

This form must be completed in its entirety and submitted with the Application.

#### Owner Entity

Entity Name:   
 Contact:   
 Title:   
 Physical Address:   
 City:   
 State:   
 Zip Code:   
 Telephone #:  Ext:   
 E-mail Address:

Mailing Address:   
 City:   
 State:   
 Zip Code:

Fax Number:

#### Project location

Project Name:   
 Address:   
 City:   
 Zip Code:   
 County:   
 Congressional District:   
 Census Tract Number:   
 Site Acreage:

#### Funding Source Requested

HOME-ARP

Do you intend to submit an application during the next competitive application cycle?  Yes  No

If yes, please indicate for which program:  Tax-Exempt Multifamily Bond Program  Tax Credit  HOME Funds

#### Activity Type

Check the option that best describes your proposed activity (check one):

New Construction:

Targeted Population:

Total Number of Units in Project:

Elderly:

Homeless

Total # of Qualifying Units in the Project:

Family:

At risk of homelessness

Fleeing or attempting to flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

Other Qualifying Populations

Please Specify:

1  **HOME-ARP Application Profile and Completeness Checklist**

2a  Non-Refundable Application Fee of **\$500** must be paid with a business check or certified funds and made payable to Alabama Housing Finance Authority. Cash or personal checks will not be accepted.

2b  Three copies of Fee Check(s) (All copies of checks should note the project name, number and applicable fee type on copies)

3  **Applicant Self Scoring Form** (Must be submitted in a sealed envelope. Label with the project name, project number and Attn: Internal Audit: Self Scoring)

4a  **Chief Executive Officer Information Form (CEO)**

4b.  Three copies of the Chief Executive Officer Information Form and Exhibit A (if applicable)

4c  Federal Express or UPS Prepaid Shipping Envelope

4d.  Three copies of the prepaid preprinted delivery label

5  AHFA DMS Authority Online HOME-ARP Application

6  **Statement of Application and Certification**

7  **Certification of Bid Law Compliance**

8a  **Signature Authorizations**

8b.  **Signature Authorization Instrument Excerpt(s)**

Applicant/Owner

Applicant/Owner

Non-Profit or Representing Entity

Non-Profit or Representing Entity

Supportive Services Entity/Provider

Supportive Services Entity/Provider

9  **Dated and Executed Organizational Documents**

10  **Non-Profit IRS Forms**

501 (c)(3)

501 (c)(4)

501 (A)

Not Applicable

**Primary Team Members/Development Team****11a Ownership Entity/Non-Profit/Supportive Services:**  
(a project may have one or more selections)

a.	b.	c.	
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual

**11b Credit Authorization Form: Place in 9 1/2x12 1/2 Clasp Envelope (sealed)****11c Financial and Credit Statements: Place in 9 1/2x12 1/2 Clasp Envelope (sealed)**

a.	b.	c.	
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual

**Non-Profit or other entity representing or advocating for the needs of a Qualifying Population Group**

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

**Supportive Services Entity/Provider providing ongoing support for the designated Qualifying Population Group**

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

b. c.

			Developer
			Co-Developer

			General Contractor
			Management Company

**12a Schedule of Real Estate Approved or Under Construction****12b Previous Participation Certification**

a. b.

			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
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			Name of Ownership Entity or Individual

**12c Relevant Experience Form**

a. b.

			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual
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			Name of Ownership Entity or Individual
			Name of Ownership Entity or Individual

**Non-Profit or other entity representing or advocating for the needs of a Qualifying Population Group**

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

			Name of Entity or Individual
			Name of Entity or Individual
			Name of Entity or Individual

Supportive Services Entity/Provider providing ongoing support for the Designated Qualifying Population Group

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Entity of Individual		Name of Entity or Individual	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Entity or Individual		Name of Entity or Individual	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Entity or Individual		Name of Entity or Individual	
b. c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developer		General Contractor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Developer		Accountant	

13  General Contractor's Activities Form

14 Development Team Resume (for the following)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant		Architect	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney		Accountant	

15a  Owner/Developer Responsibilities Form

15b  Agreement

Not Applicable

16  Identity of Interest

**Management Company Information:**

17 a.  Management Company Previous Participation Certification  
 17 c.  Management Company Relevant Experience Form  Not Applicable

17b  Management Company Compliance Form

18a  New Construction (NC) Square Footage and Architect Certification

18b  Amenities

18c  Type of Construction/Energy/Water Conservation Healthy Living Environment/Section 504

18d  Deviation Request Form Approval (Form is located at: <http://www.ahfa.com/multifamily/allocation-application-information/apply-for-funding>)

Not Applicable

19  Certification of Consistency with Consolidated Plan

Not Applicable

**Site/Project Information:**

20 a. Evidence of Site Control:

- Sales Contract
- Warranty Deed
- Purchase Option

21  Notice of Real Property Acquisition

22  Legal Description

23  Title Insurance Commitment

24  Schematic Site Plan

25  USGS Topography Map

26a  Zoning Letter

26b  Owner Zoning Certification

27 a.  Site/Project Information Form

b.  Neighborhood Services

c.  Negative Neighborhood Services

d.  City Location Map with Site, Services, and street names

Provide clear and identifiable color photos of the following:

e.  Site, site sign and specific markers

Not Applicable

f.  Existing structures on the site

g.  Above ground storage tanks storing 100 gallons or more of explosive or flammable liquids within 1 mile of the site

Not Applicable

h.  Any structure on or adjacent to the proposed project over 50 years old

Not Applicable

i.  Neighborhood Services

j.  Negative Neighborhood services

28 a.  Certified Survey (include ce.) (Survey must be 24"x36")

b.  Surveyor's Certificate

29  Utility Letters (electricity, gas, water, sewage, telephone)

30  Utility Allowance Documentation

31  Notices to Tenants Concerning Relocation/Displacement

Not Applicable

**Point Scoring Items (If applicable)**

32  Rental Assistance Commitments  Not Applicable

33  Commitment Letters for Sources of Funds  Not Applicable

34 a.  **Applicant Capacity and Beneficiary Form**  Not Applicable

b.  Detailed Marketing Narrative

35 a.  **Management Plan Summary Form and complete Management Plan**

b.  **Key Member Forms and attached supportive documents**

36  **Minority or Women-Owned Business Certification**  Not Applicable

37  Support Letters (Optional)  Not Applicable

*Application documents (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in a Smead® Pressboard Fastener Folder With SafeSHIELD® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Item # 935783.*

**38 Third-Party Reports (if applicable):**

*Three versions of all Third- Party reports must be submitted: (1) A complete bound color hard copy (3 ring binder with each appendix separately tabbed) (2) an exact, complete, color copy in digital form (included with USB digital copy index page), the text of which shall be in a searchable format, and (3) an Authority DMS Document Upload.*

Market Study Engagement Letter  **Certification of Market Study**

Market Study

Authority DMS Document Upload of Market Study a

Environmental Site Assessment Phase I Report (Refer to Addendum B for Environmental Policy Requirements)

Environmental Site Assessment Phase II (If applicable)

Authority DMS Document Upload of Phase I Report and Phase II, if applicable (See DMS instructions).  Not Applicable

**39 Additional Copies:**

One Complete Digital (PDF) Copy of the Application submission items 1-37 (Digital copy must match exactly what was provided on original application.) Each form must be saved individually by listing the AHFA form number, form title, and name of project.

40  One additional paper copy of the following: *Provide in a separate Smead® Pressboard Fastener Folder, item # 935783.*

a.  **Site/Project Information Form** b.  **Neighborhood Services** c.  **Negative Neighborhood Services**

d.  Location Map with Site and Services

Provide clear and identifiable color photos of the following (e-j):

e.  Site, site sign and specific markers f.  Existing structures on the site

g.  Above ground storage tanks storing 100 gallons or more of explosive or flammable liquids within 1 mile of the site

h.  Any structure on or adjacent to the proposed project over 50 years old

i.  Neighborhood Services j.  Negative Neighborhood services

k.  Schematic Site Plan l.  Legal Description m.  Topography Map

**Do not include this form in the digital copy.**

Items listed below are partial excerpts from the HOME-ARP Allocation Plan. Please review the Plans for full context. Final scoring determination will be made by AHFA based on all Application Package documentation submitted.

Application Number:


Project Name:

Type of Funds Requested:

Construction Type:

**POINTS GAINED***Project Characteristics (Maximum of 116 Points)**Project Construction (Maximum 38 Points)***Extra Project Amenities (Maximum 30 Points)***(5 points each)*

Project Community Building/Community Room/


Tenant Service Center

Exterior Project Security Package

Unit Security Package

Storm Shelter

Outdoor Fitness Activity Area

Points Gained: 

0
---

*(4 points each)*

Computer Center


Splash Center

Exercise/Fitness Room with Equipment

Covered Bus Stop Shelter

Access Gate(s)

Walking Trail with Benches

Points Gained: 

0
---

*(2 points each)*

Basketball Court


Picnic Area w/ Grills

Storm Doors

Emergency Pull Cord/Call Button

Attached Bike Rack

Gazebo

Points Gained: 

0
---

Amenities Total Points Gained: 

0
---

*30 Maximum***Type of Construction (Maximum 8 Points)***(4 points each)*

Storm windows; thermal break insulated windows or extruded vinyl windows &amp; insulated exterior doors. Windows must be Energy Star Rated.


Full brick or cementitious siding, stucco, cultured stone or concrete masonry unit (CMU) products (No Exterior Insulation Finishing System is acceptable).

Type of Construction Total Points Gained: 

0
---

*8 Maximum***Energy/Water Conservation and Healthy Living Environment (Maximum 10 Points)***(3 points each)*

HVAC of 15 SEER (HSPF 9.0) or above.


Energy Star rated "cool roof" shingles or metal roof with 50 year warranty.

Points Gained: 

0
---

*(2 points each)*

Kitchen range hood ventilation to be vented to the exterior and equipped with damper.


EPA's Partnership Program "WaterSense" labeled water closet, bathroom faucets and showerheads

Points Gained: 

0
---

*(1 point each)*

Low Volatile Organic Compounds (VOC) wall finishes (maximum VOC levels of 50 grams/liter).


Low VOC flooring finishes (maximum VOC levels of 100 grams/liter).


Energy Star rated LED lighting in the kitchen.

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Points Gained: 

0
---

Energy/Water Conservation Total Points Gained: 

0
---

*10 Maximum*

#### **Rent Affordability (Maximum 10 points)**

New Funds - A maximum of 5 points in aggregate will be given to projects which have a commitment for new funds. Regardless of whether the funds are loaned (required repayment) or granted to the project, 100% of the total amount of funds are committed for points must be a permanent source of funds. To qualify for these points, the application must include a fully executed firm commitment from the entity that will loan or grant funds to project.

\$10,000+ per unit **(5 points)**

\$5,000 - \$9,999 per unit **(4 points)**

\$2,000 - \$4,999 per unit **(3 points)**



Rental Assistance - 5 points will be given to projects that have a commitment for federal, state, or local project-based and/or voucher(s) for rental assistance so that rents are affordable.



Rent Affordability Total Points Gained: 0

*10 Maximum*

#### **Location (Maximum 18 Points)**

##### **Tenant Supportive Services Location ( Maximum 6 points)**

6 points will be given to a:

- \* project that is located within 5 miles of a supportive service provider; or
- \* project having a Service Agreement/MOU with a service provider (regardless of service provider office location) for the provision of onsite services for the project's Qualifying Populations for the duration of the compliance period.

*Tenant Supportive Services (6 points)*



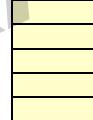
Points Gained: 0

*6 Maximum*

##### **Neighborhood Services (Maximum 10 points)**

*(2 points each)*

Grocery Store  
Pharmacy or Drug Store  
Convenience Store  
Bank or Credit Union  
Hospital or Doctor Office



Points Gained: 0

*10 Maximum*

##### **Census Tract Location (Maximum 2 Points)**

A maximum of 3 points will be given to a project located in a Census Tract where the 2020 Estimate Tract Median Family Income from the Federal Financial Institutions Examination Council (FFIEC) Census and Demographic Data is equal to or higher than the following percentages (rounded down) of the county's 2021 Median Family Income published by HUD:

Located in census tract 100% or more **(2 points)**



Located in census tract 60% to less than 100% **(1 point)**



Points Gained: 0

*2 Maximum*

Location Total Points Gained: 0

*18 Maximum*

***Applicant Characteristics (Maximum 40 Points)***

**Minority or Women Owned (Maximum 10 points)**

Points will be given to applicants with participation of minorities or women. To qualify for the points for participation of minorities or women, the application must meet one of the following requirements:

- Minorities or women have ownership in the Ownership Entity or any Responsible Owner;
- Applicant guarantees at least 20% of the total building cost is awarded to minority- or women-owned businesses.

