



WASHINGTON STATE
**HOUSING FINANCE
 COMMISSION**

Opening doors to a better life

2022 9% Competitive Housing Credit Application Application Checklist

This checklist includes all the items from the CFA application and the LIHTC Addendum that are required for the 2022 9% Application round.

Tab 1: Project Summary

| | | |
|------------------|--------------------------|-----------------|
| Section 1 | <input type="checkbox"/> | Project Summary |
| Form 1 | <input type="checkbox"/> | Project Summary |

Tab 2: Project Description

| | | |
|--------------------|--------------------------|---|
| Section 2 | <input type="checkbox"/> | Project Narrative |
| Form 2A | <input type="checkbox"/> | Building Information |
| Form 2B | <input type="checkbox"/> | Square Footage Details |
| Form 2C | <input type="checkbox"/> | Evergreen Sustainable Development Standard v4.0 Checklist |
| Attachments | | |
| | <input type="checkbox"/> | Architect Certification of Gross Residential Square Footage (must be consistent with Form 2B) |
| | <input type="checkbox"/> | Preliminary Drawings and Site Plan <ul style="list-style-type: none"> • For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan • For projects that involve interior reconfiguration, exterior improvements, or newly constructed additions, include typical floor plans, primary elevations, descriptive building section, site plan and roof plan • For projects in existing buildings, provide current floor plans, for each floor if they differ • Site Plan of Off-Site Improvements if applicable |
| | <input type="checkbox"/> | Documentation of Site Control |
| | <input type="checkbox"/> | Title Report |
| | <input type="checkbox"/> | Evergreen Owner Certification (Non-HTF Funded Projects only) |

Tab 3: Need & Populations Served

| | | |
|--------------------|--------------------------|--|
| Section 3 | <input type="checkbox"/> | Need & Populations Served |
| Form 3 | <input type="checkbox"/> | Populations to be Served |
| Attachments | | |
| | <input type="checkbox"/> | Market Study |
| | <input type="checkbox"/> | Document of consistency with the Consolidated Plan |
| | <input type="checkbox"/> | Notification of Public Housing Authority |

Tab 4: Relocation

| | | |
|--------------------|--------------------------|--|
| Section 4 | <input type="checkbox"/> | Relocation |
| Form 4 | <input type="checkbox"/> | Relocation Budget |
| Attachments | | |
| | <input type="checkbox"/> | Tenant Relocation Plan |
| | <input type="checkbox"/> | Samples of the General Information Notice issued to all current occupants |
| | <input type="checkbox"/> | Drafts of Move-In Notices |
| | <input type="checkbox"/> | Drafts of Notices re: displacement and benefits |
| | <input type="checkbox"/> | Approval letter from local government agency with jurisdiction over tenant relocation issues |
| | <input type="checkbox"/> | List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information: <ul style="list-style-type: none"> For residential occupants, include type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant. For commercial occupants, include name and type of business, length of occupancy, and current lease terms |
| | <input type="checkbox"/> | For properties that are currently unoccupied, attach a list of all occupants who moved from the site within the past 90 days. Include the name of the business or household, the household size, and explain the reason for their move. |

Tab 5: Project Schedule

| | | |
|---------------|--------------------------|------------------|
| Form 5 | <input type="checkbox"/> | Project Schedule |
|---------------|--------------------------|------------------|

Tab 6: Development Budgets

| | | |
|--------------------|--------------------------|---|
| Section 6 | <input type="checkbox"/> | Development Budget Narrative |
| Form 6A | <input type="checkbox"/> | Development Budgets |
| Form 6B | <input type="checkbox"/> | Development Budget Details |
| Form 6C | <input type="checkbox"/> | LIHTC Budget (Basis Calculation) |
| Form 6D | <input type="checkbox"/> | LIHTC Calculation |
| Form 6E | NA | Fee Schedule – NOT REQUIRED |
| Attachments | | |
| | <input type="checkbox"/> | Documentation of QCT Status for 130% basis boost |
| | <input type="checkbox"/> | Appraisal or Property Tax Assessment (Related Party Transactions) |

Tab 7: Project Financing

| | | |
|--------------------|--------------------------|---|
| Section 7 | <input type="checkbox"/> | Project Financing |
| Form 7A | <input type="checkbox"/> | Financing Sources |
| Form 7B | <input type="checkbox"/> | Estimate of Cash Flow During Development |
| Attachments | | |
| | <input type="checkbox"/> | Funding Commitment Letters |
| | <input type="checkbox"/> | Letters for Committed Donations (including Sponsor Donations) |
| | <input type="checkbox"/> | Capital Campaign Plan, if funding includes a Capital Campaign |
| | <input type="checkbox"/> | Projects eligible for Historic Rehabilitation Tax Credits: <ul style="list-style-type: none"> • Itemized breakdown of the residential Qualified Rehabilitation Expenses, the commercial or other non-residential Qualified Rehabilitation Expenses, the total Qualified Rehabilitation Expenses • Explanation of any differences in the residential Qualified Rehabilitation Expenses and the Total Project Costs • Detailed calculation of the Historic Rehabilitation Tax Credit proceeds for the Residential portion of the Project |

Tab 8: Project Operations

| | | |
|--------------------|--------------------------|--|
| Section 8 | <input type="checkbox"/> | Project Operations |
| Form 8A | <input type="checkbox"/> | Proposed Rents and AMIs Served |
| Form 8B | <input type="checkbox"/> | Operating, Service and Rent Subsidy Sources |
| Form 8C | <input type="checkbox"/> | Operating Expenses |
| Form 8D | <input type="checkbox"/> | Operating Pro Forma |
| Form 8E | <input type="checkbox"/> | Operating Pro Forma Details |
| Attachments | | |
| | <input type="checkbox"/> | Documentation of Utility Allowance calculations and schedule. If using a Utility Allowance based on an Energy Consumption Model or actual usage estimate, attach evidence of selected engineer as well as a copy of the energy consumption modeling plan |
| | <input type="checkbox"/> | Projects with Rental Assistance: documentation of rental assistance |

