**Attachment #1- Market Study Summary**

(To be included at the beginning of the market study)

Development Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Market Study prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page # of specific answers requested below. Please do not list a large range of pages.

Concise description of the site.

Brief summary of the subject development, including the proposed targeted population

to be served.

Summary of demand for the proposed development including a concise statement of

the analyst's opinion of market feasibility, determined by factors of market demand.

Precise statement of key conclusions reached by the analyst. This statement should

provide a definitive evaluation of the proposed development and its prospect for success as

proposed. This statement should reconcile any conflicting data indicators among the various

sections of the report.

If needed, recommendations and/or suggested modifications to the proposed project. It

should be clear if these modifications would be necessary for the project’s success.

Absorption estimate for the subject property. If recommendations are provided in the

report, it should be clear if this absorption estimate is as proposed or assuming the analyst’s

proposed recommendations are followed.

A SWOT Analysis that Concisely identifies the Strengths, Weaknesses, Opportunities, and Threats relating to the proposed development.

Project description detailing the analyst’s understanding of the project as proposed,

including but not limited to; building type and unit mix, target market and restrictions, unit

features and amenities.

A full description of the site accompanied by a photograph of the site. A discussion of the

appropriateness of the location.

Analysis of neighborhood amenities available. Along with analysis, provide a table

and map of neighborhood amenities and their distance from the subject site including

Schools, Grocery stores, Pharmacies, Bus stops, Public Parks, Hospitals or Urgent Care Centers,

Daycares, Libraries, Banks, Public Recreational Facilities, Police or Fire Stations, and Gyms or

Health Clubs.

A map delineating the primary market area (PMA) for the proposed Development. The

PMA should be realistic and not too large.

A demographic summary of the market area, including incomes, households, growth trends, economic factors relating to employment, labor force, and community facilities (i.e. parks, schools, etc.).

An evaluation of the current affordable housing stock existing in the market area, including an identification of geographical location, occupancy levels, age of stock, upkeep condition, bedroom mix, amenities and rents being charged. Include comparable rental residential Developments in the primary market area. and all Tax Credit Developments. A Include a list of all existing and/or under construction Tax Credit properties in the PMA.

Provide a list of all affordable housing communities including LIHTC communities and

deeply subsidized communities (Section 8, Public Housing, USDA), within the PMA. Any

LIHTC communities not included in the analysis should be identified with an explanation of

its exclusion.

A discussion of whether or not the proposed Development, in light of vacancy and

absorption rates for the applicable market areas, is likely to result in an increased vacancy rate for comparable units within such market area, (i.e., standard, well-maintained units within such market area that are reserved for occupancy by low and very low Income tenants).

An evaluation of whether the projected initial rents for the Development are/are not

reasonably affordable by low and very low-Income tenants and within the rental range for the

comparable Developments within the market area. Derive a market rent and an achievable

restricted rent and then compare them to the developer’s proposed rent. Include market

advantage/disadvantage analysis. Quantify and discuss market advantage of the subject and impact on marketability. Also include Income Averaging analysis that shows adequate demand, this includes capture rates for each applicable percentage the Development wishes to serve, if the

Development is utilizing such option.

Discuss the capture rate for the primary market area. The capture rate is an important

component of the market study. Capture rate is defined as, “The percentage of age, size, and

Income Qualified Renter Households in the Primary Market Area that the property must capture

to achieve the Stabilized Level of Occupancy. The Capture Rate is calculated by dividing the total number of units at the property by the total number of age, size, and Income Qualified Renter Households in the Primary Market Area.” This is the National Council of Affordable Housing Market Analysts (NCHAMA) definition. OHFA requires 1.5 persons per bedroom for determining income and household size. A residential unit is rent-restricted if the gross rent with respect to such unit does not exceed 30 percent of the imputed income limitation applicable to such unit. A 30% affordability factor, combined with the number of Households utilizing Housing Choice Vouchers within the PMA, must be used when calculating the number of Income Qualified Renter Households. For family developments, a capture rate over 10% will result in a failed threshold. For elderly developments, a capture rate over 15% will result in a failed threshold.

Provide a projection of the time necessary for the Development to achieve sustaining

occupancy. (This criterion is not applicable to rehabs with current occupancy of 90% or more.)

A discussion of any relevant information regarding existing rent overburden statistics. Rent overburdened would be those households paying over 30% of their income for housing. An

evaluation of the need for affordable housing within the primary market area. (This criterion is

not applicable to rehabs with current occupancy of 90% or more.)

