

ATTACHMENT B
PLACED-IN-SERVICE PACKAGE
COST CERTIFICATION REQUIREMENTS
FEDERAL LOW-INCOME RENTAL HOUSING TAX CREDIT PROGRAM

The Development Cost Certification must be completed utilizing the attached forms where applicable. Split cost certifications for multiple building developments will not be accepted; a single cost certification is required. The Agency forms can be obtained from our website at www.phfa.org under Multifamily Housing Professionals – Developers – Federal Low Income Housing Tax Credits (LIHTC) – Placed-in-Service Package. The Cost Certification and Independent Auditor’s Report must be completed by an independent, third party Certified Public Accountant who is familiar with Section 42 of the Internal Revenue Code.

Documents to be submitted:

1. Completion of the enclosed Owner’s Certification of Placed-In-Service Date form for each building. The eligible and qualified basis entered on the form(s) should agree with the total basis calculated on the cost certification.
2. Development Cost Certification, the Independent Auditor’s Report, and Financial Characteristics submitted in the attached formats. An original bound copy of the auditor’s cost certification is required.
3. Letter from either the syndicator or, if private placement, the investor stating the Cost Certification has been reviewed and approved (sample format attached).
4. Architect’s and General Contractor’s Certification of Compliance with Design Requirements for Accessible Housing.
5. The following Architect/Owner Certifications are required if the development received ranking points under the applicable Allocation Plan’s Selection Criteria:
 - Certification from the construction contract administration architect verifying the inclusion of certain amenities in the development as per the Selection Criteria.
 - Certification from the construction contract administration architect verifying the inclusion of energy efficiencies or energy conservation in the development as per the Selection Criteria.
 - Certification from the construction contract administration architect verifying the inclusion of certain unit amenities as per the Selection Criteria.
 - Certification from the construction contract administration architect verifying the inclusion of digital accessibility networks in each unit in the development as per the Selection Criteria.
 - Certification from the construction contract administration architect verifying the number of accessible units in the development.
 - Certification from the construction contract administration architect verifying the number of three or more bedroom units in the development.
 - Certification from the construction contract administration architect verifying that the units are townhouse or single family homes attached or detached structures if the application includes an approved homeownership opportunities program.
6. Construction Contract Administration Architect’s/Applicant’s Certification of Threshold Criteria.
7. Certificate of Occupancy for each building.
8. Copy of Deed(s) for each site if not previously submitted.
9. Settlement Statement for the purchase of each site if not previously submitted.
10. Copies of the final AIA Documents G702, Application and Certificate for Payment; G703, Continuation Sheet; and G704, Certificate of Substantial Completion.
11. Copy of approved Construction Change Orders.
12. Copy of executed architectural contract. If there are separate design and construction administration architects, provide both executed contracts.
13. For developments with commercial space or space that is a separate condominium, provide a Sources and Uses Statement for each area.

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14. Copies of detailed and itemized legal invoices.
15. Copy of the executed Mortgage Notes (not the actual mortgages) for all of the loans to the development, including the bridge loan, if applicable, and the permanent loan(s), if not previously submitted.
16. Executed Limited Partnership Agreement with the investor limited partner, if not previously submitted.
17. Executed Management Agreement.
18. Applications that received points for Special Needs and Supportive Services must provide either an executed Contract or a Memorandum of Understanding between the Supportive Service Provider and the Management Agent/Owner confirming the availability of applicable services at initial occupancy of the development.
19. When applicable, copy of the executed escrow agreement for any supportive services or rental subsidy received, including reinvestment of the developer fee for supportive services.
20. Completion of the enclosed Project History and Project Information Forms.
21. Completion of the enclosed Affirmative Fair Housing Marketing Plan.
22. Payment of the balance of the allocation fee equal to 3% of the annual tax credits if not previously remitted with the Carryover Allocation Agreement.
Tax- Exempt Bond Developments will be required to remit an allocation fee of 6% of the annual tax credits.
23. Compliance monitoring fee: \$425 per tax credit unit.
24. Rural Housing Services developments must provide the Actual Cost of the development as submitted to Rural Housing Services on Form RD1924-13, Estimate and Certificate of Actual Cost. Include any cost analysis prepared by Rural Housing Services. This is not required for projects processed under the 538 Program.
25. In addition, the Agency reserves the right to require any additional information it may deem necessary to complete its review of the Cost Certification package.

All of the above documents must be received by the Agency no later than 90 days after the last residential building receiving tax credits in the development is considered placed-in-service pursuant to IRS Advance Notice 88-116. Owners who are not able to submit the cost certification including all documentation required by the Placed-in-Service package within this 90-day period may request an extension. The maximum extension that will be granted to any development will be 30 days unless the owner is deferring the start of the credit period as defined in Section 42(f)(1) of the IRS Code. For owners not deferring the start of the tax credit period, the maximum extension will be 30 (thirty) days. An extension fee equal to \$25 per unit (maximum of \$1,500) will be due for this 30-day extension, or portion thereof. Failure to submit the cost certification package within this time period will result in additional fees equal to \$50 per unit (maximum of \$3,000) for each additional 30-day period, or portion thereof. For owners deferring the start of the tax credit period, an extension fee equal to \$25 per unit (maximum of \$1,500) will be due for each 30-day extension granted, or portion thereof, to a maximum of 90 days. If additional extensions are granted, a fee will be assessed equal to \$50 per unit (maximum of \$3,000) for each 30-day period or portion thereof beyond the initial 180 days. The maximum extension that will be granted to an owner deferring the start of the tax credit period is 270 days. (Tax-Exempt Bond Developments will not be assessed a cost certification extension fee.) Upon submission and review of the above documents, IRS Form No. 8609, Low-Income Housing Credit Allocation Certification, will be issued. Failure to submit any of the above items will cause the Agency to hold the issuance of the IRS Form No. 8609 until the required documentation is received.

