

# Housing Trust Fund Application Form



**JUNE 2016**



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Alternative formats of this document are available to persons with disabilities upon request.

For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Andy Fuhrman, at 1.800.540.4241

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)  
HOUSING TRUST APPLICATION**

This application was created to be utilized with the Housing Trust Fund (HTF) Program Qualified Allocation (QAP) Plan. Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required. All references made to the term "CFR" shall be deemed to mean, 24 Code of Federal Regulations Part 93 Subpart C through J. All code "Section" references are to, and the term "IRC" shall be deemed to mean, the Internal Revenue Code of 1986, as amended.

Applicants that are also applying for Housing Opportunity Funds (HOF) must complete this application and the supplemental application for HOF located on the SDHDA website under the program tab.

**I. GENERAL PROJECT INFORMATION**

A. Project Name: \_\_\_\_\_  
Site Address (es): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Amount of Funds Requested: HTF:\$ \_\_\_\_\_ HOF:\$ \_\_\_\_\_ Other-define:\$ \_\_\_\_\_

B. Type of HTF Application (check **all** that apply)  
RENTAL PROGRAM:  
\_\_\_\_\_ New Construction  
\_\_\_\_\_ Rehabilitation Only  
\_\_\_\_\_ Acquisition/Rehabilitation  
\_\_\_\_\_ Acquisition/Conversion (Reconstruction and/or New Construction)

C. Low Income Targeting  
We are requesting HTF program funds to help provide additional units to tenants at or below 30% AMI. The HTF will provide forgivable loan financing for each unit set aside for tenants with rents and income at or below 30% AMI. **Please refer to Exhibit 6 of the HTF Allocation Plan to determine the subsidy limits available for your project.**

We request to receive HTF financing for \_\_\_\_\_ units that will be rented to tenants at or below 30% AMI.  
Total HTF requested = \_\_\_\_\_ units X \$ \_\_\_\_\_ per unit = \$ \_\_\_\_\_.

**II. APPLICANT AND OWNER INFORMATION**

**The Owner must be either a legal entity (e.g. partnership, Corporation, etc.) or an individual who will be names on IRS Form 8609 for tax credit purposes or for whom the HTF funds will be committed. If the Owner is not known yet or to be formed, the applicant must be the Project Developer or Sponsor and the Ownership entity must be formed within the allotted time frame (120 days). If the Owner is already in existence, it may also be the Applicant.**

A. Applicant Information  
\_\_\_\_\_ Applicant is the current Owner and will retain ownership  
\_\_\_\_\_ Applicant is the proposed Ownership entity and Managing entity (i.e. General Partner)  
\_\_\_\_\_ Applicant is the Project Developer and will be part of the final ownership entity  
\_\_\_\_\_ Applicant is the Project Developer or Sponsor and will not be part of the final ownership entity

1. Applicant: \_\_\_\_\_  
Applicant Federal Taxpayer ID No.: \_\_\_\_\_ Duns No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Nonprofit Status of Applicant:  
 \_\_\_\_\_ Not Applicable \_\_\_\_\_ 501(c)(3) \_\_\_\_\_ 501(c)(4) \_\_\_\_\_ 501(a) Exemption
3. Capacity of Applicant:  
 \_\_\_\_\_ Owner \_\_\_\_\_ Developer \_\_\_\_\_ Sponsor \_\_\_\_\_ General Partner  
 \_\_\_\_\_ Managing Member \_\_\_\_\_ Other (specify) \_\_\_\_\_

4. If the Applicant is the Project Developer or Sponsor, who will not retain ownership, briefly describe the planned process and timing for disposition of this project.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Contact Person during Application Process:  
 Name/Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

**B. Ownership Information**

1. Owner: \_\_\_\_\_  
 Applicant Federal Taxpayer ID No.: \_\_\_\_\_ Duns No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Type of Owner:  
 \_\_\_\_\_ General Partnership\* \_\_\_\_\_ Corporation\* \_\_\_\_\_ Housing Authority  
 \_\_\_\_\_ Limited Partnership\* \_\_\_\_\_ Nonprofit Corporation\*\* \_\_\_\_\_ Individual  
 \_\_\_\_\_ Limited Liability Co \_\_\_\_\_ Local Government \_\_\_\_\_ Other (specify): \_\_\_\_\_

**\*Required materials:** Articles of incorporation, by-laws, partnership agreement, and other relevant information regarding legal status

3. Owner principal(s) involved (e.g. general partners, controlling shareholders, etc.)

<u>Name(s)</u>	<u>Phone</u>	<u>Type of Ownership</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____

Principals' Resume Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Principals' Financials Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Legal Status of Owner:  
 \_\_\_\_\_ Incorporated \_\_\_\_\_ Registered \_\_\_\_\_ Chartered

5. Nonprofit Status of Owner:  
 \_\_\_\_\_ Not Applicable \_\_\_\_\_ 501(c)(3) \_\_\_\_\_ 501(c)(4) \_\_\_\_\_ 501(a) Exemption

6. Have you or other principals previously receive HOME funds and/or tax credits in South Dakota? If yes, please list the project below, please attach additional sheets if necessary. Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Project Name and Location</u>	<u>List of Principal(s) Ownership Entity</u>	<u>Year and Type of Funding Received</u>
_____	_____	_____

In other states? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, complete Exhibit B)

If yes, which states and allocation years \_\_\_\_\_

### III. DEVELOPMENT TEAM

A. Detailed information (address, phone, contact person, qualifications) for each of the development team is to be included in Exhibit A.

