Reminders

*The AHFA DMS Online Application, Application Forms, Third Party Reports and any other requested documentation must match in all respects to the digital copy included on the USB. (slip-sheeting from different applications may invalidate your application from consideration).

*All organizational, individual and/or entity names, or Project names must be consistent across The AHFA DMS Online Application, Application Forms, Third Party Reports and any other requested documentation.

*It is the responsibility of the contacts listed in the Application to monitor their emails and respond within the allotted time frame.The primary contact and alternate contact should not be the same individual and/ or entity or contain the same contact information (contact name, email, phone, etc.). Different contacts and contact information should be provided as to the time sensitive matters that will be communicated via email; no telephone calls will be made to verify the receipt of email communications. It is imperative to add ahfa.mf.application@ahfa.com to your email contacts to ensure you receive these communications to your primary inbox rather than junk or spam inboxes.

*Ensure all applicable forms are signed and dated by the applicable individual, organization, or entity. Certain forms are required to be signed/executed by the Responsible Owner and/or architect using blue ink and the original, executed form included in the required section of the Application Package.

*The Application Instructions, Application Forms and any explanations provided are not intended to usurp, conflict, or supplant the applicable Housing Credit Qualified Allocation Plan (QAP) or HOME Action Plan (Plans) as written.

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1 AHFA 2027 MultifamilyApplication Package Profile and Completeness Checklist

This form must be completed in its entirety and submitted with the Application Package.
All organizational, individual and/or entity names, or Project names must be consistent across The AHFA DMS Online Application, Application Forms, Third Party Reports and any other requested documentation.

Ownership Entity

Ownership Entity Name:
Primary Contact:
Title:
Physical Address:
City:
State:
Zip Code:
Telephone #: Ext:
E-mail Address:

Mailing Address:
City:
State:
Zip Code:

Fax Number:

Secondary Contact:
Secondary Contact Title:
Secondary Contact: Email:
Secondary Contact Telephone#:

Project Location

Project Name:
Address:
City:
Zip Code:
County:
Congressional District:
Census Tract Number:
Site Acreage:

Is the proposed project a prior funded AHFA project? ☐ Yes ☐ No

If the proposed project is a prior funded AHFA project, provide the original name of the prior funded AHFA project:

Has the proposed project repaid 100% of the AHFA HOME loan? ☐ Yes ☐ No ☐ N/A

Has the proposed project closed a 15 year extension of the original AHFA HOME loan? ☐ Yes ☐ No ☐ N/A

Is the project located in a "Rural Area" as defined by the USDA, Rural Development for its section 515/538 programs?
(See 7 C.F.R. § 3560.11 (January 1, 2023) and USDA Administrative Notice No. 4888 (dated October 27, 2022)) ☐ Yes ☐ No

Projects Anticipated Placed in Service Date:

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Funding Source Requested

☐ Housing Credits (HC) only — HC Amount Requested — Estimated Amount of Equity from Syndication

☐ HOME funds combined with Housing Credits (If selected, answer questions below regarding the permanent first mortgage) — HOME Amount Requested; HC Amount Requested; Estimated Amount of Equity from Syndication

☐ AHFA may underwrite and consider funding the project's permanent **first** mortgage
☐ I decline AHFA's consideration of underwriting and funding the project's **first** mortgage

Are you applying for the CHDO set-aside? ☐ Yes ☐ No

Is an entity involved in the Ownership a non-profit? ☐ Yes ☐ No
Are you applying for the non-profit set-aside? ☐ Yes ☐ No

Total Construction Cost $
Total Development Cost $

Funding Sources Construction (Amounts should match what is submitted in the AHFA DMS Authority Online Application Funding Sources)

Name of Financing Entity	Type of Loan (RD 515, 221d4,CDBG, Local HOME, Conv, etc)	Amount
		$
		$
		$
		$
		$
		$

Estimated amount of syndication proceeds during construction: $

Non-AHFA Funding Sources Permanent (Amounts should match what is submitted in the AHFA DMS Authority Online Application Funding Sources)

Name of Financing Entity	Type of Loan (RD 515, 221d4,CDBG, Local HOME, Conv, etc)	Amount

		$
		$
		$
		$
		$
		$

Activity Type

Check the option that best describes your proposed activity (check one):

New Construction: ☐ Rehabilitation: ☐ Acquisition and Rehabilitation: ☐ Adaptive Reuse ☐

Number of Units: ☐ Elderly 55: ☐ Elderly 62: ☐ Family: ☐

Total Number of Buildings: ☐ Number of Residential Buildings: ☐

Disabilities/Homeless Election

1) Total # of Units in the Project: ☐
2) Total # of Set-Aside Units: ☐ ☐ Not Applicable
3) Set-Aside % #DIV/0!

Provide on a USB flash drive, One Complete Digital (PDF) Version of the Application Package submission items 1-52, including Third-Party Reports, (Digital copy must match exactly what was provided in original Application Package), the text of which shall be in a searchable format. Each form must be saved individually by listing the AHFA form number, form title, and name of project. Some items as specified will require both a **digital** and **hard** copy submittal.

Bold type denotes that AHFA provides the form or form letter.
Original signatures required: Statement of Application and Certification, Responsible Owner Signature Authorization, and Architect Certifications.

HC **Hard Copy**
E **Digital only**

Pre-Application Package Submittal Items

Deviation Request Form , any deviation requests from the AHFA Design Quality Standards and Construction Manual must be submitted for AHFA's approval prior to submitting your application OR with the application to the Application Package submission date. The Deviation Request Form and any supporting documentation should be submitted to ahfa.mf.general@ahfa.com.

Application Log, complete and submit the Excel version of the Application Log for each application to the following email address: ahfa.mf.application@AHFA.COM, during normal business hours and within the specified timeframe posted at:
http://www.ahfa.com/multifamily/multifamily-notices.

☐ Deviation Request Form ☐ Not Applicable
☐ Application Package Log

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Hard Copy Submittal Items (These items are to be submitted in both paper and digital format)

The Application Package (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944. (Office Depot®/OfficeMax ® Item # 935783).

1 ☐ **2027 Multifamily Application Package Profile and Completeness Checklist**

2a ☐ Non-Refundable Application Fee - $10,000 for an application with up to eight (8) Responsible Owners applying on a single application that have less than three (3) placed-in-service projects funded with Housing Credits and/or HOME funds awarded by AHFA.

Or

2b. ☐ Non-Refundable Application Fee - $7,500 for an application with up to eight (8) Responsible Owners applying on a single application whereas each Responsible Owner has three (3) or more placed-in-service projects funded with Housing Credits and/or HOME funds awarded by AHFA.

2c ☐ Non-Refundable Application Fee CHDO Application $2,000 for all proposed Community Housing Development Organization (CHDO) applicants applying for HOME funds regardless of the number of placed-in-service projects awarded by AHFA.

2d ☐ Non-Refundable Additional Application Fee (If applicable) An additional application fee will be due at the time of application submission for application(s) that have ownership structures exceeding eight (8) individuals and /or entities. The amount of the fee will be $1,000 per each owner (individual/entity) exceeding eight (8). This fee does not apply to the investor limited partner.

2e ☐ Three copies of Fee Check(s) (All copies of checks should notate the project name, number and applicable fee type.)

3 ☐ **Project Self Scoring Form** (Must be submitted in a sealed envelope labeled with the Project name, Project number and Attn: Internal Audit: Self Scoring)

4a ☐ **Chief Executive Officer Information Form (CEO Form)- 3 total complete copies**

4b ☐ Federal Express (FedEx) or United Parcel Service (UPS) Prepaid Shipping Label- 3 total copies

4c ☐ Shipping Envelope: (FedEx or UPS)

5 ☐ **Statement of Application and Certification**

6a ☐ **Ownership Entity Signature Authorization** 6b ☐ Signature Authorization Instrument Excerpt(s)

7a ☐ **New Construction (NC) Square Footage and Architect Certification** 7b ☐ **New Construction, Amenities**

7c **New Construction, Type of Construction/Energy/Water Conservation Healthy Living Environment/Section 504**

7d ☐ **Rehabilitation Square Footage and Architect Certification** 7e ☐ **Rehabilitation, Amenities**

7f ☐ **Rehabilitation, Type of Construction/Energy/Water Conservation Healthy Living Environment/Section 504**
7g ☐ **Deviation Request Form Approval** (Form is located at: http://www.ahfa.com/multifamily/allocation-application-information/apply-for-funding
☐ Not Applicable

8 a. ☐ Certified Survey (Survey must be 24"x36")
b. ☐ **Surveyor's Certificate**

Third-Party Reports (if applicable):

Three versions of all Third- Party reports must be submitted: (1) A complete bound color hard copy (3 ring binder with each appendix separately tabbed) (2) an exact, complete, color copy in digital form (included with USB digital copy index page), the text of which shall be in a searchable format, and (3) an Authority DMS Document Upload.

9a ☐ **Market Study Engagement Letter** 9b ☐ **Certification of Market Study Requirements and Attachment(s)**
9c ☐ Market Study
9d ☐ Authority DMS Document Upload of Market Study and Certification (See DMS instructions).

10a ☐ Environmental Site Assessment Phase I Report (Refer to Addendum B for Environmental Policy Requirements)
10b ☐ Environmental Site Assessment Phase II (If applicable) ☐ Not Applicable
10c ☐ Authority DMS Document Upload of Phase I Report and Phase II, if applicable (See DMS instructions).

11a ☐ **Capital Needs Assessment Summary (Parts 1 & 2)** 11b ☐ Capital Needs Assessment
11c ☐ Authority DMS Document Upload of Capital Needs Summary and Assessment (See DMS instructions).
☐ Not Applicable

Items to be submitted in Digital Format (These items are to be submitted soley in an digital format on the USB, unless otherwise specified)

12a ☐ *AHFA DMS Authority Online Application 12b ☐ AHFA DMS Authority Online Application Receipt
**The AHFA DMS Online Application must be "Validated and Submitted" online. The application submitted online must match in all respects to the digital copy of the online application included on the USB. (slip-sheeting from different applications may invalidate your application from consideration)*

13a ☐ **Certification of Bid Law Compliance**
13b ☐ **Foreign Ownership Certification** ☐ Not Applicable

14 ☐ Dated and Executed Organizational Documents

15 Non-Profit IRS Forms (to be provided by all non-profit applicants)
☐ 501 (c)(3)
☐ 501 (c)(4)
☐ 501 (A)
☐ Not Applicable

16 ☐ Non-Profit Legal Opinion Letter (to be provided by all non-profit applicants)
☐ Not Applicable

17 ☐ **AHFA's 2027 CHDO Eligibility Statement**
☐ Not Applicable

Ownership/Development Team

18a **Ownership Entity:** **(a project may have one or more selections)**

a.	b.	c.	Name of Ownership Entity or Individual
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

18b **Credit Authorization Form:**
18c **Financial and Credit Statements:**

a.	b.	c.	Name of Ownership Entity or Individual
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	
☐	☐	☐	

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Name of Ownership Entity or Individual

Name of Ownership Entity or Individual

b. c.

Developer

Co-Developer

b. c.

General Contractor

Management Company

19a **Schedule of Real Estate Owned (Active AHFA)** ***(All three parts must be provided)***
19b **Schedule of Real Estate Owned (Non-AHFA)**
19c **Schedule of Real Estate Owned Approved or Under Construction**

19d **Previous Participation Certification**

19e **Relevant Experience Form**

a b c d

Name of Ownership Entity or Individual

d e

Developer

Co-Developer

General Contractor

20 **General Contractor's Other State Activities Form**

21 **Development Team Resume** (for each of the following)

Consultant

Architect

Attorney

Accountant

22a **Ownership Entity/Developer Responsibilities Form** 22b Agreement Not Applicable

23 **Identity of Interest**

Management Company Information (Management):

24 a **Management Company Previous Participation Certification** 24b **Management Company State Compliance Form**
24 c **AHFA 2027 Management Company Verification Form**
24 d **Management Company Relevant Experience Form** Not Applicable

25 **Architect Certification of Project Progress** Not Applicable

26 **Certification of Consistency with Consolidated Plan** Not Applicable

Site/Project Information:

27 a. Evidence of Site Control:
Sales Contract
Warranty Deed
Purchase Option 27a(1) **Addendum to Purchase Option (FOR AHFA APPLICATIONS FOR HOME FUNDS)**
Long-term Leasehold (Housing Credit only)

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27b ☐ **Notice of Real Property Acquisition** (for HOME applicants only) ☐ Not Applicable

27c ☐ **NEPA Certification** (for HOME applicants only) ☐ Not Applicable

27d ☐ Assumption Agreement or Commitment to Approve Transfer (Acq/Reh) ☐ Not Applicable

27e ☐ Project Acquisition Qualification (10-year rule legal opinion) ☐ Not Applicable

28 ☐ Legal Description
29 ☐ Title Insurance Commitment
30 ☐ Schematic Site Plan

31a ☐ Zoning Letter 31b ☐ **Responsible Owner Zoning Certification**

32 a. ☐ **Site/Project Information Form** b. ☐ **Neighborhood Services** c. ☐ **Negative Neighborhood Services**
d. ☐ City Location Maps with Sites and Services
- ☐ Map #1- Driving directions to the project site from Montgomery, AL
- ☐ Map #2- project and project boundaries clearly marked, including street names.
- ☐ Map #3- Site location marked, project services marked, street names indicating site and services

Provide clear and identifiable color photos of the following (photos for sites and services must include a date and time stamp within thirty (30) days of application submittal):
(Date stamp not required on pictures of above ground storage tanks.)

e. ☐ Site, site sign and specific markers
f. ☐ Existing structures on the site ☐ Not Applicable
g. ☐ Above ground storage tanks storing 100 gallons or more of explosive or flammable liquids within 1 mile of the site ☐ Not Applicable
h. ☐ Any structure on or adjacent to the proposed project over 50 years old ☐ Not Applicable
i. ☐ Neighborhood Services
j. ☐ Negative Neighborhood services

33 ☐ Utility Letters (electricity, gas, water, sewage, telephone)
34 ☐ Utility Allowance Documentation

35 ☐ **Tenant Roll** ☐ Not Applicable
36 ☐ Notices to Tenants Concerning Relocation/Displacement (for HOME applicants only) ☐ Not Applicable

37 ☐ **Relocation Plan** ☐ Not Applicable

38 Firm Construction and Permanent Commitment Letters
a. ☐ Firm Construction Commitment Letters
b. ☐ Firm Permanent Commitment Letters

39 ☐ Census Tract Verification Letter QCT/DDA ☐ Not Applicable

Point Scoring Items (If applicable)

40 ☐ Commitment for New Sources of Funds ☐ Not Applicable
41 ☐ Letter from USDA Rural Development for Existing Funds ☐ Not Applicable
42 ☐ Rental/ Operating Subsidy Agreement/Commitment from USDA RD or HUD ☐ Not Applicable

43 ☐ **Public Housing Authority Certification** ☐ Not Applicable

44 ☐ **Disabilities or Homeless Populations Set-aside Certification**

45 Evidence that the Project qualifies for the Alabama Historic Rehabilitation Tax Credit or Historic Tax Credit. Provide one of the following:
a. ☐ A historic designation letter from the National Park Service b. ☐ Verification from the website www.nps.gov/nr
c. ☐ A signed Historic Preservation Certification Application (Part 1)
d. ☐ Alabama Historic Rehabilitation Tax Credit program Determination of Program Eligibility
☐ Not Applicable

46 Evidence of Previously Existing Multifamily Residential Rental Housing
46a ☐ Two (2) Clear, Colored Photographs
46b ☐ Other Supporting Evidence

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☐ Not Applicable

47 ☐ Census Tract Verification for Median Family Income ☐ Not Applicable

48 ☐ **Minority or Women-Owned Business Certification** ☐ Not Applicable

Tie Breaker Items (If applicable)

49 ☐ Community Revitalization Plan Excerpt(s) ☐ Not Applicable

50 ☐ a. **Homeownership Conversion Proposal** ☐ b. Plot Plan ☐ c. Counseling Agreement
☐ Not Applicable

51 ☐ Support Letters (Optional) ☐ Not Applicable

Additional Items to be printed and placed in a separate folder:

The additional items 52a-p (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944. (Office Depot®/OfficeMax ® Item # 935783).

52 ☐ The following Application Package forms must be submitted in hard copy format in a separate Smead® Pressboard Fastener Folder, item # 935783.

a. ☐ **Site/Project Information Form** b. ☐ **Neighborhood Services** c. ☐ **Negative Neighborhood Services**
d. ☐ City Location Map with Site and Services

Provide clear and identifiable color photos, with a date stamp, of the following (e-j):
(Date stamp not required on pictures of above ground storage tanks.)

e. ☐ Site, site sign and specific markers f. ☐ Existing structures on the site
g. ☐ Above ground storage tanks storing 100 gallons or more of explosive or flammable liquids within 1 mile of the site
h. ☐ Any structure on or adjacent to the proposed project over 50 years old
i. ☐ Neighborhood Services j. ☐ Negative Neighborhood services
k. ☐ Schematic Site Plan l. ☐ Legal Description
m. ☐ **New Construction/Rehabilitation Square Footage Architect Certification** n. ☐ **New Construction/Rehabilitation, Amenities**
o. ☐ **New Construction/rehabilitation, Type of Construction/Energy/Water Conservation Healthy Living Environment/Section 504**
p. ☐ **Capital Needs Assessment Summary Parts 1 & 2, (if applicable)**

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3 Project Self Scoring Form 2027

Do not include this form in the digital copy.

Items listed below are partial excerpts from the 2027 Housing Credit QAP and HOME Action Plan (Plans). Please review the Plans for full context. Final scoring determination will be made by AHFA based on all Application Package documentation submitted.

Application Number:	
Project Name:	
Type of Funds Requested:	
Construction Type:	

A. POINTS GAINED

1. Project Characteristics (Maximum 84 Points)

(i) Type of Construction (Maximum 33 Points)

(a.) Upgrade with amenities
(Maximum 25 Points)

(4 points each)

Clubhouse/Community Building/ Community Room	
Washer/Dryer provided in each unit	
Exterior Security Package	
Unit Security Package	
Storm Shelter	
Playground	
Outdoor Fitness Activity Area	
Covered Picnic Pavilion	

Points Gained: 0

(3 points each)

Furnished Children's Activity Center or Senior Crafts Center	
Senior Gathering Area	
Gazebo	
Computer Center	
Splash Center	
Exercise/Fitness Room with Equipment	
Covered Bus Stop Shelter	
Access Gate(s)	
Walking Trail with Benches	

Points Gained: 0

(2 points each)

Basketball Court	
Picnic Area w/ Grills	
Storm Doors	
Emergency Pull Cord/Call Button	
Bike Racks	

Points Gained 0

Total Points for Amenities: 0
25 Maximum

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New Construction Only (Maximum 8 Points)

(4 points each)

(b.) Storm windows; thermal break insulated windows or extruded vinyl windows & insulated exterior doors. Windows must be Energy Star Rated.

