### 

### Final Application

**Low Income Housing Tax Credit Program (for 4% or 9% Credits)**

|  |  |  |
| --- | --- | --- |
| **106 trim straight 1** | 725 Summer St NE Ste B, Salem, OR 97301-1271  (503) 986-2000 FAX (503) 986-2002 TTY (503) 986-2100  [www.oregon.gov/OHCS](http://www.oregon.gov/OHCS) | **eqhsg** |

**Please upload all items into the Applications/Final App Folder in the appropriate Procorem WorkCenter using the provided naming convention. If you have any questions after reading the instructions on the next page, please contact your Production Analyst.**

**Needed Items Accepted Naming Convention**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Application Submittal Forms (Including)*** | | **Final Application OHCS Forms <Project Name(PN)>** | | |
| **Include in one submission:** | | *Final Application Checklist* | |  |  |
| *Data Summary* | |  |  |
| *Applicant & Project Information* | |  |  |
| *Building by Building Basis* | |  |  |

|  |  |  |
| --- | --- | --- |
|  | ***OHCS Proforma Workbook*** | **Proforma Final App <PN>** |
|  | ***Owner’s Certification of Final Sources & Uses*** | **Owner Cert Final Budget <PN>** |
|  | ***Project Architect’s Certifications (A-AS)*** | **Arch Cert Form [A-AS] <PN>** |
|  | ***Owner’s DPP Closeout Report (A-CR)*** | **Owner Closeout Form A-CR <PN>** |
|  | Final Cost Certification | **Final Cost Cert <PN>** |
|  | Final Bond Certification (if applicable) | **Final Bond Cert <PN>** |
|  | Certificate of Occupancy/Notification of Substantial Completion | **CofO <Building ID> <PN>** |
|  | Site Map with Building Addresses/BINs | **Site Map <Location if needed> <PN>** |
|  | Photos of Completed Project | **Photos <Location if needed> <PN>** |

|  |  |  |
| --- | --- | --- |
|  | Resident Services Contract w/all Amendments | **Final Resident Services Contract <PN>** |
|  | Master Lease & Rider | **Master Lease and Rider <PN>** |
|  | Management Agreement w/all Amendments | **Final Mgmt Agreement <PN>** |
|  | Partnership Agreement w/all Amendments | **Final Partnership Agreement <PN>** |

**Initiating a Request for Issuance of IRS Form(s) 8609**

OHCS will accept and process Placed-In-Service documents and issue IRS Form 8609(s) throughout the year. However, a project owner must submit all Placed-In-Service documentation, including the Independent Certified Public Accountants Report (“Cost Certification”) and the certificates of occupancy for each building in the project at least **60 days** **prior** to when they expect to receive the IRS Form 8609(s).

# **Final Financial Feasibility Analysis**

The Applicant must provide OHCS with the following information **as soon as possible but no longer than 6 months after the project has received its Certificate of Occupancy**:

## Final Application

## The Applicant must complete and submit the attached final application forms being careful to update any information that may have changed since the initial application was submitted.

## Operating Pro forma

## The Applicant must provide a final pro forma workbook:

## <https://www.oregon.gov/ohcs/development/Pages/nofa-four-percent-lihtc.aspx>

## Owner’s Certification

The Applicant must provide an executed Owner’s Certifications form which can be found as a separate tab on the Proforma or in the Reservation Letter attachments:

[**https://www.oregon.gov/ohcs/development/Pages/nofa-reservation.aspx**](https://www.oregon.gov/ohcs/development/Pages/nofa-reservation.aspx)

## Final Cost Certification

## The Applicant must provide a final cost certification (draft cost certifications will not be acceptable to determine credit allocation), addressed to OHCS and prepared by an independent CPA, of the eligible basis of each building and, based on the Applicant sworn representations about the low-income use of each building, its qualified basis. The certifications must also list sources and uses of all funds for the project, for example, the proceeds from the sale of the Credit. The independent CPA’s certification must be accompanied by executed copies of the developer agreement, each consultant contract, and an itemized statement earmarking the developer’s fees and/or consultant fees earned for the services provided.

## Final Bond Certification (if applicable)

## For bonds to retain their tax-exempt status and therefore qualify the project for 4% credits, a minimum of 95% of the tax-exempt bond proceeds from issuance must be used to pay or reimburse good costs. Good costs are the expenditures associated with the depreciable residential building, including capitalizable soft construction costs and the real property (land) itself.

