

Indiana Housing and Community Development Authority

2026-2027 9% LIHTC Initial Application

Date:	<u>7/28/2025</u>
Development Name:	<u>Westvale Manor</u>
Development City:	<u>Anderson</u>
Development County:	<u>Madison</u>
Application Fee:	<u></u>
Application Number (IHCDA use only):	<u></u>

The following pages contain:

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

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

Documentation Submission Checklist

Part 4.1 - Qualified Non Profits		Notes:
Articles of Incorporation	<input type="checkbox"/> Place in Tab C.	
IRS documentation of §501(c)(3) or 501(c)(4) tax-exempt status	<input type="checkbox"/> Place in Tab C.	
Nonprofit Questionnaire (Form B)	<input type="checkbox"/> Place in Tab C.	
W-2 or 1099 for paid, full-time employee listed on Form B	<input type="checkbox"/> Place in Tab C.	
Part 4.2 - Community Integration		
Community Integration Narrative	<input type="checkbox"/> Place in Tab A.	
Copy of executed MOU(s) with referral provider(s)	<input type="checkbox"/> Place in Tab A.	
Form O2 if requesting Section 811 Project Rental Assistance	<input type="checkbox"/> Place in Tab A.	
Part 4.4 Preservation		
Capital Needs Assessment (Schedule F)	<input type="checkbox"/> Place in Tab L.	
Third-party documentation from the entity enforcing affordable housing requirements	<input type="checkbox"/> Place in Tab L.	
Hard cost budget	<input type="checkbox"/> Place in Tab L.	
Part 5.1 - Threshold Requirements		
A. Development Feasibility		
Form A - Excel	<input type="checkbox"/> Place in Tab A.	
Form A - PDF	<input type="checkbox"/> Place in Tab A.	
Commercial - 15 year proforma	<input type="checkbox"/> Place in Tab A.	
B. IHCD Notification		
~ Form C	<input type="checkbox"/>	
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application	Submit via:	
Noncompetitive 4% and bonds: submitted no more than 60 days prior to application	RHTC@ihcda.in.gov	
C. Not-for-Profit Participation		
Signed Resolution from Board of Directors	<input type="checkbox"/> Place in Tab C.	
D. Market Study		
See QAP Schedule C for requirements.	<input type="checkbox"/> Place in Tab N.	
G. Capabilities of Management Team		
Resumes of Developer, Co-Developer, and Management Company	<input type="checkbox"/> Place in Tab D.	
Most recent year-end financial statements, year-to-date balance sheets, and year-to-date income statements from:		
1) The Developer	<input type="checkbox"/> Place in Tab D.	
2) Any Individual or Entity providing guarantees	<input type="checkbox"/> Place in Tab D.	
H. Readiness to Proceed		
~ Complete Application - including:		
1) Form A	<input type="checkbox"/> Place in Tab A.	
2) Narrative Summary of Development	<input type="checkbox"/> Place in Tab A.	
~ Application Fee (and supplemental fees if applicable)	<input type="checkbox"/> To be paid online.	
~ Evidence of Site Control	<input type="checkbox"/> Place in Tab E.	
See QAP for acceptable forms of evidence.		
~ Development Site Information and Plans	<input type="checkbox"/> Place in Tab F.	
See QAP for specific requirements.		
~ Documentation of all funding sources	<input type="checkbox"/> Place in Tab G.	
LOI from Equity Providers for both Federal and State Tax credits	<input type="checkbox"/> Place in Tab G.	
See QAP for specific requirements.		
~ Documentation of proper zoning	<input type="checkbox"/> Place in Tab H.	
See QAP for specific requirements.		
J. Evidence of Compliance		
~ Affidavit (Form Q) from each Development Team member disclosing:	<input type="checkbox"/> Place in Tab J.	
1) complete interest in and affiliation with Development		
2) outstanding non-compliance issues		
3) any loan defaults		
4) ownership interest in other RHTC-funded Developments		
~ Management Agent Affidavit - See QAP for specifics.	<input type="checkbox"/> Place in Tab J.	
K. Phase I Environmental Assessment		
~ Phase I ESA	<input type="checkbox"/> Place in Tab K.	
~ An affidavit from the entity completing the Phase I ESA	<input type="checkbox"/> Place in Tab K.	
~ In case of RECs, narrative of how RECs will be mitigated	<input type="checkbox"/> Place in Tab K.	
~ Screenshot(s) from IDEM Restricted Sites map	<input type="checkbox"/> Place in Tab K.	
~ Environmental restrictive covenants	<input type="checkbox"/> Place in Tab K.	
~ FIRM floodplain map(s)	<input type="checkbox"/> Place in Tab K.	
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc	<input type="checkbox"/> Place in Tab K.	
~ If applying for HOME, HTF, PBV, Sec. 811, or CoC from IHCD: ERR workbook	<input type="checkbox"/> Place in Tab K.	
L. Development Fund Historic Review		
~ Map from IDNR's IHBBC Public App webpage	<input type="checkbox"/> Place in Tab K.	

