

**ATTACHMENT A
2019 RESERVATION
FEDERAL LOW INCOME RENTAL HOUSING
TAX CREDIT PROGRAM
CARRYOVER ALLOCATION REQUIREMENTS**

Red font = changes from prior year (other than dates)

PART I

The following requirements must be received in **hard copy** by the Agency by **October 25, 2019****.

NOTE - For the developments that receive a forward commitment of tax credits: The Agency will send separate instructions concerning the deadline for submitting Part I requirements and the execution of the Carryover Agreement. Please familiarize yourself with the requirements in advance so that once notified by the Agency, you are poised to return the necessary information. **The Part II deadlines and all other 2019 program deadlines and requirements remain the same.

- 1) Cover letter with a listing of items enclosed, contact name, email address, & phone number. Mail or deliver complete package to the Agency - Attn: Tax Credit Department/**Michelle Lugo**. Electronic submissions are not accepted.
- 2) The original Carryover Agreement executed by the Owner. The employer/taxpayer identification number (EIN) for the taxpayer executing the Agreement is required for a valid Carryover Agreement. **A copy of the IRS letter assigning the EIN must be provided.** Please note that the taxpayer executing the Agreement must be the party that will meet the 10% of basis expenditure test by October 25, 2020.
- 3) The executed "Owner Certification of Property Identification" Form (Exhibit "A") with either a) the current deed(s) which indicate that the taxpayer is the owner of all buildings and land in the development, or b) an extended lease agreement. All documents must be fully executed.

Please note: In the event that property is not conveyed through a deed or lease, the Agency may, in its sole discretion, accept 1) an Attorney's Opinion Letter or a Certified Public Accountant Letter that certifies that the owner has carryover allocation basis for the development pursuant to the Code, or 2) an owner's certification which includes sufficient identification of the property (i.e. legal descriptions, surveys, title insurance) to assign building identification numbers. In making this certification, the owner accepts full responsibility for all discrepancies, errors or omissions of properties and acknowledgment that subsequent adjustments may require IRS approval. In all cases, the "Owner Certification of Property Identification" form is still required and may have the word "ownership" replaced with "site control and carryover allocation basis".

- 4) In the event the property is not owned by the taxpayer, evidence of site control for all parcels through **May 31, 2020**, the Agency's required closing date, must be provided including evidence of payment of all extension fees. **Site control must be in the name of the taxpayer.** *Please Note: Failure to close by May 31, 2020 may result in the assessment of a late fee, and may result in the recapture of the Tax Credit award and adversely affect future applications for Agency resources which would include the Agency's acceptance of future applications. As a reminder, it is your responsibility to ensure the Limited Partnership Agreement meets ALL Agency requirements which includes, but is not limited to, limitation on the release of development reserves. Please see the Development Reserves section of the Agency's 2019 Guidelines, Development Cost Limits.* Please be advised that ownership by the taxpayer for all properties in the development is required by **October 25, 2020** and must be submitted with the 10% package due **November 9, 2020**.
- 5) The Settlement Statement(s) must be provided for each building or parcel of land in the development, and must be appropriately executed. Evidence must also be provided that the deed or memorandum of lease was recorded.

- 6) If the property(s) was purchased through a Purchase Money Mortgage, a copy of the mortgage note must be provided.
- 7) Remittance of the Carryover Allocation Fee of \$1,000 made payable to Pennsylvania Housing Finance Agency.
- 8) Remittance of the Agency Construction Monitoring Fee in the amount of \$6,000 made payable to PHFA for all developments except PennHOMES (if PennHOMES, remit the amount shown on the Agency's approved worksheet.) Fee will not be charged on HOME-assisted units, so it will be prorated.
- 9) A Model Tenant Lease with the Agency-required LIHTC Lease Addendum. Below is a link to the Agency required Addendum available on our website.
http://www.phfa.org/forms/housing_management/tax_credits/manuals_and_documents/exhibits/lihtc_lease_addendum.pdf

PART II

The following requirements must be fulfilled no later than **October 25, 2020** and received in hard copy by the Agency by **November 9, 2020**:

- 1) Cover letter with a listing of items enclosed, contact name, email address, & phone number. Mail or deliver complete package to the Agency - Attn: Tax Credit Department/**Michelle Lugo**. **Electronic submissions are not accepted.**
- 2) Financial Characteristics Forms (Exhibit "B"). Please note that these forms should reflect current numbers and information and all six (6) pages, including the developer's most recent Development Budget, must be completed.
- 3) For developments with commercial space or space that is a separate condominium, provide a Sources and Uses Statement for the space. Include executed, final condominium documents, including all Exhibits.
- 4) Updated financing letters. If closing on the loan has already occurred, provide a copy of the executed mortgage note(s) in lieu of the updated letter. The updated financing letters or notes must be provided for all sources of financing shown on the application, including bridge loan if applicable. If the mortgage note(s) does not specify all of the fees and charges associated with the loan, provide a copy of the loan term sheets which include this information. **Do not send copies of the actual mortgages.**
- 5) Updated syndication letter, or if it exists, executed partnership agreement (including all exhibits) signed by all the partners (including the investor limited partner(s)).
- 6) The executed "Owner's Certification of Costs Incurred" Form (Exhibit "C"). Exhibit C must be audited by an independent, third-party, certified public accountant (CPA)/firm.
- 7) Independent Auditor's Report (Exhibit "D"). Report must be consistent with the Agency's Sample provided.
- 8) Copy of the executed Developer's Fee Agreement (Development Services Agreement). Be sure that the Agreement stipulates the fee earned through October 25, 2020 to incur costs for inclusion in the 10% of basis expenditures test.
- 9) Syndicator/Investor Certification – If the Developer's Fee included in the 10% of basis expenditure test exceeds 20% of the total Developer's Fee, the syndicator and/or investor must certify that the percentage claimed by the accountant is a percentage acceptable to them. The letter must refer to the percentage and the amount of the Developer's Fee that is acceptable as part of the 10% of basis expenditure test. Note, however, that if a development has closed on all of the construction loans and construction is underway, a certification from the syndicator/investor is not required.

- 10) Copy of the recorded deed demonstrating transfer of ownership to owner for each building and/or parcel of land that is part of the development OR a copy of the executed extended lease agreement and recorded memorandum of lease, if not previously submitted.
- 11) Copy of the executed Settlement Statement for each building and/or parcel of land included in the development, if not previously submitted.
- 12) Copy of the executed Settlement Statement from the financial closing(s), if separate from the real estate closing.
- 13) The Architect's Certification of Compliance With Design Requirements for Accessible Housing, (Exhibit "E") must be executed by the Architect and taxpayer.
- 14) If the General Contractor was not selected at the time of the initial application, they must be selected and approved by the Agency no later than the 10% reasonable basis test. Submission and approval of the Experience Certification is required. Agency Loan Applicants must also include the "Contractor's Qualification Statement" (AIA Document A305).
- 15) Development Information Form (Exhibit "F")
- 16) In accordance with the Agency's Accessible Unit Policy, if your application was awarded points for providing accessible units, provide a list of community agencies that you will partner with to identify persons with disabilities who are searching for accessible units.
- 17) Certification of Subsidies (Exhibit "G"); Any and all Energy Rebates must also be included on this form.
- 18) If not already submitted with Part I, provide a Model Tenant Lease with Agency-required LIHTC Lease Addendum.
- 19) Completion of the Affirmative Fair Housing Marketing Plan forms. A fillable version of these forms can be found at: <http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf>
- 20) Original executed and recorded Restrictive Covenant Agreement.

FAILURE TO MEET ALL OF THE ABOVE REQUIREMENTS WILL RESULT IN AN IMMEDIATE RECAPTURE OF THE TAX CREDIT RESERVATION. THE AGENCY WILL NOT EXTEND THE DEADLINE DATES. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

EXHIBIT "A"
CARRYOVER ALLOCATION REQUIREMENTS

(SAMPLE FORM - to be submitted on taxpayer's letterhead)

**OWNER CERTIFICATION
OF PROPERTY IDENTIFICATION**

I hereby represent and certify that as of _____ (insert date- this date must match the date entered on page 1 of the Carryover Agreement), _____, the Taxpayer, has **ownership OR leasehold interest OR site control and carryover allocation basis** (circle applicable one) to the properties identified below and have attached evidence. Documentation evidencing ownership will include deeds, or executed lease, and settlement statements for each property contained in the development.