Provide the recommended vacancy rate.

Provide the total number and availability of Housing Choice Vouchers and the number

and types of households on the waiting lists for housing choice vouchers.

Interviews with local public housing authority (PHA) officials to solicit comments on

the need for housing and the possible impact of the proposed development on the housing

inventory and waiting lists for subsidized housing.

Discuss any impact (short/long term) the subject property will have on the overall rental

market and comparable rental communities.

Comment on the appropriateness of the proposed rents in light of the location and product

to be constructed. Identify risks (i.e. competitive properties which may come on line at the same

time as the subject property; declining population in the PMA, etc.), unusual conditions and

mitigating circumstances.

Certifications that states: No identity of interest between the analyst and the entity for

which the report is prepared, and that the recommendations and conclusions are based solely on

professional opinion and best efforts.

Statement of analyst’s qualifications.

List of sources for data in the market study that are not otherwise identified.

Market Study Checklist.

NCHMA Member Certification.

# Attachment #2 – Nonprofit Owners

Development Name:

Nonprofit Name:

I hereby Certify that the Qualified Nonprofit:

* Owns more than fifty percent (50%) Ownership interest of the general partner or managing member.
* Will materially participate on a regular basis, in the planning and construction of the Development.
* Will materially participate on a regular basis, in the operation and management of the Development throughout the entire Compliance Period.
* Is not affiliated with or controlled by any for profit entity.
* Will be bound to all Nonprofit requirements.

**Representative of Nonprofit Entity Representative of Ownership Entity**

Signature Signature

Printed Name Printed Name

Title Title

Date Date

***DO NOT MODIFY THIS FORM***

# Attachment #3 – Suggested Previous Participation Form

**Name: List all current and past Developments, regardless of continued**

**involvement, for Oklahoma, as well as other States.**

Incomplete forms and lack of full disclosure may result in disqualification of the Application.

⎡If this funding source involved, ⎤

⎢indicate with an X or✓. ⎢

⎣ ⇓ ⇓ ⇓ ⎦

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property ID:** | **Property Name and Address** | **Total # of Units** | **AHTC** | **HOME** | **Bond** | **Principal’s Role** | **Status (Active, Sold, Expired)** | **Date 8609 Issued** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Make copies as needed.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Representative**

# Attachment #4 – Development Team Member Certificate

OKLAHOMA HOUSING FINANCE AGENCY

AFFORDABLE HOUSING TAX CREDIT PROGRAM

Development Name:

Team Member Role: Check box/boxes that apply

Accountant/Tax Professional  Architect  Attorney  Developer

Consultant  General Contractor  Owner  Mgmt. Company

Gen. Partner/Managing Member Co-Developer Co-Management Company

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned Development Team Member for the referenced Applicant and Development hereby affirms to Oklahoma Housing Finance Agency and its Trustees that the undersigned has not:

* Been involved in uncured financing defaults, foreclosures, or placement on HUD’s list of debarred contractors;
* Had events of material uncorrected noncompliance with any Federal or State assisted housing programs within the prior seven (7) year period;
* Had Appointment of a Receiver or bankruptcy within the prior seven (7) year period;
* Been removed as a general partner or managing member.
* Failed to meet and maintain any material aspect of a Development as represented in an Application;
* Failed to meet and maintain minimum property standards;
* Failed to bring any Development back into compliance after receiving written notice from OHFA’s Compliance Staff.
* Failed to comply with OHFA’s requests for information or documentation on any Development funded or administered by OHFA;
* Intends to participate in the Development proposed by the Application.

By:

Printed Name:

Company:

SUBSCRIBED AND SWORN to before me on this the day of, 20 .

NOTARY PUBLIC

(SEAL) My commission expires:

*DO NOT MODIFY THIS FORM*

**Attachment #5 – Identity of Interest Certification**

Development Name:

OHFA has determined the following constitutes an **Identity of Interest:**

**Identity of Interest** between of the parties to this Tax Credit Application and general contractors, subcontractors, materials suppliers, or equipment lessors (hereinafter “Contractors”) will be construed as existing under any of the following conditions:

* When there is any financial interest of the Applicant and any other member of the Development Team, management team, or any Contractors.
* When one or more of the officers, directors, stockholders, members, or partners of the Applicant is also an officer, director, stockholder, member, or partner of any other member of the Development Team, management team, or any Contractors.
* When any officer, director, stockholder, member, or partner of the Applicant has any financial interest whatsoever in any other member of the Development Team, management team, or any Contractors.
* When any member of the Development Team, management team, or Contractors advances any funds to the Applicant.
* When any member of the Development Team, management team, or Contractors provides or pays, on behalf of the Applicant, the cost of any materials and/or services including architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by any other member of the Development Team, management team, or Contractor in connection with its obligations under its contract with the Applicant.
* When any member of the Development Team, management team or Contractors takes stock or any interest in the Applicant entity as part of the consideration to be paid him/her.
* When any relationship exists which would give the Applicant or any other member of the Development Team, management team or Contractors Control or influence over the price of the contract or the price paid to any other member of the Development Team, management team or to Contractors.
* When there exists or comes into being any side deals, agreements, contracts or understandings entered into thereby altering, amending, or cancelling any of the management plan/management agreement documents, organization documents or other legal documents pertaining to the property, except as approved by OHFA.

**IDENTITY OF INTEREST DISCLOSURE**

The following list constitutes a listing of those who have an **Identity of Interest** to this Application.

Do any of the following have an **Identity of Interest** in any other party to this Development?

General Partner/Managing Member: No  Yes

Developer: No  Yes

Management Company: No  Yes

Sponsor: No  Yes

Contractor: No  Yes

Sub-contractors: No  Yes

Tax Attorney: No  Yes

CPA: No  Yes

Material Suppliers: No  Yes

Equipment Lessors: No  Yes

Other Service Providers: Please identify: No  Yes

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

Describe relationship, identifying percentage of any Ownership, percentage of materials or services to the Development and all financial matters in the Development.

I*,* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name), hereby Certify that I have read the **Identity of Interest** statement above and understand what OHFA has determined constitutes an **Identity of Interest**.

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) hereby Certifies that,

**Check one:**

\_\_ **No Identity of Interest relationship exists**.

\_\_ **An Identity of Interest relationship exists** and hereby disclosed on the following page(s) of this qualification form those entities with which an **Identity of Interest** relationship exists.

I hereby Certify, under penalty of law, and with knowledge that this information may be verified, that the information submitted is true and accurate.

I further understand that failure to disclose any **Identity of Interest** to OHFA will also subject me to any administrative remedies available to OHFA. Such remedies may include suspension and debarment from participating in any OHFA programs.

I further understand and agree that I will update this **Identity of Interest** if my circumstances change, and I agree to provide a new **Identity of Interest** at any time requested by OHFA.

IN WITNESS THEREOF, I have set my hand this \_\_\_\_ day of \_\_\_\_, \_\_\_\_\_.

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

Signature of Non Profit, General Partner/Managing Member (or Principal thereof)

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

Title of Officer, if General Partner/Managing Member is a Corporation

The **Identity of Interest** Affidavit was acknowledged before me this \_\_\_\_\_ day of , by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

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

Notary Public

My commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DO NOT MODIFY THIS FORM***

**Attachment #6 – Waiver of Qualified Contract**

Development Name:

I*,* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name), hereby Certify that I have read the **Waiver of Qualified Contract** statement below and understand what OHFA has determined constitutes a **Waiver of Qualified Contract**.

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) hereby Certifies that,

\_\_ **I waive my right to a Qualified Contract**.

I hereby Certify, under penalty of law, and with knowledge that this information may be verified, that the information submitted is true and accurate.

IN WITNESS THEREOF, I have set my hand this \_\_\_\_ day of \_\_\_\_, \_\_\_\_\_.

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

Signature of Non Profit, General Partner/Managing Member (or Principal thereof)

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

Title of Officer, if General Partner/Managing Member is a Corporation

The **Waiver of Qualified Contract** Affidavit was acknowledged before me this \_\_\_\_\_ day of , by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known to me to be the person described herein and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

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

Notary Public

My commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DO NOT MODIFY THIS FORM***

# Attachment #7 – Section 42 Leasing Language, Development Services, & Referral Acceptance Certification

Development Name:

The undersigned hereby certifies:

* That the proposed Development will include the proper language in the Tenant Application and Lease Addendum. The Tenant Application language must include questions about full time students. The lease or an addendum must include Section 42 language.
* To notify tenants of Development and/or community services available in the area. Such notification shall be in the form but not limited to letters to tenants, flyers, posters, etc. Documentation shall be made available to OHFA at any time requested.
* That the Owner/Applicant will accept referrals from Public Housing waiting lists and/or OHFA.
* If Acquisition/Rehabilitation: that all the tenants who continue to reside in the property must qualify under the Tax Credit Program.

