

PENNSYLVANIA HOUSING FINANCE AGENCY (ARRA APPLICATION)

The Agency will be evaluating requests for ARRA funds based on the initial and subsequent submitted documentation approved by the Agency plus any updated information provided below

Note: The information requested is based on ARRA requirements and some questions may differ from PHFA's Multifamily Housing Application. Special attention should be given to each and every response.

Date of Application: _____ Tax Credit Number: _____

A. DEVELOPMENT NAME AND ADDRESS:

Development Name: _____

Site Address(es): _____

City: _____ Zip: _____
(If more than one building, list each separate property address. Use separate sheet, if

Municipality: _____ County: _____

Census Tract No.: _____ Census Block No.: _____ Region No.: _____

B. APPLICANT INFORMATION

Applicant/Developer: _____

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER)

(FAX NUMBER)

(E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

WBE MBE WMBE DBE
 Sect. 3 SERB Non Profit CHDO

Is the Applicant related to or have substantial financial interest in any other party involved in the development?

Yes No

If yes, Party _____
Relationship _____

This development will create _____ new jobs for the Applicant
This development will retain _____ jobs for the Applicant

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C. OWNERSHIP INFORMATION:

Ownership Entity: _____
 (IF CURRENTLY EXISTS) (FIRM)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE, AND ZIP)

_____ (PHONE NUMBER) _____ (FAX NUMBER) _____ (E-MAIL ADDRESS)

_____ (TAX IDENTIFICATION NUMBER)

<input type="checkbox"/> WBE	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Entity Currently Exists
<input type="checkbox"/> MBE	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Entity to be formed
<input type="checkbox"/> DBE	<input type="checkbox"/> Corporation	<input type="checkbox"/> Estimated Filing Date
<input type="checkbox"/> MWBE	<input type="checkbox"/> Individual	_____
<input type="checkbox"/> SERB	<input type="checkbox"/> CHDO	
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Section 3	

List all General Partners of Ownership Entity. (Attach additional sheet, if necessary.)

Managing General _____
 (FIRM)

_____ (CONTACT PERSON)

_____ (PHONE NUMBER) _____ (FAX NUMBER) _____ (E-MAIL ADDRESS)

_____ (PERCENT OF OWNERSHIP) _____ (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

General Partner: _____
 (FIRM)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE, AND ZIP)

_____ (PHONE NUMBER) _____ (FAX NUMBER) _____ (E-MAIL ADDRESS)

_____ (PERCENT OF OWNERSHIP) _____ (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

General Partner: _____
 (FIRM)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE, AND ZIP)

_____ (PHONE NUMBER) _____ (FAX NUMBER) _____ (E-MAIL ADDRESS)

_____ (PERCENT OF OWNERSHIP) _____ (TAX IDENTIFICATION NUMBER, IF AVAILABLE)

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Design Architect:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(FAX NUMBER) _____
(E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ SERB

Contract awarded at date of application? ___ Yes ___ No
Are you required to bid? ___ Yes ___ No

Is the Design Architect related to or have substantial financial interest in any other
___ Yes ___ No

If yes, Party _____
Relationship _____

This development will create _____ new jobs for the Design Architect
This development will retain _____ jobs for the Design Architect

Construction Contract
Admin. Architect

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(FAX NUMBER) _____
(E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ SERB

Contract awarded at date of application? ___ Yes ___ No
Are you required to bid? ___ Yes ___ No

Is the Construction Contract Architect related to or have substantial financial interest in
any other party involved in the development?
___ Yes ___ No

If yes, Party _____
Relationship _____

This development will create _____ new jobs for the Construction Contract Architect
This development will retain _____ jobs for the Construction Contract Architect

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Contractor: _____
(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ SERB

Contract awarded at date of application? ___ Yes ___ No
Are you required to bid? ___ Yes ___ No

Is the Contractor related to or have substantial financial interest in any other party involved in the development? ___ Yes ___ No

If yes, Party _____
Relationship _____

This development will create ___ new jobs for the Contractor
This development will retain ___ jobs for the Contractor

Management Agent: _____
(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ SERB

Contract Awarded at date of application ___ Yes ___ No
Are you required to bid? ___ Yes ___ No

Is the Management Agent related to or have substantial financial interest in any other party involved in the development? ___ Yes ___ No

If yes, Party _____
Relationship _____

This development will create ___ new jobs for the Management Agent
This development will retain ___ jobs for the Management Agent

PENNSYLVANIA HOUSING FINANCE AGENCY (ARRA APPLICATION)

Attorney: _____
(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ SERB

Contract awarded at date of application? ___ Yes ___ No
Are you required to bid? ___ Yes ___ No

Is the Attorney related to or have substantial financial interest in any other party involved in the development? ___ Yes ___ No

If yes, Party _____
Relationship _____

This development will create ___ new jobs for the Attorney
This development will retain ___ jobs for the Attorney

D. DEVELOPMENT INFORMATION

1. Occupancy Status

___ Occupied ___ Vacant

a. If occupied, indicate the number of residential units and/or businesses occupied.