## The Applicant must provide a certification, addressed to OHCS and prepared by an independent CPA, which states the percentage of tax-exempt bond proceeds from issuance used to pay or reimburse good costs. This certification will also be used to determine if the project meets the 50% test as defined in IRC 42(h)(4).

## Building by Building Qualified Basis

## The Applicant must complete the “Cost Certification: Determining Qualified Basis on a Building-by-Building Basis” Instruction and worksheet included within this document.

## Occupancy Permit

## The Applicant must get a certificate of occupancy or temporary certificate of occupancy for each building and provide a copy of each certificate to the Department. If a temporary certificate of occupancy is used to establish placed-in-service date for a building, the certificate must clearly indicate that all health and safety requirements have been met and tenants are allowed to occupy the building.

## Program Requirements

## All applicable Program requirements, disclosures and Program Limits set forth in Low Income Tax Credit Program Manual and the General Policy and Guideline Manual must be met. All Reservation Letter conditions must be satisfied.

## Master Lease; Lease Rider

## The Applicant must provide the most recent copy of the master form of resident lease or rental agreement in a form acceptable to the Department. The Lease Rider must be attached to the master lease or rental agreement.

## Property Management Agreement

## The Applicant must provide the most recent executed copy of the property management agreement. The agreement must include specific terms, conditions, and responsibilities. If the Applicant has previously submitted a property management agreement and amended it, the Applicant must provide a copy of any amendments.

## Resident Services Contract

## The Applicant must provide the most recent copy of the Resident Services Plan and line item budget in an acceptable form to the Department. If a third party has been contracted to deliver resident services, an executed copy of the contract and any amendments must be provided.

## Partnership Agreement

## If the Applicant is a partnership or a limited liability company, the Applicant must provide the most recent Partnership Agreement along with any amendments.

## Financing Documents

## The Applicant must provide financing documents, not previously submitted, for all loans or grants to the project.

## As Built Certification – *UPDATED 7/2020*

## The Applicant must provide certification from the architect that the project has been built in accordance with all applicable local, state and federal laws and those requirements of the Department. See the appropriate Project Development Manual (PDM) or Core- Development Manual (CDM) for additional information:

## <https://www.oregon.gov/ohcs/development/Pages/core-development-manual.aspx>

## Form A-AS; Architect’s Certification 1 of 2 Form A-CR; Owner’s DPP Closeout Report Form A-AR; Architect’s Certification 2 of 2

## Site Map

## The Applicant must provide a site map showing building addresses, numbers or letters (identifiers) and the unit numbers in each building.

## Photos of Completed Project

## The Applicant must provide electronic exterior photos of the completed project.

# **Regulatory Agreement**

# Upon receipt and approval of all necessary documentation, OHCS will make a final determination of tax credit allocation. OHCS will then prepare a Declaration of Land Use Restrictive Covenants and provide it to escrow. The Declaration must be recorded at the cost of the Applicant. The original recorded Declaration must be returned to the Department.

# **Issuance of IRS Form(s) 8609**

# Upon completion of the requirements in sections I and II of this document, OHCS will issue Form(s) 8609. The original(s) will be forwarded to the IRS and a copy(s) will be forwarded to the Applicant.

**Data Summary**

**Final Application**

**Project Information**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name: | | |  | | | |
| Project Address: | | |  | | | |
| # of Units: | | |  | # of Buildings: | |  |
| Target Population: | | |  | # of Years Affordability: | |  |
| Type of Site Control: | | | | | | |
|  | Deed | | | |  |  |
|  | Land sale contract | | | |  |  |
|  | Earnest money agreement | | | | Execution Date: |  |
|  | Option | | | | Execution Date: |  |
|  | Other: |  | | | Execution Date: |  |

**Project Type: (X)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New construction |  | Multi-Family Rental Housing |  | Elderly / Disabled |
|  | Acquisition |  | Vacant / Occupied (circle one) |  | Independent Living |
|  | Rehabilitation |  | Homeless Shelter |  | Congregate Care |
|  | Year Built |  | Transitional Housing |  | Assisted Living Facility |
| Other project type: | |  | | | |

