



Low Income Housing Tax Credit (LIHTC) FY2016

INSTRUCTIONS: Complete all information requested on this application to the best of your ability. Please use ink, and print legibly. Applications should be turned in to the City for review 90-days prior to State deadline. For projects requesting City owned land as a part of the project, applications should be turned in 120-days days prior to the LIHTC State deadline.

Contact person name and contact information:

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Community Development Department
City of Cedar Rapids
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Qualifying Category:

New Construction Substantial Rehab Acquisition & Rehab Adaptive Reuse

Rental Applicant / Owner Information

Company Name: _____
Contact Name: _____
Address: _____
Telephone Number: _____

Company Name/ Address/Telephone Number

For-Profit Non-Profit

Last Name (Individual Owner or CEO) First Name MI

Tax ID Number

Contact Telephone # Cell # Alternate Telephone #

E-mail Address

Current Mailing Address 1

City County State Zip Code

If the applicant is a non-profit organization, submit documentation indicating non-profit status.

Section I

Proposed Property To Be Constructed

Please complete all of the following project/property information and for each scattered-site property combined within this proposal.

Street Address: _____

Legal Description (if lengthy attach) _____ City _____ State _____ Zip _____

Number of buildings _____ # of units _____

Number of units by bedroom size(s)

Efficiency _____
 1-Bedroom _____ LIHTC Units at 50% AMI or less _____
 2-Bedroom _____ LIHTC Units at 60% AMI or less _____
 3-Bedroom _____ Market Rate Units _____
 4-Bedroom _____ Total Units _____

Building Type(s): Single Family Duplex Rowhouse Apartment

Project Description

Building Codes applicable to this project _____ Y N

List any green building/energy efficiency techniques (LEED, Green Streets etc.)

Is the proposed Rental Property to be located in a 100-year flood plain? Y N

Is City land contribution requested, if yes please list address:

Length fo time project will be committed to affordable housing?

LIHTC UNIT RENTS	Efficiency	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Gross Rents	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
-Utility Allowance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
=Net Rents	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Funding Amount being requested from the City \$ _____

Estimated total project costs \$ _____

Amount toward common areas and grounds \$ _____

****PROVIDE ADDITIONAL DOCUMENTATION AS SHOWN ON APPLICATION CHECKLIST****

Section II**Development & Marketing Team**

In the space below provide a brief history and description off your business, particularly your experience with multi-family rental housing developments. Include experience managing any multi-family rental housing developments as welll as the key members of the project and their experience.(Attach resumes of Key Development Team Members)

Developer and Co-Developer: _____

Architect: _____

Engineer: _____

Tax Accountant: _____

Tax Attorney: _____

Management Company: _____

Brief history, description of business and experience:

Section III

Management Company & Plan

In the space below describe your management plan including Management Company name and experience, tenant selection criteria, policy for addressing nuisance complaints and any special services provided for tenants. Attach any written policies as needed:

Construction Schedule including proposed timeline:

Disclosures:

- This application and supporting documentation serves as the initial point of entry to the City's Low Income Housing Tax Credit (LIHTC) Participation Program. Additional information and documentation may be required to determine eligibility.
- Authorized representatives of the City of Cedar Rapids shall have the right to inspect the proposed Rental project at any time, from the date of application through completion and to the end of the period of affordability, upon giving due notice to the owner and occupant(s).
- The information requested in this application is legally required to determine if you qualify for participation in the Low Income Housing Tax Credit Program (LIHTC). Use of data obtained is limited to that necessary for the administration and management of this program by City of Cedar Rapids personnel.

Certifications:

- Any person or entity, who obtains funds through false representation, is guilty of theft and may be prosecuted and sentenced accordingly.
- I/We certify that the statements contained in this application are true, accurate, and complete to the best of my/our knowledge and belief.

Signatures: Eventual owner of record of the Rental Property must sign this application.

By signing this application, I/we give consent for the City of Cedar Rapids to verify the information, including contact with lending institutions and project partners.

Borrower (Owner of Rental Property) Signature

Date

Joint Applicant Signature

Date

We certify that we have reviewed this application (worked with the rental applicant on the final details of the proposal, revising as necessary) and given our approval of this project.

City of Cedar Rapids, Iowa

Date