Signature

Printed Name

Title

Date

***DO NOT MODIFY THIS FORM***

# Attachment #8 – Cost and Expense Separation

Development Name:

The undersigned hereby certifies:

* The costs and expenses for this Development will be separate from the costs and expenses of any other phase of the Development if part of a multi-phase Development. This is not applicable to administrative/property management buildings that are to be shared by multiple phases of the same development.
* The costs and expenses for this Development will be separate from the costs and expenses of any other Development located in close proximity and sharing common Ownership or principals thereof with this Development.

Signature

Printed Name

Title

Date

***DO NOT MODIFY THIS FORM***

# Attachment #9 – Fair Housing and ADA Certification

Development Name:

Team Member Role: Check box/boxes that apply

Owner  Architect  General Contractor

Name:

The undersigned hereby certifies the Development will comply with all Fair Housing and Americans with Disabilities Act (ADA) requirements including those dealing with accessibility.

Signature

Printed Name

Title

Date

The **Fair Housing and ADA Certification** was acknowledged before me this \_\_\_\_\_ day of , by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

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

Notary Public

My commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DO NOT MODIFY THIS FORM***

# Attachment #10 – Capital Needs Assessment Certification

Development Name:

The undersigned hereby certifies:

* That the proposed improvements plus reserves have a useful life that meets the full term of affordability.
* That an interview was conducted with either the owner or onsite personnel to assist in determining the historical and current physical condition of the Development.

List the Names and titles of all onsite personnel interviewed

Name Title

Representative of the Ownership Entity Date

Printed Name

Individual who performed CNA Date

Printed Name

***DO NOT MODIFY THIS FORM***

# Attachment #11 – Application Self Score Sheet & Certification

**1. Income Targeting - 5 Points Possible Self-Score**

At least 40% at or below 50% AMI

At least 10% at or below 30% AMI

**2. Term of Affordability/Tenant Ownership - 10 Points Possible Self-Score**

The Development will remain affordable to Low-Income persons for \_\_\_\_\_ years beyond the required minimum of thirty (30) years.

The Development is claiming points for Tenant Ownership and the Owner Certifies that the units not sold will remain affordable to Low-Income persons for ten years (10) years beyond the required minimum of thirty (30) years.

**3. Development Location - 10 Points Possible Self-Score**

QCT with plan

DDA

High Opportunity Areas

Poverty

AMI

Opportunity Zones

2 year award

Proximity to Amenities

Population Growth

**4. Tenant Targeted Populations - 8 Points Possible Self-Score**

Family with 10% targeted populations (5 Points)

Elderly with 10% targeted populations (8 Points)

**5. Tenant Populations of Individuals with Children - 3 Points Self-Score**

At least 50% of the total AHTC units have 2 BR or more

At least 30% of the total AHTC units have 3 BR or more

Acquisition/Rehabilitation or Rehabilitation

**6. Preservation of Affordable Housing - 3 Points Possible Self-Score**

**7. Home Energy Efficiency Rating - 10 Points Possible Self-Score**

**8. Historic Credits - 3 Points Possible Self-Score**

**9. Development Amenities - 10 Points Possible Self-Score**

**10. Development Cost Efficiency**

Credits per Unit

Credits per Bedroom

Amount of Amortizing Hard Debt

Amount of Total Development Costs

Square Foot per Unit

**Total Self-Score**

In no event will an Applicant receive more points on any specific Selection Criteria than the self-score requested above at the time of Application for that particular category.

**Verify all documentation in individual Tabs is complete, accurate, and coincides with this Applications Self-Score Sheet and Certification.**

**Certification:**

The undersigned, being duly authorized, hereby represents and Certifies the Selection Criterion 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 Commitments for the Selection Criterion.
* 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.
* That all Selection Criterion will be part of the recorded Regulatory Agreement.

The undersigned has executed this Certification in the name of the Owner this day of , 20 .

Representative of the Ownership Entity

Printed Name

Title

Date

ACKNOWLEDGEMENT

The **Applications Self Score Sheet and Certification** was acknowledged before me this day of , , by known to me to be the person described in and who executed the foregoing instrument and acknowledge that he/she executed the same as his/her free and voluntary act of deed.

