



GENERAL INFORMATION

Funding Applied For

Housing Production Trust Fund
Low-Income Housing Tax Credit (LIHTC)
Department of Mental Health (DMH)
Other: _____

\$	-
\$	-
\$	
\$	

Proposed Use(s) of Funds, ie.,
new construction, rehabilitation

APPLICANT INFORMATION

Applicant Name

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

E-mail _____

OWNERSHIP ENTITY INFORMATION

Owner/Borrower Name

Taxpayer ID _____

Type of Ownership (mark one box only)

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Limited Liability Corporation
- Other: _____

Principals (complete information for corporations and controlling general partners)

Name	Taxpayer ID	Ownership Interest	Nonprofit
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT INFORMATION

Amenities (mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cable Access | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Washer/Dryer Hook-up |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disposal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Other: _____ |

Type of Project (mark all that apply)

- | | |
|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Substantial Rehabilitation (over \$30,000 per unit) | |
| <input type="checkbox"/> Moderate Rehabilitation (under \$30,000 per unit) | <input type="checkbox"/> |

Existing Building Information (complete all that apply)

- Percentage currently occupied _____ %
- Project includes historic rehabilitation? Yes No
- Project involves the permanent relocation of tenants? Yes No
- Project involves the temporary relocation of tenants? Yes No
- Year the building was built _____

Number of Residential Buildings

- Garden (walk-up) _____
- Townhouse _____
- Detached _____
- Semi-detached _____
- Elevator (< 5 floors) _____
- Mid-rise (5-10 floors) _____
- High-rise (> 10 floors) _____
- Total Buildings

Total Land Area (acres) _____

Total Building Area (gross square footage)

- Residential Units: Low-Income
- Residential Units: Market
- Nonresidential Units
- Common Space:
 circulation (hallways, stairways etc.) _____
 recreation: _____

 other: _____
- Total Gross Square Footage

Type of Occupancy (show number of units)

- Families _____
- DMH Consumer _____
- Special Needs _____
- Total Units

Targeted Special Needs Population Met (show number of units)

- Licensed assisted living facilities.
- Homeless shelters or transitional housing for the homeless.
- Housing targeted people with disabilities (barrier-free housing).
-
- Other: _____
- Total Special Needs Units

Occupancy Restrictions of Project *(show number of units)*

Units to be occupied by households with income 30% or less of the area median _____
 Units to be occupied by households with income at 31-40% of the area median _____
 Units to be occupied by households with income at 41-50% of the area median _____
 Units to be occupied by households with income at 51-60% of the area median _____
 Units to be occupied by households with income at 61-80% of the area median _____
 Units to be occupied by households with income at 81-100% of the area median _____
 Units that will be unrestricted (>100% of area median) _____
 Total Units _____

Low-Income Use Restrictions

What is the total number of years for the units to be restricted? _____

ANTICIPATED DEVELOPMENT SCHEDULE

<i>Activity</i>	<i>Date (MM/YYYY)</i>
Site Control	
	/
Date site will be leased by the leasing entity	/
Zoning Status	
Current Zoning Classification _____	
Describe Current Classification _____	

Zoning change, variance or waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date application for zoning change filed	/
Date of final hearing on zoning change	/
Date of final approval of zoning change	/
Date financing applications filed with other lenders <i>(public and private)</i>	/
Date of financing reservation from the Department <i>(60 days from application deadline)</i>	/
Date firm commitments received from other lenders <i>(public and private)</i>	/
Date final plans and specifications completed	/
Date 10% of project costs incurred <i>(no later than 5 months from carryover allocation)</i>	/
Date of construction loan closing (all sources)	/
Date construction or rehabilitation begins <i>(total construction period will be _____ months)</i>	/
Date 50% of construction or rehabilitation completed	/
Date of substantial completion of construction or rehabilitation	/
Date first certificate of occupancy received	/
Date final certificate of occupancy received	/
Date sustaining occupancy achieved	/
Date of permanent loan closing	/



