

OKLAHOMA HOUSING FINANCE AGENCY

Multifamily Housing Bond Program

Application Form

100 N.W. 63rd St., Suite 200

Oklahoma City, OK 73116 or

P.O. Box 26720

Oklahoma City, OK 73126-0720

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# DOCUMENT & TAB REQUIREMENTS FORMAT

In order to facilitate your Application's review, organize your Application and its required supporting documentation by submitting them in a three-ring binder. **All pages are to be numbered sequentially within each tab.** Handwritten numbering is acceptable.

**Tab #1**

* MF Bond Program Application
* All Excel worksheets – print all tabs

**Tab #2**

* Source and Documentation of Utility Allowance
* Construction Cost Breakdown
* Project-Based Rent Approval, if applicable

**Tab #3**

* Letters of Funding Commitments for All Funding Sources, including Construction & Permanent
* Letter from HUD, RD, or other assisted property types, if applicable

**Tab #4**

* Organizational Chart
* Attachment #1, for relevant Development Team Members
* Attachment #2, for relevant Development Team Members
* Attachment #3

**Tab #5**

* Market Study
* Attachment #5

****Tab #6**, if applicable**

* + Capital Needs Assessment
  + Attachment #6
  + Tenant audit, if applicable

**Tab #7**

* Site Control
* Preliminary Plans
* Zoning

**Tab #8**

Attachment #7

The Applicant must fill out **all** applicable parts of the Application form, and include **all** documents and supplementary materials required. **All** blanks must be typed and filled out completely. If a section is not applicable, then mark it as such. Any place where “other” is selected, provide specificity.

# I. GENERAL DEVELOPMENT INFORMATION

1. Development Name

Address                         

City                      County      

Zip Code      

1. Is this part of a multi-phase Development?  Yes  No
2. Type of Development Proposed, check all that apply

New Construction

Rehabilitation

Acquisition

1. If this is a Rehab project is it a past/current OHFA property?

N/A  Yes   No

If yes, explain and provide previous file number and end date of compliance period.

1. Is this property utilizing Historic Credits?  Yes  No
2. Is this a USDA Rural Development (515, 538, or other) Development?   Yes  No
3. Is this Development using HOME funding?  Yes  No
4. Is this Development a HUD Project Based property?  Yes  No
5. Minimum Low-income Threshold, check only **one**

20% of the units serving households at 50% of the Area Median Income

40% of the units serving households at 60% of the Area Median Income

1. Total Low-income Targeting

     (#)   (%) of the Low-Income Units will serve households at     % of the Area Median Income

    (#)   (%) of the Low-Income Units will serve households at     % of the Area Median Income

    (#)   (%) of the Low-Income Units will serve households at     % of the Area Median Income

1. Total number of Buildings with residential units
2. Total number of Buildings
3. Type of Housing  Multifamily  Single Family
4. Type of Units

Apartments  Townhomes  Semi-Detached  Detached

Duplex  4-Plex  Other                     

1. Number of Floors in the Tallest Building

Elevator Construction?  Yes  No

1. Is this Development located in a Metropolitan Statistical Area?

Yes  No

1. Census Tract Number
2. State Senate District       State House District       Congressional District
3. Are all utilities available to and of the appropriate size for the Development?

Yes  No If no, provide explanation, including dates, when all utilities will be available.

1. List below, by Building address, the date the Building(s) was/were last Placed-In-Service, date the Building was or will be acquired, and the number of years between the date the Building was last Placed-In-Service and date of acquisition.

# II. APPLICANT/OWNER INFORMATION

1. **Applicant** -must be a formed entity.

Taxpayer I.D.          

Name

Address

City                            State

Zip Code

Contact Person (name, title)

Phone  ( )                    Fax   ( )

E-mail

1. **Owner**

Taxpayer I.D.

Name

Address

City                            State

Zip Code

Contact Person (name, title)

Phone  ( )                    Fax   ( )

E-mail

Type of Ownership

General Partnership  Nonprofit Corporation

Limited Partnership  Local Government

Limited Liability Co Housing Agency

Corporation Other

Nonprofit Status of Owner  N/A  501(c) (3)  501(c) (4)  501(a) Exemption  Other

1. **Contact Person during Application Process**

Name & title

Address

City                            State            Zip Code

Phone  ( )                    Fax   ( )

E-mail

Address to receive packages, if different

This person(s) will be designated as the contact respecting all issues concerning this Application.