PLEASE NOTE: Once submitted to the Agency, the Cost Certification **cannot** be amended or supplemented except as may be required by the Agency. It is the owner's responsibility to review the Cost Certification in its entirety **prior** to its submittal to this Agency.

Development No. TC-_____

Building ID No. PA_____ (PHFA Use)

Revised 3/16/2011

OWNER'S CERTIFICATION OF PLACED-IN-SERVICE DATE

(A SEPARATE CERTIFICATION IS
REQUIRED FOR EACH BUILDING)

The undersigned hereby certifies to the Pennsylvania Housing Finance Agency that the building located at:

is a qualified low income housing building in accordance with Section 42 of the Internal Revenue Code of 1986, as amended, (the "Code") and is eligible for an annual allocation of Low Income Housing Tax Credits in the amount of \$_____.

The undersigned further certifies, pursuant to provisions of Section 42 of the Code, the following:

1. Date building was placed in service:
 - a. Acquisition-existing building (month/day/year) _____
 - b. Rehabilitation (month/day/year) _____
 - c. New construction (month/day/year) _____
2. Number of low-income units in the building _____; Total units in the building _____
3. Square footage of low-income units in the building _____; Total square footage of all residential units in the building _____.
4. Eligible basis for the acquisition credit _____
5. Qualified basis for the acquisition credit _____
6. Eligible basis for new construction or rehabilitation _____
7. Qualified basis for new construction or rehabilitation _____
8. First year of the tax credit period _____

By: _____

Signature

Final Owner Entity (Type or Print)

Print Name

Owner Taxpayer I.D. No.

Title

Date

DEVELOPMENT COST CERTIFICATION

Development Name: _____		Cost Certification Costs			Tax Credit Calculations	
PHFA PennHOMES Number: _____					IRS Sec. 42 Eligible Basis	
Tax Credit Number: _____						
COSTS	Actual Costs	PennHOMES Costs (if applicable)	Depreciable Basis	Historic TC Basis	Acquisition Credit	Rehabilitation Credit
CONSTRUCTION COSTS						
General Requirements						
Site Work						
Building Demolition						
Selection Demolition						
Site Work						
Off-Site Improvements						
Structure						
Builder's Overhead						
Builder's Profit						
Bond Premium						
Building Permit						
SUBTOTAL (Must Equal Contract Amount)						
Change Orders						
Items Outside Contract (Attach Itemized Schedule)						
Total	\$	\$	\$	\$		\$
FEES						
Architectural Fee / Design						
Architectural Fee / Contract Administration						
Legal						
Engineering						
Survey						
Soils/Structural Report						
Environmental Audit						
Property Appraisal						
Market Study						
Credit Report						
Cost Certification						
Other: _____						
Total	\$	\$	\$	\$	\$	\$
MISCELLANEOUS DEVELOPMENT COSTS						
Multifamily Housing Application Fee						
Loan Program Closing Fee						
Tax Credit Reservation and Allocation Fees						
Furnishings (Common Area)						
Rent-Up Expenses						
Relocation						
Utility Tap-In, Hook-Up and Municipal Fees						
Other: _____						
Total	\$	\$	\$	\$	\$	\$

DEVELOPMENT COST CERTIFICATION

DEVELOPMENT COST CERTIFICATION						
Development Name: _____	Cost Certification Costs			Tax Credit Calculations		
PHFA PennHOMES Number: _____						
Tax Credit Number: _____						
COSTS	Actual Costs	PennHOMES Costs (if applicable)	Depreciable Basis	Historic TC Basis	IRS Sec. 42 Eligible Basis	
					Acquisition Credit	Rehabilitation Credit

CONSTRUCTION FINANCING & CHARGES						
Construction Loan Interest						
Construction Loan Origination Fee						
Construction Loan Credit Enhancement						
Construction Loan Application Fee						
Taxes during Construction						
Insurance During Construction						
Title & Recording						
Other: _____						
Total	\$	\$	\$	\$	\$	\$
PERMANENT FINANCING						
Permanent Loan Origination Fee						
Permanent Loan Credit Enhancement						
Cost of Issuance/Underwriters Discount						
Other: _____						
Total	\$	\$				
LAND AND BUILDING ACQUISITION						
Land Acquisition						
Acquisition of Existing Structures						
Acquisition Legal Fees						
Closing Costs						
Building demolition not included in construction contract						
Other: _____						
Total	\$	\$	\$		\$	\$
REPLACEMENT COST	\$	\$				
PROJECT RESERVES						
Operating Reserves						
Transformation Reserve						
Rental Subsidy Fund						
Development Contingency Fund						
Real Estate Taxes (first year escrow)						
Insurance (first year escrow)						
Supportive Services Escrow						
Other: _____						
Total	\$					

DEVELOPMENT COST CERTIFICATION

Development Name: _____						
PHFA PennHOMES Number: _____			Tax Credit Calculations			
Tax Credit Number: _____		PennHOMES Costs		IRS Sec. 42 Eligible Basis		
COSTS	Actual Costs	Costs (if applicable)	Depreciable Basis	Historic TC Basis	Acquisition Credit	Rehabilitation Credit

DEVELOPERS FEE AND OVERHEAD						
a. Rehabilitation/New Construction	\$		\$	\$		\$
b. Acquisition (less Land)	\$		\$	\$	\$	
SYNDICATION FEES AND EXPENSES						
Organizational						
Bridge Loan Interest During Construction						
Bridge Loan Interest After Construction						
Bridge Loan Fees and Expenses						
Legal Fees						
Accountant's Fees						
Other:						
Total	\$		\$			\$
OTHER						
Tax Credit Compliance Monitoring Fee						
Other:						
Total	\$					
TOTAL DEVELOPMENT COSTS	\$	\$	\$	\$	\$	\$

