

Indiana Housing and Community Development Authority

2026-2027 Noncompetitive 4% LIHTC and Bonds Initial Application

Date:	7/31/2025
Development Name:	Karl King Riverbend Tower
Development City:	South Bend
Development County:	St. Joseph
Application Fee:	\$3,500
Application Number (IHCD use only):	

The following pages contain:

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

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

Documentation Submission Checklist

Part 4.1 - Qualified Non Profits		Notes:
Articles of Incorporation	<input type="checkbox"/> Place in Tab C.	N/A
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		N/A
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		N/A
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		
<u>A. Development Feasibility</u>		
Form A - Excel	<input checked="" type="checkbox"/> Place in Tab A.	
Form A - PDF	<input checked="" type="checkbox"/> Place in Tab A.	
Commercial - 15 year proforma	<input type="checkbox"/> Place in Tab A.	
<u>B. IHCD Notification</u>		
~ Form C		
9% RHTC/Competitive 4%, state tax credit, and bonds: submitted 30-60 days prior to application		
Noncompetitive 4% and bonds: submitted no more than 60 days prior to application		
		Submit via: RHTC@ihcda.in.gov
<u>C. Not-for-Profit Participation</u>		N/A
Signed Resolution from Board of Directors		
<input type="checkbox"/> Place in Tab C.		
<u>D. Market Study</u>		
See QAP Schedule C for requirements.		
<input checked="" type="checkbox"/> Place in Tab N.		
<u>G. Capabilities of Management Team</u>		
Resumes of Developer, Co-Developer, and Management Company		
Most recent year-end financial statements, year-to-date balance sheets, and year-to-date income statements from:		
1) The Developer		
2) Any Individual or Entity providing guarantees		<input checked="" type="checkbox"/> Place in Tab D.
<u>H. Readiness to Proceed</u>		
~ Complete Application - including:		
1) Form A		
2) Narrative Summary of Development		
~ Application Fee (and supplemental fees if applicable)		
<input checked="" type="checkbox"/> To be paid online.		
~ Evidence of Site Control		
See QAP for acceptable forms of evidence.		
~ Development Site Information and Plans		
See QAP for specific requirements.		
~ Documentation of all funding sources		
LOI from Equity Providers for both Federal and State Tax credits		
See QAP for specific requirements.		
~ Documentation of proper zoning		
See QAP for specific requirements.		
<u>J. Evidence of Compliance</u>		
~ 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		
~ Management Agent Affidavit - See QAP for specifics.		
<input checked="" type="checkbox"/> Place in Tab J.		
<u>K. Phase I Environmental Assessment</u>		
~ Phase I ESA		
~ An affidavit from the entity completing the Phase I ESA		
~ In case of RECs, narrative of how RECs will be mitigated		
~ Screenshot(s) from IDEM Restricted Sites map		
~ Environmental restrictive covenants		
~ FIRM floodplain map(s)		
~ Hazardous substances, floodplains, or wetlands: site plan, mitigation plan & budget etc		
~ If applying for HOME, HTF, PBV, Sec. 811, or CoC from IHCD: ERR workbook		

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

<u>K. Internet Access</u> Documentation from Internet service provider establishing total cost Narrative establishing how the amount budgeted for internet service was calculated		<input type="checkbox"/> Place in Tab T. <input type="checkbox"/> Place in Tab T.	N/A
Part 6.3 - Sustainable Development Characteristics			
<u>A. Building Certification</u> Affidavit from Green Professional		<input type="checkbox"/> Place in Tab J.	N/A
<u>C. Desirable Sites</u> A site map indicating all desirable or undesirable sites. Market study must contain current interior and exterior photos of grocery stores that are being claimed for fresh produce points		<input checked="" type="checkbox"/> Place in Tab Q.	
Part 6.4 - Financing & Market			
<u>A. Leveraging Capital Resources</u> Narrative identifying all sources counted as leveraging and applicant's % calculation 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		<input checked="" type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. <input type="checkbox"/> Place in Tab B. <input checked="" type="checkbox"/> Place in Tab B.	
<u>B. Non-IHCDA Rental Assistance</u> Commitment or conditional commitment letter from the funding agency		<input checked="" type="checkbox"/> Place in Tab B.	
<u>F. Lease-Purchase</u> Detailed plan for the lease-purchase program Executed agreement with nonprofit that will implement the lease-purchase program		<input type="checkbox"/> Place in Tab R. <input type="checkbox"/> Place in Tab R.	N/A
<u>G. Leveraging the READI Program</u> Commitment letter from IEDC or participating region		<input type="checkbox"/> Place in Tab B.	N/A
Part 6.5 - Other			
<u>A. Certified Tax Credit Compliance Specialist</u> Copies of Certification(s)		<input type="checkbox"/> Place in Tab S.	N/A
<u>B. Unique Features</u> Unique Features Form R		<input type="checkbox"/> Place in Tab A.	N/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.	N/A
<u>E. Integrated Supportive Housing for Persons Experiencing Homelessness</u> CSH letter Copy of executed CSH MOU Copy of MOU with each applicable supportive service provider Documentation of commitment of PBRA or narrative, or Form O2		<input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O. <input type="checkbox"/> Place in Tab O.	N/A
<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.	N/A
Private Activity Bond Financing Questionnaire			
Private Activity Bond Financing Questionnaire - Form J		<input checked="" type="checkbox"/> Place in Tab A	

Evaluation Factors	Self Score	IHCDA Use	Notes/Issues			
A. Rent Restrictions (up to 16 points) [Not Applicable for Competitive Bonds/AWHTC]			Number of Units:	AMI	Total Units	% at AMI%
30% and below 50% Area Median Income Rents	16.00			30		#DIV/0!
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)				50		#DIV/0!
3. At least 20% at 30% AMI, 40% of total or below 50% AMI (12 points)				60		#DIV/0!
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]						
Applicant commits to income restrictions that match the rent restrictions selected in Part 6.2A	3.00					
Document Required: ~ Completed Form A						
C. Additional Years of Affordability (4 points)						
35-year Extended Use Period (2 points)	4.00					
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%			1 point --
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
5. 13.0 - 14.9%			5 points 3 points
7. 15.0 - 99.9%			5 points 5 points
8. 100%			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)			
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			
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 (4% Application) (up to 3 pts.)			
a. 100 - 124 units: 1 point b. 125 - 149 units: 2 points c. 150+ units: 3 points	3.00		
F. Infill New Construction (6 points)			
See QAP for required documentation. Place in Tab P.			
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)			
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)			
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)			
Either of the above, <u>and</u> Free Wi-Fi access is provided in common areas (1 point)			
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.			
K. Building Certification (Up to 2 points)			
~ LEED Rating System (1 point)			
~ Bronze Rating National Green Building Standard™ (1 point)			
~ Equivalent 1-point certification (1 point)			
~ LEED Silver Rating (2 points)			
~ Silver Rating National Green Building Standard™ (2 points)			
~ Enterprise Green Communities (2 points)			
~ Passive House (2 points)			
~ Equivalent 2-point certification (2 points)			
Required Documentation: ~ Completed Form A			
L. Onsite Recycling (1 point)			
~ offering onsite recycling at no cost to residents		1.00	
Required Documentation: ~ Completed Form A			
Subtotal (52 possible points)		16.00	0.00

