | |
| d. | Does a | ny Developme | nt financ | cing have any cre | edit enhar | ncement? | X | Yes | No |
| | If yes, | | | d describe the c <mark>sing a MTEB wh</mark> | | incement: l <mark>ave a credit enhanc</mark> | cement. | | |
| e. | | approval for t | | of physical asset quest to HUD. | required? | | · · | Yes | X No |
| f. | | • | | I for transfer of been notified o | | • | | Yes Yes | X No X No |
| g. | its unit to eligi | s in danger of ble prepayme | being rei nt, conve | moved by a federsion, or financi | eral agenc al difficult | using Development y from the low-inco y? plication package. | me ho <u>usin</u> | | |
| | | ulti-Family Tax nt year: | Exempt | Bonds already a | warded to | Developer \$ | - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| foo | otnotes. | | | | | | | | |

Z. Cost/Basis/Maximum Allowable Credit

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

| | | Eligib | le Basis by Credit Type | |
|----|---|---------------|-------------------------|-------------|
| | | | 30% PV | 70% PV |
| | ITEMIZED COSTS To Purchase Land and Buildings | Project Costs | [4% Credit] | [9% Credit] |
| a. | Land | 2,745,000 | | |
| | 2. Demolition | 2,743,000 | | |
| | 3. Existing Structures | 15,555,000 | 15,555,000 | |
| | 4. Other(s) (Specify below.) | | | |
| | | | | |
| | | | | |
| b. | For Site Work | | | |
| | Site Work (not included in Construction Contract) | | | |
| | 2. Other(s) (Specify below.) | | | |
| | | | | |
| c. | For Rehab and New Construction | | | |
| C. | (Construction Contract Costs) | | | |
| | 1. Site Work | | | |
| | 2. New Building | | | |
| | 3. Rehabilitation** | 5,667,164 | 5,667,164 | |
| | 4. Accessory Building | | | |
| | 5. General Requirements* | 340,030 | 340,030 | |
| | 6. Contractor Overhead* | 113,294 | 113,294 | |
| | 7. Contractor Profit* | 340,030 | 340,030 | |
| | 8. Hard Cost Contingency | 646,052 | 646,052 | |
| Ч | For Architectural and Engineering Fees | | | |
| u. | Architect Fee - Design* | 130,000 | 130,000 | |
| | Architect Fee - Supervision* | 15,000 | 15,000 | |
| | 3. Consultant or Processing Agent | | | |
| | 4. Engineering Fees | 5,000 | 5,000 | |
| | 5. High Peformance Building Consultant | | | |
| | 6. Other Fees (Specify below.) | | | |
| | Performance Bond | 64,605 | 64,605 | |
| | | | | |
| e. | Other Owner Costs | 05.000 | 05.600 | |
| | 1. Building Permits | 85,603 | 85,603 | |
| | 2. Tap Fees3. Soil Borings | | | |
| | 4. Real Estate Attorney | 60,000 | 60,000 | |
| | 5. Developer Legal Fees | 40,000 | 40,000 | |
| | 6. Construction Loan - Legal | 75,000 | 75,000 | |
| | 7. Title and Recording | 32,000 | 32,000 | |
| | 8. Cost of Furniture | ,,,,,, | ,,,,, | |
| | 9. Accounting | 50,000 | 50,000 | |
| | 10. Surveys | 6,000 | 6,000 | |
| | 11. Other Costs (Specify below.) | | | |
| | Relocation and Certification Costs | 242,365 | 150,000 | |
| l | | | | |
| | SUBTOTAL OF THIS PAGE | 26,212,143 | 23,374,778 | |

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

| \$5,667,164.00 | _ | | / | | 150 | = | 37,781 |
|----------------------|---|---------------------|---|--------------|-----|---|----------------|
| Rehabilitation Costs | _ | Costs of Furniture, | | Total Number | | | Rehabilitation |
| | | Construction of | | of Units | | | Costs per Unit |
| | | Community Center, | | | | | |
| | | and Common Area | | | | | |
| | | Amenities** | | | | | |

