



Return completed form and required documentation to Betsy Krieger at bkrieger@ohiohome.org.

Project Name: _____ **DBA Name:** _____

Project Address: _____

City: _____ **County:** _____ **OHFA Project Number:** _____

Provide additional information (if needed) in the Notes section.

Contact Information

Owner: _____	Management. Co: _____	Syndicator: _____
Address: _____	Address: _____	Contact: _____
City/State/Zip: _____	City/State/Zip: _____	Phone: _____
Contact: _____	Contact: _____	Email: _____
Phone: _____	Phone: _____	
Email: _____	Email: _____	

Developer: _____	On-Site Manager: _____	
Address: _____	Address: _____	
City/State/Zip: _____	City/State/Zip: _____	
Contact: _____	Contact: _____	
Phone: _____	Phone: _____	
Email: _____	Email: _____	

If on-site manager is unknown leave section blank.

Restrictive Covenant

Contact: _____
Phone: _____
Email: _____

Building/Unit Info for DevCo

Contact: _____
Phone: _____
Email: _____

Is the project third-party managed?

☐ Yes ☐ No *If yes, provide broker's licensee name, license number and expiration date:*

_____ <i>Licensee Name</i>	_____ <i>License Number</i>	_____ <i>Expiration Date</i>
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Are you using a third-party compliance consultant?

☐ Yes ☐ No *If yes, provide company name, contact name and email:*

_____ <i>Company Name</i>	_____ <i>Contact Name</i>	_____ <i>Email</i>
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Changes to Project: ☐ Address ☐ Other: _____ ☐ None

Provide additional information in the Notes section.

Project Characteristics

Check all that apply.

Project Type: ☐ Senior ☐ Service Enriched
☐ Family ☐ Target Population: _____
☐ Assisted Living ☐ Lease Purchase

Construction Type: ☐ New Construction
☐ Acq/Rehab
☐ Rehabilitation
☐ Adaptive Reuse

Is this project a resyndication? ☐ Yes ☐ No

OHFA-Funded Programs:

<input type="checkbox"/> Housing Tax Credits	<input type="checkbox"/> HOME	<input type="checkbox"/> HOME-ARP
<input type="checkbox"/> MF Lending Program	<input type="checkbox"/> OHTF	<input type="checkbox"/> 811 Program
<input type="checkbox"/> OHFA-issued Bond	<input type="checkbox"/> NHTF	<input type="checkbox"/> ODMSD
<input type="checkbox"/> State Tax Credits		

Other Funding:

<input type="checkbox"/> Section 8	# Buildings: _____
<input type="checkbox"/> RAD Conversion	Low Income: _____
<input type="checkbox"/> HOPE VI	Market: _____
<input type="checkbox"/> Local Bond	Employee: _____
<input type="checkbox"/>	Total Units: _____
<input type="checkbox"/> City/Local HOME	



Placed in Service (PIS) Date

Date of Acquisition: _____

First Building PIS Date: _____

Lease-up Start Date: _____

Last Building PIS Date: _____

Did you use the Acquisition Date to qualify in-place tenants? ☐ Yes ☐ No

Rehab/Construction Completion %: _____

Note: The TIC for an existing or in-place household can be certified and signed up to 120 days prior to the acquisition placed in service date or up to 120 days after the acquisition placed in service date. In both cases, the 'move-in' date and 'certification' date on the TIC is the acquisition placed in service date. If the TIC for an existing household is not completed and signed within 120 days after the acquisition PISD, the TIC is made effective on the date the last household member signs the TIC.

If no, what method was used to qualify in-place households? (e.g. tenants certified on the date their certification was signed, certified as they returned to the property): _____

What is the date the project's deed was recorded (if known): _____ ☐ Date Unknown

Further information on acquisition/rehab is [found here](#).

LIHTC Details

Minimum Set Aside: ☐ 20/50 ☐ 40/60 ☐ Average Income

Credit Percentage: ☐ 4% ☐ 9%

Will the owner elect "yes" on line 8b on Form 8609 (part of a multiple building project)? ☐ Yes ☐ No ☐ Unknown

LIHTC Unit Information

# Units	# Bedrooms	Income Restriction %	Rent Restriction %

Accessible Units: _____

Sensory Unit Numbers/Addresses:

Mobility Unit Numbers/Addresses:

HDAP Details

HDAP Type: HDAP Recipient: _____

of Assisted Units: _____ Affordability Period: _____ (years) Affordability Start Date: _____

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of Assisted Units: _____ Affordability Period: _____ (years) Affordability Start Date: _____



Unit Information

# Units	# Bedrooms	HDAP Designation	Income Restriction %	Rent Restriction %

Are the units Fixed or Floating? ☐ Fixed ☐ Floating

Further information on the HDAP program is [found here](#).

Utility Allowance (UA) Information

Type: _____ Effective Date of UA: _____

If Multiple UA types, please describe: _____

Amount of Allowance:

Provide amount for each utility type with an allowance, and include bedrooms and unit style.

# of BR	Unit Style	Electric	Gas	Water	Sewer	Trash	Other:	Total

Fair Housing

Affirmative Fair Housing Marketing Plan Type:

Owner is responsible for having an AFHMP in place at lease up.

Further information is [found here](#).

Date OHFA Approved: _____

Date Submitted to AFHMP@ohiohome.org: _____

Supportive Services

Supportive Services Provider: _____ Hours per week: _____

Contact: _____ Phone: _____

Email: _____

Describe services to be offered: _____

Does Supportive Services provider have experience with this project type? ☐ Yes ☐ No



Project Fees

List all mandatory and optional fees available at the project (i.e garage, \$50, optional).

Type of Fee	Amount	Mandatory/Optional

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Additional Documents Required

With this signed form submit the following to OHFA.

- Compliance Training Certificates per QAP Requirements
- Current Lease w/Addendums and Attachments with Effective Dates
- Tenant Selection Plan with Effective Date
- UA or Rent Schedule Documentation
- VAWA Emergency Transfer Plan

Also include for Acq/Rehab:

- Lease-Up Rent Roll
- Current Relocation Plan
- Transfer Tenant Tracking Log

Notes

OHFA does not approve submitted documentation. Issues of non-compliance with any documentation may be discussed during the CNS meeting and need to be corrected before the meeting is closed.

Send this form, all required documents and any questions to bkrieger@ohiohome.org.

Owner/Authorized Signature

Date

Print Name

Title