Name of General Partner/Managing Member: \_\_\_\_\_

Name of Developer: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Name of Management Company: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Name of Certified Public Accountant: \_\_\_\_\_

Name of Tax Attorney: \_\_\_\_\_

Name of Architect: \_\_\_\_\_

B. Identity of interest among Development Team and/or Ownership Entity

Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide a description of the relationship: \_\_\_\_\_

### IV. PROJECT CHARACTERISTICS

In order to qualify for Housing Trust Funds, a rental project must meet the minimum qualifications as affordable housing (rents) and maintain the required income targeting (income). Please refer to the corresponding allocation plans for the rent and income requirements.

A. Extended Use Restriction

\_\_\_\_\_ By making this election, this rental project will be subject to an Extended Use Commitment for a minimum of ten (10) years beyond the mandatory Housing Trust Fund affordability period.

B. Project and Building Information

\_\_\_\_\_ 1. Total number of units in the project

\_\_\_\_\_ 2. Number of low income units in the project

\_\_\_\_\_ Number of units designated for HTF (30% AMI or below): \_\_\_\_\_ Fixed \_\_\_\_\_ Floating  
0 Bdr \_\_\_\_\_ 1 Bdr \_\_\_\_\_ 2 Bdr \_\_\_\_\_ 3 Bdr \_\_\_\_\_ 4 Bdr \_\_\_\_\_

\_\_\_\_\_ Number of units designated for HUD Section 811 Rental Assistance

0 Bdr \_\_\_\_\_ 1 Bdr \_\_\_\_\_ 2 Bdr \_\_\_\_\_ 3 Bdr \_\_\_\_\_ 4 Bdr \_\_\_\_\_

\_\_\_\_\_ Number of units designated for Project Based Rental Assistance (Provide copy of Contract)

0 Bdr \_\_\_\_\_ 1 Bdr \_\_\_\_\_ 2 Bdr \_\_\_\_\_ 3 Bdr \_\_\_\_\_ 4 Bdr \_\_\_\_\_

Project Based Rental Assistance Source: \_\_\_\_\_

\_\_\_\_\_ 3. Percentage of units designated as low income

\_\_\_\_\_ 4. Total square footage of buildings in the project (including common areas)

\_\_\_\_\_ 5. Total square footage of residential living units designated for low income tenants

\_\_\_\_\_ 6. Total square footage of all residential living units

\_\_\_\_\_ 7. Percentage of floor space designated for low income units  
(Floor space of low income units / Floor space of all units)

- \_\_\_\_\_ 8. No. of Section 504 accessible units for the mobility impaired; \_\_\_\_\_ and sensory impaired
- \_\_\_\_\_ 9. No. of adaptive reuse/reconstruction low income units (please provide explanation)
- \_\_\_\_\_ 10. No. of uninhabitable low income units (please provide explanation)
- \_\_\_\_\_ 11. No. of other rehab low income units
- \_\_\_\_\_ 12. No. of employee occupied or owner occupied units
- \_\_\_\_\_ 13. Total number of buildings in the project
- \_\_\_\_\_ 14. No. of parking spaces (including garages); \_\_\_\_\_ Number of garages
- \_\_\_\_\_ 15. Exact area of site (in square feet); \_\_\_\_\_ Exact are of site (in acreage)

C. Project Type

- |   |                                |
|---|--------------------------------|
| _____ Multifamily Housing                     | _____ Single Family            |
| _____ Housing for Older Persons (55 or Older) | _____ Congregate Care Facility |
| _____ Housing for Older Persons (62 or Older) | _____ Assisted Living Facility |
| _____ Transitional Housing                    |                                |

D. Type of Units

- |                                |                 |                              |
|--------------------------------|-----------------|------------------------------|
| _____ Apartments               | _____ Townhomes | _____ Semi-Detached (Duplex) |
| _____ Detached (Single Family) | _____ SRO       | _____ Other                  |

E. Targeting of Units (Indicate type and % of units)

- |  |   |
|--|---|
| _____ Families with Children                                 | _____ Persons with Physical Disabilities      |
| _____ Housing for Older Person                               | _____ Persons with Mental Disabilities        |
| _____ Homeless   | _____ Persons with Developmental Disabilities |
| _____ Frail Elderly (Assisted Living or Congregate Facility) |   |

F. Housing Purpose: \_\_\_\_\_ Rental

G. Number of floors in the tallest building \_\_\_\_\_; Elevator Construction? \_\_\_\_\_ Yes \_\_\_\_\_ No

H. Will supportive services be provided to the tenants? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, are the included in the rent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide a description of the service(s) or special accommodations and letter of intent from service agencies, if applicable. Letter must be submitted to receive points.

I. Project Amenities – check all that apply (please provide in the project narrative description as well)

- \_\_\_\_\_ range/oven \_\_\_\_\_ range hood \_\_\_\_\_ microwave \_\_\_\_\_ refrigerator \_\_\_\_\_ dishwasher  
 \_\_\_\_\_ garbage disposal \_\_\_\_\_ washer \_\_\_\_\_ dryer \_\_\_\_\_ other: \_\_\_\_\_

Low Income Unit Amenities: \_\_\_\_\_

Common Building(s) and Garages: \_\_\_\_\_

On-Site Amenities (including recreational amenities): \_\_\_\_\_

Are market rate units' amenities substantially equivalent to those of the low income units? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 In no, explain differences: \_\_\_\_\_

J. Project Location: As applicable, points will be awarded to projects located in close proximity of community services and areas of opportunity. Close proximity is defined as within one half mile of the project.