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

| | | Elig | gible Basis by Credit T | уре |
|----|---|---------------|-------------------------|-------------|
| | | | 30% PV | 70% PV |
| | ITEMIZED COSTS | Project Costs | [4% Credit] | [9% Credit] |
| | SUBTOTAL OF PREVIOUS PAGE | 26,212,143 | 23,374,778 | 0 |
| f. | For Interim Costs | | | |
| | Construction Insurance | 65,000 | 65,000 | |
| | 2. Construction Period Interest | 325,000 | 325,000 | |
| | 3. Other Capitalized Operating Expenses | | | |
| | 4. Construction Loan Orig. Fee | 54,397 | 54,397 | |
| | 5. Construction Loan Credit Enhancement | | | |
| | 6. Construction Period Taxes | | | |
| | 7. Fixed Price Contract Guarantee | | | |
| | | | | |
| g. | For Permanent Financing Fees & Expenses | | | |
| | 1. Bond Premium | 35,000 | | |
| | 2. Credit Report | | | |
| | 3. Permanent Loan Orig. Fee | 65,000 | | |
| | 4. Permanent Loan Credit Enhancement | | | |
| | 5. Cost of Iss/Underwriters Discount | 165,000 | | |
| | 6. Title and Recording | 17,000 | | |
| | 7. Counsel's Fee | 335,000 | | |
| | 8. Other(s) (specify below) | · | | |
| | Financing Fees and Costs | 365,000 | | |
| | | | | |
| h. | For Soft Costs | | | |
| | 1. Property Appraisal | 35,000 | 35,000 | |
| | 2. Market Study | 6,000 | 6,000 | |
| | 3. Environmental Report | 45,000 | 45,000 | |
| | 4. IHCDA Fees | 162,000 | | |
| | 5. Consultant Fees | | | |
| | 6. Guarantee Fees | | | |
| | 7. Soft Cost Contingency | 13,878 | 13,878 | |
| | 8. Other(s) (specify below) | , | , | |
| | | | | |
| | | | | |
| l. | For Syndication Costs | | | |
| | Organizational (e.g. Partnership) | 50,000 | | |
| | 2. Bridge Loan Fees and Expenses | | | |
| | 3. Tax Opinion | | | |
| | 4. Other(s) (specify below) | | | |
| | Syndication Legal | 58,000 | | |
| | | | | |
| j. | Developer's Fee | | | |
| | 30 % Not-for Profit | | | |
| | 70 % For-Profit | 4,221,000 | 4,221,000 | |
| | | | | |
| k. | For Development Reserves | | | |
| | 1. Rent-up Reserve | | | |
| | 2. Operating Reserve | 768,450 | | |
| | 3. Other Capitalized Reserves* | 150,000 | | |
| | *Please explain in footnotes. | | | |
| l. | Total Project Costs | 33,147,868 | 28,140,053 | - |

| footnotes: | | |
|------------|--|--|
| | | |

| | | Eligible Basis by Credit Type | | | | | |
|----|--|--------------------------------|-------------|-------------|--|--|--|
| | | | 30% PV | 70% PV | | | |
| | ITEMIZED COSTS | Project Costs | [4% Credit] | [9% Credit] | | | |
| | SUBTOTAL OF PREVIOUS PAGE | 33,147,868 | 28,140,053 | 0 | | | |
| m. | Total Commercial Costs* | | | | | | |
| n. | Total Dev. Costs less Comm. Costs (I-m) | 33,147,868 | | | | | |
| o. | Reductions in Eligible Basis Subtract the following: 1. Amount of Grant(s) used to finance Qualifying development costs 2. Amount of nonqualified recourse financing 3. Costs of nonqualifying units of higher quality (or excess portion thereof) 4. Historic Tax Credits (residential portion) Subtotal (o.1 through o.4 above) | | 0 | 0 | | | |
| p. | Eligible Basis (Il minus o.5) | | 28,140,053 | 0 | | | |
| q. | High Cost Area / Basis Boost | | | | | | |
| | Adjustment to Eligible Basis Please see 2022 QAP pg. 34 for eligibility criteria. Adjustment Amount cannot exceed 30% | | 0 | | | | |
| r. | Adjusted Eligible Basis (p plus q) | | 28,140,053 | 0 | | | |
| s. | Applicable Fraction (% of development which is low income) (Select from drop down choices.) | Based on Unit Mix or Sq Ft? | 100.00% | | | | |
| t. | Total Qualified Basis (r multiplied by s) | | 28,140,053 | 0 | | | |
| u. | Applicable Percentage (weighted average of the applicable percentage for each building and credit type) | | 4.00% | 9.00% | | | |
| v. | Maximum Allowable Credit under IRS Sec 42 (t*u) | | 1,125,602 | 0 | | | |
| w. | Combined 30% and 70% PV Credit | 1,125,602 | | | | | |

