# Oregon Housing and Community Services Agriculture Workforce Housing Tax Credit Program

# 2024 On-Farm Application

2024 applications may only be submitted and received beginning on January 2, 2024, and by September 30, 2024, at 4 PM. Applicants must use the 2024 application materials. Any application received before January 2, 2024, will be rejected. Any application not on the 2024 form will be rejected.

This 2024 On-Farm Application is for on-farm projects only. Community-based projects must apply through the regular funding process.

Your completed application will establish the qualifying status, feasibility, and readiness to proceed of your proposed on-farm agriculture workforce housing tax credit project. OHCS will consider all applications for Agriculture Workforce Housing Tax Credits (AWHTC) based on the order in which they are received and using the guidelines listed in the 2024 Annual Notice and General Information document (ANGI) released along with this application until we have allocated the entire $1,670,000 amount set aside annually for on-farm projects or until September 30, 2024, whichever comes first.

Please read the 2024 Annual Notice and General Information sheet for more information.

**Criteria for Tax Credit Allocation Considerations?**

**Please remember:**

* You may contact OHCS to verify the availability of funds prior to submission.
* All project applicants must pay a $200 processing charge as part of their submission.
* The $200 application charge must be paid with a check payable to Oregon Housing and Community Services.
* Application Charges are non-refundable.
* Application must be received before project construction is complete.
* If the applicant intends to transfer credits to an investor whose identity is known at the time of application, that investor must file this application jointly and provide a commitment letter.
* The attached transmittal page should be mailed separately with application charge if the application is submitted electronically.
* By statute, OHCS must allow a minimum of thirty (30) days between receipt of application and notification of any awards.
* Please include the entire application with the pages in order when submitting an application either electronically or by mail.

## AWHTC On-Farm 2024 Application

## Application Charge Transmittal Form

Attach Check Here

|  |  |
| --- | --- |
| Project Name: |  |
| Project Address: |  |
| Applicant Name: |  |
| Applicant Address: |  |
| Contact Name: |  |
| Contact Information: |  |

For electronic submission, print out and mail this transmittal page with your application charge check. Submit the rest of the materials to the email below. If mailing your application, submit original application, application charge, and this form to the address below. Application and application charge must both be received before processing can begin. Please use the address below.

**Attn: Accounting (503)986-6760**

**Oregon Housing and Community Services**

**725 Summer St. NE, Suite B**

**Salem, OR 97301**

|  |  |  |
| --- | --- | --- |
| **Development Resources Section – AWHTC Application 2024** | | |
| Application Charge (payable to OHCS): | = | $200.00 |

## Project application checklist:

The items listed below must be submitted to complete your application. Incomplete applications will be returned, and award priority will not be retained.

|  |  |
| --- | --- |
|  | Complete application |
|  | Planning Agency Verification: All applications must contain a letter from the local planning agency stipulating the current zoning for the project site is appropriate for the proposed use |
|  | Preliminary site design/development plans, or scope of work for rehabilitation projects |
|  | Proof of Funding: Attachments must provide documented sources and commitment of all other funding for the project (i.e., copy of bank statement, letter from financial institution verifying owner has sufficient funds, letter of commitment of financing from lender, etc.) |
|  | Commitment Letter from Investor (if applicable) |
|  | Project "before" pictures |
|  | Proof of Consultation with OR-OSHA for labor camps |
|  | $200 Application Charge |

## Agriculture Workforce Housing Tax Credit Program 2024 Application

#### Applicant Information – Who will be responsible for project development?

Tax Credit Recipient information

*If individual: provide legal name used on tax forms and Social Security Number*

*If business entity: provide legal name and Federal Tax Identification Number*

|  |  |
| --- | --- |
| Name of Applicant (legal entity): |  |
| SSN (if applying as individual): |  |
| FEIN: |  |
| Contact First Name: |  |
| Contact Last Name: |  |
| Mailing Address: |  |
| City: |  |
| Zip Code: |  |
| State: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |

#### AWHTC Project Address:

|  |  |
| --- | --- |
| Project Name: |  |
| Street Address: |  |
| City: |  |
| Zip Code: |  |
| State: | OR |

#### Contributors:

Projects can have Contributors who participate financially in the project for a share of the tax credits. If they are known at the time of application, the contributor must apply jointly with the applicant and attach a letter of commitment. The applicant must provide the following information for each contributor at or before time of credit transfer. Attach a separate page if there are multiple contributors.

|  |  |
| --- | --- |
| Legal Name of Contributor: |  |
| SSN or FEIN: |  |
| Percentage of Credits Claiming: |  |
| Contact First Name: |  |
| Contact Last Name: |  |
| Mailing Address: |  |
| City: |  |
| Zip Code: |  |
| State: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |

#### Project Description Is the Project Site a Labor Camp?

Please note, it is expected that all on-farm projects will seek consultation with OR-OSHA and DCBS to determine status and need to register as a labor camp.

|  |  |
| --- | --- |
| Registered Labor Camp? Yes/No: |  |
| Date of Registration: |  |
| Occupancy Date: |  |
| Name of Labor Camp: |  |
| Date OR-OSHA informed of changes in occupancy: |  |
| If Farm Labor Contractor, Operator Indorsement Number (BOLI): |  |

#### Project Description Continued

Please describe the current or proposed facilities available for the agricultural workers

|  |  |
| --- | --- |
| Distance from housing to fields |  |
| Presence of running water in each unit? |  |
| Location of kitchens |  |
| Type of toilet facilities? |  |
| Inside or outside of units? |  |
| Type of laundry facilities |  |
| Are the units air conditioned? |  |
| Type of drinking water provided |  |

|  |  |
| --- | --- |
| Number of buildings |  |
| Type of structure |  |
| Square Footage |  |
| Number of units |  |
| Number of bedrooms per unit |  |
| Will rent be charged? |  |
| New Construction or Rehabilitation? |  |

#### Legislative District Numbers

|  |  |
| --- | --- |
| Congressional: |  |
| State Senate: |  |
| State House: |  |

*Can be found by visiting* [oregonlegislature.gov](https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html)

#### Eligible Costs and Credits Requested

|  |  |
| --- | --- |
| Total Eligible Costs: | $ |
| Total Credits Requested: | $ |

*Total eligible costs should equal the amount indicated on the worksheet below.  
Total credits requested cannot exceed 50% of total eligible project costs.*

#### Zoning

|  |  |
| --- | --- |
| Current Zoning: |  |

*Please attach a letter from your local planning agency indicating that the project can proceed within current zoning.*

#### Site Control

|  |  |
| --- | --- |
| What type of control do you have over the property? |  |

*Fill in status, e.g., deed, land sale contract, option, etc.*

#### Property Description

How will the housing be used? *(Answer all that apply)*

|  |  |
| --- | --- |
| Seasonal/Migrant Housing yes/no: |  |
| Year-round/Permanent Housing yes/no: |  |

#### Project Dates

|  |  |
| --- | --- |
| Construction Start Date (mm/dd/yyyy): |  |
| Projected Completion Date (mm/dd/yyyy): |  |

#### Application Narrative

Please respond to the following in your narrative. If filling out electronically, feel free to add answers below the questions. Otherwise, include narrative on an added page:

* **Describe the overall concept** of the entire development, including number of workers and individuals expected to be housed as well as the unit composition and design i.e., separate units per worker and family composition, or dormitory design.
* **If the project involves rehabilitation** of an existing property,attach a description of the work to be completed. The goal of the rehabilitation should be to improve the property in such a way as to extend and maximize its expected useful life.
* **Describe the physical characteristics** of the proposed site, the project design, and how they meet farmworker needs. Discuss the nature of the proposed housing, such as on-farm, year-round, or seasonal.
* **Describe the specific farmworker population to be served** including numbers of people, positions at farm, family composition, how families will be served, duration of stay if seasonal/migrant workers, etc.
* **Describe the overall operation of the housing to be funded**to include how is the housing provided, how are maintenance and repairs addressed, expectations for workers to remained housed, rent or housing charges to workers, proximity to services for other needs. OHCS will prioritize on-farm projects for funding where agricultural workers are not charged rent.
* **Does the housing have access to community services?** What sorts of community services? What distances are involved for travel time? Are schools, grocery stores, etc. within easy driving distance?
* **Is there a place available for use as a notice board relating to fair employment law and OR-OSHA requirements?**
* **Describe the unit size occupancy and facilities available to workers.** How many individual workers in a unit if single workers; how many individual workers in housing if dormitory style.
* **Attach a preliminary site design and development plan, or scope of rehabilitation work.** *(This need not be professionally done. However, OHCS reserves the right to require additional information as needed)*

## Project Financial Description and Uses of Funding

#### Project Costs:

|  |  |
| --- | --- |
| Purchase Price of Land:  (Cannot be included in eligible costs) | $ |
| **Acquisition Costs** | |
| Improvements: | $ |
| Closing/Recording: | $ |
| Off-Site Costs/Improvements: | $ |
| Other: | $ |
| **Subtotal:** | **$** |
| **Construction Costs** | |
| On-Site Work/Landscaping: | $ |
| Hazardous Materials: | $ |
| Abatement: | $ |
| Common Area: | $ |
| Contractor Overhead & Profit: | $ |
| Contingency: | $ |
| Other: | $ |
| **Subtotal:** | **$** |
| **Development Costs** | |
| Construction Costs: | $ |
| Permits/Systems/Fees: | $ |
| Development Charges: | $ |
| Surveys & Appraisals: | $ |
| Environmental Impact Mitigation: | $ |
| Architectural/Engineering: | $ |
| Legal/Accounting: | $ |
| Consultant Fee: | $ |
| OHCS Application Charge | $200.00 |
| Other: | $ |
| **Subtotal:** | **$** |

#### Total Eligible Costs

|  |  |
| --- | --- |
| Add together Acquisition, Construction, & Development: | $ |

*(Note: Total Funding Sources must equal Total Project Costs)*

#### Estimated Equity Generated from Credits (Complete this section if tax credits will be sold for project equity)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $ | | x | $ | = | $ |
| *Tax Credits Requested* | x | *Sale Price per Credit* | = | *Equity Generated for Project from Credits* |

#### List Sources of Funding:

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of funding**  *(ex. Bank of Plenty)* | **Type (grant, loan, equity)**  *(ex. Loan, 20 year fixed)* | **Amount**  *(ex. $350,000)* | **Committed? Y/N** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **Total Funding Sources**  *(Combine equity generated from Credits and Sources of Funding)* | | $ | |

## Certification

Applicant hereby certifies that to the best of their knowledge construction will begin, be completed, and housing will be occupied as noted above in the **Project Dates** section. Each applicant certifies the above information to be true and accurate, and that the housing units for which the tax credit applies will only be occupied by agricultural workers and their immediate families for at least ten (10) years, unless OHCS grants a waiver of this requirement after at least five (5) years of compliance. Each applicant verifies that the project will start by December 31st of the award year, unless a separate signed commitment has been included in this package indicating a future start date.

|  |  |
| --- | --- |
| Printed Name of Applicant: |  |
| Signature: |  |
| Date: |  |
| Printed Name of Co-Applicant: |  |
| Signature: |  |
| Date: |  |

Submit applications and programmatic questions to:

ATTN: Martin Jarvis

OHCS 725 Summer St. NE Ste. "B" Salem, OR 97301-1266

971-388-6029

[martin.jarvis@hcs.oregon.gov](mailto:martin.jarvis@hcs.oregon.gov)