DEVELOPMENT COST CERTIFICATION

Development Name: _____						
PHFA PennHOMES Number: _____			Tax Credit Number: _____			
		Cost Certification Costs			Tax Credit Calculations	
		PennHOMES			IRS Sec. 42 Eligible Basis	
		Costs	Depreciable	Historic TC	Acquisition	Rehabilitation
		(if applicable)	Basis	Basis	Credit	Credit
COSTS	Actual Costs					

TOTAL DEVELOPMENT COSTS	\$	\$	\$	\$	\$	\$
SOURCES						
First Mortgage						
Second Mortgage						
PennHOMES Loan						
HOME						
CDBG						
DCA						
Equity value of Historic Tax Credits						
Other						
Equity						
TOTAL SOURCES	\$	\$				
LESS:						
Portion of any grant or federal subsidy not includible in Basis				()	()	
Amount of non-qualified non-recourse financing				()	()	
Costs for commercial space or for any areas that tenants will be charged to use (provide a worksheet with calculations)				()	()	
Non-qualifying unit costs for higher quality items					()	
Residential Portion of Historic Tax Credit (provide calculation)					()	
ELIGIBLE BASIS				\$	\$	
Multiply by 130%, if High Cost Area						%
TOTAL ELIGIBLE BASIS				\$	\$	
Multiply by Applicable Fraction (Lesser of % of low- income units, or % of floor space - minimum of 20%, maximum of 100%)					%	%
TOTAL QUALIFIED BASIS				\$	\$	
Multiply by Applicable Percentage					%	%
MAXIMUM AMOUNT OF TAX CREDITS				\$	\$	

SAMPLE

SYNDICATOR OR INVESTOR CERTIFICATION
(Syndicator or Investor Letterhead)

Tax Credit Department
Pennsylvania Housing Finance Agency
211 North Front Street
P.O. Box 8029
Harrisburg, Pennsylvania 17105-8029

Re: Development Name
Development Address
Development Number assigned by PHFA

This letter is to advise the Pennsylvania Housing Finance Agency that _____, syndicator of the low income housing tax credits for the above referenced development, has reviewed the attached Cost Certification dated _____ as prepared by _____, an independent certified public accountant. Please be advised that we concur with the development's Sources and Uses of Funds and all costs represented to be includible in the Eligible Basis as indicated in the attached Cost Certification.

In addition, by this letter we are also confirming that the owner of the development has elected to commence the start of the tax credit period in the year _____. Therefore, the owner has chosen (not to)/(to) defer the start of the tax credit period until the year after the development was placed in service.

Sincerely,

INDEPENDENT AUDITOR'S REPORT

The Development Cost Certification (the "Certification") must be accompanied by a Certified Public Accountant's Audit Report on the Certification. The Certification is to be prepared with the method of accounting used by the taxpayer for federal income tax purposes, and must detail the project's Total Development Costs as well as those costs that qualify for inclusion in Eligible Basis pursuant to Section 42(d) of the Internal Revenue Code. The CPA's audit must be conducted in accordance with generally accepted auditing standards. The auditor's report must be unqualified.

Attached is a sample audit report that should be utilized by the CPA.

INDEPENDENT AUDITOR'S REPORT

To: Pennsylvania Housing Finance Agency
211 North Front Street
Harrisburg, PA 17101

Owner's Name: _____

Re: _____, TC _____

(Development Name and Number)

We have examined the accompanying final Development Cost Certification (the "Certification") of the Owner _____ relating to the development of _____ Apartments as of _____. The final Certification is the responsibility of the Owner and the Owner's management. Our responsibility is to express an opinion on the final Certification based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence supporting the final Certification and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion.

The accompanying final Certification was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in conformity with the Qualified Allocation Plan and Tax Credit Program Guidelines both set by the Pennsylvania Housing Finance Agency, which is a comprehensive basis of accounting other than generally accepted accounting principles.

In our opinion, the final Certification presents fairly, in all material respects, the actual costs of \$_____ and eligible basis of \$_____ of the Owner for the Development as of _____, 20____, on the basis of accounting described above.

This report is intended solely for the information and use of the Owner and the Owner's management and for filing with the Pennsylvania Housing Finance Agency and should not be used for any other purpose.

We have no financial interest in the Development other than in the practice of our profession.

Name of CPA Firm

Date

FINANCIAL CHARACTERISTICS

A. FEDERAL SUBSIDIES

1. Was any portion of the eligible basis of the building(s) financed with federal subsidies?
_____ Yes _____ No

a. If yes, state type and amount of subsidy:

_____ \$ _____
_____ \$ _____
_____ \$ _____

b. How was the subsidy used?

- 1. Loan below AFR _____ State terms _____
- 2. Loan at or above AFR _____ State terms _____
- 3. Grant _____
- 4. Acquisition _____
- 5. Operating Subsidy _____
- 6. Other _____

B. CONSTRUCTION FINANCING

Include all Federal, State and Local grants/loans.

<u>Source of Funds</u>	<u>Amount of Funds</u>	<u>Rate and Term of Loan</u>	<u>Debt Service Payment</u>
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____
5. _____	\$ _____	_____	_____

PERMANENT FINANCING

Include all Federal, State and Local grants/loans.