DEVELOPMENT TEAM INFORMATION

DEVELOPMENT TEAM MEMBERS

Developer

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Guarantor

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

General Contractor

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Management Agent

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Consultant

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Architect

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Nonprofit Participant

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

MBE/WBE Participant

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

DEVELOPMENT TEAM MEMBERS

Equity Provider

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Closing Attorney

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Private Lenders

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Private Lenders

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Private Lenders

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

DEVELOPMENT TEAM HISTORY

Are there direct or indirect identity of interests, financial or otherwise, among any members of the development team? If yes, explain. Yes No

Has any development team member* participated in the development or operation of a project that has defaulted on a Department or other government or private sector loan in the previous ten (10) years? If yes, explain. Yes No

Has any development team member* consistently failed to provide documentation required by the Department in connection with other loan applications or the management and operation of other, existing developments? If yes, explain. Yes No

Does any development team member* have a limited denial of participation from HUD or is any development team member* debarred, suspended or voluntarily excluded from participation in any federal or state program, or have been involuntarily removed within the previous ten (10) years as a general partner or managing member from any affordable housing project whether or not financed or subsidized by the programs of this Department? If yes, explain. Yes No

Does any development team member* acting in the roles of sponsor, developer, guarantor or owner have any chronic past due accounts, substantial liens, judgments, foreclosures or bankruptcies within the past ten (10) years? If yes, explain. Yes No

Has any development team member* received a reservation, allocation or commitment of funding or a carryover allocation of tax credits from the Department within the last four years that it was unable to use, or place their project in service within the time allowed by the tax credit program? If yes, explain. Yes No

Does any development team member* have unpaid fees due to the Department on other projects, or for general partners or management agents, have tax credit compliance problems resulting in the issuance of an IRS Form 8823 and that are still outstanding in the following year? If yes, explain. Yes No

* i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.

LOCAL AND SMALL DISADVANTAGED BUSINESS ENTERPRISE (LSDBE) PARTICIPATION *(voluntary)*

Are any of the development team members LSDBEs? If yes, provide the following data on the business (mark all that apply):

Yes No

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic

- Black
- Female
- Other: _____

Is the entity an Office of Human Rights certified LSDBE?

Yes No

NONPROFIT PARTICIPATION *(voluntary)*

Are any development team members* nonprofit entities?

Yes No

Is a nonprofit entity involved in the project in a role other than as a development team member*? If yes, describe the entity's role.

Yes No

Is the nonprofit entity headquartered in the same community as the project?

Yes No

Does the nonprofit entity provide services to the same community as the project? If yes, describe the services

Yes No

Does the nonprofit entity have a board of directors that includes community residents or members of organizations

Yes No

Is the nonprofit entity affiliated with or controlled by a for-profit organization? If yes, describe the affiliation.

Yes No

Is the nonprofit entity tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code?

Yes No

Does the nonprofit entity's exempt purpose include the fostering of low income housing?

Yes No

COMMUNITY-BASED INVOLVEMENT *(voluntary)*

Does the project involve the DC Housing Authority or DC Housing Finance Agency? If yes, describe the DCHA/DCHFA's role.

Yes No

* *i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.*

COMMUNITY REVITALIZATION This Section is Not Applicable

Is the project in a neighborhood classified as one of the following:

- NIF
- NRSA
- New Communities
- Great Streets

Is the project located in a qualified census tract as defined in Section 42(d)(5)(C) of the Internal Revenue Code? If yes, describe.

Yes No



PROJECT INCOME

RESIDENTIAL RENTAL INCOME

Low-Income Units

Unit Description		Median Income	Number of Units	Unit Size (Net leasable Sq. Ft.)	Tenant Paid Utilities*	Contract Rent	Rent Subsidy	Income per Unit	Monthly Income	Annual Income
Bedrooms	Baths									
		%			\$				\$	\$
		%								
		%								
		%								
		%								
		%								
		%								
		%								
		%								
		%								
Total									\$	\$
Vacancy Allowance (Total Annual Income x Vacancy Rate)										\$
Effective Gross Income/Low Income Units (Total Annual Income - Vacancy Allowance)										\$

Market Rate Units

NOT APPLICABLE

Unit Description		Number of Units	Unit Size (Net Leasable Sq. Ft.)	Contract Rent	Monthly Income	Annual Income
Bedrooms	Baths					
					\$	\$
Total Market Rate					\$	\$
Vacancy Allowance (Total Annual Income x Vacancy Rate)						\$
Effective Gross Income/Market Rate Units (Total Annual Income - Vacancy Allowance)						\$