(c.) full brick/cementitious siding, stucco, cultured stone, or concrete masonry unit (CMU) products (No Exterior Insulation Finishing System is acceptable).

Points Gained: 0

8 Maximum

Rehabilitation Projects Only (Maximum 8 Points)

(2 points each)

(a.) Replacing all entry doors with insulated exterior doors and all windows with thermal break insulated windows or extruded vinyl windows. Window must be Energy Star Rated.

(b.) Replacing all kitchen cabinets and countertops.

(c.) Replacing all plumbing fixtures.

(d.) Replacing all HVAC equipment.

Points Gained: 0

8 Maximum

(ii) ***Energy/Water Conservation and Healthy Living Environment (Maximum 8 Points)***

(3 points each)

HVAC of 14.3 SEER2 (7.8 HSPF2) or above.

Energy Star rated "cool roof" shingles or metal roof with fifty (50) year warranty.

Install Dehumidifiers in all Apartment Units

Radiant barrier roof deck at all Buildings

(2 points each)

Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.

EPA's Partnership Program "WaterSense" labeled water closet, bathroom faucets and showerheads

Installed Jumper Ducts from a heated and cooled space to closets that do not have an HVAC duct.

Installed LED light fixtures or fixtures with LED bulbs at all interior and exterior Apartment unit light fixtures.

Humidistat controlled Energy Star ventilation fans in all bathrooms.

Energy Star rated bath and kitchen exhaust fans.

Points Gained: 0

8 Maximum

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(iii) Rent Affordability (Maximum 16 Points)

(a) New Funds ***(Maximum of 5 points)***

(1.)A maximum of 5 points in aggregate will be given to projects which have a commitment for the AHFA approved sources of new funds listed below. Regardless if the funds are loaned (required repayment) or granted to the project, 100% of the total amount of funds committed for points must be a permanent source of funds. Existing funds that are assumed and/or term(s) extended do not qualify for points under these criteria. To qualify for these points, the application must include a fully executed firm commitment from the entity that will be loaning or granting the funds to project.

Federal Home Loan Bank for Affordable Housing Program (AHP) funds (AHP funds must be in the form of a grant or subordinate loan), HOME Funds (not awarded by AHFA), USDA Rural Development 515 funds, CDBG (Entitlement, State, Mitigation and Disaster Recovery Programs), CHOICE Neighborhood funds, NeighborhoodWorks Capital Grant, Indian Community Development Block Grant (ICDBG), Indian Housing Block Grant (IHBG) Section 108 Loan Guarantee Program and/or Coronavirus State and Local Fiscal Recovery Funds (SLFRF).

Greater than $16,001 per unit. **(5 points)**
$12,001 - $16,000 per unit **(4 points)**
$8,001 - $12,000 per unit **(3 points)**
$4,000 - $8,000 per unit **(2 points)**

Points Gained: 0
5 Maximum

(Maximum of 3 points)

(2.) A commitment for AHFA approved sources of new funds from the following list: Capital Fund Program, Public Housing Sales Proceeds, HUD Choice Neighborhood Funds, or HUD's Rental Assistance Demonstration Program.

$30,001 + per unit **(3 points)**
$16,000 - 30,000 per unit **(2 points)**

Points Gained: 0
3 Maximum

(b) Existing Funds ***(Maximum of 3 points)***

Projects that have a letter from USDA stating that the applicant appears to meet the eligibility requirements for the transfer/assumption of an existing USDA Rural Development 515 loan. Letter may further state that further processing and final underwriting must be completed in accordance with USDA Rural Development requirements.

$30,001 + per unit ***(3 points)***
$10,000 - 30,000 per unit ***(2 points)***

Points Gained: 0
3 Maximum

(c.) Rental/Operating Subsidies ***(2 Points)***

Projects that have a commitment for rental/operating subsidies from USDA Rural

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Development, HUD or a Public Housing Authority (PHA) based on a written agreement providing additional rental/operating subsidies.

□ USDA Rural Development commitment must be for at least 25% of the total proposed units to receive the points.

□ HUD (HUD through PHA) commitment must be for at least 25% of the total proposed units to receive the points.

Rental/operating Subsidy ***(2 points)***

Points Gained: 0
2 Maximum

(d.) Extended Use Period *(3 Points)*

Projects that irrevocably commit in writing to forego submitting a request for a Qualified Contract and to remain a Qualified Affordable Housing Project throughout the Extended Use Period (total of 30 years).

Extended Use Period ***(3 Points)***

Points Gained: 0
3 Maximum

(iv) Tenant Needs (Maximum 5 Points)

(a) *100% of units designed, equipped and set-aside for elderly. ***(1 point)***

(b)*15% of the family units having three or more bedrooms ***(1 point)***

i. 2 points will be given to projects that set-aside a minimum of 7% of the total units for tenants with disabilities or homeless populations for a minimum of 30 years. ***(2 points)***

ii. 1 point will be given to projects that set-aside 5% of the total proposed units for tenants with disabilities or homeless populations for a minimum of 30 years. ***(1 point)***

The units must be actively marketed and rented to households with at least one tenant with a disability or a tenant transitioning from being homeless (to include persons fleeing domestic violence; aging out of the foster care system, nursing homes or other institutions, etc.). A marketing and preference plan and an executed Memorandum of Understanding will be required if the Project is approved for funding.

(d) Target households on the public housing waiting lists. ***(1 Point)***

(e) A minimum 5% of the dwelling units be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e., hearing or vision impairments). ***(1 Point)***

*(*Applicants may not receive points for elderly and three bedrooms. Rehab of existing rental projects must already have the required three or more*

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bedrooms to receive the points.)

Points Gained: 0
5 Maximum

(v) Project Type (Maximum 12 Points)

(a) If the proposed project has re-paid 100% of the AHFA HOME loan (principal and interest). ***(10 points)***

Or

(a) If the proposed project has closed with AHFA a 15-year extension of the project's original AHFA HOME loan. ***(8 points)***

(b) 5 Points will be given for:

Rehabilitation of a prior funded LIHTC project. To be eligible for these points the project must meet the following criteria:
i. The proposed project must be out of the 15-year compliance period.
ii. The project does not have a current USDA 515 loan and is not subject to the transfer/assumption of an existing USDA Rural Development 515 Loan.
iii. The proposed project must not have been awarded an allocation of AHFA HOME funds.

(c) Rehabilitation of existing buildings, if application provides sufficient evidence that the project qualifies for the Alabama Historic Rehabilitation Tax Credit or Federal Historic Tax Credit. ***(4 points)***

(d) 2 Points will be given for:
i.Rehabilitation of existing multifamily residential rental housing,
ii.Replacement of public housing authority (PHA) multifamily housing, or
iii.Replacement of previously existing multifamily housing that was destroyed or damaged in an area designated as a Presidentially Declared Disaster area.

Previously existing PHA multifamily housing is defined as multifamily housing that has been demolished and cleared within the last 8 years or will be demolished and cleared for the construction of new replacement housing on the same site, except for replacement of existing multifamily housing owned by public housing authorities, which may be constructed on the same site or a new site. ***(2 points)***

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Points Gained: 0
12 Maximum

(vi) Location (Maximum 10 Points)

Neighborhood Services located within 3 miles of the site. (Maximum 10 points)
2 points will be given for each of the following neighborhood services located within 3 miles

2 points will be given for each of the following neighborhood services located within 5 miles of the site, or

2 points will be given for each of the following neighborhood services located within 5 miles of the site provided they meet the definition of "Rural Area" established by the United States Department of Agriculture, Rural Development, for its Section 515/538 programs. See 7 C.F.R. § 3560.11 (January 1, 2023) and USDA Administrative Notice No. 4888 (dated October 27, 2022).

(2 points each)

Grocery Store	
Pharmacy or Drug Store	
Convenience Store	
Bank or Credit Union	
Hospital or Doctor Office	

Points Gained: 0

10 Maximum

2. Applicant Characteristics (Maximum 20 Points)

(i.) A maximum of 5 points will be given to applicants with participation of minorities or women. To qualify for the points for participation of minorities or women, the application must meet one of the following requirements:

Minorities or women who have ownership in the Ownership Entity or any Responsible Owner; ***(5 Points)***

Or

Applicant guarantees that contracts for at least 10% of the total building costs are awarded to minority- or women-owned businesses. ***(5 Points)***

In all cases, the Minority or female individual(s) must have at least 51% ownership interest in the participating business to qualify for the points. The legal name and address of the business

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qualify for the points. The legal name and address of the business and the anticipated contract amount must be listed at the time of application on the form provided by AHFA in the Application Package to receive the points. These businesses include, but are not limited to, real estate firms, construction firms, appraisal firms, management firms, financial institutions, investment banking firms, underwriters, accountants, and providers of legal services.

Ownership Experience

(ii.) Points will be given to Ownership Entities with a Responsible Owner that currently owns and has previous successful experience in the development of Active AHFA Projects that received a Housing Credit Reservation Letter or HOME Written Agreement in 2000 or later.

These 5 points will also be given (without duplication) to Ownership Entities with one or more Responsible Owners that have listed Non-AHFA Projects that were Placed in Service in 2006 or later. The Ownership Entity must list each Non-AHFA Project on the Responsible Owner's AHFA Schedule of Real Estate Owned included in the application.

Special limited partners do not qualify for these points. Mobile home developments, hospitals, sanitariums, life care facilities, or intermediate care facilities are not considered multifamily housing for purposes of qualifying for points. The Responsible Owner may include experience gained as a Responsible Owner in another firm, but not as an employee of another firm. Applicants must currently own the properties listed for development points.

500+ units or 5+ projects ***(5 points)***

Management Experience

(iii.) Points will be given to applicants with sound, experienced managing agents of low-income multifamily housing. This experience is defined by the highest number of units or projects (with at least 20% of the units being considered low- income) currently managed. Only those units in projects that are considered low- income units will be counted in this total.

1,000+ units or 10+ projects ***(10 points)***

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Points Gained: 0

20 Maximum

TOTAL POINTS GAINED: **0**

POINT DEDUCTIONS (Note: The following lists are not all inclusive.)

(b) Points Deducted for Site Selection – (No Maximum loss of points)

(1.) Negative Neighborhood Services adjacent to site

•**2 points** will be deducted for applications involving the acquisition and rehabilitation of an AHFA prior-funded project that is at least 85% occupied at the time of application and is adjacent to any incompatible use listed below.
•**5 points** will be deducted for applications involving any other project that is adjacent to any incompatible use listed below.

Junk Yard or Dump	
Salvage Yard	
Wastewater Treatment Facility	
Distribution Facility	
Electrical Utility Substation	
Railroad	
Adult Video/Theater/Live Entertainment	
Pig or Chicken Farm	
Processing Plant	
Industrial	
Airport	
Prison or Jail	
Solid Waste Disposal	
Other Enter Description	

Points Deducted: 0
No Maximum

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Negative Neighborhood Services .3 mile of site

•**1 point** will be deducted for applications involving the acquisition and rehabilitation of an AHFA prior-funded project that is at least 85% occupied at the time of application and is within .3 miles of any incompatible use listed below.
•**2 points** will be deducted for applications involving any other project that is within .3 miles of any incompatible use listed below.

Junk Yard or Dump	
Salvage Yard	
Wastewater Treatment Facility	
Prison or Jail	
Pig or Chicken farm	
Processing plant	
Airport	
Solid Waste Disposal	
Other Enter Description	

Points Deducted: 0
No Maximum

(2.) Accessibility (Maximum 2 points)

Streets/Sidewalk Conditions	
Street Width/Difficult to Access Site	
Other Enter Description:	

Points Deducted: 0
2 Points Maximum

(1) Existing AHFA-Funded Project(s) Approved and/or Placed-In-Service. (No Maximum Loss of Points)

(i) **5 pts**. (each) will be deducted if an owner(s) listed in the application altered an approved project's original application without prior written consent from AHFA.

(ii) **5 pts**. (each) will be deducted if an owner(s) or the Management Company identified in the application(s) is not in compliance with and/or has any uncured failure to meet a requirement specifically listed in any AHFA document(s), the AHFA HOME Loan Restructuring Policy, or any applicable agreement(s) without prior written consent from AHFA.

(iii) **2 pts**. (each) will be deducted for failure to meet any one of the followng Davis Bacon Requirements on any approved and/or placed in service AHFA project.

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a. Outstanding issues not resolved within 6 months after the General Contractor has been notified of the problem.

b. Posting of Wage Decision and approved Additional Classifications wages are not posted on site visible to the workers employed on the project. (if required)

c.General Contractor is unable to submit payrolls, causing an escrow account to be established.

d. Outstanding issues remain over 2 years from the notice to proceed.

e. Failure to provide AHFA the Section 3 Summary report on required date.

f. Failure to provide AHFA the HUD 2516 report on the required date.

Points Deducted: 0
No Maximum

2. Non-Compliance after the Initial On-Site Inspection (No Maximum)

Failure to comply with the Compliance Requirements outlined in the Compliance Monitoring Procedures, Requirements and Penalty Criteria.

Points Deducted: 0
No Maximum

TOTAL POINTS DEDUCTED: 0

TOTAL POINTS

Total Points Gained:	0
Total Point Deductions:	0
FINAL SCORE:	**0**

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4a. CHIEF EXECUTIVE OFFICER INFORMATION FORM

Applicant should complete this form in its entirety. The applicant must include a Fedex or UPS shipping envelope and label with the application to use in sending notification of receipt of the project application to the Chief Executive Officer (CEO) where the proposed project is located. The CEO should be the mayor unless the project site is located in an unincorporated area. If that is the case, the Commissioner's information should be provided.

CHIEF EXECUTIVE OFFICER INFORMATION

Local CEO Name	Office Held (Mayor, Commissioner)	City	N/A	County

CEO Physical Delivery or Physical Mailing Address		Is the site located in an unincorporated area?	YES	
			NO	

CEO Phone Number	
CEO Email Address	

PROPOSED PROJECT INFORMATION

Project Name	Project Address	AHFA Application #

Project Type		Funding Types Requested (select all that apply)		Target Tenants		# of Units	Current Zoning Classification
New Construction		HOME		Multifamily			
Acq./Rehab.		Housing Credits		Elderly			
Adaptive Reuse		Housing Trust Fund					
		MF Revenue Bonds					

PROPOSED PROJECT OWNER INFORMATION

Ownership Entity Name	
Owner Mailing Address	
Owner Contact	
Owner Contact Phone Number	
Owner Contact Email Address	
Owner Contact Company	

LEGAL DESCRIPTION

Provide a written legal description and parcel ID in the space provided below. If the space provided is not sufficient, please type "refer to Exhibit A" and attach the complete legal description to this form.

Parcel ID:	

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5 Statement of Application and Certification 2027

Individually, or as the general partner(s) or officers of the applicant entity, I (we) am (are) familiar with the provisions which are applicable to this Application Package: the Tax Reform Act of 1986, Section 42 of the Internal Revenue Code, Title II of the National Affordable Housing Act of 1990, and their subsequent revisions, with respect to the HOME Investments Partnership Program, the Low-Income Housing Tax Credit Program, and the Multifamily Housing Revenue Bond Program (hereinafter referred to collectively as the "Programs"). To the best of my (our) knowledge and belief, the applicant entity has complied or will comply with all of the requirements applicable to this Application Package which are prerequisite to issuance of HOME Funds, the Low-Income Housing Tax Credits, and/or the issuance of Alabama Housing Finance Authority (the "AHFA") Multifamily Housing Revenue Bonds (hereinafter referred to collectively as "Funds") by AHFA. I (We) understand the Programs will be governed and controlled by rules and regulations to be issued by the United States Department of the Treasury, Internal Revenue Service, HUD, or any other government entity given jurisdiction with respect to them. I (We) further understand that any final allocation of Funds will be further governed and controlled by AHFA's policies, guidelines, procedures and/or criteria in place when the Project is Placed in Service (the "Applicable Criteria"), and that the use of the Applicable Criteria might result in my (our) receiving a smaller amount of Funds than may be initially reserved for the Project.

To the best of my (our) knowledge and belief, no information contained in this Application Package or in required attachments and/or third-party reports is in any way false or incorrect; they are truly descriptive of the Project for which the Funds are being applied; and the proposed construction will not violate zoning ordinances or deed restrictions. The estimates of income, expenses, and costs set forth in the Application Package are true and correct as computed by me and/or given to me by consultants, contractors or payees for the development. The estimates were determined from factual data in the market in which the Project is located.

I (We) hereby make application to AHFA in order to induce AHFA to perform all acts necessary, proper, and appropriate to proceed toward providing financing of the Project proposed by this Application Package. I (We) agree that AHFA and its directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or investors relating to the Programs. I (We) also understand and agree that my (our) Application Package for Funds, all attachments thereto, and all correspondence relating to my (our) Application Package in particular or the Funds in general may be subject to disclosure and I (We) expressly consent to such disclosure. I (We) understand that I (we) may request that specific items in the Application Package be treated in confidence (to the extent permitted by applicable law), but absent such a request, I (we) further understand and agree that any and all correspondence to me (us) from AHFA or other AHFA-generated documents relating to my (our) Application Package may be subject to disclosure, and I (we) expressly consent to such disclosure. I (We) assume the risk of all damages, losses, costs, and expenses related thereto and agree to indemnify and save harmless AHFA and its directors, officers, employees, and agents against any and all claims, suits, losses, damages, costs and expenses of any kind (including, but not limited to, attorney's fees, litigation, and court costs) and of any nature that AHFA hereinafter suffer, incur, or pay arising out of its decision concerning the Application Package for Funds or the use of the information concerning the Programs and/or directly or indirectly resulting from or arising out of the release of information pertaining to my (our) Application Package pursuant to a request for disclosure. I (We) further waive, with regard to such Application Package, correspondence or other documents, any applicable rights of confidentiality that I (we) may have under section 6103 of the U.S. Internal Revenue Code or other provisions of federal law.

I (We) also agree that AHFA has made no representations about the effect of the proposed Funds upon my (our) taxes or that of any other person connected with this Project. The Application Package and other materials submitted, will be available for public review under the AHFA Open Records Policy and may be posted on AHFA's website. I (We) request that the financial statements contained in the Application Package be treated in confidence in accordance with applicable law. I (We) understand further that the Application Package and all other materials submitted become the property of the Alabama Housing Finance Authority, and will not be returned. I (We) have copied all materials and will retain them for my (our) records. Once the Application Package is submitted to AHFA, even though it may be prior to the Application cycle deadline, the Responsible Owner may not add or detract information unless requested by AHFA.

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I (We) agree that AHFA may publish at its discretion information concerning the allocation of Funds to this project. Information released may include, but not be limited to, the name of the owner, Project name, location, phone number and the amount of Funds committed/reserved.

I (We) agree that the Project may not apply for a Qualified Contract until after the 19th year of the Extended Use Period, which is 4 years after the end of the 15-Year Compliance Period.