Part 6.3 - Market Characteristics			
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)			
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)			
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)	3.00		
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)	1.00		
R/ECAP (1 point deduction)			
E. Housing Need Index (up to 8 points)			
1. Located in a county experiencing population growth (1 point)			
2. Located in a city or town in which 44% or more of renter households are considered rent burdened (1 point)			
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)			
4. Located in a city or town in which 25% or more of renter households are at or below 30% of AMI (1 point)			
5. Located in a county in which the ratio of RHTC units to renter households below 80% AMI is below state ratio (1 point)			
6. Located in a county in which the highest number of units were built before 1940 (1 point)	1.00		
7. Located in a county in which the percent of "vacant and available units" is below the state average (1 point)			
8. Located in a county designated as an Age-Restricted Rental Housing Desert (1 point)			
F. 10-Year Projected Job Growth (up to 5 points)			
a. 10,000+ (5 points) b. 9,000-9,999 (4.5 points) c. 8,000-8,999 (4 points) d. 7,000-7,999 (3.5 points) e. 6,000-6,999 (3 points) f. 5,000-5,999 (2.5 points) g. 4,000-4,999 (2 points) h. 3,000-3,999 (1.5 points) i. 2,000-2,999 (1 point) j. 1,000-1,999 (0.5 point) k. 0-999 (0 points)	3.00		
G. Five-Year Actual Job Growth % by County (up to 5 points)			
a. 10.00%+ (5 points) b. 9.00-9.99% (4.5 points) c. 8.00-8.99% (4 points) d. 7.00-7.99% (3.5 points) e. 6.00-6.99% (3 points) f. 5.00-5.99% (2.5 points) g. 4.00-4.99% (2 points) h. 3.00-3.99% (1.5 points) i. 2.00-2.99% (1 point) j. 1.00-1.99% (0.5 point) k. Less than 1.00% (0 points)	2.50		
H. Ratio of New Jobs to Housing Permits (up to 3 points)			
Net jobs added per permit issued: a. 20+ (3 points) b. 15-19 (2.5 points) c. 10-14 (2 points) d. 5-9 (1.5 points) e. 2-4 (1 points)	3.00		
Required Document: ~ Completed Form A			
I. Community Revitalization Plan for Dev. in QCT (up to 2 points)			
Required Document: ~ See QAP for required documentation. Place in Tab P.			
Subtotal (42 possible points)	19.50	0.00	

Part 6.4 - Financing			
A. Leveraging Capital Resources (up to 4 points)			
1. 1.00 to 2.49% (1 point)	4.00		
2. 2.50 to 3.99% (1.5 points)			
3. 4.00 to 5.49% (2 points)			
4. 5.50 to 6.99% (2.5 points)			
5. 7.00 to 8.49% (3 points)			
6. 8.50 to 9.99% (3.5 points)			
7. 10% or greater (4 points)			
See QAP for required documentation. Place in Tab B.			
B. Leveraging the READI Program (up to 4 points)			
1) Applicant does not request additional IHCD A gap resources (2 points)			
2) Applicant requests a basis boost of no more than 20% (2 points)			
Required Document: ~ Completed Form A			
C. Non-IHCD A Rental Assistance (up to 2 points)		2.00	
Required Documentation: ~ See QAP. Place in Tab B.			
D. Tax Credit/Bond Volume Per Unit (up to 4 points)			
(Not applicable for Noncompetitive 4%)			
80th Percentile (4 points)			
60th Percentile (3 points)			
40th Percentile (2 points)			
20th Percentile (1 point)			
Below 20th Percentile (0 points)			
Subtotal (14 possible points)		6.00	0.00

Part 6.5. Other			
A. Certified Tax Credit Compliance Specialist (up to 3 points)			
1. Management (Max 2 points)			
2. Owner (Max 1 point)			
Required Document: ~ Completed Form A, Section M ~ Copies of certifications. Place in Tab S.			
B. Unique Features (up to 3 points)			
Required Document: ~ Unique Features Form R. Place in Tab A.			
C. Resident Services (up to 5 points)			
Required Document: ~ Completed Form A. See QAP for required documentation. Place in Tab T.			
D. Resident Service Coordinator (Supportive Housing) (2 points)			
~ 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			
F. Developments from Previous Institutes (Max 3 points)			
Required Documents: ~ Letter from CSH. Place in Tab O.			
G. Eviction Prevention Plan (up to 2 points)			
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)			
2. Plan does not screen for felonies older than five years (1 point)			
3a. Plan does not screen for evictions older than 12 months, <u>or</u> (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. Readiness to Proceed (up to 5 points)			
ESA does not identify any RECS (1 point)			
Phase II ESA completed and submitted (1 point)			
Uncommitted sources ≤ 10% of total sources, <u>or</u> (1 point)			
Uncommitted sources ≤ 5% of total sources (2 points)	2.00		
HUD PCNA is final version (1 point)			
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)			
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)	2.00	0.00	
Reduction of Points	0.00	0.00	
Subtotal (possible 4 point reduction)	2.00	0.00	
Total Development Score (165 possible points)	66.50	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 checked="" type="checkbox"/> Multi-Family Tax Exempt Bonds <input type="checkbox"/> State Affordable and Workforce Housing Tax Credits (AWHTC) <input type="checkbox"/> IHCD HOME Investment Partnerships (MUST complete HOME Supplement) <input type="checkbox"/> IHCD HOME Development Fund (MUST complete Development Fund Supplement) <input type="checkbox"/> OTHER: Please list. 	<input type="checkbox"/> Small City <input checked="" type="checkbox"/> Large City <input type="checkbox"/> Rural

A. Development Name and Location

1. Development Name Karl King Riverbend Tower

Street Address 515 East Monroe Street

City South Bend County ST JOSEPH State IN Zip 46601

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) # 17

a. Qualified Census tract? ☒ Yes ☐ No

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

Explain why Development qualifies for 30% boost: Property is within HUD designated QCT

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

5. Congressional District 2 State Senate District 10 State House District 6

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) South Bend

Chief Executive Officer (name and title) Mayor James Mueller

Street Address 227 West Jefferson Blvd

City South Bend State IN Zip 46601

B. Funding Request

1. Total annual Federal Tax credit amount requested with this Application \$ 2,468,809

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

3. Total amount of Multi-Family Tax Exempt Bonds requested with this Application \$ 31,200,000

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

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

6. Total number of IHCD HOME 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 HOME funding been submitted for this Development? ☐ Yes ☒ No

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

footnotes:

C. Types of Allocation

1. Minimum Set Aside

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

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

2. Type of Allocation

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

3. Type of Project

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

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

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

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

footnotes:

D. Applicant Information☐ Yes ☒ No

1. Is Applicant an 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 L120 Karl King Limited PartnershipContact Person Azi MandelStreet Address 500 Frank W Burr, Suite 47City Teaneck State NJ Zip 07666Phone 973-622-0073 E-mail amandel@treetopcompanies.com

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

Contact Person

Address

City State Zip

Phone

E-mail address

Role of Not-for-Profit in Development

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 Karl King Holdings LLCContact Person Adam MermelsteinStreet Address 500 Frank W Burr, Suite 47City Teaneck State NJ Zip 076666. 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.