___ Residential ___ Commercial

Will the proposed site activity result in temporary or permanent displacement or relocation?

___ Yes ___ No

Have residents been given relocation benefits or notice?

___ Yes ___ No

b. If vacant, has the property been occupied within the last 12 months?

___ Yes ___ No

If Yes, has a decline in occupancy occurred?

___ Yes ___ No

If Yes, indicate the reason(s) for the decline.

2. Wage Determination (check category)

Open Shop _____
Union Shop _____
Davis Bacon Prevailing Wage:
Residential _____
Commercial _____
State Prevailing Wage:
Residential _____
Commercial _____

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E. SITE INFORMATION

1. What are the immediately adjacent land uses?

North _____
South _____
East _____
West _____

2. Do any environmental hazards exist in or on the property or in the vicinity of the property? ___ Yes ___ No

If yes, please check below as applicable and provide a brief explanation.

- ___ Hazardous Wastes ___ Asbestos Containing Materials
___ Toxic Substances ___ Lead-Based Paint
___ Flammable gas or liquid storage tanks ___ Former Industrial Use
___ Located in an airport runway clear zone (within 15 miles of a private, public or military airport) ___ Located within 1,000 feet of four lane road railroad tracks (within 3,000 feet)
___ Other

3. Has any work been performed to remediate any environmental hazards ___ Yes ___ No

If Yes, please complete the following:

Work Completed: _____
When: _____
By Whom: _____

4. Clearances:

a. Has the development received any environmental clearance for a federal environmental assessment ___ Yes ___ No

If yes, provide a brief explanation: _____

b. Has the development received an approval letter from the State Historic Preservation Office ___ Yes ___ No

If no, the development submitted the necessary information requesting approval from SHPO ___ Yes ___ No

5. Zoning

- a. Present zoning classification _____
b. Is the site properly zoned for the multifamily development? ___ Yes ___ No
If no, is the site currently in the process of rezoning? ___ Yes ___ No
Is a zoning variance or exception required? ___ Yes ___ No
When is the zoning issue to be resolved? _____ month _____ year

6. Subdivision/Land-Use Approval:

Is subdivision necessary for the development? ___ Yes ___ No
If yes, when is subdivision to be completed? _____ month _____ year
Is a land-use plan approval required? ___ Yes ___ No
If yes, when is approval anticipated? _____ month _____ year
What considerations for site development are being imposed as part of the development? _____

(Local approvals may include tap-in requirements, road building, tree planting and other landscaping

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7. Demolition

- a. Is the demolition of any building(s) planned? Yes No
If yes, describe.

- b. Has any demolition of an existing building occurred on the site? Yes No
If yes, describe.

8. Lead Based Paint Survey

- a. Criteria That Trigger Compliance With 24 CFR Part 35:

- (1.) Were any of the buildings comprising the development constructed prior to January 1, 1978? Yes No
- (2.) The development is a rehabilitation, adaptive re-use or renovation of a building constructed before January 1, 1978. Yes No
- (3.) The development receives Federal subsidy each year Yes No

- b. The Development is Exempt From Compliance With 24 CFR Part 35 if:

- (1.) The development does not fall into any of the above criteria. Yes No
- (2.) The occupancy of the building will be limited exclusively to persons 62 years of age or older. Yes No
- (3.) The occupancy of the building will be limited exclusively to persons with disabilities. Yes No
- (4.) The building is for single room occupancy tenants only. Yes No
- (5.) The building consists of efficiency apartments only. Yes No
- (6.) The building is certified Lead-Free by a Certified Lead-based Paint Inspector (attach a copy of the certification). Yes No

Exemptions From 24 CFR Part 35 Are Nullified If:

- (1.) A resident under the age of six (6) occupies a unit. (The occupied unit and all common areas shall comply with the regulations.)
- (2.) The occupancy of the building is changed or will be changed from occupancy by persons at 62 years of age or older to a lower age bracket, (i.e., 55+).