I (We) agree that AHFA may request additional information in order to evaluate this Application Package, including but not limited to credit and other information on all entities (a) owned in whole or in part by any owner(s) of the Ownership Entity or (b) in which any owner of the Ownership Entity has any involvement as a developer, contractor, or otherwise. I (We) also agree that AHFA may at its discretion, place a sign acknowledging the issuance of Funds to this Project during the rehabilitation/construction period.

I (We) certify that no federal appropriated funds have been paid or will be paid by or on behalf of the Ownership Entity, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal funds, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement; and if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, or an officer or employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement.

I (We) certify that I (we) will adhere to and comply with all applicable Federal Civil Rights legislation inclusive of the Fair Housing Laws, Section 504 of the Rehabilitation Act of 1973, American with Disabilities Act, 2010 Americans With Disabilities Act Accessibility Guidelines, Uniform Federal Accessibility Standards, Viloence Against Women Act, National Environmental Policy Act, any State and local Civil Rights legislation, as well as any required related codes and laws.

I (We) certify that I (we) will or will continue to further Equal Opportunity and Fair Housing by:

(1) Establishing affirmative marketing procedures to be utilized so that no person shall on the grounds of race, color, national origin, religion, or sex be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity funded in whole or part as with Funds made available through AHFA,

(2) Complying with the requirements of the Fair Housing Act and the Age Discrimination Act of 1975,

(3) Displaying the fair housing logo on its advertisements for those units pertaining to this Application Package and at the leasing or sales office,

(4) Submitting in writing to AHFA its plans to solicit applications from persons in the community who are unlikely to apply without special outreach

(5) Maintaining a list of the characteristics of the tenants renting assisted units and assessing and reporting annually the results of these efforts to AHFA and

(6) Providing adequate documentation to AHFA evidencing my (our) compliance with applicable Equal Opportunity and Fair Housing Laws.

I (We) accept all terms, conditions and requirements of the Housing Credit Qualified Allocation Plan and/or the HOME Action Plan, Design Quality Standards and Construction Manual, Application Package, and bond policy. I (We) understand that my(our) proposal will become part of the HOME Written Agreement or Tax Credit Reservation, whichever may be applicable, in the event that I(we)are awarded program Funds. I (We) agree to be bound by what is submitted in the proposal, unless otherwise approved in writing by the Alabama Housing Finance Authority.

Acknowledgement of Development Risk. I (We) agree, acknowledge and understand that developing a rental housing Project involves a significant degree of financial risk, including, without limitation, changes in : (a) the United States Tax Code (such as corporate rates and Section 42) and other financial or other regulations may have a significant economic impact on the proposed project; (b) the financial markets (such as interest rates, terms and available capital); (c) state and/or local taxes and fees; (d) requirements by the local city and/or municipality on the development and/or design of proposed project to obtain approvals and permits; (e) construction costs related to materials and labor; (f) the local rental market due economic factors (such as loss of jobs and/or industry); and (g) operating expenses (such as utilities and insurance). I (We) have considered carefully and understand the risks associated with the development of the proposed rental housing project and agree, acknowledge and understand that any shortfall in funding (equity, loan(s), subsidies and/or lower than anticipated operating income) are the sole responsibility of the Responsible Owner.

I (We) hereby certify that all reasonable steps have been taken to minimize the displacement of persons (families, individuals, businesses, non-profit organizations and farms). If applying for HOME funds, the owner must provide relocation assistance at the levels described in, and in accordance with the requirements of 24 CFR Part 92 and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24; and Advise all displaced persons of their rights under the Fair Housing Act (42 U.S.C. 3601-19).

I (We) hereby agree to conduct electronic commerce with respect to this Application Package, and,to the full extent permitted by applicable law, that electronic copies of executed instruments of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be originally signed and/or delivered electronically in connection with all matters related to the Application Package as required by AHFA, except as otherwise instructed.

I (We) hereby certify that the above information is true and accurate under the penalties for perjury. I (We) understand that any misrepresentations or falsifications in this Application Package or supporting documentation may result in a withdrawal of the Written Agreement and/or Housing Credit Reservation by AHFA, my (our) (and related parties) being barred from future participation in AHFA-administered programs, and notification of the Department of Housing and Urban Development ("HUD") and the Internal Revenue Service. I (We) also understand that this Application Package will not be considered if for any reason I (we) or related parties are not in good standing with HUD, USDA Rural Development (formerly FmHA), other housing finance agencies/authorities, and AHFA.

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RESPONSIBLE OWNER ENTITY:

Date: _____ Name of Responsible Owner: _____

By: _____
Authorized Signatory

State of: _____
County of: _____

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that _____ whose name(s) _____ signed to the foregoing instrument, and who _____ known to me, acknowledged before me on this day, being informed of the contents of such document _____ executed the same voluntarily.

Given under my hand and official seal this _____ day of _____ , _____ .

Notary Public: _____

My Commission Expires _____

Application Package was prepared by: _____
(Name of Preparer)

In his/her capacity as (check one) ☐ Responsible Owner ☐ Consultant ☐ Other _____ for this Project.

6a Ownership Entity Signature Authorization 2027

This form must be completed and signed authorizing the individual named below to execute documents on behalf of the Project's Ownership Entity. **Original Signatures are Required. All documents must be signed by the individual(s) authorized under Alabama law to bind the Project Ownership Entity. You must provide a certified copy of the applicable pages of the respective board resolution, bylaw, or legal formation instrument, which authorizes a person in the position of the signatory, or the signatory, to bind the entity with their signature** *(higlight sections specific to signatory authorization)* **. Do not submit forms for multiple signatories, only provide a form for the individual who will be the primary signatory.**

Project Name: **Project Application Number:**

Ownership Entity:

Please note an example signature format below, which will vary depending on your respective ownership structure.

Sample Ownership Entity Signature for Authorized Signatory:

ABC II Housing, LP
By: XYZ Housing, GP
Its: General Partner
By: 123, Inc.
Its: Member

By: Joe Owner
Its: President

Please indicate the signature structure for the Project Ownership Entity below. Provide the Project Ownership Entity layer and authorized signatory relationship to Ownership Entity (ex. its general partner, member, etc.). Please provide a legible print or type of the authorized signatory name, and include the title of the authorized signatory. Complete all fields. If a field is inapplicable, please insert N/A. Please include the title of the authorized signatory and "By" and "Its", where applicable

Enter Ownership Entity Name:

Enter additional information as necessary

Signature of authorized signatory:

Enter name and title of authorized signatory:

Printed name:

Title:

Date:

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7a New Construction Square Footage and Architect's Certification 2027

Project Name:
# of Units:
City:

The Project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.

The following information refers to (check one): ☐ Low-Income Units ☐ Family ☐ Market Rent Units ☐ Elderly

(Duplicate this page for information regarding the type of units not checked above.)

Type:	# of Units:	# of Baths:	Bedroom Sq. Foot: (List the Sq. ft. for each B/R) 1st B/R	2nd B/R	3rd B/R	4th B/R	Heated Area:	Total Heated Area:
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Living Units Total							**Total Heated Living Area:**	s.f.

Community/Clubhouse Building		s.f.	s.f.
Office Area		s.f.	s.f.
Community Laundry		s.f.	s.f.
Other Buildings (specify):		s.f.	s.f.
Other Buildings (specify):		s.f.	s.f.
Other Buildings (specify):		s.f.	s.f.
Other Buildings (specify):		s.f.	s.f.
	Total Heated Non-Living Area:		**s.f.**

Type:	# of Type:	Area:	Total Area:
Covered Porches		s.f.	s.f.
Breezeways		s.f.	s.f.
Outside Storage		s.f.	s.f.
Other (specify):		s.f.	s.f.
Other (specify):		**Total Non-Heated Area:**	**s.f.**
		Total All Sq.Ft:	**s.f.**

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Building Codes

The Project's architect, who is licensed in the state of Alabama, must provide a listing of the building codes which are applicable to the project in the space provided below.

Architect Certification

The undersigned certifies to the Alabama Housing Finance Authority (AHFA) that (1) the above information is true and correct; (2) the Project will be designed in accordance with the applicable requirements of: the current locally adopted International Buidling or International Residential Code at the time construction is permitted or no earlier than the 2009 IBC or IRC, the Fair Housing ACT, Section 504 of the Rehabilitation Act, 2010 ADA Standards for Accessible Design, IBC Chapter 11 and code referenced ICC ANSI A117.1., and any more restrictive local building code requirements; (3) Regardless of locally adopted codes, all new construction projects are subject to the 2021 IECC with no exceptions except as stipulated within the code. Additionally, buildings 4 stories or more in height must also meet ASHRAE 90.1-2019. (4) Any new construction that is accessory to the rehabilitation of existing buildings is subject to the International Energy Conservation Code of Alabama (IECCA). (5) the plans and specifications for the construction of the Project will not require any toxic waste or hazardous substance prohibited by any applicable federal or state law or regulation (including, without limitation, asbestos) to be or become a part of the Project; and (6) the Project will be designed in accordance with AHFA's Design Quality Standards and Construction Manual. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Architectural Firm:

Address:

City:

State, ZIP Code:

Phone Number:

Email Address:

Name of Designing Architect (type or Print):

Print Name:

By: _____ (Signature)

Date

7b Amenities 2027

Project Name: _____
# of Units: _____
City: _____

REQUIRED UNIT AMENITIES FOR ALL PROJECTS

Please mark each check box to notate all required amenities are included in each unit you have selected for the proposed Project. If the proposed Project does not have all required unit amenities, provide AHFA's written approval of applicable Deviation Request.

☐ Range ☐ Refrigerator ☐ Dishwasher ☐ Ice Maker ☐ Microwave ☐ **Deviation Request Form** *(attach the written approval by AHFA)*
☐ Air Conditioner ☐ Heater ☐ W/D connections ☐ Ceiling Fans

EXTRA PROJECT AND UNIT AMENITIES for Points

Amenities elected below will be used to determine whether or not the Project receives additional points under the point scoring system as described in the applicable Plan. Indicate which of the following extra amenities will be provided to all low-income and/or market rent units:

Extra Project Amenities

☐ **Clubhouse/Community Building/Community Room**(Must have at a minimum a kitchen (with refrigerator/freezer, cabinets and a sink with counter space), community meeting room (with seating and activity areas commensurate to total number of units), restrooms, community TV with cable, satellite or streaming services with a minimum of 42 inch screen TV, and wireless internet service. **A community laundry must be included if not providing a washer/dryer in each unit and the community laundry must contain at least 1 washer and 1 dryer for every 25 units proposed in the project.)**

☐ *Community Laundry provided*
☐ *Community Laundry **not** provided*

☐ **Exterior Security Package** *Must include at a minimum the following:*
* **Alarm** (sound and/or third-party monitored) system at the clubhouse/ community building, resident manager's office and laundry.
* **Camera/Video monitoring system** to provide visibility of all pedestrian and vehicular traffic of all main Project entry and exit points, parking lot and Project amenities.
* **Lighting** of all project amenities, parking lot(s), and all Project entry and exit points.

☐ **Storm Shelter** *(Must meet the International Code Council National Storm Shelter Association Standard for the Design and Construction of Storm Shelters (ICC-500 August 2008) Standards)*

☐ **Playground** *(Must provide commercial grade playground equipment with a minimum of three (3) play activities)*

☐ **Outdoor Fitness Activity Area***(Must provide 3 separate types of commercial grade outdoor fitness equipment with a minimum of 3 exercise activities. An instructional sign on the usage of fitness equipment must be placed by each type of fitness equipment)*

☐ **Covered Picnic Pavilion** *(with a minimum of two (2) tables with attached bench seating and two (2) grills with a permanent cover)*

☐ **Computer Center** *(two or more computers with printer and internet access)*

☐ **Splash Center** *(at least 500 square feet) which includes at a minimum a spray zone and pad and 3 above ground water features*

☐ **Exercise/Fitness Room with Equipment** *(Room must be no less than 144 square feet and provide a minimum of three (3) separate types of commercial grade exercise/fitness equipment.)*

☐ **Covered Bus Stop Shelter** with Fixed Bench Seating (minimum 6' wide by 12' long) with 2 fixed bench seating underneath same cover *(Must be separate/independent of the mail kiosk unless location allows for proper access of bus to pick-up and drop off)*

☐ **Access Gate** *(Must be on all entry points of project if more than one)*

☐ **Walking Trail with Benches** *(5 feet wide concrete and minimum of ¼ of mile long)(must be separate of required sidewalks)*

☐ **Basketball Court** *(break-away rim and shatter-proof backboard)*

☐ **Picnic Area with Grills** (minimum of 168 square feet of concrete slab for each picnic area) with grills (1 grill (permanently fixed) 1 picnic table with attached bench seating for every 14 units proposed in the project). Rooftop area with 1 picnic table with attached bench seating for every 14 units proposed in the Project.

☐ **Bike Racks** *(Minimum of two attached 3-bike racks, one located at the Community Building and one at an outdoor amenity area. Racks must be permanently installed on concrete in such a way that sidewalk traffic is not impeded)*

☐ **Gazebo** *(Minimum 16' x 16') (Minimum of 1 picnic table with attached bench seating or no picnic table and three benches)*

☐ **Furnished Children's Activity Center or Senior Arts & Crafts Center** (R*oom must be no less than 144 square feet and provide a single bowl sink with a minimum 6'-0" countertop with wall and base cabinets and a Storage Closet. Room must be equipped with a minimum 6' table and chairs. No folding furniture is allowed.)*

☐ **Senior Gathering Area for Multistory Elevator Developments** *(Provide a minimum 144 square feet interior conditioned and furnished Gathering Area separate from the Community Building or Community Space. Room must be equipped with a table and chairs, lounge chairs/sofa and minimum 42" TV. No folding furniture is allowed.)*

Extra Unit Amenities

☐ **Washer/Dryer Provided in each unit** *(3-7 cu. ft. capacity. Washer must be Energy Star rated)*

☐ **Unit Security Package** *(Each unit must have an alarm on all entry doors and windows)*

☐ **Emergency Pull Cord/Call Button in each unit** *(Minimum of 1 in each unit)*

☐ **Storm doors** *(Must be aluminum construction)*

Project Architect and Responsible Owner Amenity Package Certification

The undersigned project architect and Responsible Owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected Project and unit amenities will be provided to the proposed Project. The plans and specifications will reflect all required and selected extra amenities. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: _____ Name of Ownership Entity: _____

By: _____ By: _____
Signature Signature

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7c Type of Construction/Energy/Water Conservation/Healthy Living Environment/Section 504 2027

Project Name:
# of Units:
City:

Type of Construction

Indicate which of the following will be provided:

☐ Storm windows, thermal break insulated windows or extruded vinyl windows and insulated exterior doors. Windows must be Energy Star Rated.

☐ **Multifamily Units -** A minimum of 40% of each building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. The remaining 60% can be cementitious siding, stucco, or concrete masonry unit (CMU) products. The CMU products must be decorative, textured, patterned, color core, or painted. All entry areas into the apartment including covered breezeways, porches, balconies, and patios must have brick, cementitious siding, stucco, cultured stone or CMU to be considered full brick.

☐ **Single-family Units** - A minimum of 50% of the building, defined as the exterior façade from finished grade elevation to eave line, shall be brick. Each exterior wall must contain brick up to the bottom of the first floor windows on a two-story unit or the window sill of a one-story unit. The remaining 50% can be cementitious siding, stucco, cultured stone or CMU products. The CMU products must be decorative, textured, patterned, color core, or painted.

Energy/Water Conservation and Healthy Living Environment

Indicate which of the following will be provided:

☐ HVAC of 14.3 SEER (7.8 HSPF2) or above

☐ Energy Star rated "cool roof" shingles or metal roof with a fifty (50) year warranty.

☐ Install Dehumidifiers in all Apartment Units. Install so that controls are inaccessible by tenants. Dehumidifiers may be in-wall, in-line, or free.

☐ Radiant barrier roof deck at all Buildings to reduce heat buildup in the Attic Space, so the insulation is more effective and lessens heat transfer into the thermal envelope.

☐ Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.

☐ EPA's Partnership Program "WaterSense" labeled water closet, bathroom faucets and showerheads.

☐ Installed Jumper Ducts from a heated and cooled space to closets that do not have an HVAC duct.

☐ Humidistat controlled Energy Star ventilation fans in all bathrooms.

☐ Energy Star rated bath and kitchen exhaust fans.

☐ Installed LED light fixtures or fixtures with LED bulbs at all interior and exterior Apartment unit light fixtures.

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Section 504 Election (Required for AHFA HOME Projects)

Indicate if applicable:

☐ At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below.

Total number of Handicapped units:
Total number of Sensory Impaired Units:

Architect and Responsible Owner Certification

The undersigned Project architect and Responsible Owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected type of construction, Energy/Water Conservation, Healthy Living Environment and Section 504 Election will be provided to the proposed Project. The plans and specifications will reflect all required and selected items. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: _____ Name of Ownership Entity: _____

By: _____ By: _____

Signature Signature

7d **Rehabilitation Square Footage and Architect's Certification** 2027

Project Name:
# of Units:
City:

The Project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the Project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.

The following information refers to (check one): ☐ Low-Income Units ☐ Market Rent Units ☐ Family ☐ Elderly

(Duplicate this page for information regarding the type of units not checked above.)

Type:	# of Units:	# of Baths:	Bedroom Sq. Foot: (List the Sq. ft. for each B/R) 1st B/R 2nd B/R 3rd B/R 4th B/R	Heated Area:	Total Heated Area:
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Bedroom			s.f.	s.f.	s.f.
Living Units Total				**Total Heated Living Area:**	s.f.
Community/Clubhouse Building				s.f.	s.f.
Office Area				s.f.	s.f.
Community Laundry				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
Other Buildings (specify):				s.f.	s.f.
				Total Heated Non-Living Area:	**s.f.**

Type:	# of Type:	Area:	Total Area:
Covered Porches		s.f.	s.f.
Breezeways		s.f.	s.f.
Outside Storage		s.f.	s.f.
Other (specify):		s.f.	s.f.
Other (specify):		**Total Non-Heated Area:**	**s.f.**
		Total All Sq.Ft:	**s.f.**

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Building Codes

The Project's architect, who is licensed in the state of Alabama, must provide a listing of the building codes which are applicable to the project in the space provided below.