1. Community Services – check the following community services in close proximity to the project. (Provide map marking location of services)

- |  |                                    |
|--|------------------------------------|
| _____ Grocery/Retail (5)   | _____ Hospital/Medical Clinics (5) |
| _____ Schools/Senior Center (as applicable) (5)  | _____ Special Service Office (5)   |
| _____ Public Transportation Stop within 1 Block (20)   |                                    |
| _____ Owner will provide free transportation to tenants on regular schedule (4 or more times per week) or on-call basis (20) |                                    |

\_\_\_\_\_ Project that has on-call transportation service to provide to tenants at reduced rates (10)

2. Areas of Opportunity – check the following if the project is located within an SDHDA defined area of opportunity. The following weblinks provide GIS maps of the SDHDA approved area of economic or educational opportunities. (Provide map identifying the area of opportunity)

\_\_\_\_\_ Low Poverty Census Tracts – Less than 10% poverty rate (5)

\_\_\_\_\_ High Ratio of Jobs to Population – Above the state average ratio (5)

\_\_\_\_\_ Below Average Unemployment – Less than the state unemployment rate (5)

\_\_\_\_\_ High Scoring Schools – Above average school performance index posted by South Dakota Department of Education (5)

Economics:

<https://sdhda.maps.arcgis.com/apps/MapTools/index.html?appid=f2cc4768b4444109a15bb977907fcb7d>

Schools:

<https://sdhda.maps.arcgis.com/apps/MapTools/index.html?appid=833dc9bd52344f45a8c6a3b3c1d8e0fc>

**V. TENANT PAID UTILITY ALLOWANCE INFORMATION**

- A. Indicate which of the following type (electric, gas, etc.) and costs (if any) paid by the Tenant (T) or Owner (O) and fill in bedroom size:

	Type	Paid By	Bedroom	Bedroom	Bedroom
Heating	_____	_____	_____	_____	_____
Air Conditioning	_____	_____	_____	_____	_____
Cooking	_____	_____	_____	_____	_____
Lighting	_____	_____	_____	_____	_____
Hot Water	_____	_____	_____	_____	_____
Water/Sewer	_____	_____	_____	_____	_____
Trash	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Total Cost	_____	_____	_____	_____	_____
Source of Utility Allowance: _____				Effective Date: _____	

**VI. UNIT DISTRIBUTION AND RENTS**

For a low income unit, the combination of tenant-paid monthly rent and utilities or utility allowance may not exceed the maximum allowable rents under the Housing Trust Fund Program.

**Restricted Units: Designate as Housing Trust Fund (HTF) in the Tenant % of Area Median Income (AMI) Column (i.e. HTF 30%).**

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)	Tenant % of AMI AND Note if FMR (i.e. 50%/FMR)	Designate as HTF, HOF or combination thereof

Totals								

**Employee Units**

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)
Totals							

**Non-Restricted Units (Market Units)**

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)
Totals							

A. PROJECT INCOME

TOTAL NET MONTHLY TENANT PAID RENT FOR ALL UNITS \$ \_\_\_\_\_ (A1)

Miscellaneous **MONTHLY** Income Related to Residential Use (specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MISCELLANOUES MONTHYL INCOME \$ \_\_\_\_\_ (A2)

TOTAL ANNUAL MISCELLANEOUS RESIDENTIAL INCOME \$ \_\_\_\_\_ (A2 Total x 12)

TOTAL ANNUAL NET TENANT PAID RENT FOR ALL UNITS \$ \_\_\_\_\_ (A1 Total x 12)

TOTAL ANNUAL **RESIDENTIAL** INCOME (NET TENANT PAID RENT + MISCELLANEOUS) \$ \_\_\_\_\_

TOTAL ANNUAL **COMMERCIAL** INCOME \$ \_\_\_\_\_

TOTAL PROJECT INCOME FROM **ALL SOURCES** \$ \_\_\_\_\_

Vacancy Allowance (maximum of 7%) \$ \_\_\_\_\_



## VII. PROJECT EXPENSES

A. Annual Operating Expenses (Estimated as of the **end** of the first full year of operation); with copies of supporting documentation provided. **All** residential expenses must be broken out by line item. Category totals only **will not** be accepted.

### ADMINISTRATIVE EXPENSES

Advertising	\$	_____
Accounting/Audit	\$	_____
Legal/Partnership	\$	_____
Management Fee	\$	_____
Management Salaries/Taxes	\$	_____
Office Supplies/Telephone	\$	_____
HTF Monitoring Fee	\$	_____
Other (specify) _____	\$	_____
<b>TOTAL ADMINISTRATION EXPENSES</b>		<b>\$ _____</b>

### MAINTENANCE EXPENSES

Painting/Decorating/Cleaning	\$	_____
Elevator	\$	_____
Exterminating	\$	_____
Grounds (Including Snow Removal)	\$	_____
Management Salaries/Taxes	\$	_____
Maintenance Supplies	\$	_____
Repairs	\$	_____
Other (specify) _____	\$	_____
<b>TOTAL MAINTENANCE EXPENSES</b>		<b>\$ _____</b>