**Amount of Bonds Issued**:

|  |  |  |  |
| --- | --- | --- | --- |
| Tax-Exempt Private Activity: | $ | Taxable Bonds: | $ |
| Tax-Exempt 501(c)(3) | $ |  |  |

**Bond Uses**:

|  |  |  |
| --- | --- | --- |
|  | Permanent Financing: | $ |
|  | Construction Loan | $ |

**Mortgage and Bond Structure**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fixed rate fully amortizing | Term |  | Months |  |
| Fixed rate w/balloon payment | Term |  | Months |  |
| Variable rate fully amortizing | Term |  | Months |  |
| Convertible to Fixed? *(circle one)* | Yes |  | No |  |
| Variable rate w/balloon payment | Term |  | Months |  |
| Convertible to Fixed? *(circle one)* | Yes |  | No |  |
| Short Term Use | Term |  | Months |  |

**APPLICANT and PROJECT INFORMATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name: |  | | | |
| Project Address: |  |  |  |  |
|  | Street | City | Zip Code | County |

|  |  |  |  |
| --- | --- | --- | --- |
| Legislative Districts: | U.S. House | State Senate | State House |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant** | | | **Co-Applicant** | |
| Business Name: |  |  | Business Name: |  |
| Contact: |  |  | Contact: |  |
| Title: |  |  | Title: |  |
| Street: |  |  | Street: |  |
| City/St/Zip: |  |  | City/St/Zip: |  |
| Phone: |  |  | Phone: |  |
| Fax: |  |  | Fax: |  |
| E-mail: |  |  | E-mail: |  |
| Applicant Tax ID #: |  |  | Co-Applicant Tax ID #: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Type** (“X” box) | | | | **Co-Applicant Type** (“X” box) | | | |
| For Profit |  | Housing Authority |  | For Profit |  | Housing Authority |  |
| Nonprofit |  | Local Government |  | Nonprofit |  | Local Government |  |
| CHDO |  |  |  | CHDO |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ownership Entity** (LP, LLC, etc.) | |  | **Consultant** (if applicable) | |
| Business Name: |  |  | Business Name: |  |
| Contact: |  |  | Contact: |  |
| Title: |  |  | Title: |  |
| Street: |  |  | Street: |  |
| City/St/Zip: |  |  | City/St/Zip: |  |
| Phone: |  |  | Phone: |  |
| Fax: |  |  | Fax: |  |
| E-mail: |  |  | E-mail: |  |
| Entity Tax ID #: |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All Correspondence should be directed to:** | | | | |
| Business Name: |  |  | Phone: |  |
| Contact: |  |  | Fax: |  |
| Title: |  |  | E-mail: |  |
| Street: |  |  |  | |
| City/State/Zip: |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nonprofit Information (If Applicable)** | | | | |
| Source of the exemption (“X” box) | | | | |
|  | IRC Section 501(a) |  |  | IRC Section 501 (C)(3) |
|  | IRC Section 501(C)(4) |  |  | ORS 456 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Incorporated: |  |  | Date IRS 501(C)(3) received: |  |
| Date Articles of Incorporate & By-laws filed: |  |  | Date Articles or By-laws amended: |  |
| Date Purpose/Mission Statement: |  |  | Date Purpose/Mission statement amended: |  |