Architect Certification

The undersigned certifies to the Alabama Housing Finance Authority (AHFA) that (1) the above information is true and correct; (2) the Project will be designed in accordance with the applicable requirements of: the current locally adopted International Buidling or International Residential Code at the time construction is permitted or no earlier than the 2009 IBC or IRC, the Fair Housing ACT, Section 504 of the Rehabilitation Act, 2010 ADA Standards for Accessible Design, IBC Chapter 11 and code referenced ICC ANSI A117.1., and any more restrictive local building code requirements; (3) Regardless of locally adopted codes, all new construction projects are subject to the 2021 IECC with no exceptions except as stipulated within the code. Additionally, buildings 4 stories or more in height must also meet ASHRAE 90.1-2019. (4) Any new construction that is accessory to the rehabilitation of existing buildings is subject to the International Energy Conservation Code of Alabama (IECCA). (5) the plans and specifications for the construction of the Project will not require any toxic waste or hazardous substance prohibited by any applicable federal or state law or regulation (including, without limitation, asbestos) to be or become a part of the Project; and (6) the Project will be designed in accordance with AHFA's Design Quality Standards and Construction Manual. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Architectural Firm:
Address:
City:
State, ZIP Code:
Phone Number:
Email Address:

Name of Designing Architect (type or Print):
Print Name:
By: (Signature)
Date

7e	**Amenities** 2027	Project Name: _____ # of Units: _____ City: _____

REQUIRED UNIT AMENITIES FOR ALL PROJECTS

Please mark each check box to notate all required amenities are included in each unit you have selected for the proposed Project. If the proposed Project does not have all required unit amenities, provide AHFA's written approval of applicable Deviation Request.

☐ Range	☐ Refrigerator	☐ Dishwasher	☐ Ice Maker	☐ Microwave	☐ **Deviation Request Form** *(attach the written approval by AHFA)*
☐ Air Conditioner	☐ Heater	☐ W/D connections	☐ Ceiling Fans		

EXTRA PROJECT AND UNIT AMENITIES for Points

Amenities elected below will be used to determine whether or not the Project receives additional points under the point scoring system as described in the applicable Plan. Indicate which of the following extra amenities will be provided to all low-income and/or market rent units:

Extra Project Amenities

☐ **Clubhouse/Community Building/Community Room**(Must have at a minimum a kitchen (with refrigerator/freezer, cabinets and a sink with counter space), community meeting room (with seating and activity areas commensurate to total number of units), restrooms, community TV with cable, satellite or streaming services with a minimum of 42 inch screen TV, and wireless internet service. **A community laundry must be included if not providing a washer/dryer in each unit and the community laundry must contain at least 1 washer and 1 dryer for every 25 units proposed in the project.)**

- ☐ *Community Laundry provided*
- ☐ *Community Laundry **not** provided*

☐ **Exterior Security Package** *Must include at a minimum the following:*

* **Alarm** (sound and/or third-party monitored) system at the clubhouse/ community building, resident manager's office and laundry.
* **Camera/Video monitoring system** to provide visibility of all pedestrian and vehicular traffic of all main Project entry and exit points, parking lot and Project amenities.
* **Lighting** of all project amenities, parking lot(s), and all Project entry and exit points.

☐ **Storm Shelter** *(Must meet the International Code Council National Storm Shelter Association Standard for the Design and Construction of Storm Shelters (ICC-500 August 2008) Standards)*

☐ **Playground** *(Must provide commercial grade playground equipment with a minimum of three (3) play activities)*

☐ **Outdoor Fitness Activity Area***(Must provide 3 separate types of commercial grade outdoor fitness equipment with a minimum of 3 exercise activities. An instructional sign on the usage of fitness equipment must be placed by each type of fitness equipment)*

☐ **Covered Picnic Pavilion** *(with a minimum of two (2) tables with attached bench seating and two (2) grills with a permanent cover)*

☐ **Computer Center** *(two or more computers with printer and internet access)*

☐ **Splash Center** *(at least 500 square feet) which includes at a minimum a spray zone and pad and 3 above ground water features*

☐ **Exercise/Fitness Room with Equipment** *(Room must be no less than 144 square feet and provide a minimum of three (3) separate types of commercial grade exercise/fitness equipment.)*

☐ **Covered Bus Stop Shelter** with Fixed Bench Seating (minimum 6' wide by 12' long) with 2 fixed bench seating underneath same cover *(Must be separate/independent of the mail kiosk unless location allows for proper access of bus to pick-up and drop off)*

☐ **Access Gate** *(Must be on all entry points of project if more than one)*

☐ **Walking Trail with Benches** *(5 feet wide concrete and minimum of ¼ of mile long)(must be separate of required sidewalks)*

☐ **Basketball Court** *(break-away rim and shatter-proof backboard)*

☐ **Picnic Area with Grills** (minimum of 168 square feet of concrete slab for each picnic area) with grills (1 grill (permanently fixed) 1 picnic table with attached bench seating for every 14 units proposed in the project). Rooftop area with 1 picnic table with attached bench seating for every 14 units proposed in the Project.

☐ **Bike Racks** *(Minimum of two attached 3-bike racks, one located at the Community Building and one at an outdoor amenity area. Racks must be permanently installed on concrete in such a way that sidewalk traffic is not impeded)*

☐ **Gazebo** *(Minimum 16' x 16') (Minimum of 1 picnic table with attached bench seating or no picnic table and three benches)*

☐ **Furnished Children's Activity Center or Senior Arts & Crafts Center** (Room must be no less than 144 square feet and provide a single bowl sink with a minimum 6'-0" countertop with wall and base cabinets and a Storage Closet. Room must be equipped with a minimum 6' table and chairs. No folding furniture is allowed.)

☐ **Senior Gathering Area for Multistory Elevator Developments** *(Provide a minimum 144 square feet interior conditioned and furnished Gathering Area separate from the Community Building or Community Space. Room must be equipped with a table and chairs, lounge chairs/sofa and minimum 42" TV. No folding furniture is allowed.)*

Extra Unit Amenities

☐ **Washer/Dryer Provided in each unit** *(3-7 cu. ft. capacity. Washer must be Energy Star rated)*

☐ **Unit Security Package** *(Each unit must have an alarm on all entry doors and windows)*

☐ **Emergency Pull Cord/Call Button in each unit** *(Minimum of 1 in each unit)*

☐ **Storm doors** *(Must be aluminum construction)*

Project Architect and Responsible Owner Amenity Package Certification

The undersigned project architect and Responsible Owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected Project and unit amenities will be provided to the proposed Project. The plans and specifications will reflect all required and selected extra amenities. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: _____ Name of Ownership Entity: _____

By: _____ By: _____

Signature Signature

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7f Type of Construction/Energy/Water Conservation/Healthy Living Environment/Section 504 2027

Project Name: _____
# of Units: _____
City: _____

Type of Construction

Indicate which of the following will be provided:

- ☐ Replace all entry doors with Insulated exterior doors and replace all windows with thermal break insulated windows or extruded vinyl windows. Windows must be Energy Star Rated.
- ☐ Replace all kitchen cabinets and countertops.
- ☐ Replace all plumbing fixtures.
- ☐ Replace all HVAC equipment.

Energy/Water Conservation and Healthy Living Environment

Indicate which of the following will be provided:

- ☐ HVAC of 14.3 SEER (7.8 HSPF2) or above
- ☐ Energy Star rated "cool roof" shingles or metal roof with a fifty (50) year warranty.
- ☐ Install Dehumidifiers in all Apartment Units. Install so that controls are inaccessible by tenants. Dehumidifiers may be in-wall, in-line, or free.
- ☐ Radiant barrier roof deck at all Buildings to reduce heat buildup in the Attic Space, so the insulation is more effective and lessens heat transfer into the thermal envelope.
- ☐ Kitchen range hood ventilation to be vented to the exterior and equipped with a damper.
- ☐ EPA's Partnership Program "WaterSense" labeled water closet, bathroom faucets and showerheads.
- ☐ Installed Jumper Ducts from a heated and cooled space to closets that do not have an HVAC duct.
- ☐ Humidistat controlled Energy Star ventilation fans in all bathrooms.
- ☐ Energy Star rated bath and kitchen exhaust fans.
- ☐ Installed LED light fixtures or fixtures with LED bulbs at all interior and exterior Apartment unit light fixtures.

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Section 504 Election (Required for AHFA HOME Projects)

Indicate if applicable:

- ☐ At a minimum 5% of the dwelling units in project will be designed and constructed to be readily accessible to individuals with mobility impairments. An additional 2% of the dwelling units must be accessible to individuals with sensory impairments (i.e. hearing or vision impairments). If elected, provide specified number of units below.

  Total number of Handicapped units: _____
  Total number of Sensory Impaired Units: _____

Architect and Responsible Owner Certification

The undersigned Project architect and Responsible Owner certifies to the Alabama Housing Finance Authority (AHFA) that the above selected type of construction, Energy/Water Conservation, Healthy Living Environment and Section 504 Election will be provided to the proposed Project. The plans and specifications will reflect all required and selected items. The undersigned acknowledges that (1) federal funds may be used in connection with the Project, and (2) the foregoing certifications will be relied on by AHFA in connection with AHFA's final determination.

Project Architect: _____ Name of Ownership Entity: _____

By: _____ By: _____
Signature Signature

8b Surveyor's Certificate 2027

I, _____ *(insert name of surveyor),* a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of Project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items **[Surveyor Must Initial Each Item]:**

_____ **Survey is drawn in ink on base plat at least 24 inches by 36 inches.**

_____ Survey indicates North arrow

_____ Survey Shows graphic scale

_____ Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.

_____ Property boundary lines are drawn with a **heavy line** with all monuments marking property corners described in detail. Curved portions of the property boundary contain arc and chord distances as well as a minimum of two (2) of the survey paramenters (e.g., Delta and Radius).

_____ Title block contains surveyor's contact information, including street address, telephone, and if, e-mail.

_____ Survey indicates name of current property owner, and if different, the name of the applicant to AHFA for whom the survey was prepared.

_____ Source of title of current property owner is indicated.

_____ Area of property in acres is indicated.

_____ Survey indicates Alabama county and city (if any) in which property is located.

_____ Survey indicates location, name and governing jurisdiction (if any) for all streets or roads adjacent to, encroaching upon or intended to serve the property.

_____ Survey contains surveyor's registration seal and signature.

_____ Survey contains map and panel number of the Flood Insurance Rate Map.

_____ Survey contains Flood Zone designation.

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_____ _____

Surveyor's Signature, P.L.S. Date

Alabama License No. _____

9b Certification of Market Study Requirements 2027

Project Name:
Project Location:

Market Study performed by: Name:
Address:

The following items set forth the *minimum* requirements for a market study submitted with an Application Package for Housing Credits, HOME funds or Multifamily Bonds. The market analyst must ***sign the market analyst certification at the bottom of this form acknowledging*** that the market study performed for the proposed project listed above meets AHFA's minimum requirements. **AHFA will rely on the information submitted in the market study for evaluating the rental market for the proposed project. If the market study does not satisfy AHFA's requirements, the Application Package will terminate. Two versions of the Certification of Market Study Requirements and the Market Study must be submitted as followes: A complete color hard copy and an exact, complete, color copy in digital form, the text of which shall be in a searchable format.**

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A. EXECUTIVE SUMMARY

Provide summaries of the most pertinent findings and conclusions of the Market Analysis included with the Application Package.

Summary located in the market study on page #:

B. PROJECT DESCRIPTION

Describe the proposed Project, location, construction type, number of buildings/units, units per building, floors per building/unit, occupancy type, income targets, rents, project amenities and unit amenities.

Description located in the market study on page #:

Project City:
Project County:
Number of Low Income Units:
Number of Market Rate Units:
Total Number of Units:
Construction Type:
Number of Buildings:
Income Target:
Population Target:

Unit Type:		**# of Units:**	**# of Baths:**	**Heated Sq. Ft. Area:**
Bedroom Size				
Bedroom Size				
Bedroom Size				
Bedroom Size				
Bedroom Size				

Total # of Units:

**** (If there is not enough space attach the list to this Certification)***

Required Amenities:	
Range	
Refrigerator	
Heater	
Air Conditioner	
Dishwasher	
Ice Maker	
Microwave	
W/D connections	
Ceiling Fans	

Extra Amenities:	
Project Amenities:	
Clubhouse/Community Building (with laundry)	
Exterior Security Package	
Storm Shelter	
Playground	
Outdoor Fitness Activity Area	
Covered Picnic Pavilion	
Computer Center	
Splash Center	
Exercise/Fitness Room	

Covered Bus Stop Shelter	
Gazebo	
Access Gate	
Walking Trail with Benches	
Basketball Court	
Picnic Area with grills	
Bike Racks	
Furnished Children's Activity Center or Senior Arts & Crafts Center	
Senior Gathering Area for Multistory Elevator Developments	

Unit Amenities:

Washer/Dryer Provided	
Unit Security Package	
Storm Doors	
Emergency Pull Cord/Call Button	

Other (project or unit) Amenities Not Listed Above:

C. SITE ANALYSIS

Include a color coded map clearly identifying the location of the proposed project, approved projects and all Active AHFA projects funded with Housing Credits only, Housing Credits combined with HOME funds, Exchange,TCAP, and Tax Exempt Bonds combined with Housing Credits within the city, county, and defined market area of the proposed project. The map must show a complete 2-mile radius around the proposed project. *Radius is defined as a straight line extending from the center of a circle to the circumference* . The radius must be determined by using a starting point at the centroid (geometric center) of the proposed project's site and measured using Geographic Information System (GIS) maps. Include the map of projects even if no existing projects are inside the applicable radius.

Map located in market study on page #:

**** A Copy of the map and list of all approved for funding and Active AHFA projects must be attached to this Certification.***

All Active AHFA projects in the defined market area have an aggregate average stabilized vacancy rate of fifteen percent (15%) or less? Yes No

List of all Active AHFA projects in the defined market area:
***(If there is not enough space attach the list to this Certification)**

Project Name	Project Year	Type of Funding (H.C., HOME, Bonds)	Occupancy

Are any AHFA funded projects located inside the 2-mile radius of the proposed Project? Yes No

Include a color coded map clearly identifying the location of the proposed project and all active projects funded with Housing Credits only, Housing Credits combined with HOME funds, Exchange,TCAP, and Tax Exempt Bonds combined with Housing Credits within the 2-mile radius (as previously defined) of the proposed project. Include the map of projects even if no existing projects are inside the applicable radius.

Map located in the market study on page #:

**** A copy of the map must be attached to this Certification.***

List of all approved for funding and Active AHFA projects within the 2-mile radius of the proposed project:
****(If there is not enough space attach the list to this Certification)***

Project Name	Project Year	Type of Funding *(H.C., HOME, Bonds)*	Occupancy

AHFA will not consider any Application Package (for a new construction project or rehabilitation project that is less than 50% occupied) if the proposed project is located within a two (2) mile radius of an AHFA project approved in a prior year's cycle that has not placed in service and/or is 90% or more occupied at the time of application.

Are there any AHFA projects approved in a prior year's cycle that are located within a two (2) mile radius of the proposed project and has not Placed in Service? Yes No

Are there any AHFA projects approved in a prior year's cycle that are located within a two (2) mile radius of the proposed project that is not at least 90% occupied? Yes No

D. MARKET ANALYSIS

Market Area Definition. Define the geographical boundaries from which you expect the prospective tenants to come. Describe the methodology and reasoning used to determine the market area. Include a shaded map of the primary market area.

Map located in the market study on page #:

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**** A copy of the shaded map of the Market Area must be attached to this Certification.***

Economic Conditions. Include unemployment trends, current major employers, any expansions, newly planned employment, plant or business closings, and/or general decline or improvement that would impact the proposed development.

Economic Conditions located in the market study on page #:

Supply Analysis. Include a map with the location of the proposed site clearly marked as well as the location of all the other comparable apartment complexes in the area, both subsidized and non-subsidized. Discuss any impact of foreclosed, vacant single family homes or for sale single family homes that have been converted to rental properties. The analysis of comparable subsidized or non-subsidized developments must include, but not be limited to: vacancies, amenities and rental rates. Also include, any market rate multifamily properties that may have lowered rents to attract tenants and now are comparable with the proposed development.

Map located in the market study on page #:

**** A list of comparables in the area must be attached to this Certification.***

**** A copy of the map of comparables must be attached to this Certification.***

Total number of apartment units (market and subsidized) under construction in the market area:

All Existing Rental Units:

# of Units: **Occupancy Rate:**

All Comparables (Which may include Conv., AHFA and/or subsidized):

# of Units: **Occupancy Rate:**

Market Area Rents:

Average Rents for the following type:

		H.C.	HOME/H.C.	R.D.	Conventional
Bedroom Size:					
Bedroom Size:					
Bedroom Size:					
Bedroom Size:					

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Include the following information in the market study for each of the comparable apartment complexes that are shown on the map.

a) The list of apartment complexes in the area should include:
1. Name and address of the complex.
2. Name and phone number of the complex manager.
3. Rents charged for each type unit.
4. Market or subsidized. If subsidized give type of subsidy.
5. Include a photo of the apartment.
6. Include also any potential units coming on the market within the next 24 months

Comparable information located in the market study on page #:

b) A table (see Attachment to the Certification of Market Study Requirements) **must be** attached to this Certification and in the market study. The table must include at a minimum the following information:
1. Name of complex.
2. Size of bedroom(s) and number of bathrooms per unit.
3. Heated square footage per unit.
4. Total number of units.
5. Number of vacant units.
6. Vacancy rate.
7. Rents charged for each type unit.
8. List of Project amenities
9. List of Unit amenities.
10. Physical Condition.

Table located in market study on page #:

Demand Analysis. Include future projections that reflect population growth or decline, rent over-burdened households and households living in substandard housing. Household turnover rates may be included, however the numbers may be given little consideration in determining the overall demand in the market area. The demand analysis must convincingly demonstrate a need for the proposed type of housing.

Demand analysis located in market study on page #:

Demand from New Renter Households:

Demand from Rent Overburdened Households:

Total Demand for the proposed project:

Analysis of the Relationship between Supply and Demand. Combine the current and future estimates of supply and demand and figure the new demand in your market area. Include an analysis of the current rents of comparable projects and the rents of the proposed project. Quantify and discuss the market advantage of the proposed project. Include a capture rate and a reasonable absorption rate analysis.

Analysis of supply and demand located in the market study on page #:

Market advantage analysis located in the market study on page #:

The Capture rate analysis is located in the market study on page #:

Absorption rate analysis is located in market study on page #:

The Capture rate for the proposed Project:
(Capture rate must be 35% or less)*

The Absorption rate for the proposed Project:

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E. IMPACT ON EXISTING HOUSING

The study must include a statement on the impact of the proposed Project on the existing comparable housing and any projects under construction or recently funded by AHFA.

