

NORTHERN MARIANAS HOUSING CORPORATION LOW-INCOME HOUSING TAX CREDIT PROGRAM

2023 APPLICATION

I.	APPLICANT INFORMATION	1
	A. Partnership or Limited Liability Company Information	2
	B. Identity of Interest Information	3
	C. Development Team Information	4
	D. Legal Counsel and Professional Representatives Information	5
	E. Project Description	6
II.	PROJECT INFORMATION	7
	A. Site Information	7
	B. Seller/Lessor Information	7
	C. Type of Tax Credit Requested	7
	D. Minimum Low-Income Housing Set-Aside Election	7
	E. Type of Allocation	8
	F. Tax Credit Factor	8
	G. Qualification for Credit	8
	H. Historic Rehabilitation Tax Credits	8
	I. Unit Information	8
	J. Building Information	9
	K. Unit Information by Building	10
	L. Building Acquisition Information	11
III.	CREDIT SET-ASIDES AND ALLOCATION CRITERIA	12
	A. Credit Set-Asides	12
	B. Non-Profit Organization Information	12
	C. Allocation Criteria	12
IV.	PROJECT COSTS (Residential Portion Only)	16
	A. Total Project Costs	16
	B. Eligible Basis by Credit Type	18
	C. Total Project Cost Notes	19
	D. Non-Government Sources of Funds	20
	E. Government Sources of Funds	20
	F. Total Sources	21
	G. Bond Financing	21
	H. Equity Gap Calculation	21
V.	INCOME AND EXPENSES	22
	A. Rent Information: Low-Income Housing Units	22
	B. Actual Rents and Resident-Paid Utilities: Low-Income Housing Units	23
	C. Actual Rents: Market Rate Housing Units	24
	D. Monthly Utility Allowance Calculations for Resident-Paid Utilities	24
	E. Rental Assistance	24
	F. Other Project Income	25
	G. Annual Expense Information (Residential Portion Only)	25
	H. Operating Pro Forma	26
VI.	PROJECT SCHEDULE	26
VII.	APPLICANT'S REPRESENTATIONS, WARRANTIES, AND CERTIFICATION	27

2023 APPLICATION

TC or OID Number

Date and time received

AGENCY USE ONLY (Do not fill in shaded area)

PROJECT NAME:

Address: _____

Village : _____

Zip: _____

Census Tract #: _____

I. APPLICANT INFORMATION

Legal Name of Applicant: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Contact for Legal Notices¹: _____

Title and Entity: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Contact for Project¹: _____

Title and Entity: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

¹ List only one name for each contact person.

The taxable year of the Applicant is: Please check one.

the calendar year the fiscal year ending: _____

Applicant's federal identification number: _____

In which state is the Applicant incorporated or organized? _____

The Applicant is what type of entity: Please check one.

Corporation Limited Partnership Limited Liability Company
 General Partnership Individual

A. PARTNERSHIP, OR LIMITED LIABILITY COMPANY INFORMATION²

Name	Address	Phone	Entity Type ³	Federal ID Number	Ownership Percentage

² If the Applicant is a Partnership, provide the information requested for each General Partner.
If the Applicant is a Limited Liability Company that has one or more Managing Members, provide the information requested for each Company Manager (including each Managing Member).
If the Applicant is a Limited Liability Company that has no Managing Members, provide the information requested for each Company Member and any Company Manager.

³ If the Applicant is a Limited Liability Company, also indicate whether the party is a Managing Member, Company Member, or Company Manager.

C. DEVELOPMENT TEAM INFORMATION⁴

Developer: _____
Contact Person and Title: _____
Address: _____

City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____
Responsibilities: _____

Project Management Consultant: _____
Contact Person and Title: _____
Address: _____

City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____
Responsibilities: _____

Property Management Company: _____
Contact Person and Title: _____
Address: _____

City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____
Responsibilities: _____

Architect: _____
Contact Person and Title: _____
Address: _____

City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____

⁴ If the Project has more than one Developer, Project Management Consultant, Property Management Consultant, or Architect, attach information on each. Enter "none" if a selection has not been made.

D. LEGAL COUNSEL & PROFESSIONAL REPRESENTATIVES INFORMATION⁵

Legal Counsel: _____
Contact Person and Title: _____
Address: _____

City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____
E-mail: _____
Responsibilities: _____

Tax Advisor: _____
Contact Person and Title: _____
Address: _____

City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____
E-mail: _____
Responsibilities: _____

Accountant: _____
Contact Person and Title: _____
Address: _____

City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____
E-mail: _____
Responsibilities: _____

Is the accountant an Independent Certified Public Accountant? **Yes** **No**

Syndicator: _____
Contact Person and Title: _____
Address: _____

City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Fax:** _____
E-mail: _____
Responsibilities: _____

⁵ If the Project has more than one professional representative in a category, attach information on each.

E. PROJECT DESCRIPTION – Project Narrative Information

Please provide a brief narrative summary of the proposed project. Please include location in the community, project type (new v. rehab), target population, any unique project characteristics, etc.