In all cases, the minority or female individual(s) must serve as the general partner, manager or managing member of the Ownership Entity or Responsible Owner, must have at least a 50% ownership interest in the Ownership Entity or Responsible Owner, or must have at least 50% ownership interest in the participating business to qualify for the points. These businesses include, but are not limited to, real estate firms, construction firms, appraisal firms, management firms, financial institutions, investment banking firms, underwriters, accountants, and providers of legal services. The name and address of the company and the anticipated contract amount must be listed at the time of application on the form provided by AHFA in the Application Package in order to receive the points. *(10 points)*

*Minority or Women Owned (maximum 10 points)*

Points Gained: 0  
10 Maximum

**Affordable Rental Housing Owner/Developer**

**( Maximum 5 points)**

Points will be given to Ownership Entities with a Responsible Owner that currently owns and has previous successful experience in development in either of the following:

- \* Active AHFA Projects that received a Housing Credit Reservation Letter or HOME Written Agreement in 2000 or later (100+ units or 2+ projects).
- \* Active Non-AHFA Projects that were Placed in Service in 2006 or later. The Ownership Entity must list each Non-AHFA Project on the Responsible Owner's AHFA Schedule of Real Estate Owned included in the application (500+ units or 5+ projects).

Special limited partners do not qualify for these points. Mobile home developments, hospitals, sanitariums, life care facilities, or intermediate care facilities are not considered multifamily housing for purposes of qualifying for points. The Responsible Owner may include experience gained as a Responsible Owner in another firm, but not as an employee of another firm. Applicants must currently own the properties listed for development points.

All points relating to Applicant Characteristics will be awarded to the Ownership Entity identified in the application based on the characteristics of (a) for a for-profit Ownership Entity, its Responsible Owners who are individuals, and (b) for non-profit Ownership Entities, the Ownership Entity itself. *(5 points)*

*Affordable Rental Housing Owner/Developer (Maximum 5 points)*

Points Gained: 0  
5 Maximum

**Qualifying Population Advocate ( Maximum 5 points)**

Points will be given to an entity that has an established history for advocating for the specific qualifying population group proposed in the application. To qualify for the points the entity must be a Responsible Owner in the Ownership Entity proposed in the application. An affordable rental housing owner/developer may also qualify for these points if they have an established history providing for the proposed qualifying population in the application.

*Qualifying Population Advocate (5 points)*

Points Gained: 0  
5 Maximum

#### **Supportive Services Provider (Maximum 10 points)**

A maximum of 10 points will be given for comprehensive services provided by a Supportive Service Provider(s) (Provider):

- \* **10 points** for 3 services as defined in this section, or
- \* **7 points** for 2 services as defined in this section

Providers will serve QP tenants in at least one of the following:

- \* Child Care
- \* Counseling
- \* Family/Independent Living Counselling
- \* Financial Literacy Counselling
- \* Food Services
- \* Job Training/Counselling
- \* Mental Health Services/Counselling
- \* Occupational Therapy
- \* Rehabilitation/Physical Therapy
- \* Substance Recovery/Counselling
- \* Transportation Services

*Supportive Services Provider (Maximum 10 points)*

Points Gained:

*10 Maximum*

#### **Affordable Rental Housing Management Maximum 10 points)**

Points will be given to applicants with an experienced managing agent of low-income multifamily housing. This experience is defined by the highest number of units or projects (with at least 20% of the units being considered low-income) currently managed. Only those units in projects that are considered low- income units will be counted in this total.

100+ units or 2+ projects (**10 points**)

*Affordable Rental Housing Management ( Maximum 10 points)*

Points Gained:

*10 Maximum*

Applicant Characteristics Total Points Gained:

*40 Maximum*

**TOTAL OF ALL POINTS GAINED:**

*116 Maximum*

#### **POINT DEDUCTIONS (Note: The following lists are not all inclusive.)**

*Points Deducted for Site Selection – (No Maximum loss of points)*

#### **Negative Neighborhood Services- adjacent to site**

• **5 points** will be deducted for applications that are adjacent to any incompatible use listed below.

\* Note - Points will not be deducted for properties located adjacent to a railroad if the noise levels are acceptable (outside noise level < 65 dB; interior noise level < 45 dB). The applicant must submit a noise level assessment with the application for points not to be deducted automatically.

- Junk Yard or Dump
- Salvage Yard
- Wastewater Treatment Facility
- Distribution Facility
- Electrical Utility Substation
- Railroad
- Adult Video/Theater/Live Entertainment
- Pig or Chicken Farm
- Processing Plant
- Industrial
- Airport
- Prison or Jail
- Solid Waste Disposal
- Other Enter Description:

Points Deducted:

*No Maximum*

### **Negative Neighborhood Services - .3 mile of site**

- **2 points** will be deducted for applications that are within .3 miles of any incompatible use listed below.

- Junk Yard or Dump
- Salvage Yard
- Wastewater Treatment Facility
- Prison or Jail
- Pig or Chicken farm
- Processing plant
- Airport
- Solid Waste Disposal
- Other Enter Description:

Points Deducted: 0

**Accessibility (Maximum 2 points deducted)**

Streets/Sidewalk Conditions  
Street Width/Difficult to Access Site  
Other Enter Description:

A vertical yellow bar on the left side of the slide.

Points Deducted: 0

**Existing AHFA-Funded Project(s) Approved and/or Placed-In-Service. (No Maximum Loss of Points)**

**5 pts.** (for each occurrence) will be deducted from an application if any Responsible Owner of the Ownership Entity altered an approved project in any manner different from the approved project's original application without prior written consent from AHFA.

**5 pts.** (for each occurrence) will be deducted from an application if any Responsible Owner of the Ownership Entity or the Management Company identified in the application is not in compliance with and/or has any uncured failure to meet a requirement specifically listed in any AHFA document(s), the AHFA HOME Loan Restructuring Policy or any applicable agreement(s) without prior written consent from AHFA.

**2 pts.** (for each occurrence) will be deducted from an application if any Responsible Owner of the Ownership Entity or the Management Company identified in the application for any of the following with respect to Davis Bacon requirements on any AHFA-Project (approved and/or Placed in Service):

No response on outstanding issues over 6 months	
General contractor unable to submit payrolls, causing an escrow account to be established	
Outstanding issues remain over 2 years from the date of the notice to proceed	

Failure to provide AHFA the Section 3 report on required date  
Failure to provide AHFA the HUD 2516 report on the required date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e \_\_\_\_\_

Points Deducted: 0

### **Non-Compliance after the Initial On-Site Inspection (No Maximum)**

Failure to comply with the Compliance Requirements outlined in "Addendum D - Compliance Monitoring Procedures, Requirements, Penalties and Suspension Criteria" attached to AHFA's 2021 HOME Action Plan.

**Points Deducted:** 0

**TOTAL POINTS DEDUCTED:**   0

**TOTAL POINTS**

**Total Points Gained:  
Total Point Deductions:  
FINAL SCORE:**

0  
0  
0

## A. CHIEF EXECUTIVE OFFICER INFORMATION FORM

Applicant should complete this form in its entirety and submit three copies of the form. The applicant must include a FedEx or UPS shipping envelope and three copies of the prepaid preprinted delivery label. Please do not submit a handwritten label and do not hole punch or seal the shipping envelope. The CEO should be the mayor unless the project site is located in an unincorporated area. If that is the case, the County Commissioner's information should be provided.

### CHIEF EXECUTIVE OFFICER (CEO) INFORMATION

Local CEO Name	Office Held (Mayor, Commissioner)	City	N/A	County
CEO Physical Delivery or Physical Mailing Address		Is the site located in an unincorporated area?	YES	
			NO	
CEO Phone Number				
CEO Email Address				

### PROPOSED PROJECT INFORMATION

Project Name	Project Address	AHFA Application #	
Project Type	Funding Types Requested (select all that apply)	Target Tenants	# of Units
New Construction	HOME	Multifamily	
	Housing Credits	Elderly	
	Housing Trust Fund		
	MF Revenue Bonds		
	HOME-ARP		

### PROPOSED PROJECT OWNER INFORMATION

Ownership Entity Name			
Owner Mailing Address			
Owner Contact			
Owner Contact Phone Number			
Owner Contact Email Address			
Owner Contact Company			

### LEGAL DESCRIPTION

Provide a written legal description and parcel ID in the space provided below. If the space provided is not sufficient, please type "refer to Exhibit A" and attach the complete legal description to this form.

Parcel ID:	

# Statement of Application and Certification ARP

Individually, or as the general partner(s) or officers of the applicant entity, I (we) am (are) familiar with the provisions which are applicable to this application: the Tax Reform Act of 1986, Section 42 of the Internal Revenue Code, Title II of the National Affordable Housing Act of 1990, and their subsequent revisions, with respect to the HOME Investments Partnership Program, the Low-Income Housing Tax Credit Program, and the Multifamily Bond Program, the National Housing Trust Fund Program, and the HOME-ARP Program (hereinafter referred to collectively as the "Programs"). To the best of my (our) knowledge and belief, the applicant entity has complied or will comply with all of the requirements applicable to this application which are prerequisite to issuance of HOME Funds, the Low-Income Housing Tax Credits, National Housing Trust Funds, HOME-ARP funds and/or the issuance of Alabama Housing Finance Authority (the "AHFA") Multifamily Housing Revenue Bonds (hereinafter referred to collectively as "Funds") by AHFA. I (We) understand the Programs will be governed and controlled by rules and regulations to be issued by the United States Department of the Treasury, Internal Revenue Service, HUD, or any other government entity given jurisdiction with respect to them. I (We) further understand that any final allocation of Funds will be further governed and controlled by AHFA's policies, guidelines, procedures and/or criteria in place when the project is placed in service (the "Applicable Criteria"), and that the use of the Applicable Criteria might result in my (our) receiving a smaller amount of Funds than may be initially reserved for the project.

To the best of my (our) knowledge and belief, no information contained in this application or in required attachments and/or third-party reports is in any way false or incorrect; they are truly descriptive of the project or property for which the Funds are being applied; and the proposed construction will not violate zoning ordinances or deed restrictions. The estimates of income, expenses, and costs set forth in the application are true and correct as computed by me and/or given to me by consultants, contractors or payees for the development. The estimates were determined from factual data in the market in which the project is located.

I (We) hereby make application to AHFA in order to induce AHFA to perform all acts necessary, proper, and appropriate to proceed toward providing financing of the Project proposed by this application. I (We) agree that AHFA and its directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or investors relating to the Programs. I (We) also understand and agree that my (our) application for Funds, all attachments thereto, and all correspondence relating to my (our) application in particular or the Funds in general may be subject to disclosure and I (We) expressly consent to such disclosure. I (We) understand that I (we) may request that specific items in the application be treated in confidence (to the extent permitted by applicable law), but absent such a request, I (we) further understand and agree that any and all correspondence to me (us) from AHFA or other AHFA-generated documents relating to my (our) application may be subject to disclosure, and I (we) expressly consent to such disclosure. I (We) assume the risk of all damages, losses, costs, and expenses related thereto and agree to indemnify and save harmless AHFA and its directors, officers, employees, and agents against any and all claims, suits, losses, damages, costs and expenses of any kind (including, but not limited to, attorney's fees, litigation, and court costs) and of any nature that AHFA hereinafter suffer, incur, or pay arising out of its decision concerning the application for Funds or the use of the information concerning the Programs and/or directly or indirectly resulting from or arising out of the release of information pertaining to my (our) application pursuant to a request for disclosure. I (We) further waive, with regard to such application, correspondence or other documents, any applicable rights of confidentiality that I (we) may have under section 6103 of the U.S. Internal Revenue Code or other provisions of federal law.

I (We) also agree that AHFA has made no representations about the effect of the proposed Funds upon my (our) taxes or that of any other person connected with this project. The application and other materials submitted, will be available for public review under the AHFA Open Records Policy and may be posted on AHFA's website. I (We) request that the financial statements contained in the application be treated in confidence in accordance with applicable law. I (We) understand further that the application and all other materials submitted become the property of the Alabama Housing Finance Authority, and will not be returned. I (We) have copied all materials and will retain them for my (our) records. Once the Application is submitted to AHFA, even though it may be prior to the application deadline, the Applicant may not add or detract information unless requested by AHFA.

I (We) agree that AHFA may publish at its discretion information concerning the allocation of Funds to this project. Information released may include, but not be limited to, the name of the owner, project name, location, phone number and the amount of Funds committed/reserved.

I (We) agree that AHFA may request additional information in order to evaluate this application, including but not limited to credit and other information on all entities (a) owned in whole or in part by any owner(s) of the applicant entity or (b) in which any owner of the applicant entity has any involvement as a developer, contractor, or otherwise. I (We) also agree that AHFA may at its discretion, place a sign acknowledging the issuance of Funds to this project during the rehabilitation/construction period.