Statement located in the market study on page #:

Will the proposed project have an impact on AHFA's existing projects? Yes No

F. RECOMMENDATION

The study must conclude with a thorough analysis of existing and projected levels of housing needs, rents, and vacancies in the market area. ***A final recommendation statement must be provided. The market analyst must clearly state in the analyst's professional opinion whether the project as proposed will be successful or will not be successful in the proposed rental market.***

Statement located in the market study on page #:

Will this project as proposed be successful? Yes No

Market Analyst Qualifications and Certification Statement

At the time of Application Package submittal, the market study must be less than six (6) months old. Also, the market study must be performed by *an independent third-party market analyst.* A third party market analyst is defined as someone other than the parties directly involved in the application with no legal or financial interest in the matter. Every page of the submitted market study must be numbered, including maps. The market analyst must acknowledge that he/she meets AHFA's qualifications to perform market studies by initialing the following:

1. Have conducted a market study for a prior application submitted to AHFA for Housing Credits, HOME funds, or Multifamily Bonds or have received prior approval from AHFA to submit a market study in an AHFA application for funding; _____ **(Initial)**
2. Be experienced in the areas of market demand and feasibility studies, particularly as it relates to multifamily developments; _____ **(Initial)**
3. Have conducted market studies on a regular basis for multifamily mortgage lenders, state hfa's, syndicators, and investors; and _____ **(Initial)**
4. A resume has been included with business references in the market study. _____ **(Initial)**

I hereby certify the following: (1) I or an individual employed by my company, made a physical inspection of the market area and the proposed site. (2) the information obtained in the field has been used in the study to determine the need and demand for new rental units. (3) I and any individual employed by my company have no identity of interest with the client for which the market study was performed. (4) No payments for services are contingent on the successful funding of the proposed application. (5) I and any individual employed by my company have no financial interest in the Project if it is funded and constructed. (6) Information contained in the market study is true and correct to the best of my knowledge and belief and may be relied on by AHFA to make a financial decision in connection with the proposed Project. (7) I understand that any misrepresentation of any statements, information, and/or facts may result in the denial of further participation in any of AHFA's programs.

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Name: _____

Signature: _____

Date: _____

Responsible Owner Market Study Certification

I, the undersigned Responsible Owner for the above referenced project, hereby certify to the Alabama Housing Finance Authority (AHFA) that I have reviewed the Market Study and agree with the Market Analyst's assessment contained in this Certification of Market Study Requirements. I, the undersigned, certify that the information provided on this form and in the Market Study provided with my Application Package is true and correct as as it pertains to the (population target, income target, number of units, unit mix, rents and project amenities) in connection with my 2027 application for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds.

Name of Responsible Owner: _____

Signature: _____

Date: _____

Attachment to the Certification of Market Study Requirements 2027

Project Name:
Project City:
Project County:

Required comparable information:

Name of complex	Size of bedroom(s) and number of bathrooms per unit	Heated square footage per unit	Total number of units	Number of vacant units	Vacancy rate	Rents charged for each type unit	List of Project Amenities	List of Unit Amenities	Physical Condition

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11a Capital Needs Assessment Summary (Part 1) 2027

Project Name:

City:

Instructions provided in Part 2.

	Describe Rehabilitation Work	# Buildings/Units/Site	Estimated Cost
SITE			
Grounds/Landscaping/Sprinklers/Drainage			
Site Utilities			
Fences/Gates/Retaining Walls/Sidewalks			
Driveways/Parking Lot/Roads/Curbing			
Garages/Carport/Dumpster(s)/ Pad(s)/Enclosures			
Mailboxes/Mailbox Covers/Project Signs			
Bus Stop/Shelter & associated benches			
Pool & associated equipment & fencing			
Playground & associated equipment & fencing			
Splash Center & associated equipment & fencing			
Basketball/Tennis Courts & associated equipment			
Storm Shelter			
Walking Trail & associated equipment & benches			
Gazebo/Decks/Picnic Area & associated grills			
Clubhouse/Community Room & associated equipment & furnishings			
Other			
BUILDING SYSTEMS			
Roofs/Dormers/Chimneys			
Flashing/Eaves/Vents/Caps			
Gutters/Downspouts/Drains			
Foundations/Piers/Beams/ Structural			
Exterior/Siding/Fascia			
Balconies/Patios/Porches/Steps/ Railings			

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Doors/Windows/Trim/Hardware/ Screens (Interior & Exterior)			
Lobbies/Hallways/Stairways/Fire Escapes/Breezeways			
Elevators/Security			
Insulation			
Boilers/Burners/Pumps/ Incinerators			
Basement/Storage/Laundry			
Other			
COMMON AREAS			
HVAC			
Plumbing/Water Heaters/ Washers/Dryers			
Smoke Detectors/Fire Extinguishers/Sprinkler System			
Electrical/Intercom Systems/Emergency Pull Cords			
Kitchen Appliances/ Microwaves/Equipment			
Cabinets/Countertops/Vanities			
Walls/Ceilings			
Flooring/Carpeting			
Plumbing Fixtures			
Shower/Tub/Toilet			
Lighting/Fans (Interior & Exterior)			
Other			
UNITS			
HVAC			
Plumbing/Water Heaters/ Washers/Dryers			
Smoke Detectors/Fire Extinguishers/Sprinkler System			
Electrical/Intercom Systems/Emergency Pull Cords			
Kitchen Appliances/ Microwaves/Equipment			
Cabinets/Countertops/Vanities			
Walls/Ceilings			

DRAFT

Flooring/Carpeting				
Plumbing Fixtures				
Shower/Tub/Toilet				
Lighting/Fans (Interior & Exterior)				
Other				
			Total:	

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11a Capital Needs Assessment Summary (Part 2) 2027

Project Name:

City:

Please indicate whether the following items have been replaced or added within the last three years and list the method (invoice, warranty, date tag, etc.) used for verifying the 3-year installation date.

Yes ☐ No ☐ Unable to Verify ☐ Existing roof replaced with Energy Star rated "cool roof" shingles, or a metal roof with a 50 year warranty.

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ All entry doors replaced with insulated exterior doors. All windows replaced with storm windows, thermal break insulated windows, or extruded vinyl windows. Windows must be Energy Star rated.

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ Attic insulation has a value of R-38.

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ All kitchen cabinets and countertops replaced.

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ All plumbing fixtures replaced.

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ All water heaters replaced. (High efficiency water heaters .095 EF minimum)

Verification Method:

Yes ☐ No ☐ Unable to Verify ☐ All HVAC equipment replaced.

Verification Method:

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Architect Certification

I, the undersigned architect for the above-referenced Project, hereby certify to the Alabama Housing Finance Authority (AHFA) that all improvements listed in the "Capital Needs Assessment Summary" on the previous page are necessary to maintain a minimum of 15 years of affordable housing use. I further agree that, subsequent to this certification and prior to the final allocation of Low-Income Housing Tax Credits, HOME funds, and/or Multifamily Housing Revenue Bond financing, I will furnish a certification that all necessary improvements have been made according to the Capital Needs Assessment and the AHFA Design Quality Standards and Construction Manual. I, the undersigned, certify that the information provided on this form is true and correct in connection with this Application Package for Housing Credits or Multifamily Housing Revenue Bonds.

(Architectural Firm)

Print Name:

By:

(Signature)

Date:

License:

Its:

Capital Needs Assesment (Part 1 & 2) Instructions

A Capital Needs Assessment Summary (Summary) must be prepared by the Project architect for each property involving rehabilitation of existing multifamily units or conversion of an existing structure to multifamily rental units. The Summary must be accompanied by an independent third-party Capital Needs Assessment (CNA) or a CNA provided by the project architect (licensed in the State of Alabama), in a form acceptable to AHFA. The CNA must be dated within six months of the date of Application Package. The architect will be required to certify that the improvements listed on the Summary are necessary to maintain a minimum of 15 years of affordable housing use. The Architect must also certify that the project meets AHFA's Design Quality Standards (DQS) and Construction Manual. Any exceptions to the DQS should be pre-approved by AHFA in writing (see **Deviation Request Form**). AHFA reserves the right to engage a consultant to verify the information contained in the CNA at owner's expense.

The Summary will be used to determine a Project's physical capital needs based upon the observed current physical condition of the property. The subject site, building systems, common areas, and the interior/exterior of a representative number of randomly selected units should be inspected. The selected unit samples (minimum of 50%) should represent a cross-section of unit types. All site improvements, common facilities, and building exteriors shall be inspected.

The Summary report shall include:
1) All repairs/improvements as specified in the CNA.
2) Any actions necessary to correct deficiencies in order for the project to comply with federal, state, and local laws; accessibility requirements; and AHFA's DQS and Construction Manual.

Any variances between the CNA and the Summary must be explained. Any/all supporting documentation addressed in the CNA must be provided to AHFA at the time of initial application. Items listed on the Summary must be for 100% of units/buildings. If not, a satisfactory explanation must be provided by the project architect detailing each variance for the applicable units and/or buildings. Only list work to be done and the associated costs in the Summary.

The Summary report contains a list of those items that are typically included in any accessibility evaluation. It is meant to provide guidance, but not intended to be all-inclusive. The estimated repair/replacement costs for materials, labor, overhead, and profit, should be provided.

The architect is required to document whether all items listed in Part 2 of the Summary have been replaced or added within the last three (3) years and list the method used for verifying the three year replacement date. This certification should only be made if the items on this page were replaced for 100% of the units/buildings during the past three year period.

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13a CERTIFICATION OF BID LAW COMPLIANCE 2027

All Responsible Owners must certify that any General Contractor selected by the Responsible Owner is licensed by the State of Alabama and certify their compliance with the applicable bid laws. The Responsible Owner must acknowledge their compliance with the applicable bid laws by completing and signing the certification of bid law compliance.

Project Name: _____

Project Address: _____

_____

_____

_____

Owner: _____

General Contractor: _____

General Contractor information must be submitted at time of application and the selection of the General Contractor must have been in accordance with applicable competitive bid laws of the State of Alabama and/or federal and local jurisdictions.

By completing this certification (*select all that apply*):

☐ I (we) certify that the General Contractor listed in this application is licensed by the State of Alabama.

☐ I (we) certify that the General Contractor listed in this application was selected in accordance with the State of Alabama (or other applicable federal or local jurisdiction) competitive bid laws.

☐ I (we) certify that the General Contractor listed in this application is not required to comply with State of Alabama and/or federal and local jurisdiction competitive bid laws.

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Print Name: _____ _____
Date

By: _____
(Signature)

Its: _____

13b Foreign Ownership Certification 2027

If applicable, complete this certification for each Foreign Ownership that is a Responsible Owner.

The undersigned, being the duly appointed [title of officer] of [legal name of foreign entity] ,an [jurisdiction of formation and type of entity] ("Declarant"), executes and delivers this Foreign Entity Ownership Certificate ("this Certificate") in support of the information listed below to the Alabama Housing Finance Authority (the "Authority") as an equity ownership interest in [legal name of project owner] , an Alabama limited [partnership/limited liability company] (the "Owner"), which owns a [number of units] unit affordable multifamily project commonly known as [name of project] located at [project address] in [project city] ,Alabama (the "Project").

In support of the foregoing request, Declarant represents, warrants and certifies to the Authority that Declarant has obtained all registrations, consents, franchises, licenses, visas, permits, authorizations and other approvals legally necessary for Declarant to conduct its business in the United States of America, including without limitation ownership of interests in real estate such as the Project, under the applicable treaties, laws and regulations of the United States and the State of Alabama (collectively, "Applicable US Law"). Without limiting the foregoing, but in supplementation thereof, Declarant further represents, warrants and certifies as follows:

1. Under the Alabama Property Protection Act, codified at Ala. Code § 35-1-1.1 et seq (1975) (the "Property Protection Act"), (a) Declarant is not a Foreign Principal of a Foreign Country of Concern, (b) Declarant is not owned or controlled, directly or indirectly, by a Foreign Country of Concern, and (c) the Project is not Agricultural and Forest Property and is not Real Property located on or within 10 miles of any Military Installation or Critical Infrastructure Facility. Capitalized terms used in this paragraph have the meaning assigned in the Property Protection Act.

2. Declarant is in compliance with (a) the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT Act of 2001), as amended (the "USA Patriot Act"), (b) the United States Foreign Corrupt Practices Act of 1977, as amended (the "FCPA"), and (c) Executive Order 13224 of September 23, 2001, Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism (66 Fed. Reg. 49079 (2001) and all other applicable regulations or executive orders promulgated by the Office of Foreign Assets Control of the United States Treasury Department (collectively, the "OFAC Orders").

3. Upon request, Declarant will provide promptly to the Authority, at Declarant's sole cost and expense, all documentation and other information that the Authority requests in order to comply, or to demonstrate compliance, with Applicable US Law, including without limitation the Property Protection Act, the USA Patriot Act, the FCPA and applicable OFAC Orders.

By executing this Certification, Declarant hereby acknowledges and agrees that the Authority may rely without investigation upon the representations, warranties and certifications contained in this Certificate, and Declarant agrees to indemnify and protect the Authority in the event that any matter herein provides to be inaccurate, in whole or in part, for any reason, and to execute and/or file such applications or instruments, pay such costs, and take such other actions as the Authority may deem necessary or desirable in order to protect and indemnify the Authority for any and all costs, expenses or losses that may result from any such inaccuracy, including without limitation the Authority's legal fees and expenses.

IN WITNESS WHEREOF, the undersigned has executed this Foreign Entity Ownership Certificate as of the day of ,20 .

[FOREIGN ENTITY SIGNATURE BLOCK]

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18a Limited Partnership 2027

Project Name:

If the Ownership Entity is a limited partnership (LP), please include Forms LP as applicable. If the general partner of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named ownership entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."

Name of Partnership:
Address:
City, State, Zip:

Partnership is: ☐ For Profit ☐ Non-Profit

Is Partnership Newly Formed? ☐ Yes ☐ No

Partners

	Percentage Ownership (must equal 100%):	
1. Partner:	% Ownership	
Address:	To be Removed at Syndication?	
City, State, Zip:	☐ Yes ☐ No	
☐ General ☐ Limited ☐ Special Limited Partner		
2. Partner:	% Ownership	
Address:	To be Removed at Syndication?	
City, State, Zip:	☐ Yes ☐ No	
☐ General ☐ Limited ☐ Special Limited Partner		
3. Partner:	% Ownership	
Address:	To be Removed at Syndication?	
City, State, Zip:	☐ Yes ☐ No	
☐ General ☐ Limited ☐ Special Limited Partner		
4. Partner:	% Ownership	
Address:	To be Removed at Syndication?	
City, State, Zip:	☐ Yes ☐ No	
☐ General ☐ Limited ☐ Special Limited Partner		
5. Partner:	% Ownership	
Address:	To be Removed at Syndication?	
City, State, Zip:	☐ Yes ☐ No	
☐ General ☐ Limited ☐ Special Limited Partner		

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I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: By: (Signature)

Date: Its:

18a Limited Liability Company 2027

Project Name:

If the Ownership Entity is limited liability company (LLC), please include Forms LLC, as applicable. If the member of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."

Name of LLC:
Address:
City, State, Zip:

LLC is: ☐ For Profit ☐ Non-Profit

Is LLC Newly Formed? ☐ Yes ☐ No

Membership

	Percentage Ownership (must equal 100%):
Manager (if any):	% Ownership
Address:	To be Removed at Syndication?
City, State, Zip:	☐ Yes ☐ No
1. Member Name:	% Ownership
Address:	To be Removed at Syndication?
City, State, Zip:	☐ Yes ☐ No
2. Member Name:	% Ownership
Address:	To be Removed at Syndication?
City, State, Zip:	☐ Yes ☐ No
3. Member Name:	% Ownership
Address:	To be Removed at Syndication?
City, State, Zip:	☐ Yes ☐ No
4. Member Name:	% Ownership
Address:	To be Removed at Syndication?
City, State, Zip:	☐ Yes ☐ No

DRAFT

I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: By: (Signature)

Date: Its:

18a Corporation 2027	Project Name:

If the Ownership Entity is a corporation (CORP), please include Forms CORP, as applicable. If the shareholder of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entities should provide the required form and indicate that they are "Newly Formed."

Name of Corporation:
Address:
City, State, Zip:

Corporation is: ☐ For Profit ☐ Non-Profit

Is Corporation Newly Formed? ☐ Yes ☐ No

Officers

President: Vice President:

Secretary: Treasurer:

Shareholders

Shareholders:		Percentage Ownership: (Must Equal 100%)	
1. Name:		% Ownership	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
2. Name:		% Ownership	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
3. Name:		% Ownership	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
4. Name:		% Ownership	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	

DRAFT

I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: By: (Signature)

Date: Its:

18a	Trust 2027	Project Name:

If the Ownership Entity is a trust, please include Forms Trust as applicable. If the beneficiaries of the Ownership Entity is a corporation, limited liability company, or limited partnership, the applicable Ownership Entity form must also be completed. Please continue completing forms until each individual shareholder or partner of named Ownership Entity is identified. Any newly formed Ownership Entity should provide the required form and indicate that they are "Newly Formed."

Name of Trust:
Address:
City, State, Zip:

Trust is: ☐ For Profit ☐ Non-Profit

Is Trust Newly Formed? ☐ Yes ☐ No

Trustee(s) (Provide full legal name)

Beneficiaries

		Interest in the Trust:	
1. Name:		% Interest	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
2. Name:		% Interest	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
3. Name:		% Interest	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	
4. Name:		% Interest	
Address:		To be Removed at Syndication?	
City, State, Zip:		☐ Yes ☐ No	

DRAFT

I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that AHFA may request additional information for purposes of evaluating this application.

Print Name: By: (Signature)

Date: Its:

18b Credit Authorization Form 2027

Project Name:

This form must be completed by each organization, Responsible Owner(s), member(s), shareholder(s), general partner(s), developer(s), general contractor(s), and management company to authorize AHFA to obtain a credit report for purposes of evaluating the Application Package. Newly formed entities must complete the form and select the "Newly formed" option below. A physical address is required, a P.O. Box is not acceptable.

- ☐ Ownership Entity
- ☐ Members and/or Shareholders
- ☐ General Partners
- ☐ Beneficiaries
- ☐ General Contractor
- ☐ Management Company
- ☐ Developer

List all projects in the current application cycle associated with each organization or individual.

Project Name:		**Project Name:**	
Project Name:		**Project Name:**	
Project Name:		**Project Name:**	
Project Name:		**Project Name:**	

Organization

Organization Name:

Physical Organization Address:

City:

State: **Zip:**

Tax ID Number: **Newly Formed?** ☐ **Yes** ☐ **No**

(Specific to Organization Name Above)

I (We) hereby authorize AHFA to obtain a Business credit report for purposes of evaluating my (our) Application Package. I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package.

By: _____ **Signature:** **Date:**

Print Name:

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Individual

Last Name: **First Name:** **Middle:** **Suffix:**

House/Apt Number: **Street Name:**

City:

State: **Zip:**

Social Security Number:

I (We) hereby authorize AHFA to obtain an Individual credit report for purposes of evaluating my (our) Application Package. I, the undersigned, certify that the information provided on this form is true and correct in connection with my 2027 Application Package.