|  |  |  |
| --- | --- | --- |
|  | Yes (x) | No (x) |
| Do the By-laws set forth the development of affordable housing as a purpose? |  |  |
| Is the project a for-profit / non-profit joint venture? |  |  |
| Is the project consistent with the organization’s Strategic/Business Plan? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OHCS-Based Funding Requests:** | | | | |
| Sources of Funds | $ Amount | Grant Request (x) | Loan Request (x) | Recipient will loan to limited partnership (x) |
| OMEP (Weatherization) |  |  |  |  |
| OAHTC (loan amount) |  |  |  |  |
| LIHTC (annual allocation) |  |  |  |  |
| List OHCS resources (non-NOFA) received, or applied to for this project, including any loans, Agricultural Worker Housing Tax Credits, Oregon Rural Rehab loan, etc. | | | | |
|  |  |  |  |  |
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|  | | | | |
| |  |  | | --- | --- | | Federal Preferences:  This project will address one or more of the following federal tax credit preferences:  (X) Mark all that apply | | |  | Serves very low-income tenants for more than thirty (30) years | |  | Is located in a Qualified Census Tract or Difficult to Develop Area as published by HUD | |  | Serves tenants with special needs | |  | Selects tenants from Public Housing wait list | |  | Serves tenants with children | |  | Is intended for tenant ownership | |  | Includes energy efficiency features | |  | Rehabilitates and helps preserve a certified historic structure | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UNIT TYPE AND SQUARE FOOTAGE**  In the table below, list the unit type (SRO, studio, one (1) bedroom etc.), the total number of each unit type, and number of units, square footage of units and total square footage for each unit type. For the unit square footage, the inside wall measurement should be used. Manager unit(s) must be included in this table. | | | | | | |
| Residential Only | | | | | | |
| Unit Type\* | Total No. of Units\*\* | Unit Type of Manager’s Unit (“X”) | Actual Square Footage  of Unit | | Total Square Footage | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
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|  |  |  |  | |  | |
| Total by Column |  |  |  | |  | |
|  | | | | | | |
| Common Areas |  | | | |  | |
| Commercial Areas |  | |
| Other\*\* |  | |
|  |  | Total Floor Area | |  | | |
| \* Unit Type can be abbreviated – SRO, 0 bdr, 1 bdr, 2 bdr, 3 bdr, etc. Group Homes = 1 unit  \*\*Paved-only areas are not included in square footages.  Parking garages or storage is treated as Commercial space if there is a fee to use it. | | | | | | |
| If the Manager unit is income-qualified, what is the AMI %? | | | | | |  |