I (We) certify that no federal appropriated funds have been paid or will be paid by or on behalf of the owner, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal funds, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, or an officer or employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement.

I (We) certify that I (we) will adhere to and comply with all applicable Federal Civil Rights legislation inclusive of the Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act, 2010 Americans With Disabilities Act Accessibility Guidelines, Uniform Federal Accessibility Standards any State and local Civil Rights legislation, as well as any required related codes and laws.

I (We) certify that I (we) will adhere to and comply with all applicable federal, state, and or local bid laws.

I (We) certify that I (we) will or will continue to further Equal Opportunity and Fair Housing by:

- (1) Establishing affirmative marketing procedures to be utilized so that no person shall on the grounds of race, color, national origin, religion, or sex be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity funded in whole or part as with Funds made available through AHFA,
- (2) Complying with the requirements of the Fair Housing Act and the Age Discrimination Act of 1975,
- (3) Displaying the fair housing logo on its advertisements for those units pertaining to this application and at the leasing or sales
- (4) Submitting in writing to AHFA its plans to solicit applications from persons in the community who are unlikely to apply without special outreach
- (5) Maintaining a list of the characteristics of the tenants renting assisted units and assessing and reporting annually the results of these efforts to AHFA and
- (6) Providing adequate documentation to AHFA evidencing my (our) compliance with applicable Equal Opportunity and Fair Housing Laws.

I (We) accept all terms, conditions and requirements of the applicable Housing Credit Qualified Allocation Plan and/or the HOME Action Plan, National Housing Trust Fund Allocation Plan, HOME-ARP Plan, Design Quality Standards and Construction Manual, application instructions, and bond policy. I (We) understand that my(our) proposal will become part of the HOME Commitment/Written Agreement or Tax Credit Reservation, National Housing Trust Fund Commitment/Written Agreement or HOME-ARP Commitment/Written Agreement, whichever may be applicable, in the event that I(we)are awarded program funds. I (We) agree to be bound by what is submitted in the

Acknowledgement of Development Risk. I (We) agree, acknowledge and understand that developing a rental housing project involves a significant degree of financial risk, including, without limitation, changes in : (a) the United States Tax Code (such as corporate rates and Section 42) and other financial or other regulations may have a significant economic impact on the proposed project; (b) the financial markets (such as interest rates, terms and available capital); (c) state and/or local taxes and fees; (d) requirements by the local city and/or municipality on the development and/or design of proposed project to obtain approvals and permits; (e) construction costs related to materials and labor; (f) the local rental market due economic factors (such as loss of jobs and/or industry); and (g) operating expenses (such as utilities and insurance). I (We) have considered carefully and understand the risks associated with the development of the proposed rental housing project and agree, acknowledge and understand that any shortfall in funding (equity, loan(s), subsidies and/or lower than anticipated operating income) are the sole responsibility of the Owner/Applicant.

I (We) hereby certify that all reasonable steps have been taken to minimize the displacement of persons (families, individuals, businesses, non-profit organizations and farms). If applying for HOME funds, the owner must provide relocation assistance at the levels described in, and in accordance with the requirements of 24 CFR Part 92 and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24; and Advise all displaced persons of their rights under the Fair Housing Act (42 U.S.C. 3601-19).

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of executed instruments of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be originally signed and/or delivered electronically in connection with all matters related to the application as required by AHFA, except as otherwise instructed.

I (We) hereby certify that the above information is true and accurate under the penalties for perjury. I (We) understand that any misrepresentations or falsifications in this application or supporting documentation may result in a withdrawal of the Written Agreement and/or Housing Credit reservation by AHFA, my (our) (and related parties) being barred from future participation in AHFA-administered programs, and notification of the Department of Housing and Urban Development ("HUD") and the Internal Revenue Service. I (We) also understand that this application will not be considered if for any reason I (we) or related parties are not in good standing with HUD, USDA Rural Development (formerly FmHA), other housing finance agencies/authorities, and AHFA.

#### FOR APPLICANTS/OWNERS WHO ARE INDIVIDUALS:

Date: [REDACTED] Name of Applicant/Owner: [REDACTED]  
By: [REDACTED]  
Signature [REDACTED]

Date: [REDACTED] Name of Applicant/Owner: [REDACTED]  
By: [REDACTED]  
Signature [REDACTED]

State of [REDACTED]  
County of [REDACTED]

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that [REDACTED]  
whose name(s) [REDACTED] signed to the foregoing instrument, and who [REDACTED] known to me, acknowledged before me on  
this day, being informed of the contents of such document, [REDACTED] executed the same voluntarily.

Given under my hand and official seal this [REDACTED] day of [REDACTED], [REDACTED].

Notary Public: [REDACTED] My Commission Expires: [REDACTED]

**FOR ALL OTHER APPLICANTS/OWNERS:**

Name of Applicant/Ownership Entity: \_\_\_\_\_ By: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_ Its: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_  
whose name(s) \_\_\_\_\_ signed to the foregoing instrument, and who \_\_\_\_\_ known to me, acknowledged before me on  
this day, being informed of the contents of such document, \_\_\_\_\_ executed the same voluntarily.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Application was prepared by: \_\_\_\_\_ (Name of Preparer)

In his/her capacity as (check one)  Owner  Consultant  Other: \_\_\_\_\_ for this project.

DRAFT

## CERTIFICATION OF BID LAW COMPLIANCE ARP

All owners must certify that any General Contractor selected by the applicant/owner is licensed by the State of Alabama and certify their compliance with the applicable bid laws. The applicant/owner must acknowledge their compliance with the applicable bid laws by completing and signing the certification of bid law compliance.

Project Name:

Project Address:

Owner:

General Contractor information must be submitted at time of application and the selection of the General Contractor must have been in accordance with applicable competitive bid laws of the State of Alabama and/or federal and local jurisdictions.

By completing this certification (*select all that apply*):

- I (we) certify that the General Contractor listed in this application is licensed by the State of Alabama.
- I (we) certify that the General Contractor listed in this application was selected in accordance with the State of Alabama (or other applicable federal or local jurisdiction) competitive bid laws.
- I (we) certify that the General Contractor listed in this application is not required to comply with State of Alabama and/or federal and local jurisdiction competitive bid laws.

Print Name:

Date

By:   
(Signature)

Its:

8a

## Applicant Owner Signature Authorization ARP

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the project's Ownership Entity. **Original Signatures are Required.** All documents must be signed by the individual(s) authorized under Alabama law to bind the Project Owner entity. You must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signature.

Project Name:

Project Application Number:

### Ownership Entity:

Please note an example signature format below, which will vary depending on your respective ownership structure. Please provide the project owner entity name, any subsequent ownership layers, and relationship to owner entity. Complete all fields. If a field is inapplicable, please insert **N/A**. Please include the title of the authorized signatory.

#### Sample Entity Signature for Authorized Signatory:

ABC II Housing, LP  
By: XYZ Housing, GP  
Its: General Partner  
By: 123, Inc.  
Its: Member

By: Joe Owner  
Its: President

Please indicate the signature structure for the Project Entity name. Provide the project owner entity layer and relationship to owner entity (ex. its general partner, member, etc.). Please provide a legible print or type of the authorized signatory name, and include the title of the authorized signatory.

**Enter Ownership Entity Name:**

**Enter "By" Entity:**

**Enter "Relationship" to Project Owner Entity:**

**Enter "any additional owner" layer:**

**Enter "relationship" to previous owner layer, if any:**

By:	<input type="text"/>
Its:	<input type="text"/>
By:	<input type="text"/>
Its:	<input type="text"/>

**Signature of authorized signatory:**

**Enter name and title of authorized signatory:**

Printed name:	<input type="text"/>
Title:	<input type="text"/>
Date:	<input type="text"/>

8a

## Non-Profit (or representing entity) Signature Authorization ARP

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the project's Non-Profit Entity. **Original Signatures are Required.** All documents must be signed by the individual(s) authorized under Alabama law to bind the Non-Profit entity. You must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signature.

Project Name:

Project Application Number:

Non-Profit/Representing Entity:

Please note an example signature format below, which will vary depending on your respective structure. Please provide the project non-profit name, any subsequent layers, and relationship to non-profit entity. Complete all fields. If a field is inapplicable, please insert **N/A**. Please include the title of the authorized signatory.

### Sample Entity Signature for Authorized Signatory:

ABC II Housing, LP  
By: XYZ Housing, GP  
Its: General Partner  
By: 123, Inc.  
Its: Member

By: Joe Owner  
Its: President

Please indicate the signature structure for the Project Entity name. Provide the project owner entity layer and relationship to owner entity (ex. its general partner, member, etc.). Please provide a legible print or type of the authorized signatory name, and include the title of the authorized signatory.

**Enter Non-Profit Entity Name:**

**Enter "By" Entity:**

**Enter "Relationship" to Project Non-Profit Entity:**

**Enter "any additional member" layer:**

**Enter "relationship" to previous member layer, if any**

By:	<input type="text"/>
Its:	<input type="text"/>
By:	<input type="text"/>
Its:	<input type="text"/>

**Signature of authorized signatory:**

**Enter name and title of authorized signatory:**

Printed name:	<input type="text"/>
Title:	<input type="text"/>

Date:

8a

## Supportive Services Entity/Provider Signature Authorization ARP

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the project's Supportive Services Entity. **Original Signatures are Required.** All documents must be signed by the individual(s) authorized under Alabama law to bind the Project Supportive Services entity. You must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signature.

Project Name:

Project Application Number:

### Supportive Services Entity/Provider:

Please note an example signature format below, which will vary depending on your respective structure. Please provide the project supportive services entity name, any subsequent owner/member layers, and relationship to supportive services entity. Complete all fields. If a field is inapplicable, please insert **N/A**. Please include the title of the authorized signatory.

#### Sample Entity Signature for Authorized Signatory:

ABC II Housing, LP  
By: XYZ Housing, GP  
Its: General Partner  
By: 123, Inc.  
Its: Member

By: Joe Owner  
Its: President

Please indicate the signature structure for the Project Entity name. Provide the project supportive services entity layer and relationship to supportive services entity (ex. its general partner, member, etc.). Please provide a legible print or type of the authorized signatory name, and include the title of the authorized signatory.

Enter Supportive Services Entity/Provider:

Enter "By" Entity:

Enter "Relationship" to Project Supportive Services Entity:

Enter "any additional owner/member" layer:

Enter "relationship" to previous supportive services layer, if any:

Signature of authorized signatory:

Enter name and title of authorized signatory:

By:   
Its:   
By:   
Its:

Printed name:   
Title:

Date:

**11a****Limited Partnership** ARP

Project Name: \_\_\_\_\_

If the Applicant/Owner is a limited partnership (LP), please include Forms LP as applicable. If the general partner of the ownership entity is a corporation, limited liability company, or limited partnership, the applicable ownership entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of Partnership: \_\_\_\_\_

Partnership is:  For Profit  Non-Profit

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is Partnership Newly Formed?  Yes  No**Partners**

	Percentage Ownership:	Newly Formed?
1. Partner:	% Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City, State, Zip:		
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
2. Partner:	% Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City, State, Zip:		
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
3. Partner:	% Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City, State, Zip:		
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
4. Partner:	% Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City, State, Zip:		
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		
5. Partner:	% Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City, State, Zip:		
<input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Special Limited Partner		

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Its: \_\_\_\_\_

**11a Limited Liability Company**

ARP

Project Name: \_\_\_\_\_

If the Applicant/Owner is limited liability company (LLC), please include Forms LLC, as applicable. If the member of the ownership entity is a corporation, limited liability company, or limited partnership, the applicable ownership entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of LLC: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

LLC is:  For Profit  Non-Profit

Is LLC Newly Formed?  Yes  No

**Membership**

		Percentage Ownership:	Newly Formed?
Manager (if any):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City, State, Zip:			
1. Member Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City, State, Zip:			
2. Member Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City, State, Zip:			
3. Member Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City, State, Zip:			
4. Member Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:			
City, State, Zip:			

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Its: \_\_\_\_\_

**11a****Corporation** ARP

Project Name: \_\_\_\_\_

If the Applicant/Owner is a corporation (CORP), please include Forms CORP, as applicable. If the shareholder of the ownership entity is a corporation, limited liability company, or limited partnership, the applicable ownership entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of Corporation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Corporation is:  For Profit  Non-ProfitIs Corporation Newly Formed?  Yes  No**Officers**

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

**Shareholders**

Shareholders:	Percentage Ownership:	Newly Formed?
1. Name: _____ Address: _____ City, State, Zip: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name: _____ Address: _____ City, State, Zip: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name: _____ Address: _____ City, State, Zip: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Name: _____ Address: _____ City, State, Zip: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Its: \_\_\_\_\_