Notary Public

My commission Expires:

***DO NOT MODIFY THIS FORM***

# Attachment #12 – Home Energy Efficiency Rating Certification

Development Name:

**The Undersigned hereby certifies:**

* That once construction/rehabilitation of the Development is complete, it will receive a HERS Score at or below the election they make below, as evidenced by a report from a Certified RESNET Home Energy Rater who conducted an inspection of the property post-construction/rehabilitation.
* If the HERS Score in the report submitted at Final Application is higher than the range committed to at the time of the initial Application, the Owner/Developer and any Principals thereof will not be eligible to submit an AHTC Application for one full year.

Applicants may choose only one (1) of the following:

HERS Score of less than or equal to 80 – 10 points

HERS Score of 81-85 – 8 points

HERS Score of 86-90 – 5 points

HERS Score of 91-95 – 3 points

Representative of the Ownership Entity Date

Printed Name

Architect Date

Printed Name

General Contractor Date

Printed Name

***DO NOT MODIFY THIS FORM***

# Attachment #13 – Development Amenities Certification

Development Name:

Site Location: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Undersigned hereby certifies:**

* The **amenities** will be included in the plans and specifications for the **Development** and that they have been included in the construction budget.
* **The amenities will be new and specific to the Development and/or unit or have been significantly restored and/or replaced to be in new condition and not included in any other phase of the Development if it is a multi-phase Development and are not included in any other Development located in close proximity to this Development.**
* That one hundred percent (100%) of the units in the Development will be located within ½ mile of any amenities meant to serve the entire Development even if more than one (1) of an amenity type must be included to meet this requirement. (N/A for Acquisition/Rehabilitation of Single Family Scattered Site Developments.)
* **This is an exclusive list and no substitutions will be permitted after a Development has been Awarded Credits.**

Applicants may choose up to ten (10) of the following items to receive up to 10 Points (1 Point per item, except the Storm Shelter/Safe room which is 5 points):

Indoor Fitness center (for Developments with 60 units or less: a minimum of two (2) pieces of equipment must be provided, for Developments with greater than 60 units: a minimum of four (4) pieces of equipment must be provided.) (e.g. Treadmills, Weight Sets, Stationary Bicycles, etc.)

Playground with three (3) or more different features grouped together. (e.g. Swings, Seesaws, Slides, etc.) (**N/A for Elderly Developments**)

Onsite computer workstations reserved strictly for use by the tenants with internet access (for Developments with 60 units or less: a minimum of two (2) computers must be provided, for Developments with greater than 60 units: a minimum of four (4) computers must be provided.)

Covered parking – minimum of at least one covered parking spot for each unit

Dog park

Pool

Splash pad

Washer & Dryers in each unit

Building facades that are a minimum of 60% brick or stone (man-made or natural) **OR** Building facades that are a minimum of 40% brick or stone (man-made or natural). The remaining percentage shall be comprised of Cement type boards. (**N/A for Rehabilitation Developments**)

Gated community providing keypad gates on all entrances to the Development

Ceiling fans (all beds & living)

Charging station for electric cars – minimum of 1 station per 20 units

Dishwasher in each unit

Garbage Disposal in each unit

Sports Facilities which must be stationary and fixed to the Development. (e.g. Soccer Field, Basketball Court, Tennis Court, Badminton, Shuffle Board, etc.)

Security cameras that cover the entrances of each unit

Security systems within each unit

Outdoor grills – minimum of 1 grill per 20 units

Outdoor covered seating

Community room

Smoke free policy for the building(s)

Provide internet connection in each unit that meets or exceeds the requirements outlined in the HUD Broadband Infrastructure Rule, which may be reviewed by [Clicking Here](https://www.govinfo.gov/content/pkg/FR-2016-12-20/pdf/2016-30708.pdf).

Storm shelter or Safe room must be constructed in accordance with the most recent State of Oklahoma Uniform Building Code Commission minimum State requirement for storm shelters, which currently requires construction according to ICC/NSSA 500 Standard, FEMA 320 Guideline, FEMA 361 Guideline or other equivalent approved engineered system. Must accommodate all possible residents based on number of bedrooms, one (1) person per bedroom. Residents must have access.

Representative of the Ownership Entity Date

Printed Name

Architect Date

Printed Name

General Contractor Date

Printed Name

***DO NOT MODIFY THIS FORM***