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F. SOURCES OF FUNDS

1 Construction Financing, Bridge Loans, etc.

	<u>Source of Funds (designate Grant or Loan)</u>	<u>Amount</u>	<u>Rate & Term of Loan</u>
a.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
b.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
c.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
d.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
e.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
f.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
g.	_____	\$ -	_____
	(FIRM)		

	(CONTACT PERSON & PHONE)		
Total Construction Financing:		\$ -	

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G. DEVELOPER EQUITY

Syndication Information (for all developments generating equity through syndication)

Type of Credit	Anticipated Credits	Investment per	Gross Investment
Low Income Housing			
Historic Rehab			
State Enterprise Zone			
Neighbor. Assist. Program			
Total			

1 Type of syndication offering: Public Private Other (identify)

If public offering, identify firm.

If private offering, list investors. (Attach added pages as necessary)

_____ (FIRM)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE AND ZIP)

_____ (PHONE) _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

Is the Investor related to or have substantial financial interest in any other party in the development?

Yes No

If yes, Party _____
 Relationship _____

2 Type of investors: Individuals Corporation

3 Syndicator

_____ (FIRM)

_____ (CONTACT PERSON)

_____ (STREET)

_____ (CITY, STATE AND ZIP)

_____ (PHONE) _____ (FAX NUMBER) _____ (EMAIL ADDRESS)

Is the Investor related to or have substantial financial interest in any other party in the development?

Yes No

If yes, Party _____
 Relationship _____

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4 Is bridge loan financing required? ___ Yes ___ No

State Terms of Bridge Loan
Bridge Loan Provider

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE AND ZIP)

(PHONE)

(FAX NUMBER)

(EMAIL ADDRESS)

Is the Investor related to or have substantial financial interest in any other party in the development?

___ Yes ___ No

If yes, Party _____
Relationship _____

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The applicant hereby certifies that all representations and documentation provided by the applicant and development team in connection with the development and this Application are, to the best of the applicant's knowledge, information and belief, true, correct, and complete. The applicant covenants to provide accurate and timely information to the Agency and to advise the Agency of any changes in this information, which may include without limitation, a change to the financial sources or structure of financing, replacement of any member of the development team, alteration of the proposed rent and income structures, throughout the application process.

In the event the Agency determines, in its sole discretion, that the applicant or a member of the development team knowingly withheld, misrepresented or fabricated information or documentation submitted to the Agency, the Agency may reject the Application or take other appropriate action.

The applicant hereby certifies that it is in compliance with all applicable program requirements for each development financed or funded by the Agency in which it has a material ownership or participation interest. Additionally, no development in which applicant has an interest as either a general partner or management agent has been reported to the Internal Revenue Service as being out of compliance and continues to be out of compliance with the requirements of the Tax Credit Program except as disclosed to the Agency on the written attachment hereto. (Please provide written description of any uncorrected non-compliance and describe steps taken to address.)

Additionally, the applicant certifies that the Threshold and Selection Criteria provided in the original application for tax credits remains unchanged. I further certify that if any changes to these items has occurred, resulting in a negative effect on ranking score, the application for ARRA funding will not be considered.

In addition, I understand in the event this project is awarded ARRA funding, the Agency intends to impose strict timelines for achieving a loan closing (which may be a period of 60 days from the date of said award.) Failure to meet this requirement will result in the recapture of any and all ARRA funding.

Furthermore, the Applicant represents that it will furnish promptly such other supporting information and documents as may be requested during tax credit and/or loan processing. The Applicant consents to all program compliance and financial statement investigations and credit bureau inquiries that the Agency deems appropriate. In addition, the Applicant agrees that it will comply with all applicable federal, state and local laws, rules and regulations regarding discrimination, sexual harassment, accessibility and fair housing, and will comply with all other applicable federal, state and local laws, guidelines, rules and regulations. The applicant will promptly disclose any federal or state audits or investigation or inquiries of it while this application is pending.

The applicant agrees that in making decisions, it does not and has not relied on any statement or information supplied by the Agency, but will seek and rely exclusively on its own independent counsel and advisors. By execution of this Application, the applicant understands and agrees that the Agency may conduct its own independent review and analysis of the information contained herein and in the attachments and exhibits hereto, that any such review and analysis will be made for the sole and exclusive benefit of the Agency. All information submitted by the applicant or gathered by the Agency is the sole property of the Agency and may be made public.

The applicant acknowledges and releases, discharges and holds the Agency harmless from any and all actions taken by it in relation to this application and hereby acknowledges that all information submitted or gathered by the Agency in the review of the Application is the sole property of the Agency and may become public information.

WITNESS:

BY:

NAME

APPLICANT / DEVELOPER (TYPE OR PRINT)

DATE

SIGNATURE

TITLE