NONRESIDENTIAL INCOME

<i>Description of Type and Size</i>	<i>Square footage</i>	<i>Monthly Income</i>		<i>Annual Income</i>
				\$
Total Nonresidential		\$		
Vacancy Allowance (Total Annual Income x Vacancy Rate)		%		
Effective Gross Income/Nonresidential Space (<i>Total Annual Income - Vacancy Allowance</i>)				\$
Effective Gross Income (<i>sum Low Income, Market Rate, Nonresidential totals</i>)				\$

NON-INCOME PRODUCING UNITS (*including management units, tenant services units, recreation, etc.*)

<i>Description of Type and Size</i>	<i>Number of Units</i>	<i>Square Footage</i>
Total Non-income		

* **Tenant Paid Utilities** (*mark all utilities to be paid by tenants*)

- Household Electric _____
- Air Conditioning _____
- Hot Water (describe): _____

- Cooking (describe): _____
- Heat (describe): _____
- Other (describe): _____



PROJECT EXPENSES

ADMINISTRATIVE EXPENSES

Advertising and Marketing	_____
Other Administrative Expense (<i>describe</i>)	_____
Office Salaries	_____
Office Supplies	_____
Office or Model Apartment Rent	_____
Management Fee (<i>Effective Gross Income x Annual Rate of</i> _____)	_____
Manager or Superintendent Rent Free Unit	_____
Legal Expenses (<i>project only</i>)	_____
Auditing Expenses (<i>project only</i>)	_____
Bookkeeping Fees and Accounting Services	_____
Telephone and Answering Services	_____
Bad Debts	_____
Miscellaneous Administrative Expenses (<i>describe</i>)	_____
Annual Tax Credit Monitoring Fee (\$25.00 per tax credit unit)	_____
Total Administrative Expenses	\$ _____

UTILITY EXPENSES (*paid by owner*)

Fuel Oil	\$ _____
Electricity	_____
Gas	_____
Water	_____
Sewer	_____
Total Utility Expenses	\$ _____

OPERATING AND MAINTENANCE EXPENSES

Janitor and Cleaning Payroll	\$ _____
Janitor and Cleaning Supplies	_____
Janitor and Cleaning Contract	_____
Exterminating Payroll or Contract	_____
Exterminating Supplies	_____
Garbage and Trash Removal	_____
Security Payroll or Contract	_____
Grounds Payroll	_____
Grounds Supplies	_____
Grounds Contract	_____
Repairs Payroll	_____
Repairs Material	_____
Repairs Contract	_____
Elevator Maintenance or Contract	_____
Heating and Air Conditioning Maintenance or Contract	_____
Swimming Pool Maintenance or Contract	_____
Snow Removal	_____
Decorating Payroll or Contract	_____
Decorating Supplies	_____
Other Operating and Maintenance Expenses (<i>describe</i>)	_____
Miscellaneous Operating and Maintenance Expenses	_____
Total Operating and Maintenance Expenses	\$ _____

TAXES AND INSURANCE

Real Estate Taxes			\$
Payment in Lieu of Taxes	Total: _____	Years: _____	Annual: _____
Payroll Taxes (FICA)			_____
Miscellaneous Taxes, Licenses and Permits			_____
Property and Liability Insurance (<i>hazard</i>)			_____
Fidelity Bond Insurance			_____
Workmen's Compensation			_____
Health Insurance and Other Employee Benefits			_____
Other Insurance (<i>describe</i>)			_____
Total Taxes and Insurance	_____		\$ _____
Reserve for Replacement			_____
Total Operating Expenses			\$ _____
Net Operating Income (<i>Effective Gross Income - Total Operating Expenses</i>)			\$ _____



USES OF FUNDS

TOTAL DEVELOPMENT COSTS

Construction or Rehabilitation Costs

<i>Type of Uses</i>	<i>Percentage</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
01 Net Construction Costs					\$
02 General Requirements					
03 Builder's Profit					
04 Builder's General Overhead					
05 Bond Premium					
06 Other					
07 Total Construction Contract		\$	\$	\$	
08 Construction Contingency					
09 Total Construction Costs		\$	\$	\$	\$

