



**REQUEST FOR ISSUANCE OF
LOW-INCOME HOUSING TAX CREDIT ALLOCATION AND CERTIFICATION
IRS FORM 8609
AND
LAND USE RESTRICTION AGREEMENT (LURA)**

*The information requested in this document, along with the required attachments, is necessary for KHC to prepare both the Declaration of Land Use Restrictive Covenants (LURA) and Internal Revenue Service Form(s) 8609. Requests will not be processed until all the required information has been received. If an item is not applicable, please mark it as N/A. **Please note that 8609s will not be released until the recorded LURA and all completion/placed-in-service documents have been received and approved by KHC.***

If you have any questions, please contact Shawn Dyer, toll-free in Kentucky at 800-633-8896 or 502-564-7630, extension 762; TTY 711. Please submit this form by email, along with all the required documentation to sdyer@kyhousing.org.

DOCUMENT SUBMISSION CHECKLIST

1. Audit of final project cost, including cost breakdown by building either on the provided KHC form or a separate spreadsheet that includes the same requested information. Total project cost certification must be provided by an independent Certified Public Accountant. All development and other costs incurred must be broken out between land, syndication activities, and project depreciable cost in the certificate of final project cost.	<input type="checkbox"/>
2. Source and Uses of Funds Statement. Certification must be provided by an independent Certified Public Accountant as a supplement to the Cost Certification.	<input type="checkbox"/>
3. Completed Owner Certification of Federal, State or Local Subsidy Form.	<input type="checkbox"/>
4. Copy of first position loan insurance policy.	<input type="checkbox"/>
5. Form 8821, Tax Information Authorization .	<input type="checkbox"/>
6. Certification of Sources and Uses by Developer and Syndicator (KHC Form).	<input type="checkbox"/>
<p>The draft LURA will be prepared by KHC using the information requested in this document and will be provided to the owner for review and mark up if necessary. The recordable version of the LURA will be forwarded to the owner for execution and recording. The Form(s) 8609 will be prepared and issued once the recorded LURA has been returned to KHC.</p>	

PROJECT INFORMATION

1. Is this a Tax-Exempt Bond financed project? Yes No
2. Please provide the current project award/identification number: **KY-** _____
3. Is this a supplemental allocation? Yes No
4. If this is a **supplemental allocation**, please provide the original project award/identification number:
KY- _____

5. Please provide the current **project name** (should match original application and project signage):

6. Please indicate the **credit period start year** (must be the year placed in service or the following year and must be the same date used on Part II of the 8609 filed with the IRS): _____

7. Please provide **management company point of contact information** for coordinating KHC compliance inspections:

Management Company Name: _____

Contact Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

8. Please identify and explain any **conflict of interest** or **identity of interest** between any of the parties involved in this project:

OWNER INFORMATION

1. Please provide the **exact legal** name of the **owner**:

*(a) For an **individual**, please indicate the owner's **legal name and Social Security Number** along with contact information*

Name: _____

Social Security Number: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

*(b) For a **partnership or limited liability company**, please indicate the owner's **legal name and federal Taxpayer Identification Number** along with contact information*

Name: _____

Federal Taxpayer Identification Number: _____

Principal Office Mailing Address: _____

Primary Contact Email Address: _____

Primary Contact Phone Number: _____

2. Please provide the **exact legal name** of the **general partner(s)**:

Name(s): _____

SSN or TIN: _____

Mailing Address: _____

Primary Contact Email Address: _____

Primary Contact Phone Number: _____

BUILDING INFORMATION

1. Fill in the table below with complete information for the **construction/rehabilitation** of each building, as applicable
 (Note: may submit your own Excel spreadsheet with the exact information):

Complete building address, including zip code (required for each building receiving Form 8609)	Bedroom Size Types (0, 1, 2, 3, 4, etc.) for each building	Minimum heated and cooled net square footage of units	Number of Housing Credit units in each building	Number of market rate units in each building	Placed-in-service date of each building	Minimum heated and cooled net square footage in each building	Building Construction/Rehab eligible basis	Amount of Historic Tax Credit (if not applicable, enter N/A)
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