### OPERATING EXPENSES

Fuel Oil	\$	_____
Electrical	\$	_____
Natural Gas or Propane	\$	_____
Water & Sewer	\$	_____
Trash Removal	\$	_____
Other (specify) _____	\$	_____
Other (specify) _____	\$	_____
<b>TOTAL OPERATING EXPENSES</b>		<b>\$ _____</b>

### FIXED EXPENSES

Real Estate Taxes	\$	_____
In Lieu of Taxes	\$	_____
Insurance	\$	_____
Other Taxes, Fees, Licenses	\$	_____
Other (specify) _____	\$	_____
<b>TOTAL FIXED EXPENSES</b>		<b>\$ _____</b>

<b>TOTAL ANNUAL RESIDENTIAL OPERATING EXPENSE</b>		<b>\$ _____</b>
ANNUAL OPERATING EXPENSE PER UNIT	\$	_____
ANNUAL REPLACEMENT RESERVES PER UNIT	\$400.00	_____
NUMBER OF UNITS	\$	_____

<b>TOTAL ANNUAL COMMERCIAL OPERATING EXPENSES</b>		<b>\$ _____</b>
---	--	-----------------

- B. Projections for Financial Feasibility and Long-Term Viability  
 Provide a projection of cash flow using the income stated in Section VI and expense figures stated in Section VII A. for the entire affordability period. This pro-forma will be calculated using the following prescribed method: Potential Gross Income less Vacancy Loss equals Effective Gross Income, less Operating Expenses equals Net Operating Income, less Debt Service equals Cash Flow. Project the cash flow annually from the date the building(s) will be placed in service.

**Annual vacancy rate at 7%**  
**Trend annual increase in income at 2%**  
**Trend annual increase in expense at 3%**  
**For replacement reserves a minimum of \$400 per unit (including managers unit(s)), per year and trended at 3% annually**

PROVIDE SAME CASH FLOW INFORMATION SEPARATELY FOR ANY COMMERCIAL SPACE

**VIII. SITE INFORMATION**

- A. Applicant controls site by (select one and attach document – MANDATORY):\*  
 \_\_\_\_\_ Deed- attached  
 \_\_\_\_\_ Option – attached (expiration date \_\_\_\_\_)  
 \_\_\_\_\_ Purchase Contract – attached (expiration date \_\_\_\_\_)  
 \_\_\_\_\_ Long Term Lease – attached (expiration date \_\_\_\_\_)
- B. \_\_\_\_\_ Owner is to acquire property by deed (or lease for a period no shorter than period property will be subject to occupancy restrictions) no later than \_\_\_\_\_ \* (must be this year).
- C. \*If more than one site for the project and more than one expected date of acquisition by Owner, please indicate and attach separate sheet specifying each site, number of existing buildings on the site, if any, and type of control of each site.
- D. Name of seller (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- E. Is the property located and administered within the city limits? \_\_\_\_\_ Yes \_\_\_\_\_ No
- F. Is the site properly zoned? \_\_\_\_\_ Yes \_\_\_\_\_ No **(If yes, include evidence of proper zoning)**  
 If no, is site currently in the zoning process? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 When is zoning issue scheduled to be resolved (month and year)? \_\_\_\_\_
- G. Is this project located in a \_\_\_\_\_ Qualified Census Tract or \_\_\_\_\_ Difficult Development Area?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No **(If yes, Census Tract Number: \_\_\_\_\_ (Refer to Exhibit 1 of HTF))**
- H. Is this project located in a HUD-Designated Promise Zone? \_\_\_\_\_ Yes \_\_\_\_\_ No
- I. Is this project located in a Metropolitan Statistical Area? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Rapid City (Meade and Pennington County), Sioux City (Union County), and Sioux Falls (Lincoln, McCook, Minnehaha and Turner County)
- J. Are all utilities presently available to the site? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**(If yes, include evidence of utility availability).** If no, provide explanation, including dates, when all utilities will be available \_\_\_\_\_

- K. Has locality approved site plan? \_\_\_\_\_ Yes \_\_\_\_\_ No (**Include site plan approved by locality**)
- L. Has locality issued building permit? \_\_\_\_\_ Yes \_\_\_\_\_ No (**Include building permit or documentation of status of approval**)
- M. Attached are the Plan and Specifications: \_\_\_\_\_% complete.
- N. Are there any environmental issue related to the property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe: \_\_\_\_\_
- O. Legal description of the property that identifies it as the site in the site control document:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- P. Provide a location map, showing location of the site relative to the surrounding area. Immediately adjacent land uses:  
North: \_\_\_\_\_  
South: \_\_\_\_\_  
East: \_\_\_\_\_  
West: \_\_\_\_\_

### **IX. ACQUISITION/REHABILITATION INFORMATION**

- A. Acquisition  
Are Housing Trust Funds being requested for acquisition of existing buildings?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If no, go on to Rehabilitation)
1. Buildings acquired or to be acquired from:  
\_\_\_\_\_ Related party \_\_\_\_\_ Unrelated Party \_\_\_\_\_ FHA \_\_\_\_\_ USDA Rural Development
  2. The buildings were last placed in service on this date: \_\_\_\_\_  
Are the buildings currently vacant? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If the answer is No and HTF funds are requested, you must submit the previous four months' rent rolls and may have to submit a tenant questionnaire for each tenant (Exhibit 5 of the HTF Program Allocation Plan)  
The buildings were last occupied when? \_\_\_\_\_  
The buildings were built in what year? \_\_\_\_\_  
The date the buildings will be acquired? \_\_\_\_\_  
Addresses for the buildings being acquired: \_\_\_\_\_
  3. Existing Debt:  
Will the existing debt be: \_\_\_\_\_ Prepaid \_\_\_\_\_ Assumed  
\_\_\_\_\_ (Assumed Debt Maturity Date)  
Estimated amount of funds to be prepaid or assumed: \$ \_\_\_\_\_  
Estimated date the debt will be prepaid or assumed: \$ \_\_\_\_\_
  4. Project Based Rental Assistance:  
Will the existing Project Based Rental Assistance be continued? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Source of Project Based Rental Assistance: \_\_\_\_\_  
Complete the following table and provide a copy of the latest approved rental assistance contract