The undersigned acknowledges that the Agency is relying on this certification in making a Carryover Allocation of **2019 OR a Forward Commitment of** (circle applicable one)* Federal Low Income Housing Tax Credits and accepts full responsibility of all discrepancies, errors or omission of properties. The owner understands that an omission of a property which is intended to be part of the Tax Credit development from this certification will render this property ineligible for Tax Credits. Furthermore, this certification is made under penalty of perjury and is supported by appropriate documentation.

Signature

Date

Typed or Printed Name

Title

Owner/ Taxpayer Name

Owner/Taxpayer Address

List all building addresses and/or land that are included in this development.* **PLEASE NOTE: This description must agree exactly with the description shown on the Carryover Allocation Agreement.**

*** Developments which are awarded 2020 Tax Credits through a Forward Commitment of Credits in 2019 remain subject to the 2019 Guidelines and Deadlines.**

B. SOURCES OF FUNDS

List all sources of financing.

1. Construction Financing (designate Grant or Loan)

<u>Source of Funds</u>	<u>Amount</u>	<u>Rate & Term of Loan</u>	<u>Debt Svc Pmt.</u>
① _____	\$ _____	_____	\$ _____
② _____	\$ _____	_____	\$ _____
③ _____	\$ _____	_____	\$ _____
④ _____	\$ _____	_____	\$ _____
⑤ _____	\$ _____	_____	\$ _____
⑥ _____	\$ _____	_____	\$ _____

Total Construction Financing: \$ _____
 (Must Include all funding available during construction, including equity)

2. Permanent Financing (designate Grant or Loan)

Annual Debt

<u>Source of Funds</u>	<u>Amount</u>	<u>Rate & Term of Loan</u>	<u>Debt Svc Pmt.</u>
① _____	\$ _____	_____	\$ _____
② _____	\$ _____	_____	\$ _____
③ _____	\$ _____	_____	\$ _____
④ _____	\$ _____	_____	\$ _____
⑤ _____	\$ _____	_____	\$ _____
⑥ _____	\$ _____	_____	\$ _____

Total Permanent Financing: \$ _____
 (Must equal total development cost)

C. 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 (describe) _____

D. SYNDICATION INFORMATION

	Anticipated Credits	Limited Partner Ownership %	Investment Per Credit	Gross Investment
Low Income Housing				
Federal Historic Rehab.				
State Historic Rehab.				
Energy*				
Energy				
State Enterprise Zone				
TOTAL				

***If multiple energy credit types, please show on separate lines.**

- a. Type of syndication offering: Public Private
- b. Type of investors: Individuals Corporation
- c. Syndicator _____
 (FIRM)

 (CONTACT PERSON)

 (STREET)

 (CITY, STATE, AND ZIP)

 (PHONE NUMBER) (FAX NUMBER) (EMAIL ADDRESS)
- d. Is bridge loan financing required? Yes No
 If yes: Lender: _____
 Amount of Loan _____
 Rate and Term _____
 Contact Name: _____
 Contact Telephone Number _____

E. DEVELOPMENT INFORMATION

Number of Dwelling Units: _____ Mobility Impaired Units (MIU): _____
 Low Income Units: _____ Hearing/Vision (H/V) Impaired Units: _____
 Market Rate Units: _____ Both MIU & H/V Units: _____
 Manager's/**Employee's** Units: _____

Manager/s/Employee's Units

Are units income producing*?

Yes ___ No ___

If yes, will units be Affordable or Market?

Affordable ___ Market ___

Will Manager/Employee by LIHTC income qualified?

