



# LOW-INCOME HOUSING TAX CREDITS



## 2022/2023 NIFA/NDED Exhibit Examples

### Our Mission

*Growing Nebraska communities through affordable housing and agribusiness.*

## CERTIFICATION OF APPLICANT/OWNER

The undersigned, on behalf of the applicant entity, is (are) familiar with the provisions of the Internal Revenue Code with respect to the LIHTC Program and the Nebraska Department of Revenue with respect to the AHTC Program and, to the best of my (our) knowledge and belief, the applicant entity has complied, or will comply, with all of the requirements which are prerequisite to an allocation of LIHTC and AHTC by NIFA. I (We) understand that the LIHTC and the AHTC Program will be governed and controlled by the rules and regulations issued by the United States Treasury and Nebraska Department of Revenue, and I (we) have read such rules and am (are) familiar with the requirements thereof. The undersigned further certifies that the information set forth in this application, and any attachments and exhibits thereto, is true, correct and complete, that no information contained in this application or in the listed attachments and exhibits is in any way false, incorrect or incomplete, and that the proposed construction/rehabilitation will not violate zoning ordinances or deed restrictions.

I (We) understand that any misrepresentations and/or fraudulent information contained within this application may result in the revocation of LIHTC and AHTC by NIFA and potentially my (our) and related parties being barred from future LIHTC and the AHTC Program participation and notification of such to the Internal Revenue Service and Nebraska Department of Revenue.

I (We) hereby make application to NIFA for a reservation of LIHTC and AHTC. The undersigned hereby acknowledges that the making of a reservation by NIFA does not warrant that the development is financially feasible or otherwise qualified to claim LIHTC and AHTC. I (We) agree that NIFA's directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or its investors relating to the LIHTC and AHTC Program; therefore, I (we) assume the risk of all damages, losses, costs and expenses related thereto and agree to indemnify and save harmless NIFA or any of its directors, officers, employees and agents against any and all claims, suits, losses, damages, costs and expenses of any kind and of any nature that NIFA may hereinafter suffer, incur or pay arising out of its decision concerning the application for LIHTC and AHTC or the use of the information concerning the LIHTC and AHTC Program.

I (We) hereby authorize any state LIHTC Allocating Agency to release to NIFA any and all information that such state LIHTC Allocating Agency has regarding development compliance, the curing of or failure to cure any development noncompliance, any formal or informal action taken by any state LIHTC Allocating Agency with respect to my/our participation in any low-income housing tax credit program and any other data that may be relevant to NIFA in its assessment of our development experience and compliance record.

I (We) acknowledge that copies of Applications submitted pursuant to the Qualified Allocation Plan ("QAP") (which includes applications for 9% LIHTC, AHTC, 4% LIHTC and CRANE will be made available by NIFA to the public (other than during the active review process) upon written request. By submission of an Application pursuant to the QAP, applicant acknowledges and agrees to the release and publication of its Application and related information.



**CERTIFICATION OF CRANE APPLICANT**

The undersigned hereby certifies that the information set forth in this application and in any exhibits in support thereof, is true, correct and complete. The undersigned understands that any misrepresentation may result in the cancellation of any resources allocated or reserved under the CRANE Program. The undersigned also agrees that NIFA and/or the participating resource providers may request additional information to evaluate this application:

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Applicant Signature

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Date

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Name of Applicant



**STATEMENT AND CERTIFICATION OF CONSULTANT** *(if a consultant is utilized in the making or filing of this application)*

The undersigned, as consultant(s) to the applicant entity, is (are) familiar with the provisions of the Internal Revenue Code with respect to the LIHTC and the Nebraska Department of Revenue with respect to the AHTC Program, and, to the best of my (our) knowledge and belief, the applicant entity has complied, or will comply, with all of the requirements which are prerequisite to an allocation of LIHTC and AHTC by NIFA. I (We) understand that the LIHTC program will be governed and controlled by rules and regulations issued by the United States Treasury and the Nebraska Department of Revenue, and I (we) have read such rules and am (are) familiar with the requirements thereof. The undersigned further certifies that the information set forth in this application, and any attachments and exhibits thereto, is true, correct and complete, that no information contained in this application or in the listed attachments and exhibits is in any way false, incorrect or incomplete; and that the proposed construction/rehabilitation will not violate zoning ordinances or deed restrictions.

I (We) understand that any misrepresentations and/or fraudulent information contained within this application may result in the revocation of LIHTC and AHTC by NIFA and potentially my (our) and related parties being barred from future LIHTC and AHTC Program participation and notification of such to the Internal Revenue Service and the Nebraska Department of Revenue.

I (We) hereby make application to NIFA for a reservation of LIHTC and AHTC. The undersigned hereby acknowledges that the making of a reservation by NIFA does not warrant that the development is financially feasible or otherwise qualified to claim LIHTC and AHTC. I (We) agree that NIFA's directors, officers, employees and agents will not be held responsible or liable for any representations made to the undersigned or its investors relating to the LIHTC and AHTC Program; therefore, I (we) assume the risk of all damages, losses, costs and expenses related thereto and agree to indemnify and save harmless NIFA or any of its directors, officers, employees and agents against any and all claims, suits, losses, damages, costs and expenses of any kind and of any nature that NIFA may hereinafter suffer, incur or pay arising out of its decision concerning the application for LIHTC or the use of the information concerning the LIHTC and AHTC Program.

\_\_\_\_\_  
Signature of Consultant

Date \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.

COUNTY OF \_\_\_\_\_ )

I, the undersigned, a notary public in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name signed to the foregoing statement, and who is known to me, acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Seal \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

### EXHIBIT 3

#### NON-PROFIT INFORMATION

If the development is to be considered for the non-profit LIHTC set-aside, the following information must be submitted:

- (i) A copy of the non-profit's IRS determination letter.
- (ii) A list of all names, addresses and phone numbers of the board members for the non-profit.
- (ii) Describe the non-profit's participation in the construction/rehabilitation of the development and the daily operations of the development.
- (iii) Describe the non-profit's ownership in the development entity (including the non-profit's ownership percentage in the development).
- (v) State whether the non-profit's ownership rights with respect to the development are expected to remain the same throughout the compliance period.
- (vi) Identify all paid full-time staff and the sources of funds for the non-profit, for its annual operating expenses and current programs.
- (vii) Copy of the non-profit's by-laws.



## **EXHIBIT 8**

### **LOCATION MAP**

Provide a city location map clearly identifying the proposed development and identifying any of the following within a 1-mile radius:

- a. Grocery Store
- b. Retail Businesses
- c. Community Center(s)
- d. Hospital
- e. Schools (Elementary, Middle and High Schools)
- f. Child Care Centers
- g. Parks
- h. Supportive Service Providers (if services are to be provided at another location than the development)
- i. Bus Service Route

## EXHIBIT 10

### Site Visit Review & Approval HOME/HTF/CDBG-DR

1. If applying for HOME/HTF funds from NDED, a site visit review must be requested in writing to Mechele Grimes via email at [mechele.grimes@nebraska.gov](mailto:mechele.grimes@nebraska.gov) at least 75 days prior to the current application deadline. Please attach a copy of the executed NDED Site Visit Review by NDED as Exhibit 10.
2. If applying for CDBG-DR funds from NDED, a site visit review must be requested from NDED. Please attach a copy of the executed NDED Site Visit Review by NDED as Exhibit 10.
3. [https://opportunity.nebraska.gov/program/cdbg\\_dr/#housing-construction](https://opportunity.nebraska.gov/program/cdbg_dr/#housing-construction)
4. If your proposed development is located in Omaha, Lincoln, or South Sioux City, HOME/HTF funds may be available from the local jurisdiction through their own application process. Developments in these communities are also eligible to apply for HOME/CDBG-DR/HTF funds through NIFA/NDED's joint application process.

If not applying for HOME/HTF/CDBG-DR funds, a site review is not required.

**NEBRASKA DED HOUSING SITE REVIEW FORM**

Please complete all the information in Box A, B and C. Please provide one site review form for each address.

**Part A. Project Information**

<b>NAME OF PROJECT</b>			
<b>CONTRACT #</b> <i>(or other identifier, if applicable)</i>			
<b>APPLICANT</b>		<b>DEVELOPER</b>	
<b>NAME OF PERSON COMPLETING FORM</b>			
<b>EMAIL ADDRESS</b>		<b>PHONE</b>	
<b>FUNDING SOURCE</b> <i>(select all that apply):</i>			
<input type="checkbox"/> CDBG-DR <input type="checkbox"/> HOME <input type="checkbox"/> HTF (National Housing Trust Funds) <input type="checkbox"/> NE Affordable Housing Trust Funds			
<b>PROJECT OVERVIEW</b>  <b>Project activities include</b> <i>(check all that apply):</i>  <input type="checkbox"/> acquisition <input type="checkbox"/> rehabilitation <input type="checkbox"/> new construction <input type="checkbox"/> demolition <input type="checkbox"/> site improvements including infrastructure (i.e., roads, lights, turn lanes, etc.)  <input type="checkbox"/> Other: _____  <b>Types of units to be served</b> <i>(check all that apply):</i>  <input type="checkbox"/> single family <input type="checkbox"/> rental <input type="checkbox"/> multi-family <input type="checkbox"/> homebuyer <input type="checkbox"/> townhouses (e.g., duplex, 3-plex) <input type="checkbox"/> elderly <input type="checkbox"/> special needs / homeless	<b>PROPOSED DED REQUEST</b>	\$	
	<b>PROPOSED TOTAL PROJECT COST:</b>	\$	
	<b>NUMBER OF UNITS PROPOSED</b>		
	<b>NUMBER OF BUILDINGS PROPOSED</b>		
	<b>NUMBER OF ROOMS</b>		
	<b>DESCRIPTION OF ALL ACTIVITIES PROPOSED FOR THE PROJECT:</b>		

<input type="checkbox"/> Other: _____          	
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**Part B-1. Proposed Site Information**

**Property Physical Address of Site proposed for the project:** \_\_\_\_\_

**Condition of lot:**  vacant  existing structure

**Shape of Site**  Square  Rectangular  Other \_\_\_\_\_ (long narrow sites should be avoided)

**Slope of Site**  No Slope  Slight Slope  Medium Slope  Steep Slope

**Is the site located in a suitable neighborhood or location?** (consider noise, traffic, view, air pollution, etc.)

Yes  No *\*Refer to 24 CFR 93.150 for HFT and 24 CFR 983.6(b) for HOME Site & Neighborhoods Standards*

**Is the site compatible with surrounding land uses?**  Yes  No

**The adjacent properties include: (Residential, Commercial, vacant?)**

North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

**Is the site located in reasonable proximity to facilities and services that may be utilized by the residents?**

Yes  No

**Describe the distance to the following locations:**

Day Care \_\_\_\_\_miles    Grocery Store \_\_\_\_\_miles    Hospital \_\_\_\_\_miles

Parks \_\_\_\_\_miles    Schools \_\_\_\_\_miles    Shopping \_\_\_\_\_miles

Other Health Care Services \_\_\_\_\_ miles

**Is the site located within a 100 year floodplain?** (also known as a Special Flood Hazard Area [SFHA])

Yes  No

**Are there any mitigating measures needed for the project?**

Yes  No These measures will include: \_\_\_\_\_

## Part B-2. Proposed Site & Project Information – Disaster Recovery

Is the site in a location that addresses unmet housing needs outlined in the CDBG-DR Action Plan for DR-4420?  Yes  
 No

Is the site located within a 100-year floodplain? (i.e., Special Flood Hazard Area [SFHA])

Yes  No

Are there any mitigating measures consistent with HUD CDBG-DR requirements needed for the project?

Yes  No These measures will  
include: \_\_\_\_\_

Does developer have site control?  Yes  No

Have there been any choice limiting actions which would impair environmental review approvals?  Yes  No

## Part C. Infrastructure

Are there unusual drainage problems?

No  Yes If yes, problems include \_\_\_\_\_

Is street access appropriate for the scale of the development?  Yes  No

Are the streets paved?  Yes  No

Will the development also include paving?  Yes  No

Are there also sidewalks, curbs, and gutters?  Yes  No

Will the development include sidewalks, curb, and gutters?  Yes  No

Are there any additional street improvements or mitigating measures needed for the project? (i.e. additional street lights, turn lanes, etc.)  No  Yes If yes, these additional improvements/measures will  
include \_\_\_\_\_

\_\_\_\_\_

Are there any mitigating measures needed for the project specifically related to infrastructure?

Yes  No These measures will  
include: \_\_\_\_\_

**Part D. REQUIRED Attachments to Accompany Form**

**Exhibit A:** Short narrative 100 words or less on the proposed project. This project description should be consistent with that of the public hearing and the initial Environmental Review Determination of Level of Review (DLR) form.

**Exhibit B:** Proposed site plan for the project.

**Exhibit C:** Aerial maps of the project site and surroundings and clearly identify the site on the map.

**Exhibit D:** FEMA Flood Insurance Rate Map (FIRM) \_\_\_\_\_ [Map #, Panel #]

**Exhibit E:** Proof of current zoning

**To Be Completed by DED Representative**

Site review was conducted by \_\_\_\_\_ on \_\_\_\_\_ (date).