II. PROJECT INFORMATION

A. SITE INFORMATION – Site Control is in the form of (Please check one and attach):

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Deed | <input type="checkbox"/> Purchase Option | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Purchase Contract | <input type="checkbox"/> Lease Option | <input type="checkbox"/> Other: |

Expiration date of option or purchase contract: _____
Exact area of Project site (i.e., sq. m.): _____
Number of Existing Buildings on the Project site: _____
Total Cost of Land and Existing Buildings for the Project:⁶ \$ _____

- | | | |
|--|------------------------------|-----------------------------|
| Is the Project site properly zoned for the Project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please attach. | _____ | |
| If no, is the site currently in the process of rezoning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any anticipated changes to the Project's legal description? ⁷ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Project located in a Qualified Census Tract (QCT)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Project located in a Difficult to Develop Area (DDA)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. SELLER/LESSOR INFORMATION⁸

Legal Name of Seller/Lessor: _____
Contact Person and Title: _____
Address: _____

City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail: _____

- | | | |
|--|------------------------------|-----------------------------|
| Is the seller/lessor a Related Party to the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Applicant or a Related Party previously owned any Building in the Project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. TYPE OF TAX CREDIT REQUESTED – Please check one.

- | | | |
|--|--|---|
| <input type="checkbox"/> New Construction without Federal Subsidies (“9%”) | <input type="checkbox"/> Rehabilitation without Federal Subsidies (“9%”) | <input type="checkbox"/> Acquisition/Rehabilitation without Federal Subsidies (“4%”/“9%”) |
| <input type="checkbox"/> New Construction with Federal Subsidies (“4%”) | <input type="checkbox"/> Rehabilitation with Federal Subsidies (“4%”) | <input type="checkbox"/> Acquisition/Rehabilitation with Federal Subsidies (“4%”) |

D. MINIMUM LOW-INCOME HOUSING SET-ASIDE ELECTION – Please check one.

- A minimum of **40%** of the Total Housing Units will be rented to Residents with incomes at or below **60%** of the Area Median Gross Income (AMGI)
- A minimum of **20%** of the Total Housing Units will be rented to Residents with incomes at or below **50%** of the Area Median Gross Income (AMGI)

⁶ If the Site Control document includes Land and/or a Building(s) in addition to that which will be used for the Project, include a narrative description and supporting documentation describing how the total cost of Land and any Buildings for the Project was established.

⁷ If changes are expected, include a narrative description and drawings with Site Control documentation.

⁸ If the Project has more than one seller/lessor, attach information on each.

E. TYPE OF ALLOCATION – Please check one.

- The Applicant requests an Allocation of Credits for 2023 (project will PIS in 202__)
- The Applicant requests a Carryover Allocation of Credits (project will PIS after 202__)

F. TAX CREDIT FACTOR - Note: This Tax Credit Factor selection establishes the absolute minimum Tax Credit Factor for the project.

The Applicant will use the following Tax Credit Factor: _____

G. QUALIFICATION FOR CREDIT

Are there any aspects of the Project which might disqualify it in whole or in part for the Credit such as all student or transient housing or HUD Section 8 Moderate Rehabilitation assistance? Yes No

Are any Buildings in the Project intended to be occupied by the Applicant or a related person (within the meaning of Section 42(i)(3)(C) of the Code)? Yes No

If the answer to either question is “yes,” please attach an explanation.

H. HISTORIC REHABILITATION TAX CREDITS

- A. Residential Qualified Rehabilitation Expenditures⁹: \$ _____
- B. Commercial and other Non-Residential Qualified Rehabilitation Expenditures⁹: \$ _____
- C. Total Qualified Rehabilitation Expenditures⁹: \$ _____
- D. Historic Rehabilitation Tax Credit Percentage: _____ x .20
- E. Total Historic Rehabilitation Tax Credits (multiply C by D): \$ _____
- F. Tax Credit Factor for the Historic Rehabilitation Tax Credits: \$ _____
- G. Net Historic Rehabilitation Tax Credit Proceeds (multiply E by F): \$ _____
- H. Net Historic Rehabilitation Tax Credit Proceeds - residential portion only (multiply A by D, then multiply by F): \$ _____
(Include on page 21 to determine total sources of the Project)
- I. Historic Rehabilitation Tax Credit - residential portion only (multiply A by D): \$ _____
(Include on page 21 to determine maximum annual Credit)

I. UNIT INFORMATION

- A. Low Income Units _____
- B. Market Rate Units _____
- C. Common Area Units _____
(Units occupied by resident manager or maintenance personnel)
- D. Total Units in the project (A+B+C): _____
- E. Total housing units in the project (A+B): _____
- F. Floor Space Fraction for Low-Income Units: _____ %
- G. Unit Fraction for Low-Income Units: _____ %

⁹ As defined in section 42(c)(2) of the Internal Revenue Code.

J. BUILDING INFORMATION

Attach building specifications, schematic drawings, site plan and evidence of utilities and site access, if available.

Residential Buildings¹⁰ in the Project:

Accessory Buildings in the Project:

Commercial Space:

TOTAL:

Number **Floor Area**
(Square Feet)

¹⁰ Ibid.

K. UNIT INFORMATION BY BUILDING

Complete the table below for *each Building* in the Project and enter the totals for the Project (these should reflect the numbers listed on page 9). Attach additional copy (ies) of this page immediately following this page if necessary.