Yes ___ No ___

Breakdown by Unit Size:

0 Bedrooms _____

1 Bedroom _____

2 Bedrooms _____

3 Bedrooms _____

4 Bedrooms _____

5 Bedrooms _____

***Note: Manager's/employee's unit(s), if non-income producing at application, may not be changed to income producing at a later date.**

F. DEVELOPMENT BUDGET

	Proposed Costs	Basis for Acquisition Credit	Basis for Rehab/New Construction Credit
1. CONSTRUCTION COSTS			
(from Statement of Probable Construction Costs)			
a. General Requirements (Div.1)	\$ _____		\$ _____
Breakdown of Site Work:			
b. Building Demolition	\$ _____		
c. Selective Demolition	\$ _____		\$ _____
d. Site Work	\$ _____		\$ _____
e. Offsite Improvements	\$ _____		
f. Environmental Remediation (in contract)	\$ _____		\$ _____
g. Subtotal Site Work (Div. 2)	\$ _____		\$ _____
h. Structure	\$ _____		\$ _____
i. Builder's Overhead	\$ _____		\$ _____
j. Builder's Profit	\$ _____		\$ _____
k. Bond Premium	\$ _____		\$ _____
l. Building Permits	\$ _____		\$ _____
m. Construction Contingency	\$ _____		\$ _____
n. Other: _____	\$ _____		\$ _____
o. TOTAL	\$ _____		\$ _____
2. FEES			
a. Architect Fee – Design (___% of \$ _____)	\$ _____		\$ _____
b. Architect Fee – Admin (___% of \$ _____)	\$ _____		\$ _____
c. Legal	\$ _____	\$ _____	\$ _____
d. Engineering	\$ _____	\$ _____	\$ _____
e. Survey	\$ _____	\$ _____	\$ _____
f. Soils/Structural Report	\$ _____	\$ _____	\$ _____
g. Environmental Audit	\$ _____	\$ _____	\$ _____
h. Environmental Remediation (outside contract)	\$ _____	\$ _____	\$ _____
i. Energy Audit/Testing	\$ _____	\$ _____	\$ _____
j. HERS Rater	\$ _____	\$ _____	\$ _____
k. Passive House Consultant & Rater	\$ _____	\$ _____	\$ _____
l. Project Capital Needs Assessment	\$ _____	\$ _____	\$ _____
m. Property Appraisal	\$ _____	\$ _____	
n. Market Study	\$ _____		
o. Cost Certification	\$ _____		
p. Other: _____	\$ _____	\$ _____	\$ _____
q. TOTAL	\$ _____	\$ _____	\$ _____
3. MISCELLANEOUS DEVELOPMENT CHARGES			
a. Multifamily Housing Application Fee	\$ _____		
b. Agency Legal Closing Fee (soft funding)	\$ _____		
c. Tax Credit Reservation Fee	\$ _____		
d. Tax Credit Carryover Allocation Fee	\$ _____		
e. Tax Credit Cost Certification Fee	\$ _____		
f. Furnishings (Common Area)	\$ _____		\$ _____
g. Rent-up Expenses	\$ _____		
h. Relocation	\$ _____		
i. Utility Tap-in, Hookup, & Municipal Fees	\$ _____	\$ _____	\$ _____
j. Subsidy Layering Review Fee	\$ _____		
k. Other: _____	\$ _____	\$ _____	\$ _____
l. TOTAL	\$ _____	\$ _____	\$ _____