Fees Related to Construction or Rehabilitation

<i>Type of Uses</i>	<i>Percentage</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
10 Architect's Design Fee			\$	\$	\$
11 Architect's Supervision Fee					
12 Architect Reimbursable Additional Design					
13 Real Estate Attorney					
14 Marketing					
15 Surveys					
16 Soil Borings					
17 Appraisal					
18 Market Study					
19 Environmental Report					
20 Tap Fees					
21 Other:					
22 Total Fees		\$	\$	\$	\$

Financing Fees and Charges

<i>Type of Uses</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
23 Construction Interest		\$	\$	\$
24 Real Estate Taxes				
25 Insurance Premium				
26 Mortgage Insurance Premium				
27 Title and Recording				
28 Financing (soft cost) Contingency				
29 Other Lenders' Origination Fees (non-syndication only)				
30 Other Lenders' Legal Fees (non-syndication only)				
31 Other				
32 Total Financing Fees and Charges	\$	\$	\$	\$

* Complete for Tax Credit Requests Only

Acquisition Costs

<i>Type of Uses</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
33 Building Acquisition		\$		\$
34 Land Acquisition				
35 Carrying Charges: Describe: _____				
36 Relocation Costs				
37 Other				
38 Total Acquisition Costs	\$	\$	\$	\$
39 Total Development Costs (TDC)	\$	\$	\$	\$

OTHER USES OF FUNDS

Developer's Fee

<i>Type of Uses</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
40 Fee on Non-Acquisition Costs (<i>calculate below</i>)	\$			\$
41 Fee on Acquisition Costs (<i>calculate below</i>)				
42 Total Developer's Fee (\$2.5 million maximum)	\$	\$	\$	\$

Syndication Related Costs

<i>Type of Uses</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
43 Syndication Fee		\$	\$	\$
44 Legal (<i>syndication only</i>)				
45 Bridge Loan Fees				
46 Bridge Loan Interest				
47 Organizational Costs				
48 Tax Credit Application Fee				
49 Accounting and Auditing Fee				
50 Partnership Management Fee				
51 Other				
52 Total Syndication Related Costs	\$	\$	\$	\$

Guarantees and Reserves (*funded amounts only*)

<i>Type of Uses</i>	<i>Total Budgeted Cost</i>	<i>Acquisition Basis*</i>	<i>Construction Basis*</i>	<i>Not in Basis*</i>
53 Construction Guarantee				
54 Operating Reserve				
55 Rent-up Reserve				
56 Other				
57 Total Guarantees and Reserves	\$			\$
58 Total Uses of Funds	\$	\$	\$	\$

* Complete for Tax Credit Requests Only

MAXIMUM DEVELOPER'S FEE

	<i>Fee on Costs Over \$10 Million</i>	<i>Fee on Costs \$10 Million or Less</i>
Fee on Non-acquisition Costs		
59 Total Development Costs (from line 39 above)	\$	
60 Less Acquisition Costs (from line 38 above)		
61 Less Construction Contingency (from line 08 above)		
62 Less Financing (Soft Cost) Contingency (from line 28 above)		
63 Non-acquisition Costs		
64 Lesser of \$10,000,000 or Non-acquisition Costs (enter on both lines)		
65 Non-acquisition Fee Basis		
66 Fee Percentage	10%	15%
67 Fee on Non-acquisition Costs	\$	\$

Total = \$

Fee on Acquisition Costs

68 Acquisition Costs (from line 38 above)	\$	
69 Lesser of \$10,000,000 or Acquisition Costs (enter on both lines)		
70 Acquisition Fee Basis		
71 Fee Percentage	5%	10%
72 Fee on Acquisition Costs	\$	\$

Total = \$

73 **Total Developer's Fee** (Fee on Non-acquisition Costs + Fee on Acquisition Cost) (\$2.5 million maximum) \$



SOURCES OF FUNDS

TOTAL DEVELOPMENT COSTS

DEBT

Primary Debt Service Financing

Type of Funds	Requested Source of Funds (Name of Lender)	Debt Coverage Ratio	Annual Payment	Interest Rate	Amortization Period	Loan Term	Loan Amount
Tax-exempt Bonds				%			
Private Loan				%			
HPTF	DCDHCD			%			
				%			
Other				%			
Credit Enhancement							
Total Debt Service Financing			\$				\$