2. Fill in the table below with complete information for the **acquisition** basis of each building, as applicable (**rehabilitation** projects only)
 (Note: may submit your own Excel spreadsheet with the exact information):

Complete building address, including zip code (required for each building receiving Form 8609)	Bedroom Size Types (0, 1, 2, 3, 4, etc.) for each building	Minimum heated and cooled net square footage of units	Number of Housing Credit units in each building	Number of market rate units in each building	Placed-in-service date of each building	Minimum Heated and cooled net square footage in each building	Building Acquisition eligible basis	Amount of Historic Tax Credit (if not applicable, enter N/A)
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

LURA REQUEST INFORMATION

Note: This portion of the request will be used by KHC's legal department to prepare the LURA.
Each item corresponds to a specific section in the LURA.

1. Project Award/Identification Number: _____

2. Owner Tax ID Number: _____

3. Project Name (***as reflected on signage***): _____

4. Owner legal name and mailing address:

Exact legal signature block:

6. Entity Type (check one): Corporation LLC LLLP LP GP Individual

State of Formation: _____

7. Property Owner (if leasehold) and mailing address:

8. Lender name and mailing address:

Lender exact signature block:

(Required for all lenders; provide a separate page if necessary).

9. Project Address (street, city, county, zip code):

10. Total Number of Units: _____
11. Total Number of LIHTC Units: _____
12. Percentage of LIHTC Units: _____%
13. The "applicable fraction" (as defined in Section 42(c)(1)(B) of the Code) for each building for each taxable year in the compliance period shall not be less than _____ %.
14. Amount of Tax Credits: \$ _____

15. Section 42 Irrevocable Election (**Check One**):

- 20% of units restricted to 50% AMI 40% of units restricted to 60% AMI

16. KHC Occupancy Restrictions:

1. **Incomes:**

- a. _____ units to individuals or families whose income is 30% AMI or less
- b. _____ units to individuals or families whose income is 40% AMI or less
- c. _____ units to individuals or families whose income is 50% AMI or less
- d. _____ units to individuals or families whose income is 60% AMI or less

2. **Rents:**

- a. _____ units at a rent that is at or below the 30% rent level
- b. _____ units at a rent that is at or below the 40% rent level
- c. _____ units at a rent that is at or below the 50% rent level
- d. _____ units at a rent that is at or below the 60% rent level

17. Project Attributes:

Owner will comply with the following project attributes elected in the application and for which the project was awarded points under project selection criteria:

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Elderly set-aside | <input type="checkbox"/> Elderly amenities |
| <input type="checkbox"/> Elderly supportive services | <input type="checkbox"/> Handicapped accessible |
| <input type="checkbox"/> Family amenities | <input type="checkbox"/> Large family units (3 bedrooms or more) |
| <input type="checkbox"/> Special Needs Set-Aside | <input type="checkbox"/> _____ Special Needs Units (per application) |
| <input type="checkbox"/> Homeless Units | <input type="checkbox"/> Other: _____ |

Other: As a condition and in consideration of receipt of direct subsidy funds from the **Federal Home Loan Bank of Cincinnati's Affordable Housing Program**, Owner and all successors agree that _____ of the residential units are rent restricted to individuals whose income is at 50% or below of area median income and _____ are rent restricted to individuals up to 60% of area median income for a period of fifteen (15) years from the date of the Certificate of Occupancy.

18. Information for **FHA Rider** if a mortgage on the property is FHA insured:

(a) FHA Project Number: _____

(b) FHA Mortgage Information:

a. Date of mortgage: _____

b. Date of recording: _____

c. Mortgage Book _____, Page # _____

(c) FHA Regulatory Agreement information:

d. Date of Regulatory Agreement: _____

e. Date of recording: _____

f. Mortgage/Deed Book _____, Page # _____

(some counties record these in the mortgage books, others in the deed book)