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

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

| footnotes: | | | |
|------------|--|--|--|
| | | | |
| | | | |

2. Determination of Reservation Amount Needed

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

| a. | TOTAL DEVELOPMENT COSTS | \$ | 33,147,868 |
|----------|--|------|------------|
| b. | LESS SYNDICATION COSTS | \$ | 108,000 |
| c. | TOTAL DEVELOPMENT COSTS (a - b) | \$ | 33,039,868 |
| d. | LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS | \$ | 21,250,000 |
| e. f. | EQUITY GAP (c - d) EQUITY PRICING (Price per dollar of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties) | \$\$ | 0.87 |
| g. | Limited Partner Ownership % | | 99.99% |
| h. | 10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f) | \$ | 13,551,572 |
| i. | ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10) | \$ | 1,355,157 |
| j. | MAXIMUM ALLOWABLE CREDIT AMOUNT | \$ | 1,125,602 |
| k. | RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.) | \$ | 1,125,602 |
| l. | LIMITED PARTNER INVESTMENT | | 9,791,759 |
| m. | GENERAL PARTNER INVESTMENT | | 100 |
| n. | TOTAL EQUITY INVESTMENT (anticipated for intial app) | \$ | 9,791,859 |
| 0. | DEFERRED DEVELOPER FEE | \$ | 1,746,009 |
| p. | Per Unit Info | | |
| | CREDIT PER UNIT (Including non-program units) (j/Number of Units) | \$ | 7,504 |
| | CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms) | \$ | 3,727 |
| | 3. HARD COST PER UNIT | \$ | 45,110 |
| | 4. HARD COST PER BEDROOM | \$ | 22,405.76 |
| | 5. TOTAL DEVELOPMENT COST PER UNIT a - (Cost of Land + Commercial Costs + Historic Credits) Total Number of Units | \$ | 220,986 |

${\bf 3. \ \ Determination \ of \ State \ Tax \ Credit \ Reservation \ Amount}$

| a. | Aggregate 10 Year Federal RHTC Amount | \$ 11,256,021.20 |
|----|--|---------------------|
| b. | Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%) | \$ |
| c. | Aggregate 5 Year State AWHTC Amount | \$ 0.00 |
| | State AWHTC per year | \$ 0.00 |
| d. | State Tax Credit Equity Price | \$ |
| e. | Limited Partner ownership % | \$ 99.99% |
| f. | Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%) | <u>-</u> |
| g. | Financial Gap | 360,000 |
| | | |