A Address (Street & City), if known. Otherwise, identify each Building by a Letter or Number	B Building Type (New, Rehab, or Acq/Rehab)	C Transitional Bldg Y/N	D Total Units (Market Rate Housing and Low-Income Housing Units, + Common Area Units)	E Common Area Units	F Total Housing Units (D-E) (Exclude Common Area Units)	G Market Rate Housing Units	H Low- Income Housing (LIH) Units	I % LIH Units based on <u>Unit</u> <u>Fraction</u>	J %LIH Units based on <u>Floor</u> <u>Space</u> <u>Fraction</u>	K Expected Placed-In- Service Date (MM/DD/YY)
								%	%	
								%	%	
								%	%	
								%	%	
								%	%	
								%	%	
								%	%	
								%	%	
								%	%	
TOTALS FOR ALL BUILDINGS								%	%	

L. BUILDING ACQUISITION INFORMATION¹¹

Address of Building or Building Number	Placed-In-Service Date of Building by the Most Current Owner ¹²	Actual/Proposed Date of Acquisition by Applicant	Number of Years Between Last Placed-In-Service & Acquisition ¹³

Are there any tenants covered by the Landlord/Tenant Act living in any Building on the Project site at the time of the Application? Yes No

If yes, how many Units are currently occupied? _____

¹¹ If the Applicant has acquired or plans to acquire an Existing Building, complete the table for each Building.
¹² Enter date of the most recent Non-qualified Substantial Improvement made by the most current Owner (or the former Owner if the Applicant is the current Owner), if the Non-qualified Substantial Improvement is more recent than the Placed-In-Service date.
¹³ If less than 10 years and the Applicant is requesting an acquisition Credit, include an explanation immediately following this page.

III. CREDIT SET-ASIDES AND ALLOCATION CRITERIA

A. CREDIT SET-ASIDES – THIS IS AN IRREVOCABLE ELECTION

- A. Qualified Nonprofit Organizations Credit Set-Aside
- B. No Credit Set-Aside selected
- C. Tax-Exempt Bond financed

B. NONPROFIT ORGANIZATION INFORMATION – Please check one.

The entity which qualifies the Project for Credit Set-Aside Category A above is a:

- 501(c)(3) Organization 501(c)(4) Organization
- Public Housing Authority Public Development Authority
- Exempt from taxation under Section 501(a) (specify): _____

The entity which qualifies the Project for Credit Set-Aside Category A above:

is incorporated in _____ state, and
 has its principal office in _____ state.¹⁴

Do the articles of incorporation include a stated exempt purpose of the “fostering of low-income housing?”¹⁵

- Yes No

C. ALLOCATION CRITERIA

For each Allocation Criterion selected, enter the number of points requested in the right margin. By making a selection, the Applicant agrees that, if it receives an Allocation of Credit, it will comply with all the requirements related to the selected Allocation Criteria as set forth in the *Qualified Allocation Plan*. The Applicant is responsible for demonstrating that the Project qualifies for all selected Allocation Criteria and ensuring that all appropriate attachments are submitted. The LIHTC Director will determine if a Project qualifies to receive Allocation Criteria Points.

The Commitments made may seriously affect the Project’s marketing strategies and its long-term financial viability. The Commission encourages you to carefully review and evaluate the reasonableness of the Project’s low-income housing and special-needs housing Commitments prior to completing the Application.

Selection Criteria Point System – Each application will be evaluated and awarded points in accordance with the following criteria. In the event that only a single application is submitted, the applicant must earn a minimum passing score of 50 percent (50%) of the total points; if the applicant scores 5 points below the minimum passing score, the application will be brought to the NMHC Board of Directors for consideration. The NMHC Board of Directors has the right to reconsider applications proposing to develop projects in isolated areas or for applications that scored more than 5 points below the minimum passing score. Unless otherwise indicated, all references to low-income unit(s) or low-income rental unit(s) shall mean low-income housing tax credit unit(s).

	CRITERIA	POINTS
1.	Project will provide low-income units for a longer period than is required under Section 42 of the Internal Revenue Code.	0 - 10

¹⁴ The principal office will typically be the entity's headquarters from which it directs the operations of the organization.

¹⁵ This is a requirement to meet the definition of a Qualified Nonprofit Organization.

2.	Project will provide a greater percentage of low-income units than required under Section 42 of the Internal Revenue Code.	1 - 10
3.	Project has the appropriate zoning or the applicant has secured the necessary exemptions/variances to construct the project as proposed.	0 or 7
4.	Applicant demonstrates that all low-income units will be made available, to people holding Section 8 vouchers.	0 or 6
5.	Project will serve tenant populations of individuals with children and provide 3-bedroom units or larger for at least 60% of all low-income units in the project.	0 or 10
6.	Project will give preference to special tenant populations.	0 or 3
7.	Project is participating with a local tax-exempt organization and is sponsored by a qualified non-profit, as defined in Section 42 of the Internal Revenue Code.	0 or 1
8.	The ratio of total tax credits requested as a percentage of total project cost.	0 - 5
9.	Project will be receiving project-based rental assistance subsidies which would result in eligible tenants paying approximately 30% of their gross monthly income towards rent. Eligible programs shall include, but not be limited to, the Rural Development 515 Loan Program and HUD Section 8 project-based Rental Assistance Program.	0 - 4
10.	Local Government Support.	0 - 5
11.	Developer will sell the units with a preference towards selling to current residents after 15 years.	0 or 10
12.	Project is located in a qualified census tract, the development of which contributes to a concerted community revitalization plan as determined by NMHC.	0 or 2
13.	Project location and market demand.	0 - 15
14.	Developer experience.	-8 - 10
15.	Overall project feasibility.	0 - 10
16.	Energy Efficiency and Green Building.	0 - 5
17.	Tinian and Rota Project Development	0 - 10