CONCLUSION: Based on the site review, the Department has determined that the site is:

- Approved, because the site is acceptable.
- Approved with the following mitigation measures:  
\_\_\_\_\_
- Not approved because the site is outside of disaster declared counties.
- Not approved because the site is unacceptable based on \_\_\_\_\_
- Not approved because the site is subject to re-inspection.
- Not approved until the following mitigating measures can be agreed upon:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

## EXHIBIT 11

### HOME AND CDBG-DR ENVIRONMENTAL REVIEW RECORD AND PROCESS AND DETERMINATION OF LEVEL OF REVIEW FORM

All HOME and CDBG-DR projects are subject to the provisions of the National Environmental Policy Act of 1969 (NEPA), which establishes national policy and procedures for protecting, restoring and enhancing environmental quality. HOME and CDBG-DR is also subject to other statutes, Executive Orders and regulations dealing with a number of specific concerns, such as historic preservation, floodplain management, wetland protection, noise control, manmade hazards and others. The applicant must complete the environmental review and receive a Notice of Release of Funds from the Department, before starting any project activities, and obligating or expending any HUD or non-HUD funds (24 CFR 58.22).

FOR HOME and CDBG-DR Projects the following needs to be provided in a summary form: An initial evaluation for the environmental review must be completed at the time of the application. This evaluation should include a summary of what environmental review areas may be of most concern during the project development including, but not limited to, whether or not the project site is located within a Special Flood Hazard Area; whether or not the project may impact floodplains or wetlands; whether or not the project may impact historic resources; and whether or not the site may contain contamination or toxic substances that may create an issue to persons within the project. These initial items should be evaluated prior to the submittal of the application as they may impact project development and site suitability. Please contact Mechele Grimes, Housing Specialist, at (402) 309-4536 or by email at [mechele.grimes@nebraska.gov](mailto:mechele.grimes@nebraska.gov) for additional information. In addition, a Determination of Level of Review form must be completed and submitted with the summary, with the exception for HTF, as the DLR is not required.

For National Housing Trust Funds (HTF) Projects please refer to the following link for guidance: <https://files.hudexchange.info/resources/documents/Notice-CPD-16-14-Requirements-for-HTF-Environmental-Provisions.pdf>

EXHIBIT 11

DETERMINATION OF LEVEL OF REVIEW

ERR GRANT# \_\_\_\_\_

Project Name: \_\_\_\_\_ Program Year: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description (Attach additional descriptive information, as appropriate to the project, including narrative, maps, photographs, site plans, budgets and other information.):

The subject project has been reviewed pursuant to HUD regulations 24 CFR Part 58, "Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities," and the following determination with respect to the project is made:

- Exempt from NEPA review requirements per 24 CFR 58.34(a)(\_\_\_\_)
Categorically Excluded NOT Subject to §58.5 authorities per 24 CFR 58.35(b)(\_\_\_\_)
Categorically Excluded SUBJECT to §58.5 authorities per 24 CFR 58.35(a)(\_\_\_\_)

(A Statutory Checklist for the §58.5 authorities is attached.)

- An Environmental Assessment (EA) is required to be performed. (An Environmental Assessment performed in accordance with subpart E of 24 CFR Part 58 is attached.)
An Environmental Impact Statement (EIS) is required to be performed.

The ERR (see §58.38) must contain all the environmental review documents, public notices and written determinations or environmental findings required by Part 58 as evidence of review, decision making and actions pertaining to a particular project. Include additional information including checklists, studies, analyses and documentation as appropriate.

Preparer Name Signature
Title Date

Responsible Entity Certifying Officer Signature



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**Title**

**Date**

## EXHIBIT 12

### PUBLIC HEARING DOCUMENTATION

**INSTRUCTIONS:** A public hearing is required as part of the joint application process. The template on the following page is for your use in creating the official notice for that purpose. At this hearing, the Applicant must convey specific federal program (e.g., CDBG-DR, HOME, HTF) requirements and related project issues. For example, if taxes or user charges will need to be increased as part of financing the project, it is especially important that residents understand the necessity of raising taxes/user charges. This discussion would then be specifically reflected in the meeting minutes.

The public hearing **must** include the following:

1. How the need for the activities was identified;
2. The nature of the proposed activities;
3. Project location, including address(es) and legal description (if no addresses are available, a location description must be used, e.g., between Maple Avenue and Oak Street and 23<sup>rd</sup> and 24<sup>th</sup> Streets);
4. All project activities to be undertaken;
5. Amount and source of funds for each activity;
6. Estimated total amount of requested federal funds (e.g., CDBG-DR/HOME/HTF) that will benefit low- and moderate-income people;
7. Amount and source of other funds, if any; and
8. Plans for minimizing displacement of persons and businesses as a result of CDBG-DR/HOME/HTF activities; and
9. Plans to assist persons actually displaced.

As part of the application submission, Applicants are required to submit the following documentation:

1. The notification to the public advertising the date/time of the public hearing.
2. Verification that the notification was published (Affidavit of Publication) or that the notification was posted within the community (Certificate of Posting).
3. Official meeting minutes as recorded by the appropriate local official.
4. Summary of public comments received, where applicable. If no comments received, this should be recorded in the meeting minutes and submitted, documenting no comments received.

## EXHIBIT 12

### Public Hearing Template

#### NOTICE OF PUBLIC HEARING ON APPLICATION FOR FEDERAL RESOURCES

NOTICE IS HEREBY GIVEN that on [Date] in the [Place], the [Name of the Local Government Unit or other eligible entity] will hold a public hearing concerning an application to the Nebraska Department of Economic Development for a [federal resource, e.g., Community Development Block Grant Disaster Recovery (CDBG-DR), HOME Investment Partnership (HOME), National Housing Trust Fund (HTF), etc.] award. This funding is available to eligible entities to [purpose of program, e.g., rebuild the affected areas impacted by DR-4420 and provide crucial seed money to start the recovery process (CDBG-DR only), for local affordable housing activities (HOME and HTF only)].

The [Name of the Local Government Unit or other eligible entity] is requesting [exact amount of federal funds] for [Detailed project description which must include: (1) How the need for the activities was identified; (2) The nature of the proposed activities; (3) Project location, including address(es) and legal description (if no addresses are available, a location description must be used, e.g., between Maple Avenue and Oak Street and 23rd and 24th Streets); (4) All project activities to be undertaken; (5) Amount and source of funds for each activity; (6) Estimated total amount of requested federal funds (e.g., CDBG-DR/HOME/HTF) that will benefit low- and moderate-income people; (7) Amount and source of other funds, if any; and (8) Plans for minimizing displacement of persons and businesses as a result of CDBG-DR/HOME/HTF activities; and (9) Plans to assist persons actually displaced.]

The grant application will be available for public inspection at [Place]. All interested parties are invited to attend this public hearing at which time you will have an opportunity to be heard regarding the grant application. Written and oral testimony will also be accepted at the public hearing scheduled for [Time], [Date], [Address, Room Number, etc.]. Written comments addressed to [Contact Person] at [Address] will be accepted if received on or before [Date].

Individuals requiring physical or sensory accommodations including interpreter service, Braille, large print, or recorded materials, please contact [Contact Person] at [Address, Phone Number] no later than [Date]. Accommodations will be made for persons with disabilities and non-English speaking individuals provided that a [Number] day notice is received by the [Name of the Local Government Unit or other eligible entity].

**EXHIBIT 13**

**AUTHORIZING RESOLUTION**

**INSTRUCTIONS:** An authorizing resolution is required as part of the joint application process. The authorizing resolution must be **printed on the local unit of government's** (or other eligible entity's) **letterhead or notarized**. Below is the template to be completed to reflect the applicant's information.

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**RESOLUTION AUTHORIZING CHIEF ELECTED OFFICIAL  
TO SIGN AN APPLICATION FOR FUNDS**

Whereas, the [Name of the Local Government Unit or other eligible entity], Nebraska, is an eligible unit of a general local government authorized to file an application under the Housing and Community Development Act of 1974 as amended, and, Cranston-Gonzalez National Affordable Housing Act of 1990 (HOME Program) funds distributed by the Department of Economic Development; and,

Whereas, the [Name of the Local Government Unit or other eligible entity], Nebraska, has obtained its citizens' comments on community development and housing needs; and has conducted public hearing(s) upon the proposed application and received favorable public comment respecting the application which for an amount of [Specify Amount of Funds] for [Description of Project]; and,

NOW, THEREFORE, BE IT RESOLVED BY

[Controlling Government Body] of [Name of the Local Government Unit], that the [Title of Chief Elected Official] be authorized and directed to proceed with the formulation of any and all contracts, documents or other memoranda between [Name of the Local Government Unit or other eligible entity] and the Nebraska Department of Economic Development so as to effect acceptance of the grant application.

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Chief Elected Official Signature

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Chief Elected Official Printed Name, Title

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Date

## EXHIBIT 14

### STATEMENT OF ASSURANCES & CERTIFICATIONS TEMPLATE

**INSTRUCTIONS:** The Statement of Assurances and Certifications is required as part of the joint application process. This must be printed on the local unit of government's (or other eligible entity's) letterhead or notarized. Below is the template to be updated to reflect the applicant's information.

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### APPLICANT'S STATEMENT OF ASSURANCES AND CERTIFICATIONS

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The [Name of the Local Government Unit or other eligible entity] (Applicant) hereby assures and certifies to the Nebraska Department of Economic Development (Department) regarding an application for Community Development Block Grant Disaster Recovery (CDBG-DR), HOME Investment Partnership (HOME), or National Housing Trust Fund (HTF) funds, the following:

#### THRESHOLD CERTIFICATIONS

1. There are no significant unresolved audit findings relating to any prior grant award from the federal and/or state government that would adversely affect the administration of this grant.
2. No legal actions are underway or being contemplated that would significantly impact the Applicant's capacity to effectively administer the program, and to fulfill the CDBG-DR/HOME/HTF program; and
3. No project costs have been incurred that have not been approved in writing by the Department.

#### FEDERAL COMPLIANCE CERTIFICATIONS

4. It will adopt and follow a residential anti-displacement and relocation assistance plan that will minimize displacement as a result of activities assisted with CDBG-DR/HOME/HTF funds.
5. It will conduct and administer its programs in conformance with:
  - a. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and the regulations issued pursuant thereto (24 CFR Part 1).
  - b. Title VIII of the Civil Rights Act of 1968 (Pub. L. 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing, and will take action to affirmatively further fair housing in the sale or rental of housing, the financing of housing, and the provision of brokerage services.
  - c. The Fair Housing Act of 1988 (42 U.S.C. 3601-19) and will affirmatively further fair housing.
6. It will not attempt to recover any capital costs of public improvements assisted in whole or part by assessing any amount against properties owned and occupied by persons of low- and moderate-income (LMI), including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless (1) grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than grant funds,

or (2) for purposes of assessing any amount against properties owned and occupied by persons of LMI who are not persons of very-low income, the Applicant certifies to the state that it lacks sufficient grant funds to comply with the requirements of clause (1).

7. It will comply with all provisions of Title I of the Housing and Community Development Act of 1974, as amended, which have not been cited previously as well as with other applicable laws.

#### **CITIZEN PARTICIPATION PLAN CERTIFICATION**

8. It certifies that a detailed citizen participation plan is on file which includes:
  - a. Providing and encouraging citizen participation with particular emphasis on participation by lower income persons who are residents of slum and blight areas in which funds are proposed to be used to include target areas as identified in the application.
  - b. Providing citizens with reasonable and timely access to local meetings, information, and records relating to the Applicant's proposed and actual use of CDBG-DR/HOME/HTF funds.
  - c. Furnishing citizens with information, including but not limited to, the amount of CDBG-DR funds expected to be made available for the current fiscal year including CDBG-DR/HOME/HTF funds and anticipated program income the range of activities that may be undertaken with CDBG-DR/HOME/HTF funds; the estimated amount of CDBG-DR/HOME/HTF funds to be used for activities that will meet the national objective of benefit to low- and moderate-income people, and the proposed CDBG-DR/HOME/HTF-funded activities likely to result in displacement and the Applicant's anti-displacement and relocation plans.
  - d. Providing technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals. The level and type of assistance is to be identified within the plan.
  - e. Providing for public hearings at different stages of the program, for the purpose of obtaining citizen's views and responding to proposals and questions. The hearings must cover community development and housing needs, development of proposed activities and review of program performance. The hearing to cover community development needs must be held before submission of an application to the state. The hearing on program performance must be held during the implementation of the CDBG-DR awarded grant. There must be reasonable notice of the hearings and they must be held at times and locations convenient to potential or actual beneficiaries, with accommodations for the handicapped. Public hearings are to be conducted in a manner to meet the needs of non-English speaking residents where a significant number of non-English speaking residents can be expected to participate.
  - f. Providing citizens with reasonable advance notice of, and opportunity to comment on, proposed activities in the application to the state and for grants already made, activities that are added to, deleted or substantially changed from the application to the state. Substantially changed is defined in terms of purpose, scope, location or beneficiaries defined by the state established criteria.
  - g. Providing citizens, the address, phone number and acceptable hours for submitting complaints and grievances and providing timely written responses to written complaints and grievances within 15 working days where practicable.