**It is the responsibility of the Applicant to notify OHFA of any changes in the contact person. This notification should be sent in writing to the Housing Development Team as soon as the change occurs.**

List additional names and email addresses of all people who should receive an electronic copy of the preliminary Review Report.

# III. DEVELOPMENT TEAM CONTACT INFORMATION

**Please do not list any personal Social Security Numbers.**

Developer                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )         

Email

Co-Developer                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

General Partner/Managing Member                Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Contractor                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Management                          Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Co-Management                          Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Nonprofit                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Consultant/Packager                          Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Attorney                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Architect                               Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Accountant/Tax Professional                     Tax Id #

Contact Person

Address

City, State, Zip

Phone  ( )              Fax  ( )

Email

Add additional pages as necessary.

For Rehab Projects

Current Site Manager

Phone  ( )              Fax  ( )

Email

# IV. SUBSIDIES

If none apply, indicate here      

RD      %

HUD Development-Based Section 8 Certificates

or HAP Contracts      %

State      %

Local      %

Other                                     %

# V. APPLICABLE FRACTION DETERMINATION

Total Site Acreage      

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Number of Units** | **Amount of Square Footage** |
| A | Commercial Use -not common | XXXXXXXXXXXXXXXX |  |
| B | Employee or Owner-Occupied Residential Units |  |  |
| C | Common Use - not including B | XXXXXXXXXXXXXXXX |  |
| D | Low Income Residential Units |  |  |
| E | Non Low Income (like Market) Residential Units |  |  |
| F | Total Residential Units - B+D+E |  |  |
| G | Total of all Buildings – A + B + C + D + E |  |  |

Divide line D by the sum of lines D and E. Enter the percentages in the spaces provided. Calculate a percentage for each column, units and square footage.

          %           %

The lower of the two percentages must be used.

MF Bond Units      

HOME Units      

Development Based Assisted Units      

Other Restricted Units                 

# VI. TENANT UTILITY INFORMATION

1. Indicate which of the following costs, if any, are paid by the tenant

Heating       Cooking       Electricity      Air Conditioning

Hot Water       Water       Sewer       Trash

Specify if utility is gas or electric

Will these be individually metered?

1. Utility Allowance by bedroom size

Identify by square footage or type of unit if more than one allowance for a bedroom size.

0 BDRM $            1 BDRM $            2 BDRM $      

2 BDRM $            3 BDRM $            3 BDRM $

4 BDRM $            5 BDRM $

**VII. Development Budget**

**VIII. Cost per square foot**

**IX. Unit Distribution And Rents**

**X. Development Expenses**

**XI. Pro Forma**

Double Click the EXCEL icon to complete VII through XI requirements.

Instructions are on the first tab. Once complete, print the Excel Worksheets and insert at the end of Tab 1 of this Application.

**If the spreadsheets do not work for your project, contact OHFA Staff.**



# XII. DEVELOPMENT SOURCES OF FUNDS

1. **CONSTRUCTION FINANCING**

List all financing Commitments. If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose. Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include “other” tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source No. | Name of Lender or Other Source | Principal | Interest Rate | Term |
| 1. |  |  | % |  |
| 2. |  |  | % |  |
| 3. |  |  | % |  |
|  | Total Residential Construction Funds |  |  |  |

Complete the following for each Construction Lender or source of funds.

1. Name                                          Contact

Address                           City                     

State       Zip Code            Phone                

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other      

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other                               

1. Name                                          Contact

Address                           City

State       Zip Code            Phone

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other

1. Name                                          Contact

Address                           City

State       Zip Code            Phone

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other

Make additional copies of this page as necessary.

1. **PERMANENT FINANCING**

List all financing Commitments. If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose. Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include “other” tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source  No. | Name of Lender or Other Source | Principal | Interest Rate | Term/ Amort | Annual Debt Service |
| 1. |  | $ | % |  | $ |
| 2. |  | $ | % |  | $ |
| 3. |  | $ | % |  | $ |
|  | Total Permanent Financing Sources | $ |  |  |  |

Complete the following for each Permanent Lender or source of funds.