Criteria	Points Requested
----------	------------------

Criterion 1	Applicants electing to commit to an additional use period beyond the 15-year LIHTC compliance period will be awarded points based on the table below. By making this election, the applicant elects to waive its right to exercise a Request for a qualified contract pursuant to Section 42(h)(6)(E)(i)(II). The Election will be recorded in the Restrictive Covenant Document.	No additional use period – 0 Points	
		15 to 19 years – 6 Points	
		20 to 24 years – 7 Points	
		25 to 29 years – 8 Points	
		30 years or more – 10 Points	

Criterion 2	With respect to the set-aside affordability, if project provides:	20% of the project to households earning less than 50% of AMGI, OR 40% of the project to households earning less than 60% of AMGI – 1 Point	
		40% of the project to households earning 50% or less of AMGI, OR 60% of the project to households earning 60% or less of AMGI – 2 Points	
		60% of the project to households earning 50% or less of AMGI, OR 80% of the project to households earning 60% or less of AMGI – 3 Points	
		100% of the project to households earning 60% or less of AMGI – 10 Points	

Criterion 3	The applicant's readiness to proceed with the development of this project with respect to development approvals:	The applicant has obtained all necessary zoning and entitlement for this project and upon receipt of tax credits is ready to proceed with this project without any additional development approvals other than customary land disturbance and building permits – 7 Points	
		Project is not appropriately zoned and/or does not conform to State Land Use regulations or requires 201 G, variances, subdivision approval or any other exemption from any local or state land use restrictions – 0 Points	

Criterion 4	The applicant demonstrates that all low-income units will be made available to people holding Section 8 vouchers.	If the answer to the question is NO – 0 Points	
		If the answer to the question is YES and the applicant is able to demonstrate that all low-income units will be made available to people holding Section 8 vouchers – 6 Points	

		If the answer to the question is NO – 0 Points	
--	--	--	--

Criterion 5	The project will serve tenant populations of individuals with children and will provide Three bedroom units or larger for at least 60% of all low-income units in the project.	If the answer to the question is YES – 10 Points	
-------------	--	--	--

Criterion 6	Project will commit to serve the following tenant populations: Tenant populations with special housing needs. <i>Special needs groups are "persons for whom social problems, age or physical or mental disabilities impair their ability to live independently and for whom such ability can be improved by more suitable housing conditions."</i>	The project will set-aside at least 20% of all units for tenant populations with special housing needs. Persons with special housing needs may include the physically and mentally disabled. To receive consideration for this criterion: 3 Points <ul style="list-style-type: none"> The project must commit to provide case management or services specific to this population or special facilities to accommodate the physically disabled. The Market Study shall specifically address the housing needs for the special needs group. 	
	Projects may receive 3 point for this criteria if it commits to the following:	OR Elder or elderly households. All residential units in the project are set-aside for elders or elderly households - 3 Points	

Criterion 7	Project is participating with a local tax-exempt organization and is sponsored by a qualified non-profit, as defined in Section 42 of the Internal Revenue Code.	If the answer to the question is NO – 0 Points	
		If the answer to the question is YES – 1 Point	

Criterion 8	If total federal tax credit requested (gross) as a percentage of total project cost is:	Greater than 90% of total project cost – 0 Points	
		81 % through 90% of total project cost – 1 Point	
		71 % through 80% of total project cost – 2 Points	
		61 % through 70% of total project cost – 3 Points	
		51 % through 60% of total project cost – 4 Points	
		50% or less of total project cost – 5 Points	

Criterion 9	Project will be receiving project-based rental assistance subsidies which would result in eligible tenants paying approximately 30% of their gross monthly income towards rent. Eligible programs shall include, but not be limited to, the Rural Development 515 Loan Program and HUD Section 8 project-based Rental Assistance Program.	If the answer to the question is NO – 0 Points	
		If the answer to the question is YES – 1 to 4 Points*	

* If the whole project has project based subsidies then 4 points is awarded, if only a portion of a project has project based subsidies, then the scoring will be adjusted based upon the percentage of units subsidized. The percentage is derived as "Number of Subsidized Units / Tax credit and non-tax credit subsidized units," provided they are developed simultaneously.

Criterion 10	Local government support. The project will receive a below market loan, qualifying certificate, or grant from a State or local governmental agency other than NMHC which, in total amounts to 10% or more of the total development cost.	The project has not applied or does not intend to apply for a below market loan or grant from a government agency, or intends to apply, rely, or has applied for a qualifying certificate, or if the total amount applied for is less than 10% of total development costs. – 0 Points*	
		The project intends to apply or has applied for a below market loan or grant from a government agency. Documentation must be provided evidencing that an application for financing has been submitted. – 2 Points	
		Except for a qualifying certificate, the project has received a commitment (i.e. below market loan, grant) from a government agency. A copy of a commitment letter or contractual agreement must be included in the application. – 5 Points	

* The applicant must provide supporting documentation that the project can be completed without any form of local government support.