Effective Date	No. of Units	Bdrm. Size	Contract Rents	Utility Allowance	Gross Rents

**B. Rehabilitation**

If no Housing Trust Funds are being requested for existing buildings being rehabilitated, is the property in good to excellent condition?  Yes  No

Has any maintenance been deferred?  Yes  No (Go on to Part XI)

If Housing Trust Funds are requested, please continue.

**1. Historic Properties**

a. Is this building in a historic district or designated a historic building?  Yes  No

b. Year built: \_\_\_\_\_

c. Please attach:

1. Photographs of the building. The photos should show all four exterior sides of the building and the inside of a typical unit.
2. Description of what type of exterior rehabilitation is necessary.
3. Description, by apartment unit, of what type of rehabilitation is necessary for the interior.
4. Description of condition and age of major building systems (i.e. roof, heating, cooling, plumbing and electrical)

**X. PROJECT FINANCING (SOURCES OF FUNDS)**

**A. Construction Financing**

List all preliminary and enforceable financing commitments, including grants and provide copies of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. If a mortgage broker is involved in arranging financing from another source, so indicate. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. Indicate with an asterisk (\*) enforceable financing commitments.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Commitment Date
1.					
2.					
3.					
4.					
5.					
	Total Residential Construction Funds				

(Please include commercial space on a separate sheet)

Make copies of this page and complete the following for each Residential Construction Lender or source of funds.

1. Name of Lender/Source: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source: <input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOF	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type: <input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOF	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

\*\*\*Below Market Interest Rate

**B. Permanent Financing**

List all preliminary and enforceable financing commitments, including grants and provide copies of same. If the applicant plans to finance in part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing. If a mortgage broker is involved in arranging financing, so indicate. Indicate with an asterisk (\*) enforceable financing commitments.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term/Amort	Annual Debt Service	Commitment Date
1.						
2.						
3.						
4.						
5.						
	Subtotal Permanent Financing					
	Gross Proceeds Historic Tax Credit					
	Gross Proceeds Low Income Housing Tax Credits					
	Total Permanent Financing Sources					

(Please include commercial space on a separate sheet)

**Make copies of this page and complete the following for each Lender or source of funds.**

1. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOF	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan
	<input type="checkbox"/> Other (Specify) _____			

2. Name of Lender/Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Source:	<input type="checkbox"/> Tax Exempt Bond	<input type="checkbox"/> Conventional	<input type="checkbox"/> HOF	<input type="checkbox"/> Private	<input type="checkbox"/> Owner Equity
	<input type="checkbox"/> Federal	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Other (Specify) _____		

Type:	<input type="checkbox"/> Amortizing Loan	<input type="checkbox"/> Grant	<input type="checkbox"/> Deferred Loan	<input type="checkbox"/> Forgivable Loan
	<input type="checkbox"/> Credit Enhancement	<input type="checkbox"/> Balloon	<input type="checkbox"/> Owner Equity	<input type="checkbox"/> BMIR***Loan

\_\_\_\_ Other (Specify) \_\_\_\_\_

\*\*\*Below Market Interest Rate

**XI. SUBSIDIES**

A. Loan and Grant Subsidies If none apply indicate here: \_\_\_\_\_  
If one or more of the following are to be used, please provide the requested information

	\$ Loan	\$ Grant
Tax-Exempt Bonds	_____	_____
USDA Rural Development 515	_____	_____
Section 221 (d)(3)	_____	_____
Section 221 (d)(4)	_____	_____
USDA Rural Development 504	_____	_____
Housing Opportunity Fund (HOF)	_____	_____
Other (specify) _____	_____	_____

B. Is tax-exempt bond financing expected to be used? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Percent such bonds represent of the aggregate basis of the buildings and land of the project: \_\_\_\_\_. This percentage must be 50% or more. A formal allocation of credits from SDHDA is necessary and SDHDA must determine that the project meets the requirements of the State's Allocation Plan.

C. Are any Credit Enhancements expected to be used? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ FHA Insurance \_\_\_\_\_ Private Mortgage Insurance  
\_\_\_\_\_ Letter(s) of Credit \_\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_ USDA Rural Dev. 538 Guarantee \_\_\_\_\_

D. Rent Subsidy Anticipated: \_\_\_\_\_ Yes \_\_\_\_\_ No (Please list type below)  
Approval Date

USDA Rural Development	_____	_____
HUD Vouchers	_____	_____
HUD Tenant Based Certificates	_____	_____
HUD Project Based (specify _____)	_____	_____
HUD Section 811	_____	_____
Other (specify) _____	_____	_____

E. Pre-Existing Subsidies (Rehab and Rehab/Acquisition projects only):  
Indicate if any of the following are currently utilized by the project.