**11a****Trust** ARP

Project Name: \_\_\_\_\_

If the Applicant/Owner is a trust, please include Forms Trust as applicable. If the beneficiaries of the ownership entity is a corporation, limited liability company, or limited partnership, the applicable ownership entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of Trust: \_\_\_\_\_ Trust is:  For Profit  Non-Profit  
 Address: \_\_\_\_\_ Is Trust Newly Formed?  Yes  No  
 City, State, Zip: \_\_\_\_\_

**Trustee(s)**

\_\_\_\_\_

**Beneficiaries**

		Interest in the Trust:	Newly Formed?
1. Name:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	_____	_____	
City, State, Zip:	_____	_____	
2. Name:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	_____	_____	
City, State, Zip:	_____	_____	
3. Name:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	_____	_____	
City, State, Zip:	_____	_____	
4. Name:	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	_____	_____	
City, State, Zip:	_____	_____	

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_ By: \_\_\_\_\_  
 (Signature)

Date: \_\_\_\_\_ Its: \_\_\_\_\_

**11a****Non-Profit** ARP

Project Name: \_\_\_\_\_

If the primary team member is a non-profit organization or other representing entity, please include Forms Non-Profit as applicable. Please continue completing forms until each individual key member of named non-profit or other representing entity is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of Non-Profit Organization: \_\_\_\_\_

Newly Formed?  Yes

Address: \_\_\_\_\_

 No

City, State, Zip: \_\_\_\_\_

DMS Organization Code: \_\_\_\_\_

**Key Members**

1. Name:		Title:	Role:
Address:			
City, State, Zip:			
2. Name:		Title:	Role:
Address:			
City, State, Zip:			
3. Name:		Title:	Role:
Address:			
City, State, Zip:			
4. Name:		Title:	Role:
Address:			
City, State, Zip:			

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Its: \_\_\_\_\_

**11a****Supportive Services** ARP

Project Name: \_\_\_\_\_

If the primary team member is a Supportive Services organization, please include Forms Supportive Services organization as applicable. Please continue completing forms until each individual key member of the Supportive Services Organization is identified. Any newly formed entities should provide the required form and indicate that they are "Newly Formed."

Name of Supportive Services Organization: \_\_\_\_\_

Newly Formed?  Yes

Address: \_\_\_\_\_

 No

City, State, Zip: \_\_\_\_\_

DMS Organization Code: \_\_\_\_\_

**Key Members**

1. Name:		Title:	Role:
Address:			
City, State, Zip:			
2. Name:		Title:	Role:
Address:			
City, State, Zip:			
3. Name:		Title:	Role:
Address:			
City, State, Zip:			
4. Name:		Title:	Role:
Address:			
City, State, Zip:			

I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Its: \_\_\_\_\_

**11b****Credit Authorization Form** ARP

Project Name: \_\_\_\_\_

This form must be completed by each organization, owner(s), member(s), shareholder(s), general partner(s), beneficiary, developer(s), general contractor(s), management company, Non-Profit or other representative and Supportive Services Entity to authorize AHFA to obtain a credit report for purposes of evaluating the HOME-ARP Application. Newly formed entities must complete the form and select the "Newly formed" option below. **Original signatures are required. Place this form in a sealed 9 1/2" x 12 1/2" clasp envelope and label the envelope "Credit Authorization Form"**

<input type="checkbox"/> Owner	<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Developer
<input type="checkbox"/> Members and/or Shareholders	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Non-Profit Org. or other representative entity
<input type="checkbox"/> General Partners	<input type="checkbox"/> Management Company	<input type="checkbox"/> Supportive Services Entity/Provider

List all projects in the current application cycle associated with each organization or individual.

Project Name: _____	Project Name: _____
Project Name: _____	Project Name: _____
Project Name: _____	Project Name: _____
Project Name: _____	Project Name: _____

**Organization**

Organization Name: \_\_\_\_\_

Organization Physical Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax ID or Employee ID Number (EIN): \_\_\_\_\_ Newly Formed?  Yes  No

I (We) hereby authorize AHFA to obtain a Business credit report for purposes of evaluating my (our) Multifamily Funding Application. I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds.

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_**Individual**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

House/Apt Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I (We) hereby authorize AHFA to obtain an Individual credit report for purposes of evaluating my (our) Multifamily Funding Application. I, the undersigned, certify that the information provided on this form is true and correct in connection with my application for HOME-ARP funds.

By: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Statement of: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

As of (M/D/Y): \_\_\_\_\_

Assets			Liabilities and Net Worth		
Cash on hand and in banks (Name of Depository)	(Balance)		Accounts Payable: Notes Payable: Debts Payable in less than one year (secured by real property): Debts Payable in less than one year (secured by other assets):		
Accounts Receivable Net of Doubtful Accounts:			Other current Liabilities (describe):		
Notes Receivable Net of Doubtful Notes:					
Stocks and Bonds (from next page):					
Other current Assets (describe):					
			Total current Liabilities: Debts Payable in more than one year (secured by real property): Debts Payable in more than one year (secured by other assets):		
Total Current Assets:			Other liabilities (describe):		
Real Property (from next page):					
Machinery, Equipment, Fixtures:					
Life Ins. (Cash value less loans):					
Other assets (describe):					
			Total Liabilities:		
			Net Worth:		
Total Assets:			Total Liabilities and Net Worth:		
Annual Sources of Income			Annual Operating Expenses		
Primary Source of Income:			Administrative:		
Other income:			Taxes:		
			Insurance:		
			Depreciation:		
			Other operating expenses:		
Total Income:			Total Expenses:		
			Net Income:		
Accounts and Notes Receivable			Delinquencies		
Specify amounts, if any, due from partners (P), employees (E), or relatives (R):			If any taxes, mortgage payments or other liabilities are past due, specify:		
Type (P/E/R)	Name	Address	Amount	Type Liability	Amount
Insurance			Notes Payable		
Life (face value)	\$		Payable to	Amount	Maturity Date
Beneficiary					
Pledged Assets			Provide as an attachment to this form, full details of any legal proceedings instituted by creditors, or any unsatisfied judgement that remain on record.		
Type Pledged	Amount	Offsetting Liability			

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
<b>TOTAL:</b>			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
<b>TOTAL:</b>				<On Previous Page		<On Previous Page

The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holder

References

Bank:	
Trade:	

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_ Its: \_\_\_\_\_

2 of 2

**Instructions:**

**All applicable sections of the financial statement (F/S) must be completed.** Any newly formed entities should provide required form and document that they are "Newly Formed. "For the Applicant/Owner who is an individual and for each individual listed on Forms LP, CORP, LLC, GP, LLP, and Trust, Personal F/S is required. *The F/S form must be completed in its entirety. Please include your personal residence. If you do not own a personal residence, indicate so on the F/S form. Place this form in a sealed 9 1/2" x 12 1/2" clasp envelope and label the envelope "Financial and Credit Statement."*

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with "See Attached" and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

*A current financial statement is a statement dated less than 12 months old from the time of application submission from the year-end date of the statement. The year-end is defined as the end of the accounting period of the statement. The accounting may be on a calendar year or fiscal year.*

Organizational F/S are required of the Primary Team Members, the Developer (if different from the Owner), the General Contractor and the Management Company. If any entity has a *current* F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with "See Attached" and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

**IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.**

**ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED. ORIGINAL SIGNATURES REQUIRED.**

Statement of: \_\_\_\_\_  
 Personal Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

As of (M/D/Y): \_\_\_\_\_

Assets			Liabilities and Net Worth		
Cash on hand and in banks (Name of Depository)	(Balance)		Accounts Payable: Notes Payable: Debts Payable in less than one year (secured by real property): Debts Payable in less than one year (secured by other assets):		
Accounts Receivable Net of Doubtful Accounts:			Other current Liabilities (describe):		
Notes Receivable Net of Doubtful Notes:			Total current Liabilities: Debts Payable in more than one year (secured by real property): Debts Payable in more than one year (secured by other assets):		
Stocks and Bonds (from next page): Other current Assets (describe):			Other liabilities (describe):		
Total Current Assets: Real Property (from next page): Machinery, Equipment, Fixtures: Life Ins. (Cash value less loans): Other assets (describe):			Total Liabilities:		
Total Assets:			Net Worth: Total Liabilities and Net Worth:		
Annual Sources of Income			Annual Expenditures		
Salary: Bonuses and Commissions: Dividends: Rental Income(net of expensives and debt service): Other income:			Mortgage/Rent: Insurance: Car Payments: Installment Notes: Alimony:		
Total Income:			Total Expenses:		
Accounts and Notes Receivable			Delinquencies		
Specify amounts, if any, due from partners (P), employees (E), or relatives (R):			If any taxes, mortgage payments or other liabilities are past due, specify:		
Type (P/E/R)	Name	Address	Amount	Type Liability	Amount
Insurance			Notes Payable		
Life (face value)	\$		Payable to	Amount	Maturity Date
Beneficiary					
Pledged Assets			Provide as an attachment to this form, full details of any legal proceedings instituted by creditors, or any unsatisfied judgement that remain on record.		
Type Pledged	Amount	Offsetting Liability			

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
<b>TOTAL:</b>			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
<b>TOTAL:</b>				<On Previous Page		<On Previous Page

The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holder

References

Bank:	
Trade:	

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: \_\_\_\_\_ By: \_\_\_\_\_  
 (Signature)  
 Date: \_\_\_\_\_ Its: \_\_\_\_\_

2 of 2

**Instructions:**

**All applicable sections of the financial statement (F/S) must be completed.** Any newly formed entities should provide required form and document that they are "Newly Formed." For the Applicant/Owner who is an individual and for each individual listed on Forms LP, CORP, LLC, GP, LLP, and trust, Personal F/S is required. *The F/S form must be completed in its entirety. Please include your personal residence. If you do not own a personal residence, indicate so on the F/S form. Place this form in a sealed 9 1/2" x 12 1/2" clasp envelope and label the envelope "Financial and Credit Statement."*

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with "See Attached" and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

*A current financial statement is a statement dated less than 12 months old from the time of application submission from the year-end date of the statement. The year-end is defined as the end of the accounting period of the statement. The accounting may be on a calendar year or fiscal year.*

Organizational F/S are required of the Primary Team Members, the Developer (if different from the Owner), the General Contractor and the Management Company. If any entity has a *current* F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with "See Attached" and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

**IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.**

**ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED. ORIGINAL SIGNATURES REQUIRED.**

**Schedule of Real Estate - Approved and/or****12a Under Construction (AHFA and non-AHFA)****Certification** ARP

Name of Organization/or Individual

Section I: Complete the information in this section for all multifamily projects the above referenced organization/individual currently has approved and/or are currently under construction. (Include additional copies of this form as needed).

The individual/organization currently does not have any multifamily projects approved and/or under construction.

Project Name	State	Project Type (NC, Rehab, or ACQ/Rehab)	# Units	# Low- Income Units	Anticipated Place in Service Date	Total Project Cost	Funding Source(s) (Name of financing entity, contact person, and phone number)

Have any staff or development teams members listed in application previously or currently been involved in litigation against another housing credit agency?

Yes  No (If yes, please attach an explanation)

I, the undersigned, certify that the information provided above is true and correct in connection with my application for HOME-ARP funds. I further acknowledge that I will provide additional information to AHFA upon request.

\_\_\_\_\_  
Print Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

Its: \_\_\_\_\_

This form should be completed for each Primary Team Member, Developer, and General Contractor listed in connection with the application.

Name of Organization or Individual:	<input type="checkbox"/> Owner (Ltd, Corp, LLC, Trust) <input type="checkbox"/> Non-Profit or Representative Entity <input type="checkbox"/> Supportive Services Entity/Provider <input type="checkbox"/> General Partners, Shareholders, Members, Beneficiaries <input type="checkbox"/> Developer <input type="checkbox"/> General Contractor	
Address:		
City, State, ZIP:		

List names of all known key members of the referenced organization providing assistance to the proposed project.	Title/Role	% Interest in Ownership of Organization (must total 100% if applicable)

### Certification and Authorization

I (individual, partner, shareholder, member, beneficiary, or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Schedule of Real Estate Owned forms and/or Relevant Experience forms, under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the Schedule of Real Estate Owned form(s) and Relevant Experience form(s) contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

- a) No mortgage on a project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagor been given;
- b) I have not experienced defaults or uncorrected non-compliances on any HUD, USDA RD, AHFA and other state and local government housing finance project(s);
- c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my projects nor have I had one or more public (federal, state or local) projects terminated for cause or default;
- d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- e) I have not been convicted of or had a civil judgment rendered against me for commission for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in this paragraph;
- f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction projects involving the use of federal funds or the Low-Income Housing Tax Credit program;
- g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this project in which I proposed to participate, are listed above.