Adam Mermelstein and Azi Mandel collectively own 100% of the new owner, and have a combined 3.3277% interest in the prior owner.

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

E. Owner Information

1. Owner Entity

☒ Legally formed
☐ To be formed

Name of Owner L120 Karl King Limited Partnership

Contact Person Azi Mandel

Street Address 500 Frank W Burr, Suite 47

City Teaneck State New Jersey Zip 7666

Phone 973-622-0073

E-mail Address amandel@treetopcompanies.com

Federal I.D. No. 39-3407976

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)	L120 Karl King Holdings LLC	GP	0.01%	
Principal	Adam Mermelstein	Managing Men	50%	amermelstein@treetopcompanies.com
Principal	Azi Mandel	Managing Men	50%	amandel@treetopcompanies.com
Principal				
General Partner (2)				
Principal				
Principal				
Principal				
Limited Partner	L120 Karl King LP Investors LLC	LP	99.99%	
Principal	Adam Mermelstein	Managing Men	50%	amermelstein@treetopcompanies.com
Principal	Azi Mandel	Managing Men	50%	amandel@treetopcompanies.com

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

1. Adam Mermelstein, Managing Member

Printed Name & Title

DocuSigned by:
Adam Mermelstein
Signature 14A6DA58782E487...

2. Azi Mandel, Managing Member

Printed Name & Title

Signed by:
Azi Mandel
Signature 37AE034476D45C...

footnotes:

F. Development Team Good Standing

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

- a. Ever been convicted of a felony under the federal or state laws of the United States?

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

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

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

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

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

☐ Yes ☒ No
- f. If you answered yes to any of the questions in above, please provide additional information regarding these circumstances in Tab J.

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

☐ Yes ☒ No

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

footnotes:

G. Development Team Information

Note: ALL DEVELOPMENT TEAM MEMBERS MUST BE IDENTIFIED AT TIME OF APPLICATION

Please submit Form Q (Affidavit) for each team member.

1. Attorney Scott Fireison

Firm Name Troutman Pepper Locke

Phone 202-220-1572

E-mail Address scott.fireison@troutman.com

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

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

Firm Name Ice Miller

Phone 317-236-2216

E-mail Address chris.kashman@icemiller.com

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

3. Developer (contact person) Adam Mermelstein

Firm Name L120 Holdings LLC

Phone 973-622-0073

E-mail address amermelstein@treetopcompanies.com

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

4. Co-Developer (contact person)

Firm Name

Phone

E-mail address

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

5. Accountant (contact person) Mark Gatzke

Firm Name Grandizio, Wilkins, Little & Matthews, LLP

Phone 410-494-0885

E-mail address mgatzke@gwlmcpa.com

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

footnotes:

6. Consultant (contact person) John Schuster III

Firm Name Chesapeake Community Advisors, Inc

Phone 410-685-6005

E-mail address jschuster@ccadev.com

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

7. High Performance Building Consultant (contact person) _____

Firm Name _____

Phone _____

E-mail address _____

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

8. Management Entity (contact person) Adam Mermelstein

Firm Name Aspen Companies Management LLC

Phone 973-622-0073

E-mail address amermelstein@treetopcompanies.com

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

9. General Contractor (contact person) Josh Fisher

Firm Name G. Fisher Construction

Phone 248-855-3500

E-mail address josh@gfisherconst.com

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

10. Architect (contact person) Brian Hoehn

Firm Name Hooker DeJong, Inc.

Phone 231-220-2380

E-mail address brianh@hdjinc.com

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

11. Identity of Interest

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

☒ Yes ☐ No

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

footnotes:

H. Threshold

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

<input type="checkbox"/>	Executed and Recorded Deed	
<input type="checkbox"/>	Option - expiration date:	
<input checked="" type="checkbox"/>	Purchase Contract - expiration date:	7/31/2026
<input type="checkbox"/>	Long Term Lease - expiration date:	
<input type="checkbox"/>	Intends to acquire site/building through a government body.	

2. Scattered Site Development: If sites are not contiguous, do all of the sites collectively qualify as a scattered site Development pursuant to IRC Section 42(g)(7)?

☐ Yes ☒ No

3. Completion Timeline (month/year)

Estimated Date

Construction Start Date	April 2026
Completion of Construction	June 2027
Lease-Up	July 2027
Building Placed in Service Date(s)	April 2026

4. Zoning: Is site properly zoned for your development without the need for an additional variance, based on the initial site plans?

☒ Yes ☐ No

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

Water:	South Bend Municipality
Sewer:	South Bend Municipality
Electric:	Indiana American Electric Power
Gas:	NIPSCO

6. Applicable State and Local Requirements & Design Requirements are being met (see QAP section 5.1.M)

☒ Yes ☐ No

7. Lead Based Paint: Are there any buildings in the proposed development constructed prior to 1978?

☐ Yes ☒ No

If yes, Developer acknowledges project complies with the Lead Based Paint Pre-Renovation Rule ("Lead PRE") and the State of Indiana's Lead-Based Paint Rules

☐ Acknowledged

8. Acquisition Credit Information

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

9. Rehabilitation Credit Information

- ☐ Development satisfies the 20% of basis/\$6000 min. rehab requirement of IRC Section 42(e)(3)(A)(ii).
- ☒ Development satisfies the Minimum Rehab costs of the QAP: \$35,000/unit for Rehab and \$50,000/unit for Preservation set-aside
- ☐ If requesting Rehabilitation credits based on exceptions like IRC Section 42(e)(3)(B) or IRC Section 42(f)(5)(B)(ii)(I) provide supporting documentation

10. Relocation Information. If there is a permanent or temporary relocation of existing tenants, is a displacement and relocation Plan included in Tab L?

☒ Yes ☐ No

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

☒ Acknowledged

12. Federal Grants: Is Development utilizing any Federal Grants not structured as a loan If Yes, then please explain how these Federal funds will be treated in eligible basis:

☐ Yes ☒ No

13. Davis-Bacon Wages: Does Davis-Bacon apply to this Development?

☐ Yes ☒ No

Eg. 12 or more HOME-assisted units, 9 or more Project Based Voucher units, 12 or more Section 811 Project Rental Assistance units

If yes, Developer acknowledges that Davis-Bacon wages will be used.