By: _____ **Signature** **Date**

Print Name

18c Organizational Financial and Credit Statement 2027

Statement of: _____ As of (M/D/Y): _____
Address, City, Zip: _____ Email Address: _____

Assets

Cash on hand and in banks (Name of Depository)	(Balance)	
Accounts Receivable		
Net of Doubtful Accounts:		
Notes Receivable		
Net of Doubtful Notes:		
Stocks and Bonds (from next page):		
Other current Assets (describe):		
Total Current Assets:		
Real Property (from next page):		
Machinery, Equipment, Fixtures:		
Life Ins. (Cash value less loans):		
Other assets (describe):		
Total Assets:		

Liabilities and Net Worth

Accounts Payable:		
Notes Payable:		
Debts Payable in less than one year (secured by real property):		
Debts Payable in less than one year (secured by other assets):		
Other current Liabilities (describe):		
Total current Liabilities:		
Debts Payable in more than one year (secured by real property):		
Debts Payable in more than one year (secured by other assets):		
Other liabilities (describe):		
Total Liabilities:		
Net Worth:		
Total Liabilities and Net Worth:		

Annual Sources of Income

Primary Source of Income:	
Other income:	
Total Income:	

Annual Operating Expenses

Administrative:	
Taxes:	
Insurance:	
Depreciation:	
Other operating expenses:	
Total Expenses:	
Net Income:	

Accounts and Notes Receivable

Specify amounts, if any, due from partners (P), employees (E), or relatives (R):

Type (P/E/R)	Name	Address	Amount

Delinquencies

If any taxes, mortgage payments or other liabilities are past due, specify:

Type Liability	Amount	Circumstances

Insurance

Life (face value) $ _____
Beneficiary _____

Notes Payable

Payable to	Amount	Maturity Date

Pledged Assets

Type Pledged	Amount	Offsetting Liability

Provide as an attachment to this form, full details of any legal proceedings instituted by creditors, or any unsatisfied judgement that remain on record.

DRAFT

18c Organizational Financial and Credit Statement 2027

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
TOTAL:			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page

The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holder

References

Bank:

Trade:

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: By: (Signature)

Date: Its:

DRAFT

Instructions:

A**ll applicable sections of the financial statement (F/S) must be completed**. Any newly formed Ownership Entities should provide required form and document that they are "Newly Formed. "For the Responsible Owners who are individuals and for *each* individual listed on Forms LP, CORP, LLC, GP,LLP, and Trust, a Personal F/S is required. *The F/S form must be completed in its entirety*. ***Please include your personal residence. If you do not own a personal residence, indicate so on the F/S form.***

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with “See Attached” and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income. Accountant prepared statements must be clearly identifiable on letterhead and with signature(s).

A current financial statement is a statement dated less than 12 months old from the time of application submission from the year-end date of the statement. The year-end is defined as the end of the accounting period of the statement. The accounting may be on a calendar year or fiscal year.

Organizational F/S are required separately for each of the Ownership Entities, the Developer (if different from the Ownership Entity), the General Contractor and the Management Company. If any entity has a *current* F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with “See Attached” and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income. Accountant prepared statements must be clearly identifiable on letterhead and with signature(s).

IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.

ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED.

18c Personal Financial and Credit Statement 2027

Statement of: _____ As of (M/D/Y): _____

Personal Address: _____ Email Address: _____

_____

Assets

Cash on hand and in banks (Name of Depository)	(Balance)	
Accounts Receivable		
Net of Doubtful Accounts:		
Notes Receivable		
Net of Doubtful Notes:		
Stocks and Bonds (from next page):		
Other current Assets (describe):		
Total Current Assets:		
Real Property (from next page):		
Machinery, Equipment, Fixtures:		
Life Ins. (Cash value less loans):		
Other assets (describe):		
Total Assets:		

Liabilities and Net Worth

Accounts Payable:		
Notes Payable:		
Debts Payable in less than one year (secured by real property):		
Debts Payable in less than one year (secured by other assets):		
Other current Liabilities (describe):		
Total current Liabilities:		
Debts Payable in more than one year (secured by real property):		
Debts Payable in more than one year (secured by other assets):		
Other liabilities (describe):		
Total Liabilities:		
Net Worth:		
Total Liabilities and Net Worth:		

Annual Sources of Income

Salary:	
Bonuses and Commissions:	
Dividends:	
Rental Income(net of expensives and debt service):	
Other income:	
Total Income:	

Annual Expenditures

Mortgage/Rent:	
Insurance:	
Car Payments:	
Installment Notes:	
Alimony:	
Total Expenses:	

Accounts and Notes Receivable

Specify amounts, if any, due from partners (P), employees (E), or relatives (R):

Type (P/E/R)	Name	Address	Amount

Delinquencies

If any taxes, mortgage payments or other liabilities are past due, specify:

Type Liability	Amount	Circumstances

Insurance

Life (face value) _____ $ _____

Beneficiary _____

Notes Payable

Payable to	Amount	Maturity Date

Pledged Assets

Type Pledged	Amount	Offsetting Liability

Provide as an attachment to this form, full details of any legal proceedings instituted by creditors, or any unsatisfied judgement that remain on record.

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18c Personal Financial and Credit Statement 2027

(Continued)

Stocks and Bonds

Description	Cost	Market Value (at date of this statement)	If listed, name exchange
TOTAL:			< This value on previous page

Real Property (Including Personal Residence)

Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page

The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:

Location of Real Property	Name of Title Holder

References

Bank:

Trade:

I, the undersigned, certify that the figures and statements contained here and submitted by me for the purpose of obtaining funding from the Alabama Housing Finance Authority are true and give a correct showing of my financial condition as of the date below.

Print Name: By: (Signature)

Date: Its:

DRAFT

Instructions:

All applicable sections of the financial statement (F/S) must be completed. Any newly formed Ownership Entities should provide required form and document that they are "Newly Formed." For the Responsible Owners who are individuals and for *each* individual listed on Forms LP, CORP, LLC, GP, LLP, and trust, a Personal F/S is required. *The F/S form must be completed in its entirety.* ***Please include your personal residence*** ***(No P.O. Box or Business addresses)*** ***. If you do not own a personal residence, indicate so on the F/S form.***

If any of the individuals for whom a financial statement is required has a personal and current financial statement prepared by an independent accountant, he/she can attach that statement to Form Personal FS, mark Form Personal FS with “See Attached” and must sign Form Personal FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income. The accountant prepared statement must contain a balance sheet and a statement of income. Accountant prepared statements must be clearly identifiable on letterhead and with signature(s).

A current financial statement is a statement dated less than 12 months old from the time of application submission from the year-end date of the statement. The year-end is defined as the end of the accounting period of the statement. The accounting may be on a calendar year or fiscal year.

Organizational F/S are required separately for each of the Ownership Entities, the Developer (if different from the Ownership Entity), the General Contractor and the Management Company. If any entity has a *current* F/S prepared by an independent accountant, it can attach that statement to Form Organizational F/S, mark Form Organizational F/S with “See Attached” and must sign Form Organization FS as required on the second page of the form. The accountant prepared statement must contain a balance sheet and a statement of income.

IN ALL INSTANCES, ONLY A CURRENT, INDEPENDENT ACCOUNTANT PREPARED FINANCIAL STATEMENT MAY BE USED IN LIEU OF COMPLETING THE APPLICABLE SECTIONS OF FORM PERSONAL OR ORGANIZATIONAL FS. IN ALL INSTANCES THE FORM PERSONAL OR ORGANIZATION MUST BE SIGNED AND INCLUDED WITH APPLICATION.

ALL APPLICABLE SECTIONS OF THE FINANCIAL STATEMENT MUST BE COMPLETED.

19a Schedule of Real Estate Owned (Active AHFA Projects) 2027

The projects provided on this Schedule of Real Estate Owned (Active AHFA Projects), that meet the requirements listed below, will be counted for owner experience in the 2027 application cycle for the Responsible Owner listed below. This form should be completed for each Responsible Owner. Do not combine multiple organizations or individuals on one form.

Complete the Information below for all Active AHFA Projects that received a Housing Credit Reservation or HOME Written Agreement in 2000 or later.

Projects should be listed in descending order, listing the most recent Active AHFA Project first. Do not include projects approved but not yet Placed in Service.

☐ The Responsible Owner listed below does not own any Active AHFA Projects.

Date:

Project Name:

Responsible Owner Name:

DMS Organization Number:

Active AHFA Projects Since 2000

Project Name	Project Number

DRAFT

19b

Schedule of Real Estate Owned (Non-AHFA Projects)

2027

Name of Responsible Owner (A separate form must be submitted for each organization/or individual.)

☐ Ownership Entity (Ltd, Corp, LLC, GP, LLP) ☐ Shareholder(s) ☐ Special Limited Partner (Non-Investor)

☐ General Partner(s) ☐ Member(s)

☐ "Not Applicable" (Select this block **only** if you do not own any non-AHFA projects.)

Newly Formed ☐ Yes

Complete the information below for all non-AHFA projects developed and owned by the above referenced Responsible Owner. Projects should be listed in descending order (begining with the most recent Placed in Service date for the project). **Do not include projects approved but not yet placed in service.** (Include additional copies of this form as needed.)
Mobile/Manufactured home developments, hospitals, sanitariums, life care facilities, or intermediate care facilities are not considered multifamily housing for the purpose of this form.

This form should be completed for each Responsible Owner. Please select the ownership type above. If you do not currently own a non-AHFA project, please select the "Not Applicable" option above. Newly formed entiies should select the "Newly Formed" option above.

Total number of Non-AHFA PIS units owned (listed on form (s))	Most Recent Placed in Service Date	Date of Ownership	Project Type (Market Rate or Affordable)	# of Units	# of Low-Income Units	Current Occupancy %	Total Debt/Mortgage Balance	Required Funding Source(s) information:Name of entity, contact person, and phone number	Annual Gross Income	Annual Operating Expenses	Net Operating Income	Annual Debt Service	Net Cash Flow after Debt
1) Project Name: / Project Address:(street, city, state , zip)													
2) Project Name: / Project Address:(street, city, state , zip)													
3) Project Name: / Project Address:(street, city, state , zip)													
4) Project Name: / Project Address:(street, city, state , zip)													
5) Project Name: / Project Address:(street, city, state , zip)													
6) Project Name: / Project Address:(street, city, state , zip)													
7) Project Name: / Project Address:(street, city, state , zip)													
8) Project Name: / Project Address:(street, city, state , zip)													

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19c Schedule of Real Estate - Approved and/or Under Construction (AHFA and non-AHFA) Certification 2027

Name of Responsible Owner

Section I: Complete the information in this section for all multifamily projects the above referenced Responsible Owner currently has approved and/or are currently under construction. (Include additional copies of this form as needed).

☐ The Responsible Owner currently does not have any multifamily projects approved and/or under construction.

Project Name	State	Project Type (NC, Rehab,or ACQ/Rehab)	# Units	# Low-Income Units	Anticipated Place in Service Date	Total Project Cost	Required Funding Source(s) information:Name of entity, contact person, and phone number

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Section II: Are there or have there been any uncorrected 8823's, pending judgements, legal suits/actions or bankruptcy claims against any of the projects listed (in Forms Part 1,Part 2,or Part 3). ☐ Yes ☐ No (If yes, please attach an explanation)

Have any staff or development teams members listed in application previously or currently been involved in litigation against another housing credit agency? ☐ Yes ☐ No (If yes, please attach an explanation)

I, the undersigned, certify that the information provided in the Schedule of Real Estate Forms Part 1, Part 2, & Part 3 is true and correct in connection with my 2027 Application Package. I hereby further acknowledge that in reviewing and considering my Application Package, AHFA may request additional information from me or the financing entities for the purpose of evaluating my Application Package.

Print Name

By: _____
Signature

Date:

Its: _____

19d Previous Participation Certification 2027

This form should be completed for each Responsible Owner, developer, and general contractor listed in connection with the application.

Name of Organization or Individual:

Address:
City, State, ZIP:

☐ Owner (Ltd, Corp, LLC, Trust)
☐ General Partners, Shareholders, Members and/or Beneficiaries
☐ Developer ☐ General Contractor

List names of all known owners/principals/entities of the referenced organization providing assistance to the proposed Project.	Title/Role	% Interest in Ownership of Organization (must total 100%)

Certification and Authorization

I (Responsible Owner(s), or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and Project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Schedule of Real Estate Owned forms and/or Relevant Experience forms, under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the Project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the Project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the Schedule of Real Estate Owned form(s) and Relevant Experience form(s) contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

a) No mortgage on a Project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;

b) I have not experienced defaults or uncorrected non-compliances on any HUD, USDA RD, AHFA and other state and local government housing finance Project(s);

c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my Projects nor have I had one or more public (federal, state or local) Projects terminated for cause or default;

d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;

e) I have not been convicted of or had a civil judgment rendered against me for commission for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in this paragraph;

f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction Projects involving the use of federal funds or the Low-Income Housing Tax Credit program;

g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this Project in which I proposed to participate, are listed above.

I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Schedule of Real Estate Owned form(s) and/or Relevant Experience form(s).

For general partners or Project owners only: I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, as applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this Project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

Type or Print

Names of all known owners/principals/entities	Signature of Principal/Owners	Date	Telephone Number with Area Code and E-mail Address

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Relevant Experience Form 2027

19e

Name of Organization/or Individual

☐ Developer

DMS Organization Code

Complete the information below for projects your organization has developed and placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. ***Do not include projects approved but not yet placed in service.***

Total number of units developed	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	Total Development Costs	Required Funding Source(s) information:Name of entity, contact person, and phone number
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							

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I, the undersigned, certify that I developed the above-listed projects and the information provided is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

Relevant Experience Form 2027

19e _____
Name of Organization/or Individual

☐ General Contractor

Alabama General Contractor's License Number: _____

DMS Organization Code: _____

Complete the information below for projects your organization has served as the General Contractor and are currently placed in service. List only those projects which have activities, features, and/or are similar in size or scope to the proposed project. ***Do not include projects approved but not yet placed in service.***

Total number of units constructed or rehabilitated _____	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	Total Development Costs	Funding Source(s)
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							
Project Name: Project Contact:							

I, the undersigned, certify that I served as the General Contractor for the above-listed projects and the information provided is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: _____ By: _____
(Signature)

Date: _____ Its: _____

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20 General Contractor's Other State Activities Form

(Exclude Alabama Properties) 2027

List all projects currently under construction and any new projects under contract:

Name of Organization

Project Name	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Anticipated Place in Service Date	Total Project Cost

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Has your organization previously or currently been involved in litigation against another housing credit allocating agency? ☐ Yes ☐ No

(Indication is required: If yes, please attach an explanation)

I, the undersigned, certify that the information given is true and correct. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

21 DEVELOPMENT TEAM RESUME 2027

Submit This Form Only (Attachments will not be accepted)

Name of Organization:
Name of Individual (full legal name):
Title / Role:
Address:
City, State, ZIP:
Phone #:
Email Address:

- [ ] Consultant (If applicable)
- [ ] Architect
- [ ] Attorney
- [ ] Accountant

DMS Organization Code:

Describe primary responsibilities for proposed project: (Press alt enter to move cursor to the next line)

Education:

List relevant multifamily experience:

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22a Ownership Entity/Developer Responsibilities Form 2027

Project Name:
City:

If separate *entities*, this form must be completed and fully executed by the Ownership Entity and Developer. A written agreement outlining each party's responsibilities must be provided.

Ownership Entity has/will have:

☐ Valid legal title to or a long-term (Equal to or longer than the compliance period and extended use period combined) leasehold in the subject property.

Note: Long-term leasehold is ineligible for HOME projects.

Developer has/will have:

☐ Valid legal title to or a long-term leasehold in the subject property.

☐ A contractual obligation to the property owner:

- ☐ To obtain financing
- ☐ To rehabilitate or construct the project
- ☐ To maintain/manage the project
- ☐ To materially participate during the construction through completion

~~Please~~ Provide a copy of the written agreement between the Ownership Entity and the Developer(s) which details each party's respective obligations.

(Name of Ownership Entity) By:

Date: Its:

State of

County of

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that , whose name as of , a is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said .

Given under my hand and official seal this day of , .

Notary Public: My Commission Expires:

(Name of Developer) By:

Date: Its:

State of

County of

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that , whose name as of , a is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day, being informed of the contents of such document, he/she as such officer and with full authority, executed the same voluntarily for and in behalf of said .

Given under my hand and official seal this day of , .

Notary Public: My Commission Expires:

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23 Identity of Interest 2027

Project Name:

Submit This Form Only (Attachments will not be accepted)

Identity of Interest. AHFA requires that the Responsible Owners identify the existence of an Identity of Interest with any other party to the project including the sale of real estate. “Identity of Interest” is defined as follows:

Parties that have an Identity of Interest are presumed to be sufficiently related for them to be treated as a single applicant for purposes of the HOME and/or Housing Credit Cap. As described below, AHFA may in its discretion, identify other parties whose relationship is sufficiently close to cause them to be treated as a single applicant for purposes of the Cap. A significant factor in the evaluation will be whether, based on the facts and circumstances, a primary purpose of a party’s involvement in a project appears to be avoidance of the Cap.

The following relationships constitute an identity of interest for purposes of identifying related parties in order to apply the Cap:

(i.) Individual persons are considered related to each other (a.) if they have any of the following direct relationships: parent, child, spouse, son-in-law, daughter-in-law, father-in-law, and mother-in-law, including any such direct relationship created by marriage, remarriage, adoption, or any other legally recognized status, or (b.) if one individual is an employer, by common law or otherwise, of the other.

(ii.) Entities are considered related to each other (a.) if any director, shareholder, partner, member or any other type of owner of any entity would be considered a related individual (under item a. above) to any director, shareholder, partner, member or any other type of owner of another entity, (b.) if the entity has the ability to control another entity, or (c.) if the entity owns a material interest in another entity. An entity will be presumed to control another entity if it has a percentage of ownership in the other entity or the ability to appoint a percentage of the members of the other entity’s governing body (i.e., board of directors, board of trustees, partners, managers, etc.) that would permit it to control the other entity either by operation of law or by agreement. A material interest means any ownership interest in excess of 20% of the stock, partnership interests, membership interests or other forms of ownership of any entity; provided, however, that ownership interests held by Housing Credit investors, Housing Credit syndicators or special administrative partners or members shall be disregarded for purposes of 20% test.

(iii.) Without limiting the above, a trust will be considered related to any individual or entity if any trustee, trustor, grantor, settlor, beneficiary, permissible distributee, any person or entity serving a role similar to the foregoing, or any person holding power of appointment (general or limited) over trust property would be considered related to the individual or entity under items a. or b. above.

(iv.) Any other relationship which, while not specifically listed above, is determined to constitute an Identity of Interest because it is a relationship at least as close as an identity of interest described above or because it would permit an allocation that violates the intent of the Housing Credit Cap. For example, the facts and circumstances relating to relationships involving a former employer and employee or longstanding business partners could be determined to constitute an Identity of Interest.

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Is there an identity of interest that meets the criteria above between any of the Development Team Members listed in the Application Package?