~ Application Fee (and supplemental fees if applicable)	<input type="checkbox"/> Place in Tab K.	
<u>O. Commercial Areas</u>		
~ Site plan showing Commercial Space	<input type="checkbox"/> Place in Tab F.	
~ Timeline for construction	<input type="checkbox"/> Place in Tab F.	
<u>P. Appraisal</u>		
~ Fair Market Appraisal	<input type="checkbox"/> Place in Tab L.	
See QAP for specific requirements.		
<u>Q. Acquisition</u>		
~ Fulfillment of or Exemption from 10-year placed-in-service rule		
A chain of title report, OR	<input type="checkbox"/> Place in Tab L.	
Tax opinion, OR	<input type="checkbox"/> Place in Tab L.	
A letter from the appropriate federal official	<input type="checkbox"/> Place in Tab L.	
~ Disclosure of Related Parties and Proceeds from the sale	<input type="checkbox"/> Place in Tab L.	
1) Attorney opinion		
2) Completed Related Party Form		
<u>R. Capital Needs Assessment/Structural Conditions Report</u>		
~ Detailed rehabilitation budget	<input type="checkbox"/> Place in Tab K.	
~ Capital Needs Assessment or Structural Conditions Report	<input type="checkbox"/> Place in Tab K.	
<u>S. Tenant Displacement & Relocation Plan</u>		
	<input type="checkbox"/> Place in Tab L.	
<u>T. IRS Form 8821 - for each Owner/GP - if requested</u>		
	<input type="checkbox"/> Place in Tab A.	
<u>U. Threshold Requirements for Supportive Housing</u>		
~ Letter from CSH certifying completion of all requirements for the Indiana Supportive Housing Institute	<input type="checkbox"/> Place in Tab O.	
~ Memorandum of Understanding with CSH for technical assistance	<input type="checkbox"/> Place in Tab O.	
~ MOU with each applicable supportive service provider	<input type="checkbox"/> Place in Tab O.	
~ Documentation of subsidy source commitments and narratives	<input type="checkbox"/> Place in Tab O.	
~ Form O1 or O2 for vouchers, if applicable	<input type="checkbox"/> Place in Tab O.	
Part 5.2 - Underwriting Guidelines		
<u>J. Taxes and Insurance</u>		
Documentation of estimated property taxes and insurance	<input type="checkbox"/> Place in Tab M.	
<u>K. Federal Grants and Subsidies</u>		
Any additional information	<input type="checkbox"/> Place in Tab G.	
<u>L. Basis Boost</u>		
Narrative (or documentation for Declared Disaster Area)	<input type="checkbox"/> Place in Tab A.	
Part 5.3 - User Eligibility and Limitations		
<u>B. Developer Fee Limitation</u>		
Developer Fee Statement	<input type="checkbox"/> Place in Tab M.	
Non Profit Board Resolution	<input type="checkbox"/> Place in Tab M.	
<u>D. Architect Competitive Negotiation Procedure, if used</u>		
	<input type="checkbox"/> Place in Tab M.	
<u>H. Related Party Fees - Form N</u>		
	<input type="checkbox"/> Place in Tab J.	
<u>I. Davis Bacon Wages</u>		
General Contractor Affidavit	<input type="checkbox"/> Place in Tab J.	
Part 6.2 - Development Characteristics		
<u>E. Preservation of Existing Rental Housing</u>		
Relevant proof of Preservation - See QAP for specific requirements	<input type="checkbox"/> Place in Tab P.	
<u>F. Infill New Construction</u>		
Aerial photos of the proposed site	<input type="checkbox"/> Place in Tab P.	
Documentation if qualifying adjacent site is an established park or green space	<input type="checkbox"/> Place in Tab P.	
Architect or engineer certification that the site has or can connect to existing utilities	<input type="checkbox"/> Place in Tab P.	
<u>G. Development is Historic in Nature</u>		
Relevant proof of historic documentation - See QAP for specific requirements	<input type="checkbox"/> Place in Tab P.	
The preliminary acceptance of the Part 2 historic tax credit application	<input type="checkbox"/> Place in Tab P.	
<u>H. Foreclosed and Condemned Properties</u>		
Copy of foreclosure documents	<input type="checkbox"/> Place in Tab P.	
Copy of condemnation documents from appropriate authority	<input type="checkbox"/> Place in Tab P.	
<u>I. Community Revitalization Plan</u>		
Documentation of development and adoption of plan	<input type="checkbox"/> Place in Tab P.	
Copy of entire plan	<input type="checkbox"/> Place in Tab P.	
Map of targeted area with project location marked	<input type="checkbox"/> Place in Tab P.	
Narrative listing location and page number of required items	<input type="checkbox"/> Place in Tab P.	
<u>K. Internet Access</u>		
Documentation from Internet service provider establishing total cost	<input type="checkbox"/> Place in Tab T.	
Narrative establishing how the amount budgeted for internet service was calculated	<input type="checkbox"/> Place in Tab T.	