I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Schedule of Real Estate Owned form(s) and/or Relevant Experience form(s).

For general partners or project owners only: I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, as applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

#### Type or Print

Name of Key Member	Signature of Key Member	Date	Telephone Number with Area Code and E-mail Address

# Relevant Experience Form ARP

12c

Name of Organization/or Individual

Developer

DMS Organization Code

Complete the information below for projects your organization has developed and placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. **Do not include projects approved but not yet placed in service.**

Total number of units developed	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low- Income Units	Date Placed in Service	Total Development Costs	Funding Source(s) (Name of Financing Entity, Contact Person and Phone Number)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Contact:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the undersigned, certify that I developed the above-listed projects and the information provided is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name:

By:  (Signature)

Date:

Its:

# Relevant Experience Form ARP

12c

Name of Organization/or Individual

General Contractor

Alabama General Contractor's License Number:

DMS Organization Code:

Complete the information below for projects your organization has served as the General Contractor and are currently placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. ***Do not include projects approved but not yet placed in service.***

Total number of units constructed or rehabilitated	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	Total Development Costs	Funding Source(s) (Name of Financing Entity, Contact Person and Phone Number)
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Name: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							
Project Contact: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>							

I, the undersigned, certify that I served as the General Contractor for the above-listed projects and the information provided is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name:

By: \_\_\_\_\_

(Signature)

Date:

Its:

# General Contractor's Activities Form

(Exclude Alabama Properties) ARP

***List all projects currently under construction and any new projects under contract:***

Name of Organization

Has the organization or any employee of the organization listed in application previously or currently been involved in litigation against another housing credit allocating agency?  Yes  No ***(Indication is required: If yes, please attach an explanation)***

I, the undersigned, certify that the information given is true and correct. I hereby further acknowledge that in reviewing and considering this application, AHFA may request information from other state agencies/authorities for purposes of evaluating this application.

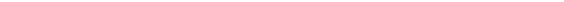
Print Name:

By:

---

(Signature)

Date:

Its: 

Submit This Form Only (Attachments will not be accepted)

Name of Organization: \_\_\_\_\_  
Name of Individual (full legal name): \_\_\_\_\_  
Title / Role: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

<input type="checkbox"/>	Consultant (If applicable)
<input type="checkbox"/>	Architect
<input type="checkbox"/>	Attorney
<input type="checkbox"/>	Accountant

DMS Organization Code: \_\_\_\_\_

Describe primary responsibilities for proposed project: (Press alt enter to move cursor to the next line)

Education:

List relevant multifamily experience:

15a

## Owner/Developer Responsibilities Form ARP

Project Name: \_\_\_\_\_  
City: \_\_\_\_\_

If separate *entities*, this form must be completed and fully executed by the Owner and Developer. A written agreement outlining each party's responsibilities must be provided.

**Owner** has/will have:

Valid legal title

**Developer** has/will have:

Valid legal title to the subject property.

A contractual obligation to the property owner:

- To obtain financing
- To construct the project
- To maintain/manage the project
- To materially participate during the construction through completion

Please provide a copy of the written agreement between the Owner and the Developer(s) which details each party's respective obligations. Applicants may joint venture as a co-developer on a project without an ownership interest in the project and the allocation, if awarded, will not count toward the owner and project cap.

(Name of Owner)

By:

Date:

Its:

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said \_\_\_\_\_.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public:

My Commission Expires:

(Name of Developer)

By:

Date:

Its:

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said \_\_\_\_\_.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public:

My Commission Expires:

**Submit This Form Only (Attachments will not be accepted)**

**Identity of Interest.** AHFA requires that the applicant identify the existence of an identity of interest with any other party to the project including the sale of real estate. "Identity of Interest" is defined as follows:

Parties that have an identity of interest are presumed to be sufficiently related for them to be treated as a single applicant for purposes of the Cap. As described below, AHFA may in its discretion, identify other parties whose relationship is sufficiently close to cause them to be treated as a single applicant for purposes of the Cap. A significant factor in the evaluation will be whether, based on the facts and circumstances, a primary purpose of a party's involvement in a project appears to be avoidance of the Cap.

The following relationships constitute an identity of interest for purposes of identifying related parties in order to apply the Cap:

- (i.) Individual persons are considered related to each other (a.) if they have any of the following direct relationships: parent, child, spouse, son-in- law, daughter-in-law, father-in-law, and mother-in-law, including any such direct relationship created by marriage, remarriage, adoption, or any other legally recognized status, or (b.) if one individual is an employer, by common law or otherwise, of the other.
- (ii.) Entities are considered related to each other (a.) if any director, shareholder, partner, member or any other type of owner of any entity would be considered a related individual (under item a. above) to any director, shareholder, partner, member or any other type of owner of another entity, (b.) if the entity has the ability to control another entity, or (c.) if the entity owns a material interest in another entity. An entity will be presumed to control another entity if it has a percentage of ownership in the other entity or the ability to appoint a percentage of the members of the other entity's governing body (i.e., board of directors, board of trustees, partners, managers, etc.) that would permit it to control the other entity either by operation of law or by agreement. A material interest means any ownership interest in excess of 20% of the stock, partnership interests, membership interests or other forms of ownership of any entity; provided, however, that ownership interests held by Housing Credit investors, Housing Credit syndicators or special administrative partners or members shall be disregarded for purposes of 20% test.
- (iii.) Without limiting the above, a trust will be considered related to any individual or entity if any trustee, trustor, grantor, settlor, beneficiary, permissible distributee, any person or entity serving a role similar to the foregoing, or any person holding power of appointment (general or limited) over trust property would be considered related to the individual or entity under items a. or b. above.
- (iv.) Any other relationship which, while not specifically listed above, is determined to constitute an identity of interest because it is a relationship at least as close as an identity of interest described above or because it would permit an allocation that violates the intent of the Cap.

Is there an identity of interest that meets the criteria above between any of the development team members listed in the application?

Yes  No

If yes, disclose the identity of interest below (press ALT Enter to skip to next line):

17a

## Management Company Previous Participation Certification ARP

Name of Management Organization or Individual:

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

List names of all known principals of the above referenced organization to the proposed project.	Title/Role	% Interest in Ownership of Organization (must total 100%)

### Certification and Authorization

I (individual, partner, shareholder, member, or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Management Relevant Experience form(s), under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the AHFA Management Verification Form and/or Management Relevant Experience form(s) contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

- a) No mortgage on a project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
- b) I have not experienced defaults or uncorrected non-compliances on any HUD, USDA RD, AHFA and other state and local government housing finance project(s);
- c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my projects nor have I had one or more public (federal, state or local) projects terminated for cause or default;
- d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- e) I have not been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offenses in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offense enumerated in this paragraph;
- f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction projects involving the use of federal funds or the Low-Income Housing Tax Credit program;
- g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this project in which I proposed to participate, are listed above.

I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Management Relevant Experience form(s).

I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

Name of Principal	Signature of Principal	Date	Telephone Number with Area Code and E-mail Address

17b

# Management Company's Compliance Form ARP

List below any findings been raised within the last three (3) years by any governing Authority or Agency on properties your organization manages.

The organization has not had any findings.

Has any staff or management team member listed in application previously or currently been involved in any litigation.

Yes

10

*(Indication is required: If yes, please attach an explanation)*

I, the undersigned, certify that the information given is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name:

By:

---

(Signature)

Date:

Its:

17c

# Management Company Relevant Experience Form ARP

Complete the information below for up to ten (10) housing developments your organization currently manages. ***Do not include projects approved but not yet placed in service.***

The organization does not currently manage any developments.

Management Firm:	Contact Person:	Contact Phone:				
DMS Organization Code:						
	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	# Years Managed
Project Name:						
Project Contact:						
Project Name:						
Project Contact:						
Project Name:						
Project Contact:						
Project Name:						
Project Contact:						

Number of affordable units currently managing.

I, the undersigned, certify that the information provided is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name:

By:   
(Signature)

Date:

Its:



18b

**Amenities** ARP

Project Name: \_\_\_\_\_

# of Units: \_\_\_\_\_

City: \_\_\_\_\_

**REQUIRED UNIT AMENITIES FOR ALL PROJECTS**

Please mark each check box to note all required amenities are included in each unit you have selected for the proposed project. If the proposed project does not have all required unit amenities, provide AHFA's written approval of applicable Deviation Request.

<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Microwave	<input type="checkbox"/> Deviation Request Form (attach the written approval by AHFA)
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Heater	<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Ceiling Fans		

**REQUIRED AMENITIES FOR ALL QUALIFYING POPULATION UNITS**

<input type="checkbox"/> Living Area (sofa, chair or loveseat and side table or coffee table)	<input type="checkbox"/> Kitchen or Dining Area (table and 4 chairs)
<input type="checkbox"/> Bedroom(s) (bed, dresser and nightstand)	

**EXTRA PROJECT AND UNIT AMENITIES**

Indicate which of the following extra amenities will be provided to all low-income and/or market rent units:

**Extra Project Amenities**

**Community Building/Community Room/Tenant Service Center** (Must have at a minimum a kitchen (with refrigerator/freezer, cabinets, and a sink with counter space), community meeting room (with seating and activity areas commensurate to total number of units) and restrooms. NOTE: If project is solely financed by HOME-ARP funds, the Community Building/Community Room/Tenant Service Center must have a Qualifying Population unit attached.)

**Exterior Security Package** (Must include, at a minimum, the following: Alarm (sound and/or third-party monitored) system at the clubhouse/community building, resident manager's office, and laundry, Camera /Video monitoring system to provide visibility of all pedestrian and vehicular traffic of all main Project entry and exit points, parking lot and project amenities, Lighting of all project amenities, parking lot(s), and all Project entry and exit points.

**Storm Shelter** (Must meet the International Code Council National Storm Shelter Association Standard for the Design and Construction of Storm Shelters (ICC-500 August 2008) Standards)

**Outdoor Fitness Activity Area** (must provide three (3) separate types of commercial grade outdoor fitness equipment with a minimum of three (3) exercise activities. An instructional sign on the usage of fitness equipment must be located by each type of fitness equipment.)

**Computer Center** (two or more computers with printer and internet access)

**Splash Center** (at least 500 square feet) which includes at a minimum a spray zone and pad and 3 above ground water features.

**Exercise/Fitness Room with Equipment** (Room must be no less than 144 square feet and provide a minimum of 3 separate types of commercial grade exercise/fitness equipment)

**Covered Bus Stop Shelter with Fixed Bench Seating** (minimum 6' wide by 12' long) with 2 fixed bench seating underneath same cover (Must be separate/independent of the mail kiosk unless location allows for proper access of bus to pick-up and drop off)

**Access Gate** (Must be on all entry points of project if more than one)

**Walking Trail with Benches** (5 feet wide concrete and minimum of 1/4 of mile long)(must be separate from required sidewalks )

**Basketball Court** (must have break-away rim and shatter-proof backboard)

**Picnic Area** (minimum of 168 square feet of concrete slab for each picnic table) **with grills** (1 grill (permanently fixed) 1 picnic table with attached bench seating for every 14 units proposed in the project). Rooftop area with 1 picnic table with attached bench seating for every 14 units proposed in the project.)

**Attached Bike Rack** (one (1) per building including the community building) (Rack must be permanently installed on concrete in such a way that sidewalk traffic is not impeded)

**Gazebo** (Minimum 16' x 16') (Minimum of 1 picnic table with attached bench seating)

**Extra Unit Amenities**

**Unit Security Package** (Each unit must have an alarm on all entry doors and windows)

**Emergency Pull Cord/Call Button in each unit** (minimum of one (1) in each unit)

**Storm doors per unit** (must be aluminum construction)

**Project Architect and Applicant/Owner Amenity Package Certification**

The undersigned project architect and applicant/owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected project and unit amenities will be provided to the proposed project. The plans and specifications will reflect all required and selected extra amenities. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

By: \_\_\_\_\_  
SignatureBy: \_\_\_\_\_  
Signature

18c

**Type of Construction/Energy/Water  
Conservation/Healthy Living  
Environment/Section 504** ARP

Project Name: \_\_\_\_\_  
 # of Units: \_\_\_\_\_  
 City: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Construction**

*Indicate which of the following will be provided:*

Storm windows, thermal break insulated windows or extruded vinyl windows and insulated exterior doors. Windows must be Energy Star Rated.

**Multifamily Units** - A minimum of 40% of each building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. The remaining 60% can be cementitious siding, stucco, or concrete masonry unit (CMU) products. The CMU products must be decorative, textured, patterned, color core, or painted. All entry areas into the apartment including covered breezeways, porches, balconies, and patios must have brick, cementitious siding, stucco, cultured stone or CMU to be considered full brick.