#### **SPECIAL REQUIREMENTS AND ASSURANCES.**

9. The Applicant will comply with the administrative requirements of the program, those applicable items in the Consolidated Plan, Title I of the Housing and Community Development Act of 1974, Public Law 93-383, as amended, and 24 CFR Part 570 (including parts not specifically cited below), and the following laws, regulations and requirements, both federal and state, as they pertain to the design, implementation and administration of the local project, if approved:

#### **CIVIL RIGHTS AND EQUAL OPPORTUNITY PROVISIONS**

- Public Law 88-352, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d), et. seq.) (24 CFR Part 1)
- Section 109 of the Housing and Community Development Act of 1974, As Amended
- Age-Discrimination Act of 1975, As Amended (42 U.S.C. 6101, et. seq.)
- Section 504 of the Rehabilitation Act of 1973, As Amended (29 U.S.C. 794) and the Americans with Disability Act
- Executive Order 11246, As Amended
- Executive Order 11063, As Amended by Executive Order 12259 (24 CFR Part 107)

#### **ENVIRONMENTAL STANDARDS AND PROVISIONS**

- Section 104(f) of the Housing and Community Development Act of 1974, As Amended
- Title IV of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4831) and the Implementing Regulations found at 24 CFR Part 35
- The National Environmental Policy Act of 1969 (42 U.S.C. Section 4321, et. seq., and 24 CFR Part 58)
- The Clean Air Act, As Amended (42 U.S.C. 7401, et. seq.)
- Farmland Protection Policy Act of 1981, (U.S.C. 4201, et. seq.)
- The Endangered Species Act of 1973, As Amended (16 U.S.C. 1531, et. seq.)
- The Reservoir Salvage Act of 1960 (16 U.S.C. 469, et. seq.), Section 3 (16 U.S.C. 469 a-1), As Amended by the Archaeological and Historic Preservation Act of 1974
- The Safe Drinking Water Act of 1974 [42 U.S.C. Section 201, 300(f), et. seq., and U.S.C. Section 349 as Amended, particularly Section 1424(e) (42 U.S.C. Section 300H-303(e)]
- The Federal Water Pollution Control Act of 1972, As Amended, including the Clean Water Act of 1977, Public Law 92-212 (33 U.S.C. Section 1251, et. seq.)
- The Solid Waste Disposal Act, As Amended by the Resource Conservation and Recovery Act of 1976 (42 U.S.C. Section 6901, et. seq.)
- The Fish and Wildlife Coordination Act of 1958, As Amended, (16 U.S.C. Section 661, et. seq.)
- EPA List of Violating Facilities
- HUD Environmental Standards (24 CFR, Part 51, Environmental Criteria and Standards and 44 F.R. 40860-40866, July 12, 1979)
- The Wild and Scenic Rivers Act of 1968, As Amended (16 U.S.C. 1271, et. seq.)
- Flood Insurance
- Executive Order 11988, May 24, 1978: Floodplain Management (42 F.R. 26951, et. seq.)
- Executive Order 11990, May 24, 1977: Protection of Wetlands (42 F.R. 26961, et. seq.)
- Environmental Protection Act, NEB. REV. STAT. 81-1501 to 81-1532 (R.R.S. 1943)
- Historic Preservation

#### **LABOR STANDARDS AND PROVISIONS**

- Section 110 of the Housing and Community Development Act of 1974, As Amended
- Fair Labor Standards Act of 1938, As Amended, (29 U.S.C. 102, et. seq.)
- Davis-Bacon Act, As Amended (40 U.S.C. 276-a - 276a-5); and Section 2; of the June 13, 1934 Act., As Amended (48 Stat. 948.40 U.S.C. 276(c), popularly known as The Copeland Act
- Contract Work Hours and Safety Standards Act (40 U.S.C. 327, et. seq.)
- Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701(u)]

#### **FAIR HOUSING STANDARDS AND PROVISIONS**

- Section 104(a)(2) of the Housing and Community Development Act of 1974, As Amended Public Law 90-284, Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601, et. seq.). As Amended by the Fair Housing Amendments Act of 1988
- Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, As Amended (42 U.S.C. 4630) and the Implementing Regulations Found at 49 CFR Part 24
- Relocation Assistance Act, NEB. REV. STAT. 76-1214 to 76-1242 (R.S. Supp. 1989)
- Nebraska Civil Rights Act of 1969 20-105 to 20-125, 48-1102 and 48-1116
- Uniform Procedures for Acquiring Private Property for Public Use, NEB. REV. STAT. 25-2501 to 25-2506 (R.R.S. 1943)

#### **ADMINISTRATIVE AND FINANCIAL PROVISIONS**

- 78 FR 78589 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards “Cost Principles”
- 78 FR 78589 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards “Administrative Requirements”

- 24 CFR 570.503 - Grant Administration Requirements for Use of Escrow Accounts for Property Rehabilitation Loans and Grants
- 24 CFR 570.488 to 570.499a - States Program: State Administration of CDBG Nonentitlement Funds
- Community Development Law, NEB. REV. STAT. 18-2101 to 18-2144 (R.S. Supp. 1982)
- Public Meetings Law, NEB. REV. STAT. 18-1401 to 18-1407 (R.R.S. 1943)
- 24 CFR Subtitle A (4-1-98 Edition) – 85 referenced as 2 CFR Part 200 Administrative requirements for grants and cooperative agreements to State, local and federally recognized Indian tribal governments

**MISCELLANEOUS.**

- Hatch Act of 1938, As Amended (5 U.S.C. 1501, et. seq.)

Applicant hereby certifies that it will comply with the above stated assurances.

---

Chief Elected Official Signature

---

Chief Elected Official Printed Name, Title

---

Date

*Subscribed in my presence and sworn to before me:*

---

Notary Public (Not required if on letterhead)



## EXHIBIT 15

### RESIDENTIAL ANTI-DISPLACEMENT & RELOCATION ASSISTANCE PLAN

**INSTRUCTIONS:** A Residential Anti-Displacement & Relocation Assistance Plan is required as part of the joint application process. The Residential Anti-Displacement & Relocation Assistance Plan must be **printed on the local unit of government's (or other eligible entity's) letterhead or notarized**. Below is the template to be completed to reflect the applicant's information.

---

### RESIDENTIAL ANTI-DISPLACEMENT & RELOCATION ASSISTANCE PLAN

The [Name of the Local Government Unit or other eligible entity] will replace all occupied and vacant occupiable low-moderate-income dwelling units demolished or converted to a use other than as low- and moderate-income housing as a direct result of activities assisted with Community Development Block Grant Disaster Recovery (CDBG-DR) funds provided under the Housing and Community Development Act of 1974, as amended; Cranston-Gonzalez Affordable Housing Act of 1990 (HOME Program); Housing Trust Fund (HTF) funds provided under section 1338 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992.

All replacement housing will be provided within three (3) years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the [Name of the Local Government Unit or other eligible entity] will make public and submit to DED the following information in writing:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low-moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low-moderate-income dwelling unit for at least ten (10) years from the date of initial occupancy.

The [Name of the Local Government Unit or other eligible entity] will provide relocation assistance, according to either the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (49 CFR Part 24) or 24 CFR 570.496a(c) to each low/moderate-income family displaced by the demolition of housing, or the conversion of a low-moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the CDBG-DR/HOME/HTF program, the [Name of the Local Government Unit or other eligible entity] will take the following steps to minimize the displacement of persons from their homes:

1. Maintain current data on the occupancy of houses in areas targeted for CDBG-DR/HOME/HTF assistance.
2. Review all activities prior to implementation to determine the effect, if any, on occupied residential properties.
3. Include consideration of alternate solutions when it appears an assisted project will cause displacement, if implemented.
4. Require private individuals and businesses to consider other alternatives to displacement causing activities, if they are requesting CDBG-DR/HOME/HTF assistance.

Signed \_\_\_\_\_

(Chairperson, President, or other Authorized Person of Organization)

Title \_\_\_\_\_

Subscribed in my presence and sworn to before me.

Date \_\_\_\_\_

\_\_\_\_\_

Notary Public (Not required if on letterhead)

**EXHIBIT 16**

APPLICANT CERTIFICATION FORM FOR NON-PROFITS AND HOUSING AUTHORITIES

(Required Format)

WHEREAS, (Name of Applicant) (the "Applicant") is applying to the State of Nebraska for assistance from HOME/CDBG-DR/HTF Programs; and

WHEREAS, APPLICANT understands it is necessary that certain conditions be met as part of the application requirements;

THEREFORE, APPLICANT certifies as follows:

1. APPLICANT is eligible for award under state statutes and program guidelines and agrees to comply with all applicable federal, state and local regulations in the event that this application is selected for funding.
2. APPLICANT will minimize displacement as a result of activities assisted with HOME/CDBG-DR/HTF resources and assist persons displaced as a result of such activities as specified by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 49 CFR part 24. The more limited requirements of Section 104(d) of Housing and Community Development Act of 1974 are more detailed as to policy, definitions and requirements listed in 24 CFR 570.606.
3. APPLICANT has previously adopted, on \_\_\_\_\_, \_\_\_\_\_, Procurement Procedures that remain in effect. The procurement procedures were submitted to NDED on \_\_\_\_\_, \_\_\_\_\_.
4. APPLICANT will actively market in an on-going manner all housing units and services funded through HOME/CDBG-DR/HTF Programs.
5. APPLICANT is prepared and has the authority within its charter or by-laws or through statutory regulations to enter into a contractual agreement with the Nebraska Department of Economic Development for acceptance and use of HOME/CDBG-DR/HTF Program funds, and makes this application and these certifications with the full cognizance (and approval) of its governing body.
6. There are no significant unresolved audit findings relating to any prior grant award from the federal and/or state government, which would adversely affect the administration of this grant.
7. No legal actions are underway or being contemplated that would significantly impact the Applicant's capacity to effectively administer the program, and to fulfill the HOME/CDBG-DR/HTF programs; and
8. No project costs have been incurred which the Department has not approved in writing.

---

Signed by Chairperson, President or Authorized Person of Organization

Title \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT 17**

**AUTHORIZING RESOLUTION FOR NON-PROFITS AND HOUSING AUTHORITIES**

(Required Format)

RESOLUTION NO. \_\_\_\_\_

A resolution of the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) authorizing the submission of an application(s) for 20\_\_ HOME Investment Partnership (HOME)/Community Development Block Grant-Disaster Recovery (CDBG-DR)/National Housing Trust Fund (HTF), certifying that said application(s) meets the community's housing and community development needs and the requirements of the HOME/CDBG-DR/HTF program, and authorizing all actions necessary to implement and complete the activities outlined in said application.

WHEREAS, the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) is desirous of undertaking affordable housing development activities; and

WHEREAS, the State of Nebraska is administering the HOME/CDBG-DR/HTF program; and

WHEREAS, the HOME/CDBG-DR/HTF Program requires that funds benefit low-income households; and

WHEREAS, the activity in the application addresses the proposed project area's low-income population housing needs; and

WHEREAS, a recipient of HOME/CDBG-DR/HTF Program is required to comply with the program guidelines and State regulations.

NOW, THEREFORE BE IT RESOLVED THAT the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) authorize application to be made to the State of Nebraska, Department of Economic Development for 20\_\_ HOME/CDBG-DR/HTF Program, and authorize (NAME AND POSITION OF INDIVIDUAL) to sign application and contract or grant documents for receipt and use of these funds, and authorize the (NAME AND POSITION OF INDIVIDUAL) to take all actions necessary to implement and complete the activities submitted in said application(s); and

THAT, the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) will comply with all State regulations and HOME/CDBG-DR/HTF Program policies.

Passed and adopted by the (AUTHORIZING BOARD) of (NAME OF ORGANIZATION) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signed by Chairperson, President or Authorized Person of Organization

Title \_\_\_\_\_

Date: \_\_\_\_\_

**EXHIBIT 18**

CERTIFICATION OF RENTAL PROJECT FEDERAL ASSISTANCE FORM

(Required Format)

WHEREAS, \_\_\_\_\_ (the "Applicant") is applying to the State of Nebraska for assistance from the HOME Investment Partnership (HOME) Community Development Block Grant-Disaster Recovery (CDBG-DR) or National Housing Trust Fund (HTF) Program to finance a portion of the project costs for \_\_\_\_\_ (the "Project"); and

WHEREAS, APPLICANT understands it is necessary that certain conditions be met as part of the project requirements;

THEREFORE, APPLICANT certifies as follows:

1. PROJECT is eligible for award under state statutes and HOME/CDBG-DR/HTF application guidelines.
2. PROJECT will receive additional financing at the time of application or in the future from the following governmental assistance \_\_\_\_\_. (if none, please indicate)
3. APPLICANT will notify the Nebraska Department of Economic Development within 30 days of the applicant's knowledge of actual or potential changes in governmental assistance. Amended financing and budget forms submitted with the application affected by the change in other governmental assistance and the type and amount of assistance will be provided. In addition, applicant understands that any such changes may result in the non-selection of the application, termination or amendment of a contractual agreement with the department, significant delay in the DED approval of the project to proceed, and/or significant delay of pending Requests for DED Funds.
4. APPLICANT is prepared and has the authority within its charter or by-laws or through statutory regulations to enter into a contractual agreement with the Nebraska Department of Economic Development for acceptance and use of HOME/CDBG-DR/HTF Program funds, and makes this application and these certifications with the full cognizance (and approval) of its governing body.