	Proposed Costs	Basis for Acquisition Credit	Basis for Rehab/New Construction Credit
4. CONSTRUCTION & FINANCING CHARGES			
a. Construction Loan Interest	\$ _____	\$ _____	\$ _____
b. Construction Loan Origination Fee	\$ _____	\$ _____	\$ _____
c. Construction Loan Credit Enhancement	\$ _____		\$ _____
d. Construction Loan Application Fee	\$ _____		\$ _____
e. Taxes During Construction	\$ _____		\$ _____
f. Insurance During Construction	\$ _____		\$ _____
g. Title Insurance	\$ _____	\$ _____	\$ _____
h. Recording	\$ _____	\$ _____	
i. PHFA Construction Monitoring Fee	\$ _____	\$ _____	\$ _____
j. Other: _____	\$ _____	\$ _____	\$ _____
k. TOTAL	\$ _____	\$ _____	\$ _____
5. PERMANENT FINANCING			
a. Agency Loan Reservation Fee	\$ _____		
b. Agency Loan Origination Fee	\$ _____		
c. Agency Loan Legal Fee	\$ _____		
d. Permanent Loan Origination Fee	\$ _____		
e. Permanent Loan Credit Enhancement	\$ _____		
f. Cost of Issuance/Underwriter's Discount	\$ _____		
g. Non-Agency Permanent Financing Legal Fee	\$ _____		
h. Other: _____	\$ _____		
i. TOTAL	\$ _____		
6. LAND & BUILDING PURCHASE			
a. Acquisition of Land	\$ _____		
b. Acquisition of Existing Structures	\$ _____	\$ _____	
c. Acquisition Legal Fees	\$ _____	\$ _____	
d. Closing Costs	\$ _____	\$ _____	
e. Demolition of Existing Structures	\$ _____		
f. Other: _____	\$ _____	\$ _____	
g. TOTAL	\$ _____	\$ _____	
7. REPLACEMENT COST	\$ _____	\$ _____	\$ _____
(Total Sections 1 – 6)			
8. DEVELOPMENT RESERVES			
a. Operating Reserve	\$ _____		
b. Transformation Reserve	\$ _____		
c. Rental Subsidy Fund	\$ _____		
d. Development Contingency Fund (DCF)	\$ _____	_____ Cash	_____ LOC
e. Real Estate Taxes (1 st year escrow)	\$ _____		
f. Insurance (1 st year escrow)	\$ _____		
g. Supportive Services Escrow	\$ _____		
h. Other: _____	\$ _____		
i. TOTAL	\$ _____		
9. DEVELOPER'S FEE & OVERHEAD			
a. Rehabilitation/New Construction	\$ _____		\$ _____
b. Acquisition (less Land)	\$ _____	\$ _____	
c. Add'l Fee for Subsidies and/or Services	\$ _____		\$ _____
d. TOTAL	\$ _____	\$ _____	\$ _____

	Proposed Costs	Basis for Acquisition Credit	Basis for Rehab/New Construction Credit
10. SYNDICATION FEES & EXPENSES			
a. Organizational	\$ _____		
b. Bridge Loan Interest During Construction	\$ _____		\$ _____
c. Bridge Loan Interest After Construction	\$ _____		
d. Bridge Loan Fees & Expenses	\$ _____		\$ _____
e. Legal Fees	\$ _____		
f. Equity Investor Legal Fees	\$ _____		
g. Accountant's Fees	\$ _____		
h. Other: _____	\$ _____		
i. TOTAL	\$ _____		\$ _____
11. OTHER			
a. Tax Credit Compliance Monitoring Fee	\$ _____		
b. Income Averaging Compliance & Asset Monitoring Fee	\$ _____		
c. Preservation Combo Compliance & Asset Monitoring Fee	\$ _____		
d. PHFA Energy Benchmarking Fee	\$ _____		
e. Other: _____	\$ _____		
f. TOTAL	\$ _____		
12. TOTAL DEVELOPMENT COST (Sections 7 -11)	\$ _____	\$ _____	\$ _____
13. If Tax Credits will be issued on other than Eligible Basis, enter what they are based on below and the amount here: _____ Maximum Basis _____ Need			\$ _____
MAXIMUM BASIS CALCULATION _____ (# of units) x \$250,000 =		\$ _____	
a. Less any portion of any grant or federal subsidy not to be included in basis		(\$ _____)	(\$ _____)
b. Less amount of non-qualified non-recourse financing		(\$ _____)	(\$ _____)
c. Less amount of costs for commercial space or for any areas that tenants will be charged to use		(\$ _____)	(\$ _____)
d. Less non-qualifying unit costs for higher quality items			(\$ _____)
e. Less historic tax credit (residential portion)			(\$ _____)
f. Less Energy Credit (Enter 50% of the Energy Tax Credit Amount)			(\$ _____)
g. Less Energy Rebates			(\$ _____)
14. ELIGIBLE BASIS		\$ _____	\$ _____
15. HIGH COST AREA (if applicable)			_____ %
16. TOTAL ELIGIBLE BASIS		\$ _____	\$ _____
17. APPLICABLE FRACTION		_____ %	_____ %
18. TOTAL QUALIFIED BASIS		\$ _____	\$ _____
19. APPLICABLE PERCENTAGE		_____ %	_____ %
20. TOTAL TAX CREDITS REQUESTED		\$ _____	\$ _____

