

**Multifamily Housing
Application
2008**

Pennsylvania Housing Finance Agency
211 North Front Street
P.O. Box 8029
Harrisburg, PA 17110
(717) 780-3882
TTY (717) 780-1869

Date of Application: _____

A. DEVELOPMENT NAME AND ADDRESS:

Development Name: _____

Site Address(es): _____

(If more than one building, list each separate property address. Use separate sheet, if necessary)

City: _____ Zip: _____

Municipality: _____ County: _____ Region No.: _____

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

House District: _____ Senate District: _____ Congressional District: _____

Funding Area: (See Multifamily Program Guidelines)

Participating Jurisdiction Nonparticipating Jurisdiction

B. APPLICATION TYPE:

General Elderly 55+/62+ Community Impact

C. FUNDING REQUEST: (Check all that apply)

Agency Financing

PennHOMES Financing

Taxable Bond Financing

Construction Financing Only

Tax Exempt Bond Financing

Construction and Permanent Financing

Agency Mortgage Insurance

Permanent Financing Only

Agency Equity Bridge Financing

Other (explain) _____

Low Income Housing Tax Credits

Nonprofit Set Aside Preservation Set Aside Regional Set Aside

Additional Tax Credits Set Aside Community Impact Set Aside

Supportive Housing Set Aside Tax Exempt Bond Financing Other

D. 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 _____

Co-Applicant: _____
 _____ (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 _____

Have you, or any principals in your organization, ever had a financial interest in real estate that:

1. Was foreclosed upon? Yes No
2. Was assigned to the lender (or Nominee) or to FHA? Yes No
 If "yes", was the subject of a forbearance, restructuring or other deferment arrangement with FHA or any mortgagee in lieu of foreclosure? Yes No
3. Filed for bankruptcy protection? Yes No
4. Materially defaulted in an obligation in any state or FHA? Yes No
5. Are you or any of the applicants or general partners currently under investigation by any local, state or federal agency? Yes No
6. Are you or any of the applicants or general partners currently debarred or suspended by HUD? Yes No

If the answer to any of the above is "yes", please explain on a separate sheet.

D. DEVELOPMENT TEAM (complete all that apply)

Ownership Entity:

(IF CURRENTLY EXISTS)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER)

(FAX NUMBER)

(E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

WBE

MBE

DBE

MWBE

SERB

Nonprofit

General Partnership

Limited Partnership

Corporation

Individual

CHDO

Section 3

Entity Currently Exists

Entity to be formed

Estimated Filing Date

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

Managing General

Partner:

(FIRM)

(CONTACT PERSON)

(PHONE NUMBER)

(FAX NUMBER)

(E-MAIL ADDRESS)

0.00%

(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)

0.00%

(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)

0.00%

(PERCENT OF OWNERSHIP)

(TAX IDENTIFICATION NUMBER, IF AVAILABLE)

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 party involved in the development? ___ Yes ___ No

If yes, Party _____
 Relationship _____

Construction Contract Administration 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 _____

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

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 _____

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 _____

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 _____

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

Housing Consultant:

(FIRM)
(CONTRACT 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 Housing Consultant related to or have substantial financial interest in any other party involved in the development? Yes No
If yes, Party Relationship

Housing Management Consultant:

(FIRM)
(CONTRACT 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 Housing Management Consultant related to or have substantial financial interest in any other party involved in the development? Yes No
If yes, Party Relationship

Supportive Services Provider:

(FIRM)
(CONTRACT PERSON)
(STREET)
(CITY, STATE, AND ZIP)
(PHONE NUMBER) (FAX NUMBER) (E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)
MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO
Contract awarded at date of application? Yes No
Are you required to bid? Yes No
Is the Supportive Service Provider related to or have substantial financial interest in any other party involved in the development? Yes No
If yes, Party Relationship

E. BOND FINANCING TEAM (Tax-Exempt Bond Applicants Only)

Bond Issuer: _____
(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

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

MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO

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

If yes, Party _____
Relationship _____

Bond Counsel: _____
(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

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

MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO

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

If yes, Party _____
Relationship _____

**Underwriters/
Placement Agents:** _____
(If Currently Exists) (FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

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

MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO

Is the Underwriter/Placement Agent related to or have substantial financial interest in any other party involved in the development? Yes No

If yes, Party _____
Relationship _____

Underwriter's Counsel:
(If Currently Exists)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

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

MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO

Is the Underwriter's Counsel related to or have substantial financial interest in any other party involved in the development? Yes No

If yes, Party _____
 Relationship _____

Financial Advisors
(If Currently Exists)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

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

MWBE WBE MBE DBE Section 3 SERB Nonprofit CHDO

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

If yes, Party _____
 Relationship _____

F. DEVELOPMENT DESCRIPTION

General Information Items 1 Through 5.

1. Type of Proposed Rental Development

- Multifamily
- Single Room Occupancy
- Other _____

2. Physical Characteristics of the Development

a. Construction Type

- New Construction
- Rehabilitation
 - Moderate Historic
 - Substantial Conversion
- Preservation of Existing Federally Assisted/Subsidized Housing
 - Expiring Subsidies or Substantial Capital Needs or
 - Agency monitored development
- Original Funding
 - HUD 202 HUD 221(d)(3) HUD 232 HUD 236
 - RHS 515 LIHTC Other _____

b. Building Type

- Townhouse
- Walkup Apartments
- Low-Rise (2 or 3 stories with one or more elevators)
- Mid-Rise (4 to 6 stories with one or more elevators)
- High-Rise (7 or more stories with one or more elevators)
- Other _____

c. Is it a scattered site development?

- Yes No
- If Yes, are the sites contiguous? Yes No
- If not contiguous, and applying for low income housing tax credits, are all are all of the units in each of the buildings to be rent restricted to occupancy by qualified low income tenants in accordance with Section 42 of the Code? Yes No

d. Was structure built before January 1, 1978?

- Yes No
- If yes, has structure been rehabilitated after January 1, 1978? Yes No
- Is the structure certified Lead Free? Yes No

e. Community Space

- Is the community space on site? Yes No
- Will the community space be in a separate building? Yes No
- If Yes, is the building currently existing? Yes No
- If Yes, does the separate building include low income rental units? Yes No
- Is the Community space shared with another phase of this development? Yes No

3. Home Ownership

- Will the development convert to home ownership after 15 years? Yes No
- If no, the owner waives it's right to terminate the extended use period for 30 years. (For Tax Credits only)

4. Occupancy Type (Check only a maximum of two blocks)

- General Homeless
- Elderly, age 55 and older ¹ Elderly, age 62 and older ¹
- Mentally Disabled Seasonal Farm Worker
- Physically Disabled Other _____

¹ "Housing for older persons" as defined by the Fair Housing Act (42 U.S.C. Section 3601-3619)

5. 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.

6. Current Rentals

(To be completed only if building is currently occupied.)

| | | | A | B | A+B | C | | A+B+C | |
|-----|-------|--------|-----------|-----------|--------|-----------|--|---------|--------|
| B/R | Units | Square | Paid Rent | Allowance | Tenant | Payment & | | Housing | Income |
| SRO | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| EFF | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 1BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 2BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 3BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 4BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| 5BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |

Total: 0

* If applicable, provide the amount and the source of subsidy

S8FMR - Section 8 Fair Market Rent

HV - Housing Vouchers

HP - HOPE VI

PBS8 - Project Based Section 8 Certificate

H-Federal HOME Program

SA - State Assistance

RHS - 515 Rental Assistance

O - Other (Explain)

** State the percentage of median income to which the rents are targeted (i.e., 40%, 50%, 60% or MR - Market Rate)

PennHOMES Nonparticipating Jurisdiction Applicants Complete Item 7.

7. Acquisition/Relocation

- a. Have the parties entered into a contract or agreement of sale? Yes No
Reference the PennHOMES Program Guidelines and Acquisition Notice sample formats found in the Appendix of the Multifamily Housing Application Instructions for requirements and procedures.
- b. Is the site in an urban renewal, model cities, or neighborhood strategy area? (Contact local municipality for further information.) Yes No
- c. Eminent Domain
- 1) Does the buyer have the power of eminent domain? Yes No
- 2) Will the buyer execute the power of eminent domain? Yes No
- 3) Is the property part of a plan or designated property area where substantially all property within the area is to be purchased within a specific time frame? (Contact your local municipality for further information.) Yes No
- 4) Is the buyer undertaking the purchase on behalf of an entity with the power of eminent domain? Yes No

Tax Credit Applicants Complete Items 8. Through 16.

8. Has the development been issued a reservation or allocation of tax credits in a previous year?

Yes No If yes, what is the tax credit development number? TC _____

9. General Public Units

- a. Are all rental residential units available to the general public? Yes No
- b. Buildings having four or less units: Are any of the units to be occupied by the owner or a person related to the owner? Yes No
- If yes, is the building part of a development plan of action sponsored by a state or local government or a qualified nonprofit organization? Yes No

10. Type of Tax Credit Requested

- a. New Construction
 with federal subsidies without federal subsidies
- b. Rehabilitation
 with federal subsidies without federal subsidies
- c. Rehabilitation and Acquisition
- 1) _____ Units occupied or suitable for occupancy on acquisition date
_____ Units occupied or suitable for occupancy upon completion of the rehabilitation
- 2) with federal subsidies without federal subsidies

11. High Cost Area

- a. Are **all** of the buildings in the development located in a High Cost Area as described in Section 42 of the Code? Yes No
(If all buildings are not located in a High Cost area, specify which buildings are and which are not.)

- b. Census tract number _____
or
Difficult Development Area _____
If multiple census tracts, list census tract for each building on a separate sheet.

12. Timing For Reservation and Allocation

- | | <u>New Construction or</u> | <u>Acquisition Credit</u> |
|---------------------------------------|----------------------------|---------------------------|
| a. Anticipated Placed-In-Service Date | _____ | _____ |
| or | | |
| b. Actual Placed-In-Service Date | _____ | _____ |
- If multiple buildings, you must provide above information for each building.

13. Gross Rent Floor Election

- If this line is checked, owner has determined that the gross rent floor as set forth in Section 42 (g)(2)(B) will take effect on the date the building is placed-in-service.
or
 If this line is checked, the gross rent floor as set forth in Section 42(g)(2)(B) will take effect on the date the Agency and owner execute the Carryover Allocation Agreement.

14. Election of Minimum Set-Aside Requirement

The owner must irrevocably elect, with regard to the low income units, one of the Minimum Set-Aside Requirements described below. (Check one):

- At least 20% of the residential rental 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% or less of area median gross income.
Or
 At least 40% of the residential rental 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% or less of area median gross income.

PLEASE NOTE: By electing 20% at 50% of area median gross income, you have elected that **ALL** low income units will be occupied by tenants whose income will not exceed 50% of area median gross income.

15. The following information must be provided for each building. Use a separate sheet for multiple buildings.

a. Building Address(es)

b. Current owner _____

c. Type of site control _____

d. Date of the most recent sale or transfer of the building _____

e. Was rehabilitation work greater than 25% of the building's adjusted basis performed by the previous owner? Yes No

f. Was the building occupied at any time during the last ten years? Yes No

g. Was the building occupied or suitable for occupancy at the time of purchase? Yes No

h. If single family residence, was the building used by the previous owners as their principal residence for the past ten years? Yes No

16. Chief Executive Officer of Local Jurisdiction

Name _____

Title _____

Address _____

Telephone _____

G. 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 5 miles of a private, public or military airport) | ___ Other |

A copy of the Executive Summary of the environmental audit must be provided with the application.

3. Unusual Site Features

| | | |
|----------------------|--------------------|---------------------------------------|
| ___ fill | ___ mining | ___ high tension wires |
| ___ rock formations | ___ unstable soil | ___ railroad tracks (within 100 yds.) |
| ___ drainage ways | ___ sink holes | ___ excessive grade (___ %) |
| ___ high water table | ___ on-site stream | ___ other _____ |

4. Flood Hazard Determination:

a. The proposed site is located in the 100 year flood plain. ___ Yes ___ No
If yes, provide a copy of the flood insurance rate map.

b. The proposed site has been inundated during a flood or high water, either wholly or partially in the last 50 years. ___ Yes ___ No

c. The proposed site is subject to water run-off from adjoining properties. ___ 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 either before during or after the project and may be monetary to require additional security or construction activity as a condition of local permit/occupancy certification.)

7. Target Areas: (Attach any necessary supporting documentation thereto.)

Is the site located in:

- a. A Distressed Area Yes No
- b. An Empowerment Zone Yes No
- c. An Enterprise Community Yes No
- d. A Heritage Park Yes No
- e. Keystone Opportunity Zone Yes No

8. Historical Significance:

a. Is the site located within an area that may have historical or archeological value?
 Yes No

b. Are there any buildings to be rehabilitated or demolished that are 50 or more years old?
 Yes No

If yes to question a. or b., and the development is located in a nonparticipating jurisdiction, provide evidence that the State Historic Preservation Office (SHPO) has been consulted regarding approval of the proposed work.

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

d. Do the buildings qualify for the historic tax credit? Yes No
If yes, list all building addresses that qualify.

H. DEVELOPMENT SPECIFICATIONS

1. Building Description

| | Existing | Proposed |
|---------------------------|----------|----------|
| Structural system | | |
| Exterior Finish | | |
| Type of Heating System | | |
| Type of A/C system | | |
| Type of Elevators | | |
| Domestic Hot Water System | | |

- 2. Number of buildings _____
- 3. Number of stories _____
- 4. Number of elevators _____
- 5. Total number low income units _____
- 6. Total number of HOME assisted units _____
- 7. Total number of market rate units _____
- 8. Manager's and/or employee's unit _____
- 9. Total number of units _____
- 10. Number of fully accessible units _____
- 11. Number of hearing/vision impaired units _____

12. Equipment to be provided in each unit*

| | Yes | No | | Yes | No |
|-------------------------------|-----|-----|--------------------|-----|-----|
| * Range | ___ | ___ | Laundry Facilities | ___ | ___ |
| * Refrigerator | ___ | ___ | Common Area | ___ | ___ |
| * Kitchen Exhaust Fan | ___ | ___ | In Each Unit | ___ | ___ |
| * Bathroom Exhaust Fan | ___ | ___ | Hookups | ___ | ___ |
| * Disposal | ___ | ___ | Other (describe) | ___ | ___ |
| Drapes/Blinds | ___ | ___ | | | |
| * Dishwasher | ___ | ___ | | | |
| * Carpet | ___ | ___ | | | |
| Emergency Notification System | ___ | ___ | | | |
| Digital Accessibility | ___ | ___ | | | |

* PennHOMES Applicants should refer to the [Submission Guide for Architects](#) for requirements. Tax Credit Applications should refer to the Allocation Plan for threshold requirements for development and unit amenities.

13. List common area facilities and amenities planned for the development. Continue on a separate attachment if necessary.

14. Development size per square footage - include all buildings:

| | |
|---|-------|
| Gross building area (include basements only if improved) | _____ |
| Gross commercial and all commercial related areas | _____ |
| Gross residential and residential related areas (Including common space solely used by residents) | _____ |
| Gross low income residential areas (Including common space solely used by residents) | _____ |
| Net community space areas (Include community room, lounge, library, exercise rooms or any space tenants can gather. Hallways or stairwells may not be included.) | _____ |

15. Total land area

16. Parking

| | |
|----------------------------|-------|
| Number of on-site spaces: | |
| Number of garage spaces | _____ |
| Number of carport spaces | _____ |
| Number of open lot spaces | _____ |
| Total on-site spaces | _____ |
| Number of off-site spaces: | |
| Number of garage spaces | _____ |
| Number of carport spaces | _____ |
| Number of open lot spaces | _____ |
| Total off-site spaces | _____ |

17. Wage Determination (check category and provide documentation evidencing determination)

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

I. INCOME AND UTILITY PROJECTIONS

1. Unit configuration & Rental Income Projections

| | | | A | B | A+B | C | | A+B+C | | |
|---------------|--------------|-------------------------|------------------|-----------------------|----------------------|--|--|---------------------------|---------------------------|-------------------------|
| No. of B/R | No. of Units | Average Square Feet (1) | Tenant Paid Rent | Utility Allowance (2) | Total Tenant Expense | Rental Assistance Payment & Source (3) | | Total Housing Expense (4) | Targeted Income Level (5) | Targeted Rent Level (6) |
| SRO | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| EFF | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| 1BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| 2BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| 3BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| 4BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| 5BR | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | |
| Total: | 0 | | | | | | | | | |

Total: 0

- (1) If applying for Agency financing, see the Submission Guide for Architects for acceptable unit sizes. If applying for Tax Credits see Allocation Plan for acceptable unit sizes.
- (2) See the Multifamily Housing Application Instructions for appropriate utility allowance.
- (3) If applicable, provide the amount and the source of subsidy
 S8FMR - Section 8 Fair Market Rent HV - Housing Vouchers HP - HOPE VI
 PBS8 - Project Based Section 8 H-Federal HOME Program SA - State Assistance
 Certificate RHS - 515 Rental Assistance O - Other (Explain)
- (4) If applying for Agency financing, this amount must not exceed the total housing expense found in the Income/Rent Limits Appendix of the Multifamily Housing Program Guidelines.
- (5) State the percentage of median income to which the tenant income is targeted.(i.e., 20%, 40%, 50%, 60% or MR - Market Rate)
- (6) State the percentage of median rent to which the tenant rents are restricted.(i.e., 20%, 40%, 50%, 60% or MR - Market Rate)

2. Utilities available at the site:

| | <u>Provider</u> | <u>Tap-in Distance</u> |
|----------|-----------------|------------------------|
| Water | _____ | _____ |
| Sewer | _____ | _____ |
| Gas | _____ | _____ |
| Electric | _____ | _____ |

3. Utilities

Complete in detail the source of the following utility services and whether the utility service expense will be paid by the development or the tenant. The information provided for tenant paid utilities must agree with the utility allowance information submitted under Tab #20.

| Utility | Type of Service (gas, elec., etc.) | To Be Paid by Owner/Tenant | Allowance per Unit Size | | | | | |
|------------------------|------------------------------------|----------------------------|-------------------------|---|---|---|---|---|
| | | | 0 | 1 | 2 | 3 | 4 | 5 |
| Heat | | | | | | | | |
| Hot Water | | | | | | | | |
| Cooking | | | | | | | | |
| Lights in Unit | | | | | | | | |
| Lights in Public Space | | | | | | | | |
| Air Conditioning | | | | | | | | |
| Water | | | | | | | | |
| Sewer | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total | | | 0 | 0 | 0 | 0 | 0 | 0 |

J. ANNUAL OPERATING BUDGET

| | | Annual | Per Unit Expense |
|---|------|--------|------------------|
| 1. Gross Rental Income | | \$ - | \$ - |
| 2. Commercial Income | | \$ - | \$ - |
| 3. Other Rental Income | | \$ - | \$ - |
| 4. Total Rental Income | | \$ - | \$ - |
| 5. Residential Vacancy | 0.0% | \$ - | \$ - |
| 6. Commercial Vacancy | 0.0% | \$ - | \$ - |
| 7. Total Vacancy | | \$ - | \$ - |
| 8. NET RENTAL INCOME | | \$ - | \$ - |
| 9. Service Income | | \$ - | \$ - |
| 10. EFFECTIVE GROSS INCOME | | #REF! | #REF! |
| 11. Advertising & Renting | | \$ - | \$ - |
| 12. Office & Telephone | | \$ - | \$ - |
| 13. Management Fee | 0.0% | \$ - | \$ - |
| 14. Legal | | \$ - | \$ - |
| 15. Audit | | \$ - | \$ - |
| 16. Misc. Administrative | | \$ - | \$ - |
| 17. TOTAL ADMINISTRATIVE | | \$ - | \$ - |
| 18. Fuel Oil | | \$ - | \$ - |
| 19. Electricity | | \$ - | \$ - |
| 20. Water | | \$ - | \$ - |
| 21. Gas | | \$ - | \$ - |
| 22. Sewer | | \$ - | \$ - |
| 23. TOTAL PROPERTY PAID UTILITIES | | \$ - | \$ - |
| 24. Janitor/Maintenance Supplies | | \$ - | \$ - |
| 25. Operating/Maintenance Contracts | | \$ - | \$ - |
| 26. Rubbish Removal | | \$ - | \$ - |
| 27. Security Payroll/Contract | | \$ - | \$ - |
| 28. Repairs Material | | \$ - | \$ - |
| 29. Elevator Maintenance | | \$ - | \$ - |
| 30. HVAC Maintenance | | \$ - | \$ - |
| 31. Grounds Maintenance/Snow Removal | | \$ - | \$ - |
| 32. Painting & Decorating | | \$ - | \$ - |
| 33. Vehicle Operation & Repairs | | \$ - | \$ - |
| 34. Misc. Operating & Maintenance | | \$ - | \$ - |
| 35. TOTAL OPER. & MAINT. EXPENSE | | \$ - | \$ - |

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

| | Annual | Per Unit Expense |
|---|--------------|------------------|
| 36. Office Salaries | \$ - | \$ - |
| 37. Manager Salaries | \$ - | \$ - |
| 38. Employee Rent Free Unit | \$ - | \$ - |
| 39. Janitor/Maintenance Salaries | \$ - | \$ - |
| 40. Employer Payroll Tax | \$ - | \$ - |
| 41. Worker's Compensation | \$ - | \$ - |
| 42. Employee Benefits | \$ - | \$ - |
| 43. TOTAL PAYROLL EXPENSES | \$ - | \$ - |
| 44. Real Estate Taxes | \$ - | \$ - |
| 45. Prop. & Liability Ins. | \$ - | \$ - |
| 46. Misc. Taxes & Ins., Licenses/Permits | \$ - | \$ - |
| 47. TOTAL TAXES & INSURANCE | \$ - | \$ - |
| 48. TOTAL SUPPORTIVE SERVICES | \$ - | \$ - |
| 49. TOTAL REPLACEMENT RESERVE | \$ - | \$ - |
| 50. INVESTOR SERVICE FEE | \$ - | \$ - |
| 51. Other | \$ - | \$ - |
| 52. Other | \$ - | \$ - |
| 53. TOTAL OPERATING DISBURSEMENTS | \$ - | \$ - |
| 54. NET OPERATING INCOME (NOI) | #REF! | #REF! |
| 55. Primary Debt Service | \$ - | \$ - |
| 56. Service Fee | \$ - | \$ - |
| 57. Credit Enhance _____ 0% | \$ - | \$ - |
| 58. Other Service Fee _____ 0% | \$ - | \$ - |
| 59. TOTAL PRIMARY DEBT SERVICE | \$ - | \$ - |
| 60. INITIAL CASH FLOW | #REF! | #REF! |
| 61. PRIMARY DEBT SERVICE COVERAGE (Line 55/Line 60) | 0.00% | 0.00% |
| 62. PennHOMES Debt Service | \$ - | \$ - |
| 63. Other _____ | \$ - | \$ - |
| 64. Other _____ | \$ - | \$ - |
| 65. TOTAL SECONDARY DEBT SERVICE | \$ - | \$ - |
| 66. SECONDARY CASH FLOW | #REF! | #REF! |

K. DEVELOPMENT BUDGET

| 1 | 2 | 3 |
|---------------------|--------------------|------------------|
| Actual Costs | Acquisition | Rehab/New |

1. CONSTRUCTION COSTS

(from Statement of Probable Const. Costs)

| | | | | |
|------------------------------|------------------------|-------------|--|---------------------------------|
| General Requirements (Div.1) | | \$ - | | \$ - |
| | Breakdown of Site Work | | | Breakdown of eligible site work |
| Building Demolition | \$ - | | | |
| Selective Demolition | \$ - | | | \$ - |
| Site Work | \$ - | | | \$ - |
| Offsite Improvements | \$ - | | | |
| Subtotal Site Work (Div.2) | | \$ - | | \$ - |
| Structure (Div. 3 to 16) | | | | \$ - |
| Builder's Overhead | #### | | | \$ - |
| Builder's Profit | #### | | | \$ - |
| Bond Premium | | | | \$ - |
| Building Permits | | | | \$ - |
| Construction Contingency | #### | | | \$ - |
| Other | | | | \$ - |
| | Total | \$ - | | \$ - |

2. FEES

| | | | | |
|-------------------------|--------------|----------------|-------------|-------------|
| Architect Fee-Design | | \$ - # | | \$ - |
| (#DIV/0! of \$ | -) | | | |
| Architect Fee-Admin | | \$ - # | | \$ - |
| (#DIV/0! of \$ | -) | | | |
| Legal | | \$ - \$ | \$ - | \$ - |
| Engineering | | \$ - \$ | \$ - | \$ - |
| Survey | | \$ - \$ | \$ - | \$ - |
| Soils/Structural Report | | \$ - \$ | \$ - | \$ - |
| Environmental Audit | | \$ - \$ | \$ - | \$ - |
| Property Appraisal | | \$ - \$ | \$ - | \$ - |
| Market Study | | \$ - | | \$ - |
| Credit Report | | \$ - | | \$ - |
| Cost Certification | | \$ - \$ | \$ - | \$ - |
| Other | | \$ - \$ | \$ - | \$ - |
| | Total | \$ - \$ | \$ - | \$ - |

3. MISC. DEVELOPMENT CHARGES

| | | | | |
|---|--------------|----------------|-------------|-------------|
| Multifamily Housing Application Fee | | \$ - # | | # |
| Loan Program Closing Fee | | \$ - # | | |
| Tax Credit Reservation & Allocation Fees | | \$ - # | | # |
| Furnishings (Common Area) | | \$ - # | | \$ - |
| Rent-up Expenses | | \$ - | | |
| Relocation | | \$ - # | | \$ - |
| Utility Tap in, Hook-up, & Municipal Fees | | \$ - \$ | \$ - | \$ - |
| Other | | \$ - \$ | \$ - | \$ - |
| | Total | \$ - \$ | \$ - | \$ - |

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

| | 1 | 2 | 3 |
|---|--------------|-------------|-------------|
| | Actual Costs | Acquisition | Rehab/New |
| 4 CONSTRUCTION & FINANCING CHARGES | | | |
| Construction Loan Interest | \$ - | \$ - | \$ - |
| Construction period <u> 0 </u> months | | | |
| Construction Loan Origination Fee | \$ - | \$ - | \$ - |
| Construction Loan Credit Enhancement | \$ - | | \$ - |
| Construction Loan Application Fee | \$ - | | \$ - |
| Taxes During Construction | \$ - | | \$ - |
| Insurance During Construction | \$ - | | \$ - |
| Title | \$ - | \$ - | \$ - |
| Recording | \$ - | \$ - | \$ - |
| Other _____ | \$ - | \$ - | \$ - |
| Total | \$ - | \$ - | \$ - |
| 5. PERMANENT FINANCING | | | |
| Permanent Loan Origination Fee | \$ - | | |
| Permanent Loan Credit Enhancement | \$ - | | |
| Cost of Issuance/Underwriters Discount | \$ - | | |
| Other _____ | \$ - | | |
| Total | \$ - | | |
| 6. LAND & BUILDING PURCHASE | | | |
| Acquisition of Land | \$ - | | |
| Acquisition of Existing Structures | \$ - | \$ - | |
| Acquisition Legal Fees | \$ - | \$ - | |
| Closing Costs | \$ - | \$ - | |
| Demolition of Existing Structures | \$ - | | |
| Other _____ | \$ - | \$ - | |
| Total | \$ - | \$ - | |
| 7. REPLACEMENT COST | \$ - | \$ - | \$ - |
| (Total Sections 1-6) | | | |
| 8. DEVELOPMENT RESERVES | | | |
| Operating Reserve | \$ - | | |
| Transformation Reserve | \$ - | | |
| Rental Subsidy Fund | \$ - | | |
| Development Contingency Fund (DCF) | \$ - | | |
| Real Estate Taxes (first year escrow) | \$ - | | |
| Insurance (first year escrow) | \$ - | | |
| Supportive Services Escrow | \$ - | | |
| Other _____ | \$ - | | |
| Total | \$ - | | |
| 9. DEVELOPER'S FEE & OVERHEAD | | | |
| Rehabilitation/New Construction | \$ - | | \$ - |
| Acquisition (less land) | \$ - | \$ - | |
| Total | \$ - | \$ - | \$ - |

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

| | 1 | 2 | 3 |
|--|---------------------|--------------------|------------------|
| | Actual Costs | Acquisition | Rehab/New |
| 10. SYNDICATION FEES & EXPENSES | | | |
| Organizational | \$ - | | |
| Bridge Loan Interest During Construction | \$ - | | \$ - |
| Bridge Loan Interest After Construction | \$ - | | |
| Bridge Loan Fees & Expenses | \$ - | | \$ - |
| Legal Fees | \$ - | | |
| Accountant's Fees | \$ - | | |
| Other | \$ - | | |
| Total | \$ - | | \$ - |
| 11. OTHER | | | |
| Tax Credit Compliance Monitoring Fee | \$ - | | |
| Other | \$ - | | |
| Total | \$ - | | |
| 12. TOTAL DEVELOPMENT COST | | | |
| | \$ - | \$ - | \$ - |
| (Sections 7-11) | | | |
| 13. If Tax Credits will be issued on other than Eligible Basis, enter the number here | | | |
| | | | \$ - |
| Less portion of any grant or federal subsidy not to be included in Basis | \$ - | \$ - | \$ - |
| Less amount of non-qualified non-recourse financing | \$ - | \$ - | \$ - |
| Less amount of costs for commercial space or for any areas that tenants will be charged to use | \$ - | \$ - | \$ - |
| Less nonqualifying unit costs for higher quality items | \$ - | \$ - | \$ - |
| Less historic tax credit (residential portion) | \$ - | \$ - | \$ - |
| 14. ELIGIBLE BASIS | \$ - | \$ - | \$ - |
| 15. HIGH COST AREA (if applicable) | | 0% | 0% |
| 16. TOTAL ELIGIBLE BASIS | \$ - | \$ - | \$ - |
| 17. APPLICABLE FRACTION | | 0% | 0% |
| 18. TOTAL QUALIFIED BASIS | \$ - | \$ - | \$ - |
| 19. APPLICABLE PERCENTAGE | | 0.00% | 0.00% |
| 20. TOTAL TAX CREDITS REQUESTED | \$ - | \$ - | \$ - |

L. 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: | | \$ - | |

2 Permanent Financing (designate Grant or Loan)

| | <u>Source of Funds</u> | <u>Amount</u> | <u>Rate & Term of Grant or Loan</u> | <u>Debt Service Pmt.</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 Permanent Financing: \$ -

3 Credit Enhancement

- a. Is the development receiving FHA mortgage insurance? Yes No
 HUD Insurance Number _____
- b. Is the development receiving other credit enhancement? Yes No
 PHFA
 Risk Sharing
 Other _____

4. Federal Subsidies

- a. Is any portion of the development financed or to be financed with federal subsidies? Yes No
- Tax-Exempt Bond Financing
- Rural Development Financing
- Community Development Block Grant (CDBG) Financing
- HOPE VI or Comprehensive Grant Financing
- Home Investment Partnerships (HOME) Financing
- Special Purpose Grant
- Other (specify) _____
- b. How is the subsidy to be used?
- Loan below AFR** Loan at or above AFR Operating subsidy
- Land Acquisition* Building Acquisition* Grant (see 5. below)
- Other _____
- c. Did this development receive federal assistance in any prior year? Yes No

Date mm/dd/yyyy Type _____ Amount _____

* Financing document(s) must specify the amount of the funds that are to be used for the acquisition of the property(s). A copy of the document(s) must be provided.

** Applicable Federal Rate

5. Grants

- a. Is the source of any loan to the developer a federal, state, local or private grant? Yes No
- If yes, state source of grant and term of the loan(s):
- | | | | |
|----|---|--------|-------|
| \$ | - | Source | _____ |
| \$ | - | Source | _____ |
| \$ | - | Source | _____ |
- b. Is (are) the building(s) the subject of federal, state, local, nonprofit or private grants which are not repayable? Yes No
- If Yes, amount of grant(s):
- | | | | |
|----|---|--------|-------|
| \$ | - | Source | _____ |
| \$ | - | Source | _____ |
| \$ | - | Source | _____ |
- c. Is the grant to be used for the acquisition of an existing building? Yes No
- d. Is the grant to be used for the purchase of the land? Yes No
- If so, what portion? \$ _____ -

6. Are any additional loans, grants or financing sources being considered or applied for (for instance, FHLB Affordable Housing Program)? Yes No

If yes, state source of funds, type of program, expected date of application decision and amount of funds:

\$ _____ - Source _____
Decision Date mm/dd/yyyy Program _____

\$ _____ - Source _____
Decision Date mm/dd/yyyy Program _____

\$ _____ - Source _____
Decision Date mm/dd/yyyy Program _____

M. DEVELOPER EQUITY

Syndication Information (for all developments generating equity through syndication)

| Type of Credit | Anticipated Credits | Investment per | Gross Investment |
|---------------------------|---------------------|----------------|------------------|
| Low Income Housing | \$0 | \$0.00 | \$0 |
| Historic Rehab | \$0 | \$0.00 | \$0 |
| State Enterprise Zone | \$0 | \$0.00 | \$0 |
| Neighbor. Assist. Program | \$0 | \$0.00 | \$0 |
| Total | \$0 | \$0.00 | \$0 |

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 _____

PENNSYLVANIA HOUSING FINANCE AGENCY (2008 APPLICATION)

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 _____

N. RECAP-SOURCES AND USES OF FUNDS

SOURCES OF FUNDS

Primary Financing

| | | |
|-----------------------------|----|---|
| Tax Exempt Bonds | \$ | - |
| Taxable Bonds | \$ | - |
| Rural Housing Service (RHS) | \$ | - |
| Conventional | \$ | - |
| HOPE VI | \$ | - |
| Other | \$ | - |

PennHOMES

| | |
|----|---|
| \$ | - |
|----|---|

Secondary Financing

| | | |
|---|----|---|
| Community Development Block Grant (CDBG) | \$ | - |
| State (Non-Agency) | \$ | - |
| Federal HOME Investment Partnership Program (HOME) (Non-Agency) | \$ | - |
| Local | \$ | - |
| Federal Home Loan Bank (FHLB) | \$ | - |
| Foundations | \$ | - |
| Act 137 | \$ | - |
| Other | \$ | - |

Grants that will not be repaid

| | | |
|---|----|---|
| Community Development Block Grant (CDBG) | \$ | - |
| State (non-Agency) | \$ | - |
| Federal HOME Investment Partnership Program (HOME) (Non-Agency) | \$ | - |
| Local | \$ | - |
| Federal Home Loan Bank (FHLB) | \$ | - |
| Foundations | \$ | - |
| Other | \$ | - |

Gross Syndication Proceeds

| | |
|----|---|
| \$ | - |
|----|---|

General Partner Contribution

| | |
|----|---|
| \$ | - |
|----|---|

Reinvested Developer's Fee

| | |
|----|---|
| \$ | - |
|----|---|

TOTAL SOURCES

| | |
|----|---|
| \$ | - |
|----|---|

TOTAL DEVELOPMENT COST

| | |
|----|---|
| \$ | - |
|----|---|

(From Page 23, Line 12)

Total sources must equal total development costs.

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, but is not limited to, 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.)

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 during the pending of this application.

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:

NAME

DATE

BY:

APPLICANT / DEVELOPER (TYPE OR PRINT)

SIGNATURE

TITLE

PUBLIC OFFICIAL EMPLOYEES DISCLOSURE STATEMENT

Development Name: _____
Municipality, County: _____

1. Have you or any of the other persons among the entities involved in the development or members of your immediate family or business associates held positions as public officials or public employees within the last two years?

Yes No

If "yes" please identify the persons, their relationship to the development sponsors, the public employer, the title of the position held, and a short description of job responsibilities.

2. Do you or any of the other persons or entities involved in the development or members of your immediate family or business associates presently hold positions as public officials or public employees?

Yes No

If "yes" and not fully described above, describe as per question 1.

3. Is the participation of any member of the development team prohibited by or in any way regulated by the terms of his or her regular employment?

Yes No

If "Yes", explain fully.

4. Have you or any of the other persons involved in the development or members of their immediate family been employed by the Pennsylvania Housing Finance Agency in the last five years?

Yes No

If "yes," identify the position held and the date of separation from the Agency.

I verify that the foregoing information is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

APPLICANT/OWNER

DATED