Subordinate Debt Service Financing

Type of Funds	Requested Source of Funds (Name of Lender)	DCR/% Cash Flow	If Grant, enter Y here	Annual Payment	Interest Rate	Loan Term	Loan or Grant Amount
HPTF	DCDHCD			\$	%		
					%		
					%		
DMH Grant	DCDHCD						
Other							
Other					%		
Total Subordinate Debt Service Financing				\$			\$
Total Debt (Debt Service + Cash Flow Financing)				\$			\$
Total Debt and Grants							\$

EQUITY

<i>Type of Equity</i>	<i>Source of Equity</i>	<i>Amount</i>
Historic Tax Credit Proceeds (<i>from next section</i>)		\$
Low Income Housing Tax Credit Proceeds (<i>from next section</i>)		\$
Developer's Equity (<i>not from syndication proceeds</i>)		
Interim Income (<i>occupied rehabilitation projects</i>)		
Other:		
Total Equity		\$
Total Sources of Funds (<i>Total Debt and Grants+ Equity</i>)		\$

Maximum DHCD Loan Amount (*cash flow financing*)

Total Uses of Funds (<i>from previous section</i>)	\$
Debt Service Financing (<i>from above</i>)	\$
Other Cash Flow non-DHCD Primary Financing and grants (<i>from above</i>)	\$
Non-DHCD Primary including DHCD	
Historic Tax Credit Syndication Proceeds (<i>from next section</i>)	\$
Low Income Tax Credit Syndication Proceeds (<i>from next section</i>)	\$
Maximum DHCD Funds Loan Amount	\$



LOW-INCOME HOUSING TAX CREDIT

Complete This Section Only If You Are Applying For Tax Credits

Type of Low Income Housing Tax Credit Requested *(mark all that apply)*

- New Construction
- Substantial Rehabilitation *(as defined in Tax Credit Regulations--Department's standard is different)*

EXISTING BUILDING INFORMATION

Location and Placed-in-Service Information

Building Address	Control Document	Date Control Document Expires	Number of Units	Purchase Price	Date Last Placed in Service (PIS)	Sponsor's Purchase Date	Years Between PIS & Purchase Date
		/ /		\$	/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
		/ /			/ /	/ /	
Total				\$ -			

Substantial Rehabilitation Determination *(for Tax Credit eligibility--Department's standard is different)*

Total rehabilitation related costs equal: \$ _____

Total rehabilitation related costs must exceed the greater of the following tests *(mark one box only)*

- Costs are at least \$6000 per unit: Total Units _____ x \$6000 = \$ -
- Costs are at least 20% of the project's adjusted basis: Basis \$ _____ x 20% = \$ -

ELECTIONS

Minimum Set-aside Election *(mark one box only)*

- 20% of the units will be occupied by households with income below 50% of the area median
- 40% of the units will be occupied by households with income below 60% of the area median

Rent Floor Election

The rent floor for the project will be established as of *(mark one box only)*

- Date of allocation
- Date the project is placed in service

SYNDICATION INFORMATION

Name of Syndicator _____

Contact _____ Phone () - _____

Type of Offering (mark one box only)

- Public
- Private

Type of Investors (mark one box only)

- Individuals
- Fund
- Corporation

Schedule for Funds to be Paid

Percent Paid	Amount Paid	Date Paid
%	\$	/ /
%	\$	/ /
%	\$	/ /
%	\$	/ /
%	\$	/ /
%	\$	/ /

CALCULATION OF TAX CREDIT AMOUNT

Maximum Low-Income Housing Tax Credit Based on Eligible Costs

Description	Acquisition Basis	Construction Basis
Total Uses of Funds (from Uses of Funds worksheet)	\$	\$
Federal Grants Financing Qualifying Costs (list below)		
Other Non-qualifying Financing	()	()
Value of Commercial Space	()	()
Non-qualifying Units of Higher Quality	()	()
Federal Historic Tax Credit	()	()
Adjusted Project Costs		\$
Adjustment for Qualified Census Tract (130% maximum)		%
Eligible Basis	\$	\$
Applicable Fraction (calculate below)	%	%
Qualified Basis	\$	\$
Applicable Percentage (construction basis qualified for 4% or 9%?)	4%	9%
Low Income Housing Tax Credit Eligible	\$	\$