---

Signed by Chairperson, President or Authorized Person of Applicant

Title \_\_\_\_\_

Date: \_\_\_\_\_

## EXHIBIT 19

# System for Award Management Documentation

---

**INSTRUCTIONS:** The submission of the System for Award Management (SAM) documentation is required for all CDBG applicants and associated entities as identified in the CDBG Application Guidelines Part II, Section 1.03. Documentation to be provided includes 1) SAM Registration and 2) Exclusion Status.

To access SAM: [www.sam.gov](http://www.sam.gov)

For those applications that involve additional entities:

- For-Profit Business: Both the business and the business owner need to be reviewed within SAM. The business owner does not need to be registered within SAM; however, documentation must be provided that indicates that the business owner is not excluded from receiving federal funds.

In addition, applications that involve a for-profit business must provide documentation for the Non-Profit Development Organization (NDO) associated with the application. The NDO must be registered within SAM and demonstrate that they are not excluded from receiving federal funds.

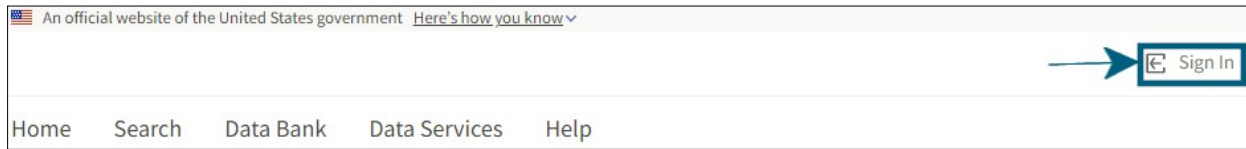
- Non-Profit Entity: The non-profit organization must be registered within SAM and demonstrate that they are not excluded from receiving federal funds.

The following are instructions to access the documentation based on the user type:

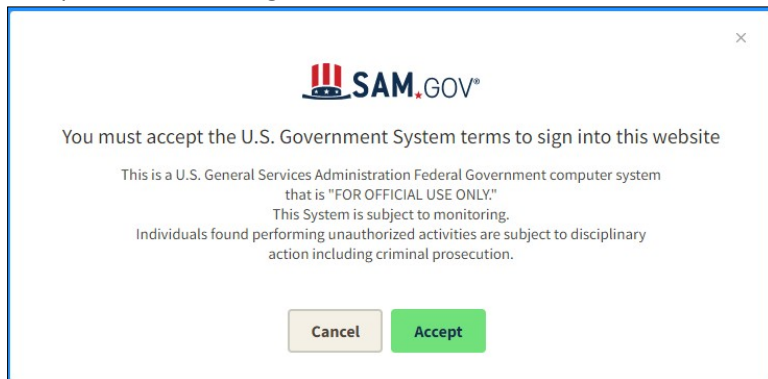
- Not the Entity Owner: an individual who did not set up the account within the SAM system.
- Entity Owner: the representative tasked with setting up the account within the SAM system.

## Instructions: Not the Entity Owner

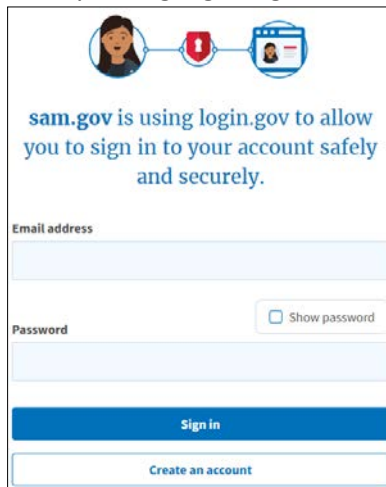
Go to [sam.gov](https://sam.gov) and click on “Sign In” on the right side of the screen



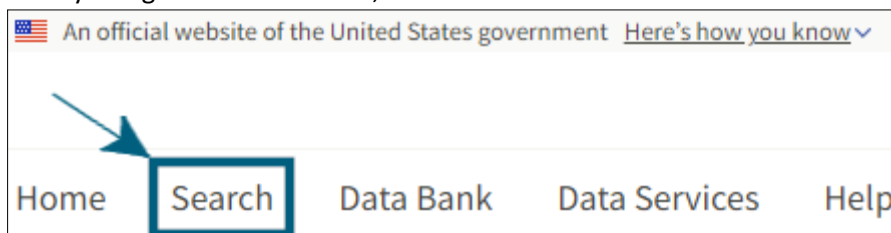
Accept the terms to sign into the site



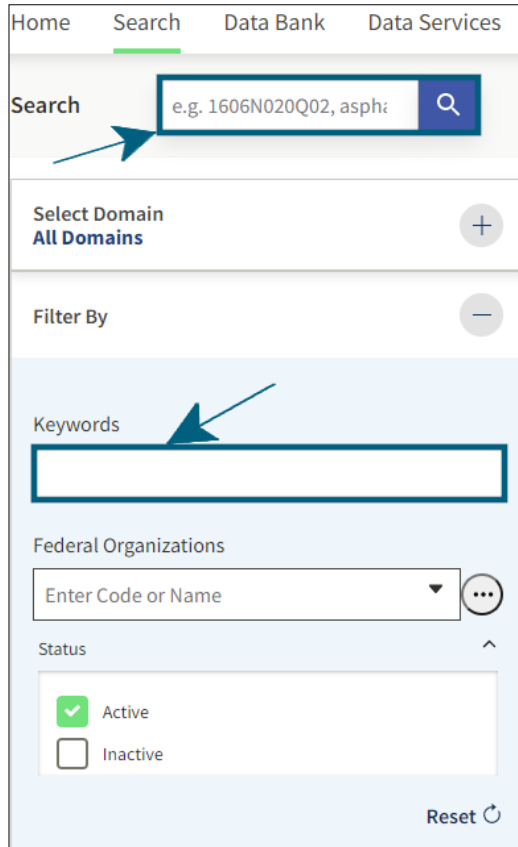
Enter your login.gov sign-in credentials, if you do not have sign-in credentials, please create an account



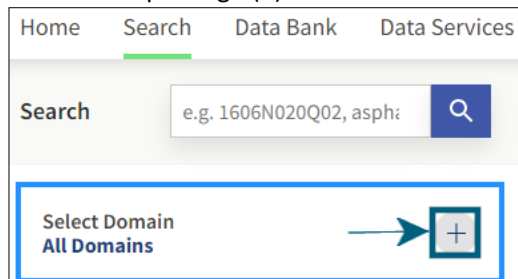
Once you sign into the account, click on “Search” at the left side of the screen.



Either type the name of the organization in the top Search Box or the Keywords box.

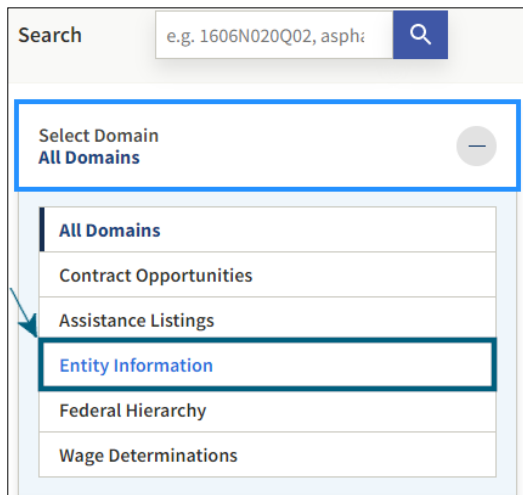


Click on the plus sign (+) next to Select Domain

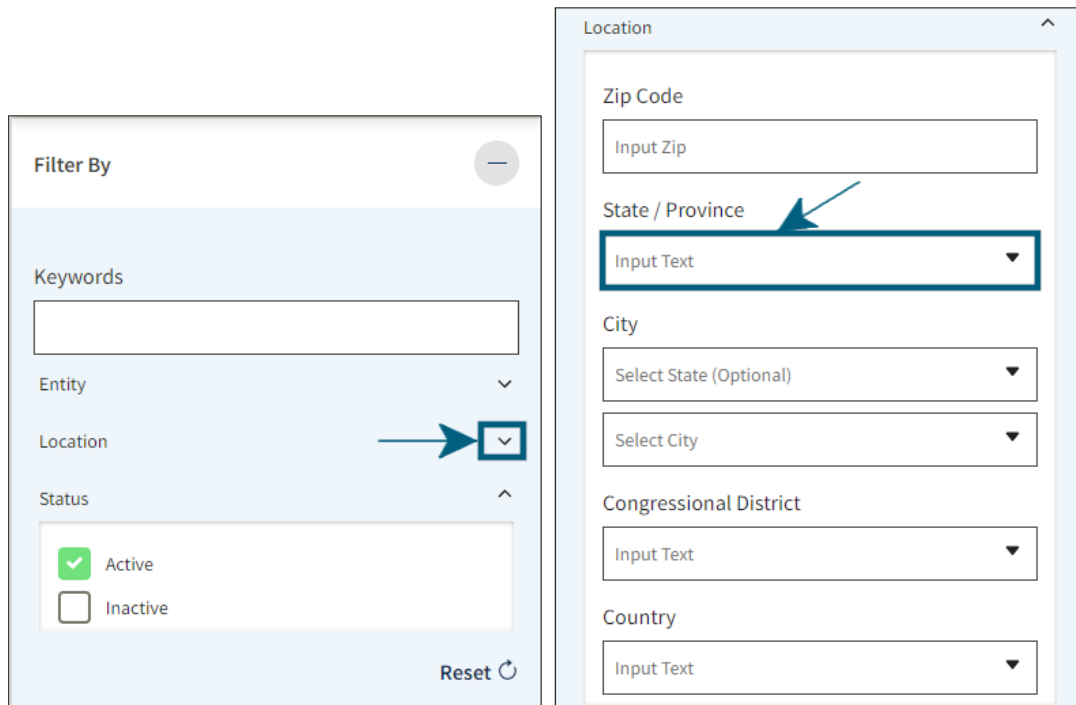


Click on "Entity Information" in the drop down






If the location area is not expanded, click on the drop down arrow next to location. Under State / Province, enter Nebraska in the "Input Text" box.



Select the result, the following screen will populate:

[Download](#)  [Follow](#)

Entity Registration
Core Data
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs
Exclusions
Responsibility / Qualification

### CITY OF COLUMBUS

<b>DUNS</b> Unique Entity ID 050273192	Expiration Date Jan 28, 2022	Registration Status <span style="color: green;">●</span> Active
<b>SAM</b> Unique Entity ID YM4RJGN196F5	Purpose of Registration <b>Federal Assistance Awards Only</b>	
CAGE/NCAGE 3E584	Physical Address 2424 14TH ST Columbus, Nebraska 68601-5038, United States	
	Mailing Address P.O. Box 1677 2424 14TH Street Columbus, Nebraska 68602-1677, United States	

\*The DUNS number is currently the official Unique Entity ID

Version

Click on "Download"

[Download](#)  [Follow](#)

Entity Registration
Core Data
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs
Exclusions
Responsibility / Qualification

### CITY OF COLUMBUS

<b>DUNS</b> Unique Entity ID 050273192	Expiration Date Jan 28, 2022	Registration Status <span style="color: green;">●</span> Active
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\*The DUNS number is currently the official Unique Entity ID

Version

Select the file type, enter the file name, then click on the download button. For example, if your entity was DED, type DED-20210526, then click on the PDF file type, then click on the download button. Depending on your browser, it should ask you to save the PDF file. **This download documents the registration of the entity.**

Download Options ✕

Select File Type

.pdf

Name File *Required*

EntityInformation-20210609-113958

Follow

**DOWNLOAD**

To document the status of exclusions, select

Entity Registration

Exclusions

Active Exclusions

Inactive Exclusions

Responsibility / Qualification

### CITY OF COLUMBUS

<p><b>DUNS</b> Unique Entity ID 050273192</p> <p><b>SAM</b> Unique Entity ID YM4RJGN196F5</p> <p>CAGE/NCAGE 3E584</p> <p>Physical Address 2424 14TH ST Columbus, Nebraska 68601-5038, United States</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><i>Expiration Date</i></td> <td style="width: 50%;"><i>Registration Status</i></td> </tr> <tr> <td style="border: 1px solid #ccc; text-align: center;">Jan 28, 2022</td> <td style="border: 1px solid #ccc; text-align: center;">● Active</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">                     Purpose of Registration  <b>Federal Assistance Awards Only</b> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">                     Mailing Address                      P.O. Box 1677                      2424 14TH Street                      Columbus, Nebraska                      68602-1677, United States                 </td> </tr> </table> <p style="text-align: right; font-size: small; margin-top: 10px;">*The DUNS number is currently the official Unique Entity ID</p>	<i>Expiration Date</i>	<i>Registration Status</i>	Jan 28, 2022	● Active	Purpose of Registration <b>Federal Assistance Awards Only</b>		Mailing Address P.O. Box 1677 2424 14TH Street Columbus, Nebraska 68602-1677, United States	
<i>Expiration Date</i>	<i>Registration Status</i>								
Jan 28, 2022	● Active								
Purpose of Registration <b>Federal Assistance Awards Only</b>									
Mailing Address P.O. Box 1677 2424 14TH Street Columbus, Nebraska 68602-1677, United States									

Then save the following screen and upload to AmpliFund (the user will need to capture the screen):

Entity Registration
<b>Exclusions</b>
Active Exclusions
Inactive Exclusions
Responsibility / Qualification

### CITY OF COLUMBUS

<b>DUNS</b> Unique Entity ID 050273192	Expiration Date Jan 28, 2022	Registration Status <span style="color: green;">●</span> Active
<b>SAM</b> Unique Entity ID YM4RJGN196F5	Purpose of Registration <b>Federal Assistance Awards Only</b>	
CAGE/NCAGE 3ES84		
Physical Address 2424 14TH ST Columbus, Nebraska 68601-5038, United States	Mailing Address P.O. Box 1677 2424 14TH Street Columbus, Nebraska 68602-1677, United States	

\*The DUNS number is currently the official Unique Entity ID

Version

There may be instances when an individual or firm has the same or similar name as your search criteria, but is actually a different party. Therefore, it is important that you verify a potential match with the excluding agency identified in the exclusion's details. To confirm or obtain additional information, contact the federal agency that took the action against the listed party. Agency points of contact, including name and telephone number, may be found by navigating to the Agency Exclusion POCs page within Help.