EXHIBIT "C"

OWNER'S CERTIFICATION OF COSTS INCURRED

Development Name: _____

Development No.: _____

Owner: _____

Date of Reservation: _____

	Latest Budget Approved by PHFA (1)	Reasonably Expected Basis (REB) (2)	Cost Incurred no later than Oct. 25, 2020 (3)
1. Construction Costs			
General Requirements			
Building Demolition			
Selective Demolition			
Site Work			
Offsite Improvements			
Environmental Remediation			
Structure (Div. 3 – 16)			
<u>Subtotal</u>			
Builder's Overhead			
Builder's Profit			
Bond Premium			
Building Permits			
Construction Contingency			
Other: _____			
Total			
2. Fees			
Arch Fee - Design			
Arch Fee- Admin			
Legal			
Civil Engineering			
Survey			
Soils/Structural Report			
Environmental Audit			
Environmental Remediation (not in construction contract)			
Energy Audit/Testing			
HERS Rater			
Passive House Consultant & Rater			
Project Capital Needs Assessment			
Property Appraisal			
Market Study			
Cost Certification			
Other: _____			

Total			
	Latest Budget Approved by PHFA (1)	Reasonably Expected Basis (REB) (2)	Cost Incurred no later than Oct. 25, 2020 (3)
3. Miscellaneous Project Charges			
Multifamily Housing Application Fee			
Agency Legal Closing Fee (soft funding)			
Tax Credit Reservation Fee			
Tax Credit Carryover Allocation Fee			
Tax Credit Cost Certification Fee			
Furnishings (Common Area)			
Rent-Up Expenses			
Relocation			
Tap-In, Hook-Up, Municipal Fees			
Subsidy Layering Review Fee			
Other: _____			
Total			
4. Construction & Financing Charges			
Construction Loan Interest			
Construction Loan Origination Fee			
Construction Loan Credit Enhancement			
Construction Loan Application Fee			
Taxes During Construction			
Insurance During Construction			
Title Insurance			
Recording			
PHFA Construction Monitoring Fee			
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/Underwriter's Discount			
Non-Agency Perm. Financing Legal Fee			
Other: _____			
Total			
6. Land and Building Purchase			
Acquisition of Land			
Acquisition of Existing Structures			
Acquisition Legal Fees			
Closing Costs			

Demolition of Existing Structures			
Other: _____			
Total			
7. Development Reserves	Latest Budget Approved by PHFA (1)	Reasonably Expected Basis (REB) (2)	Cost Incurred no later than Oct. 25, 2020 (3)
Operating Reserve			
Transformation Reserve			
Rental Subsidy Fund			
Development Contingency Fund			
Real Estate Taxes (first year escrow)			
Insurance (first year escrow)			
Supportive Services Escrow			
Other: _____			
Total			
8. Developer's Fee & Overhead			
Rehabilitation/New Construction			
Acquisition less Land			
Add'l Fee for Subsidies and/or Services			
Total			
9. 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: _____			
Total			
10. Other			
Tax Credit Compliance Monitoring Fee			
Income Avg. Comp. & Asset Monitoring Fee			
Preservation Combo Comp & Asset Monitoring Fee			
PHFA Energy Benchmarking Fee			
Other: _____			
Total			
11. TOTAL DEVELOPMENT COSTS			
		% of REB	%

(1) Must agree with most current worksheet approved by either the Tax Credit Department or Development Division of PHFA.

- (2) Must reflect current estimate of Reasonably Expected Basis based on Development Budget submitted on Exhibit B, Section F.
- (3) Must reflect costs incurred no later than date indicated above, and this column cannot exceed amounts reflected in column 2.

(Prepare on Owner's Letterhead)

OWNER'S CERTIFICATION OF COSTS INCURRED

I hereby represent and certify that as of _____ (date) _____, _____ (owner name) _____ has incurred more than 10% of the reasonably expected basis in the _____ (development name) _____ as represented above.