_____ HUD Sec 221(d)(3)	_____ USDA Rural Development 515
_____ HUD Sec 236	_____ USDA Rural Development 521 (rent subsidy)
_____ HUD Sec 236 and Tax Exempts	_____ Tax Exempt Bonds
_____ HUD Sec 8 New Const/Sub Rehab	_____ State/Local
_____ HUD Rent Sup/RAP	

F. Will the mortgage insurance or financing subsidy continue? \_\_\_\_\_ Yes (specify term) \_\_\_\_\_ \_\_\_\_\_ No

## XII. PROJECT COSTS AND USES

List all residential project costs (including non-restricted units). **If the project involves acquisition and rehabilitation, the applicant will need to breakdown the cost percentage attributed to acquisition versus rehabilitation for costs such as Developer Fees. (Specify what ALL "other" costs are)**

Itemized Costs	Actual Costs
Land	
Existing Structures	
Demolition	
Other (specify)	
<b>1. SUBTOTAL</b>	
On Site Improvements	
Off Site Improvements	
Site Utilities	
Roads, Driveways & Walks	
Landscaping	
Earth Work	
Other (specify)	
<b>2. SUBTOTAL</b>	
New Buildings	
Rehabilitation	
Garages/Accessory Structures	
Garages/Other (Not in basis)	
General Requirements (max 6% hard costs)	
Contractor Profit (max 6% hard costs)	
Contractor Overhead (max 2% hard costs)	
Excise Taxes	
Building Fees & Permits	
Appliances	
Other (specify)	
<b>3. SUBTOTAL</b>	
Construction Contingency	
Other (specify)	
<b>4. SUBTOTAL</b>	
Architect Design	
Architect Supervision	
Real Estate Attorney	
Real Estate Agent	
Engineer/Survey	
Physical Needs Assessment	
CPA-Cost Certification	
Other (Specify)	
<b>5. SUBTOTAL</b>	
Payment Performance/Bond	
Construction Insurance	

Construction Interest (Through PISD)	
Construction Loan Origination Fee	
Construction Loan Credit Enhancement	
Title and Recording (construction only)	
Legal Fees	
Real Estate Taxes	
Other (Specify)	
<b>6. SUBTOTAL</b>	
Bond Premium	
Credit Report	
Loan Origination Dees	
Credit Enhancement Fees	
Cost of Issuance/Underwriter Discount	
Title and Recording	
Legal Fees	
Operating Interest	
Other (Specify)	
<b>7. SUBTOTAL</b>	
Property Appraisal	
Market Study	
Environmental Reports	
Tax Credit Fees	
Rent-up (Marketing)	
Compliance Fees	
Soft Cost Contingency	
Other (Specify)	
<b>8. SUBTOTAL</b>	
Organizational (Partnership)	
Bridge Loan Fees	
Tax Opinion	
Other (Specify)	
<b>9. SUBTOTAL</b>	
Developer Fee	
Developer Overhead	
Developer Profit	
Consultant Fee	
<b>10. SUBTOTAL</b>	
Rent-Up Reserves	
Operating Reserves	
Replacement Reserves	
Debt Service Reserves	
Other (Specify)	
<b>11. SUBTOTAL</b>	
TOTALS	

**IF PROJECT CONTAINS COMMERCIAL USE SPACE, PLEASE PROVIDE BREAKDOWN OF COMMERCIAL COSTS ON SEPARATE SHEET.**



### **XIII. PROJECT TIMETABLE**

Indicate that actual or expected date by which the following activities will have been completed. In providing this schedule, be sure to take into consideration the requirement that the project must start construction or rehabilitation within 1 year of the SDHDA Board approval.

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning Approval
_____	Plat Approval
_____	Tax Abatement
_____	Environmental Review Completed
_____	<u>Construction Financing</u>
_____	Loan Application
_____	Conditional Commitment
_____	Firm Commitment
_____	Closing and Disbursement
_____	<u>Permanent Financing</u>
_____	Loan Application
_____	Conditional Commitment
_____	Firm Commitment
_____	Closing and Disbursement
_____	<u>Local Permits</u>
_____	Conditional Use Permit
_____	Variance
_____	Site Plan Review
_____	Building Permit
_____	Other (specify)_____
_____	<u>Other Loans and Grants</u>
_____	Type & Source_____
_____	Application
_____	Closing or Award
_____	<u>Equity Syndication</u>
_____	Letter of Commitment
_____	Partnership Closing
_____	<u>Other</u>
_____	Final Plans/Specs
_____	Construction Start
_____	10% of Project Costs Incurred
_____	Placed in Service
_____	Construction Completion
_____	Occupancy of all Low Income Units

#### **XIV. NOTIFICATION OF LOCAL OFFICIAL**

Provide the name of the local political jurisdiction (town or city, if incorporated, otherwise, county or Indian Reservation) in which the project will be located and include the name and address of the chief executive officer of the political jurisdiction.