---

#### ■ ACTIVE EXCLUSIONS

There are no active exclusion records associated to this entity by its Unique Entity ID.

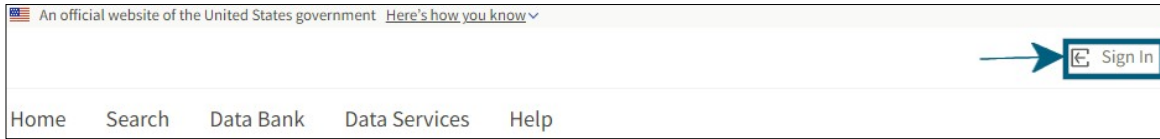
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#### ■ INACTIVE EXCLUSIONS

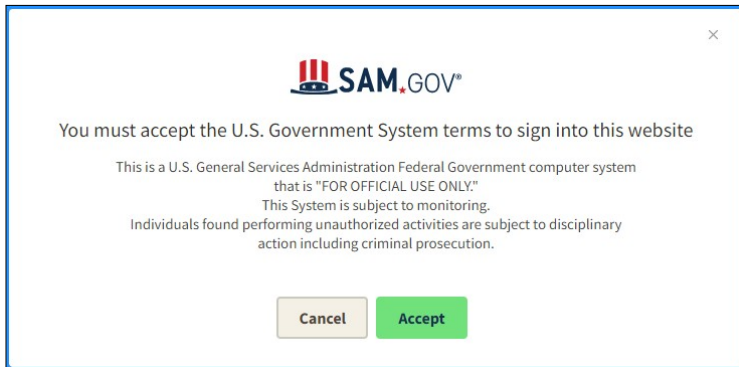
There are no inactive exclusion records associated to this entity by its Unique Entity ID.

## Instructions: Entity Owner

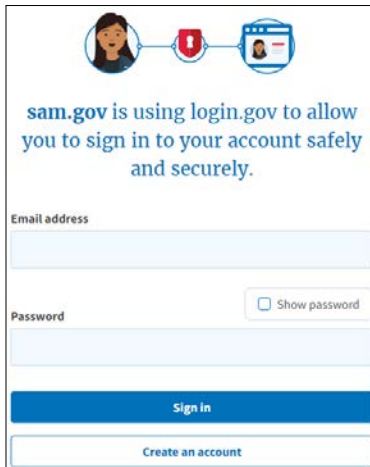
Go to [sam.gov](https://sam.gov) and click on “Sign In” on the right side of the screen



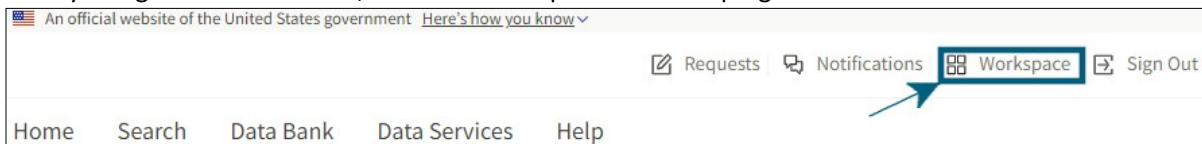
Accept the terms to sign into the site



Enter your login.gov sign-in credentials, if you do not have sign-in credentials, please create an account



Once you sign into the account, click on “Workspace” at the top right of the screen.



Click on the Active Entity registrations.

**Entity Management**  
What do I need for registration? Register Entity

**Entity Registration**

1  
ACTIVE

0  
DRAFT

0  
WORK IN  
PROGRESS

0  
SUBMITTED

0  
PHRR

Once your organization populations, click on the three vertical dots on the right side of the screen.

**Economic Development, Nebraska Department Of**

**DUNS** Unique Entity ID: [REDACTED]

**SAM** Unique Entity ID: [REDACTED]

CAGE/NCAGE: [REDACTED]

Purpose of Registration:  
**Federal Assistance Awards**

Address:  
301 Centennial Mall S  
Lincoln, NE 68508-2529 USA

Registration Status Expiration Date

● Active	Mar 8, 2022
----------	-------------

⋮

Click on "View Record"

**Economic Development, Nebraska Department Of**

**DUNS** Unique Entity ID: [REDACTED]

**SAM** Unique Entity ID: [REDACTED]

CAGE/NCAGE: [REDACTED]

Purpose of Registration:  
**Federal Assistance Awards**

Address:  
301 Centennial Mall S  
Lincoln, NE 68508-2529 USA

Regi

**Actions** ✕

View Record

Update

Deactivate

Click on "Download"

Download Follow

[← Back to Workspace](#)

**ECONOMIC DEVELOPMENT, NEBRASKA DEPARTMENT OF**

Enter the name of your entity in the name file and the date you downloaded the file. For example, if your entity was DED, type DED-20210526, then click on the PDF file type, then click on the download button. Depending on your browser, it should ask you to save the PDF file.

**EXHIBIT 105**

**VERIFICATION OF ZONING**

(Applicable Local Jurisdiction Letterhead)

Nebraska Investment Finance Authority

Suite 200

1230 O Street

Lincoln, NE 68508-1402

Development Name:

Development Address/Site:

Development City:

Proposed Number of Units:

Housing Type:

The site for the above-described low-income housing tax credit development is zoned\_\_\_\_. The zone allows for residential development of (multifamily)/(single-family) housing. This zoning designation allows \_\_\_\_ units per acre.

The proposed low-income tax credit development does/does not require a Conditional Use Permit/Variance/Density Bonus to be in compliance with local code.

If City Council or Board of Supervisors approvals are required prior to issuance of building permits, in addition to those listed above, please describe. Denote if the approvals are technical or discretionary in nature.

Zoning Ordinance No. \_\_\_\_ allows the development of the affordable housing developments as described above. Attach a copy of the Ordinance to this letter.

Dated: \_\_\_\_

STATEMENT COMPLETED BY:

By \_\_\_\_\_

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

Title \_\_\_\_\_



**EXHIBIT 108**

**INVESTOR INTEREST/COMMITMENT FORM**

Development Name:

Name of Investor for federal LIHTC:

Address:

Contact Person:

Anticipated Amount of Annual LIHTC:

Price per LIHTC:

Assumptions:

Other sources of funding:

Reserve Requirements:

I certify the above  commitment  letter of interest (please check one)  
is valid until (date):

*Execution of this form confirms that we have reviewed Exhibit 111 and the development's proforma, financial statement, other financial projections and LIHTC assumptions meet or exceed the investor's underwriting guidelines.*

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date of signature

Accepted:

\_\_\_\_\_  
Applicant/Owner Representative Signature

\_\_\_\_\_  
Date of signature

**EXHIBIT 109**  
**CONSTRUCTION/INTERIM FINANCING FORM**

Development Name:

Name of Construction Lender:

Address:

Contact Person:

Construction Loan Amount:

Interest Rate:

Loan Term:

Name of Borrower:

Loan Fees:

Required Collateral:

*I certify the above  commitment  letter of interest (please check one)*

*is valid until (date):*

\_\_\_\_\_  
Lender Signature

\_\_\_\_\_  
Date of signature

Accepted:

\_\_\_\_\_  
Applicant/Owner Representative Signature

\_\_\_\_\_  
Date of signature

**EXHIBIT 110**  
**PERMANENT FINANCING FORM**

Development Name:

Name of Permanent Lender:

Address:

Contact Person:

Permanent Loan Amount:

Interest Rate:

Loan Term:

Name of Borrower:

Debt Service Coverage Ratio:

Amortization Period:

Loan Fees:

Required Collateral:

Required Reserves:

*I certify the above  commitment  letter of interest (please check one)  
is valid until (date):*

\_\_\_\_\_  
Lender Signature

\_\_\_\_\_  
Date of signature

Accepted:

\_\_\_\_\_  
Applicant/Owner Representative Signature

\_\_\_\_\_  
Date of signature

## **EXHIBIT 111**

### **DEVELOPMENT WORKSHEETS**

**Complete this Exhibit and attach as Exhibit 111 to the online funding application.**

Complete the Development Worksheets, including the following tabs by opening the file below:

- ★ Unit Information
- ★ Income Averaging Worksheet (if applicable)
- ★ AMI Worksheet
- ★ Operating Expenses
- ★ Development Cost Schedule
- ★ Equity Gap
- ★ Efficient Housing Production
- ★ Proforma 20 Year
- ★ Proforma 30 Year (if applicable)

**Right click on the hyperlink below to access the required format for Exhibit 111.**

**Complete all yellow-shaded areas.**

[Exhibit 111.xls](#)

Right click on Hyperlink to open.

## EXHIBIT 112

### INFORMATION REQUIRED TO BE INCLUDED IN THE MARKET STUDY

The market study must be conducted by an independent, third-party market evaluation professional whose credentials are acceptable to NIFA. The market study must be conducted at the Owner's expense. **The market study must be current (dated no earlier than one year prior to submission of the Application).** The market study shall include the following:

1. A statement of the competence of the market study provider, detailing education and experience of primary author and including a statement of non-interest.
2. Signature of preparer(s) and date the study was completed.
3. Description of the proposed site and neighborhood, including physical attributes of site, surrounding land uses, and proximity to community amenities or neighborhood features including shopping, healthcare, schools, and transportation.
4. A map and photos of the subject site and surroundings showing location of community services.
5. A description of the proposed development, detailing proposed unit mix (number of bedrooms, bathrooms, square footage, proposed rents, AMI level, utility allowances, and any utilities included in rent), proposed unit features and community amenities, and target population including age restrictions and/or special needs populations.
6. Demographic analysis of the number of eligible households in the market area that are part of the target market, income eligible, and can afford the proposed rent.
7. Analysis of household sizes and types in the market area, including households by tenure, income, and persons per household.
8. A description of rent levels and occupancy rates in existing comparable developments in the market area, segmented by property type and with rents adjusted to account for utility differences and concessions or other incentives. Such description should include all existing LIHTC developments in the primary market area and any planned additions to the rental housing stock, including any recently approved LIHTC developments.
9. Review of population characteristics and projected trends.
10. Review of employment and economic development characteristics, including a list of major employers and labor force employment and unemployment trends over the past 5-10 years.

11. Geographic definition and analysis of market area, including a description of methodology used to define market area and map of market area including proposed site.
12. Analysis of operating expenses of comparable properties in the market area.
13. Expected market absorption of proposed development, including capture/penetration rate analysis of target populations.
14. A description of the effect on the market area, including the impact on LIHTC and other existing affordable rental housing.
15. Indicate whether or not the proposed development meets the identified housing needs of the community's overall housing plan.
16. A written narrative on the assumptions and methods used in the market study, including data sources.

## EXHIBIT 114

### CAPITAL NEEDS ASSESSMENT (“CNA”) REQUIRED INFORMATION

#### (Rehabilitation and Adaptive Reuse Developments Only)

The CNA must include a signed statement from a licensed professional architect or engineer that performed the CNA that (a) the CNA meets the requirements of this *Exhibit 114*, (b) the information included is accurate and (c) the CNA can be relied upon by NIFA to present a true assessment of the proposed rehabilitation budget and immediate repairs required at the property. NIFA may determine any CNA to be unsatisfactory and/or may require additional information at the sole expense of the Applicant.