_____ (owner name) _____ has accumulated carryover allocation basis of at least \$ _____ in the _____ (development name) _____ representing _____ % of the total reasonably expected basis in the development of \$ _____.

This certification is made under penalty of perjury and is supported with appropriate documentation. This certification is part of the requirements for obtaining a Carryover Allocation of 2019 OR a forward commitment of * Federal Low-Income Housing Tax Credits.

Signature

Date

Typed or Printed Name

Title

Owner Name

Owner Address

*** Developments which are awarded 2020 Tax Credits through a Forward Commitment of Credits in 2019 remain subject to the 2019 Guidelines and Deadlines.**

EXHIBIT "D"

**INDEPENDENT AUDITOR'S REPORT
SAMPLE**

Date:

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

And

Owner Name
Street
City, State, Zip Code

Re: Project Name and Tax Credit Number

We have examined the accompanying Owner's Certification of Cost Incurred ("Exhibit C") for _____ (the "Project") as of _____. Exhibit "C" is the responsibility of the Owner and the Owner's management. Our responsibility is to express an opinion on Exhibit "C" based on our examination.

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

The accompanying Exhibit "C" was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service under the accrual method of accounting, and by the Pennsylvania Housing Finance Agency, which is a comprehensive basis of accounting other than generally accepted accounting principles.

The 10% Test includes an estimate prepared by the Owner of total development costs and reasonably expected basis, as defined in Treasury Regulation Section 1.42-6. We have not examined or performed any procedures in connection with such estimated total development costs and reasonably expected basis and, accordingly, we do not express any opinion or any other form of assurance of such estimates. Furthermore, even if the Project is developed and completed there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

In our opinion, Exhibit "C" referred to above presents fairly, in all material respects, costs incurred for the Project as of _____, on the basis of accounting described above.

In addition to examining Exhibit "C" we have, at your request, performed certain agreed upon procedures, as enumerated below, with respect to the Project. These procedures, which were agreed to by the Owner and the Pennsylvania Housing Finance Agency, were performed to assist you in determining whether the development has met the 10% test in accordance with Internal Revenue Code Section 42(h)(1)(E) and Treasury Regulation Section 1.42-6. These agreed-upon procedures were performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified users of the report. Consequently, we make no representations regarding the sufficiency of the procedures below either for the purpose for which this report has been requested or for any other purpose.

We performed the following procedures:

- We calculated, based on estimates of total development costs provided by the Owner, the Project's total reasonably expected basis, as defined in Treasury Regulation Section 1.42-6, to be \$_____ as of _____, 20____.
- We calculated the reasonably expected basis incurred by the Owner as of _____, 20____ to be \$_____.
- We calculated the percentage of the development fee incurred by the Owner as of _____, 20____ to be _____% of the total development fee.
- We compared the reasonably expected basis incurred as of _____, 20____ to the total reasonably expected basis of the Project, and calculated that _____% had been incurred as of _____, 20____.
- We determined that the Owner uses the accrual method of accounting, and has not included any construction costs in carryover allocation basis that have not been properly accrued.
- Based on the amount of total reasonably expected basis listed above, for the Owner to meet the 10% test in accordance with Internal Revenue Code Section 42(h)(1)(E) and Treasury Regulation Section 1.42-6, we calculated that the Development needed to incur at least \$_____ of costs prior to _____, 20____. As of _____, 20____, costs of at least \$_____ had been incurred, which is approximately _____% of the total reasonably expected basis of the Project.

We were not engaged to, and did not, perform an audit of the Owner's financial statements or of the Project's total reasonably expected basis. Furthermore, even if the Project is developed and completed there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Owner and Owner's management and for filing with the Pennsylvania Housing Finance Agency and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes.

