



Project Information

Project Name: _____

What type of application is this? (select all that apply)

Tax Credit Only

Tax Credit with Other KHC Funds

Non-Tax Credit

Check here for Tax Exempt Bonds with HOME or NSP

Address: _____

City: _____

Zip: _____

County: _____

District: _____

Census Tract: _____

Is this a Scattered Site project? _____

If yes, you must submit an attachment with site specific information.

Indicate the property activity type (select all that apply)

New Construction

Substantial Rehab (75% of replacement value)

Acquisition/Rehabilitation

Acquisition/New Construction

Adaptive Reuse

Provide a detailed description of the type of project that is being constructed or rehabilitated. If the project is an existing structure, describe the original/most recent use and the extent of the renovation required modifying the structure for its intended use. Include total number of units and the type of units you intend to provide.

Is the proposed project within 10 miles of affordable rental housing? _____

If yes, identify and describe - property name, address and populations served.

Is this Transitional Housing? _____

If yes, describe the need for transitional housing.

If yes, describe the components of the exit plan once residences have completed their stay and are seeking permanent housing.

Contact Person

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Contact role in this development: _____

Contact type:

Management Agent

General Partner

Consultant

CEO

Residential Manager

Developer



Limited Partner LLC

Company the contact is associated with: _____

Company type:

Non Profit Faith Based Organization For Profit
 Joint Venture Community Service Organization

Elected Official

Note: If the project is located within the city limits, provide the mayor's information. If the project is located outside the city limits, provide the county judge-executive's information.

First Name: _____ Last Name: _____
Official's Title: _____
Official's Address: _____
City: _____ State: _____ Zip: _____

Is the project in the county or city? _____

Developer

None added.

Project Owner (Legal Applicant)

Consultant

None added.

General Partner

None added.

Architect

None added.

Contractor

None added.

Attorney



None added.

Management Company

None added.

Service Providers

None added.

Non Profit

None added.

Equity Provider

None added.

Historic Tax Credit Syndicator

None added.

Guarantor

None added.

Identity of Interest

Note: An identity of interest exists where there is a financial, familial or business relationship that permits less than arm's length transactions. This includes, but is not limited to the existence of a reimbursement program or exchange of funds; common financial interests; common officers, directors, or stockholders; or family relationships between officer, directors or stockholders.

Does an identity of interest exist among any members of the development team? _____

If Yes, please explain below.

Prior KHC Experience

Have KHC funds ever been recaptured from any member of the development team? _____



If Yes, please list the years and an explanation for each.

Has any member of the development team had noncompliance issues with KHC funds during the past 3 years? _____

If Yes, please list the years and an explanation for each.

If applicant has closed a project with KHC's Multifamily Finance in the last seven years, please identify below.

Previous Project Name & Project Number	Placed-in-Service Date
_____	_____
_____	_____
_____	_____
_____	_____

Has a member of the development team in the last three years developed and placed in service a multifamily project in another state utilizing tax credits or tax exempt bonds?

Previous Project Name	State	Placed In Service Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Funding Sources

Please list all KHC and non KHC funding sources, including deferred developer fee and all donations to the proposed project. These funding sources must match the sources shown on KHC's underwriting model.

KHC Funding Sources	Anticipated Amount Requested	Loan Type
<input type="checkbox"/> Small Multifamily Affordable Loan Program (SMAL)	\$0.00	_____
<input type="checkbox"/> Affordable Housing Trust Fund (AHTF) Loan	\$0.00	_____
<input type="checkbox"/> Affordable Housing Trust Fund (AHTF) Grant	\$0.00	Not Applicable
<input type="checkbox"/> HOME Investment Partnerships Program (HOME) Loan	\$0.00	_____
<input type="checkbox"/> HOME CHDO Set-Aside	\$0.00	_____
<input type="checkbox"/> Housing Credit Program (4% Credits) - Annual Allocation	\$0.00	Not Applicable
<input type="checkbox"/> Housing Credit Program (9% Credits) - Annual Allocation	\$0.00	Not Applicable
Other NON-KHC Funding Sources & Donations		
<input type="checkbox"/> Anticipated Equity Amount	\$0.00	Not Applicable
<input type="checkbox"/> _____	\$0.00	_____
<input type="checkbox"/> Tax Exempt Bond Proceeds	\$0.00	_____
<input type="checkbox"/> _____	\$0.00	_____
<input type="checkbox"/> NSP Funds	\$0.00	_____
<input type="checkbox"/> _____	\$0.00	_____
<input type="checkbox"/> _____	\$0.00	_____
<input type="checkbox"/> _____	\$0.00	_____
Total Funding	\$0.00	_____

Housing Credits This section not applicable for TEB with HOME or NSP funds

Note: If applying for Housing Credit please indicate below for which pool or pools the applicant is applying. If applying for multiple pools, application fees are required for each pool. (Please indicate if application is to be considered for both pools.)