Part 6.3 - Sustainable Development Characteristics		
<u>A. Building Certification</u> Affidavit from Green Professional <input type="checkbox"/> Place in Tab J.		
<u>C. Desirable Sites</u> A site map indicating all desirable or undesirable sites. <input type="checkbox"/> Place in Tab Q. Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh produce points		
Part 6.4 - Financing & Market		
<u>A. Leveraging Capital Resources</u> Narrative identifying all sources counted as leveraging and applicant's % calculation <input type="checkbox"/> Place in Tab B. A letter from the appropriate authorized official approving the funds <input type="checkbox"/> Place in Tab B. Approval of the loan assumption by the lender (for publicly funded or subsidized loan assumption) <input type="checkbox"/> Place in Tab B. Third-party appraisal (Land or building donation) <input type="checkbox"/> Place in Tab B. For loans with below market interest rates, lender acknowledgement <input type="checkbox"/> Place in Tab B.		
<u>B. Non-IHCDA Rental Assistance</u> Commitment or conditional commitment letter from the funding agency <input type="checkbox"/> Place in Tab B.		
<u>F. Lease-Purchase</u> Detailed plan for the lease-purchase program <input type="checkbox"/> Place in Tab R. Executed agreement with nonprofit that will implement the lease-purchase program <input type="checkbox"/> Place in Tab R.		
<u>G. Leveraging the READI Program</u> Commitment letter from IEDC or participating region <input type="checkbox"/> Place in Tab B.		
Part 6.5 - Other		
<u>A. Certified Tax Credit Compliance Specialist</u> Copies of Certification(s) <input type="checkbox"/> Place in Tab S.		
<u>B. Unique Features</u> Unique Features Form R <input type="checkbox"/> Place in Tab A.		
<u>D. Resident Service Coordinator for Supportive Housing (ISH only)</u> If using third-party provider, copy of MOU for a dedicated Resident Service Coordinator <input type="checkbox"/> Place in Tab T.		
<u>E. Integrated Supportive Housing for Persons Experiencing Homelessness</u> CSH letter <input type="checkbox"/> Place in Tab O. Copy of executed CSH MOU <input type="checkbox"/> Place in Tab O. Copy of MOU with each applicable supportive service provider <input type="checkbox"/> Place in Tab O. Documentation of commitment of PBRA or narrative, or Form O2 <input type="checkbox"/> Place in Tab O.		
<u>F. Eviction Prevention Plan</u> Affidavit from the Management Agent <input type="checkbox"/> Place in Tab J.		
<u>G. Low-Barrier Tenant Screening</u> Affidavit from the Management Agent <input type="checkbox"/> Place in Tab J.		
<u>I. Developments from Previous Institutes</u> Letter from CSH <input type="checkbox"/> Place in Tab O.		