1. The CNA shall examine and analyze the following building components:
  - All infrastructure including, but not limited to site, topography, drainage, pavement, curbing, sidewalks, parking, landscaping, amenities, water, storm drainage, gas and electric utilities;
  - Structural systems, both substructure (i.e., footings and foundations) and superstructure, including exterior walls and balconies, exterior doors and windows, roofing system and drainage;
  - Interiors, including unit and common area finishes (carpeting, vinyl tile, plaster walls, paint condition, etc.), unit kitchen finishes, cabinets, and appliances, unit bathroom finishes and fixtures and common area lobbies and corridors;
  - Mechanical systems, including plumbing and domestic hot water, HVAC, electrical, lighting fixtures, and fire protection;
  - Elevators;
  - Trash removal systems;
  - Clubhouse (if applicable);
  - Storage areas (if applicable); and
  - Parking structures (if applicable).
2. The CNA shall address the following for the building(s) prior to the proposed rehabilitation:
  - Critical Repair Items: All health and safety deficiencies, or violations of housing quality standards, requiring immediate remediation. If the Development has tenants, these repairs are to be made a first priority.
  - Two-Year Physical Needs: Repairs, replacements and significant deferred and other maintenance items that need to be addressed within 24 months of the date of the CNA. Include any necessary redesign of the Development and market amenities needed to restore the property to the standard outlined in the application. These repairs are to be included in the Development budget and funded by construction-period sources of funds.

- Long-Term Physical Needs: Repairs and replacements beyond the first two (2) years that are required to maintain the Development's physical integrity over the next twenty (20) years, such as major structural systems that will need replacement during the period. These repairs are to be funded from the reserves for replacement account.
- Analysis of Reserves for Replacement: An estimate of the initial and monthly deposit to the reserves for replacement account needed to fund long-term physical needs, accounting for inflation, the existing reserves for replacement balance and the expected useful life of major building systems. This analysis should not include the cost of the critical repair items, the two-year physical needs or any work items that would be treated as operating expenses.

3. The professional preparing the CNA must:

- (a) Be a licensed architect or mechanical/structural engineer.
- (b) Conduct site inspections of all occupied and vacant units.
- (c) Identify any physical deficiencies as a result of (i) visual survey, (ii) review of pertinent documentation and (iii) interviews with the property owner, management staff, tenants, community groups and government officials.
- (d) Identify physical deficiencies, including critical repair items, two-year physical needs and long-term physical needs. These should include repair items that represent an immediate threat to health and safety and all other significant defects, deficiencies, items of deferred maintenance and material building code violations that would limit the expected useful life of major components or systems.
- (e) Explain how the Development will meet the requirements for accessibility to persons with disabilities. Identify the physical obstacles and describe methods to make the Development more accessible and list needed repair items in the rehabilitation plan.
- (f) Prepare a rehabilitation plan, addressing separately all two-year and long-term physical needs.
- (g) Prepare a replacement reserve schedule, including an estimate of the initial and annual deposits, accounting for inflation and based on a 20-year term.
- (h) Determine the cost/benefit of each significant work item in the rehabilitation plan (items greater than \$5,000) that represents an improvement or upgrade that will result in reduced operating expenses (e.g., individual utility metering, extra insulation, thermo-pane windows, setback thermostats). Compare the cost of the time with the long-term impact on rent and expenses, taking into account the remaining useful life of building systems.



**EXHIBIT 115**  
TEN YEAR RULE  
(Form of Legal Opinion)

[DATE]

Nebraska Investment Finance Authority  
Suite 200  
1230 O Street  
Lincoln, NE 68508

Re: [PROJECT NAME]

Dear Ladies and Gentlemen:

We are providing this opinion in connection with the application by [NAME] for low income housing tax credits for the property known as [PROPERTY NAME] (the "Property").<sup>1</sup> Specifically, this opinion addresses whether the "acquisition credit" under Section 42(b)(1)(B) of the Internal Revenue Code of 1986, as amended (the "Code"), will be available with respect to the purchase of the Property. We understand that the [NAME OF OWNER] (the "Current Owner") acquired the Property on [DATE] from [NAME] (the "Prior Owner") and intends to sell the Property to a newly formed limited partnership/limited liability company (the "Tax Credit Partnership").

**Factual Information**

In providing this opinion, we are relying upon the factual information set forth in the Seller's Certificate, attached as Exhibit B, dated [DATE] from the Current Owner (the "Seller's Certificate").

In preparing this opinion, we have reviewed copies of the Recorded Deed dated [DATE] under which the Prior Owner conveyed title to the Property to the Current Owner.

In addition, in providing this opinion we have made, and the opinions set forth below are based upon, the following assumptions:

1. Neither the Tax Credit Partnership nor the tax credit investor in the Tax Credit Partnership will be related directly or indirectly to the Current Owner in any fashion.

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<sup>1</sup> The legal description of the Property is set out on Exhibit A.

2. Neither the Tax Credit Partnership, the tax credit investor in the Tax Credit Partnership nor any affiliate of the Current Owner will have ever owned an interest in the Property except as described in this opinion.

Finally, we have reviewed such other documents and materials as we believe appropriate.

### **Opinion**

Section 42(b)(1)(B) of the Code allows a tax credit for the acquisition of an existing building (the "Acquisition Credit") if the requirements of Code Section 42(d)(2)(B) are satisfied. These requirements are as follows: (i) the building was acquired by "purchase" (as defined in Code Section 179(d)(2)), (ii) there is a period of at least ten (10) years between the date of its acquisition by the taxpayer or the building meets the requirements under Section 42(d)(6)(A) of the Code, (iii) the building was not previously placed in service by the taxpayer or by any person who was a related person to the taxpayer as of the time previously placed in service, and (iv) the taxpayer's rehabilitation expenditures are sufficient in the amount to qualify for treatment under Section 42(e) of the Code as a separate new building. Section 42(d)(6) of the Code provides an exception to the Ten Year Rule (the "Federally Financed Exception") for properties that are substantially financed, operated or assisted under Section 8 of the U.S. Housing Act of 1937, Sections 221(d)(3), (d)(4) or 236 of the National Housing Act, Section 515 of the Housing Act of 1949 or any other housing program administered by HUD or the Rural Housing Service of the Department of Agriculture or any similar state housing program. [The Project is expected to satisfy the Federally Financed Exception.]

Code Section 42(d)(2)(D)(ii) provides that in order for a building to have been "acquired by purchase," the property must not have been acquired from a seller whose relationship to the buyer of the property will result in the disallowance of losses under Section 267 or 707(b) of the Code. In addition, the property must not have been acquired by one component member of a controlled group from another component member of the same controlled group and the basis of the property in the hands of the buyer must not be determined by reference to the adjusted basis of the property in the hands of the seller (Code Section 42(d)(2)(D)(ii) and 42(d)(2)(B)(iii)). Furthermore, the property cannot have been acquired from a decedent by a person whose basis in the building is determined by reference to Section 1014(a) of the Code.

In addition to the building purchase requirement, Section 42(d)(2)(B)(iii) of the Code provides that a building eligible for the Acquisition Credit cannot have been "previously placed in service by the taxpayer or by any person who is a related person with respect to the taxpayer as of the time previously placed in service." Section 42(d)(2)(D)(ii) of the Code provides that for purposes of applying this test, "a person (hereinafter in this subclause referred to as the "related person") is related to any person if the related person bears a relationship to such persons specified in Code Section 267(b) or 707(b)(1), or the related person and such person are engaged in trades or businesses under common control (within the meaning of subsections (a) and (b) of Code Section 52).

The definition of a related person under Code Section 267(b) includes an individual and a corporation more than 50% in value of the outstanding stock of which is owned, directly or indirectly, by or for such individual, and a corporation and a partnership if the same person owns more than 50% in value of the outstanding stock of the corporation and more than 50% of the capital interest, or the profits interest, in the partnership. In applying these related party rules, Code Section 267(c) provides that in determining the ownership of stock, stock owned directly or indirectly by or for a corporation, partnership, estate, or trust shall be considered as being owned proportionately by or for its shareholders, partners, or beneficiaries and that an individual shall be considered as owning the stock owned, directly or indirectly, by or for his family. Section 707(b) of the Code relates to certain sales or exchanges of property with respect to controlled partnerships and defines the related party relationship as “(A) a partnership and a person owning, directly or indirectly, more than 50% of the capital interest, or the profits interest, in such partnership, or (B) two partnerships in which the same persons own, directly or indirectly, more than 50% of the capital interests or profits interests.”

The Project was **[will be]** acquired by the Tax Credit Partnership by purchase on **[DATE]**, from the Current Owner, an **[STATE] [ENTITY]**, for **[\$AMOUNT]** pursuant to a Purchase and Sale Agreement by and between the Current Owner and the Tax Credit Partnership, a **[STATE] [ENTITY]**, dated as of **[DATE]**. As evidenced by the Partnership Certification dated **[DATE]** (the “**Partnership Certification**”), and the Seller’s Certification as to Ten-Year Ownership dated **[DATE]** (the “**Seller’s Certification**”), the Current Owner and the **[General Partner]** have represented that the Current Owner is not a related party to the **[General Partner]**. The Current Owner also has represented that during the ten (10) -year period prior to **[DATE]**, the Current Owner has owned and held fee simple title to the Project.

[The Project is expected to satisfy the Federally Financed Exception.] [Based on the Seller Certification, the Current Owner has held the Project for at least ten years.] In addition, the Project has been acquired by purchase and the rehabilitation expenditures are projected to satisfy the requirements of Section 42(e) of the Code. Based upon the foregoing, and subject to the limitations and qualifications set forth in this opinion, in our opinion the purchase of the Property by the Tax Credit Partnership in the manner described above should satisfy the requirements for the Acquisition Credit with respect to the allocable portion of the purchase price paid for the buildings located on the Property.

This opinion is based upon the existing provisions of the Code, applicable Treasury Regulations, and judicial and administrative interpretations of those authorities. Treasury Regulations have not been issued under, and there is little or no other authority interpreting, many of the provisions of the Code governing issues addressed in this opinion. Our opinion represents our legal judgment concerning the application of the pertinent provisions of federal income tax law to the facts relating to the Property, and is not binding on the Internal Revenue Service or the courts. Changes in the facts or the applicable law could cause our conclusions to no longer apply.

We are providing this opinion for submission to the Nebraska Investment Financing Authority (“NIFA”) in connection with an application for low-income housing tax credits for the building(s) located on the Property. NIFA may rely on this opinion for that purpose, but no other person may rely on this opinion for any purpose without our consent.

Sincerely,

EXHIBIT A  
LEGAL DESCRIPTION

**EXHIBIT 116**

**AHTC INVESTOR INTEREST/COMMITMENT FORM**

Development Name:

Name of Investor for Nebraska AHTC:

Address:

Contact Person:

Anticipated Amount of Annual AHTC:

Price per AHTC:

Assumptions:

Other sources of funding:

Reserve Requirements:

*I certify the above  commitment  letter of interest (please check one)*

*is valid until (date):*

*Execution of this form confirms that the development's proforma, financial statement, other financial projects, and LIHTC assumptions meet or exceed the investor's underwriting guidelines.*

\_\_\_\_\_  
Investor Signature

\_\_\_\_\_  
Date of signature

Accepted:

\_\_\_\_\_  
Applicant/Owner Representative Signature

\_\_\_\_\_  
Date of signature

**EXHIBIT 205**

**HOUSING AUTHORITY REFERRAL ARRANGEMENT**

In connection with \_\_\_\_\_'s (the "Applicant") application for an allocation of low-income housing tax credits, the Applicant hereby agrees upon the conditions that the Applicant receives an allocation of low-income housing tax credits ("LIHTCs") from the Nebraska Investment Finance Authority, and the development is constructed, as follows:

If the Local Housing Authority (the "Authority") in the jurisdiction in which the Applicant's Development is located maintains a public housing waiting list, the Applicant agrees:

1. To notify the Authority when target units, designated in the Applicant's application for LIHTCs, become available for rent. Such notice shall be given by telephone, facsimile or other immediate method and confirmed in writing to the Authority. The notice shall include information describing the location, size, type and rent for the unit.
2. For a period of seven days from the time notice is received by the Authority, the Applicant shall receive and process applications for the unit from persons on the public housing waiting list of the Authority who submit an application to the Applicant and shall not advertise or seek renters from other sources during such period. The Applicant, however, shall be under no obligation to consider a rental application from other than a low-income tenant under the provisions of the LIHTC program and Section 42 of the Internal Revenue Code.
3. It is expressly understood:
  - (a) That the Applicant shall have the final authority to accept tenants into the Development pursuant to the fair housing laws applicable to the Development and the rules and regulations applied to all tenants; and
  - (b) That the Applicant is not required to lease units to unqualified tenants pursuant to the rules applicable to the Development and under the provisions of Section 42 of the Internal Revenue Code.
4. The Applicant acknowledges that this agreement shall be recorded as part of the restrictive covenants and Land Use Restriction Agreement binding the Applicant, and his successors in ownership, to perform under this agreement during the effective period of the restrictive covenants.

For the Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Receipt of Agreement Acknowledged by the Authority on \_\_\_\_\_, 20\_\_\_\_.

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

Title: \_\_\_\_\_

Name of Authority: \_\_\_\_\_

Signature of Authority's Representative: \_\_\_\_\_

**EXHIBIT 206**

CERTIFICATION OF EXPERIENCE – APPLICANT AND OWNER AND AUTHORIZATION OF RELEASE  
OF INFORMATION



# Authorization of Release of Information

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The Authorization of Release of Information and the Certification of Experience Outside of Nebraska needs to be completed for the developer and owner. These forms will need to be submitted to the appropriate Housing Finance Agency (HFA) for those states each of the above do business in.