☐ Acknowledged

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

# of Type A/Type B units in Development	Total Units in Development	% of Total Development
22	219	10.0457%

15. Development Meets Accessibility Requirements for Age-Restricted Developments and Housing First set-aside

☒ Yes ☐ No

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

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

☒

17. Affordable Assisted Living: If the Development is affordable assisted living, Developer and Management Entity commit to following the Indiana Division of Aging's "Aging Rule" (Indiana Code 12-10-15 and Indiana Administrative Code 455IAC2).

☒

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

☒

19. Broadband Infrastructure: Developer commits to providing broadband infrastructure in each unit.

☒

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

☒

21. Affirmative Fair Housing Marketing Plan: If receiving IHDA HOME or Housing Trust Fund, Developer agrees to create an Affirmative Fair Housing Marketing Plan by initial leaseup.

☒

22. Developer commits to complying with the Closing Requirements, Deadlines, and Fees of Schedule D.

☒

footnotes:

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I. Affordability

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

J. Development Charactersists

1. Development Amenities: Please list the number of development amenities from each column listed under Part 6.2.A. of the 2026-27 QAP.

- a. Chart 1: Common Area: 10
 1. Total development amenities available from chart 1, sub-category A: 6
 2. Total development amenities available from chart 1, sub-category B: 2
 3. Total development amenities available from chart 1, sub-category C: 2
- b. Chart 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: 2
 1. Total development amenities available from chart 3, sub-category B: 1

2. Adaptable/Accessible

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

	Non Age-Restricted Developments
Rehab/Adaptive Resue	
New Construction	
	Age-Restricted/Housing First
Rehab/Adaptive Resue (w/ Elevator)	22
Rehab/Adaptive Resue (w/ Elevator) & New Construction	

3. Universal Design Features

Applicants will adopt minimum of:
 Six (6) Universal Design Features ☐
 Eight (8) Universal Design Features ☐
 Nine (9) Universal Design Features ☐
 Ten (10) Universal Design Features ☐

footnotes:

4. Does the Development propose to convert 100% of the space in a fully vacant structure into rental housing, commercial space, and/or common areas? ☐ Yes ☒ No
5. Is the proposed development considered Historic in Nature as defined by the QAP? ☐ Yes ☒ No
6. For Developments Preserving Existing Rental Housing, select one:
☐ Existing RHTC Project
☒ HUD/USDA Affordable Housing
☐ Market rate housing to be converted
☐ Other
7. How many units will be preserved?
- | | |
|---------|----------------------------|
| 219.00 | Units Preserved |
| 219.00 | Total Units in Development |
| 100.00% | % Preserved |
8. Does the Development meet the the following criteria for Infill New Construction? ☐ Yes ☒ No
- i. The site is surrounded on at least two sides with adjacent established development. ☐ Yes ☐ No
- ii. The site has or can connect to existing utilities and infrastructure. ☐ Yes ☐ No
- iii. At least one side of the development must be adjacent to occupied residential development, operating commercial development, active public space or another active community amenity. ☐ Yes ☐ No
9. Is the Development Historic in Nature? ☐ Yes ☒ No
10. Does the property qualify as one of the following:
☐ Foreclosed Upon
☐ Condemned
11. a. Is there a Community Revitalization Plan that clearly targets the specific neighborhood in which the project is located? ☐ Yes ☒ No
- b. Is the proposed Development in a QCT? ☒ Yes ☐ No
12. Internet Access. The Development will provide:
☒ the necessary infrastructure for high-speed internet/broadband service. **Threshold Requirement*
☐ each unit with free high-speed internet/broadband service.
☐ internet as part of the project's utility allowance calculation.
☐ free Wi-Fi access in a common area, such as a clubhouse or community room.

footnotes: ☒

K. Sustainable Development Characteristics

1. Building Certification

- ☐ LEED Rating System
- ☐ Bronze Rating National Green Building Standard
- ☐ LEED Silver Rating
- ☐ Silver Rating National Green Building Standard
- ☐ Enterprise Green Communities
- ☐ Passive House
- ☐ Equivalent Certification

3. Desirable Sites

Target Area Points	
Access to Fresh Produce	2
Positive Land Uses	2
Transit Access	2
Opportunity Index	1
Undesirable Sites	
Total Points	7

If the site map, which indicates the specific locations of each desirable site, is located in the Market Study, list the page number from the Market Study.

footnotes:

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L. Financing & Marketing

1. Rental Assistance

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

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

- ☒ Section 8 HAP ☐ FmHA 515 Rental Assistance
☐ Other:

- b. Is this a Supportive Housing Project? ☐ Yes ☒ No

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

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

- ☒ (1) Bedroom ☐ (2) Bedrooms
☐ (3) Bedrooms ☐ (4) Bedrooms

- d. For scoring purposes:

1. Are 10% or more units covered by the rental assistance agreement? ☒ Yes ☐ No
2. Are 20% or more units covered by the rental assistance agreement? ☒ Yes ☐ No

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

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

- e. Number of years in the rental assistance contract 20 Expiration date of contract 1/9/2034

2. Development is in a Census Tract that:

- Does not contain any active RHTC projects of the same occupancy type ☒
Contains one (1) active RHTC project of the same occupancy type ☐
Contains two (2) or more active RHTC projects of the same occupancy type ☐

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

4. Leveraging the READI Program

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

footnotes:

M. Other

1. Certified Tax Credit Specialist:

Name/Organization	Role of Individual on Development Team	Certification Type	Date of Certification

2. Resident Services

Number of Resident Services Selected:

Level 1 Services	
Level 2 Services	

3. Resident Service Coordinator for Supportive Housing

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

4. Integrated Supportive Housing

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

5. Development will implement an Eviction Prevention Plan ☐

6. Low-Barrier Tenant Screening

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

footnotes:

1. Units and Bedrooms by AMI

List number of units and number of bedrooms for each income category in chart below:								
		0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms.	4 Bedrooms.	Total	% of Total
20 % AMI	# Units						0	0.00%
30 % AMI	# Units		44				44	20.09%
40% AMI	# Units						0	0.00%
50% AMI	# Units		66				66	30.14%
60% AMI	# Units		109				109	49.77%
70% AMI	# Units						0	0.00%
80% AMI	# Units						0	0.00%
Market Rate	# Units						0	0.00%
Development Total	# Units	0	219	0	0	0	219	100.00%
	# Bdrms.	0	219	0	0	0	219	100.00%

2. Units and Bedrooms by Bedroom size

Unit Type	0-1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Substantial Rehabilitation	219			
Single Family (Infill) Scattered Site				
Historic Rehabilitation				
New Construction				
New Construction - Age Restricted				

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

☐ Yes ☒ No

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

☐ Tax Credit Unit
☐ Exempt unit
☐ Market Rate Unit

6. Utilities and Rents

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

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

b. Source of Utility Allowance Calculation

<input checked="" type="checkbox"/> HUD	<input type="checkbox"/> HUD Utility Schedule Model (HUSM)
<input type="checkbox"/> PHA/IHCDA	<input type="checkbox"/> Utility Company (Provide letter from utility company)
<input type="checkbox"/> Rural Development	<input type="checkbox"/> Energy Consumption Model
<input type="checkbox"/> Other (specify):	

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

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

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

	0 BR	1 BR	2 BR	3 BR	4 BR
Maximum Allowable Rent for Tenants at 20% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 30% AMI		\$ 495			
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ 495	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 40% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 50% AMI		\$ 825			
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ 825	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 60% AMI		\$ 990			
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ 990	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 70% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -
Maximum Allowable Rent for Tenants at 80% AMI					
Minus Utility Allowance Paid by Tenant	\$ -	\$ -	\$ -	\$ -	\$ -
Equals Maximum Allowable rent for your Development	\$ -	\$ -	\$ -	\$ -	\$ -

footnotes: 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.