☐ Yes ☐ No

If yes, disclose the Identity of Interest below (press ALT Enter to skip to next line):

24a Management Company Previous Participation Certification 2027

Name of Management Company or Individual:

Address:
City, State, ZIP:
Email Address:

List names of all known principals of the above referenced Management Company to the proposed Project.	Title/Role	% Interest in Ownership of Management Company (must total 100%)

Certification and Authorization

I (individual, partner, shareholder, member, or other entity) certify that I am applying to the Alabama Housing Finance Authority (AHFA) for approval to participate as a principal in the role and project listed above based upon my previous participation record and this certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on the Management Verification and Relevant Experience form(s), under the penalties of perjury.

I acknowledge that federal funds may be used in connection with the project, and that these certifications will be relied on by AHFA in connection with AHFA's making financing decisions. I certify that I do not presently have any relationship, financial or otherwise, with AHFA, its staff members and/or its employees except in its capacity in the project as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with federal funds.

I further certify that the organization's previous participation, detailed on the AHFA Management Verification Form and/or Management Relevant Experience form(s) contains a listing of the assisted or insured projects of HUD, USDA RD, AHFA and other state and local government housing finance agencies in which I have been or am now a principal. I certify, for the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate, that:

a) No mortgage on a project owned or managed by me has ever been in default, assigned to the state or foreclosed. Nor has mortgage relief by the mortgagee been given;
b) I have not experienced defaults or uncorrected non-compliances on any HUD, USDA RD, AHFA and other state and local government housing finance project(s);
c) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or AHFA audits, management reviews or other government investigations concerning me or my projects nor have I had one or more public (federal, state or local) projects terminated for cause or default;
d) There has not been a suspension or termination of payments under any HUD, USDA RD AHFA and other state and local government housing finance agency assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
e) I have not been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offenses in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offense enumerated in this paragraph;
f) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction projects involving the use of federal funds or the Low-Income Housing Tax Credit program;
g) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

I certify that all the names of the parties, known to me to be principals in this project in which I proposed to participate, are listed above.

I authorize AHFA to obtain from and release to any source information regarding me and my previous experience detailed on the Management Relevant Experience form(s).

I further certify that all parties who are principals or who are proposed as principals here are listed above and no principals or identities of interest are concealed or omitted.

Statements above to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances that help qualify me as a responsible principal for participation in this project. I understand that any strikethrough, inclusive of explanations, must be satisfactory to AHFA in its sole discretion.

I (We) hereby agree to conduct electronic commerce with respect to this application, and, to the full extent permitted by applicable law, that electronic copies of instruments and electronic signatures of parties shall have the same legal force and effect as original documents or signatures. Without limiting the foregoing, I (We) hereby acknowledge full and adequate notice that instruments may be signed and/or delivered electronically in connection with all matters related to the application as required by AHFA.

Name of Principal	Signature of Principal	Date	Telephone Number with Area Code and E-mail Address

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24b Management Company State Compliance Form 2027

List all Housing Credit projects which you currently manage for which an 8823 has been filed by AHFA or another Housing Credit Allocating Agency and the noncompliance has not been corrected. List any 8823's filed within the last three (3) years by AHFA or other Housing Credit Allocating Agency and indicate whether the noncompliance has been corrected.

☐ No 8823's have been issued on projects we currently manage.

Project Name and State Location	Project Type (NC, REHAB, or ACQ/REHAB)	# Low-Income Units	Date Placed in Service	# of 8823s Filed	Nature of Noncompliance	Corrected? (YES or NO)

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Has any staff or management team member listed in application previously or currently been involved in litigation against another housing credit allocating agency? ☐ Yes ☐ No ***(Indication is required: If yes, please attach an explanation)***

I, the undersigned, certify that the information given is true and correct. I hereby further acknowledge that in reviewing and considering this application, AHFA may request information from other Housing Credit allocating agencies for purposes of evaluating this application.

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

24c AHFA 2027 Management Company Verification Form

The projects provided on this verification form will be counted for Management Company experience in the 2027 Competitive Application Cycle for the Management Company listed below.

Management Companies should provide copies of the completed verification form to any/all 2027 project Appplicant Packages with whom they will be affiliated.

To qualify for maximum points, Management Companies with fewer than ten (10) AHFA Projects or 1,000 low-income units listed on this form should also provide the AHFA Management Company Relevant Experience Form, if applicable, to any/all 2027 Projects.

☐ **The Management Company listed below does not manage any AHFA Projects.**

Date:

Project Name:

Project Number (if available):

Management Company DMS Organization Code:

Management Company Name:

Management Company Address:

Contact: **Phone:** **Email:**

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Number of Projects	AHFA Project Number	Project Name	Apartment City	Number of Units	Total Number of Low-Income Units
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total Low-Income Units:	0

24d Management Company Relevant Experience Form 2027

To qualify for management points, the Management Company Relevant Experience Form must be completed only by Management Companies with; (1) fewer than ten (10) AHFA Projects or 1,000 units as listed on the AHFA 2026 Management Company Verification Form or (2) need to list non-AHFA funded Projects to obtain points. Complete the information below for each low-income multifamily housing development your organization currently manages. List only those HOME/Housing Credit, HUD, USDA RD Projects which have activities, features, and/or are similar in size or scope to the proposed Project. Do not include Projects approved but not yet Placed in Service. Attach copies of this form as needed to qualify for the maximum number of points.

Management Company: _____ Contact Person: _____ Contact Phone: _____

	State	Project Type (NC, REHAB, or ACQ/REHAB)	# Units	# Low-Income Units	Date Placed in Service	# Years Managed
Project Name: Project Contact:						
Project Name: Project Contact:						
Project Name: Project Contact:						
Project Name: Project Contact:						

Number of affordable units currently managing. _____

I, the undersigned, certify that the information provided is true and correct. I further acknowledge that AHFA may request additional information for purposes of evaluating this application.

Print Name: _____ By: _____ (Signature)

Date: _____ Its: _____

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25 ARCHITECT CERTIFICATION OF PROJECT PROGRESS 2027

(This certification is not required if the HOME Loan has closed, an Actual Cost Certification has been submitted to AHFA, or 8609's have been issued for the Project.

Project Name:

Prior Year Project Name:

Project Address:

Owner:

I _____ (Architect) for the above referenced Project, which received a Reservation Letter for Housing Credits,a Binding Commitment - Future-Year's Credit Authority for Housing Credits and/or HOME Written Agreement from the Alabama Housing Finance Authority (AHFA) in 2019 (or any prior year) that has not closed the AHFA HOME loan, submitted an Actual Cost Certification to AHFA, or been issued an 8609 by AHFA, the Project architect must certify as follows:

☐ New Construction: All building foundation slabs, or crawl spaces, are in place

☐ Rehabilitation: 90% of the units are Habitable or ready for immediate occupancy.

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_____ Name of Architectural Firm

_____ Date

By: _____ Print Name

_____ AL License Number

Its: _____

26 Certification of Consistency with Consolidated Plan 2027

This Certification must be submitted for Housing Credit applications that have a commitment for local HOME funds from a Participating Jurisdiction. The Certification should not be submitted for applicants applying for AHFA HOME funds (except for an AHFA-approved CHDO applying in a Participating Jurisdiction) or Housing Credits only. If the proposed Project is in an area that is covered by a local Consolidated Plan, the Responsible Owner must have the Certification completed by an authorized official of the participating jurisdiction. If the area is not covered by a local Consolidated Plan, the Project will be governed by the State of Alabama's Consolidated Plan and this Certification is not required. In the event that the Certification of Consistency with Consolidated Plan is signed by someone other than the designated person(s) listed on the Consolidated Plan Coordinators-PJ's 2027 found at www.AHFA.com, it is the responsibility of the Responsible Owner to provide AHFA with evidence that the signor is authorized to execute this certification (attach evidence to this form).

A listing of the Consolidated Plan Coordinators can be found on the AHFA website at www.ahfa.com.

I, _____, Authorized to act on behalf of
(Name of Authorized Official)

_____, certify that the activities proposed by
(Name of City, Town, Village or County)

_____, of _____
(Name of Applicant) (Name of Project)

_____ under the HOME, Housing Credit, and/or National Housing Trust Programs are consistent with the FFY _____ Consolidated Plan submitted on _____
(Year) (Date)

and approved by the U.S. Department of Housing and Urban Development on _____.
(Date)

_____ Date: _____
(Name of Authorized Official)

By: _____

Its: _____
(Title of Authorized Official)

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27b NOTICE OF REAL PROPERTY ACQUISITION 2027

(FOR HOME and National Housing Trust Fund APPLICATIONS ONLY) In order to comply with applicable regulations stated in the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), Application Packages for HOME and National Housing Trust funds must have the proposed seller(s) and purchaser(s) sign this form. If the proposed site is not being transferred, conveyed, or sold this form is not required.

This is a Voluntary, Arm's length Purchase Offer and a Disclosure to the Seller:

This pre-contract agreement is for the property located at the following address: _____

in _____ , _____ County,Alabama,between the following parties:

Purchaser: _____ Address: _____

Seller: _____ Address: _____

Agreement Conditions:

The Purchaser is seeking federal funds through the State of Alabama's HOME Investment Partnership Program (HOME) or National Housing Trust Fund to acquire property owned by the Seller to construct a multifamily rental Project. In accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970, and "Choice-Limiting Activities" as amended, and all rules and/or regulations implemented or promulgated thereunder, the seller of said property is hereby notified that

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-Voluntary Sale -

1. The Purchaser does not have the right of eminent domain, or, if the Purchaser has the power of eminent domain, the Purchaser will not exercise this power.
2. Because this is a voluntary transaction, the Purchaser will not be able to acquire the property offered for sale if negotiations fail to result in an amicable agreement.
3. The Purchaser has informed the Seller of the property that the estimated fair market value of the property is $ _____ .
4. Even though federal funds will be used in the acquisition of the Seller's property, the Seller WILL NOT be entitled to any relocation benefits.
5. Any tenant legally occupying the property is eligible to receive relocation assistance and benefits as identified in the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) of 1970, as amended.

-Timely Notices-

1. The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide to each resident the notices required by HUD's instructions found in HUD Handbook 1378.
2. The Seller authorizes the Purchaser, the funding agency, or a designated representative, to provide, or permit to be provided, a notice of denial to any person who wishes to make application to become a tenant. Before signing a lease and commencing occupancy, the person must be informed of the following:

A If the application is funded, the person may be displaced; and,
B The person would not qualify as a "displaced person" as a result of the project and therefore would not be eligible to receive any assistance or benefits.

-Recordkeeping-

1 The Seller agrees to provide the Purchaser, the funding agency, or a designated representative, the names and addresses of the residents residing in the property.
2 The Seller authorizes the Purchaser, the funding agency, or a designated representative, to survey the residents to determine the relocation costs and housing needs.

According to the Real Properties Acquisition Policies Act of 1970 with HOME funds, an activity or series of activities in a HOME assisted project that are integrally related, each essential to the others, whether or not all of the component activities receive HUD financial assistance, are subject to HUD's implementing instructions.

"Choice-Limiting Activities" Prohibited:

NEPA requires that no "choice-limiting activities" occur relating to the proposed project or at the project site **from the time the applicant submits a HOME Program application to AHFA until the NEPA environmental assessment process is complete** (the "Prohibited Period") (see 24 C.F.R. § 58.22). The Responsible Owner must take all actions necessary to ensure that no participant in the development process (including the applicant, Ownership Entity, all Development Team Members, contractors, subcontractors, current property owner(s) or any other person) commits non-HUD funds or undertakes an activity that would have an adverse environmental impact or limit the choice of reasonable alternatives relating to the proposed project or project site.

For projects applying for HOME Funds (regardless of whether any other form of funding is received), prohibited "choice-limiting activities" include, but are not limited to, acquiring, purchasing, rehabilitating, demolishing, converting, leasing, or repairing all or any portion of the project as well as disturbing the ground or commencing any form of construction at the project site. All such "choice-limiting activities are prohibited during the NEPA environmental assessment period that (a) begins with delivery of the application to AHFA and (b) ends with AHFA's issuance of the Notice to Proceed, which typically occurs at the pre-construction meeting conducted at AHFA's offices in Montgomery.

The Responsible Owner may conduct land surveys of the property or perform other de minimis activities only if they do not constitute, or result in, any of the "choice-limiting activities". If the Responsible Owner or Seller has any question concerning whether an activity constitutes "choice-limiting activities", AHFA strongly recommends that the Responsible Owner or Seller seek prior written consent from AHFA for such activity; otherwise, the activity could result in termination of the Application Package.

The Responsible Owner must take all actions necessary to ensure that no participant in the development process (including the Responsible Owner, Seller, contractors, subcontractors, current property owner(s) or any other person) undertakes or permits any "choice-limiting activity during the Prohibited Period. By executing this form below, Seller agrees with the Responsible Owner not to under any circumstances commence (or allow any other party to commence) any "choice-limiting activities" at the Project during the Prohibited Period without AHFA's prior written permission.

If "choice-limiting activities" occur at a proposed Project or Project site during the Prohibited Period, regardless of whether the Responsible Owner and/or Seller consented to the activity or had knowledge of it, the Application Package will terminate and will not be considered for funding. AHFA reserves the right to inspect a site at any time after submittal of an Application Package to confirm that no "choice-

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limiting activities" are taking place.

Agreement Acceptance:

The Purchaser and Seller understand that if the conditions of this Agreement are not complied with, either party may terminate the real property option to purchase by notifying the other party by certified mail, return-receipt requested, that the Contract is terminated. The Purchaser and Seller: 1) voluntarily accept these Agreement conditions; and, 2) agree to enter into a Contract for the property identified.

Name of Seller of Property Acquired or To Be Acquired

_____

Signature of Seller

Date:

Signature of Witness

Name, address and phone number of Witness

Date:

Name of Purchaser

Signature of Purchaser

Date:

Signature of Witness

Name, address and phone number of Witness

Date:

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27c NEPA Certification 2027

If applicable, complete this certification for Applicants applying for HOME Funds

Project Name: _____
Address: _____
City: _____
Zip Code: _____
County: _____
Site Acreage: _____

Each project that receives HOME Funds must undergo an environmental assessment in accordance with the requirements of the National Environmental Policy Act ("NEPA environmental assessment") in accordance with 24 C.F.R Part 58.1 The Ownership Entity of a project that receives an award of HOME Funds will be required to provide certain additional studies, reports and documentation necessary for AHFA to complete the NEPA environmental assessment. AHFA will notify the Ownership Entity of the NEPA environmental assessment requirements at the time of award of HOME Funds. *(For more information about an Ownership Entity's submission requirements for the NEPA environmental assessment process, please review the AHFA Environmental Assessment Checklist and Guidance (Projects Selected for HOME Funding) at www.ahfa.com .)* Although these items are not required to be provided until after an award of HOME Funds, AHFA strongly encourages applicants and their EPs to review the items prior to submitting an application to ensure that there are no environmental or other conditions at the project site that would lead to the termination of the award pursuant to 24 C.F.R. Part 58.

"Choice-Limiting Activities" and Other Activities Prohibited: Applicants for HOME Funding

NEPA requires that no "choice-limiting activities" occur relating to the proposed project or at the project site from the time the applicant submits a HOME Program application to AHFA until the NEPA environmental assessment process is complete (see 24 C.F.R. § 58.22). The applicant must take all actions necessary to ensure that no participant in the development process (including the applicant, Ownership Entity, all Development Team Members, contractors, subcontractors, current property owner(s) or any other person) commits non-HUD funds or undertakes an activity that would have an adverse environmental impact or limit the choice of reasonable alternatives relating to the proposed project or project site.

For projects applying for HOME Funds (regardless of whether any other form of funding is received), prohibited "choice-limiting activities" include, but are not limited to, acquiring, purchasing, rehabilitating, demolishing, converting, leasing or repairing all or any portion of the project as well as disturbing the ground or commencing any form of construction at the project site. All such choice-limiting activities are prohibited during the NEPA environmental assessment period that (a) begins with delivery of the application to AHFA and (b) ends when AHFA receives the Authorization to Use Grant Funds.

If choice-limiting activities occur at a proposed project or project-site seeking HOME Funds during the prohibited period, regardless of whether the applicant consented to the activity or had knowledge of it, the application will terminate and will not be considered for funding. AHFA reserves the right to inspect a project-site at any time after submittal of an application to confirm that no choice-limiting activities are taking place.

I, the undersigned, hereby certify that I am fully aware of and understand the National Environmental Policy Act (NEPA) requirements as they pertain to my 2027 Application Package. for Housing Credits, Housing Credits combined with HOME funds or Multifamily Housing Revenue Bonds. I further acknowledge that I will provide additional information to AHFA upon request.

Print Name: _____ By: _____
Signature:

Date: _____ Its: _____

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31b Responsible Owner Zoning Certification 2027

Complete this form to verify that the proposed Project is consistent with the zoning ordinance in effect at the time of application to the Alabama Housing Finance Authority (AHFA). Review the applicable zoning ordinance and provide the zoning requirements for the proposed Project. Zoning documentation must be provided. Please do not provide the entire zoning ordinance; provide only those sections required for reference.

Project Name: _____ Zoning District/City/County: _____

Ordinance Number or/Date: _____

Please list zoning requirements from the standards listed below, provide documentation, and personally initial (initials may be scanned, but not electronically generated). If there are no zoning requirements from the list below (including "other"), enter "NA" and initial.

Zoning Standard	Zoning Regulations Requirements (list the specific requirements from the zoning standards list)	Zoning Documentation (list section of zoning regulation and provide referenced attachments)	Proposed Project (list your Project standard as it relates to the zoning regulation)
Setback/Density/Number of Buildings/Units: Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units.			
Building Size/Height: Provide any restrictions or requirements related to building size or height.			
Other: Please include any other restrictions or requirements (zoning classification, parking and other requirements) not listed or included in this form.			

I, the undersigned Responsible Owner for the above referenced Project, do hereby certify to AHFA that I have reviewed the zoning ordinance in effect at the time of my application submission to AHFA for the proposed Project listed above. I further state that all planned improvements and land use as a multifamily/single-family residential development for the proposed Project, will (a) comply with applicable provisions of the zoning ordinance in effect at the time of my Application Package to AHFA, and (b) to the best of my knowledge, no action is currently proceeding or pending before any court of administrative agency (as it relates to my proposed Project), and, if applicable, (c) all special approvals which are required to be in compliance with the above-referenced zoning ordinance, have been obtained and provided to AHFA as of the date of my Application Package. I certify that no further city meetings, approvals, and/or advertisement is required for proper zoning of my proposed Project at the time of my Application Package to AHFA. I certify that the information provided in this form is true and correct in connection with my 2027 Application Packge for Housing Credits, Housing Credits combined with HOME funds, Multifamily Housing Revenue Bonds, or National Housing Trust Funds.

_____ Print Name

_____ Signature

_____ Date

_____ Its

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Responsible Owner Zoning Certification Instructions

The Responsible Owner must complete this form to indicate that the Project is consistent with the zoning ordinance that is in effect at the time of application. The owner must also certify that they have reviewed the zoning ordinance applicable to the proposed Project.

The following are general guidelines to help in the completion of this form.