**Single-family Units** - A minimum of 50% of the building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. Each exterior wall must contain brick up to the bottom of the first floor windows on a two-story unit or the window sill of a one-story unit. The remaining 50% can be cementitious siding, stucco, cultured stone or CMU products. The CMU products must be decorative, textured, patterned, color core, or painted.

**Energy/Water Conservation and Healthy Living Environment**

*Indicate which of the following will be provided:*

HVAC of 15 SEER (HSPF 9.0) or above

Energy Star rated "cool roof" shingles or metal roof with a fifty (50) year warranty.

Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.

EPA's Partnership Program "WaterSense" labeled water closet, bathroom faucets and showerheads.

Low Volatile Organic Compounds (VOC) wall finishes (maximum VOC levels of 50 grams/liter).

Low VOC flooring finishes (maximum VOC levels of 100 grams/liter).

Energy Star rated LED lighting in the kitchen.

**Section 504 Election, if applicable**

*Indicate if applicable:*

At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below.

Total number of Sensory Impaired Units: \_\_\_\_\_

Total number of Handicapped units: \_\_\_\_\_

**Architect and Applicant/Owner Certification**

The undersigned project architect and applicant/owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected type of construction, Energy/Water Conservation, Healthy Living Environment and Section 504 Election will be provided to the proposed project. The plans and specifications will reflect all required and selected items. The undersigned acknowledges that (1) federal funds may be used in connection with the project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: \_\_\_\_\_

Name of Applicant/Owner: \_\_\_\_\_

By: \_\_\_\_\_  
 Signature

By: \_\_\_\_\_  
 Signature

## Certification of Consistency with Consolidated Plan ARP

This Certification must be submitted for HOME-ARP applications, if the proposed project is in an area that is covered by a local Consolidated Plan, the applicant must have the Certification completed by an authorized official of the participating jurisdiction. If the area is not covered by a local Consolidated Plan, the project will be governed by the State of Alabama's Consolidated Plan and this Certification is not required. In the event that the Certification of Consistency with Consolidated Plan is signed by someone other than the designated person(s) listed on the *Consolidated Plan Coordinators-PJ's* found at [www.AHFA.com](http://www.AHFA.com), it is the responsibility of the Applicant to provide AHFA with evidence that the signor is authorized to execute this certification (attach evidence to this form).

The following link contains a listing of the Consolidated Plan Coordinators:

<http://www.ahfa.com/multifamily/allocation-application-information/apply-for-funding>

I, [Redacted], Authorized to act on behalf of  
(Name of Authorized Official)

[Redacted], certify that the activities proposed by  
(Name of City, Town, Village or County)

[Redacted], of [Redacted]  
(Name of Applicant) (Name of Project)

[Redacted] under the HOME, HOME-ARP, Housing Credit, and/or National  
Housing Trust Fund Programs are consistent with the FFY [Redacted] Consolidated Plan submitted  
(Year)

on [Redacted] and approved by the U.S. Department of Housing and Urban Development  
(Date)

on [Redacted].  
(Date)

[Redacted]

Date: [Redacted]

(Name of Authorized Official)

By: [Redacted]

Its: [Redacted]  
(Title of Authorized Official)

(FOR HOME, HOME-ARP and National Housing Trust Fund APPLICATIONS ONLY) In order to comply with applicable regulations stated in the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), all applicants for HOME, HOME-ARP and National Housing Trust funds must have the proposed seller(s) and purchaser(s) sign this form. If the proposed site is not being transferred, conveyed, or sold this form is not required.

**This is a Voluntary, Arm's length Purchase Offer and a Disclosure to the Seller:**

This pre-contract agreement is for the property located at the following address:

in [REDACTED], [REDACTED] County, Alabama, between the following parties:

Purchaser: [REDACTED] Address: [REDACTED]

Seller: [REDACTED] Address: [REDACTED]

**Agreement Conditions:**

The Purchaser is seeking federal funds through the State of Alabama's HOME Investment Partnership Program (HOME), HOME-ARP or National Housing Trust Funds to acquire property owned by the Seller to construct a multifamily rental project. In accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970, and "Choice-Limiting Activities" as amended, and all rules and/or regulations implemented or promulgated thereunder, the seller of said property is hereby notified that:

**-Voluntary Sale -**

- 1 The Purchaser does not have the right of eminent domain, or, if the Purchaser has the power of eminent domain, the Purchaser will not exercise this power.
- 2 Because this is a voluntary transaction, the Purchaser will not be able to acquire the property offered for sale if negotiations fail to result in an amicable agreement.
- 3 The Purchaser has informed the Seller of the property that the estimated fair market value of the property is \$ [REDACTED].
- 4 Even though federal funds will be used in the acquisition of the Seller's property, the Seller WILL NOT be entitled to any relocation benefits.
- 5 Any tenant legally occupying the property is eligible to receive relocation assistance and benefits as identified in the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) of 1970, as amended.

**-Timely Notices-**

- 1 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide to each resident the notices required by HUD's instructions found in HUD Handbook 1378.
- 2 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide, or permit to be provided, a notice of denial to any person who wishes to make application to become a tenant. Before signing a lease and commencing occupancy, the person must be informed of the following:

- A If the application is funded, the person may be displaced; and,
- B The person would not qualify as a "displaced person" as a result of the project and therefore would not be eligible to receive any assistance or benefits.

**-Recordkeeping-**

- 1 The Seller agrees to provide the Purchaser, the funding agency, or a designated representative, the names and addresses of the residents residing in the property.
- 2 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to survey the residents to determine the relocation costs and housing needs.

According to the Real Properties Acquisition Policies Act of 1970, with HOME funds an activity or series of activities in a HOME assisted project that are integrally related, each essential to the others, whether or not all of the component activities receive HUD financial assistance, are subject to HUD's implementing instructions.

**"Choice-Limiting Activities" Prohibited:**

NEPA requires that no "choice-limiting activities" occur relating to the proposed project or at the project site from the time the applicant submits a HOME, HOME-ARP or National Housing Trust Fund application to AHFA until the NEPA environmental assessment process is complete (the "Prohibited Period") (see 24 C.F.R. § 58.22). The applicant must take all actions necessary to ensure that no participant in the development process (including the applicant, project owner, contractors, subcontractors, current property owner(s) or any other person) commits non-HUD funds or undertakes an activity that would have an adverse environmental impact or limit the choice of reasonable alternatives relating to the proposed project or project site.

For projects applying for HOME funds (regardless of whether any other form of funding is received), prohibited "choice-limiting activities" include, but are not limited to, acquiring, purchasing, rehabilitating, demolishing, converting, leasing or repairing all or any portion of the project as well as disturbing the ground or commencing any form of construction at the project site. All such "choice-limiting activities" are prohibited during the NEPA environmental assessment period that (a) begins with delivery of the application to AHFA and (b) ends with AHFA's issuance of the Notice to Proceed, which typically occurs at the time of the pre-construction conference.

The Responsible Owner may conduct land surveys of the property or perform other de minimis activities only if they do not constitute, or result in, any of the "choice-limiting activities". If the Responsible Owner or Seller has any question concerning whether an activity constitutes "choice-limiting activities", AHFA strongly recommends that the Responsible Owner or Seller seek prior written consent from AHFA for such activity; otherwise, the activity could result in termination of the Application Package.

The Responsible Owner must take all actions necessary to ensure that no participant in the development process (including the Responsible Owner, Seller, contractors, subcontractors, current property owner(s) or any other person) undertakes or permits any "choice-limiting activity" during the Prohibited Period. By executing this form below, Seller agrees with the Responsible Owner not to under any circumstances commence (or allow any other party to commence) any "choice-limiting activities" at the Project during the Prohibited Period without AHFA's prior written permission.

If choice-limiting activities occur at a proposed site or project during the prohibited period, regardless of whether the applicant consented to the activity or had knowledge of it, the application will terminate and will not be considered for funding. AHFA reserves the right to inspect a site at any time after submittal of an application to confirm that no choice-limiting activities are taking place.

The Purchaser and Seller understand that if the conditions of this Agreement are not complied with, either party may terminate the real property option to purchase by notifying the other party by certified mail, return-receipt requested, that the Contract is terminated. The Purchaser and Seller: 1) voluntarily accept these Agreement conditions; and , 2) agree to enter into a Contract for the property identified.

Name of Seller of Property Acquired  
or To Be Acquired

Signature of Seller

Date: [REDACTED]

Signature of Witness

Name, address and phone number  
of Witness

Date: [REDACTED]

Name of Purchaser

Signature of Purchaser

Date: [REDACTED]

Signature of Witness

Name, address and phone number  
of Witness

Date: [REDACTED]

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26b

## Owner Zoning Certification ARP

Complete this form to verify that the proposed project is consistent with the zoning ordinance in effect at the time of application to the Alabama Housing Finance Authority (AHFA). Review the applicable zoning ordinance and provide the zoning requirements for the proposed project. Zoning documentation must be provided. Please do not provide the entire zoning ordinance; provide only those sections required for reference.

Project Name:  Zoning District/City/County:

Ordinance Number or/Date:

*Please list zoning requirements from the standards listed below, provide documentation, and initial. If there are no zoning requirements from the list below (including "other"), enter "NA" and initial.*

Zoning Standard	Zoning Regulations Requirements (list the specific requirements from the zoning standards list)	Zoning Documentation (list section of zoning regulation and provide referenced attachments)	Proposed Project (list your project standard as it relates to the zoning regulation)	Owner Initials
<b><u>Setback/Density/Number of Buildings/Units:</u></b> Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units.	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>
<b><u>Building Size/Height:</u></b> Provide any restrictions or requirements related to building size or height.	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>
<b><u>Other:</u></b> Please include any other restrictions or requirements (zoning classification, parking and other requirements) not listed or included in this form.	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>	<b>DRAFT</b>

I, the undersigned Owner for the above referenced project, do hereby certify to AHFA that I have reviewed the zoning ordinance in effect at the time of my application submission to AHFA for the proposed project listed above. I further state that all planned improvements and land use as a multifamily/single-family residential development for the proposed project, will (a) comply with applicable provisions of the zoning ordinance in effect at the time of my application to AHFA, and (b) to the best of my knowledge, no action is currently proceeding or pending before any court or administrative agency (as it relates to my proposed project), and, if applicable, (c) all special approvals which are required to be in compliance with the above-referenced zoning ordinance, have been obtained and provided to AHFA as of the date of my application. I certify that no further city meetings, approvals, and/or advertisement is required for proper zoning of my proposed project at the time of my application to AHFA. I certify that the information provided in this form is true and correct in connection with my application for HOME-ARP funds.

Print Name

Signature

Date

Its

## Owner Zoning Certification Instructions

The applicant/owner must complete this form to indicate that the project is consistent with the zoning ordinance that is in effect at the time of application. The owner must also certify that they have reviewed the zoning ordinance applicable to the proposed project.

The following are general guidelines to help in the completion of this form.

Project Name: List the project name. Zoning District/City/County: List the zoning district, city or county (as applicable) for the proposed project.

Ordinance Number or/Date: List Ordinance Number, date or appropriate identifier. Example: "Zoning Ordinance No. 581", or "Ordinance 2017 – 77".

Owner must complete each section in the form. See example below for completing the Setback/Density/Number of Buildings/Units zoning standard section in the form. Please note, if there are no zoning requirements that match the zoning standards provided here, enter NA. Review the zoning ordinance for any zoning restrictions or requirements not listed in the zoning standard section of the form.

Zoning Standard: Review the zoning ordinance and list any regulations pertaining to the zoning standards listed in the form (Setback/Density/Number of Buildings/ Units; Building Size/Height; Other).

Zoning Regulation Requirements: List specific requirements found in the zoning ordinance.

Zoning Documentation: Provide the referenced section in the zoning ordinance and include the supporting documentation. ***Please note: Do not provide the entire zoning ordinance. Provide only those sections from your supporting documentation.***

Proposed Project: List your proposed project's standard as it relates to the zoning regulation requirement.

Owner Initial: The owner must initial in the applicable section of the form.

Zoning Standard	Zoning Regulations Requirements (list the specific requirements from the	Zoning Documentation (list section of zoning regulation and	Proposed Project (list your project standard as it	Owner Initials
<u>Setback/Density/Number of Buildings/Units:</u> Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units.	Number of Buildings on a Lot: Building number cannot exceed 10.	Section 7.4. Building Quantity Regulation. (see attached)	Proposed Project will contain a total of 7 buildings, including Community building.	KDB

Please complete all sections of the form. The owner must certify to the information contained in the form by providing their printed name, signature, date and title.