Indicate the type of unit(s) that you intend to provide: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Single-Family Detached | <input type="checkbox"/> Town Home | <input type="checkbox"/> Row House |
| <input type="checkbox"/> Single Room Occupancy (SRO) | <input type="checkbox"/> Tri-Plex Apartment | <input type="checkbox"/> Four-Plex Apartment |
| <input type="checkbox"/> Duplex Apartment | <input type="checkbox"/> Elevator Apartment | <input type="checkbox"/> Walk-up Apartment |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Other: _____ | |

Number of new construction units: 0
 Number of rehabilitation units: 0
 Number of adaptive re-use units: 0
 Total number of units in the project: 0
 Total number of units requesting KHC funding: _____

1. Total number of buildings: _____
 If there is more than one building, are buildings contiguous? _____

2. Unit Size
 Total rentable square footage: _____
 Total non-rentable square footage: _____
 Total common space square footage: _____
 Total manager's unit square footage: _____
 Total commercial space: _____
 Total gross square footage: _____
 Total Housing Credit (units only) square footage: _____

3. List the number of proposed rental units per building by bedroom size.

Building # / Identifier	# of zero (0) bedroom units	# of one (1) bedroom units	# of two (2) bedroom units	# of three (3) bedroom units	# of four (4) bedroom units	Building Sq Footage
	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	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 Units						

Square footage of bedroom type					

4. What is the percentage of brick, stone, HardiePlank or similar covering on the exterior walls? (Minimum design requires 50 percent.) % _____
5. Is this project preserving existing rental housing stock? _____
6. Is the project converting existing non-rental structures to rental housing?
 If questions 5 or 6 are Yes, please explain:

7. Will the project retain existing Low Income Housing Tax Credit units in the affordable housing market? _____
8. Will there be at least 2 energy star features in all units? (Attach Energy Star checklist.) _____
9. Will the project incorporate at least 6 green construction techniques? (Attach green construction techniques checklist.) _____
10. Do you plan to use KHC funds for construction?
 If Yes, what form of assurance of completion do you plan to provide? _____



Payment and Performance Bond



Irrevocable Letter of Credit



Cash Deposit

Federal and State Accessibility Requirements

1. Section 504--(24 CFR)

For projects involving new construction:

Does this project have 5 or more units under one contract or deed? _____

Does this project propose to use HOME, Project Based Section 8, Risk Sharing? _____

If yes to both questions the project must have 5% of the total units [or a minimum of one(1)] must be accessible to persons with mobility impairments. An additional 2% of the units must have at least one unit accessible to persons with visual or hearing impairments. Note: These accessible units must meet UFAS (Uniform Federal Accessibility Standards). See section 8.22, 24 CFR Chapter 8: http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html

For projects involving rehabilitation of existing structure:

Does this project have 15 or more dwelling units? _____

Does this project propose to use HOME, Project Based Section 8, Risk Sharing? _____

Does the rehabilitation costs equal or exceed 75% of the property's replacement cost after completion? _____

(hard cost + soft cost + acquisition cost) x .75

If result is greater than actual hard cost then answer = NO

If result is less than actual hard cost then answer = YES

(Substantial rehabilitation per Section 504 is defined as 75% of the property's replacement cost after completion; \$6,500 per dwelling unit; or replacement of two major building components.)

If yes to all three questions the project must have 5% of the total units [or a minimum of one (1)] must be accessible to persons with mobility impairments. An additional 2% of the units must have at least one unit accessible to persons with visual or hearing impairments. Note: These accessible units must meet UFAS (Uniform Federal Accessibility Standards). See section 8.22 and 8.23, 24 CFR Chapter 8: http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html

of mobility impaired units: _____

of visual or hearing impaired units: _____

2. Fair Housing Design Requirements

Does this project involve new construction or rehabilitation of a building built after 1991? _____

Does this project have four or more dwelling units under one roof? _____

If yes to both questions, then all ground floor or elevator accessible floors must comply with the seven accessibility requirements of the Fair Housing Act. Note: These accessible units must meet with one of the safe harbors in the Fair Housing Act Design Manual. One example is ANSI (American National Standards Institute). See the Fair Housing Act Design Manual: <http://www.huduser.org/publications/destech/fairhousing.html>

3. Kentucky Building Code

Does this project involve new construction, substantial rehabilitation/alteration or changes in occupancy? _____

Does the project propose 25 or more dwelling units? _____

If yes to both, please note that in multi-family dwellings containing at least 25 dwelling units, at least one (1) in 25 dwelling units shall be a Type A dwelling unit, accessible with Section 1102 of ADAAG (Americans with Disabilities Act Accessibility Guidelines) <http://www.access-board.gov/adaag/html/adaag.htm>. In addition, 2 percent of the total number of dwelling units shall comply with Section 1103 of ADAAG. Please discuss with the architect of your project.

4. Other Program Requirements



Property Info

- All applicants MUST have site control of the proposed property at the time of application submission. Site control expiration date must exceed project award announcement date and include an extension clause. Evidence of site control must be submitted with application.

Site control type:

- Own/property deed
- Purchase contract
- Option to purchase
- Lease agreement
- Option to lease
- Other

Expiration Date:

N/A

- Are there any deed restrictions or subdivision restrictions? No
 If Yes, please attach a copy of the restrictions at the end of the application, in the applicable section.
- If the developer currently owns the site, when was the site purchased? _____
- What was/is the purchase price? \$0.00

Zoning

- What is the current zoning classification of the site? (Must provide description of applicable classification.)

- Is the site properly zoned for the type of development? No
 If No, provide the date a zoning request will occur and provide the date when the zoning change will be official.
 Zoning Request Date _____
 Anticipated Zoning Approval Date _____
- What is the zoning of the adjacent properties? List all sides.

Infrastructure and Site Characteristics

- Please indicate all the utilities currently available at the site. (Select ALL that apply)
 Water Sewer Gas
 Electric No Utilities Present Other: _____
 Are there additional utilities that will need to be brought to the site? No

 When will these utilities be brought to the site? _____
 Do the existing utilities have the capacity to support the proposed development? No
- Describe physical characteristics of proposed site, including topography, vegetation, railroad tracks, abandoned structures, surrounding neighborhood, unique physical characteristics, etc. (Attach photographs of site, also include photographs of any structure that is to be demolished or rehabilitated)

- Describe the site's present and past uses. Be sure to include any soil disturbance activities that may have occurred.

- Are there any other issues that could delay the start-up of the proposed project?



5. If the project is proposing rehabilitation, was the property built before 1978? No
 If Yes, complete the Lead Based Paint Determination Form.

Underwriting Model

Please complete the Underwriting Model (accessible at <http://www.kyhousing.org> under Multifamily Finance). There are 3 different Underwriting Models available depending upon funding sources requested. If requesting Housing Credits only from KHC, please use the Housing Credit only model. If requesting Housing Credits blended with any KHC funds, please use the KHC funds with Housing Credits model and finally if requesting KHC funds with no Housing Credit, please use the KHC funds without Housing Credits model. Both the appropriate Underwriting Model and the questions below will be used to analyze the financial feasibility of this project. The applicant must submit the Underwriting model electronically. This may be done by e-mailing the Underwriting model to rental@kyhousing.org or submitting it electronically with the application.

Please refer to the Instruction tab on the underwriting model prior to entering information. Only yellow shaded areas of the of the underwriting model worksheets are to be filled in. Because all the worksheets are linked, all yellow shaded areas must be completed for the spreadsheet to work correctly.

Financial Questions

All applicants must answer the following questions after completion of the underwriting model.

1. Will this project be utilizing a bridge loan from another funding source? _____
 Please submit a commitment letter listing the terms of the loan.
 If yes, who is the funding source and what is the amount?
2. If the management fee is over 8.5%, please justify.
3. If the expenses per unit, per year, are below \$2,500 or over \$4,500, please explain why.

Note: If the expenses per unit are below or above the indicated threshold, please provide third party verification documentation. Examples would be Insurance certification or a property valuation tax rate documentation.

4. If HOME funds are being requested, indicate if the HOME units will be fixed or floating.
 Non-Applicable
 Fixed
 Floating
- If fixed, how many of each bedroom type will be fixed?

**Complete for TEB
 if Housing Credit
 will be requested**

5. If requesting Housing Credits the applicant irrevocably elects one of the minimum set-aside requirements:
 Not Applicable not requesting housing credits
 20/50 - 20 percent of the rental residential units are rent-restricted and are to be occupied by individuals whose incomes are 50 percent or less of the area median gross.
 40/60 - 40 percent of the rental residential units are rent-restricted and are to be occupied by individuals whose incomes are 60 percent or less of the area median gross.
6. Please provide a narrative explaining the operating subsidy to the project as reflected on the income page of the underwriting model (a copy of the commitment must be provided).
7. If project is providing transitional housing and requesting that the reserve for replacement requirement be waived. Provide an explanation for how future expenditures will be funded.



8. Is the project located in a Qualified Census Tract (QCT)? _____
9. Is the project located in a Difficult Development Area (DDA)? _____
10. Is this project requesting 30% boost? _____
 If Yes, please explain why.

11. What is the percentage of total development cost that is in the form of a KHC grant or deferred loan (excluding Housing Equity) if applicable?
 _____ %
12. If the project is requesting Housing Credits, please list grants as listed under equity sources and indicate if they will be considered a grant or loan to the project.

13. If the other funding sources in the project require that the DCR stay positive past year 15, please list the agency and submit the documentation supporting this requirement.

Project Based Rental Assistance

Please provide a copy of the rental assistance contract.

Source:

- HUD Name of Public Housing Agency _____
- RD
- Other _____

Expiration date of rental assistance contract: _____

Incomes to be Served

Indicate the number of households at each income level. Keep in mind the income levels below are the maximum limits that can be utilized for the proposed project.

- _____ 30% and below Area Median Income
- _____ 50% and below Area Median Income
- _____ 60% and below Area Median Income
- _____ 80% and below Area Median Income
- _____ Other _____

Uploaded Documents

Document Name	Checklist Item
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No documents have been uploaded.