Criterion 11	Developer will sell the units with a preference towards selling or leasing to current residents after 15 years.	If the answer to the question is NO – 0 Points	
		If the answer to the question is YES – 10 Points	

Criterion 12	Project is located in a Qualified Census Tract. The project will redevelop existing housing, which contributes to a concerted community revitalization plan as determined by NMHC. For example: site is located in an Enterprise Community, Empowerment Zone, or part of a County redevelopment plan.	If the answer to the question is NO – 0 Points	
		If the answer to the question is YES – 2 Points	

To receive consideration for this criteria, applicant must provide an explanation on how this project is in compliance with such plan and its benefit to the overall community. The applicant must provide a letter of interest or a binding agreement with the government agency administering the community revitalization plan.

Criterion 13 0 to 15 Points	A comprehensive Market Study of the housing needs of low-income individuals in the area to be served by the project by a disinterested party approved by the NMHC must be submitted as part of this application. The Market Study must be completed at the Owner's expense. Any application which fails to submit a Market Study or submits a Market Study dated over 6 months from the time of application, shall be returned to the applicant and will not receive further consideration. Market Study requirements are specified in Appendix 1. The points awarded will be based on NMHC's evaluation of following factors:	Employment opportunities, schools, and medical facilities located in the immediate vicinity of the project site – 5 points	
		Recreational facilities and shopping facilities located in the immediate vicinity of the project site – 2 points	
		Documented/supported market demand – 2 points	
		Proposed rental rates are below market rents for the immediate surrounding area – 2 points	
		Housing characteristics (e.g., design, density) appropriate for neighborhood – 2 points	
		Neighborhood conducive for senior or family use – 2 points	

Criterion 14 -8 to 10 Points	Developer experience – The points awarded will be based on NMHC's evaluation of following factors:	Development Team has successfully met program objectives on past LIHTC proposals which include LIHTC developments in other states/jurisdictions – 8 points	
		Development Team has failed to meet program objectives on past proposals which include LIHTC developments in other states/jurisdictions or any NMHC programs – 8 points	
		Development Team has successfully completed similar projects – 2 points	

Criterion 15 0 to 10 Points	Overall project feasibility – The points awarded will be based on NMHC's evaluation of the following factors that could impact overall project feasibility:	Documentation of development costs – 2 points	
		Documentation of operating costs – 2 points	
		Debt Service Coverage Ratio of >1.15x – 2 points	
		Operating reserves of at least 3 times monthly operating expense – 2 points	
		Financial Commitments in place – 2 points	

Criterion 16 0 to 5 Points	Energy Efficiency and Green Building – The points awarded will be based on the following:	Project will not incorporate energy efficient practices – 0 points	
		(1) Green Energy Efficiency or Green Building Criteria and (1) Energy Star Criteria – 1 Point	
		(2) Green Energy Efficiency or Green Building Criteria and (2) Energy Star Criteria – 2 points	
		(3) Green Energy Efficiency or Green Building Criteria and (3) Energy Star Criteria – 3 points	
		(4) Green Energy Efficiency or Green Building Criteria and (4) Energy Star Criteria – 4 points	

		(5) Green Energy Efficiency or Green Building Criteria and (5) Energy Star Criteria – 5 points	
--	--	--	--

Criterion 17 0 to 10 Points	Tinian and Rota Project Development – Applicants electing to develop projects on the island of Tinian or Rota will be awarded points based on the following:	Applicant will not develop a project on Tinian or Rota. – 0 Points	
		Applicant will elect to develop a project on the island of Tinian or Rota. – 10 Points	

IV. PROJECT COSTS (Residential Portion Only)

A. TOTAL PROJECT COSTS

Itemized Cost	Projected Cost	Eligible Basis	
		Acquisition	Rehab/New Construction
Land and Building Acquisition			
Land	\$ _____		
Existing Structures	\$ _____	\$ _____	
Demolition	\$ _____		
Environmental Abatement	\$ _____		
Other: _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Subtotals	\$ _____	\$ _____	
Site Work			
Site Work	\$ _____	\$ _____	\$ _____
Off Site Improvement	\$ _____		
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Rehab & New Construction			
New Building	\$ _____	\$ _____	\$ _____
Rehabilitation	\$ _____	\$ _____	\$ _____
Equipment & Furnishings	\$ _____	\$ _____	\$ _____
Accessory Building	\$ _____	\$ _____	\$ _____
Environmental Abatement	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Contractor Overhead & Profit			
Contractor Overhead	\$ _____	\$ _____	\$ _____
Contractor Profit	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Contingency			
New Construction	\$ _____	\$ _____	\$ _____
Rehabilitation	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____

A. TOTAL PROJECT COSTS, continued

Itemized Cost	Projected Cost	Eligible Basis	
		Acquisition	Rehab/New Construction
Architectural, Engineering, and Other Fees			
Architectural Fees	\$ _____	\$ _____	\$ _____
Real Estate Attorney	\$ _____	\$ _____	\$ _____
Environmental Report	\$ _____	\$ _____	\$ _____
Building Permits	\$ _____	\$ _____	\$ _____
Bid Costs	\$ _____	\$ _____	\$ _____
Utility Hook Up Fees	\$ _____	\$ _____	\$ _____
Other Fees: _____	\$ _____	\$ _____	\$ _____
Other Fees: _____	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Interim Costs			
Construction Insurance	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Construction Loan Fees	\$ _____	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Permanent Financing Fees			
Permanent Loan Origination Fee	\$ _____		
Other _____	\$ _____		
Other _____	\$ _____		
Subtotals	\$ _____		
Soft Costs			
Property Appraisal	\$ _____	\$ _____	\$ _____
Market Study	\$ _____	\$ _____	\$ _____
Tax Credit Fees	\$ _____		
Relocation Expenses	\$ _____	\$ _____	\$ _____
Rent-Up	\$ _____		
Other _____	\$ _____		
Other <u>Legal/Accounting</u>	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
Developer/Consultant Fees			
Developer Fees	\$ _____	\$ _____	\$ _____
Consultant Fees	\$ _____	\$ _____	\$ _____
Subtotals	\$ _____	\$ _____	\$ _____
TOTALS (both pages):	\$ _____	\$ _____	\$ _____