Name of the Local Governing Body: \_\_\_\_\_  
Name of Chief Executive Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Letter of approval from the locality is attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

See Exhibit 3 of the Housing Trust Fund Program Allocation Plans  
(IF NOT ATTACHED, APPLICATION WILL NOT BE ACCEPTED)

#### **XV. APPLICANT CERTIFICATION**

**The undersigned hereby acknowledges the following:**

1. That this application form provided by SDHDA to applicants for Housing Trust Funds, including all sections herein relative to project costs and determinations of the amount of HTF funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing reservation requests; that completion hereof in no way guarantees eligibility for the HTF funds or ensures that the amount of HTF funds applied for has been computed in accordance with the CFR and/or Code requirements; and that any notations herein describing the CFR and/or Code requirements are offered only as general guides and not as legal authority;
2. That the undersigned is responsible for ensuring that the proposed project will be comprised of qualified low income buildings and that it will in all respects satisfy all applicable requirements of federal tax law and any other requirements imposed upon it by SDHDA at the time of reservation, should one be issued;
3. That, for the purposes of reviewing this application, SDHDA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis for the project as a whole and for each building therein individually as well as the amounts and types of credit applicable thereto, but that the issuance of a reservation based on such representations in no way warrants their compliance with the CFR and/or the Code requirements;
4. That SDHDA may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may reserve HTF funds and/or tax credits, if any, in an amount different from the amount requested;
5. That reservations are not transferable without prior approval by SDHDA;
6. That the requirements for applying for the HTF funds and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or SDHDA regulation or other binding authority; and
7. That reservations will be subject to certain conditions to be satisfied prior to allocation.

**Further, the undersigned hereby certifies the following:**

1. The Applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial statues or handicap;

2. That, to the best of its knowledge and belief, all factual information provided herein or in connection herewith is true and correct and all estimates are reasonable and can be obtained from any source named herein;
3. That it will at all times indemnify and hold harmless SDHDA against all losses, costs, damages, expenses, and liabilities of any nature or indirectly resulting from, arising out of or relating to SDHDA's acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HTF funds in connection herewith; and
4. That, if it proposes to utilize USDA Rural Development financing, it agrees to provide a copy of this application, Pro Forma, CPA Cost Certification, HTF loan documentation and IRS Form 8609 to USDA Rural Development, and further acknowledges that USDA Rural Development and SDHDA will work cooperatively to ensure that RHS assistance and HTF funds provided is not more than is necessary to provide affordable housing after taking account of assistance from all Federal, State and local sources; and
5. That it provides SDHDA the right to exchange information with other state allocation agencies and with other parties as deemed appropriate by SDHDA.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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**EXHIBIT A**  
**DEVELOPMENT TEAM EXPERIENCE**

1. **PROJECT NAME:** \_\_\_\_\_  
Site Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
2. **APPLICANT NAME:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
  
3. **NAME OF GENERAL PARTNER/MANAGING MEMBER:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
  
4. **NAME OF DEVELOPER:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
  
5. **NAME OF CONTRACTOR:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_
  
6. **NAME OF MANAGEMENT COMPANY:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_

7. **NAME OF CONSULTANT:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_

8. **NAME OF SPONSORING ORGANIZATION:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
Describe experience in developing affordable housing (attach list of names, addresses, and nature of low income projects): \_\_\_\_\_  
\_\_\_\_\_

9. **NAME OF CERTIFIED PUBLIC ACCOUNTANT:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_

10. **NAME OF TAX ATTORNEY:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_

11. **NAME OF ARCHITECT:** \_\_\_\_\_  
Entity Type: \_\_\_\_\_ Federal Tax Identification No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
No. of Years' Experience: \_\_\_\_\_  
\_\_\_\_\_

Do any members of the development team have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in the construction company or subcontractors used)?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the level of participation and/or relationship of each: \_\_\_\_\_  
\_\_\_\_\_

Describe any default, disposition of or status of default, foreclosure or finding on non-compliance for any of the projects listed on attachments. Use an additional sheet of paper if necessary. \_\_\_\_\_

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed development team.

\_\_\_\_\_  
Signature of Legal Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**EXHIBIT B**  
**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant: Please copy this form, complete page 1, send the entire form to each state in which you have previously participated in the Low Income Housing Tax Credit (LIHTC) Program and/or HOME Program and submit a copy of each with your application for LIHTC and HTF funding. Complete this process for any owner, developer, sponsor, or general partner listed in this application that has an ownership interest in a tax credit conducted business under different names.

\_\_\_\_\_  
 State Housing Finance Agency/Authority

By: \_\_\_\_\_  
 Printed Name and Title

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip

To the above referenced State Housing Finance Agency/Authority, the undersigned hereby authorizes you to complete the attached LIHTC/HOME Program Performance Questionnaire and to release to the South Dakota Housing Development (SDHDA) any information you have regarding our firm as it relates to project development, compliance, the curing of or failure to cure any project noncompliance, and any formal or informal action taken by your agency with respect to our participation as an owner or management agent in your LIHTC or HOME program. Other data that may be relevant to SDHDA in its assessment of our development experience and compliance record is also appreciated. Thank you in advance for your cooperation.

\_\_\_\_\_  
 Company Name

By: \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Printed name for which application was submitted to SDHDA

**Properties developed or managed by this company in the above reference state (attach additional pages if necessary):**

Name	LIHTC or HOME Project No.	City	Name	LIHTC or HOME Project No.	City

## LIHTC/HOME PROGRAM PERFORMANCE QUESTIONNAIRE

The person or entity identified on page 1 has applied for an allocation of Housing Tax Credits or HOME funding in the State of South Dakota. They have provided on page 1 a list of the LIHTC and/or HOME developments in your state in which they have developed an ownership interest or perform as management agent. As part of the application review process, SDHDA examines the applicant's previous participation and performance history. Please review the list of properties and answer the following questions.

