



- 2. Has the owner obtained a waiver of the above option or right of first refusal?  
If yes, attach copy of waiver. \_\_\_\_\_
- 3 Do loan documents require consent of lenders to seek a qualified contract or termination of program restrictions? Have notices been provided? Has consent been secured? Explain on separate page, if appropriate. \_\_\_\_\_

3. Noncompliance:

- a) Are there any outstanding violations reported through a filing of an issuance of IRS Form 8823 that remain uncorrected?  
If yes, please state the nature and date of the violation(s) and include copies of the IRS Form(s) 8823. \_\_\_\_\_

<u>Nature of Violation</u>	<u>Date of Violation</u>
_____	_____
_____	_____
_____	_____

Please list any additional information on an attachment, including timeframes for correction, appeals to the IRS or other actions taken to address such noncompliance..

- b) Do all buildings in the development currently meet the basic physical compliance standards making them suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards) including lead paint certification? \_\_\_\_\_
- c) Is the development the subject of an IRS audit, investigation, or inquiry?  
If yes, please state nature of audit, investigation, or inquiry and attach any additional information.  
\_\_\_\_\_
- d) Have all units been available for occupancy by members of the general public on an ongoing basis and has the facility been operated in a manner which is devoid of any discrimination against persons who hold Section 8 as their source of income? \_\_\_\_\_
- e) Is the facility fully compliant with the requisite requirements of the Americans with Disabilities Act and the Fair Housing Act? \_\_\_\_\_

4. Affordability Restrictions:

- a) Is the development subject to additional affordability restrictions (i.e., USDA Rural Development, HUD, state/local funding, etc.)?  
If yes, please provide the relevant documentation. \_\_\_\_\_

b) Does the development have project-based rental assistance? \_\_\_\_\_  
If yes, how many years beyond the compliance period must the property  
maintain affordability restrictions? \_\_\_\_\_

5. Information on Partners in the Ownership Entity:

Please list all partners (including general partners and limited partners) on an attachment.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_  
(phone number)

General Partner       Limited Partner  
 Nonprofit  
 For profit

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_  
(phone number)

General Partner       Limited Partner  
 Nonprofit  
 For profit

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_  
(phone number)

General Partner       Limited Partner  
 Nonprofit  
 For profit

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip code)

\_\_\_\_\_  
(phone number)

General Partner       Limited Partner  
 Nonprofit  
 For profit

Was the project originally provided credits based upon the  
material participation of a nonprofit. \_\_\_\_\_

I certify to the best of my knowledge and belief that all factual information provided herein or in connection herewith is true and correct and that I will at all times indemnify and hold harmless the Agency and its agents and employees against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the Agency acceptance, consideration, approval, or disapproval of this application. I understand and agree that the one-year period during which the Agency may offer a qualified contract will not begin until the Agency receives the complete final application and all required documentation. Any and all information submitted hereunder is the property of the Agency and may be used for any purpose and may be subject to disclosure and dissemination as public information.

I certify that I am authorized to submit this application on behalf of the ownership entity identified in the following and that I am authorized to acknowledge the undertaking of financial responsibility of such entity to the Agency in processing this application.

**Ownership Entity:** \_\_\_\_\_

**Ownership Entity:** \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Type/Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail completed application to:

**Pennsylvania Housing Finance Agency  
Attention: Kathy Esworthy  
211 North Front Street  
P.O. Box 8029  
Harrisburg, PA 17105-8029**