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

- e. Estimated Rents and Rental Income

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

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

2. Total Number of Low-Income Units 44 (30% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms						
No	No	Yes	1 Bedrooms	1	30	589	1355	\$ 40,650	<input checked="" type="checkbox"/>
No	No	Yes	1 Bedrooms	1	7	660	1355	\$ 9,485	<input checked="" type="checkbox"/>
No	No	Yes	1 Bedrooms	1	7	623	1355	\$ 9,485	<input checked="" type="checkbox"/>
			Bedrooms					\$ -	<input type="checkbox"/>
			Bedrooms					\$ -	<input type="checkbox"/>
Other Income Source				Tenant Charges				\$ 250	
Other Income Source				Laundry				\$ 167	
Total Monthly Income								\$ 60,037	
Annual Income								\$ 720,439	

footnotes:

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

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

4. Total Number of Low-Income Units 66 (50% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
No	No	Yes	1	Bedrooms	1	40	589	1355	\$ 54,200	X
No	No	Yes	1	Bedrooms	1	8	660	1355	\$ 10,840	
No	No	Yes	1	Bedrooms	1	18	623	1355	\$ 24,390	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Other Income Source	Tenant Charges				\$ 375	
				Other Income Source	Laundry				\$ 250	
				Total Monthly Income					\$ 90,055	
				Annual Income					\$ 1,080,659	

5. Total Number of Low-Income Units 109 (60% Rent Maximum)

Dev Fund	HOME	RHTC	Unit Type		Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms							
No	No	Yes	1	Bedrooms	1	83	589	1355	\$ 112,465	X
No	No	Yes	1	Bedrooms	1	7	660	1355	\$ 9,485	
No	No	Yes	1	Bedrooms	1	19	623	1355	\$ 25,745	
				Bedrooms					\$ -	
				Bedrooms					\$ -	
				Other Income Source	Tenant Charges				\$ 625	
				Other Income Source	Laundry				\$ 417	
				Total Monthly Income					\$ 148,737	
				Annual Income					\$ 1,784,838	

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

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms						
			Bedrooms					\$ -	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Other Income Source						
			Other Income Source						
			Total Monthly Income					\$ -	
			Annual Income					\$ -	

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

Dev Fund	HOME	RHTC	Unit Type	Number of Baths	Number of Units	Net Sq. Ft. of Unit	Monthly Rent per Unit	Total Monthly Rent Unit Type	Check if units are under a HAP Contract
Yes/No	Yes/No	Yes/No	# of bedrooms						
			Bedrooms					\$ -	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Bedrooms					\$ -	
			Other Income Source						
			Other Income Source						
			Total Monthly Income					\$ -	
			Annual Income					\$ -	

8. Total Number of Market Rate Units

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

5. Summary of Estimated Rents and Rental Income

Annual Income (20% Rent Maximum)	\$ -
Annual Income (30% Rent Maximum)	\$ 720,439
Annual Income (40% Rent Maximum)	\$ -
Annual Income (50% Rent Maximum)	\$ 1,080,659
Annual Income (60% Rent Maximum)	\$ 1,784,838
Annual Income (70% Rent Maximum)	\$ -
Annual Income (80% Rent Maximum)	\$ -
Annual Income (Market Rate Units)	\$ -
Potential Gross Income	\$ 3,585,936
Less Vacancy Allowance 5%	\$ 179,297

Effective Gross Income \$ 3,406,639

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

W. Annual Expense Information

(Check one) ☒ Housing OR ☐ Commercial

<u>Administrative</u>		<u>Other Operating</u>	
1. Advertising	<u>1,200</u>	1. Elevator	<u>16,500</u>
2. Management Fee	<u>170,331</u>	2. Fuel (heating & hot water)	
3. Legal/Partnership	<u>6,480</u>	3. Electricity	<u>210,000</u>
4. Accounting/Audit	<u>10,452</u>	4. Water/Sewer	<u>99,600</u>
5. Compliance Mont.		5. Gas	<u>53,000</u>
6. Office Expenses	<u>49,959</u>	6. Trash Removal	<u>36,000</u>
7. Other (specify below)		7. Payroll/Payroll Taxes	<u>396,587</u>
		8. Insurance	<u>179,517</u>
Total Administrative	<u>\$ 238,422</u>	9. Real Estate Taxes*	<u>114,277</u>
		10. Other Tax	<u>3,840</u>
<u>Maintenance</u>		11. Yrly Replacement Reserves	<u>76,650</u>
1. Decorating	<u>\$ 13,200</u>	12. Resident Services	
2. Repairs	<u>\$ 59,247</u>	13. Internet Expense	
3. Exterminating	<u>\$ 12,000</u>	14. Other (specify below)	<u>5,500</u>
4. Ground Expense	<u>\$ 10,800</u>	<u>Annual Trustee Fee</u>	
5. Other (specify below)	<u>\$ 33,825</u>		
<u>Security</u>		Total Other Operating	<u>\$ 1,191,471</u>
Total Maintenance	<u>\$ 129,072</u>		
Total Annual Administrative Expenses:	<u>\$ 238,422.0</u>	Per Unit	<u>1089</u>
Total Annual Maintenance Expenses:	<u>\$ 129,072.0</u>	Per Unit	<u>589</u>
Total Annual Other Operating Expenses:	<u>\$ 1,191,471</u>	Per Unit	<u>5441</u>
TOTAL OPERATING EXPENSES (Admin+Operating+Maint):	<u>\$ 1,558,965</u>	Per Unit	<u>\$ 7,119</u>
Default annual percentage increase in expenses for the next 15 years?			<u>3%</u>
Default annual percentage increase for replacement reserves for the next 15 years?			<u>3%</u>

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

footnotes:

15 Year Operating Cash Flow Projection:

	Housing	X	Headnotes																
	Commercial																		
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Totals
Income																			
Potential Gross Income				3,585,936	3,657,655	3,730,808	3,805,424	3,881,532	3,959,163	4,038,346	4,119,113	4,201,496	4,285,525	4,371,236	4,458,661	4,547,834	4,638,791	4,731,566	62,013,086
Less: Vacancies				(179,297)	(182,883)	(186,540)	(190,271)	(194,077)	(197,958)	(201,917)	(205,956)	(210,075)	(214,276)	(218,562)	(222,933)	(227,392)	(231,940)	(236,578)	(3,100,654)
Effective Gross Income				3,406,639	3,474,772	3,544,267	3,615,153	3,687,456	3,761,205	3,836,429	3,913,158	3,991,421	4,071,249	4,152,674	4,235,728	4,320,442	4,406,851	4,494,988	58,912,432
Expenses																			
Administrative				238,422	245,575	252,942	260,530	268,346	276,396	284,688	293,229	302,026	311,087	320,419	330,032	339,933	350,131	360,635	4,434,390
Maintenance				129,072	132,944	136,932	141,040	145,272	149,630	154,119	158,742	163,505	168,410	173,462	178,666	184,026	189,547	195,233	2,400,599
Operating				1,191,471	1,227,215	1,264,032	1,301,953	1,341,011	1,381,241	1,422,679	1,465,359	1,509,320	1,554,599	1,601,237	1,649,275	1,698,753	1,749,715	1,802,207	22,160,067
Other																			-
Less Tax Abatement																			-
Total Expenses				1,558,965	1,605,734	1,653,906	1,703,523	1,754,629	1,807,268	1,861,486	1,917,330	1,974,850	2,034,096	2,095,119	2,157,972	2,222,711	2,289,393	2,358,074	28,995,056
Net Operating Income				1,847,674	1,869,038	1,890,361	1,911,630	1,932,827	1,953,937	1,974,943	1,995,827	2,016,571	2,037,153	2,057,556	2,077,756	2,097,731	2,117,458	2,136,914	29,917,376
Debt Service - 1st Mort.				1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	24,115,620
Debt Service - 2nd Mort.																			-
Debt Service - 3rd Mort.																			-
Debt Service - 4th Mort.																			-
Debt Service - 5th Mort.																			-
Total Debt Service				1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	1,607,708	24,115,620
Operating Cash Flow				239,966	261,330	282,653	303,922	325,119	346,229	367,235	388,119	408,863	429,445	449,848	470,048	490,023	509,750	529,206	5,801,756
Total Combined DCR				1.149259816	1.163	1.175811438	1.189	1.202225146	1.215	1.228421644	1.241	1.25431394	1.267	1.279806767	1.292	1.304795953	1.317	1.329167758 #	1.240580843
Deferred Dev. Fee Payment				239,966	261,330	282,653	303,922	325,119	346,229	367,235	388,119	408,863	429,445	449,848	470,048	490,023	509,750	512,421	5,784,971
Surplus Cash				0	0	0	(0)	(0)	0	0	0	(0)	0	(0)	(0)	(0)	0	16,785	16,785
Cash Flow/Total Expenses				0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
(not to exceed 10 %)																			
EGI/Total Expenses				2.19	2.16	2.14	2.12	2.10	2.08	2.06	2.04	2.02	2.00	1.98	1.96	1.94	1.92	1.91	2.03

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

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

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

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Name & Telephone Number of Contact Person
1 Freddie Mac TEL		7/29/2025	\$ 20,962,263	Tracy Peters; 614-857-1656
2 Equity Bridge Loan		7/30/2025	\$ 16,614,545	Kait Schutz; 317-986-2563
3 Seller Note Loan		7/30/2025	\$ 8,448,301	Adam Mermelstein; 973-622-0073
4 LIHTC Equity			\$ 16,786,224	Kait Schutz; 317-986-2563
5				
Total Amount of Funds			\$ 62,811,333	

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

Source of Funds	Date of Application	Date of Commitment	Amount of Funds	Annual Debt Service Cost	Interest Rate of Loan	Amortization Period	Term of Loan
1 Freddie Mac TEL		7/29/2025	\$ 24,661,486	\$1,607,708	5.90%	40	18
2 Seller Note Loan		7/30/2025	\$ 8,448,301	Cashflow	4.00%	40	40
3 LIHTC Equity		7/30/2025	\$ 20,982,780				
4							
5							
Total Amount of Funds			\$ 54,092,567	\$ 1,607,708			
Deferred Developer Fee			\$ 5,784,969				

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

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

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

footnotes:

4. Historic Tax Credits

Have you applied for a Historic Tax Credit?

☐ Yes

☒ No

If Yes, please list amount

If Yes, indicate date Part I of application was duly filed:

Include with application.
Please provide in Tab P.

5. Other Sources of Funds (excluding any syndication proceeds)

a. Source of Funds

Amount

b. Timing of Funds

c. Actual or Anticipated Name of Other Source

d. Contact Person

Phone

6. Sources and Uses Reconciliation

Limited Partner Equity Investment from Fed Tax Credits	\$	20,982,780	*From Fed Credit Determination Tab
General Partner Investment from Fed Tax Credits			
Limited Partner Equity Investment from State Tax Credits	\$	-	*From State Credit Determination Tab
General Partner Investment from State Tax Credits			
Total Equity Investment	\$	20,982,780	
Total Permanent Financing	\$	33,109,787	
Deferred Developer Fee	\$	5,784,969	
Other			
Other			
Other			
Other			
Other			
Other			
Total Sources of Funds	\$	59,877,536.00	
Total Uses of Funds	\$	59,877,536.00	

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

* Are Load Fees included in Equity Investment?

☐ Yes

☒ No

If Yes, Load Fees are: \$

footnotes:

7. Federal Tax Credit Intermediary Information

a. Actual or Anticipated Name of Intermediary
(e.g. Syndicator, etc.) Cinnaire

Contact Person Kait Schutz

Phone 317-986-2563

Street Address 201 North Illinois Street

City Indianapolis State IN Zip 46204

Email kschutz@cinnaire.com

8. State Tax Credit Intermediary Information

a. Actual or Anticipated Name of Intermediary
(e.g. Syndicator, etc.)

Contact Person

Phone

Street Address

City State Zip

Email

9. Tax-Exempt Bond Financing/Credit Enhancement

a. If Multi-family Tax Exempt Bonds are requested, list percent such bonds represent of the aggregate basis of the building and land of the development: 54%

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

footnotes:

b. Name of Issuer IHCDA

Street Address 30 South Meridian Street

City Indianapolis State IN Zip 46204

Telephone Number 317-232-7777

Email ecastro@ihcda.IN.gov

c. Name of Borrower L120 Karl King Limited Partnership

Street Address 500 Frank W Frank Burr

City Teaneck State NJ Zip 7666

Telephone Number 973-622-0073

Email amandel@treetopcompanies.com

If the Borrower is not the Owner, explain the relationship between the Borrower and Owner in footnotes below.