| nes: | | | | Within Limits? |
|---|--|---|--|--|
| | F 000 | | 0.727 | V |
| Total Operating Expenses (per unit) | 5,000 | | 8,727 | Yes |
| Management Fee (Max Fee 5-7% of "Effective Gross Income") | | | | |
| 1 - 50 units = 7% | | | | |
| 51 - 100 units = 6% | | | | |
| 101 or more units = 5% | 125,732 | | 114,030 | Yes |
| Vacancy Rate | | | | |
| | 4% - 7% | | 5.0% | Yes |
| • | 1,0 7,0 | | 3.070 | . 63 |
| Affordable Assisted Living | 10%-12% | | | |
| *If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab | | | | |
| All Other Developments | 6% - 8% | | 5.0% | |
| Operating Reserves (4 months Operating Expenses | | | | |
| | 768 450 | | 768 450 | Yes |
| plus 4 months debt service of \$1,500 per diffe, whichever is greatery | 700,430 | | 700,430 | 163 |
| Replacement Reserves (New Construction age-restricted = \$250; | 52,500 | | 52,500 | Yes |
| New Construction non age-restricted = \$300; Rehabilitation = \$350; | | | | |
| Single Family Units: \$420; Historic Rehabilitation: \$420) | | | | |
| Is Stabilized Debt Coverage Ratio within bounds? | Must select a City of | ize on Dev | relonment Info (n9) ta | h |
| _ | | ize on bet | ciopinent inio (ps) ta | |
| • | 1113 1113 | | | |
| | 1.15-1.50 | | | |
| | | | | |
| | 1.10-1.45 | | | Yes |
| *If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab | | | | |
| At least 400/ of the total Units in the proping to growth a toy and it | 400/ | | 1000/ | Vaa |
| | | | | Yes |
| Average of tax credit units must not exceed 60% Aivii | 00% | >= | 00% | Yes |
| her Limitations: | | | | |
| Do Sources Equal Uses? | | | | Review |
| 50% test | 50% | | 55% | Yes |
| Developer Fee with consultant fee | 4,221,008 | | 4,221,000 | Yes |
| | 000/ | 4_ | 41 40/ | Voc |
| · · · · · · · · · · · · · · · · · · · | | <= | | Yes |
| | | | | Yes |
| · · · · · · · · · · · · · · · · · · · | | | 1,746,009 | Yes |
| , | • | | - | Yes |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | 10.00 | | 0.00 | |
| | | | | |
| | · | | | Yes |
| · | · | | 340,030 | Yes |
| General Overhead | 113,343 | | 113,294 | Yes |
| Builders Profit | 340,030 | | 340,030 | Yes |
| Hard Cost Contingency | 969,078 | | 646,052 | Yes |
| Soft Cost Contingency | 13,878 | | 13,878 | Yes |
| Architect Fee Limitation | 284,263 | | 145,000 | Yes |
| Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab) | 25,000 | | 37,782 | Yes |
| | , | | • | |
| Basis Boost | 3,775,516 | | - | Yes |
| | Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% Vacancy Rate Development has more than 20% PBV/PBRA/PRA "If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" tab Affordable Assisted Living "If Developments Ad tack cell 030 in "Types of Allocation (p 10)" tab All Other Developments Operating Reserves (4 months Operating Expenses, plus 4 months debt service or \$1,500 per unit, whichever is greater) Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300, Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420) Is Stabilized Debt Coverage Ratio within bounds? Large and Small City "If Development is in Large or Small city, check cell M8 or J 10 respectively in "Development Info (p 9)" tab Rural "If Development is in Rural, check cell M10 in "Development Info (p 9)" tab Developments with PBV "If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab At least 40% of the total Units in the project must be tax credit. Average of tax credit units must not exceed 60% AMI ther Limitations: Do Sources Equal Uses? 50% test Developer Fee with consultant fee "For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost Maximum Deferred Developer Fee be repaid in 15 years? Development Fund Limitation Total Development Fund Assisted Units as per % TDC calculation Dev Fund Assisted units (at or below 50% AMI) For Bond opps: # DF units bosed on greater of 10 units or DFL as % of TDC Contractor Fee Limitation General Development General Overhead Builders Profit Hard Cost Contingency Architect Fee Limitation | Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% 125,732 Vacancy Rate Development has more than 20% PBV/PBRA/PRA 4% - 7% 4% Possephenet has more than 20% PBV/PBRA/PRA, check the box in cell \$210 f "Financing & Mist (p 20)" tab Affordable Assisted Living 40 Hovelopments Aches cell 200 in "Types of Allocation (p 10)" tab All Other Developments Aches cell 200 in "Types of Allocation (p 10)" tab All Other Developments Aches cell 200 in "Types of Allocation (p 10)" tab All Other Developments on a general form of the service of \$2,500 per unit, whichever is greater) 768,450 Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300, Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420) Is Stabilized Debt Coverage Ratio within bounds? Large and Small City 40 Hovelopment is in large or Small city, check cell MI 0 or J 10 respectively in "Development Info (p 9)" tab Rural 410 Development is in large or Small city, check cell MI 0 or J 10 respectively in "Development Info (p 9)" tab All cleast 40% of the total Units in the project must be tax credit. 40% Average of tax credit units must not exceed 60% AMI 60% Cher Limitations: De Sources Equal Uses? 50% Uses Developer Fee with consultant fee 40% Developer Fee with consultant fee For Board Debts. Developer Fee as 5% of Developer fee For Board Depts: 40 Fee as 8% of Developer fee For Board Depts: 40 Fee as 8% of Developer fee For Board Depts: 40 Fee as 8% of Developer fee Contractor Fee Limitation 60 Fee Board Depts: 40 Fee as 8% of Developer fee Contractor Fee Limitation 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 Fee as 8% of Developer fee 60 Fee Board Depts: 40 | Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% 102 years = 7% 51 - 100 units = 6% 101 or more units = 5% 102 years = 7% 101 or more units = 5% 102 years = 7% 101 or more units = 5% 102 years = 7% 103 years = 7% 104 years = 7% 105 ye | Management Fee (Max Fee 5-7% of "Effective Gross Income") 1 - 50 units = 7% 51 - 100 units = 6% 101 or more units = 5% 101 or more units = 5% 1025,732 114,030 Vacancy, Rate Development has more than 20% PBV/PBRA/PRA "Till Development has more than 20% PBV/PBRA/PRA Affordable Assisted Living "If Development has more than 20% PBV/PBRA/PRA, check the bea in cell K11 of "Financing & MAt ig 20" tab Alfordable Assisted Living "If Development has the developments and the developments in the development had been stored K11 of "Till Development had had been stored K12 of "Financing & MAt ig 20" tab All Other Developments in Author of the Assisted Living "If Developments in Author of the Assisted Living and Part of the Assist |