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

TO ENSURE AHFA STAFF OR ITS DESIGNEE CAN IDENTIFY THE CORRECT PROPERTY: ALL PROPERTY CORNERS MUST BE CLEARLY MARKED (with stakes, survey tape, or other markings particular to the site) **AND** A SIGN AT LEAST 12" X 24" MUST BE PLACED AT THE PROPOSED ENTRANCE. (Do not indicate financed by AHFA or future AHFA development on the sign).

a. Provide driving instructions to the project site from Montgomery.

(Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)

b. Describe the neighborhood where the site is located, noting other types of developments in the immediate area, i.e., residential, commercial, industrial. Discuss the suitability of the site for the proposed/existing development.

c. Describe any existing structures (shack, schoolhouse, mobile home, barn, etc) or improvements on the site. Describe the site sign and the specific site markings.

d. Nearest Public or Private Transportation (do not include taxi services):

1) Name of Provider: \_\_\_\_\_

2) Distance from Site: \_\_\_\_\_

Yes

No

e. Is the project located within 5 miles of a Supportive Services Provider?

If yes, provide the following information:

1) Name of Supportive Services Provider: \_\_\_\_\_

2) Distance from Project: \_\_\_\_\_

3) Type of Provider: \_\_\_\_\_

4) Street Address: \_\_\_\_\_

5) Type of Services Offered by the Supportive Services Provider:

Directions from the site to the Supportive Services Provider:

f. Will the project have a Service Agreement/MOU with a Supportive Services Provider (regardless of the Support Services Provider's office location) for the provision of on-site services for the Project's Qualifying Populations for the duration of the compliance period?

Yes  No

If yes, provide the following information:

1) Name of Supportive Services Provider: \_\_\_\_\_

2) Distance from Project: \_\_\_\_\_

3) Type of Provider: \_\_\_\_\_

4) Street Address: \_\_\_\_\_

5) Type of On-Site Services Offered by the Supportive Services Provider:

**Site/Project Information Form** ARP  
**(Neighborhood Services)**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Neighborhood Services:** When listing services, begin with the service located closest to the site grouping them by similar direction. Provide detailed directions from the site to the service(s) located within one (1) mile or less of the proposed site. General definitions of the neighborhood services are listed on the following page.

Example: Name of Service: Walgreens      Type of Service: Pharmacy  
Distance from Site: 1.2 miles      Photo # 1      Street Address: 22 Weis Way

#1

1) Name of Service: \_\_\_\_\_ 2) Type of Service: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo # \_\_\_\_\_

4) Street Address: \_\_\_\_\_

Directions from the site to the service: (Press Alt Enter to skip to the next line)

#2 1) Name of Service: \_\_\_\_\_

2) Type of Service: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo # \_\_\_\_\_

4) Street Address: \_\_\_\_\_

Directions from the site to the service:

#3

1) Name of Service: \_\_\_\_\_

2) Type of Service: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo # \_\_\_\_\_

4) Street Address: \_\_\_\_\_

Directions from the site to the service:

#4

1) Name of Service: \_\_\_\_\_

2) Type of Service: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo # \_\_\_\_\_

4) Street Address: \_\_\_\_\_

Directions from the site to the service:

#5

1) Name of Service: \_\_\_\_\_

2) Type of Service: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo # \_\_\_\_\_

4) Street Address: \_\_\_\_\_

Directions from the site to the service:

## **Neighborhood Service Instructions and Definitions**

The Applicant/Owner must provide detailed turn-by-turn directions from the automobile entrance of the proposed site to the closest automobile entrance to the parking lot of the proposed service.

The following are general definitions for the neighborhood services that should be listed on the first page if applicable :

**Grocery Store:** A store that retails food including but not limited to fresh meats (prepackaged sandwich meats are not eligible), fresh fruits, and vegetables. (I.E. Winn Dixie, Piggly Wiggly, Publix, Walmart Supercenter) Sam's Club and Costco will not count as a grocery store due to membership fees.

**Hospital:** A hospital is an institution that provides medical and surgical treatment for the sick or the injured, **or**

**Doctor's Office:** The Doctor must be a "Primary Care" physician trained in general, internal, pediatric, or geriatric medicine. Applicant should ensure that this service is suitable for the target population. Walk in/Convenient Care Medical Clinic: A licensed and accredited care setting staffed with doctors, nurse practitioners, and/or physician's assistants . May handle medical problems that need immediate attention but are not life threatening. (I.E. Urgent Care Center, Primed, American Family Care Center.) It is the applicant's responsibility to provide documentation regarding the extent of verifiable primary care medical service available and by whom.

**Pharmacy/Drug Store:** The branch of the health sciences dealing with the preparation, dispensing, and proper utilization of drugs. A store where prescriptions are filled and drugs and other articles are sold. Walgreens, CVS, Rite Aid, or other similar type stores can count as both a drug store and convenience store.

**Convenience Store:** A small retail store that typically sells staple groceries, snacks and sometimes gasoline. Tom Thumb, 7-eleven, Dollar Tree, Fred's, Walgreens, CVS, Rite Aid, and Dollar General or other similar type stores will count as a convenience store, but not a grocery store.

**Bank/Credit Union:** A financial institution that provides services, such as business, auto, and mortgage loans, and basic investment products such as, savings accounts and certificates of deposit. Check cashing and pawn for title establishments are not considered a bank or credit union.

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**Site/Project Information Form ARP**  
**(Negative Neighborhood Services)**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Neighborhood Services:**

Provide detailed directions from the site entrance of an existing development or entrance sign of the proposed new construction site entrance to any negative neighborhood service(s) which are located within .3 miles of the site. General definitions of negative neighborhood services are listed on the following page.

If there are no Negative Services within .3 mile of site, please indicate by marking the following box.

 No Negative Services

AHFA will deduct points for negative neighborhood services found during site visits (even if the negative service is not listed in the applicant's application) or if it is listed in other documentation submitted with the application, such as environmental reports, market studies, etc.

1) Name of Negative Service: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo #: \_\_\_\_\_

4) Directions from the site to the service: \_\_\_\_\_

1) Name of Negative Service: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo #: \_\_\_\_\_

4) Directions from the site to the service: \_\_\_\_\_

1) Name of Negative Service: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo #: \_\_\_\_\_

4) Directions from the site to the service: \_\_\_\_\_

1) Name of Negative Service: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo #: \_\_\_\_\_

4) Directions from the site to the service: \_\_\_\_\_

1) Name of Negative Service: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Distance from Site: \_\_\_\_\_ Photo #: \_\_\_\_\_

4) Directions from the site to the service: \_\_\_\_\_

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## **The following are general definitions of Negative Neighborhood services:**

Note: It is the responsibility of the applicant to provide AHFA with an explanation of any cited negative characteristics listed below.

**Junk Yard/Salvage Yard:** An establishment or place of business which is maintained, operated, or used for storing, keeping, buying, or selling old or scrap copper, brass, batteries, paper trash, rubber debris: junked, dismantled or wrecked automobiles, or parts thereof, iron, steel, and other old or scrap ferrous or nonferrous material or for the maintenance or operation of an automobile graveyard. May also be attached to a body shop or repair facility for the rebuilding, repair or restoration of vehicles.

**Dump:** A defined area that is used for the collection, retention and/or processing of waste materials including but not limited to the following:

- 1.) Hazardous waste - As defined by [EPA.gov](http://EPA.gov)
- 2.) Medical waste - Solid waste from medical research, medical procedures, or pathological, industrial, or medical laboratories;
- 3.) Solid waste - Combustible or incombustible refuse. Solid waste includes dirt, sand, sawdust, gravel, clay, loam, stone, rocks, rubble, building rubbish, shavings, trade or household waste, refuse, ashes, manure, vegetable matter, paper, dead animals, garbage or debris of any kind, any other organic or inorganic material or thing, or any other offensive matter;
- 4.) Construction and demolition waste - Building materials and rubble resulting from construction, remodeling, repair, and demolition operation(s) on houses, commercial buildings, pavements, and other structures;
- 5.) Yard waste - Any organic material, wood, mulch, leaves, or plants.

**Wastewater Treatment Facility:** An open or enclosed, single or multiple structure area with equipment that receives the discharge of a sanitary drainage system. Designed to bring about a reduction in the organic and bacterial content of the waste to render it less offensive or dangerous.

**Distribution Facility:** A place for holding products (finished goods) where the emphasis is on processing and moving goods to wholesalers, retailers, or consumers either by truck, rail, air or pipeline.

**Electrical Utility Substation:** A defined area that involves activities such as receiving electric energy from the transmission system, reducing it by transformation to distribution voltages, and delivering it to the ultimate consumers.

**Railroad:** A permanent road laid with rails, commonly in one or more pairs of continuous lines forming a track or tracks, on which locomotives and cars are run for the transportation of passengers, freight, and mail.

*\*Please note: Points will not be deducted for properties located adjacent to a railroad, if the noise levels are acceptable (outside noise level < 65 dB; interior noise level < 45 dB). AHFA will rely on the noise level assessment required in the environmental report submitted with the application. The findings of the study must be acceptable to AHFA in all respects.*

**Adult video/ theater/ live entertainment:** An age-restricted establishment having a substantial or portion of its stock in trade, videos, movies, or other mature merchandise which are distinguished or characterized by their emphasis depicting, describing, or relating to sexual conduct.

**Pig Farm:** A farm where pigs are raised or kept.

**Chicken Farm:** A farm where chickens are raised for eggs or for sale.

**Processing Plant:** A factory or facility where raw materials or foods are treated or prepared before they are used or sold. (examples: meat, poultry, food, gas, milk processing etc.)

**Industrial:** Anything having to do with the business of manufacturing products.

**Airport:** A tract of land or water with facilities for the landing, takeoff, shelter, supply, and repair of aircraft, especially one used for receiving or discharging passengers and cargo at regularly scheduled times.

**Prisons/Jails** – A place for the confinement of people accused or convicted of a crime. *Points will not be deducted for a prison, jail, or detainment facility if it is co-located with a law enforcement office.*

**Solid Waste Disposal** – Management and monitoring of the collection, transport, & disposal of solid waste (example – Landfill).

I, [REDACTED] (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm [REDACTED] (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of [REDACTED] (insert name of project) located in [REDACTED] (insert county and city, if any), Alabama, for [REDACTED] (insert name of owner) and do further certify to AHFA that the survey contains each of the following items **[Surveyor Must Initial Each Item]**:

- Survey is drawn in ink on base plat at least 24 inches by 36 inches.**
- Survey indicates North arrow
- Survey Shows graphic scale
- Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.
- Property boundary lines are drawn with a **heavy line** with all monuments marking property corners described in detail. Curved portions of the property boundary contain arc and chord distances as well as a minimum of two (2) of the survey paramenters (e.g., Delta and Radius).
- Title block contains surveyor's contact information, including street address, telephone, and if available, e-mail.
- Survey indicates name of current property owner, and if different, the name of the applicant to AHFA for whom the survey was prepared.
- Source of title of current property owner is indicated.
- Area of property in acres is indicated.
- Survey indicates Alabama county and city (if any) in which property is located.
- Survey indicates location, name and governing jurisdiction (if any) for all streets or roads adjacent to, encroaching upon or intended to serve the property.
- Survey contains surveyor's registration seal and signature.
- Survey contains map and panel number of the Flood Insurance Rate Map.
- Survey contains Flood Zone designation.

\_\_\_\_\_  
Surveyor's Signature, P.L.S.  
Alabama License No. [REDACTED]

\_\_\_\_\_  
Date:

Funding priority will be given to projects that demonstrate excellence/highest proficiencies in collaborative efforts (joint ventures), cost efficiencies, leveraging, affordable housing experience, and comprehensive, sustainable, and cost-efficient supportive services for QP's. You must fully and accurately complete this form, provide a detailed marketing narrative that contains the requirements listed below.

Project Name: [REDACTED]

Project Address: [REDACTED]

Proposed Units

Total # of Units in the Project:

Total # of Targeted Units in the Project: [REDACTED]

Qualifying Population(s)

Homeless [REDACTED]

At risk of homelessness [REDACTED]

Fleeing domestic violence, sexual assault,  
stalking, or human trafficking [REDACTED]

Other populations [REDACTED]

Please Specify: [REDACTED]

Required Documents

Detailed Marketing Narrative [REDACTED]

**Owner's Certification**

I, the undersigned Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information and required documents included with this form are true and correct. I certify that as the owner of the above listed project, I will serve the Qualified Populations. I further agree that, subsequent to this certification and prior to the final allocation of HOME-ARP funds, I will furnish AHFA with the rent roll and any other documentation requested by AHFA evidencing the qualifying units and market information.