Estimated Low-Income Housing Tax Credit Syndication Proceeds

Description	Amount
Combined Low Income Housing Tax Credit Eligible (result from previous table)	\$
Tax Credit Period (10 years)	x 10
Total Tax Credit Received Over Period	\$
Raise Ratio from Syndicator's Proposal	
Gross Proceeds from Low Income Housing Tax Credit	\$
Gross Proceeds from Historic Tax Credit (calculate below)	
Total Equity from Syndication Proceeds	\$

Maximum Low-Income Housing Tax Credit Based on Proceeds Needed

Description	Amount
Proceeds Needed (enter lesser of Total Equity from Syndication Proceeds or Financing Gap)	
Gross Proceeds from Historic Tax Credit (calculate below)	()
Low Income Housing Tax Credit Syndication Proceeds (to Sources of Funds worksheet)	\$
Raise Ratio from Syndicator's Proposal	
Total Tax Credit Received Over Period	
Tax Credit Period (10 years)	÷ 10
Maximum Low-Income Housing Tax Credit	\$

Sources of Federal Financing

Show all direct and indirect federal funds financing qualified costs below

Other	_____	_____
Total Federal Funds	_____	_____
		\$ _____

Applicable Fraction

The applicable fraction is the lesser of the following formulas (*mark one box only*)

Percent of Units

Low Income Units _____

Total Units _____

Unit Percentage _____

Percent of Square Footage

Low Income Sq. Ft. _____

Total Sq. Ft. _____

Sq. Ft. Percentage _____

Gross Proceeds from Historic Tax Credits

Historic Tax Credit	\$ _____
Raise Ratio from Syndicator's Proposal	x _____
Gross Proceeds from Historic Tax Credit (<i>to Sources of Funds worksheet</i>)	\$ _____



PROJECT SUMMARY INFORMATION

GENERAL INFORMATION

Project Information

Project Name _____
 Address _____
 City and State Washington, DC Zip Code #REF!
 Sponsor _____

Funding Applied For

Housing Production Trust Fund \$ -
 Low-Income Housing Tax Credit (LIHTC) \$ -
 Other: #REF! \$
 Department of Mental Health \$

Occupancy Restrictions

Units 30% or less of AMI _____
 Units at 51-60% of AMI _____
 Units at 61-80% of AMI _____
 Units at 81-100% of AMI _____
 Units at market rates _____
 Total Units _____

PROJECT INCOME (Effective Gross Income)

Source of Income	Total Units	Vacancy Rate	Annual EGI	Years Until Sustaining Occupancy	Annual Trending	Trended EGI
Low-Income Units			\$		%	\$
Market Rate Units			\$		%	\$
Nonresidential		%	\$		%	\$
Total			\$			
Trended Effective Gross Income						\$

PROJECT EXPENSES

Expense Categories	Annual Expense	Years Until Sustaining Occupancy	Annual Trending	Trended Expense
Administrative	\$		%	\$
Management Fee (Effective Gross Income x percentage)				\$
Utilities			%	\$
Operating and Maintenance			%	\$
Taxes and Insurance			%	\$
Reserve for Replacement	\$		%	\$
Total Project Expenses	\$			\$
Trended Net Operating Income (Effective Gross Income - Project Expenses)				\$
Annual Debt Service Financing Payments				\$
Annual Cash Flow Financing Payments				\$
Remaining Cash Flow (Net Operating Income - Financing Payments)				\$

SOURCES OF FUNDS

Primary Debt Service Financing

Source of Funds	Lender	Debt Coverage	Interest Rate	Amortization Term	Loan Term	Annual Payment	Amount
Tax-exempt Bonds			%				
Private Loan			%				
HPTF	DCDHCD		%				
			%				
Other			%				
Total Debt Service Financing						\$	\$

Subordinate Debt Service Financing

Requested Source of Funds	Lender		Interest Rate	Loan Term	Annual Payment	Amount	
HPTF	DCDHCD				\$	\$	
			%				
			%				
OTHER							
Total Cash Flow Financing						\$	\$

Equity

Type of Equity	Source of Equity	Amount
Developer's Equity (not from syndication proceeds)		\$
Interim Income (occupied rehabilitation projects)		
Historic Tax Credit Proceeds		
Low Income Housing Tax Credit Proceeds		
Total Equity		
Total Sources of Funds (must equal Total Uses of Funds)		

USES OF FUNDS

Type of Uses	Amount
Construction or Rehabilitation Costs	\$
Fees Related to Construction or Rehabilitation	
Financing Fees and Charges	
Acquisition Costs	
Total Development Costs	
Syndication Related Costs	
Guarantees and Reserves	
Developer's Fee	
Total Uses of Funds	\$

PROJECT DESCRIPTION



20-YEAR OPERATING PRO FORMA:

Income	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Year 6</i>	<i>Year 7</i>
Low Income Units	\$	\$	\$	\$	\$	\$	\$
Market Rate Units							
Nonresidential							
Gross Project Income							
Vacancy Allowance							
Effective Gross Income	\$	\$	\$	\$	\$	\$	\$

Expenses

Administrative	\$	\$	\$	\$	\$	\$	\$
Management Fee							
Utilities							
Maintenance							
Taxes and Insurance							
Replacement Reserve							
Total Expenses	\$	\$	\$	\$	\$	\$	\$
Net Operating Income	\$	\$	\$	\$	\$	\$	\$

Primary Debt Service Financing

Tax-exempt Bonds							
Private Loan							
HPTF							
DHS	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Other							
Total Debt Service	\$	\$	\$	\$	\$	\$	\$
Cash Flow	\$	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio							

Subordinate Debt Service Financing (displays grants and loans)

HPTF	\$	\$	\$	\$	\$	\$	\$
Other							
Total Cash Flow Debt	\$	\$	\$	\$	\$	\$	\$
Remaining Cash Flow	\$	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio							



Income	<i>Year 8</i>	<i>Year 9</i>	<i>Year 10</i>	<i>Year 11</i>	<i>Year 12</i>	<i>Year 13</i>	<i>Year 14</i>
Low Income Units	\$	\$	\$	\$	\$	\$	\$
Market Rate Units							
Nonresidential							
Gross Project Income							
Vacancy Allowance							
Effective Gross Income	\$	\$	\$	\$	\$	\$	\$

Expenses

Administrative	\$	\$	\$	\$	\$	\$	\$
Management Fee							
Utilities							
Maintenance							
Taxes and Insurance							
Replacement Reserve							
Total Expenses	\$	\$	\$	\$	\$	\$	\$
Net Operating Income	\$	\$	\$	\$	\$	\$	\$

Primary Debt Service Finar

Tax-exempt Bonds							
Private Loan							
HPTF							
DHS	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Other							
Total Debt Service	\$	\$	\$	\$	\$	\$	\$
Cash Flow	\$	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio							

Subordinate Debt Service F

HPTF	\$	\$	\$	\$	\$	\$	\$
Other							
Total Cash Flow Debt	\$	\$	\$	\$	\$	\$	\$
Remaining Cash Flow	\$	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio							



Income	<i>Year 15</i>	<i>Year 16</i>	<i>Year 17</i>	<i>Year 18</i>	<i>Year 19</i>	<i>Year 20</i>
Low Income Units	\$	\$	\$	\$	\$	\$
Market Rate Units						
Nonresidential						
Gross Project Income						
Vacancy Allowance						
Effective Gross Income	\$	\$	\$	\$	\$	\$

Expenses

Administrative	\$	\$	\$	\$	\$	\$
Management Fee						
Utilities						
Maintenance						
Taxes and Insurance						
Replacement Reserve						
Total Expenses	\$	\$	\$	\$	\$	\$
Net Operating Income	\$	\$	\$	\$	\$	\$

Primary Debt Service Finar

Tax-exempt Bonds						
Private Loan						
HPTF						
DHS	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Other						
Total Debt Service	\$	\$	\$	\$	\$	\$
Cash Flow	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio						

Subordinate Debt Service F

HPTF	\$	\$	\$	\$	\$	\$
Other						
Total Cash Flow Debt	\$	\$	\$	\$	\$	\$
Remaining Cash Flow	\$	\$	\$	\$	\$	\$
Debt Coverage Ratio						