AA. Statement of Issuer/Applicant (For Multi-family Tax Exempt Bonds only)

The undersigned hereby acknowledges that:

- 1. This Application form, provided by IHCDA to applicants for tax credits and tax-exempt bonds, including the sections herein relative to basis, credit calculations and determinations of the amount of the credit necessary to make the development financially feasible, is provided only for the convenience of IHCDA in reviewing the reservation requests; completion hereof in no way guarantees eligibility for the credits or bonds or ensures that the amount of credits applied for has been computed in accordance with IRC requirements; any notations herein describing IRC requirements are offered only as general guides and not as legal advice;
- 2. The undersigned is responsible for ensuring that the proposed bond issue will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDA; and that the IHCDA has no responsibility for ensuring that all or any of the funds allocated to the Development may not be useable or may later be recaptured;
- For purposes of reviewing this Application, IHCDA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDA for the accuracy of the representations or their compliance with IRC requirements;
- 4. IHCDA may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may reserve credits, if any, in an amount significantly different from the amount requested;
- 5. The IHCDA offers no advice, opinion or guarantee that the Issuer or the proposed development will ultimately quality for or receive funds;
- 6. Reservations of funds are not transferable without prior written notice and consent of IHCDA;

7.

- If the IHCDA believes, in its sole discretion, that the Development will not be completed or that any condition set forth in the Application will not be satisfied within the required time period, or will become unsatisfied or will otherwise cause the Development to fail to qualify for a Bond allocation, the Issuer agrees that the IHCDA may rescind and retrieve any funds allocated to the Issuer. The Issuer acknowledges that all terms, conditions, obligations and deadlines set forth in this Application constitute conditions precedent to any allocation of funds, and the Development's failure to comply with any of such terms and conditions shall entitle the IHCDA, in its sole discretion, to deem the allocation canceled by mutual consent. After any such cancellation, the Issuer acknowledges that neither it nor the Development will have any right to claim funds. The IHCDA reserves the right, in its sole discretion, to modify and/or waive any such failed condition precedent, so long as such waiver does not violate any Code requirements relating to the Development;
- 8. The requirements for applying for funds and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDA regulations, or other binding authority;
- 9. Reservations may be subject to certain conditions to be satisfied prior to allocation and shall in all cases be contingent upon the receipt of the required Application and reservation fees;
- 10. Applicant is submitting this Application on behalf of Owner, whether Owner has already been formed or is a to-be-formed entity;
- 11. Applicant represents and warrants to IHCDA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
- 12. In the event Applicant is not the Owner, Applicant represents and warrants to IHCDA that it will take, and not fail to take, any and all action necessary to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
- 13. Applicant represents and warrants to IHCDA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

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

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

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

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

| its name on this | da | ay of <u>September</u> | <u>, 2024</u> |
|------------------|----|------------------------|--|
| | | | HENDERSON COURT HOUSING, LP, an Indiana limited partnership |
| | | | Legal Name of Applicant/Owner |
| | | | By: Glick Henderson Court Investor, LLC, an Indiana limited liability company, its General Partner By: Glick Apartment Holdings, LLC, an Indiana limited liability company, its Sole Member |
| | | В | y: 0. Box |
| | | Printed Name | e: David O.Barrett |

Its: President

| STATE OF | |
|--|---|
| COUNTY OF Marton | |
| Before me, a Notary Public, in and for said County and Stat | e, personally appeared, DAVID OF BANCELT |
| (the President of Men | ederson Court Housing, LP |
|), the Applicant in the foregoing Application for Reservatio | n of 2024 (current year) funding, who acknowledged |
| the execution of the foregoing instrument as his (her) volu | intary act and deed, and stated, to the best of his (her) knowledge |
| and belief, that any and all representations contained the | rein are true. |
| Witness my hand and Notarial Seal this | day of Sytomber, 2024. |
| My Commission Expires: | 1 2/ 0 |
| (Commission Expires: | Alle Hope |
| 4(23(2028) | Notary Public |
| | Notally 1 distinct |
| My County of Residence: | lilu Brooles |
| Y an code | Printed Name |
| The contract of the contract o | (title) |
| | (title) |

Lila Brooks
Notary Public Seal State of Indiana
Hancock County
Commission Number NP0726448
My Commission Expires 04/23/2028