B. ELIGIBLE BASIS BY CREDIT TYPE

	Acquisition	Rehab/New Construction
TOTAL ELIGIBLE BASIS (from page 17):	\$ _____	\$ _____
ADJUSTMENTS TO ELIGIBLE BASIS:		
Subtract federal Grants and/or Below-Market Federal Loans: (List Grants/Loans) _____		- \$ _____
Subtract non-qualified non-recourse financing:	- \$ _____	- \$ _____
Subtract costs of non-qualifying Units of higher quality or excess costs of non-qualifying Units:	- \$ _____	- \$ _____
Subtract Historic Rehabilitation Tax Credit - residential portion only :	- \$ _____	- \$ _____
<u>ADJUSTED ELIGIBLE BASIS:</u>	\$ _____	\$ _____
High Cost Area Adjustment (0% or 130%):	x _____ %	x _____ %
Applicable Fraction (Lesser of Project’s Unit Fraction or Floor Space Fraction):	x _____ %	x _____ %
QUALIFIED BASIS (Multiply Adjusted Eligible Basis by High Cost Areas Adjustment, by Applicable Fraction):	\$ _____	\$ _____
APPLICABLE PERCENTAGE	x _____ 4%	x _____ 9%
MAXIMUM ANNUAL CREDIT AMOUNT REQUESTED BASED ON QUALIFIED BASIS (Qualified Basis x Applicable Percentage):	\$ _____	\$ _____
TOTAL COMBINED MAXIMUM ANNUAL CREDIT AMOUNT REQUESTED BASED ON QUALIFIED BASIS (“4%” + “9%” Credit)(14):		\$ _____

C. TOTAL PROJECT COST NOTES

The following information is provided for assistance in completing the Total Project Costs budget pages. It is not provided as legal or tax advice. The tax law is very complex and the consequences of errors can create substantial risk to the taxpayer. The Commission strongly advises consultation with a tax advisor, legal counsel, and/or accountant.

Total Project Costs include the applicable common areas of the residential portion of each Building, but exclude Intermediary Costs, Reserves, and any expenses attributable to commercial areas and/or other non-residential space. Applicants with Projects that include non-residential space must complete the additional financing pages included as Exhibit N of the Application Package and **include as an attachment to the Application** the requested supporting documentation.

Expenses associated with any commercial or other non-residential use may not be included in the Total Project Costs, Eligible Basis, or the Equity Gap calculation except as specifically allowed for under Section 42. Projects that include commercial areas and/or other non-residential space must allocate the relative portion of all applicable expenses to the commercial areas or other non-residential space and exclude it from the Total Project Costs and Eligible Basis. In determining the Equity Gap calculation, there is no corresponding deduction from Project sources of funds for that amount of financing associated with the commercial or other non-residential use, unless such financing specifically identifies in its terms that it is being provided for the commercial or other non-residential use.

Refer to the Code for additional information regarding Eligible Basis.

PROJECT FINANCING (Residential Portion Only)

D. NON-GOVERNMENT SOURCES OF FUNDS¹⁶

Permanent Financing/Loans:

Name of Lender	Amount	Annual Debt Service Cost	Interest Rate	Amort. Period	Term of Loan	Status (Committed/ Pending)
	\$	\$	%			
	\$	\$	%			
	\$	\$	%			
	\$	\$	%			

A. Totals: \$ _____ \$ _____

Grants:

Type of Grant	Source	Amount
		\$
		\$
		\$
		\$

B. Total: \$ _____

C. TOTAL NON-GOVERNMENT SOURCES (Add A and B above): \$ _____

E. GOVERNMENT SOURCES OF FUNDS

Permanent Financing/Loans:

Name of Lender	Amount	Annual Debt Service Cost	Interest Rate	Amort. Period	Term of Loan	Status (Committed/ Pending)
	\$	\$	%			
	\$	\$	%			
	\$	\$	%			
	\$	\$	%			

D. Totals: \$ _____ \$ _____

Grants:

Type of Grant	Source	Amount
		\$
		\$
		\$
		\$

E. Total: \$ _____

F. TOTAL GOVERNMENT SOURCES (Add D and E above): \$ _____

¹⁶ List all sources of funds, except for equity from Credit. Do not include construction or bridge financing.