Evaluation Factors	Self Score	IHCDA Use	Notes/Issues			
A. Rent Restrictions (up to 16 points) [Not Applicable for Competitive Bonds/AWHTC]	16		Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents			22	30	60	36.67%
1. Less than 20% at 30% AMI, 33% of total at or below 50% AMI (4 points)				40		#DIV/0!
2. At least 20% at 30% AMI, 33% of total at or below 50% AMI (8 points)			18	50	60	30.00%
3. At least 20% at 30% AMI, 40% of total or below 50% AMI (12 points)			20	60	60	33.33%
4. At least 20% at 30% AMI, 50% of total or below 50% AMI (16 points)				>60		#DIV/0!
B. Income Restrictions (3 points) [Not Applicable for Competitive Bonds/AWHTC]	3					
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A						
Document Required: ~ Completed Form A						
C. Additional Years of Affordability (4 points)	4					
35-year Extended Use Period (2 points)						
40-year Extended Use Period (4 points)						
Document Required: ~ Completed Form A						
Subtotal (23 possible points)	23.00	0.00				

Part 6.2 - Development Characteristics						
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 sub-columns A, B, & C in the first chart.	2.00					
2. 5 amenities in Chart 2 - QAP p. 55 (2 points) - Minimum of two amenities required in each of the two sub-categories A and B in the second chart.	2.00					
3. 3 amenities in Chart 3 - QAP p. 55 (2 points) - Minimum of one amenity required in each of the two sub-categories A and B in the third chart.	2.00					
B. Accessible/Adaptable Units (up to 5 points)						
1. 7.0 - 7.9%	5.00		Family Rehab or Adaptive Reuse 1 point	Family New Construction OR Age-Restricted Adapt. Reuse w/o elevator --	Age-Restricted Rehab --	Age-Restricted New Construction or Adapt. Reuse w/ elevator --
2. 8.0 - 9.9%			3 points	1 point	--	--
3. 10.0 - 10.9%			5 points	1 point	--	--
4. 11.0 - 12.9%			5 points	3 points	1 point	--
5. 13.0 - 14.9%			5 points	3 points	3 point	--
7. 15.0 - 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)						
1. 8 or more universal design features from each Universal Design Column. (3 points)	5.00					
2. 9 or more universal design features from each Universal Design Column. (4 points)						
3. 10 or more universal design features from each Universal Design Column. (5 points)						
Document Required: ~ Completed Form A						
D. Vacant Structure (6 points)						
Document Required: ~ Completed Form A	0.00					
E. Preservation of Existing Rental 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)	6.00					
2. Previously HUD - or USDA-funded affordable housing. (6 points)						
3. Preservation of any other affordable housing development. (4 points)						
4. Preservation of existing market rate housing that will be converted to affordable housing through the LIHTC program (4 points)						
See QAP for required documentation. Place in Tab P.						
Bonus Point: Number of Units Preserved (up to 3 pts.)						
a. 50 - 74 units: 1 point b. 75 - 99 units: 2 points c. 100+ units: 3 points	1.00					
F. Infill New Construction (6 points)						
See QAP for required documentation. Place in Tab P.	0.00					
G. 1. Development is Historic in Nature (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 page 67 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)	0.00					
b. A building classified as a contributing resource or local landmark for a district listed on the IRHS or NRHP, or by local preservation ordinance; OR (up to 2 points)						
c. A building that is not already listed on the NRHP but has an approved Part 1 application for Federal Historic Tax Credits and received a recommendation for by the Indiana Department of National Resources Division of Historic Preservation and Archaeology (up to 2 points)						
See QAP for required documentation. Place in Tab P.						
G. 2. Development Utilizes Federal or State historic tax credits and has received preliminary Part 2 acceptance. (1 point)						
Required Document: See QAP for required documentation. Place in Tab P.						

H. Foreclosed and Condemned Properties (3 points)	0.00		
See QAP for required documentation. Place in Tab P.			
I. Internet Access (up to 4 points)			
Free high-speed service is provided, <u>or</u> Internet is included in project's utility allowance (3 points)	3.00		
Either of the above, <u>and</u> Free Wi-Fi access is provided in common areas (1 point)	1.00		
Required Documentation: ~ Form A; Operating Budget must include line item for internet expenses See QAP for required documentation. Place in Tab T.			
J. Lease-Purchase (2 points)			
See QAP for qualifications and required documentation. Place in Tab R.	0.00		
K. Building Certification (Up to 2 points)			
~ LEED Rating System (1 points)			
~ Bronze Rating National Green Building Standard™ (1 points)			
~ Equivalent 1-point certification (1 points)			
~ LEED Silver Rating (2 points)	2.00		
~ Silver Rating National Green Building Standard™ (2 points)			
~ Enterprise Green Communities (2 points)			
~ Passive House (2 points)			