1. Notice(s) of violations has/have been issued in the past 36 months in the following categories:

Issue	Corrected	Not Corrected	Correction(s) Due
Major violations of health, safety and buildings codes			
Refusal to lease to Section 8 voucher holders			
Violation under the Fair Housing Act			
Leasing to unqualified tenants			
Lack of proper documentation			
Failure to recertify tenants annually			
Rents not properly restricted			
Instances of transient occupancy			
Failure to maintain minimum housing quality standards			
General non-compliance with governing regulations			

2. Applicant's attached list does not disclose all of the LIHTC or HOME properties owned or managed in this state. (Please list additional properties):

3. Applicant has been involved in bankruptcy, an adverse fair housing settlement, an adverse civil rights settlement, or an adverse federal or state government proceeding and settlement. (Please explain):

4. Applicant has failed to meet tax credit deadlines or compliance standards of a tax credit allocation. (Includes returning a reservation of credits after the carryover allocation agreement has been signed):

5. Applicant has demonstrated performance issues in the development and construction phase. (Please explain):

6. Additional information/comments:

7. Overall agency rating of the Applicants' performance: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ Barred

---

Preparer's Name/Title

Date

Please return the entire questionnaire to SDHDA within 10 days of receipt. Your response is greatly appreciated.

**South Dakota Housing Development Authority**  
**Attn: Rental Housing Development**  
**PO Box 1237**  
**Pierre, SD 57501**

**If you have questions or comments, please contact:**  
**South Dakota Housing Development Authority**  
**Rental Housing Development:**  
**605.773.3181**  
**www.sdhda.or**

**EXHIBIT C**  
**PROJECT REHABILITATION CHECKLIST**

Projects involving rehabilitation must attach a description of the work to be completed. The description must list rehabilitation costs for the exterior, all common area, **and for each individual apartment unit**. Please indicate the following items that are included in the scope of the rehabilitation:

Exterior Work

- Foundation
- Porches
- Steps, Stairs
- Roof
- Gutter, Drain
- Windows
- Doors
- Siding
- Paint
- Sidewalk
- Parking Lot
- Masonry
- Landscaping
- Playground

Interior Work

- Basement
- Ceilings
- Walls
- Electrical
- Heating
- Plumbing
- Paint
- Flooring
- Cabinetry
- Counter Tops
- Light Fixtures
- Air Conditioning Units/Central Air
- Appliances
- Window Coverings
- Hallways
- Doors

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**EXHIBIT D**  
**HISTORICAL REQUIREMENTS**  
**FOR ANY HTF ASSISTED PROJECT**

Please include the following information when submitting your application for project review under Section 106 of the National Historic Preservation Act (NHPA).

1. A description of your project that identifies and explains any work that will involve disturbance of the ground, or the demolition or modification of any existing buildings. If no ground disturbance, demolition, or modification of existing structures will take place, please indicate. If the area has been previously disturbed by activities other than agriculture please include this information:

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Sources:

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2. For projects that involve new construction on vacant lots, please include information as to what previously occupied the site and whether that site has any known historical or archaeological significance.

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Sources:

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3. Please enclose clear, original photographs of any affected buildings/structures constructed more than 49 years ago. An overall front view of each structure is required, as well as any other views necessary to fully describe the structure(s) and the proposed undertaking. Also include clear, original photographs of the subject property itself, whether there are any structures on it or not.

The above information is true and correct to the best of my ability:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**EXHIBIT E**  
**APPLICATION CHECKLIST**

The following must be submitted with the completed application form to ensure a complete application is received by SDHDA. Please refer to the HTF Allocation Plan and application for clarification of any submission items.

SDHDA HTF Completed and Signed Application \_\_\_\_\_

Submission Item	Enclosed	Meet SDHDA Requirements
1. Market Study	_____	_____
2. Project Narrative	_____	_____
3. Chief Executive Officer letter	_____	_____
4. Utility Allowance Calculation	_____	_____
5. Pro-Forma	_____	_____
6. Documentation of Operating Expenses	_____	_____
7. Evidence of Applicant's Characteristics	_____	_____
8. Site Control	_____	_____
9. Architectural Site Plan	_____	_____
10. Architectural Floor and Unit Plan	_____	_____
11. Zoning Letter and Project Plat	_____	_____
12. PHA Notification	_____	_____
13. Nonprofit Questionnaire	_____	_____
14. Local Area Map – Project Location	_____	_____
15. Local Area Map – Areas of Opportunity	_____	_____
16. Executed Project Characteristics	_____	_____
17. Evidence of Financing	_____	_____
18. Evidence of Equity Commitment	_____	_____
19. Legal Opinion of Cash Flow Mortgage	_____	_____
20. Legal Opinion of Good Standing	_____	_____
21. Consultant Contract	_____	_____
22. Acquisition Rehab Projects		
a. Detailed Rehabilitation Listing	_____	_____
b. Three Years Historical Financials	_____	_____
c. Current Tenant Rent Roll	_____	_____
d. Documentation of Federal Subsidy	_____	_____
e. Documentation of Historical Character	_____	_____
f. Tenant Questionnaire	_____	_____
g. Tenant Relocation Plan	_____	_____
h. Lead Based Paint Disclosure	_____	_____
23. Documentation of Qualified Census Tract	_____	_____
24. Copy of Community Revitalization Plan	_____	_____
25. Evidence of Local Financial Support	_____	_____
26. Applicant Characteristics	_____	_____
27. Service Provider Letters	_____	_____
28. Intent to Serve Families with Children	_____	_____
29. Availability of Utility Service	_____	_____
30. HOF Supplemental Application	_____	_____
31. HTF Supplemental Application	_____	_____

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