Tab 9: Development Team

| | | |
|--------------------|--------------------------|--|
| Section 9 | <input type="checkbox"/> | Development Team |
| Form 9A | <input type="checkbox"/> | Project Team |
| Form 9B | <input type="checkbox"/> | Identity of Interest Matrix |
| Form 9C | <input type="checkbox"/> | Project Sponsor Experience |
| Form 9D | <input type="checkbox"/> | Project Development Consultant Experience |
| Form 9E | <input type="checkbox"/> | Project Property Management Firm Experience |
| Attachments | | |
| | <input type="checkbox"/> | Development Consultant Agreement |
| | <input type="checkbox"/> | Signed board resolution authorizing application submittal (if applicable) |
| | <input type="checkbox"/> | Secretary of State Certification of Existence (RCW 24.03) of Ownership Entity |
| | <input type="checkbox"/> | Certification Regarding Financial Solvency and Litigation Status |
| | <input type="checkbox"/> | Consent Granting Signature Authority |
| | <input type="checkbox"/> | Property management agreement or letter of intent |
| | <input type="checkbox"/> | IRS notification of Ownership Entity's federal identification number |
| | <input type="checkbox"/> | Organizational chart identifying each entity or individual with an ownership interest in the Project, including percentage of ownership. |

Tab 10: Services

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|--------------------|--------------------------|---|
| Section 10 | <input type="checkbox"/> | Services (if applicable) Only complete this section if the project is providing Housing for the Homeless. |
| Attachments | | |
| | <input type="checkbox"/> | Letter from local jurisdiction confirming project's consistency with local Plan to End Homelessness |
| | <input type="checkbox"/> | Memorandum of Understanding with service provider(s) or on-site services partnership letter. |
| | <input type="checkbox"/> | Examples of assessment tools used |
| | <input type="checkbox"/> | Services funding commitment letters |
| | <input type="checkbox"/> | On-site services partnership letter, if applicable |

Tab 11: LIHTC Addendum

| | | |
|--------------------|--------------------------|--|
| Addendum | <input type="checkbox"/> | Attach LIHTC Addendum Forms |
| Attachments | | |
| | <input type="checkbox"/> | Income Averaging: <ul style="list-style-type: none"> • Plan and Unit configuration (Novogradac worksheet) • Written agreement from investor and funders • Agree in writing to compliance implications as we understand them at the time of commitment |
| | <input type="checkbox"/> | Units designated at 30% AMI and below: demonstration of feasibility |
| | <input type="checkbox"/> | Certification of Ability to Contribute Equity to the Project |
| | <input type="checkbox"/> | Leveraging Points: Backup documentation for sponsor loans or charitable contributions approved by the Commission |
| | <input type="checkbox"/> | At Risk of Loss or Market Conversion: documentation of eligibility under the applicable scenario |
| | <input type="checkbox"/> | Historic Property Points: documentation of eligibility |
| | <input type="checkbox"/> | Eligible Tribal Area Points: site map documenting eligibility |
| | <input type="checkbox"/> | Location Efficiency Points: list of services with addresses and a site map documenting required walking distance |
| | <input type="checkbox"/> | Area Targeted by a Local Jurisdiction: documentation of eligibility and site map |
| | <input type="checkbox"/> | Transit Oriented Development: site map documenting eligibility |
| | <input type="checkbox"/> | Community Revitalization Plan: See Policies 6.14 for backup documentation required. |
| | <input type="checkbox"/> | Job Center Points: site map documenting eligibility |
| | <input type="checkbox"/> | High or Very High Opportunity Areas: copy of opportunity map with project location indicated. |
| | <input type="checkbox"/> | Nonprofit Sponsor Points: <ul style="list-style-type: none"> • Nonprofit Organization’s IRS determination letter • Articles of incorporation as filed with the Secretary of State • Bylaws and/or other governing instruments of the organization • Documentation of ownership and Material Participation • Certification of Non-Affiliation • Board Member list |
| | <input type="checkbox"/> | Urban Type Projects – Documentation of eligibility |
| | <input type="checkbox"/> | Eventual Tenant Ownership – copy of eventual tenant ownership plan that is unique to the property. |
| | <input type="checkbox"/> | Acquisition Credit – Documentation of compliance with 10 year rule |
| | <input type="checkbox"/> | Energy Efficiency Modeling or Audit Option: <ul style="list-style-type: none"> • Evidence of selected engineer • Plan for energy consumption model or audit |
| | <input type="checkbox"/> | Pre-approvals or waivers granted by the Commission |
| | <input type="checkbox"/> | Application fee |

Tab 12: LIHTC Rehab Addendum

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|--------------------|--------------------------|--|
| Forms | <input type="checkbox"/> | Rehab Addendum Forms |
| Attachments | | |
| | <input type="checkbox"/> | Documentation of Project Age |
| | <input type="checkbox"/> | Capital Needs Assessment |
| | <input type="checkbox"/> | Evidence of Existing Use Restrictions (if any) |
| | <input type="checkbox"/> | Appraisal (Related Party Transactions) |
| | <input type="checkbox"/> | Documentation of Project Reserve Balances |

Self-Certification of Threshold Requirements

I, [NAME], [TITLE (Authorized Official)] of [SPONSOR ORGANIZATION], acknowledge that I have reviewed the application and checklist and that all the required documentation necessary to review this application has been included.

ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____ Title: _____

Name: _____ Date: _____

Organization: _____ Project: _____