

OKLAHOMA HOUSING FINANCE AGENCY

Affordable Housing Tax Credits Program (AHTC)

Carryover 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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#### OKLAHOMA HOUSING FINANCE AGENCY

**AFFORDABLE HOUSING TAX CREDIT CARRYOVER APPLICATION**

The application must be filled out fully 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.

**I. GENERAL DEVELOPMENT INFORMATION OHFA** #

1. Development Name

Site Address                                                            

City                           County                      Zip Code      

B. Allocation Year            Application Cycle      

Amount of Annual Credit Reserved $                    

Amount of Annual State Tax Credit Reserved, must be equal to LIHTC $

Funded from the set-aside: Nonprofit  Elderly  General Pool

New Construction – Urban  New Construction – Rural  Rehabilitation

C. Type of Development, check **all** that apply

New Construction

Rehabilitation

Acquisition

D. If this is a Rehab project is it a past/current Tax Credit property? N/A  Yes  No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Minimum Low-income Threshold for Credit eligibility (check **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

Average Income Limit of 60% or less of the Area Median Gross Income

F. Low-income Compliance Period

This Development will remain low-income with occupancy described above for        years.

G. 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

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H. Total number of Buildings with residential units        Total number of Buildings

I. Type of Housing Multifamily  Single Family

J. Type of Units

Apartments  Townhomes  Semi-Detached  Detached  Duplex

4-Plex  Other                

K. Number of Floors in the Tallest Building     ; Elevator Construction? Yes  No

L. Census Tract Number          

M. Does this Development qualify for 130% increase in basis by being in a QCT or Difficult to Develop Area (DDA)? Yes  No

**OR**

Does this Development qualify for 120% increase in basis by having a general financial need and in one of the areas designated by OHFA? Yes  No

**The Development can only qualify for one boost.**

N. State Senate District       State House District       Congressional District

**II. OWNER INFORMATION**

1. Taxpayer I.D. (Owner)

Owner                                             

Street Address

City                        State Zip Code           

Contact Person                

Phone  ( )                    Fax   ( )        

E-mail

Type of Ownership

General Partnership Nonprofit Corporation

Limited Partnership Local Government

Limited Liability Co Housing Agency

Corporation Other (specify)

B. Nonprofit Status of Owner

501(c) (3)  501(c) (4)  501(a) Exemption

**III. DEVELOPMENT TEAM CONTACT INFORMATION**

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

**Developer**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Co-Developer**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**

**General Partner or Managing Member**

**Tax Id #**       Percentage of Ownership

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Contractor**

**Tax Id #**                           

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Management Company**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Co-Management Company**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**

**Management Consultant**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**

**Nonprofit Participant**

**Organization**

**Tax Id #**                            Non-Profit Status

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Consultant/Packager**

**Tax Id #**

Contact Person (name, title)

Address

City, State, Zip

Phone            Fax

**Email**                                          

**Attorney**

Contact Person (name, title)

Phone

**Email**                                          

**Architect**

Contact Person (name, title)

Phone

**Email**                                          

**Accountant/Tax Professional**

Contact Person (name, title)

Phone

**Email**                                          

**IV. 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 to calculate credits under the basis method.

LIHTC Units      

HOME Units      

Development Based Assisted Units      

Other Restricted Units (Specify)      

**V. TENANT UTILITY INFORMATION**

A. 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?

B. Utility Allowance by bedroom size

**Indicate by square footage or type of unit if more than one allowance per bedroom size.**

0 BDRM $            1 BDRM $            2 BDRM $            2 BDRM $

3 BDRM $            3 BDRM $            4 BDRM $            5 BDRM $

**VI. DEVELOPMENT FINANCING (SOURCES OF FUNDS)**

A. CONSTRUCTION FINANCING

List all financing Commitments, including grants and Tax Credit equity. **If the Owner plans to finance part of all of the Development out of its own resources, the Owner 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. |  |  | % |  |
| 4. |  |  | % |  |
| 5. |  |  | % |  |
|  | Total Residential Construction Funds |  |  |  |

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

#1. Name of Lender/Source                          

Contact:      

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)     

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)                                         

#2. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#3. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)                                               **Make additional copies of this page if necessary.**

#4. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#5. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