Copies of all forms sent (including correspondence to other HFA) needs to be uploaded into Exhibit 205. The Applicant/Owner will need to complete sections I, II, and V. The HFA will need to complete the sections III, IV, and VI of the Certification of Experience Outside of Nebraska and submit to: [txcr.multifamily@nifa.org](mailto:txcr.multifamily@nifa.org).

---

List the project(s) which will be submitted to the Nebraska Investment Finance Authority (NIFA) in the upcoming application round.

---

Housing Finance Agency Name and Address

State Agency:	Contact and Title:		
Address:	City:	State:	Zip:
Email Address:			

**Certification:**

The undersigned hereby authorizes the agency named above to release to NIFA information regarding any low-income housing development that the agency monitors, in which the organization, entity, or individual listed below has participated or is currently participating in.

Organization/Entity/Individual: \_\_\_\_\_

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

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

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certification of Experience – Applicant and Owner

- I. List the Organization/Entity/Individual that is part of the development team that is applying for Low-Income Housing Tax Credits in the State of Nebraska and completing this form (developer and owner):
- II. List the name of each proposed development which will be submitted to NIFA in the next application cycle that is listed in Section I above:

Project Name	Applicant	Owner

- III. Housing Finance Agency:  
Name and Title of Person:

Email Address:

Phone Number:

Date:

Housing Finance Agency – Please return this completed document via email to [txcr.multifamily@nifa.org](mailto:txcr.multifamily@nifa.org)

- IV. Compliance – Does the organization/entity/individual listed in Section I, have a history of repeated or significant low-income housing tax credit compliance deficiencies or unsatisfactory performance on any development? **Yes or No;**

Does the organization/entity/individual have uncorrected 8823 issues? **Yes or No**

**Describe if yes to either of these questions.**



**EXHIBIT 207**

CERTIFICATION OF EXPERIENCE – PROPERTY MANAGEMENT COMPANY AND AUTHORIZATION OF  
RELEASE OF INFORMATION

# Authorization of Release of Information

The Authorization of Release of Information and the Certification of Experience Outside of Nebraska needs to be completed for the property management. These forms will need to be submitted to the appropriate Housing Finance Agency (HFA) for those states in which the property management company does business in.

Copies of all forms sent (including correspondence to other HFA) needs to be uploaded into Exhibit 206. The HFA will need to complete the sections III, IV, V, VI, and VII of the Certification of Experience Outside of Nebraska—Property Management and submit to: [txcr.multifamily@nifa.org](mailto:txcr.multifamily@nifa.org).

List the project(s) which will be submitted to the Nebraska Investment Finance Authority (NIFA) in the upcoming application round.

---

Housing Finance Agency Name and Address

State Agency:	Contact and Title:		
Address:	City:	State:	Zip:
Email Address:			

Certification:

The undersigned hereby authorizes the agency named above to release to NIFA information regarding any low-income housing development that the agency monitors, in which the property management company listed below has participated or is currently participating in.

Property Management Company:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Printed Name and Title:

\_\_\_\_\_

Authorized Representative Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



Violation	Corrected	Non-Corrected

V. List properties that are currently out of compliance.

Property Name	Explain Noncompliance Issue	Out of Compliance Date	Has an 8823 been issued?


VI. Does this property management company have a pattern of noncompliance findings either corrected or non-corrected? Yes No Explain:

VII. Additional information:



**EXHIBIT 211**  
**Supportive Services**

All supportive services are at no cost to the tenant and are to be paid for by the owner. Below is the list of supportive services in which points were awarded in the application, a description of the supportive service, along with the compliance documentation requirements. *In addition, to the requirements listed below, a supportive service agreement should be provided for each supportive service selected for the development.*

Developments may provide services at a central location if transportation is provided at no cost to the tenant and the transportation plan is detailed in the supportive service agreement.

**Note: Any revision will be pursuant to a 30-day notice posted on the NIFA website.**

<b>Supportive Service</b>	<b>Description</b>	<b>Compliance Documentation</b>
<b>Health</b>		
On-going Medical Alert/Emergency Response System	Can only be selected in conjunction with equipping the units under the amenities section.	Provide a copy of paid receipts.
Weekly Exercise Classes	Must be provided weekly and service agreement should include a description of the classes.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Monthly Foot Care Clinics	Must be provided monthly and service agreement should include what will be offered at the clinic.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Monthly Onsite Mental Health Services	Must be provided monthly and service agreement should include what will be offered.	Provide marketing materials given to tenants, and confirmation of number of tenants utilizing the service annually.
Quarterly Onsite Medical, Dental, Or Vision Testing	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants and confirmation of number of tenants utilizing the service annually.
Quarterly Onsite Therapy Animal Visits	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.

Finance		
Tenant Down Payment Savings Plan (CROWN projects not eligible)	The owner must set-aside at least \$25 a month per unit to be used by the resident towards the purchase of a residential property or debt pay down (landlord pays directly to debtor) resulting in the resident qualifying for a loan. If the resident vacates the property and does not choose to purchase a home the balance in the Tenant Down Payment Savings Plan for that resident is divided amongst the current residents' Tenant Down Payment Savings Plans.	Provide copies of end of year bank statements detailing the activity throughout the year.
Tenant Savings Plan (CROWN projects not eligible)	The owner must set-aside at least \$10 a month per unit into a bank account. The service agreement must state the terms of the plan; in addition to the eligible expenses the tenant can use the funds for.	Provide copies of end of year bank statements detailing the activity throughout the year, in addition to an internal ledger that shows the balance for each household.
Owner Paid Renter's Insurance for Tenant (yearly)	Must describe the terms in the service agreement.	Provide copies of paid receipts.
Education, Counseling or Training		
Weekly Tutoring Services for Students	Must be provided weekly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Weekly After-School Enrichment Program	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Monthly Onsite Job Training	Must be provided monthly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.

Monthly Nutrition Education Classes	Must be provided monthly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Quarterly Financial Management Classes	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Quarterly Parenting Classes	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Quarterly State and Federal Benefits Counseling	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Quarterly Financial Literacy Classes for Youth	Must be provided quarterly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Annual RentWise Education	Must be provided by a certified instructor. A copy of the certificate of the person authorized to present the RentWise Education that is dated within three (3) years. If a certificate is older than three (3) years than a written confirmation from Nebraska Housing Developers Association must be submitted.	Provide a copy of the certificate of the person authorized to present the RentWise Education that is dated within three (3) years, marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
<b>Community and Care</b>		
Onsite Food Pantry	Must describe the terms in the service agreement.  Must be ongoing and service agreement should include what will be offered.	Provide marketing materials given to tenants and log of items distributed.
On-Going Recycling Services	Must be provided to each household.	Provide copies of paid receipts.

Licensed Childcare with Enrollment Fee for each child paid for by the development	Must describe the terms in the service agreement.	Provide marketing materials given to tenants and paid receipts.
Monthly Onsite Beautician Services	Must describe the terms in the service agreement.  Must be provided monthly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Monthly Onsite Congregate Meals provided to the tenants	Must be provided monthly and service agreement should include what will be offered.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Monthly Onsite, Organized Tenant Activities	Organized tenant activities that could include movie nights, potlucks, etc.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Semi-Annual Clean-Up Events	Must describe what will be provided at the clean-up event in the service agreement.	Provide marketing materials given to tenants and paid receipts.
Annual Transportation	At least 12 round trips per year, per household.	Provide marketing materials given to tenants and paid receipts.
Annual Deep Cleaning of the Unit	Must describe the cleaning that will be provided in the service agreement.	Provide marketing materials given to tenants, tenant sign-in sheets and paid receipts, if applicable.
Other Services Offered at Least Annually	The "other" supportive service cannot be listed under any other exhibit and receive dual points in two categories. This will be subject to NIFA's approval.	Documentation required will be reviewed on a case-by-case basis depending on the services being offered.

## **Exhibit 213**

### Proximity to Services (Non-Metro Only)

One (.5) points is available in each category listed below.

- 1) Grocery, Shopping, and Pharmacies – must be located within 3 miles of the proposed location
- 2) Hospitals, Medical Clinics and Urgent Care—must be located within 3 miles of the proposed location
- 3) Schools, Daycare, Senior Center, and Community Center –must be located within 3 miles of the proposed location
- 4) Public Park and Library—must be located within .5 miles of the proposed location

To be eligible for points in these categories submit a Google or comparable map detailing the proposed development's address and the proximity to services indicated in application. In addition to the map, provide a list of the service(s) and the distance to each service from the proposed property location. The services must be accessible via existing roads and in operation at the time of the final application submittal. Please include a statement indicating that the applicant has verified that the services chosen are open and in operation dated within no more than two (2) weeks of the final application submittal.

Project Name:

Project #:

**UNIT INFORMATION**  
(Complete the yellow-shaded areas)

Updatd 9-26-21

# of bedrooms per unit	# of units	Residential Finished Sq. Ft. per unit*	Total Sq. Ft.	# of baths per unit	Gross monthly rent per unit	Less tenant paid utility	Net monthly rent per unit	Total net monthly rent	AMI Rent & Income Target <small>(complete if making the IA election)</small>
<b>LIHTC/AHTC UNITS (Do not include HOME-Assisted Units)</b>									
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
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			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
Sub-total	0		0		Sub-total			\$ -	
<b>HOME/HTF-ASSISTED UNITS (May also be designated LIHTC Units)</b>									
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
Sub-total	0		0		Sub-total			\$ -	
<b>MARKET RATE UNITS ONLY</b>									
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
			0		\$ -	\$ -	\$ -	\$ -	
Subtotal	0		0		Sub-total			\$ -	
<b>Total</b>	<b>0</b>		<b>0</b>					<b>\$ -</b>	

LIHTC/AHTC Units	\$	-
HOME-Assisted Units	\$	-
Market Rate Units	\$	-
Total Net Monthly Rent:	\$	-
Minus 7% Vacancy	\$	-
Adjusted Net Monthly Rent:	\$	-
Other Monthly Income	\$	-
List source of other income:		

For new construction, units must meet the following minimum requirements:

Single Room Occupancy = 275 square feet  
 Studio = 450 square feet  
 1-bedroom = 650 square feet  
 2-bedroom = 800 square feet  
 3-Bedroom = 1,000 square feet

\*Residential finished square foot per unit does not include the following: garages, storage areas (as described in the Amenities Section of the application), unfinished basement, storm shelters, common area, or other areas that otherwise received points in the LIHTC application. If selecting to provide a storm shelter that also will serve as a bathroom or bedroom closet, the Architect must certify that such space qualifies as a storm shelter. If such space qualifies as a storm shelter the square footage can be included in the residential living square footage of the unit.

## Income Averaging Test - 2021 Income Limits

Complete only if selecting the Income Averaging Election. See Section 10.3 of the QAP for additional information.

Project Name:

Project #:  

### INPUT # OF INCOME DESIGNATED UNITS

INPUT # OF INCOME DESIGNATED UNITS						% OF AMI	AVERAGE AMGI
Studio	1BR	2BR	3BR	4BR	Total		
-	-	-	-	-	-	20%	0.00%
-	-	-	-	-	-	30%	0.00%
-	-	-	-	-	-	40%	0.00%
-	-	-	-	-	-	50%	0.00%
-	-	-	-	-	-	60%	0.00%
-	-	-	-	-	-	70%	0.00%
-	-	-	-	-	-	80%	0.00%
-	-	-	-	-	-	<b>#DIV/0!</b>	

Revenue							All at 60%
Studio	1BR	2BR	3BR	4BR	Total		
-	-	-	-	-	-		
-	-	-	-	-	-		
-	-	-	-	-	-		
-	-	-	-	-	-		
-	-	-	-	-	-		
-	-	-	-	-	-		
-	-	-	-	-	-	-	-
						Annual	\$ -

**Bond Test**

40/60 Test      #DIV/0!  
 20/50 Test      #DIV/0!