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

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

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

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

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

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

footnotes:

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Z. Cost/Basis/Maximum Allowable Credit

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

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
a. To Purchase Land and Buildings			
1. Land	2,080,000		
2. Demolition			
3. Existing Structures	30,365,000	30,365,000	
4. Other(s) (Specify below.)			
b. For Site Work			
1. Site Work (not included in Construction Contract)			
2. Other(s) (Specify below.)			
c. For Rehab and New Construction (Construction Contract Costs)			
1. Site Work			
2. New Building			
3. Rehabilitation**	10,577,819	10,577,819	
4. Accessory Building			
5. General Requirements*	628,792	628,792	
6. Contractor Overhead*	209,597	209,597	
7. Contractor Profit*	628,792	628,792	
8. Hard Cost Contingency	1,204,500	1,204,500	
d. For Architectural and Engineering Fees			
1. Architect Fee - Design*	200,000	200,000	
2. Architect Fee - Supervision*	281,800	281,800	
3. Consultant or Processing Agent			
4. Engineering Fees	50,000	50,000	
5. High Performance Building Consultant			
6. Other Fees (Specify below.)			
e. Other Owner Costs			
1. Building Permits	50,000	50,000	
2. Tap Fees			
3. Soil Borings			
4. Real Estate Attorney	100,000	50,000	
5. Developer Legal Fees	315,000	265,000	
6. Construction Loan - Legal	70,000	50,000	
7. Title and Recording	100,000	75,000	
8. Cost of Furniture	160,000	160,000	
9. Accounting	30,000	30,000	
10. Surveys	25,000	25,000	
11. Other Costs (Specify below.)			
Relocation	547,500	547,500	
SUBTOTAL OF THIS PAGE	47,623,800	45,398,800	-

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

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

$$\begin{array}{rclcl}
 \frac{\$10,577,819.00}{\text{Rehabilitation Costs}} & - & \frac{\text{Costs of Furniture, Construction of Community Center, and Common Area Amenities**}}{\text{Total Number of Units}} & / & \frac{219}{\text{Rehabilitation Costs per Unit}} = \frac{48,301}{\text{Rehabilitation Costs per Unit}}
 \end{array}$$

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
SUBTOTAL OF PREVIOUS PAGE	47,623,800	45,398,800	0
f. For Interim Costs			
1. Construction Insurance	250,000	250,000	
2. Construction Period Interest	904,796	814,316	
3. Other Capitalized Operating Expenses			
4. Construction Loan Orig. Fee	81,656	81,656	
5. Construction Loan Credit Enhancement			
6. Construction Period Taxes			
7. Fixed Price Contract Guarantee			
g. For Permanent Financing Fees & Expenses			
1. Bond Premium			
2. Credit Report			
3. Permanent Loan Orig. Fee	150,000		
4. Permanent Loan Credit Enhancement			
5. Cost of Iss/Underwriters Discount	242,500		
6. Title and Recording			
7. Counsel's Fee	150,000		
8. Other(s) (specify below)			
Loan Application & Processing Fees	207,212	186,106	
h. For Soft Costs			
1. Property Appraisal	23,500	23,500	
2. Market Study	36,000	36,000	
3. Environmental Report	125,000	125,000	
4. IHCD A Fees	251,573		
5. Consultant Fees			
6. Guarantee Fees			
7. Soft Cost Contingency	29,576	14,788	
8. Other(s) (specify below)			
Lender/Equity Construction Inspections	18,000	18,000	
i. For Syndication Costs			
1. Organizational (e.g. Partnership)	5,375		
2. Bridge Loan Fees and Expenses			
3. Tax Opinion			
4. Other(s) (specify below)			
j. Developer's Fee			
% Not-for Profit			
100 % For-Profit	8,284,969	8,284,969	
k. For Development Reserves			
1. Rent-up Reserve			
2. Operating Reserve	1,055,579		
3. Other Capitalized Reserves*	438,000		
*Please explain in footnotes.			
l. Total Project Costs	59,877,536	55,233,135	-

footnotes: Replacement reserve

ITEMIZED COSTS	Eligible Basis by Credit Type		
	Project Costs	30% PV [4% Credit]	70% PV [9% Credit]
SUBTOTAL OF PREVIOUS PAGE	59,877,536	55,233,135	0
m. Total Commercial Costs*			
n. Total Dev. Costs less Comm. Costs (l-m)	59,877,536		
o. Reductions in Eligible Basis Subtract the following: 1. Amount of Grant(s) used to finance Qualifying development costs 2. Amount of nonqualified recourse financing 3. Costs of nonqualifying units of higher quality (or excess portion thereof) 4. Historic Tax Credits (residential portion) <i>Subtotal (o.1 through o.4 above)</i>			
		0	0
p. Eligible Basis (ll minus o.5)		55,233,135	0
q. High Cost Area / Basis Boost Adjustment to Eligible Basis Please see 2026-2027 QAP pg. 37 for eligibility criteria. Adjustment Amount cannot exceed 30%			
		6,487,091	
r. Adjusted Eligible Basis (p plus q)		61,720,226	0
s. Applicable Fraction (% of development which is low income) <i>(Select from drop down choices.)</i>	Based on Unit Mix or Sq Ft?		
	Unit Mix	100.00%	
t. Total Qualified Basis (r multiplied by s)		61,720,226	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)		2,468,809	0
w. Combined 30% and 70% PV Credit	2,468,809		

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

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

footnotes:

2. Determination of Reservation Amount Needed

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

a.	TOTAL DEVELOPMENT COSTS	\$	<u>59,877,536</u>
b.	LESS SYNDICATION COSTS	\$	<u>5,375</u>
c.	TOTAL DEVELOPMENT COSTS (a - b)	\$	<u>59,872,161</u>
d.	LESS: TOTAL SOURCES OF FUNDING EXCLUDING SYNDICATION PROCEEDS	\$	<u>33,109,787</u>
e.	EQUITY GAP (c - d)	\$	<u>26,762,374</u>
f.	EQUITY PRICING (Price per dollar of 10-year credit expected to be personally invested by you or raised as equity excluding syndication or similar costs to 3rd parties)	\$	<u>0.85</u>
g.	Limited Partner Ownership %		<u>99.99%</u>
h.	10-YEAR CREDIT AMOUNT NEEDED TO FUND THE EQUITY GAP (e/f)	\$	<u>31,485,142</u>
i.	ANNUAL TAX CREDIT REQUIRED TO FUND EQUITY GAP (h/10)	\$	<u>3,148,514</u>
j.	MAXIMUM ALLOWABLE CREDIT AMOUNT	\$	<u>2,468,809</u>
k.	RESERVATION AMOUNT REQUESTED (Amount must be no greater than the lesser of j. or i.)	\$	<u>2,468,809</u>
l.	LIMITED PARTNER INVESTMENT		<u>20,982,780</u>
m.	GENERAL PARTNER INVESTMENT		<u>0</u>
n.	TOTAL EQUITY INVESTMENT (anticipated for initial app)	\$	<u>20,982,780</u>
o.	DEFERRED DEVELOPER FEE	\$	<u>5,784,969</u>
p.	Per Unit Info		
1.	CREDIT PER UNIT (Including non-program units) (j/Number of Units)	\$	<u>11,273</u>
2.	CREDIT PER BEDROOM (Including non-program units) (j/Number of Bedrooms)	\$	<u>11,273</u>
3.	HARD COST PER UNIT	\$	<u>57,629</u>
4.	HARD COST PER BEDROOM	\$	<u>57,628.80</u>
5.	TOTAL DEVELOPMENT COST PER UNIT <u>a - (Cost of Land + Commercial Costs + Historic Credits)</u>		
	Total Number of Units	\$	<u>273,413</u>