Silver NGBS

Part 6.3 - Market Characteristics				Grocery is 0.27 miles
A. Desirable Sites (up to 6 Points)				
a) Access to Fresh Produce (2 points)	2.00			
b) Proximity to Positive Land Uses (2 points)	2.00			
c) Transit Access (2 points)	2.00			
d) Undesirable Sites (1 point deduction per site)				
B. Areas Underserved by the 9% Program (up to 6 points) (Not Applicable for 4%)				
No 9% allocation in LUG within the last 5 years (1 point)	0.00			
No 9% allocation in LUG within the last 10 years (2 points)				
No 9% allocation in LUG within the last 15 years (3 points)				
No 9% allocation in county within the last 5 years (1 point)	0.00			
No 9% allocation in county within the last 10 years (2 points)				
No 9% allocation in county within the last 15 years (3 points)				
C. Census Tract without Active Tax Credit Properties (up to 3 points)				
1) Census Tract without same type RHTC development (3 points)		1.50		
2) Only one RHTC development of same type (1.5 points)				
Required Document: ~ Completed Form A				
D. Opportunity Index (up to 4 points)				
High Income (1 point)				
Low Poverty (1 point)				
Low Unemployment Rate (1 point)				
Access to Primary Care (1 point)				
R/ECAP (1 point deduction)				
E. Housing Need Index (up to 8 points)				
1. Located in a county experiencing population growth (1 point)	1.00			
2. Located in a city or town in which 44% or more of renter households are considered rent burdened (1 point)	1.00			
3. Located in a city or town in which 25% or more of renter households are considered to have at least one severe housing problem (1 point)	1.00			
4. Located in a city or town in which 25% or more of renter households are at or below 30% of AMI (1 point)	1.00			
5. Located in a county in which the ratio 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 before 1940 (1 point)	1.00			

4.00		
0.00		
0.00		
2.00		
1.00		
7.00	0.00	

Part 6.5. Other			
A. Certified Tax Credit Compliance Specialist (up to 3 points)			
1. Management (Max 2 points)	2.00		
2. Owner (Max 1 point)	1.00		
Required Document: ~ Completed Form A, Section M ~ Copies of certifications. Place in Tab S.			
B. Unique Features (up to 3 points)		3.00	
Required Document: ~ Unique Features Form R. Place in Tab A.			
C. Resident Services (up to 5 points)		5.00	
Required Document: ~ Completed Form A. See QAP for required documentation. Place in Tab T.			
D. Resident Service Coordinator (Supportive Housing) (2 points)		0.00	
~ Completed Form A. See QAP for required documentation. Place in Tab T.			
E. Integrated Supportive Housing (3 points)			
~ Non-Institute Integrated Supportive Housing with previous experience	0.00		
F. Developments from Previous Institutes (Max 3 points)		0.00	
Required Documents: ~ Letter from CSH. Place in Tab O.			
G. Eviction Prevention Plan (up to 2 points)		2.00	
Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment. Place in Tab J. ~ Eviction Prevention Plan drafted and submitted prior to lease-up.			
H. Low-Barrier Tenant Screening (up to 4 points)			
1. Plan does not screen for misdemeanors (1 point)	1.00		
2. Plan does not screen for felonies older than five years (1 point)	1.00		
3a. Plan does not screen for evictions older than 12 months, or (1 point)	2.00		
3b. Plan does not screen for evictions older than 6 months (2 points)			
Required Documents: ~ Completed Form A ~ Management Company affidavit acknowledging commitment Place in Tab J. ~ Tenant Selection Plan drafted and submitted prior to lease-up			
I. Readiness to Proceed (up to 5 points)			
ESA does not identify any RECS (1 point)	1.00		
Phase II ESA completed and submitted (1 point)			
Uncommitted sources ≤ 10% of total sources, or (1 point)	2.00		
Uncommitted sources ≤ 5% of total sources (2 points)			
HUD PCNA is final version (1 point)	1.00		
Commits to closing within 6 months of approval (1 point)			
J. 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)			
Part 6.6. Bond Experience Scoring (Not Applicable for 9%)			
A. Indiana Bond Experience (Max 4 points)			
1. Developer has been issued Form 8609 for at least one 4% LIHTC/bond project placed in service no more than 5 years prior to application due date (4 points)	0.00		
2. Developer has been issued Form 8609 for at least one 4% LIHTC/bond project placed in service between 5-10 years prior to application due date (2 points)			
Subtotal (34 possible points)	21.00	0.00	