## Determination of Income and Rent

### Select County

County: Adams County, NE  
 4 Person @ VLI (50%)      36,000

Income	20%	30%	40%	50%	60%	70%	80%	140%	
1 Person	10,080	15,120	20,160	25,200	30,240	35,280	40,320	70,560	0.70
2 Person	11,520	17,280	23,040	28,800	34,560	40,320	46,080	80,640	0.80
3 Person	12,960	19,440	25,920	32,400	38,880	45,360	51,840	90,720	0.90
4 Person	14,400	21,600	28,800	36,000	43,200	50,400	57,600	100,800	1.00
5 Person	15,560	23,340	31,120	38,900	46,680	54,460	62,240	108,920	1.08
6 Person	16,720	25,080	33,440	41,800	50,160	58,520	66,880	117,040	1.16
7 Person	17,860	26,790	35,720	44,650	53,580	62,510	71,440	125,020	1.24
8 Person	19,020	28,530	38,040	47,550	57,060	66,570	76,080	133,140	1.32

Rent	20%	30%	40%	50%	60%	70%	80%
Efficiency	252	378	504	630	756	882	1,008
1 Bedroom	270	405	540	675	810	945	1,080
2 Bedroom	324	486	648	810	972	1,134	1,296
3 Bedroom	374	561	749	936	1,123	1,310	1,498
4 Bedroom	418	627	836	1,045	1,254	1,463	1,672
5 Bedroom	461	691	922	1,152	1,383	1,613	1,844

**Change in Rent (compared to 60%)**

	20%	30%	40%	50%	60%	70%	80%
Efficiency	(504)	(378)	(252)	(126)	126	252	
1 Bedroom	(540)	(405)	(270)	(135)	135	270	
2 Bedroom	(648)	(486)	(324)	(162)	162	324	
3 Bedroom	(749)	(562)	(374)	(187)	187	375	
4 Bedroom	(836)	(627)	(418)	(209)	209	418	
5 Bedroom	(922)	(692)	(461)	(231)	230	461	

**%-of-AMI-served calculation**

Project Name:

County:

	<u>Bedroom size</u>	<u>No. of Units</u>	<u>% of Total units</u>	<u>Current Gross Rent</u>	<u>60% Rent Limit</u>	<u>AMI % served</u>	<u>Weighted portion</u>
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
			0.00%			0.00%	0.00%
<b>Total</b>	-	0	0.00%	-	-	-	-
				<b>Overall % of AMI served:</b>		<b>0.00%</b>	

**Please Note:** The AMI worksheet performs simple calculations to assist with determining the overall AMI served. The resulting calculation should not be relied upon by the applicant for the actual underwriting of the project. NIFA performs their own underwriting.



### ANNUAL OPERATING EXPENSE INFORMATION

(Complete the yellow-shaded areas)

General and/or Administrative Expenses:

Advertising	
Legal	
Accounting/Auditing	
Security	
Management Fee	
Other (please list below):	
<b>Sub-total</b>	<b>\$ -</b>

NIFA Annual LIHTC Compliance Fee \$ -

NIFA Annual AHTC Compliance Fee \$ -

Operating Expenses:

Trash Removal	
Electricity	
Water/Sewer	
Gas	
Snow Removal	
Internet Service	
Office Supplies	
Salaries	
Other (please list below):	
<b>Sub-total</b>	<b>\$ -</b>

Maintenance Expenses:

Painting & Repairs	
Exterminating	
Grounds/Landscape	
Elevator	
Internet Maintenance Costs	
Other (please list below):	
<b>Sub-total</b>	<b>\$ -</b>

Other Expenses:

Insurance	
Real Estate Taxes (estimated value x mill levy rate)	
Annual Commercial Space Expenses	
Other (please list below):	

<b>Sub-total</b>	\$ -
<b>TOTAL ANNUAL EXPENSES:</b>	<u>\$ -</u>
Annual Replacement Reserves	<u>                    </u>
(\$250 per unit per year for all units if LIHTC only & \$350 per unit per year for all units if HOME & LIHTC)	
<b>TOTAL ANNUAL EXPENSES + RESERVES</b>	<u>\$ -</u>
<b>NET ANNUAL CASH FLOW FROM OPERATIONS</b>	
Net Monthly Income	<u>\$ -</u>
Annual Income	<u>\$ -</u>
Less:	
Total Operating Expense	<u>\$ -</u>
Replacement Reserves	<u>\$ -</u>
Net Operating Income	<u>\$ -</u>
Less:	
Annual Debt Service	<u>                    </u>
Net Annual Cash Flow	<u>\$ -</u>

### DEVELOPMENT COST SCHEDULE

(Complete the yellow-shaded areas)

	Estimated Total Development Costs	4% LIHTC Eligible Basis	4% or 9% LIHTC New Constr./Rehab. Eligible Basis	Amortized or Expended (Non- eligible)	Allowable 24% Limit - Developer, Contractor, Gen. Req.
Land	\$ -			\$ -	
Existing Structures	\$ -	\$ -	\$ -	\$ -	
Demolition (new)	\$ -			\$ -	
Demolition (rehab)	\$ -	\$ -	\$ -	\$ -	\$ -
Site Grading, Clearing, etc.	\$ -	\$ -	\$ -	\$ -	\$ -
Off-site Improvements	\$ -			\$ -	
New Building Hard Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Rehabilitation Hard Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Accessory Building	\$ -	\$ -	\$ -	\$ -	\$ -
Construction Contingency	\$ -	\$ -	\$ -	\$ -	\$ -
Architect Fee - Design	\$ -	\$ -	\$ -	\$ -	\$ -
Architect Fee - Supervision	\$ -	\$ -	\$ -	\$ -	\$ -
Engineering Fees	\$ -	\$ -	\$ -	\$ -	\$ -
Survey	\$ -	\$ -	\$ -	\$ -	\$ -
Construction Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Construction Loan Interest	\$ -	\$ -	\$ -	\$ -	\$ -
Constr. Loan Origination Fee	\$ -	\$ -	\$ -	\$ -	\$ -
Construction Period Taxes	\$ -	\$ -	\$ -	\$ -	\$ -
Bridge Loan Expense*	\$ -	\$ -	\$ -	\$ -	\$ -
Property Appraisal**	\$ -	\$ -	\$ -	\$ -	\$ -
LIHTC Fees	\$ -			\$ -	
AHTC Fees	\$ -			\$ -	
Environmental Study/Review	\$ -	\$ -	\$ -	\$ -	\$ -
Market Study	\$ -	\$ -	\$ -	\$ -	\$ -
Real Estate Attorney	\$ -	\$ -	\$ -	\$ -	\$ -
Real Estate Consultant	\$ -	\$ -	\$ -	\$ -	
LIHTC Consultant Fee	\$ -	\$ -	\$ -	\$ -	
Contractor Overhead	\$ -	\$ -	\$ -	\$ -	
Contractor Profit	\$ -	\$ -	\$ -	\$ -	
General Requirements	\$ -	\$ -	\$ -	\$ -	
Developer Overhead	\$ -	\$ -	\$ -	\$ -	
Developer Fee	\$ -	\$ -	\$ -	\$ -	
Title & Recording - Perm. Fin.	\$ -	\$ -	\$ -	\$ -	\$ -
Perm. Loan Origination Fee	\$ -			\$ -	
Cost Certification	\$ -			\$ -	
Lenders Counsel Fee	\$ -			\$ -	
Underwriter Fees	\$ -			\$ -	
Legal & Organizational	\$ -			\$ -	
Tax Opinion	\$ -			\$ -	
Rent-up Reserves	\$ -			\$ -	
Operating Reserves	\$ -			\$ -	
Other Reserves:	\$ -			\$ -	
Upfront LIHTC Compliance Fees	\$ -			\$ -	
Upfront AHTC Compliance Fees	\$ -			\$ -	
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Residential Costs:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Commercial Space Costs</b>	<b>\$ -</b>				

\*Bridge Loan Expense - eligible basis for construction period only.

\*\*Appraisal - eligible only if done to evaluate feasibility of the project. If done as a lender requirement, the cost is not included in basis.

**DEVELOPMENT COST SCHEDULE CONT.**

	Total Residential Costs	4% LIHTC Eligible Basis	4% or 9% LIHTC New Constr./Rehab. Eligible Basis
From Previous Page	\$ -	\$ -	\$ -
<b>Deduct from Basis:</b>			
Grant Proceeds	\$ -	\$ -	\$ -
Non-qualified, Non-recourse Financing	\$ -	\$ -	\$ -
Non-qualified Portion of Higher Quality Units (IRC Section 42(d)(3))	\$ -	\$ -	\$ -
Historic Tax Credits	\$ -	\$ -	\$ -
Over Architect/Engineering Fee Limit	\$ -	\$ -	\$ -
Over Developer/Contractor Fee Limit	\$ -	\$ -	\$ -
<b>Total Eligible Basis</b>	\$ -	\$ -	\$ -
<b>Multiplied by the Applicable Fraction</b>		100.0000%	100.0000%
<b>Total Adjusted Eligible Basis</b>	\$ -	\$ -	\$ -
<b>Add to Eligible Basis:</b>			
Project Located in Qualified Census Tract (QCT) x 130% or Basis Boost Requested (up to 130%)			100%
<b>Total Qualified Basis</b>	\$ -	\$ -	\$ -
<b>Multiplied by the Applicable Percentage</b>		4.00%	9.00%
<b>Maximum Allowed LIHTC Request*</b>	\$ -	\$ -	\$ -

Note: Developments located in a Qualified Census Tract may also add a portion of the adjusted basis of a community service facility targeted to serve tenants whose income is 60% or less or the Area Median Income (limited to 25% of the Development's eligible basis)

\*Please note the calculations are for informational purposes only. Underwriting will be completed by NIFA staff during the final application review process. Results may vary based on data input errors, rounding, applicable fraction calculations, etc.

Developer/Contractor Fee Limit Calculation	
\$ -	Eligible Basis Towards Fee
24%	Percent Limit
\$ -	Maximum Allowed Fee
\$ -	Total Fee
\$ -	Adjustment to Basis

Developer Fee Limit on Acquisition Calculation	
\$ -	Eligible Basis Towards Fee
5%	Percent Limit
\$ -	Maximum Allowed Fee
\$ -	Total Fee
\$ -	Adjustment to Basis

Architect/Engineering Fee Limit Calculation	
\$ -	Hard Construction Costs (in basis)
7%	Percent Limit
\$ -	Maximum Allowed Fee
\$ -	Total Fee
\$ -	Adjustment to Basis

Project Name: 0

Project #:

0

## SOURCES & USES: EQUITY GAP INFORMATION

(Complete the yellow-shaded areas)

### USES

Total Development Costs	\$	-
Other Uses (please list below):		
	\$	-
	\$	-
Total Uses	\$	-

### SOURCES

Conventional Loan	\$	-
Nebraska Affordable Housing Tax Credits	\$	-
Tax Exempt Bond Financing	\$	-
National Housing Trust Funds	\$	-
HOME Funds	\$	-
City HOME Funds	\$	-
FHLBank - Affordable Housing Program	\$	-
USDA - Rural Development	\$	-
CDBG Funds	\$	-
Tax Increment Financing	\$	-
Historic Tax Credit Equity	\$	-
Other Federal Loans	\$	-
Local Municipality Loan	\$	-
Deferred Developer Fee	\$	-
Owner Equity	\$	-
Other Sources (please list below):		
	\$	-
	\$	-
Total Sources	\$	-

### Equity Gap

Total Uses	\$	-
Less Total Sources	\$	-
Funding Shortfall	\$	-
Divided by 10-year LIHTC Period		10
LIHTC Equity Required	\$	-
Divided by Net Equity Factor	\$	0.8500
<small>(Current dollar yield of net syndication proceeds per dollar of LIHTC)</small>		
<b>Annual LIHTC Required at 9% Credit Rate</b>	\$	-

Project Name: 0

Project #: 0

## Efficient Housing Production Measurements

Please note the calculations are for informational purposes only. Underwriting will be completed by NIFA staff during the final application review process. Results may vary based on data input errors, rounding, applicable fraction calculations, etc.

Development Summary		
Eligible Basis	\$	-
Applicable Fraction		100.0000%
Adjusted Eligible basis	\$	-
Annual LIHTC Request	\$	-
LIHTC Units		0
LIHTC Square Footage		0

**Cost Per Unit** #DIV/0!

**Cost Per Square Footage** #DIV/0!

LIHTC Per Occupant Calculation*								
*Calculated using	1.5							Total
	persons per bedroom							
Bedroom Size	0	1	2	3	4	5	6	7
Number of Units	0	0	0	0	0	0	0	0
Total Bedrooms	0	0	0	0	0	0	0	0
LIHTC Occupants	0	0	0	0	0	0	0	0

**LIHTC Per Occupant** #DIV/0!



If applying for HOME, CDBG-DR or HTF please complete the Cost Allocation Tool prior to completing the full Exhibit 111.

The worksheets can be uploaded as Exhibit 20 in the Required Exhibits.

Please use the following link to access the Cost Allocation Tool:

[https://cms.proteus.co/\\_resources/dyn/files/76868627z1a2bad1f/](https://cms.proteus.co/_resources/dyn/files/76868627z1a2bad1f/)

Please use the following link to access the CDBG-DR Tool:

[https://opportunity.nebraska.gov/program/cdbg\\_dr/#housing-con](https://opportunity.nebraska.gov/program/cdbg_dr/#housing-con)



[^ fn/HOME%20HTF-Cost-Allocation-Tool%20May%202020.xlsx](#)

Project Name: 0

Project #: 0

PRO FORMA
(Complete the yellow-shaded areas)

Table with columns for Revenue Escalation (2%), Expense Escalation (3%), Per Month, and Years 1-30. Rows include Gross Rents, Vacancy, Other Income, Total Income, General and/or Administrative Expenses, NIFA Annual LIHTC Compliance Fee, Operating Expenses, Maintenance Expenses, Other Expenses, Total Operating Expenses, Replacement Reserves, Net Operating Income (NOI), Debt Information (Conventional Loan, HOME Funds, HTF Funds, Second Mortgage, Other), Total Debt Service, Net Cash Flow, and Debt Service Coverage Ratio.