**Indicate number of units in which amenity is provided:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of accessible units |  | Number of units that are visitable |
|  | Number of transitional housing units |  | Number of beds (group home or dormitory) |
|  | Number of internet stations in community building |  | Number of units with high speed internet |
|  | Number of units designated as Alcohol and Drug Free |  | Number of permanent supportive housing units |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Units per Target Population:** | | | | |
| Indicate number of units designated per target population type: | | | | |
|  | Family/Workforce | |  | Persons with HIV/AIDS |
|  | Foster Youth | |  | Physical Disability |
|  | Seniors | |  | Developmental Disability |
|  | Agricultural Workers | |  | Substance Use Disorder |
|  | SPMI | |  | Previously Incarcerated |
|  | Survivors of Domestic Violence | |  | Formerly or Currently Homeless |
|  | Veterans | |  | Homeless Veterans or Families with children |
|  | Other (please describe): |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Rents and Income Levels:** | | Yes (x) | | No (x) |
| Legislation requires when OHCS resources are utilized, OHCS will give substantial preference to applicants who rent to tenants whose net income is at two (2) times the rent. (e.g. if rent is $300 per month, a tenant who earns a net of $600 should be considered income eligible.) Will the project accept this as its policy? | |  | |  |
| Upon completion of the project, how many units will be receiving project based rental assistance? | | |  | |
| Number of RD units receiving project-based rental assistance? | | |  | |
| Number of Section 8 units with project-based assistance under HAP contract? | | |  | |
| Number of Section 8 project-based vouchers issued by the local housing authority? | | |  | |
| Number of units receiving other type of project-based rental assistance? | | |  | |
| Explain other type of assistance: |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **In the table below, indicate the income and rental limitations of the proposed units prior to any OAHTC pass-through. Round up to the nearest 10% (a 47% rental charge would be listed as 50%).** | | | |
| Unit Type by bedroom size: | Number of units by bedroom size: | Percent of Median Income as adjusted for family size will not exceed: | Rents not to exceed the following percent of median income: |
| *Example:* | *Example:* | *Example:* | *Example:* |
| *2 bedroom* | *8* | *50%* | *50%* |
| *3 bedroom* | *12* | *60%* | *60%* |
|  |  |  |  |
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| --- |
| If the income limitation percentage of the household residing in the unit is not equal to the proposed rental percentage charge, then provide an explanation why. |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site and Building Information:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Size of site: (one acre = 43,560 square feet) | | | | | | | | | | | | | | | | | | | | | | | | |
| Acres: | | | | |  | | | | | | or Square Feet: | | | | | | |  | | | | | | |
| Number of residential buildings | | | | | | | | |  | |  | | | Number of non-residential buildings | | | | | | |  | | | |
| Number of residential floors | | | | | | | | |  | |  | | | Number of non-residential floors | | | | | | |  | | | |
| Total no. of code required parking spaces | | | | | | | | | |  | |  | | | Number of provided parking spaces | | | | | | |  | | |
| Code-required ratio of parking spaces to units is: | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | Yes | | |  | No |
| Does the project offer a public facility? (i.e.: day care or community policing station) | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Does the public facility be available on a preference basis to project residents? | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Does the project have a community room or common area? | | | | | | | | | | | | | | | | | | | |  | | |  |  |
|  | Is there a use fee or rental fee for these spaces? | | | | | | | | | | | | | | | | | | |  | | |  |  |
| Does the project have commercial space? | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| If the project consists of more than one (1) building or type of use, are they located on the same tract of land? | | | | | | | | | | | | | | | | | | | |  | | |  |  |
| **Adjacent Land Uses:** | | | | | | | | North of site: | |  | | | | | | | | | | | | | | |
|  | | | | | | | | South of site: | |  | | | | | | | | | | | | | | |
|  | | | | | | | | East of site: | |  | | | | | | | | | | | | | | |
|  | | | | | | | | West of site: | |  | | | | | | | | | | | | | | |
| **Building Type**: (See Instructions) | | | | | | | | | | | | | **Building Construction Characteristics:** | | | | | | | | | | | |
| Indicate number of buildings | | | | | | | | | | | | | **Foundation**: Indicate number of buildings | | | | | | | | | | | |
|  | | | Single Story Building | | | | | | | | | |  | | | | Slab-on-grade | | | | | | | |
|  | | | Garden Style Building | | | | | | | | | |  | | | | Crawl space | | | | | | | |
|  | | | Elevator Building | | | | | | | | | |  | | | | Basement | | | | | | | |
|  | | | Non-elevator Multi-Story Building | | | | | | | | | |  | | | | Piling | | | | | | | |
|  | | | Row house / town house | | | | | | | | | |  | | | | Other: | |  | | | | | |
|  | | | Corridor Building | | | | | | | | | |  | | | |  | | | | | | | |
|  | | | Other: | | |  | | | | | | |  | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **SRO units include the following items in the unit: (check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Toilet | | | | | | | | | | |  | | | | Shower | | | | | | | |
|  | | Sink | | | | | | | | | | |  | | | | Bath tub | | | | | | | |
| **Ground Floor Construction**:  Indicate # of buildings | | | | | | | | | | | | | **Upper Floor Construction**:  Indicate # of buildings | | | | | | | | | | | |
|  | | Wood/light gauge metal | | | | | | | | | | |  | | | | Wood/light gauge metal | | | | | | | |
|  | | Concrete | | | | | | | | | | |  | | | | Concrete | | | | | | | |
|  | | Steel Frame | | | | | | | | | | |  | | | | Steel Frame | | | | | | | |
|  | | Other: | | | |  | | | | | |  |  | | | | Other: | |  | | | | | |
| **Roof Construction:**  Indicate number of buildings | | | | | | | | | | | | | **Exterior Walls:**  Indicate number of buildings | | | | | | | | | | | |
|  | | | | Wood/light gauge metal | | | | | | | |  |  | | | | Wood or fiber cement siding | | | | | | | |
|  | | | | Concrete | | | | | | | |  |  | | | | Pre-fab panel | | | | | | | |
|  | | | | Steel Frame | | | | | | | |  |  | | | | Masonry | | | | | | | |
|  | | | | Other | | |  | | | | |  |  | | | | Other: | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Elements Incorporated:** (Check all boxes which apply) | | | | | | | |
|  | Separate Community Building | | |  | Front Porch | | |
|  | Community Room in Residential Building | | |  | Other: | |  |
|  | Structured Parking # Spaces |  |  |  | Other: | |  |
|  | Surface Parking # Spaces |  |  |  | | | |
|  | Underground Parking # Spaces |  |  | Flooring | | | |
|  | Common Laundry Room | | |  | Carpet | | |
|  | Common Kitchen | | |  | Vinyl | | |
|  | Common Restrooms (other than Comm. Rm.) | | |  | Wood | | |
|  | Playground | | |  | Ceramic Tile | | |
|  | Exterior Security Locked Building | | |  | Other: | |  |
|  | Garden Plots | | |  | | | |
|  | On-site Leasing Office | | | Heating/Cooling/Venting | | | |
|  | 24-Hr. Manager on site | | |  | Building-wide Central Ventilation | | |
|  | Secure Outdoor Storage Space | | |  | Individual Unit Ventilation | | |
|  | In-unit Storage Space | | |  | Hydronic | | |
|  | Range/oven in unit | | |  | Natural Gas | | |
|  | Washer/dryer in unit | | |  | Heat Pump | | |
|  | Washer/dryer hook-up in unit | | |  | Electric resistance heating | | |
|  | Patio/Balcony for each unit | | |  | Central Air Conditioning | | |
|  | Refrigerator in unit | | |  | Window Air Conditioning | | |
|  | Microwave in unit | | |  | Radiant Heating | | |
|  | Dishwasher in unit | | |  | Forced Air | | |
|  | Garbage Disposal | | |  | Thru-Wall HVAC | | |
|  | Ceiling Fan | | |  | Other: |  | |