1. Name                                          Contact

Address                           City

State       Zip Code            Phone

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other

1. Name                                          Contact

Address                           City

State       Zip Code            Phone

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other

1. Name                                          Contact

Address                           City

State       Zip Code            Phone

Email

Type  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity  Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other

Finance  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other

Make additional copies of this page as necessary.

# XIII. DEVELOPMENT TIMETABLE

Indicate the actual or expected date by which the following activities will be completed.

Actual or Scheduled

Month/Day/Year Activity

Site

          /          /           Option/Contract

          /          /           Acquisition

Plan

          /          /           Site Plan Review

          /          /           Building Permit

          /          /           Final Plans/Specs

Closing

          /          /           Property Transfer

Construction Financing

          /          /           Closing and Disbursement

Construction

          /          /           Construction Start

          /          /           Construction Completion

Permanent Financing

          /          /           Closing and Disbursement

Other Loans and Grants

          /          /           Closing or Award

Equity Syndication

          /          /           Partnership Closing

Other

          /          /           Placed-In-Service

          /          /           Occupancy of All Low-Income Units

# XIV. APPLICANT AFFIDAVIT

STATE OF                          )

) SS:

COUNTY OF                          )

The undersigned,                                    of lawful age, being first duly sworn, on oath says that:

1. The undersigned is the duly authorized agent of                                    , the Applicant submitting the MF Bond Program Application which is attached to this statement, for the purpose of Certifying the facts pertaining to the Application, facts pertaining to the nonexistence of collusion among Applicants and between Applicants and State officials or employees, as well as facts pertaining to not giving or offering of things of value to government personnel in return for special consideration in the award of MF Bonds pursuant to the Application to which this statement is attached.
2. The undersigned, being duly authorized, hereby represents and Certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed Development. The undersigned is fully aware of the facts and circumstances surrounding the making of the Application to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such Application. Misrepresentations of any kind will be grounds for denial or loss of the MF Bonds and may affect future participation in Oklahoma.
3. Neither the Applicant nor anyone subject to the Applicant’s direction or Control has been a party (i) to any collusion among Applicants by agreement to refrain from making Application, (ii) to any discussions between Applicants and any State official concerning exchange of money or other things of value for special consideration in granting an award, (iii) to paying, giving or donating or agreeing to pay, give or donate to any officer or employee of the State of Oklahoma or to any officer or employee of Oklahoma Housing Finance Agency, any money or other thing of value, either directly or indirectly, in procuring an award of MF Bonds pursuant to the Application to which this statement is attached.
4. The undersigned is responsible (i) for will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Development to receive MF Bonds, and (ii) for all calculations and figures relating to the determination of the Eligible Basis for the Building(s) and understands and agrees that the amount of the MF Bonds is calculated by references to the figure submitted with this Application, as to the Eligible Basis and qualified basis of the Development and individual Buildings. The undersigned Applicant certifies that all builder fees, and Developer fees are properly disclosed.
5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney’s fees, litigation and/or court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such Application.
6. The undersigned acknowledges and agrees that the Application, upon filing, becomes subject to the Oklahoma Open Records Act and as such becomes public record.
7. The undersigned warrants and represents that the Applicant has knowledge and experience in financial and business matters that enable it to evaluate the merits and risks of participation in the MF Bond Program. The Applicant has not based its decision to participate in the MF Bond Program upon any oral or written information provided by OHFA or OHFA’s Trustees, employees, agents, or representatives and acknowledges and understands that no Trustee, employee, agent or representative of OHFA has been authorized to make, and that the Applicant has not relied upon, any statements or representations other than those specifically contained in this Application. The Applicant understands, acknowledges, and agrees that participation in the MF Bond Program involves a certain element of uncertainty and risk and represents.
8. The written instructions and guidance for this Application are not intended or written to be used, and cannot be used as legal or tax advice and cannot be used by an Applicant or any other Person for the purpose of avoiding penalties imposed or promoting, marketing or recommending to another party any transaction or matter addressed herein.

In witness whereof, the undersigned has caused this Affidavit to be duly executed in the name of the Applicant this            day of                          , 20     .

                               Applicant

By

Title                                    

Subscribed and sworn to before me this            day of                     , 20     .

                                   

My Commission Expires Notary Public

                   

Commission #