3. Determination of State Tax Credit Reservation Amount

a.	Aggregate 10 Year Federal RHTC Amount	\$	<u>24,688,090.00</u>
b.	Agg. State Tax Credit as % of Agg. Federal Tax Credit (0%-100%)	\$	<u></u>
c.	Aggregate 5 Year State AWHTC Amount	\$	<u>0.00</u>
	State AWHTC per year	\$	<u>0.00</u>
d.	State Tax Credit Equity Price	\$	<u></u>
e.	Limited Partner ownership %	\$	<u>0.00%</u>
f.	Limited Partner Equity from State Tax Credits (Aggregate State RHTC x Equity Price x 99.99%)		<u>-</u>
g.	Financial Gap		<u>0</u>

	QAP Guidelines	Per Application	Within Limits?
Underwriting Guidelines:			
Total Operating Expenses (per unit)	5,000	7,119	Yes
Management Fee (Max Fee 5-7% of "Effective Gross Income")			
1 - 50 units = 7%			
51 - 100 units = 6%			
101 or more units = 5%	170,332	170,331	Yes
Vacancy Rate			
Development has more than 20% PBV/PBRA/PRA	4% - 7%	5.0%	Yes
*If Development has more than 20% PBV/PBRA/PRA, check the box in cell K21 of "Financing & Mkt (p 20)" tab			
Affordable Assisted Living	10%-12%		
*If Development is AAL check cell D30 in "Types of Allocation (p 10)" tab			
All Other Developments	6% - 8%	5.0%	
Operating Reserves (4 months Operating Expenses, plus 4 months debt service or \$1,500 per unit, whichever is greater)	1,055,558	1,055,579	Yes
Replacement Reserves (New Construction age-restricted = \$250; New Construction non age-restricted = \$300; Rehabilitation = \$350; Single Family Units: \$420; Historic Rehabilitation: \$420)	76,650	76,650	Yes
Is Stabilized Debt Coverage Ratio within bounds?			
Large and Small City	1.15-1.45	1.149	
*If Development is in Large or Small city, check cell M5 or J5 respectively in "Development Info (p 9)" tab			
Rural	1.15-1.50	1.149	
*If Development is in Rural, check cell J7 in "Development Info (p 9)" tab			
Developments with PBV	1.10-1.45		Yes
*If Development has PBV, check the box in cell K4 of "Financing & Mkt (p 20)" tab			
At least 40% of the total Units in the project must be tax credit.	40%	<= 100%	Yes
Average of tax credit units must not exceed 60% AMI	60%	>= 51%	Yes
User Eligibility and Other Limitations:			
Do Sources Equal Uses?			Yes
50% test	50%	54%	Yes
Developer Fee with consultant fee	8,284,970	8,284,969	Yes
*For Bond Deals, Developer fee is 15% of Eligible Basis BEFORE Basis Boost			
Maximum Deferred Developer Fee as % of Developer fee	80%	<= 69.8%	Yes
Deferred Developer Fee Requirement: greater than \$2,500,000 has to be deferred	5,784,969	5,784,969	Yes
Can the Deferred Developer Fee be repaid in 15 years?	5,784,971	5,784,969	Yes
Development Fund Limitation	500,000	-	Yes
Total Development Fund Assisted Units as per % TDC calculation	0.0		
Dev Fund Assisted units (at or below 50% AMI)	10.00	0.00	
For Bond apps: # DF units based on greater of 10 units or DFL as % of TDC			
Contractor Fee Limitation	1,480,895	1,467,181	Yes
General Requirements	634,669	628,792	Yes
General Overhead	211,556	209,597	Yes
Builders Profit	634,669	628,792	Yes
Hard Cost Contingency	1,806,750	1,204,500	Yes
Soft Cost Contingency	29,576	29,576	Yes
Architect Fee Limitation	529,980	481,800	Yes
Rehabilitation Costs Minimum (Per Unit) (\$35,000 for Preservation, \$25,000 for other rehab)	25,000	48,301	Yes
Basis Boost	7,460,441	6,487,091	Yes
Applicable Fraction (Lower of Sq. Footage or Units)	100.00%	100.00%	Yes

The undersigned hereby acknowledges that :

1. This Application form, provided by IHCDCA to applicants for funding, 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 IHCDCA 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 Development will be comprised of qualified low-income buildings; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHCDCA in respect of the proposed Development and bond issue; and that the IHCDCA has no responsibility for ensuring that all or any funding allocated to the Development may be usable or may not later be recaptured;
3. For purposes of reviewing this Application, IHCDCA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of qualified basis for the development as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHCDCA for the accuracy of these representations or their compliance with IRC requirements;
4. IHCDCA 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 IHCDCA offers no advice, opinion or guarantee that the Applicant, the Issuer or the proposed development will ultimately qualify for or receive low-income housing tax credits, Multi-family tax-exempt Bonds, HOME funds or section 501(c)3 Bonds;
6. Allocations/reservations of funding are not transferable without prior written notice and consent of the IHCDCA;
7. If the IHCDCA 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 IHCDCA 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 IHCDCA, 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 IHCDCA 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 funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHCDCA regulations, or other binding authority;
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 IHCDCA that it has all necessary authority to act for, obligate and execute this Application on behalf of itself and Owner, and to engage in all acts necessary to consummate this Application. Applicant further represents and warrants to IHCDCA that the signatories hereto have been duly authorized and that this Application shall be the valid and binding act of the Applicant, enforceable according to its terms;
12. In the event the Applicant is not the Owner, Applicant represents and warrants to IHCDCA that it will take, and not fail to take, any and all necessary actions to cause the Owner to ratify and confirm all representations in and comply with the terms and conditions of this Application;
13. Applicant represents and warrants to IHCDCA that it will take any and all action necessary and not fail to cause the Developer to ratify and confirm all representations in and comply with the terms and conditions of this Application.

Further, the undersigned hereby certifies that:

- a) All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;

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

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

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

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

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this 30 day of July, 2005

L120 Karl King Limited Partnership
Legal Name of Applicant/Owner

By: 

Printed Name: Azi Mandel

Its: Managing Member

STATE OF New Jersey)
) SS:
COUNTY OF Bergen)

Before me, a Notary Public, in and for said County and State, personally appeared, Azriel Mandel
(the Managing Member of L120 Karl King Limited Partnership),
the Applicant in the foregoing Application of 4% RHTC/Bonds 2026 (current year) funding, who acknowledged
the execution of the foregoing instrument as his (her) voluntary act and deed, and stated, to the best of his (her) knowledge
and belief, that any and all representations contained therein are true.

Witness my hand and Notarial Seal this 30 day of July, 2025.

My Commission Expires:

My County of Residence:

Michele Magliula
MICHELE MAGLIULA
Commission # 50050949 Notary Public
Notary Public, State of New Jersey
My Commission Expires
December 09, 2026

Printed Name
(title)