F. TOTAL SOURCES

A. Total Non-Government and Government Sources (Add C and F from Page 20): \$ _____
B. Equity Contributions: \$ _____
C. Net Historic Rehabilitation Tax Credit Proceeds - residential portion only (H - Page 8): \$ _____
D. TOTAL SOURCES (A, B, and C above): \$ _____

G. BOND FINANCING

Is taxable bond financing used? Yes No Amount: \$ _____
Is tax-exempt bond financing used? Yes No Amount: \$ _____

If tax-exempt financing is used, complete the following:

A. Amount of aggregate basis of the Building(s) and Land in the Project financed with tax-exempt bonds: (Tax-exempt bond amount) \$ _____
B. Amount of aggregate Basis of Building(s) and land: \$ _____
C. Percentage of aggregate that is financed with tax-exempt bonds: (A÷B) _____ %

Issuer of tax-exempt financing: _____
Proposed Bond Closing Date: _____
Contact Person and Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
E-mail _____

H. EQUITY GAP CALCULATION

A. Total Project Costs (from page 17): \$ _____
B. Total Sources (from page 21): \$ _____
C. Equity Gap (A minus B above): \$ _____
D. Tax Credit Factor (from page 8): _____ 0.
E. Ten Year Maximum Credit Amount Requested (Divide C by D, above): \$ _____
F. Maximum Annual Credit Amount Requested Based on Equity Gap (Divide E above by 10): \$ _____
G. Maximum Annual Credit Amount Requested Based on Qualified Basis (from page 18): \$ _____
H. Maximum Annual Credit Requested (Lesser of F or G, above): \$ _____
I. Credit Requested Per Low Income Housing Unit (H divided by Total Housing Units page 8) \$ _____

The actual amount of Credit reserved or allocated to a Project, if any, is determined by NMHC.

V. INCOME AND EXPENSES

A. RENT INFORMATION: LOW-INCOME HOUSING UNITS

Enter the Minimum Low-Income Housing Set-Aside election (50% or 60% AMGI, selected on page 7). Enter the maximum rents allowable for each bedroom size.¹⁷

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
MINIMUM LOW-INCOME HOUSING SET-ASIDE: _____ % AMGI	\$	\$	\$	\$	\$	\$
EXPECTED RENTS BASED ON MARKET STUDY CONCLUSION	\$	\$	\$	\$	\$	\$
ADDITIONAL LOW-INCOME HOUSING SET-ASIDE _____ % AMGI	\$	\$	\$	\$	\$	\$
EXPECTED RENTS BASED ON MARKET STUDY CONCLUSION	\$	\$	\$	\$	\$	\$
ADDITIONAL LOW-INCOME HOUSING SET-ASIDE _____ % AMGI	\$	\$	\$	\$	\$	\$
EXPECTED RENTS BASED ON MARKET STUDY CONCLUSION	\$	\$	\$	\$	\$	\$

¹⁷ Select limits from the HUD Rent and Income Limits.

B. ACTUAL RENTS AND RESIDENT-PAID UTILITIES: LOW-INCOME HOUSING UNITS

List the actual rents charged and Resident-paid utilities (using the applicable Utility Allowance). If a bedroom size has more than one actual rent for a different unit configuration or size, list on a separate line (e.g., if the Project will have 4 different one-bedroom configurations, list each on a separate line). Do not include any Common Area Units. Attach additional copies of this page immediately following this page if necessary.

A	B	C	D	E	F	G	H	I	J
Number of Bedrooms	% AMGI	Number of Housing Units	Monthly Gross Rent per Housing Unit (Include Resident-Paid Utilities and Actual Rents Charged)	Resident-Paid Monthly Utilities per Housing Unit	Actual Resident-Paid Monthly Rent per Housing Unit (D-E)	Total Monthly Actual Rent (Cx F)	Total Annual Actual Rent (Gx12)	Square Feet per Housing Unit	Total Square Feet (CxI)
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
BR	%		\$	\$	\$	\$	\$		
TOTALS:						\$	\$		

Estimated vacancy rate for Low-Income Housing Units: _____ %

Estimated annual increase in rents for Low-Income Housing Units: _____ %

C. ACTUAL RENTS: MARKET RATE HOUSING UNITS

List the actual rents charged, excluding all Resident-paid utilities. If a bedroom size has more than one actual rent for a different unit configuration or size, list on a separate line (e.g., if the Project will have 4 different one-bedroom configurations, list each on a separate line). Do not include any Common Area Units. Attach additional copies of this page immediately following this page if necessary.

A	B	C	D	E	F	G
Number of Bedrooms	Number of Housing Units	Resident-Paid Monthly Rent per Housing Unit	Total Monthly Actual Rent for All Housing Units	Total Annual Actual Rent for All Housing Units (Dx12)	Square Feet per Housing Unit	Total Square Feet For All Housing Units (BxF)
BR		\$	\$	\$		
BR		\$	\$	\$		
BR		\$	\$	\$		
BR		\$	\$	\$		
BR		\$	\$	\$		
BR		\$	\$	\$		
TOTALS			\$	\$		

Estimated vacancy rate for Market Rate Housing Units: _____ %
 Estimated annual increase in rents for Market Rate Housing Units: _____ %

D. MONTHLY UTILITY ALLOWANCE CALCULATIONS FOR RESIDENT-PAID UTILITIES (LOW-INCOME HOUSING UNITS)

UTILITY TYPE	Enter Allowances by Bedroom Size					
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Electric						
Gas						
Water						
Sewer						
Garbage						
TOTALS						

Source of Utility Allowance Calculation: Please check one.

- Local Utility Company
 Local Public Housing Authority
 HUD
 Rural Development (RD)

E. RENTAL ASSISTANCE

Are any Low-Income Housing Units currently receiving rental assistance? Yes No
 Do you have a commitment for rental assistance to Housing Units in the Project? Yes No

If yes to either above, complete the following: Type of Rental Assistance – Please check one.