<u>Source of Funds</u>	<u>Amount of Funds</u>	<u>Rate and Term of Loan</u>	<u>Debt Service Payment</u>
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____
5. _____	\$ _____	_____	_____

C. HISTORIC REHABILITATION TAX CREDIT

1. Did the building(s) receive an historic rehabilitation tax credit? _____ Yes _____ No
2. Have you applied or are you planning to apply for the historic rehabilitation tax credit?
_____ Yes _____ No
3. What is the amount of the historic tax credit? \$ _____

D. SYNDICATION INFORMATION

3. Low-Income Housing Tax Credits: (Do not include Historic Rehabilitation Credits)

- | | |
|--|----------|
| a. Tax credits received | \$ _____ |
| b. Gross proceeds from sale to the development | \$ _____ |
| c. Total developer's syndication costs | \$ _____ |
| d. Net to development | \$ _____ |
| e. Net cents on the tax credit dollar | \$ _____ |

4. Historic Rehabilitation Tax Credits (must be shown separately):

- | | |
|--|----------|
| a. Gross proceeds from sale to the development | \$ _____ |
|--|----------|

Name of Syndicator or Private Investor _____

Contact Person _____

Phone Number () _____

Address _____ State _____ Zip _____

DEVELOPMENT INFORMATION

A. PROPERTY NAME: _____

PHFA No. (If applicable) _____ TC No. _____

ON-SITE MANAGER

Name: _____

Address: _____

Phone: _____

Email: _____

OFF-SITE MANAGEMENT COMPANY

Name: _____

Address: _____

Phone: _____

Email: _____

B. **FINAL UNIT BREAKDOWN**

Bedroom Size of Unit	# of Units	Monthly Rent	Additional Utility Cost*	Total Housing Cost	Actual Amount Paid by Tenant (Include Utilities)	Indicate Low-Income or Market Rate Unit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Reminder: You are required to list your site on the Pennsylvania Affordable Apartment Locator at the time of rent-up. Contact Frank Bobak at 717.780.3879 or fbobak@phfa.org for information.

*Actual or Allowance, if utilities are paid by tenant.

ARCHITECT'S AND GENERAL CONTRACTOR'S CERTIFICATION OF COMPLIANCE WITH DESIGN REQUIREMENTS FOR ACCESSIBLE HOUSING - REQUIRED AT PLACED IN SERVICE (page 1 of 2)

Development Name: _____

Check Appropriate: New Construction Substantial Rehabilitation
 Moderate Rehabilitation
 Townhouse Elevator
 Walkup Apartments Non-Elevator

To the best of my knowledge and belief I certify that the referenced development has been constructed in conformance with the following rules and regulations as they apply to this development and as amended by Federal, State and local authorities.

INITIAL ALL THAT APPLY

APPLICABLE

- The Fair Housing Act of 1988
Fair Housing Accessibility Guidelines _____
- ANSI A117.1 (203 edition) _____
- Pennsylvania Universal Accessibility Standards _____
- Uniform Federal Accessibility Standards (UFAS)
Of the Architectural Barriers Act of 1968 _____
- Section 504 of the Rehabilitation Act of 1973 _____
- Americans with Disabilities Act
Accessibility Guidelines (ADAAG) _____
- Any other State or Local Code or regulations pertaining
to design or inclusion of rental housing accessibility
features _____

Name of locality and citation for applicable requirements: _____

In reference to the above, I hereby further certify as follows:

The development contains a total of _____ rental dwelling units.

Of this total, _____ units are accessible (as set forth in 24 CFR Part 8).

Of this total, _____ units have been designed and constructed to be adaptable as defined in _____.

ARCHITECT'S AND GENERAL CONTRACTOR'S CERTIFICATION (page 2 of 2)

Of this total, _____ units have been designed and constructed to include features for individuals with hearing or vision impairment as defined in _____.

ARCHITECT

Signed: _____ Date: _____

(to be signed by authorized officer of design architect firm)

By: _____

Type or Print Name and Title

Type or Print Firm Name

CONTRACTOR

Signed: _____ Date: _____

(to be signed by authorized officer of general contractor)

By: _____

Type or Print Name and Title

Type or Print Firm Name

Acknowledged and Accepted by OWNER

Signed: _____ Date: _____

By: _____

Type or Print Name and Title

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S
CERTIFICATION OF DIGITAL ACCESSIBILITY**

Development: _____

As the construction contract administration architect, I hereby certify that the referenced development includes the following digital accessibility features:

INITIAL ALL THAT APPLY

For 2008 and 2009 developments:

_____ As the **OWNER**, I certify that low cost broadband internet service is available to all dwelling units in the development by means of a wired or wireless system. For 2009 developments, this internet service is provided by the development, not directly from an internet service provider to the tenant.

ARCHITECT

Signed: _____ Date: _____

Print: _____

Acknowledged and Accepted by the OWNER

Signed: _____ Date: _____

Print: _____

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S
CERTIFICATION OF ACCESSIBLE UNITS**

Development: _____

Check

Appropriate:

_____	New Construction	_____	Substantial Rehabilitation
_____	Moderate Rehabilitation		
_____	Townhouse	_____	Mid-Rise
_____	Walkup Apartments	_____	High-Rise
_____	Low-Rise	_____	Other

As the construction contract administration architect, I hereby certify that the referenced development includes twice the mandated number of fully accessible units.

Number of accessible units required under state mandate: _____

Number of accessible units required under local mandate: _____

Number of accessible units required under federal mandate: _____

Number of fully accessible units provided: _____

ARCHITECT

Signed: _____ Date: _____

Print: _____

Acknowledged and Accepted by the OWNER

Owner certifies that during initial least up, these units will be exclusively reserved for occupancy by persons needing the accessible units for the first thirty days and thereafter will provide for certain lease provisions designed to allow the units to be occupied by persons who need the accessible features of the units to the greatest extent feasible.

Signed: _____ Date: _____

Print: _____

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S
CERTIFICATION OF LARGE FAMILY UNITS**

Development: _____

As the construction contract administration architect, I hereby certify that the referenced development includes the following percentage of units with three or more bedrooms:

CHECK WHICH APPLIES

- _____ Total Units
- _____ Total number of 3-bedroom units
- _____ 15 – 20% of all units
- _____ Greater than 20 – 25% of all units
- _____ Greater than 25% of all units

ARCHITECT

Signed: _____ Date: _____

Print: _____

Acknowledged and Accepted by the OWNER

Signed: _____ Date: _____

Print: _____

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S/APPLICANT'S
CERTIFICATION OF THRESHOLD CRITERIA**

Development: _____

DEVELOPMENT AMENITIES

As the construction contract administration architect, I certify that (**initial** the applicable lines):

COMMUNITY ROOM, Developments with year 2008 credits:

_____ An on-site community room of _ square feet has been provided. (Must be one room sized at 15 square feet per unit for developments with up to 50 units or at least 750 square feet for developments with more than 50 units.)

_____ This development is for elderly occupancy, and contains a _____ square foot kitchen or kitchenette adjacent to the community room.

COMMUNITY ROOM, Developments with year 2009 and 2010 credits:

_____ An on-site community room of _ square feet has been provided. (Must be one room sized at 15 square feet per unit for developments with up to 50 units or at least 750 square feet for developments with more than 50 units.) (____ Check here if waived because the development contains 11 units or less or is a scattered site property.)

_____ This development is a continuation of a previous phase, and the community room serves the entire phased development. Total number of units in all phases: _____.

_____ This development is for elderly occupancy, and contains a _____ square foot kitchen or kitchenette adjacent to the community room. The square footage of this space is in addition to the square footage of the community room.

COMMON LAUNDRY FACILITIES, Developments with year 2008 credits:

_____ Common laundry facilities, OR washers and dryers in each dwelling unit have been provided. If common laundry, provide number of washers _____ and dryers _____, and number of front load washers __ and front load dryers _____. (The standard is one washer and one dryer for every 12 general occupancy units or for every 20 elderly units, with a minimum of two each required.)

COMMON LAUNDRY FACILITIES, Developments with year 2009 and 2010 credits:

_____ Common laundry facilities, OR washers and dryers in each dwelling unit have been provided. If common laundry, provide number of top load washers_____, front load washers _____, top load dryers_____, and front load dryers_____. (The standard is one washer and one dryer for every 12 general occupancy units or for every 20 elderly units, with a minimum of two each required. In addition to this, one front load washer and dryer must be provided in the laundry facility, and will be provided in accessible units containing a washer and dryer in the unit.)

COMMON AREA AIR-CONDITIONING, All Developments

_____ All common areas (except for stair towers, mechanical rooms, storage rooms and similar spaces) are air conditioned.

ON-SITE MANAGEMENT OFFICE, Developments with year 2008 credits

_____ An on-site management office has been provided.

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S/APPLICANT'S
CERTIFICATION OF THRESHOLD CRITERIA (page 2 of 4)**

ON-SITE MANAGEMENT OFFICE, Developments with year 2009 and 2010 credits

_____ An on-site management office has been provided. _____ Check here if waived because the development contains 11 units or less or is a scattered site property. If part of a multi-phase development and the office is located in another phase, provide the street address of the management office:

UNIT AMENITIES

Unit Square Footage, Developments with year 2008 and 2009 credits

As the construction contract administration architect, I certify that (**initial** the applicable lines):

_____ The net area of all dwelling units fall within the limits listed below. (Net area is measured from the interior finish surface of the unit perimeter walls, and shall include all rooms, corridors, walls, storage areas, and mechanical spaces.) Rehabilitation developments may vary from the maximums and minimums by 10%. Accessible units may vary from the maximums as required to provide an accessible route and accessible clearances.

	<u>FLATS</u>	<u>MULTI-FLOOR UNITS</u>
SRO	90 to 150 square feet	
EFF	400 to 550 square feet	
1 BR	550 to 750 square feet.	650 to 850 square feet
2 BR	700 to 1,000 square feet	850 to 1200 square feet
3 BR	950 to 1,200 square feet	1,000 to 1400 square feet
4 BR	1,100 to 1400 square feet	1,200 to 1600 square feet
5 BR	1,300 to 1,600 square feet	1,400 to 1,850 square feet.

Unit Square Footage, Developments with year 2010 credits

As the construction contract administration architect, I certify that (**initial** the applicable lines):

_____ The net area of all dwelling units fall within the limits listed below. (Net area is measured from the interior finish surface of the unit perimeter walls, and shall include all rooms, corridors, walls, storage areas, and mechanical spaces.) Rehabilitation developments may vary from the maximums and minimums by 10%. Accessible units may vary from the maximums as required to provide an accessible route and accessible clearances.

	<u>FLATS</u>	<u>MULTI-FLOOR UNITS</u>
SRO	90 to 200 square feet	
EFF	400 to 600 square feet	
1 BR	550 to 850 square feet.	650 to 950 square feet
2 BR	700 to 1,100 square feet	850 to 1,300 square feet
3 BR	950 to 1,350 square feet	1,000 to 1,550 square feet
4 BR	1,100 to 1,550 square feet	1,200 to 1,750 square feet
5 BR	1,300 to 1,750 square feet	1,400 to 12,000 square feet.

CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S/APPLICANT'S CERTIFICATION OF THRESHOLD CRITERIA (page 2 of 4)

AIR CONDITIONING, All Developments

_____ Air conditioning will be supplied to the living areas and all bedrooms of each unit. (Individual window units will not be considered as meeting this criterion.)

UNIT APPLIANCES, All Developments

_____ Refrigerators, ranges and ovens have been provided in all units, OR _____ common cooking facilities containing these appliances have been provided because the development contains SRO units.

WINDOW TREATMENTS, All Developments

_____ Window treatments have been provided in all residential units. (Roller shades do not qualify.) Describe the type of window treatment: _____

VISITABILITY, Developments with year 2008 and 2009 credits

As the construction contract administration architect, I certify that (**initial** the applicable lines):

_____ This development is new construction, and the building and each unit are adaptable and VisitAble.

_____ This development is the rehabilitation of existing buildings, and _____ of the total _____ units are VisitAble. The building and units have at least one zero-step entrance with a 36 inch wide door; all doorways and passages on the entry level floor have a width of 36 inches; there is a clear pathway to a bathroom or powder room; such bathroom or powder room includes grab bars on reinforced walls, which can also serve as towel bars; and there is a clear pathway to the living room and dining area of the unit. The powder room and bathroom meet the Fair Housing Act design parameters. (If this development is for the preservation of an existing building which was deemed exempt from this requirement, check here. _____)

VISITABILITY, Developments with year 2010 credits

As the construction contract administration architect, I certify that (**initial** the applicable lines):

_____ This development is new construction, and the building and each unit are adaptable and VisitAble.

_____ This development is the rehabilitation of existing buildings, and _____ of the total _____ units are VisitAble. The building and units have at least one zero-step entrance with a 36 inch wide door; all doorways and passages on the entry level floor have a width of 36 inches; there is a clear pathway to a bathroom or powder room; such bathroom or powder room includes a minimum 24 inch grab bar beside the toilet on a reinforced wall, which can also serve as a towel bar; and there is a clear pathway to the living room and dining area of the unit. The powder room and bathroom meet the Fair Housing Act design parameters. (If this development is for the preservation of an existing building which was deemed exempt from this requirement, check here. _____)

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S/APPLICANT'S
CERTIFICATION OF THRESHOLD CRITERIA (page 3 of 4)**

DIGITAL ACCESSIBILITY, All Developments

As the construction contract administration architect, I certify that (**initial** as applicable):

_____ Digital accessibility has been provided by the installation of three distinct wiring networks to each unit, as follows: a separate dedicated CAT5e (or better) internet access line routed from a central distribution point or a development-wide wireless network, a CAT5e (or better) telephone line; and digital capable cable television wiring routed from a central location. Residents must be able to connect to the internet independently of the development network.

Energy Conservation

As the construction contract administration architect, I certify that (**initial** the applicable lines):

_____ All appliances, mechanical equipment, ceiling fans, and exit signs, are Energy Star® labeled when such equipment and appliances exist. (Exception: programmable thermostats are not required).

_____ 50% of the permanent room light fixtures in the dwelling units are equipped with compact fluorescent bulbs and 100% of the community room and common area corridor and stair lighting are fluorescent with electronic ballasts or utilize compact fluorescent bulbs.

Or

_____ As a preservation development, existing refrigerators more than 6 years old have been replaced with Energy Star® labeled models. Existing heat pumps, air conditioning condensing units, and through-wall air conditioners more than 6 years old have been replaced with Energy Star® labeled models. Existing furnaces and boilers more than 10 years old have been replaced with Energy Star® labeled models. (Programmable thermostats do not need to be provided.) Existing community room, common area corridor and stair lighting more than 15 years old has been replaced with fluorescent fixtures with electronic ballasts or fixtures that utilize compact fluorescent bulbs. If windows have been replaced, the replacements were Energy Star® qualified products.

If any of the above replacements could not be made because Energy Star® models do not exist, explain here: _____

As the applicant, I certify that (**initial** as applicable):

_____ When existing equipment and appliances has are replaced, they will be replaced with Energy Star® labeled equipment, when such equipment exists.

As the design architect, I certify that (**initial** the applicable lines):

_____ As new construction, this development meets Energy Star® Standards by achieving a Home Energy Rating System (HERS) index necessary to achieve an Energy Star® rating.

_____ This rehabilitation development has achieved a HERS index that is no greater than 2 points above that needed for an Energy Star® rating. This includes a computed HERS score based on a review of the drawings and specifications, blower door testing, duct blaster testing (if ductwork exists), a thermal bypass checklist inspection, and HVAC design in accordance with ACCA Manuals D, J, and S, for both new construction and rehabilitation developments (issuance of the actual Energy Star® label is not required).

_____ This is a preservation development and a HERS index is not required.

Home Ownership

As the construction contract administration architect, I certify that (**initial** as applicable):

_____ The units are townhouse or single family attached or detached structures.

**CONSTRUCTION CONTRACT ADMINISTRATION ARCHITECT'S/APPLICANT'S
CERTIFICATION OF THRESHOLD CRITERIA (page 4 of 4)**

Flood Plain Certification

As the construction contract administration architect, I certify that the applicable Flood Insurance Rate Map published by the Federal Emergency Management Agency indicates that the site of this development is: (**Initial** all that apply.)

- _____ Outside any flood area
- _____ Inside a 500 year flood area
- _____ Inside a 100 year flood area
- _____ Outside of a flood way
- _____ Inside a flood way

ARCHITECT

Signed: _____ **Date:** _____

Print: _____

Acknowledged and Accepted by the OWNER

Signed: _____ **Date:** _____

Print: _____

EXHIBIT B
INSTRUCTIONS
FOR COMPLETING THE LOW INCOME HOUSING TAX CREDIT
PROJECT HISTORY FORM
PART 1

The Project History Form is to be completed and mailed to PHFA when your buildings are placed in service. This form only needs to be completed once, unless a revision is needed.

This Project History Form is to include each unit in each building. If there is more than one building in your property, please list units consecutively by building number. The detailed instructions are as follows:

PROPERTY NAME: The actual name of your property, or if single dwelling, please check.

OWNER/CONTACT PERSON - ADDRESS - PHONE #: Please list the owner of the property or a contact person with address of each, if applicable, and phone number.

TAX CREDIT NUMBER: The number the Agency (Pennsylvania Housing Finance Agency) has assigned your property, which can be found on all correspondence from the Agency.

EXAMPLE: TC91 - 016

BUILDING IDENTIFICATION NUMBER (BIN): This number is found on Form 8609 (Part 1, Item E).

EXAMPLE: PA91 - 01016

BUILDING ADDRESS: The apartment building or house address on Form 8609 (Part 1, Item A).

BUILDING NUMBER: The number, if any, assigned to the building.

EXAMPLE: Building #502 or Building A

UNIT NUMBER: The actual apartment number.

EXAMPLE: Apartment A or Apartment #10

UNIT TYPE MR/LI: Is the unit a market rate or low income unit.

FLOOR: The actual floor on which the apartment is located.

EXAMPLE: Floor B or Floor 3

NUMBER OF BEDROOMS: The number of bedrooms per unit or apartment. Please identify as follows: Efficiency/SRO - 0; one-bedroom - 1; two-bedroom - 2; three-bedroom - 3; four-bedroom - 4; five-bedroom - 5.

UNIT SQUARE FEET: The total number of square feet per unit.

EXHIBIT B

LOW INCOME HOUSING TAX CREDIT
PROJECT HISTORY FORM - PART 2

Property Name: _____

TC #: T C ____ - ____ PHFA #: _____

Minimum Set-Aside Requirement:

Check the minimum set-aside applicable for your project (check only one).

20 - 50 test under Section 42 (g) (1) (A) of the Code

At least 20 percent of the rental residential units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 50 percent or less of area median gross income.

40 - 60 test under Section 42 (g) (a) (B) of the Code

At least 40 percent of the rental residential units (or of the total square footage of the residential space) in this development are rent-restricted and to be occupied by individuals whose income is 60 percent or less of area median gross income.

Applicable Fraction:

For Projects Prior to 1990: Applicable Fraction as defined in Section 42 (c) (1) (B) of the Code: _____ %

For 1990 Projects and Later: Have you entered into an extended low income housing commitment as described in Section 42 (h) (6) of the Code (Restrictive Covenant Agreement)? YES NO

Applicable Fraction as stated in the project's Restrictive Covenant Agreement:
_____ %

Occupancy Type: _____ Family _____ Elderly (55 yrs. 62 yrs.)
_____ Single Room Occupancy (SRO)

Total Number of Buildings in this Project: _____

Gross Floor Area of all Buildings: *

- _____ Total square footage of all buildings.
- _____ Total square footage of residential floor area.
- _____ Total square footage of low-income residential floor area.
- _____ Total square footage of nonresidential portion or professional space.
- _____ Total square footage of commercial space and/or professional space.

* NOTE: IF APPLICABLE FRACTION IS LESS THAN 100 PERCENT, INFORMATION MUST BE SUPPLIED BY BUILDING.

Breakdown by Number of Bedrooms:

Low Income Units

	<u># of Units</u>
EFF/SRO	
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____
5 Bedroom	_____
6 Bedroom	_____
SUBTOTAL	_____

Market Rate Units

	<u># of Units</u>
EFF/SRO	
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____
5 Bedroom	_____
6 Bedroom	_____
SUBTOTAL	_____

TOTAL UNITS IN PROJECT: _____

Model or Office Unit No.: _____ (DO NOT include in the above breakdown)

General Information:

Starting Year of Compliance Period: _____

Does the development have Acquisition credits?

YES NO

Does the development have Rehab credits?

YES NO

If the development has both Acquisition and Rehab credits, as of what date will the Acquisition credits be claimed? _____
(mm/dd/yyyy)

NOTE: The timing of the Tenant Income Certifications correlates with this answer.

Has this project been allocated tax credits in more than one tax credit year?

YES NO

If yes, state the tax credit years: _____ (e.g., TC89 and TC91).

Is this project the recipient of Section 8 Project-Based Assistance or FmHA 515 Rental Assistance? YES NO

If yes, state type of assistance _____

Is this project the subject of a historic rehabilitation tax credit?

YES NO

Has any portion of the basis of any building in the project been financed with tax exempt bonds?

YES NO

State length of tenant's initial lease: _____

Nonresidential Portion of the Building: (Check those that apply)

Community Room

_____ Parking Area

Swimming Pool

Other, please explain:

Certification: To the best of my knowledge, any and all information included in this form is true and correct.

Owner (Signature Required): _____

Typed Name: _____

Title: _____

Date: _____

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The Affirmative Fair Housing Marketing (AFHM) Plan is needed to ensure that insured and subsidized developers are taking necessary steps to eliminate discriminatory practices involving Federally insured and subsidized housing. No application for any housing project or subdivision insured or subsidized under the Department of Housing and Urban Development's (HUD) housing programs can be funded without an approved AFHM Plan (See the "Applicability" section in the instructions below.) The responses are required to obtain or retain a benefit under the Fair Housing Act, Section 808(e)(5) & (6) and 24 CFR Part 200, Subpart M. The form contains no questions of a confidential nature.

Applicability: This form is to be completed by all insured or subsidized: (1) multifamily projects; and (2) single-family homebuilders that can not meet at least one of the following requirements: (a) is a signatory in good standing to a Voluntary Affirmative Marketing Agreement (VAMA); (b) has a HUD approved AFHM Plan; (c) has contracted with someone to market their houses who has an AFHM Plan or is a signatory to a VAMA; or (d) can self certify compliance with HUD's AFHM Regulations, maintain records of their AFHM activities and make the records available to HUD upon request. Single-family homebuilders that can meet at least one of the above requirements can complete block 11 on form HUD-92541-BUILDER's Certification of Plans, Specifications, & Site instead of completing the AFHM Plan. [See HUD Mortgagee Letters 1995-18 dated April 28, 1995 and 2001-09 dated April 2, 2001]

Each applicant is required to carry out an affirmative program to attract prospective buyers or tenants of all minority and non-minority groups in the housing market area regardless of their race, color, religion, sex, national origin, disability, or familial status. Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the housing market area who may be subject to housing discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, or families with children. The applicant shall describe in the AFHM Plan the proposed activities to be carried out during advance marketing, where applicable, and the initial sales and rent-up period. The affirmative marketing program also should ensure that any group(s) of persons ordinarily **not** likely to apply for this housing without special outreach (See Part 3), know about the housing, feel welcome to apply and have the opportunity to buy or rent.

INSTRUCTIONS

Send completed form to: your local HUD Office

Attention: Director, Office of Housing

Part 1-Applicant and Project Identification. Blocks 1a thru 1f-Self-Explanatory. Block 1g-the applicant should specify the approximate date for starting marketing activities to the groups targeted for special outreach and the anticipated date of initial occupancy (if unoccupied). Block 1h-the applicant should indicate the housing market area, in which the housing will be (is) located. Block 1i - the applicant may obtain census tract location information from local planning agencies, public libraries and other sources of census data. Block 1j the applicant should complete only if a Managing/Sales Agent (the agent can not be the applicant) is implementing the AFHM Plan.

Part 2-Type of Affirmative Marketing Plan:

Applicants for multifamily housing projects should check both the MFH (Multifamily Housing) Plan and indicate the status of the AFHM Plan, e.g. new or update. As appropriate, single-family homebuilders who submit an AFHM Plan, should check the SFH (Single-family Housing) Plan box.

All Plans should indicate the racial composition of the housing market area in which the housing will be (is) located by checking one of the three choices. Single-family scattered site builder should submit an SFH Plan that reflects the racial composition of each the housing market area in which the housing will be (is) located. For example, if a builder plans to construct units in both minority and non-minority housing market areas, a separate AFHM Plan shall be submitted for each housing market area.

Part 3-Direction of Marketing Activity. Indicate which group(s) the applicant believes are least likely to apply for this housing without special outreach. Consider factors such as price or rental of housing, sponsorship of housing, racial/ethnic characteristics of housing market area in which housing will be (is) located, disability or familial status of eligible population, public transportation routes, etc.

Previous editions are obsolete

ref. Handbook 8025.1

form HUD-935.2 (8/2004)

4c. **Community Contacts.** To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area. If more space is needed, attach an additional sheet. Notify HUD-Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

Name of Group/Organization	Group Identification	Approximate Date (mm/dd/yyyy)	Person Contacted or to be Contacted
Address & Phone Number	Method of Contact	Indicate the specific function the Group/Organization will undertake in implementing the marketing program	

5. **Future Marketing Activities (Rental Units Only)** Mark the box(es) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

Newspapers/Publications Radio TV
 Brochures/Leaflets/Handouts
 Site Signs Community Contacts Other(specify)

6. **Experience and Staff Instructions (See Instructions)**

6a. Staff has experience. Yes No

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

7. **Additional Considerations** Attach additional sheets as needed.

8. **Review and Update** By signing this form, the applicant agrees to review their AFHM Plan every 5 years and update as needed to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (24 CFR 200.620).

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

For HUD-Office of Housing Use Only	For HUD-Office of Fair Housing and Equal Opportunity Use Only
Reviewing Official:	Approved _____ Disapproval _____ (Check One)
Signature & Date (mm/dd/yyyy)	Signature & Date (mm/dd/yyyy)
Name (type or print)	Name (type or print)
Title	Title

3/16/2011

Part 4-Marketing Program. The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 3 of this AFHM Plan as least likely to apply. The applicant shall state: the type of media to be used, the names of newspaper/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the AFHM Plan (e.g., White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, persons with disabilities, and families with children) and the size or duration of newspaper advertising or length and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the housing market area or the locality, that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, grass root faith-based or other community based organizations, labor unions, employers, public and private agencies, disability advocates, schools and individuals who are connected with these organizations and/or are well-known in the community. Applicants should notify their local HUD-Office of Housing of any changes to the list in Part 4c of this AFHM Plan.

Part 5-Future Marketing Activities. Self-Explanatory.

Part 6-Experience and Staff Instructions.

- 6a. The applicant should indicate whether the sales/rental staff have had previous experience in marketing housing to group(s) identified as least likely to apply for the housing.

- 6b. Describe the instructions and training provided or to be provided to sales/rental staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this AFHM Plan.

Copies of any written materials should be submitted with the AFHM Plan, if such materials are available.

Part 7-Additional Considerations. In this section describe other groups to which the housing may be marketed and efforts not previously mentioned which are planned to attract persons least likely to apply for the housing. Such efforts may include outreach activities to grass root faith-based or other community based organizations, and other ethnic groups with limited English proficiency (LEP).

Part 8-Review and Update. By signing, the applicant assumes full responsibility for the AFHM Plans implementation and required reviews and updates. HUD may monitor the implementation of this AFHM Plan at any time and request modification in its format or content, where deemed necessary.

Notice of Intent to Begin Marketing. No later than 90 days prior to the initiation of sales or rental marketing activities, the applicant of an approved AFHM Plan shall submit notice of intent to begin marketing. The notification is required by the Affirmative Fair Housing Marketing Plan Compliance Regulations (24 CFR Part 108.15). It is submitted either orally or in writing to the Office of Housing in the appropriate HUD Office servicing the locality in which the proposed housing will be located.

OMB approval of the Affirmative Fair Housing Plan includes approval of this notification procedure as part of the AFHM Plan. The burden hours for such notification are included in the total designated for this AFHM Plan form.