Signature

Date

Exhibit D

EXHIBIT "E"

**ARCHITECT'S CERTIFICATION OF COMPLIANCE WITH DESIGN
REQUIREMENTS FOR ACCESSIBLE HOUSING**

Development Name: _____

Check Appropriate: New Construction
 Substantial Rehabilitation
 Moderate Rehabilitation

 Townhouse Elevator
 Walkup Apartments Non-Elevator

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

CHECK ALL THAT APPLY

APPLICABLE

- The Fair Housing Act of 1988 & Fair Housing Design Manual _____
- ANSI A117.1 -2009 (or Edition currently adopted by the PA
Uniform Construction Code) _____
- Pennsylvania Uniform Construction Code _____
- Uniform Federal Accessibility Standard (UFAS) _____
- Section 504 of the Rehabilitation Act of 1973 _____
- 2010 ADA Standards for Accessible Design _____
- Any Other State or Local Code or regulations pertaining
to design or inclusion of rental housing accessibility
features (Include name of locality and citation for applicable
requirements.)* _____

*NOTE: Where multiple accessibility standards apply, the standard that affords greater accessibility shall be used.

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

The development contains a total of _____ rental dwelling units.

Of this total, _____ units are or will be accessible (as defined in the applicable regulations cited on the previous page).

Of this total, _____ units have been designed and have been or will be constructed to be adaptable as defined in The Fair Housing Act.

Of this total, _____ units have been designed and have been or will be constructed to include features for individuals with hearing or vision impairment as defined in the applicable regulations cited on the previous page.

ARCHITECT

Signed: _____ Date: _____

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

By: _____
Name & Title (please print)

Architectural Firm

OWNER

Acknowledged and Accepted by OWNER

Signed: _____ Date: _____

By: _____
Name & Title (please print)

Owner Name

EXHIBIT "F"
DEVELOPMENT INFORMATION

A. DEVELOPMENT NAME: _____
PHFA No. (If applicable) _____ **TC No.** _____

ON-SITE MANAGER: Company Name: _____

Address: _____
Phone: _____ **Fax:** _____
Contact Name: _____ **Email:** _____

OFF-SITE MANAGEMENT AGENT: Company Name: _____

Address: _____
Phone: _____ **Fax:** _____
Contact Name: _____ **Email:** _____

B. UNIT BREAKDOWN

INSTRUCTIONS:

Please reflect the Development's unit breakdown in the chart on the following page.
Be sure to include details regarding the following:

- (1) Indicate PH for PennHOMES, HTF for Housing Trust Fund, or 811 for Section 811 units.
Reflect these on separate lines from non-PH, non-HTF, and non-811 units.
- (2) If applicable, provide the amount and the source of subsidy using the following abbreviations:
 - S8FMR - Section 8 Fair Market Rent
 - S811- Section 811 PRA
 - PBS8 – Project Based Section 8 (non-voucher)
 - PBV - Project Based Vouchers
 - RAD - Rental Assistance Demo
 - SA - State Assistance
 - H-Federal HOME Program
 - HV - Housing Vouchers
 - RHS - 515 Rental Assistance
 - ACC - Housing Authority Assistance
 - O - Other (Explain: _____)
- (3) LI = Low Income Unit; MR = Market Rate Unit; Mgr = Manager Unit
- (4) MIU = Mobility Impaired Unit; H/V = Hearing/Vision Impaired Unit;
MIU/HV = both MIU and H/V combined unit
- (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 rent is targeted.
(i.e., 20%, 40%, 50%, 60% or MR - Market Rate)

EXHIBIT "G"

CERTIFICATION OF SUBSIDIES

As Taxpayer, I certify that the sources of funds and/or rental subsidies listed below are all sources of funding, including but not limited to ENERGY REBATES, and Federal, State, and local subsidies that have been committed, applied for, or will be applied for as part of the financing plan for _____ (development).

NOTE: This information is required by Code for the Tax Credit Program

Source of Funds	Amount	Rate	Term	Applied for (A) or Committed (C)	Date of Application or Commitment	PHFA Subsidy Layering
Total						

Rental Assistance	Number of Units	Applied for or Committed	Date of Application or Commitment

Resources included as a source of financing in the Application may not be substituted or adjusted by another funding source in the financing plan unless approved by the Agency.

As the Taxpayer, I hereby certify that upon expiration or termination of the rental subsidy, the total rents charged to the residents will not exceed rents that are at or below the targeted rent levels indicated on the Application.

Taxpayer Name: _____

Date: _____

Taxpayer Representative: _____

Printed Name / Title: _____