Select Financing Type. (Check all that apply.)	Geographic Location Type: MUST select ONE. (Applies to all 4% bond applications)
<input checked="" type="checkbox"/> Rental Housing Tax Credits (RHTC) <input type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> State Affordable and Workforce Housing Tax Credits (AWHTC) <input type="checkbox"/> IHCD HOME Investment Partnerships (MUST complete HOME Supplement) <input checked="" type="checkbox"/> IHCD Development Fund (MUST complete Development Fund Supplement) <input type="checkbox"/> OTHER: Please list. <div></div>	<input checked="" type="checkbox"/> Small City <input type="checkbox"/> Large City <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Preservation <input checked="" type="checkbox"/> Qualified Nonprofit <input type="checkbox"/> Supportive Housing <input checked="" type="checkbox"/> Community Integration

A. Development Name and Location

1. Development Name Westvale Manor

Street Address 2215 Fulton Street

City Anderson County MADISON State IN Zip 46016

2. Is the Development located within existing city limits? ☒ Yes ☐ No

If no, is the site in the process or under consideration for annexation by a city? ☐ Yes ☐ No

Date:

3. Census Tract(s) # 5

a. Qualified Census tract? ☒ Yes ☐ No

b. Is Development eligible for adjustment to eligible basis? ☒ Yes ☐ No

Explain why Development qualifies for 30% boost: Development located in a QCT

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

5. Congressional District 5 State Senate District 25 State House District 36

6. List the political jurisdiction in which the Development is to be located and the name and address of the chief executive officer thereof:

Political Jurisdiction (name of City or County) City of Anderson

Chief Executive Officer (name and title) Mayor Thomas Broderick Jr

Street Address 120 E. 8th St.

City Anderson State IN Zip 46016

B. Funding Request

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

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

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

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

5. Total amount of IHCD Development Fund funds requested with this Application \$ 500,000

6. Total number of IHCD Section 8 Vouchers requested with this Application

Form O1

Form O2

If a Permanent Supportive Housing Development

7. Total Amount of Housing Trust Fund

If a Permanent Supportive Housing Development

8. Have any prior applications for IHCD funding been submitted for this Development? ☐ Yes ☒ No

If yes, please list the name of the Development(s), date of prior application, type of funding request (with amount) and indicate what information has changed from the prior application. (Place this information in Tab D.)

footnotes:

C. Types of Allocation

1. Minimum Set Aside

Election of the Minimum Set Aside Requirement (This election is also made by the owner on IRS Form 8609): The Owner irrevocably elects **one** of the Minimum Set Aside Requirements:

- ☐ At least 20% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 50% or less of the area median gross income.
- ☒ At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 60% or less of the area median gross income.
- ☐ At least 40% of the rental residential units in this Development are rent restricted and to be occupied by individuals whose income is 80% or less of the area median gross income. The average income of the restricted units must be at or below 60% of the area median gross income.

2. Type of Allocation

- ☐ New construction, or
- ☒ Rehabilitation, or
- ☐ Historic Rehab/Adaptive Reuse

3. Type of Project

- ☒ Family
- ☐ Age-Restricted
- ☐ Integrated Supportive Housing
- ☐ Affordable Assisted Living

4. Age Restrictions per Housing for Older Persons Act of 1995

If this Development will be designated as age-restricted, please elect which definition this Development will adopt:

- ☐ At least 80% of the units in the entire development are restricted for and solely occupied by households in which at least one member is age 55 or older.
- ☐ 100% of the units are restricted for households in which all members are age 62 or older.

footnotes:

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D. Applicant Information☐ Yes ☒ No

1. Is Applicant an IHCD State Certified CHDO?

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

Participating Jurisdiction (non-state) Certified CHDO?

☐ Yes ☒ No

Qualified not-for-profit?

☒ Yes ☐ No

A public housing agency (PHA)?