**INSTRUCTIONS FOR**

**Cost Certification: Determining Qualified Basis on a Building-by-Building Basis**

**Column A:** this lists the building number or letter (1, 2, 3 . . . A, B, C. . . .) Please add extra rows as necessary.

Section 42 requires that the lesser of the Floor Area Ratio (square footage) or unit ratio be used to determine eligible basis for the **project.** If your project is less than 100% LIHTC note which of the two ratios (Floor Area or Unit) are smaller for the **project overall**. If it is the Floor Area Ratio, use only Columns B and C in the following table. If the unit ratio is less, use only Columns E and F.

For Example: 40 unit building, 20 units are LIHTC, 20 units are not. Unit ratio is 50% affordable

Same Building, same unit ratio but the 20 LIHTC units are each 600 SqFt and the 20 non-LIHTC units are each 800 SqFt. The Floor Area Ratio is (20\*600)/(20/800)= 12000/16000=75%

Overall, the unit ratio is lower so we must use this to determine eligible basis.

**Column B:** Enter the total square footage for the given building.

**Column C:** Enter the affordable square footage for the given building

**Column D:** Enter the ratio of Column C to Column B

**Column E:** Enter the total number of units in the given building

**Column F:** Enter the affordable units in the given building

**Column G:** Enter the ratio of Column F to Column E

**Column H:** Depending on the overall ratios as determined above, use either (C/Total of Column B)\*total Qualified Basis **OR** (F/total of Column E)\*total Qualified Basis. This will provide the building by building qualified basis amount. If the building is 100% affordable (all units are LIHTC units). The lesser of the Floor Area Ratio or the Unit Ratio may be used.

**Column I:** Enter the individual building address

**Column J:** Enter the Placed in Service date from the Certificate of Occupancy (temporary C of O may be used if the building was cleared to be occupied and no health or safety issues were present).

**Column K:** Enter the credit rate locked at the Reservation Agreement.

**Column L**: If the OHCS issued Building Identification Number(s) are already known, please enter as appropriate, otherwise the Department will enter them.

**Column M:** Enter the result of Column H \* Column K. This will provide the total possible credit per building. This may be different than what was awarded.

**Column N:** If the credits awarded were less than the total possible credit available (very common), enter the following: (Amount of credit awarded/total credit available)\*M. This pro-rates the credit amount per building. If the total possible credit is the amount that was awarded, then M will equal N. If the credits awarded are MORE than the total possible credits, you allocation must be reduced to the total possible credits.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COST CERTIFICATION**  **DETERMINING QUALIFIED BASIS ON A BUILDING-BY-BUILDING BASIS** | | | | | | | | | | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **O** |
| Bldg # | Total Bldg  Sq  Ft | Bldg  Affordable  Square  Footage | Floor  Area  Ratio  (C/B) | Total #  Units | # Unit  Aff | % Units  Aff | Qualified Basis  Either  (C/Total of Column B)\*total Qualified Basis  **OR**  (F/total of Column E)\*total Qualified Basis | Building Address | PIS Date  (CofO or final sign-off) | APR | BIN # | Credit  Available  (H\*K) | Credit Allocated  (Amount of credit awarded/total credit available)\*M | Allocation Date |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOT. | Total of column | Total of column | Total of column | Total of column |  |  |  |  |  |  |  | Total of Column | Amount of Credit Awarded |  |