- Section 8 New Construction Substantial Rehabilitation
 Rural Development (RD) 515 Rental Assistance
 Other: _____
 Section 8 Certificates
 Section 8 Project-Based Assistance

Number of Housing Units receiving rental assistance:
 Number of years remaining on rental assistance contract:
 Is the project currently required to restrict rents?
 If yes, what is the expiration date?

 Yes No

F. OTHER PROJECT INCOME

	<u>SOURCE</u>	<u>ANNUAL AMOUNT</u>
Laundry	_____	_____
Parking	_____	_____
Other:	_____	_____
Other:	_____	_____
Total:	_____	_____

G. ANNUAL EXPENSE INFORMATION (Residential Portion Only)

	1. Advertising	\$	_____
	2. Professional Management	\$	_____
	3. On-site Management	\$	_____
	4. Legal/Partnership	\$	_____
A. Administrative	5. Accounting/Audit		_____
	6. Compliance Monitoring Fee	\$	_____
	7. Other:	\$	_____
	8. Other:	\$	_____
	Total Administrative Costs:	\$	_____
	1. Elevator	\$	_____
	2. Heat	\$	_____
	3. Utilities	\$	_____
	4. Payroll/Payroll Taxes	\$	_____
B. Operating	5. Insurance	\$	_____
	6. Security:	\$	_____
	7. Other:	\$	_____
	9. Other:	\$	_____
	10. Other:	\$	_____
	Total Operating Costs:	\$	_____
	1. Decorating & Turnover	\$	_____
	2. Repairs & Maintenance	\$	_____
	3. Landscaping	\$	_____
C. Maintenance	4. Other:	\$	_____
	5. Other:	\$	_____
	6. Other:	\$	_____
	Total Maintenance Costs:	\$	_____
D. Real Estate Taxes:			_____
	Total Annual Expenses (A, B, C, & D):	\$	_____
	Annual Replacement Reserve for Units:	\$	_____
	Estimated percentage increase in annual expenses:		_____ %

H. OPERATING PRO FORMA

Include as an attachment to the Application a fifteen-year operating pro forma for the Project demonstrating financial feasibility and viability for the fifteen-year Compliance Period. Include assumptions, notes and explanations regarding the income and expense projections.

VI. PROJECT SCHEDULE

ACTIVITY	SCHEDULED DATE (MM/DD/YY)
A. Financing Secured	
1. Construction Loan(s) Secured	
2. Permanent Loan(s) Secured	
3. Other Loans / Grants Secured	
B. Building Permits Obtained	
C. Construction Contract Executed	
D. Construction Begins	
E. Project Lease Up Begins	
F. Construction Completed	
G. Date First Building Placed-In-Service	
H. Date Last Building Placed-In-Service	
I. Project Lease Up Completed	
J. Projected First Year of Credit Period	

VII. APPLICANT'S REPRESENTATIONS, WARRANTIES, AND CERTIFICATION

I, [Print or Type Name of Applicant], the Applicant, hereby certify that the information contained herein and in the Application, including any attachments thereto, is true, correct and complete. I also certify that the Application and attached certifications have not been changed from the original format or content of forms provided by the Agency (other than completing the appropriate blanks). I further certify that I have the requisite authority to make this certification and acknowledge that I have read the Agency's *Policies* and agree to carry out the terms and conditions stated therein.

I acknowledge that I am responsible for ensuring that the Project described in the Application consists or will consist of one or more Qualified Buildings and that the Project will meet the definition of a "qualified low-income housing project" as that term is defined in Section 42 of the Internal Revenue Code, as amended, and will satisfy all applicable requirements of federal income tax law in acquisition, rehabilitation, or construction and operation of the Project to receive the Credit.

I acknowledge that I am responsible for all calculations and figures relating to the determination of Total Project Costs, Adjusted Basis, Eligible Basis and Qualified Basis for each Building in the Project described in the Application, and I understand and agree that the amount of any Credit reserved or allocated is calculated with reference to the figures submitted in the Application.

I will comply with all representations and Commitments made in the Application with respect to each Building in the Project unless I submit a written request in a timely manner to approve a modification or change prior to the Agency's issuance of IRS Form 8609 for such Building and such request is approved by the Agency. In addition, if I become aware now, or in the future, of any aspect of the Project which might disqualify it, in whole or in part, for the Credit (such as student or transient housing or HUD Section 8 Moderate Rehabilitation assistance), I will immediately notify the Agency of such information.

I agree to notify the Agency at least thirty days in advance of any significant changes in the Project (e.g., a change in the number of Buildings or Units; a change in the Project contact person, the identity of interest information, the Development Team information, or Legal Counsel and other professional representatives; a change of 10% or more of the Project's Total Project Cost; an addition or deletion of, or a major change in, a financing source; or a change of 10% or more in the operating revenue or expenses for the Project). I acknowledge that I must provide a narrative description and other supporting documentation, plus any revised pages of the Application affected by the change(s). The Agency reserves the right to approve or deny such changes.

I agree not to transfer or assign any right, title or interest in the Project, the Application, Credit Reservation, Carryover Allocation, and/or Allocation without the advance written consent of the Agency.

IN WITNESS WHEREOF, I, the Applicant, have caused this Application and this APPLICANT'S REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS to be duly executed on this

_____ day of _____, _____.

Legal Name of Applicant: _____

By (sign): _____ Its: _____

Name (print): _____ Title: _____