Project Name: List the Project name. Zoning District/City/County: List the zoning district, city or county (as applicable) for the proposed Project.

Ordinance Number or/Date: List Ordinance Number, date or appropriate identifier. Example: "Zoning Ordinance No. 581", or "Ordinance 2017 – 77".

Owner must complete each section in the form. See example below for completing the Setback/Density/Number of Buildings/Units zoning standard section in the form. Please note, if there are no zoning requirements that match the zoning standards provided here, enter NA. Review the zoning ordinance for any

Zoning Standard: Review the zoning ordinance and list any regulations pertaining to the zoning standards listed in the form (Setback/Density/Number of Buildings/ Units; Building Size/Height; Other).

Zoning Regulation Requirements: List specific requirements found in the zoning ordinance.

Zoning Documentation: Provide the referenced section in the zoning ordinance and include the supporting documentation. ***Please note: Do not provide the entire zoning ordinance. Provide only those sections from your supporting documentation.***

Proposed Project: List your proposed Project's standard as it relates to the zoning regulation requirement.

**Example*

Zoning Standard	Zoning Regulations Requirements (list the specific requirements from the	Zoning Documentation (list section of zoning regulation and provide	Proposed Project (list your Project standard as it	
Setback/Density/Number of Buildings/Units: Please provide any specific restrictions or requirements related to building setback, density or number of buildings or units.	*Number of Buildings on a Lot: Building number cannot exceed 10.*	*Section 7.4. Building Quantity Regulation. (see attached)*	*Proposed Project will contain a total of 7 buildings, including Community building.*	

Please complete **all** sections of the form. The owner must certify to the information contained in the form by providing their printed name, signature, date and title.

32a Site/Project Information Form 2027

Project Name:
Address:

TO ENSURE AHFA STAFF OR ITS DESIGNEE CAN IDENTIFY THE CORRECT PROPERTY: ALL PROPERTY CORNERS MUST BE CLEARLY MARKED (with stakes, survey tape, or other markings particular to the site) **AND** A SIGN AT LEAST 12" X 24" MUST BE PLACED AT THE PROPOSED ENTRANCE. (Do not indicate financed by AHFA or future AHFA development on the sign).

If needed and if the property's address listed above is not also the physical mailing address, please provide the physical address for the closest adjacent residential or commercial property (I.e. 2101 Main Street, single family home to the left of site):

Is public transportation (i.e. bus stop) provided within .3 miles from the entrace to the site? ☐ Yes ☐ No

a. Provide driving instructions to the Project site from Montgomery.
(Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)

b. Describe the neighborhood where the site is located, noting other types of developments in the immediate area, i.e., residential, commercial, industrial. Discuss the suitability of the site for the proposed/existing development.

c. Describe any existing structures (shack, schoolhouse, mobile home, barn, etc) or improvements on the site. Describe the site sign and the specific site markings.

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32b Site/Project Information Form 2027
(Neighborhood Services)

Project Name:
Address:

Neighborhood Services: When listing services, begin with the service located closest to the site grouping them by similar direction. Provide detailed directions from the site to the service(s) located within three (3) miles of the proposed site or within 5 miles if the site meets the definiton of "Rural Area". List only those services documented in the HOME & Housing Credit Plans that are eligible for points. (Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)

If AHFA cannot locate a service due to incorrectly written directions (per the completed form), one (1) point will be deducted for each service where incorrectly written directions are provided.

Note: **Only those services listed on this form will be eligible for points. Each service must be open and operating for normal business hours to be eligible for points, (See QAP for exceptions in a federally declared disaster county). Duplicate services will not be eligible for additional points.**

Example: Name of Service: Walgreens | Type of Service: Pharmacy | Distance from Site: 1.2 miles | Photo # 1 | Street Address: 22 Weis Way

#1 1) Name of Service: | 2) Type of Service: | 3) Distance from Site: | Photo # | 4) Street Address:
Directions from the site to the service: (Press Alt Enter to skip to the next line)

#2 1) Name of Service: | 2) Type of Service: | 3) Distance from Site: | Photo # | 4) Street Address:
Directions from the site to the service:

#3 1) Name of Service: | 2) Type of Service: | 3) Distance from Site: | Photo # | 4) Street Address:
Directions from the site to the service:

#4 1) Name of Service: | 2) Type of Service: | 3) Distance from Site: | Photo # | 4) Street Address:
Directions from the site to the service:

#5 1) Name of Service: | 2) Type of Service: | 3) Distance from Site: | Photo # | 4) Street Address:
Directions from the site to the service:

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Neighborhood Services Instructions and Definitions

The Responsible Owner must provide detailed turn-by-turn directions from the automobile entrance of an existing development or sign at the proposed new construction site entrance to the closest automobile entrance to the parking lot of the proposed service. If AHFA cannot locate a service due to incorrectly written directions, one (1) point will be deducted for each service where incorrectly written directions are provided. AHFA will not award points for services not listed on the required application form. Each service must be open and operating for normal business hours to be eligible for points. Duplicate services will not be eligible for additional points.

The following are general definitions for the services eligible for points:

Grocery Store: A store that retails food including but not limited to fresh meats (prepackaged sandwich meats are not eligible), fresh fruits, and vegetables. (I.E. Winn Dixie, Piggly Wiggly, Publix, Walmart Supercenter) Sam's Club and Costco (or similar) will not count as a grocery store due to membership fees.

Hospital: A hospital is an institution that provides medical and surgical treatment for the sick or the injured, **or**

Doctor's Office: The Doctor must be a "Primary Care" physician trained in general, internal, pediatric, or geriatric medicine. Applicant should ensure that this service is suitable for the target population. Walk in/Convenient Care Medical Clinic: A licensed and accredited care setting staffed with doctors, nurse practicioners, and/or physician's assistants . May handle medical problems that need immediate attention but are not life threatening. (I.E. Urgent Care Center, Primed, American Family Care Center.) It is the applicant's responsibility to provide documentation regarding the extent of verifiable primary care medical service available and by whom.

Pharmacy/Drug Store: The branch of the health sciences dealing with the preparation, dispensing, and proper utilization of drugs. A store where prescriptions are filled and drugs and other articles are sold. Walgreens, CVS, Rite Aid, or other similar type stores can count as both a drug store and convenience store.

Convenience Store: A small retail store that typically sells staple groceries, snacks and sometimes gasoline. Tom Thumb, 7-eleven, Dollar Tree, Walgreens, CVS, Rite Aid, and or other similar type stores will count as a convenience store, but not a grocery store.

Bank/Credit Union: A financial institution that provides services, such as business, auto, and mortgage loans, and basic investment products such as, savings accounts and certificates of deposit. Check cashing and pawn for title establishments are not considered a bank or credit union.

Note: If there is any doubt as to the validity of the service, it is the applicant's responsibility to provide documentation regarding the extent of verifiable services available and by whom.

*"Rural Area" means an area within the State of Alabama that meets the definition of "Rural Area" established by the United States Department of Agriculture, Rural Development, for its Section 515/538 programs. See 7 C.F.R. § 3560.11 (January 1, 2023) and USDA Administrative Notice No. 4888 (dated October 27, 2022).

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32c

Site/Project Information Form 2027

(Negative Neighborhood Services)

Project Name:
Address:

Is this a prior funded AHFA project? ☐ Yes ☐ No

Neighborhood Services:
Provide detailed directions from the site entrance of an existing development or entrance sign of the proposed new construction site entrance to any negative neighborhood service(s) which are located within .3 miles of the site. General definitions of negative neighborhood services are listed on the following page.

If there are no Negative Services within .3 mile of site, please indicate by marking the following box. ☐ No Negative Services

AHFA will deduct points for negative neighborhood services found during site visits (even if the negative service is not listed in the Application Package or if it is listed in other documentation submitted with the Application Package, such as environmental reports, market studies, etc.

1) Name of Negative Service:
2) Address:
3) Distance from Site: Photo #
4) Directions from the site to the service:

1) Name of Negative Service:
2) Address:
3) Distance from Site: Photo #
4) Directions from the site to the service:

1) Name of Negative Service:
2) Address:
3) Distance from Site: Photo #
4) Directions from the site to the service:

1) Name of Negative Service:
2) Address:
3) Distance from Site: Photo #
4) Directions from the site to the service:

1) Name of Negative Service:
2) Address:
3) Distance from Site: Photo #
4) Directions from the site to the service:

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The following are general definitions of Negative Neighborhood services:

Note: It is the responsibility of the applicant to provide AHFA with an explanation of any cited negative characteristics listed below.

Junk Yard/Salvage Yard: An establishment or place of business which is maintained, operated, or used for storing, keeping, buying, or selling old or scrap copper, brass, batteries, paper trash, rubber debris: junked, dismantled or wrecked automobiles, or parts thereof, iron, steel, and other old or scrap ferrous or nonferrous material or for the maintenance or operation of an automobile graveyard. May also be attached to a body shop or repair facility for the rebuilding, repair or restoration of vehicles.

Dump: A defined area that is used for the collection, retention and/or processing of waste materials including but not limited to the following:
1.) Hazardous waste - As defined by EPA.gov
2.) Medical waste - Solid waste from medical research, medical procedures, or pathological, industrial, or medical laboratories;

Electrical Utility Substation: A defined area that involves activities such as receiving electric energy from the transmission system, reducing it by transformation to distribution voltages, and delivering it to the ultimate consumers.

Railroad: A permanent road laid with rails, commonly in one or more pairs of continuous lines forming a track or tracks, on which locomotives and cars are run for the transportation of passengers, freight, and mail.
**Please note: Points will not be deducted for properties located adjacent to a railroad, if the noise levels are acceptable (outside noise level < 65 dB; interior noise level < 45 dB). AHFA will rely on the noise level assessment required in the environmental report submitted with the application. The findings of the study must be acceptable to AHFA in all respects.*

Adult video/ theater/ live entertainment: An age-restricted establishment having a substantial or portion of its stock in trade, videos, movies, or other mature merchandise which are distinguished or characterized by their emphasis depicting, describing, or relating to sexual conduct.

Pig Farm: A farm where pigs are raised or kept.

Chicken Farm: A farm where chickens are raised for eggs or for sale.

Processing Plant: A factory or facility where raw materials or foods are treated or prepared before they are used or sold. (examples: meat, poultry, food, gas, milk processing etc…)

Industrial: Anything having to do with the business of manufacturing products.

Airport: A tract of land or water with facilities for the landing, takeoff, shelter, supply, and repair of aircraft, especially one used for receiving or discharging passengers and cargo at regularly scheduled times.

Prisons/Jails – A place for the confinement of people accused or convicted of a crime. *Points will not be deducted for a prison, jail, or detainment facility if it is co-located with a law enforcement office.*

Solid Waste Disposal – Management and monitoring of the collection, transport, & disposal of solid waste (example – Landfill).

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35 TENANT ROLL 2027

(Use additional pages if necessary) **THIS FORM MUST HAVE BEEN COMPLETED WITHIN 30 DAYS OF SUBMISSION TO AHFA.**

This form must be completed if you are acquiring or rehabilitating a project which is currently occupied by anyone other than the owner of the project, i.e., occupied by tenants. You must complete this form regardless of whether or not a tenant will actually be temporarily or permanently displaced.

Note: If applying for AHFA HOME funds, a "General Information Notice" must have been delivered to each tenant, via certified mail, return receipt requested, or hand delivered with signature of receipt by the tenant obtained, prior to the submittal of this Application Package. The following link contains sample "Displacement Notices."

http://www.ahfa.com/multifamily/allocation-application-information/apply-for-funding

Project Name			**Date Prepared:**				**Current Project Occupancy:**		

Unit # (list all units numerically)	Tenant Name	Tenant Mailing Address	Building Number	# of People	# of bedrooms	Gross Annual Income	Existing Monthly Rental Charge	Tenant Paid Rent	Tenant to be Temporarily Displaced? (Y/N)	Tenant to be Permanently Displaced? (Y/N)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
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22										
23										
24										
25										
26										
27										
28										
29										
30										

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37 Relocation Plan 2027

Project Name:
City:

Tenant Information:

Does this Project involve any relocation of tenants? ☐ Yes ☐ No

The Responsible Owner is responsible for providing relocation assistance should the proposed Project require or result in temporary or permanent displacement of current tenants. The plan should be as complete as possible, and updated as changes are made. The plan must include at a minimum the following:

a. Description of households to be displaced.

b. Circumstances under which the displacement is necessary.

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c. Description of assistance (payments and services) to be provided.

d. Schedule of assistance.

e. Procedures/methods by which those being displaced will be advised of their rights and available assistance.

f. Name, address, and phone number of the person responsible for coordinating the relocation activities for the Responsible Owner and/or Management Company. Include a brief statement regarding any experience the coordinator has with respect to carrying out relocation activities.

Name: _____ Address: _____

Phone Number: _____

Responsible Owner's Certification Regarding Displacement, Relocation and Acquisition

The undersigned hereby certifies to the Alabama Housing Finance Authority that its principals will take all reasonable steps to minimize the displacement of persons (families, individuals, businesses, non-profit organizations and farms).

If applying for HOME funds, the owner must provide relocation assistance at the levels described in, and in accordance with the requirements of 24 CFR Part 92 and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24; and (3) Advise all displaced persons of their rights under the Fair Housing Act (42 U.S.C. 3601-19).

Project Name: _____ By: _____

Date: _____ Its: _____

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Public Housing Authority Certification 2027

Project Name:
City:

Public Housing Authority: The Alabama Housing Finance Authority (AHFA) is preparing to accept applications for financing to develop or rehabilitate affordable housing throughout the State of Alabama. In order to ascertain housing needs in your area, please provide the information requested below.

WAITING LISTS

Public Housing Waiting List(s): Number of families on the Public Housing waiting list(s).

Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom	5-Bedroom

Number of Section 8 Vouchers that are available but have not been issued:
Number of families issued Section 8 Vouchers in need of housing:

VACANCIES: Number of Public Housing vacancies for each type of unit:

Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom	5-Bedroom

Please provide a brief synopsis of the current economic and housing conditions in your locality. If there are waiting lists for Public Housing units, vouchers, or housing for tenants with vouchers, please explain why:

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(Name of Public Housing Authority)

Print Name: By:
(Signature)

Date: Its:

Owner's Certification

In order to receive point(s) in the application cycle, I hereby certify that the proposed project will target the households on the Public Housing Authority's list(s).

Print Name: By:
(Signature)

Date: Its:

44	**Disabilities or Homeless Populations Set-aside Certification** 2027	Project Name: City:

Complete this form to certify the proposed Project's set-aside units for tenants with disabilities or homeless populations for a minimum period of thirty (30) years.

Disabilities/Homeless Election

1) Total # of Units in the Project:
2) Total # of Set-Aside Units: Not Applicable
3) Set-Aside % #DIV/0!

Owner's Certification

I, the undersigned Responsible Owner for the above referenced Project, certify that the total number of proposed set-aside units for tenants with disabilities or homeless populations is for a minimum period of thirty (30) years. I understand that in order to receive points for this category that the minimum set-aside for tenants within the aforementioned population(s) must be a minimum of 7%. It is also understood that the units must be actively marketed and rented to households with at least one tenant with a disability or a tenant transitioning from being homeless (to include persons fleeing domestic violence; aging out of the foster care system, nursing homes or other institutions, etc.). In addition, a marketing and preference plan and an executed Memorandum of Understanding will be required if the Project is approved for funding. I certify that the information provided in this form is true and correct in connection with my 2027 Application Package for Housing Credits, Housing Credits combined with HOME funds, Multifamily Housing Revenue Bonds, or National Housing Trust Funds.

Print Name: By: (Signature)

Date: Its:

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48 Minority or Women-Owned Business Certification 2027

The Project receives additional points for participation by minority or women-owned businesses. To qualify for the points for participation of minorities or women, the application must meet one of the following requirements:
• Minorities or women have ownership in the Ownership Entity or any Responsible Owner;
Or
• Applicant guarantees at least 10% of the total building cost is awarded to minority- or women-owned businesses.please provide all the information requested on this form.

Note: The developer fee of the minority- or women-owned business will not count toward the 10% of the total building cost of the project awarded to minority or women-owned businesses.

* AHFA will not round up ownership percentages.

Project Name:

Project Address:

Is a Responsible Owner of the Project a minority or women-owned business? ☐ Yes ☐ No

Is there an Identity of Interest as defined in Section II(G) (4) of the 2026 QAP? ☐ Yes ☐ No

If yes, provide the name of Minority or Women-owned business(es)
(At least 51% ownership by Minority or Women-owned business is required for points)

Name of Minority or Women- owned Business(es)	% of Ownership	Role in Ownership
	%	
	%	
	%	

OR

Will the contractor or subcontractor be a Minority or Women-owned business? ☐ Yes ☐ No
(If yes, list these below.)

Name of Minority or Women-Owned Company	Address, City, Zip	% of Ownership	Estimated Contract Amount
		%	
		%	
		%	
		%	
		%	
		%	
	Total		

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Owner Certification

I, the undersigned Responsible Owner for the above referenced Project, hereby certify to the Alabama Housing Finance Authority (AHFA) that the above-listed information is true and correct. I certify that the Responsible Owner is a minority or women-owned business or guarantee that at least 10% of the Hard Construction Cost contract amount (excluding builder's overhead and profit) will be awarded to minority or women-owned businesses. I further agree that, subsequent to this certification and prior to the final allocation of Low-Income Housing Tax Credits, HOME funds, or Multifamily Revenue Bond financing, I will furnish a Minority and/or Women-Owned Business Report to AHFA.

Print Name: By: _____
(Signature)

Date: Its:

50a HOMEOWNERSHIP CONVERSION PROPOSAL 2027

In order to qualify for the Homeownership Conversion tiebreaker, the project must consist of single-family homes, duplexes, townhomes or a combination thereof.
The following link contains additional homeownership conversion requirements:
http://www.ahfa.com/multifamily/allocation-application-information/apply-for-funding

Project Name: _____
Address: _____

List the number of: _____ Single-family Homes
_____ Duplexes
_____ Townhomes

Are the lots currently platted? ☐ Yes **(attach plot plan)**
☐ No **(attach a copy of the proposed plot plan showing how the property will be sub-divided at the end of the compliance period.)**

Are the utilities and public streets currently available to the individual platted lots? ☐ Yes ☐ No

Counseling: Describe the type of counseling to be provided. **Attach a copy of the counseling agreement.**

- Homeownership Counseling

- Financial Counseling

- Maintenance Counseling

Conversion: Describe in detail how the unit will be converted from a rental unit to homeownership at the end of the compliance period.

Affordability: Describe in detail how the unit will be offered and remain affordable to the homeowner.

Describe how the sales price of the unit will be determined and valued at the time of the purchase.

Outline forms of down payment or financial assistance which will enable the tenant to purchase the unit.

Neighborhood Association: Will a neighborhood association be formed? If so, describe the benefits and responsibilities of the neighborhood association.

Print Name: _____ By: _____
(Signature)

Date: _____ Its: _____

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