**B. PERMANENT FINANCING**

List all financing Commitments, including grants and Tax Credit equity. **If the Owner plans to finance part of all of the Development out of its own resources, the Owner 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. |  | $ | % |  | $ |
| 4. |  | $ | % |  | $ |
| 5. |  | $ | % |  | $ |
|  | Subtotal Permanent Financing | $ |  |  | $ |
|  | Gross Proceeds Historic Tax Credit | $ |  |  |  |
|  | Gross Proceeds State Tax Credit | $ |  |  |  |
|  | Gross Proceeds Low-Income Tax Credits | $ |  |  |  |
|  | Total Permanent Financing Sources | $ |  |  |  |

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

#1. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#2. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#3. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#4. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

#5. Name of Lender/Source

Contact:

Phone                      Email

**Type**:  Conventional  CDBG  Federal  HOME  Local Gov’t  Owner Equity

Private  State Gov’t  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  Below Market Interest Rate Loan

Credit Enhancement  Deferred Loan  Forgivable Loan  Grant  Owner Equity

Other (Specify)

**Make additional copies of this page if necessary.**

**VII. TAX CREDIT SYNDICATION**

A. Does this Development qualify for Historic Rehabilitation Credits? Yes  No

If yes, what is the Credit amount? $            Estimated Gross Proceeds: $      

Syndicator for Historic Credits                        

B. Actual or anticipated Syndicators or Equity Sources:

1. Name

Contact

Phone E-mail

2. Name

Contact

Phone E-mail

C. Actual or anticipated Syndicators or Equity Sources for State Tax Credits:

1. Name

Contact

Phone E-mail

2. Name

Contact

Phone E-mail

**VIII. SUBSIDIES**

Project Based Subsidy \_\_\_\_Yes \_\_ No

RD      %      

HUD Development-Based Section 8 Certificates      %

State      %

Local      %

Other (specify)                                %

## IX. Development Budget

## X. Credit Calculation by BASIS METHOD

## XI. CREDIT CALCULATION BY GAP METHOD

## XII. TAX CREDIT FEES

## XIII. Cost per square foot

## XIV. MAXIMUM COSTS PER UNIT

## XV. UNIT DISTRIBUTION AND RENTS

## XVI. UNIT DISTRIBUTION AND RENTS (cont.)

## XVII.. Development Expenses

## XVIII. Pro Forma

**Double Click the EXCEL icon to complete IX through XVIII requirements:**

**Instructions are on the first tab.**

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



**XIX. OWNER ELECTIONS**

**APPLICABLE CREDIT PERCENTAGE:**

**LOCKED AT CARRYOVER**

**LOCKED AT PLACED-IN-SERVICE MONTH**

**GROSS RENT FLOOR:**

**LOCKED AT CARRYOVER**

**LOCKED AT PLACED-IN-SERVICE MONTH**

**XX. 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 Owner submitting the Affordable Housing Tax Credit (AHTC) Final 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 the no giving or offering of things of value to government personnel in return for special consideration in the Allocation of Affordable Housing Tax Credits pursuant to the Application to which this statement is attached. All statements in the Application, documentation, Certifications, and this Affidavit also apply to Oklahoma Affordable Housing Tax Credits (OAHTC). Tax Credits refers to both AHTCs and OAHTCs, and both are covered under Tax Credit Program.
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 Tax Credits and may affect future participation in the Tax Credit Program 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 Allocation of Affordable Housing Tax Credits, (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 Allocation of Affordable Housing Tax Credit pursuant to the Application to which this statement is attached.
4. The undersigned is responsible (i) for ensuring that the Development consists or will consist of a Qualified Building(s) as defined in the Code, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Development to receive an Allocation of Affordable Housing Tax Credit, 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 Affordable Housing Tax Credit 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 and conform to Section 330:36-4-2.1(b)(c) of OHFA’s Rules.
5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be identified 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 judgement, any loss from judgement from the Internal Revenue Service) 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 and further that all or a portion of the Application may be provided to the Internal Revenue Service.
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 Tax Credit Program. The Applicant has not based its decision to participate in the Tax Credit 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 Tax Credit Program involves a certain element of uncertainty and risk and represents and warrants that the Applicant has consulted with the Applicant’s tax advisors with respect to participation in the Tax Credit Program.
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 by the Internal Revenue Code 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     .

                                   

Notary Public

My Commission Expires:

                   

Commission #