☐ Yes ☒ No2. Name of Applicant Organization Anderson Housing Inc.Contact Person Kevin SulcStreet Address 528 W. 11th StreetCity Anderson State IN Zip 46011Phone 7656412620 Ext. 4 E-mail ksulc@ahain.org

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

4. Identity of Not-for-profit

Name of Not-for-profit Anderson Housing, Inc. (AHI)Contact Person Kevin SulcAddress 528 W. 11th StreetCity Anderson State IN Zip 46011Phone 7656412620 Ext. 420E-mail address ksulc@ahain.org

Role of Not-for-Profit in Development

Owner/Co-Developer

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

Name of Organization Anderson Housing Authority (AHA)Contact Person Kimberly TownsendStreet Address 528 W. 11th StreetCity Anderson State IN Zip 460116. Is the prior owner related in any manner to the Applicant and/or Owner or part of the development team? ☒ Yes ☐ No

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

Anderson Housing, Inc is a subsidiary of Anderson Housing Authority (100%)

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

IN-20-00200

E. Owner Information

1. Owner Entity

- ☐ Legally formed
☒ To be formed

Name of Owner Westvale Manor LP (Fulton Development LP)

Contact Person Kevin Sulc

Street Address 528 W. 11 Street

City Anderson State Indiana Zip 46011

Phone 7656412620 Ext. 420

E-mail Address ksulc@ahain.org

Federal I.D. No.

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

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

	Name	Role	% Ownership	Email
General Partner (1)	Westvale Manor GP, LLC	GP	0.01	ksulc@ahain.org
Principal	Anderson Housing Inc	Member	100	ksulc@ahain.org
Principal				
Principal				
General Partner (2)				
Principal				
Principal				
Principal				
Limited Partner	Enterprise	LP	99.99	rrosoff@enterprisecommunity.com
Principal	Ryan Rosoff			rrosoff@enterprisecommunity.com
Principal				

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

1. Kevin Sulc, Director of Project Development
Printed Name & Title

Signature

2. _____
Printed Name & Title

Signature

footnotes:

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F. Development Team Good Standing

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

a. Ever been convicted of a felony under the federal or state laws of the United States? ☐ Yes ☒ No

b. Ever been a party (as a debtor) in a bankruptcy proceeding under the applicable bankruptcy laws of the United States? ☐ Yes ☒ No

c. Ever defaulted on any low-income housing Development(s)? ☐ Yes ☒ No

d. Ever defaulted on any other types of housing Development(s)? ☐ Yes ☒ No

e. Ever Surrendered or conveyed any housing Development(s) to HUD or the mortgagor? ☐ Yes ☒ No

f. Uncorrected 8823s on any developments? ☐ Yes ☒ No

f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J.

2. Has the applicant or its principals returned, or had rescinded, any IHCD Funding?

☐ Yes ☒ No

If Yes, list the dates returned and award numbers of said funds.

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

footnotes:

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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 Kuhl

Firm Name Kuhl & Grant, LLP

Phone 317-423-9900

E-mail Address gkuhl@grant-law.com

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

2. Bond Counsel (if applicable)
(*Must be an Indiana Firm)

Firm Name

Phone

E-mail Address

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

3. Developer (contact person) Gary Hobbs

Firm Name BWI, LLC

Phone 317-377-1790

E-mail address gary@bwillc.com

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

4. Co-Developer (contact person) Kevin Sulc

Firm Name Anderson Housing, Inc

Phone 7656412620 Ext. 420

E-mail address ksulc@ahain.org

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

5. Accountant (contact person) Claire Baker

Firm Name Dauby, O'Connor, and Zaleski, LLC

Phone 317-819-6104

E-mail address cbaker@dozllc.com

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

footnotes:

6. Consultant (contact person)

Firm Name

Phone

E-mail address

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

7. High Performance Building Consultant (contact person) Erik Reading

Firm Name Energy Diagnostics, Inc

Phone 219-464-4457

E-mail address erik@energydiagnostics.net

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

8. Management Entity (contact person) George McMannis

Firm Name BWI, LLC

Phone 317-377-1790

E-mail address gmcmanis@bwillc.com

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

9. General Contractor (contact person) Bill Woods

Firm Name BWI Construction, LLC

Phone 317-377-1790

E-mail address bwoods@bwillc.com

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

10. Architect (contact person) Brian Hollars

Firm Name Studio Three Architects, LLC

Phone 910-269-3024

E-mail address brian@s3architects.com

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

11. Identity of Interest

Does any member of the development team have any financial or other interest, directly or indirectly, with another member of the development team, and/or any contractor, subcontractor, or person providing services to the Development for a fee.

☒ Yes ☐ No

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

footnotes: