

**PHFA Multifamily Housing
Underwriting Application
2025**

Pennsylvania Housing Finance Agency
211 North Front Street
P.O. Box 8029
Harrisburg, PA 17101
(717) 780-3860
TTY (800) 654-5984

Date of Application: _____ Repeat Application Yes No

DEVELOPMENT NAME AND ADDRESS: _____ Number of times previously submitted _____

Development Name: _____

Site Address(es): _____

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

City: _____ Zip: _____ - _____ (+4 Zip Code Required)

Municipality: _____ County: _____ Region No.: _____

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

GPS Coordinates: _____

Name of High School for neighborhood where this project located: _____

FUNDING AREA: (See Multifamily Program Guidelines)

Participating Jurisdiction Nonparticipating Jurisdiction

FUNDING REQUEST:

Agency Financing (Check all that apply)

PennHOMES Financing

Agency Mortgage Insurance

Construction Financing Only

PA State Housing Tax Credits

Construction and Permanent Financing

Capital Magnet Funds

Permanent Financing Only

PHARE

Other (explain) _____

Marcellus Shale

Agency First Mortgage

Housing Trust Fund (HTF)

Tax Exempt Bond Financing

Federal Low Income Housing Tax Credits Preferences and Set-Asides (Check all that apply)
(see Qualified Allocation Plan for detailed information)

General Occupancy

Sr. Occupancy 62+ with Services (100% of the Units)

Preservation (Tab 35)

Supportive Housing (Tab 31)

Innovation in Const. Technology (Tab 41)

Strategic Investment

Community Revit./Mixed Income

Areas of Opportunity

Non Profit Set-Aside (Tab 30)

Re-entry populations

Health for Housing Investment (Tab 44)

APPLICANT INFORMATION

Applicant/Developer: _____
 (Must also be listed as a General Partner) _____ (PARENT COMPANY)
 _____ (CONTACT PERSON)
 (Must match Orgaizational chart provided in appendix) _____ (PRINCIPAL)
 _____ (CONTACT PERSON)
 _____ (STREET)
 _____ (CITY, STATE, AND ZIP)
 _____ (PHONE NUMBER) _____ (E-MAIL ADDRESS)

WBE MBE MWBE DBE Sect. 3 CHDO VBE NonProfit

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: _____
 (Must also be listed as a General Partner) _____ (FIRM)
 _____ (CONTACT PERSON)
 (Must match Orgaizational chart provided in appendix) _____ (PRINCIPAL)
 _____ (CONTACT PERSON)
 _____ (STREET)
 _____ (CITY, STATE, AND ZIP)
 _____ (PHONE NUMBER) _____ (E-MAIL ADDRESS)

WBE MBE MWBE DBE Sect. 3 CHDO VBE NonProfit

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.

DEVELOPMENT TEAM (complete all that apply)

Ownership Entity:

(IF CURRENTLY EXISTS)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER)

(E-MAIL ADDRESS)

(TAX IDENTIFICATION NUMBER)

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

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

Managing General

Partner:

(Must also be listed as an Applicant)

(FIRM)

(CONTACT PERSON)

(PHONE NUMBER)

(E-MAIL ADDRESS)

0.00%

(PERCENT OF OWNERSHIP)

MWBE WBE MBE DBE Section 3 VBE

General Partner:

(Must also be listed as an Applicant)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER)

(E-MAIL ADDRESS)

0.00%

(PERCENT OF OWNERSHIP)

MWBE WBE MBE DBE Section 3 VBE

General Partner:

(Must also be listed as an Applicant)

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER)

(E-MAIL ADDRESS)

0.00%

(PERCENT OF OWNERSHIP)

MWBE WBE MBE DBE Section 3 VBE

Design Architect:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE
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) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE
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 _____

Contractor:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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 _____

Housing Consultant:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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 _____

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

Passive House Consultant:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

Contract awarded at date of application? ___ Yes ___ No

Are you required to bid? ___ Yes ___ No

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

If yes, Party _____
Relationship _____

Passive House Rater:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

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 _____

Home Energy Rating System (HERS) Rater:

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

___ MWBE ___ WBE ___ MBE ___ DBE ___ Section 3 ___ VBE

Contract awarded at date of application? ___ Yes ___ No

Are you required to bid? ___ Yes ___ No

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

If yes, Party _____
Relationship _____

Bond Issuer: _____

(FIRM)

(CONTACT PERSON)

(STREET)

(CITY, STATE, AND ZIP)

(PHONE NUMBER) _____
(E-MAIL ADDRESS)

MWBE WBE MBE DBE Section 3 CHDO Nonprofit VBE

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) _____
(E-MAIL ADDRESS)

MWBE WBE MBE DBE Section 3 CHDO Nonprofit VBE

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) _____
(E-MAIL ADDRESS)

MWBE WBE MBE DBE Section 3 CHDO Nonprofit VBE

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) _____
(E-MAIL ADDRESS)

MWBE WBE MBE DBE Section 3 CHDO Nonprofit VBE

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) _____
(E-MAIL ADDRESS)

MWBE WBE MBE DBE Section 3 CHDO Nonprofit VBE

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 _____

DEVELOPMENT DESCRIPTION

General Information Items 1 Through 5.

1. Physical Characteristics of the Development

a. Construction Type

- New Construction
- Modular Construction
- Rehabilitation
 - Moderate Historic Substantial Conversion
- Preservation of Existing Federally Assisted/Subsidized Housing
 - Expiring Subsidies Substantial Capital Needs Agency monitored development
- Original Funding
 - HUD 202 HUD 221(d)(3) HUD 232 HUD 236 HUD 811
 - RHS 515 LIHTC SHP 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)
- Single Family Homes
- Mid-Rise (4 to 6 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 of the units in **each** of the buildings to be rent restricted and 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 building include low income rental units? Yes No
- Is the Community space shared with another phase of this development? Yes No

f. Condominium/Commercial Space

- Will the development have Commercial Space Yes No
 - If Yes, will the Ownership Entity listed in the Core Application be the Owner of the Commercial Space? Yes* No

*** If owned by the Ownership Entity, all costs of construction and Operating Income and Expenses must be included in all budgets. If no, none of the costs can be included in the budget but must be shown on Tab 5 drawings.**

g. Community Service Facility

- Will the development be a Community Service Facility? Yes No
- If yes:
 - Is the Development located in a QCT? Yes No
 - Will a portion of the building be used to serve residents and non-residents? Yes No
 - Will the development include a meeting room, administrative office, storage room, & multipurpose rooms? Yes No
 - Will the services provided include: day care, career counseling, literacy training education, recreation and outpatient clinical health care? Yes No
 - Will the services be provided free of charge or for a fee that is affordable to individuals whose income is 60% or less of AMI? Yes No
 - Will the adjusted basis of the property comprising the Facility be less than 10% of the eligible basis of the building? Yes No

2. **Home Ownership** Yes No
 Will the development convert to home ownership after 15 years?
 If no, the owner waives it right to terminate the extended use period for **40 years**. (For Tax Credits only)

3. **Occupancy Type** Homeless
 General Section 811 Eligible Units
 Elderly, age 55 and older Veterans
 Elderly, age 62 and older Other _____
 Have residents been given relocation benefits or notice? Yes No

4. **Occupancy Status** Occupied Vacant

a. If Occupied, indicate the number of residential units and/or businesses occupied: Residential Commercial

b. 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

c. 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 for the decline: _____

5. **Current Rentals - Complete if building is currently occupied.**

*** Each unit must be listed individually or grouped by same rental amount paid by tenant.**

			A	B	A+B	C		A+B+C	Total Proposed Tenant Expense	% of Rent Increase
No. of B/R	No. of Units	Average Sq. Feet of unit	Tenant Paid Rent	Utility Allowance	Total Tenant Expense	Rental Assistance Pmt. & Source*		Total Housing Expense		
SRO	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
EFF	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
1BR	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
2BR	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
3BR	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
4BR	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/0!
5BR	0	0	0	0	0	0		0	0	#DIV/0!
	0	0	0	0	0	0		0	0	#DIV/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 question 6.

6. 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.

7 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 _____

8. 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

9. 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

10. 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.

11. Timing For Reservation and Allocation

- | | <u>New Construction or
Rehabilitation Credit</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. | | |

12. 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)(A) 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)(A) will take effect on the date the Agency and owner execute the Carryover Allocation Agreement.

13. 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.

Or

- Average Income - Forty percent (40%) or more (25% or more in the case of a project described in section 142(d)(6)) of the residential units in the project must be both rent restricted and occupied by individuals whose income does not exceed the imputed income limitation designated by the taxpayer with respect to the respective unit. The average of the imputed income limitations designated must not be more than 60% of the area median gross income. Please see Agency Guidance for further information. *****Developments with 100% of the rents set aside and rented to persons at or below 60% AMI cannot choose this election.*****

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.

14. 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. Are there any properties in this development subject to the quiet title process? Yes No

If yes, Please list the property or properties

Questions d. thru h. are for Acquisition Credit applications only.

e. Date of the most recent sale or transfer of the building:

f. Was rehabilitation work greater than 25% of the building's adjusted basis performed by the previous owner?

Yes No

g. Was the building occupied at any time during the last ten years?

Yes No

h. Was the building occupied or suitable for occupancy at the time of purchase?

Yes No

i. If single family residence, was the building used by the previous owners as their principal residence for the past ten years?

Yes No

15. Chief Executive Officer of Local Jurisdiction (Mayor of municipality where the project is located)

As a code requirement, the Chief Executive Officer of the Local Jurisdiction (Mayor) must be notified of the proposed development and be given an opportunity to comment. Provide the following information for the Chief Executive Officer of the Local Jurisdiction where the proposed property will be located.

Name

Title

Address

Telephone

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.

<input type="checkbox"/> Hazardous Wastes	<input type="checkbox"/> Asbestos Containing Materials
<input type="checkbox"/> Toxic Substances	<input type="checkbox"/> Lead-Based Paint
<input type="checkbox"/> Flammable gas or liquid storage tanks	<input type="checkbox"/> Former Industrial Use
<input type="checkbox"/> Located in an airport runway clear zone	<input type="checkbox"/> Proximity to a major noise source (within 15 miles of a military/civilian airport, 3000 feet of a railroad, or 1000 feet of a significant road)
<input type="checkbox"/> Other _____	

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

3. Unusual Site Features

<input type="checkbox"/> fill	<input type="checkbox"/> mining	<input type="checkbox"/> high tension wires
<input type="checkbox"/> rock formations	<input type="checkbox"/> unstable soil	<input type="checkbox"/> railroad tracks (within 100 yds.)
<input type="checkbox"/> drainage ways	<input type="checkbox"/> sink holes	<input type="checkbox"/> excessive grade (_____ %)
<input type="checkbox"/> high water table	<input type="checkbox"/> on-site stream	<input type="checkbox"/> 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 with location of the development shown.
 NOTE: If ground disturbance is planned for any portion of the project site that is located in a floodway, 100 year floodplain, or coastal high hazard area, YOUR DEVELOPMENT WILL NOT BE CONSIDERED FOR LOW INCOME HOUSING TAX CREDITS OR PENNHOMES FUNDING.
- 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
- c. Is a zoning variance or exception required? Yes No
- d. 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 and seeking Agency loan funds, 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
 Are historic tax credits being sought: Yes No
 If yes, list all building addresses that qualify.

DEVELOPMENT SPECIFICATIONS

1. Building Description

	Existing	Proposed
Structural System	<input type="text"/>	<input type="text"/>
Exterior Finish	<input type="text"/>	<input type="text"/>
Type of Heating System	<input type="text"/>	<input type="text"/>
Type of A/C System	<input type="text"/>	<input type="text"/>
Type of Elevators	<input type="text"/>	<input type="text"/>
Domestic Hot Water System	<input type="text"/>	<input type="text"/>

- 2. Number of buildings with residential Units
- 3. Number of community buildings without residential units including maintenance, storage and/or other buildings
- 4. Number of stories
- 5. Number of elevators
- 6. Total number low income units
- 7. Total number of HOME assisted units
 - 7a. Total number of PennHOMES assisted units
 - 7b. Total number of Local HOME assisted units
- 8. Total number of market rate units
- 9. Total number of Manager's and/or employee's unit(s)
 - 9a. Will manager's/employee unit be income producing? Yes No
Note: A manager's/employee unit, if non-income producing at application, may not be changed to income producing at a later date.
 - 9b. If yes, indicate if the rent will be Affordable or Market Rate. Affordable* Market Rate
(*Targeted income level and targeted rent must be indicated on the rental projection chart)
 - 9c. Will manager/employee unit be LIHTC income qualified? Yes No
- 10. Total number of units
- 11. a. Mandated fully accessible units
- b. Additional fully accessible units
- c. Total fully accessible units
- 12. Number of additional hearing/vision impaired units
(not included in line 11 a. or 11 b. - additional 2% required from accessible units)

13. Laundry Facilities:

	Yes	No
Common Laundry	<input type="text"/>	<input type="text"/>
W/D in each unit	<input type="text"/>	<input type="text"/>

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

15. Development square footage:

Gross Building Area (Excludes porches/patios/balconies and similar spaces) : _____

Gross Commercial and Commercial Related Areas: _____

_____ Check if cost is included in project/owned by project

Gross Residential: (= Gross Building Area less Gross Commercial and Commercial Related Areas) _____

Residential Breakdown (Gross Square Footage):

Residential Units - Low-Income _____

Residential Units - Market _____

_____ Check if cost is included in project/owned by project

Non-residential Units and Staff Units _____

Gross Residential Related Areas (Gross Square Footage):

Circulation (Corridors, Stairs, Elevator, etc.) _____

Recreation/Meeting/Community Area (list below):

Building and Accessory Service Areas: (Mechanical, Electrical, Storage, Garage, Basement, etc.)

Mechanical rooms, electrical rooms, storage rooms and similar spaces that are conditioned to the same degree as living space and are finished should be calculated at 100%. Basements, garages and similar spaces that may be finished or unfinished, but not conditioned to the same degree as a living space, must be calculated at 50% of the actual size. The upper portion(s) of multistory spaces shall be excluded from the square foot calculation. Include only the lowest floor area.

Gross Shared Space:

List any room(s) or space(s) shared between Residential/Commercial and/or Residential/Condo Unit (i.e. Lobby, Vestibule, Corridor, Mechanical and similar spaces)

Gross Porches/Patios/Balconies (and similar spaces): _____

(Do not include in Gross Building Area Square Feet)

ALL SQUARE FOOTAGE INFORMATION MUST ALSO BE SHOWN ON THE DRAWINGS INCLUDED IN TAB 5

16. Total land area

_____ Acres (Do Not Round)
_____ Square Footage (Do Not Round)

17. Parking

On-site Parking:

Number of garage spaces _____
Number of carport spaces _____
Number of open lot spaces _____
Total number of on-site spaces _____

Off-site Parking:

Number of garage spaces _____
Number of carport spaces _____
Number of open lot spaces _____
Total number of off-site spaces _____

If building includes Condominium/Commercial space,
will there be designated spaces for each? _____ Yes _____ No

If yes, How many spaces will be designated for LIHTC residential only: _____

Will there be any charges for parking spaces? _____ Yes _____ No

18. Wage Determination (check category)

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

Indicate source/reason Davis Bacon or PA Prevailing wage is required: _____

19. Anticipated Construction Period in months.

_____ months

INCOME AND UTILITY PROJECTIONS

1. Unit configuration & Rental Income Projections

				A	B	A+B	C	A+B+C		
No. of Bdrms	No. of Units	Average Square Feet (1)	Number of PennHOMES or HTF units	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	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	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	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	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	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	0	0	0	0	0	0	
Manager	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	

Total: 0

- (1) Refer to the Submission Guide for Architects or Allocation Plan 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
 - PBS8 – Project Based Section 8 H-Federal HOME Program SA - State Assistance
 - (non-Voucher) RHS - 515 Rental Assistance O - Other (Explain)
 - PBV - Project Based Vouchers Assistance
 - RAD - Rental Assistance Demo ACC - Housing Authority Assistance
- (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 paid portion of the rent is targeted. (i.e., 20%, 40%, 50%, 60% or MR - Market Rate). **For developments utilizing Income Averaging the targeted rent must match the targeted income level.**

2. Projects with Project-Based Section 8 Vouchers

Provide the following information necessary for the subsidy layering review.

HUD Field Office Name: _____

HUD Field Office POC Name: _____

Public Housing Agency Name and PHA Code: _____

If more than 25% of units subsidized, how authorized: _____

3. Utilities available at the site:

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

4. 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 #19.

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			N/A						
Sewer			N/A						
Total			0	0	0	0	0	0	0

5. Will any of the utilities be submetered? _____ Yes _____ No

If yes, please indicate which utilities:

ANNUAL OPERATING BUDGET

		Annual	Per Unit
1. Gross Rental Income		\$ -	\$ -
2. Commercial Income		\$ -	\$ -
3. Other Rental Income		\$ -	\$ -
4. Total Rental Income		\$ -	\$ -
5. Residential Vacancy	5.0%	\$ -	\$ -
6. Commercial Vacancy	0.0%	\$ -	\$ -
7. Total Vacancy		\$ -	\$ -
8. NET RENTAL INCOME		\$ -	\$ -
9. Laundry Income		\$ -	\$ -
10. EFFECTIVE GROSS INCOME		\$ -	\$ -
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		\$ -	\$ -

	Annual	Per Unit
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. Broadband Service	\$ -	\$ -
52. Other	\$ -	\$ -
53. TOTAL OPERATING DISBURSEMENTS	\$ -	\$ -
54. NET OPERATING INCOME (NOI)	\$ -	\$ -
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	\$ -	\$ -
61. PRIMARY DEBT SERVICE COVERAGE (Line 54/Line 59)	0.00%	0.00%
62. PennHOMES Debt Service	\$ -	\$ -
63. Other _____	\$ -	\$ -
64. Other _____	\$ -	\$ -
65. TOTAL SECONDARY DEBT SERVICE	\$ -	\$ -
66. SECONDARY CASH FLOW	\$ -	\$ -

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

DEVELOPMENT BUDGET

1. CONSTRUCTION COSTS

		Residential Cost	Commercial Cost	Total Cost	Basis for Acquisition Credit	Basis for Rehab/NC Credit
General Requirements (Max. 6% of Construction Costs)	#DIV/0!	\$ -	\$ -	\$ -		\$ -
Building Demolition		\$ -	\$ -	\$ -		
Selective Demolition		\$ -	\$ -	\$ -		\$ -
Site Work		\$ -	\$ -	\$ -		\$ -
Offsite Improvements		\$ -	\$ -	\$ -		
Environmental Remediation*		\$ -	\$ -	\$ -		\$ -
*included in construction contract						
Subtotal Site Work		\$ -	\$ -	\$ -		\$ -
Structure		\$ -	\$ -	\$ -		\$ -
Builder's Overhead (Max. 2% of Hard Const. Costs)	#DIV/0!	\$ -	\$ -	\$ -		\$ -
Builder's Profit (Max. 6% of hard construction costs)	#DIV/0!	\$ -	\$ -	\$ -		\$ -
Bond Premium		\$ -	\$ -	\$ -		\$ -
Building Permits		\$ -	\$ -	\$ -		\$ -
Construction Contingency	#DIV/0!	\$ -	\$ -	\$ -		\$ -
Other _____		\$ -	\$ -	\$ -		\$ -
Other _____		\$ -	\$ -	\$ -		\$ -
Total		\$ -	\$ -	\$ -		\$ -

2. FEES

Architect Fee-Design		\$ -	\$ -	\$ -		\$ -
(#DIV/0! of \$ -)						
Architect Fee-Admin		\$ -	\$ -	\$ -		\$ -
(#DIV/0! of \$ -)						
Legal Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Civil Engineering		\$ -	\$ -	\$ -	\$ -	\$ -
Survey		\$ -	\$ -	\$ -	\$ -	\$ -
Soils/Structural Report		\$ -	\$ -	\$ -	\$ -	\$ -
Environmental Audit		\$ -	\$ -	\$ -		
Environmental Remediation (not included in contract)		\$ -	\$ -	\$ -	\$ -	\$ -
Energy Audit		\$ -	\$ -	\$ -	\$ -	\$ -
HERS Rater		\$ -	\$ -	\$ -	\$ -	\$ -
Passive House Consultant & Rater		\$ -	\$ -	\$ -	\$ -	\$ -
Project Capital Needs Assessment		\$ -	\$ -	\$ -	\$ -	\$ -
Property Appraisal		\$ -	\$ -	\$ -	\$ -	
Market Study		\$ -	\$ -	\$ -		
Cost Certification		\$ -	\$ -	\$ -		
Soft Cost Contingency (Maximum 2.5%)		\$ -	\$ -	\$ -	\$ -	\$ -
Other _____		\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -

3. MISC. DEVELOPMENT CHARGES

Multifamily Housing Application Fee		\$ -	\$ -	\$ -		
Agency Legal Closing Fee (soft funding)		\$ -	\$ -	\$ -		
LIHTC Reservation Fee		\$ -	\$ -	\$ -		
LIHTC Carryover Allocation Fee		\$ -	\$ -	\$ -		
LIHTC Cost Certification Fee		\$ -	\$ -	\$ -		
Furnishings (Common Area)		\$ -	\$ -	\$ -		\$ -
Rent-up Expenses		\$ -	\$ -	\$ -		
Relocation		\$ -	\$ -	\$ -		
Utility Tap in, Hook-up, & Municipal Fees		\$ -	\$ -	\$ -	\$ -	\$ -
Subsidy Layering Review Fee		\$ -	\$ -	\$ -		
PA Housing Tax Credit Admin./Reservation Fee		\$ -	\$ -	\$ -		
Other _____		\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -

Core Application

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

	Residential Cost	Commercial Cost	Total Cost	Basis for Acquisition Credit	Basis for Rehab/NC Credit
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 Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Recording	\$ -	\$ -	\$ -	\$ -	
PHFA Construction Monitoring Fee	\$ -	\$ -	\$ -	\$ -	\$ -
Other _____	\$ -	\$ -	\$ -	\$ -	\$ -
Other _____	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -
5. PERMANENT FINANCING					
Agency Loan Reservation Fee	\$ -	\$ -	\$ -		
Agency Loan Origination Fee	\$ -	\$ -	\$ -		
Agency Loan Legal fee	\$ -	\$ -	\$ -		
Permanent Loan Origination Fee	\$ -	\$ -	\$ -		
Permanent Loan Credit Enhancement	\$ -	\$ -	\$ -		
Cost of Issuance/Underwriters Discount	\$ -	\$ -	\$ -		
Non-Agency Permanent Financing Legal Fee	\$ -	\$ -	\$ -		
Other _____	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		
6. LAND & BUILDING PURCHASE					
Acquisition of Land	\$ -	\$ -	\$ -		
Acquisition of Existing Structures	\$ -	\$ -	\$ -	\$ -	
Acquisition Legal Fees	\$ -	\$ -	\$ -	\$ -	
Closing Costs	\$ -	\$ -	\$ -	\$ -	
Demolition of Existing Structures	\$ -	\$ -	\$ -		
Donated Land	\$ -	\$ -	\$ -		
Other _____	\$ -	\$ -	\$ -	\$ -	
Other _____	\$ -	\$ -	\$ -	\$ -	
Total	\$ -	\$ -	\$ -	\$ -	
7. REPLACEMENT COST	\$ -	\$ -	\$ -	\$ -	\$ -
(Total Sections 1-6)					
8. DEVELOPMENT RESERVES					
Operating Reserve	\$ -	\$ -	\$ -	Cash	
Transformation Reserve	\$ -	\$ -	\$ -	Cash	LOC
Rental Subsidy Fund	\$ -	\$ -	\$ -		
Development Contingency Fund (DCF)	\$ -	\$ -	\$ -	Cash	LOC
Real Estate Taxes (first year escrow)	\$ -	\$ -	\$ -	Cash	LOC
Insurance (first year escrow)	\$ -	\$ -	\$ -	Cash	LOC
Supportive Services Escrow	\$ -	\$ -	\$ -		
LOC Fee Expense	\$ -	\$ -	\$ -		
Cost Overrun Reserve	\$ -	\$ -	\$ -		
Other _____	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		
9. DEVELOPER'S FEE & OVERHEAD					
Rehabilitation/New Construction	\$ -	\$ -	\$ -		\$ -
Acquisition (less land)	\$ -	\$ -	\$ -	\$ -	
Additional Fee for Supportive Services	\$ -	\$ -	\$ -	\$ -	
Total	\$ -	\$ -	\$ -	\$ -	\$ -

Core Application

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

	Residential Cost	Commercial Cost	Total Cost	Basis for Acquisition Credit	Basis for Rehab/NC Credit
10 SYNDICATION FEES & EXPENSES					
Organizational	\$ -	\$ -	\$ -		
Bridge Loan Interest During Construction	\$ -	\$ -	\$ -		\$ -
Bridge Loan Interest After Construction	\$ -	\$ -	\$ -		
Bridge Loan Fees & Expenses	\$ -	\$ -	\$ -		\$ -
Legal Fees	\$ -	\$ -	\$ -		
Equity Investor Legal Fees	\$ -	\$ -	\$ -		
Accountant's Fees	\$ -	\$ -	\$ -		
Other	\$ -	\$ -	\$ -		
Other	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		\$ -
11 OTHER					
Tax Credit Compliance & Asset Monitoring Fee	\$ -	\$ -	\$ -		
Income Averaging Compliance & Asset Monitoring Fee	\$ -	\$ -	\$ -		
Preservation Combo Compliance & Asset Monitoring Fee	\$ -	\$ -	\$ -		
Agency Energy Benchmarking Fee	\$ -	\$ -	\$ -		
Other	\$ -	\$ -	\$ -		
Other	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		
12 TOTAL DEVELOPMENT COST	\$ -	\$ -	\$ -	\$ -	\$ -
(Sections 7-11)					
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 non-qualifying unit costs for higher quality items				\$ -	\$ -
Less Historic Tax Credit (residential portion)				\$ -	\$ -
Less Energy Tax Credit				\$ -	\$ -
Less Energy Rebates				\$ -	\$ -
14 ELIGIBLE BASIS				\$ -	\$ -
15 HIGH COST AREA (if applicable)					0%
16 TOTAL ELIGIBLE BASIS				\$ -	\$ -
17 APPLICABLE FRACTION (If less than 100%, a sq. ft. & unit calculation must be provided in Tab 2, Appendix K)				0%	0%
18 SUBTOTAL QUALIFIED BASIS				\$ -	\$ -
19 APPLICABLE PERCENTAGE				0.00%	0.00%
20 TOTAL QUALIFIED BASIS				\$ -	\$ -
21 If Tax Credits will be issued on other than Qualified Basis , enter amount here:					\$ -

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: \$ -

(Must include all funds available to finance the construction activities. Provide a draw schedule to evidence sufficient construction period funding and construction and/or bridge loan interest.)

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

2 Permanent Financing (designate Grant or Loan)

	Source of Funds	Amount	Rate & Term of Grant or Loan	Debt Service Pmt.
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: \$ -
 (Must equal total development cost)

The source of funds must be clearly identified, i.e. HOME, CDBG, Act 137 etc.

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
 Rural Development 538
 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:
- \$ _____ - 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: _____
Use of Funds: _____

\$ _____ - Source _____
Decision Date mm/dd/yyyy Program _____
Use of Funds: _____

\$ _____ - Source _____
Decision Date mm/dd/yyyy Program _____
Use of Funds: _____

M DEVELOPER EQUITY

Syndication Information (for all developments generating equity through syndication)

Type of Credit	Anticipated Credits 100%	Investment per Credit	Gross Investment	LP %	LP Investment
Federal Low Income Housing	\$0	\$0.00	\$0		\$0
Federal Historic Rehab	\$0	\$0.00	\$0		\$0
State Historic Rehab	\$0	\$0.00	\$0		\$0
PA State Housing	\$0	\$0.00	\$0		\$0
Energy Credit	\$0	\$0.00	\$0		\$0
State Enterprise Zone	\$0	\$0.00	\$0		\$0
Neighbor. Assist. Program	\$0	\$0.00	\$0		\$0
Total	\$0	\$0.00	\$0		\$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. Tax Credit Investor

(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 (2025 APPLICATION)

3. 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 Bridge Loan Lender 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

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

PennHOMES

\$ -

PHARE

Housing Trust Fund (HTF)	\$ -
Realty Transfer Tax (RTT)	\$ -
Marcellus Shale	\$ -

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	\$ -
Other	\$ -
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

\$ -

Total sources must equal total development costs.

PENNSYLVANIA HOUSING FINANCE AGENCY (2025 APPLICATION)

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

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

Furthermore, applicant certifies that applicant (or any related entity), proposed management agent, or other material participant is not in violation of fair housing, housing accessibility or nondiscrimination laws or has not discriminated against Section 8 voucher and certificate holders or recipients of any state or local tenant or project based rental assistance. The Agency specifically reserves the right to take any appropriate action and to deny any future Tax Credit Application from any Applicant (or related entity) who evicts or terminates the tenancy of low income residents, except for good cause, throughout the entire project compliance period (including the extended use period) applicable to any existing Tax Credit development.

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 including but not limited to, payment of outstanding obligations, meeting deadlines or submission requirements or threshold and selection criteria. 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, local or state audits, investigations or inquiries of it while this Application is pending and shall continue to disclose such information until the project closes on it's financing.

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

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

WITNESS:

BY:

NAME

APPLICANT / DEVELOPER (TYPE OR PRINT)

DATE

SIGNATURE

TITLE

WITNESS:

BY:

NAME

CO-APPLICANT / DEVELOPER (TYPE OR PRINT)

DATE

SIGNATURE

TITLE

IDENTITY OF INTEREST

Applicant/Owner/Taxpayer hereby certifies that, to the best of its knowledge, it is neither related to nor has a substantial financial interest in any other party involved in the development. (For example: Lender, Contractor, Architect, and Management Agent). Furthermore, Owner/Taxpayer, hereby acknowledges that, to the best of its knowledge, the development team members are neither related to nor have a substantial financial interest in any other party involved in the development.

An identity of interest may exist: (1) when there is any financial interest in the other party; (2) when one or more of the officers, directors, stockholders, or partners of the owner/taxpayer is also an officer, director, stockholder or partner of the other party; (3) when any officer, director, stockholder or partner of the owner/taxpayer has any financial interest whatsoever in the other party or has controlling interest in the management of operation of another party; (4) when the other party advances any funds to the owner/taxpayer; (5) when the other party provides and pays on behalf of the party of the owner/taxpayer the cost of any legal services, architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by a general contractor in connection with obligations under the construction contract; (6) when the other party takes stock or any interest in owner/taxpayer as part of the consideration to be paid; and (7) when there exists or comes into being any side deals, agreements, contract or undertakings entered into thereby altering, amending or canceling any of the required closing documents except as approved by PHFA.

In the event any party is related to another party involved in the development of the proposal, please identify the parties and the relationship.

PARTY	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
APPLICANT/OWNER	DATED
_____	_____
CO-APPLICANT/OWNER	DATED

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

CO-APPLICANT/OWNER

DATED

CYBER SECURITY CERTIFICATION

The Agency has requested certain certifications from the Applicant in connection with threshold requirements regarding Cyber Security measures. Threshold section 3.2.17 of the 2022 Qualified Allocation Plan (the "Allocation Plan") states:

"Applicants must demonstrate the use of affirmative cyber security measures as a central element in their regular business procedures and practices. All applicants must certify to the Agency the presence of ongoing cybersecurity practices which include, at a minimum, the following core principles: 1) multifactor authentication procedures; 2) password policies; 3) the use of system security software; and 4) staff cyber security education."

To affirm the commitment of the Applicant(s) to this requirement, please complete and sign this Certification as directed below.

Development: _____

- Multifactor Authentication Procedures - The applicant will ensure the use of software and related procedures to protect and secure corporate resources using multifactor authentication procedures.

Additional Information: _____

- Password Policies - The applicant will ensure the use of procedures requiring the use of complex passwords with regular updates protocols.

Additional Information: _____

- System Security Software - The applicant will ensure the installation and use of reputable system security software (i.e. Sophos, McAfee, Norton, Kaspersky, etc.) on all laptops, desktops and servers used for corporate purposes whether corporate or personally owned. All mobile devices should be controlled via a central policy that requires a PIN or password at the very minimum.

Additional Information: _____

- Staff Cyber Security Education - The applicant will ensure that at least one staff person completes and submits proof of completion of an Agency approved cybersecurity course.

Additional Information: _____

Acknowledged and Accepted by the APPLICANT(S):

Signed: _____
Print: _____

Date: _____

Signed: _____
Print: _____

Date: _____