Print Name: [REDACTED]

By: [REDACTED]

(Signature)

Date: [REDACTED]

Its: [REDACTED]

**I. Detailed Marketing Narrative must contain evidence of the applicant's ability to serve the Qualified Populations. Detailed Marketing Narrative must include the following:**

- A. Provide the type of assistance or services you provided to your targeted population in the most recent calendar year. Include the number of individuals or families you served.
- B. Identify the Qualified Population needing assistance in your service area.
- C. Describe your strategy for addressing the housing problems associated with the targeted population.
- D. Describe your staff capacity, providing specific details relating to direct or related experience with service provisions to the targeted population.
- E. Include a list of established local and/or regional service providers that the owner has contacted, that serve the specific targeted population. The list must include:
  - 1.) Service provider's name
  - 2.) Address
  - 3.) Phone number
  - 4.) Email address
  - 5.) Name of person contacted
  - 6.) Services Provided and Population Served
- F. Include your plans to integrate HOME-ARP built housing with service programs targeted to serving the targeted population, using mainstream resources for which program participants may be eligible.
- G. Estimate of the number of participants that you propose to assist within your targeted population.

**\*Note: Points will only be given to Applicant/Owner that can provide evidence of the above. Evidence provided for a third-party or service provider will not satisfy the requirement to receive points in this category.**

**II. Barriers to Addressing the Qualified Populations**

- A. Addressing Transportation Barriers - Describe your plan to address transportation barriers that exist, including barriers specific to physical or other impairments relating to your target population.
- B. Addressing other barriers and obstacles - Describe your plan to address other barriers and obstacles such as the shortage of affordable housing, unemployment, and healthcare, specific to your targeted population.

35a

## Project Management Plan Summary

Primary Team Members must evidence a clearly defined management plan from the initial application submittal throughout the life of the project. Specifically, the primary team members must submit a detailed plan which includes/identifies all or key members of the project's development, management and services team and provide supporting documentation regarding team members' experience, capacity, roles, responsibilities, and other information deemed necessary to successfully execute the development, manage the property, and serve the QP beneficiaries for the duration of the compliance period(s).

All applicants must complete and submit this Management Plan Summary form as well as include a complete Project Management Plan in the application package.

Provide a brief description of the Project (tenant type, number of units, construction type, location, etc.):

Briefly describe the planning and development process and each Primary Team Members' role in this stage of the Project:

DRAFT

Briefly describe the lease-up plan and how the Primary Team Members will assist in tenant selection to specifically include the Qualifying Populations for the duration of the compliance period(s):

Briefly describe your methods of assuring affirmative marketing to solicit eligible Qualifying Populations from all racial, ethnic and gender groups in the community:

Indicate training to be provided to staff on Federal, State, and local fair housing laws and regulation, as well as AHFM Plan for the duration of the compliance period(s):

Provide a synopsis of any agreements/MOU's made between Primary Team Members and how they will serve the Qualifying Population beneficiaries for the duration of the compliance period(s):

Briefly describe the maintenance and repair plan for the duration of the compliance period(s) (i.e., maintenance/inspection schedules, budgeting, etc.):

DRAFT

**35b****Key Members**

ARP

All Primary Team Members must complete a Key Members form for each individual that is a participating member of the project's development, management and services team. Also, please provide with each form supporting documentation regarding that team members' experience, capacity, roles, responsibilities, and other information deemed necessary to successfully execute the development, manage the property, and serve the QP beneficiaries for the duration of the compliance period(s).

**Submit this form for each Key Member with attached supporting documentation.**

Name of Organization: \_\_\_\_\_

Name of Individual (full legal name): \_\_\_\_\_

Title / Role: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe primary responsibilities for proposed project: (Press alt enter to move cursor to the next line)

Experience:

Roles and Capacity:

Other Information:

**DRAFT**

Please provide the information requested on this form if the owner is a minority or women-owned business or if there will be contracts awarded to minority or women-owned business.

Project Name:

Project Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the owner of the project a minority or women-owned business?  Yes  No

If yes, provide the name of minority or women-owned business

**% of ownership** (At least 50% ownership by minority or women-owned business is required for points)

Will the contractor or subcontractor be a minority or women-owned business?  Yes  No  
(If yes, list these below.)

Name of Minority or Women-Owned Company

Address, City, Zip	% of Ownership	Contract Amount
--------------------	-------------------	--------------------

Term	Percentage (%)
AFT	85
AFSC	75
ACLU	70
NAACP	65
PAC	60
NRA	55
NRA PAC	50
NRA PAC	45

## Owner's Certification

I, the undersigned Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information is true and correct. I further agree that, subsequent to this certification and prior to the final allocation of HOME-ARP, I will furnish a Minority and/or Women-Owned Business Report to AHFA.

Print Name:

By: \_\_\_\_\_  
(Signature)

Date:

Its:

Project Name:   
 Project Location:

Market Study performed by: Name:   
 Address:

The following items set forth the *minimum* requirements for a market study submitted with an Application Package for Housing Credits, HOME funds, Multifamily Bonds or HOME-ARP funds. The market analyst must **sign the market analyst certification at the bottom of this form acknowledging** that the market study performed for the proposed project listed above meets AHFA's minimum requirements. AHFA will rely on the information submitted in the market study for evaluating the rental market for the proposed project. If the market study does not satisfy AHFA's requirements, the Application Package will terminate. Two versions of the Certification of Market Study Requirements and the Market Study must be submitted as follows: A complete color hard copy and an exact, complete, color copy in digital form, the text of which shall be in a searchable format.

#### A. EXECUTIVE SUMMARY

Provide summaries of the most pertinent findings and conclusions of the Market Analysis included with the Application Package.

**Summary located in the market study on page #:**

#### B. PROJECT DESCRIPTION

Describe the proposed Project, location, construction type, number of buildings/units, units per building, floors per building/unit, occupancy type, income targets, rents, project amenities and unit amenities.

**Description located in the market study on page #:**

Project City:

Project County:

Number of Low Income Units:

Number of Market Rate Units:

Total Number of Units:

Construction Type:

Number of Buildings:

Income Target:

Population Target:

**Unit Type:**

Bedroom Size	# of Units:

**# of Units:**

Bedroom Size

**# of Baths:**

Bedroom Size

**Heated Sq. Ft. Area:**

Bedroom Size

**Total # of Units:**

*\* (If there is not enough space attach the list to this Certification)*

#### Required Amenities:

Range	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Refrigerator	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Heater	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Air Conditioner	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Dishwasher	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Ice Maker	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Microwave	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
W/D connections	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Ceiling Fans	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>

#### Extra Amenities:

##### Project Amenities:

Clubhouse/Community Building (with laundry)	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Exterior Security Package	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Storm Shelter	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Playground	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Outdoor Fitness Activity Area	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Covered Picnic Pavilion	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Computer Center	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Splash Center	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>
Exercise/Fitness Room	<span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;"></span>

Covered Bus Stop Shelter

Gazebo

Access Gate

Walking Trail with Benches

Basketball Court

Picnic Area with grills

##### Unit Amenities:

Washer/Dryer Provided

Unit Security Package

Storm Doors

Emergency Pull Cord/Call Button

Other (project or unit) Amenities Not Listed Above:

--

#### C. SITE ANALYSIS

Include a color coded map clearly identifying the location of the proposed project, approved projects and all Active AHFA projects funded with Housing Credits only, Housing Credits combined with HOME funds, Exchange,TCAP, and Tax Exempt Bonds combined with Housing Credits within the city, county, and defined market area of the proposed project. The map must show a complete 2-mile radius around the proposed project. *Radius is defined as a straight line extending from the center of a circle to the circumference*. The radius must be determined by using a starting point at the centroid (geometric center) of the proposed project's site and measured using Geographic Information System (GIS) maps. Include the map of projects even if no existing projects are inside the applicable radius.



Total number of apartment units (market and subsidized) under construction in the market area:

**All Existing Rental Units:**

# of Units:

Occupancy Rate:

**All Comparables (Which may include Conv., AHFA and/or subsidized):**

# of Units:

Occupancy Rate:

**Market Area Rents:**

**Average Rents for the following type:**

Bedroom Size:	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
Bedroom Size:	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
Bedroom Size:	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
Bedroom Size:	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

H.C.	HOME/H.C.	R.D.	Conventional
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Include the following information in the market study for each of the comparable apartment complexes that are shown on the map.

a) The list of apartment complexes in the area should include:

1. Name and address of the complex.
2. Name and phone number of the complex manager.
3. Rents charged for each type unit.
4. Market or subsidized. If subsidized give type of subsidy.
5. Include a photo of the apartment.
6. Include also any potential units coming on the market within the next 24 months

**Comparable information located in the market study on page #:**

b) A table (see Attachment to the Certification of Market Study Requirements) must be attached to this Certification and in the market study. The table must include at a minimum the following information:

1. Name of complex.
2. Size of bedroom(s) and number of bathrooms per unit.
3. Heated square footage per unit.
4. Total number of units.
5. Number of vacant units.
6. Vacancy rate.
7. Rents charged for each type unit.
8. List of Project amenities
9. List of Unit amenities.
10. Physical Condition.

**Table located in market study on page #:**

**Demand Analysis.** Include future projections that reflect population growth or decline, rent over-burdened households and households living in substandard housing. Household turnover rates may be included, however the numbers may be given little consideration in determining the overall demand in the market area. The demand analysis must convincingly demonstrate a need for the proposed type of housing.

**Demand analysis located in market study on page #:**

**Demand from New Renter Households:**

**Demand from Rent Overburdened Households:**

**Total Demand for the proposed project:**

**Analysis of the Relationship between Supply and Demand.** Combine the current and future estimates of supply and demand and figure the new demand in your market area. Include an analysis of the current rents of comparable projects and the rents of the proposed project. Quantify and discuss the market advantage of the proposed project. Include a capture rate and a reasonable absorption rate analysis.

**Analysis of supply and demand located in the market study on page #:**

**Market advantage analysis located in the market study on page #:**

**The Capture rate analysis is located in the market study on page #:**

**Absorption rate analysis is located in market study on page #:**

**The Capture rate for the proposed Project:**   
(\* Capture rate must be 35% or less)

**The Absorption rate for the proposed Project:**

**E. IMPACT ON EXISTING HOUSING**

The study must include a statement on the impact of the proposed Project on the existing comparable housing and any projects under construction or recently funded by AHFA.

Statement located in the market study on page #:

Will the proposed project have an impact on AHFA's existing projects?  Yes  No

#### F. RECOMMENDATION

The study must conclude with a thorough analysis of existing and projected levels of housing needs, rents, and vacancies in the market area. *A final recommendation statement must be provided. The market analyst must clearly state in the analyst's professional opinion whether the project as proposed will be successful or will not be successful in the proposed rental market.*

Statement located in the market study on page #:

Will this project as proposed be successful?  Yes  No

#### Market Analyst Qualifications and Certification Statement

At the time of Application Package submittal, the market study must be less than six (6) months old. Also, the market study must be performed by an independent third-party market analyst. A third party market analyst is defined as someone other than the parties directly involved in the application with no legal or financial interest in the matter. Every page of the submitted market study must be numbered, including maps. The market analyst must acknowledge that he/she meets AHFA's qualifications to perform market studies by initialing the following:

1. Have conducted a market study for a prior application submitted to AHFA for Housing Credits, HOME funds, or Multifamily Bonds or have received prior approval from AHFA to submit a market study in an AHFA application for funding;
2. Be experienced in the areas of market demand and feasibility studies, particularly as it relates to multifamily developments;
3. Have conducted market studies on a regular basis for multifamily mortgage lenders, state hfa's, syndicators, and investors; and
4. A resume has been included with business references in the market study.

(Initial)

(Initial)

(Initial)

(Initial)

I hereby certify the following: (1) I or an individual employed by my company, made a physical inspection of the market area and the proposed site. (2) the information obtained in the field has been used in the study to determine the need and demand for new rental units. (3) I and any individual employed by my company have no identity of interest with the client for which the market study was performed. (4) No payments for services are contingent on the successful funding of the proposed application. (5) I and any individual employed by my company have no financial interest in the Project if it is funded and constructed. (6) Information contained in the market study is true and correct to the best of my knowledge and belief and may be relied on by AHFA to make a financial decision in connection with the proposed Project. (7) I understand that any misrepresentation of any statements, information, and/or facts may result in the denial of further participation in any of AHFA's programs.

Name:

Signature:

Date:

#### Responsible Owner Market Study Certification

I, the undersigned Responsible Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that I have reviewed the Market Study and agree with the Market Analyst's assessment contained in this Certification of Market Study Requirements. I, the undersigned, certify that the information provided on this form and in the Market Study provided with my Application Package is true and correct as it pertains to the (population target, income target, number of units, unit mix, rents and project amenities) in connection with my 2023 application for Housing Credits, Housing Credits combined with HOME funds, HOME-ARP funds or Multifamily Housing Revenue Bonds.

Name of Responsible Owner:

Signature:

Date:

## Attachment to the Certification of Market Study Requirements ARP

Project Name:  
Project City:  
Project County

**Required comparable information:**