EXHIBIT 1t

APPLICATION CERTIFICATION AND ACKNOWLEDGEMENTS

**PROJECT NAME:** **Insert Project Name**

**ARCHITECT AND DEVELOPER(S) – BUILDING CODES AND STANDARDS, CONTRACTOR REGISTRATION, AND SIZE AND COST OF LAND**

**The undersigned hereby certify under penalty of perjury and pursuant to the laws of the state of Iowa that the following is true and correct:**

* The size of the land for the above listed Project reflects the actual amount of land that is necessary and

appropriate to accommodate the number and type of Units and proposed amenities. The land shall be used for this Project and will not have excess acreage.

* At a minimum, the preliminary design for proposed Tax Credit Project meets or exceeds the requirements of

the codes, laws and regulations named in the 4% QAP Part C, F – Building Standards and Appendix F of the 4% Application Package, and that said features of the codes, laws and regulations shall be incorporated in the final design and construction of the Project, if funded.

[ ]  (Required Check Box) All minimum construction characteristics listed in the Threshold Application meet or

exceed those listed in QAP Part C, G – Minimum Development Characteristics. In addition, the proposed building equipment/materials will be used for the construction of the Project as stated in the Threshold Application and exhibits. Furthermore, none of the listed materials will be substituted unless the Owner receives written permission from the IFA LIHTC Manager.

[ ]  (Required Check Box) Should the Project receive a Tax Credit award, at all times after award, the IFA LIHTC Manager and Construction Analyst shall be promptly notified in writing of any changes or alterations which deviate from the plans and/or programmatic elements submitted in the initial Application or in the final plans and specifications approved by IFA’s Construction Analyst to proceed with construction.

[ ]  (Required Check Box) The undersigned Developer assures that all contractors, including sub-contractors, are required to be registered to work in Iowa and agrees to hire or contract with contractors registered to work in the state of Iowa.

**ARCHITECTURAL ENTITY NAME -** Insert Architectural Entity Name

**ARCHITECT -** Insert Project Architect Name Insert Title

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Signature of Project Architect

Insert Architectural Entity Authorized Signature Name Insert Title

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Architect Entity Authorized Signature

**DEVELOPER -** Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**DEVELOPER -** Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**GENERAL PARTNER(S)/MANAGING MEMBER(S), DEVELOPER(S), DEVELOPMENT CONSULTANT(S) – AUTHORIZATION TO VERIFY CREDITWORTHINESS**

The undersigned understands that the IFA is relying on the information provided herein in deciding to grant or continue credit. The undersigned authorizes IFA to make all inquiries it deems necessary to verify the statements made herein and to determine the undersigned creditworthiness.

**GENERAL PARTNER/MANAGING MEMBER** - Insert General Partner/Managing Member Name

Insert General Partner/Managing Member Authorized Signature Name Insert Title

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General Partner/Managing Member Authorized Signature

**GENERAL PARTNER/MANAGING MEMBER** - Insert General Partner/Managing Member Name

Insert General Partner/Managing Member Authorized Signature Name Insert Title

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General Partner/Managing Member Authorized Signature

**DEVELOPER** - Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**DEVELOPER** - Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**DEVELOPMENT CONSULTANT -** Insert Development Consultant Name

Insert Development Consultant Authorized Signature Name Insert Title

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Development Consultant Authorized Signature

**OWNERSHIP ENTITY/APPLICANT, GENERAL PARTNER(S)/MANAGING MEMBER(S), DEVELOPER(S), DEVELOPMENT CONSULTANTS, ARCHITECT – GENERAL CERTIFICATIONS AND ACKNOWLEDGEMENTS**

The undersigned Ownership Entity/Applicant, General Partner(s)/Managing Member(s), Developer(s), development consultant and architect, affiliates thereof, or their duly authorized representatives, having full power and authority to execute, deliver, perform, enter into and carry out the performance of this Threshold Application, hereby represent and certify that:

* The Project described in this Threshold Application (the “Project”) consists or will consist of a Qualified Residential Rental Property, as defined in IRC Section 42 and 103, and all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Project to receive Tax Credits will be satisfied.
* All Project team members and affiliates thereof are eligible to submit the Threshold Application to IFA and to receive an allocation of Tax Credits.
* The Developer has sufficient capacity to place the Project in service in a timely manner to ensure the Ownership Entity qualifies for the issuance of an IRS Form 8609.
* All of the information contained in the Threshold Application, including the exhibits, is true, complete and accurate and the IFA may rely on this information, and the representations and covenants submitted therewith to award Tax Credits. Misrepresentations of any kind may be grounds for denial or loss of Tax Credits, notification to the Internal Revenue Service (IRS) and may affect future participation in the Tax Credit program in Iowa. Further, the Applicant is responsible for ensuring all information submitted to IFA is true, complete, accurate, and fully represents the Project in meeting QAP and IRS requirements.
* The amounts included in the replacement reserves and the operating reserves are adequate amounts necessary to maintain the Project in good repair and that these amounts will be available for Unit repairs as necessary and understands the operating and replacement reserves are a compliance issue.
* The Ownership Entity/Applicant, Developer, General Partner(s)/Managing Member(s), and development consultant (if applicable) are responsible for all calculations and figures relating to the determination of the Eligible Basis for the Project and understands and agrees the amount of Tax Credit is calculated by reference to the figures submitted with this Threshold Application, as to the Eligible Basis and Qualified Basis of the Project and individual buildings.
* The full extent of all federal, state, and local subsidies that apply or will apply to the Project has been fully disclosed within the Threshold Application.
* All other sources of funds and all development costs for the Project have been fully disclosed within the Threshold Application.
* The Ownership Entity/Applicant, Developer(s), General Partner(s)/Managing Member(s), and development consultant(s) (if applicable), affiliates thereof, or their duly authorized representatives, are responsible for maintaining current access information of all persons (user names) to whom they have granted access to this Application in the online Application and each user name has been assigned an appropriate role that identifies each user name’s need and intended use of the Application.
* If any building is part of an existing or prior LIHTC Project, subject to a recorded LURA, the most restrictive requirements shall be enforced.
* It is the Ownership Entity/Applicant’s, General Partner(s)/Managing Member(s), Developer(s), development consultant, and the Project architect’s, responsibility to review and comply with all requirements of the Threshold Application Package prior to submitting the Application to IFA, but acknowledges that it may be necessary for IFA to amend the Threshold Application Package..
* All Identity of Interest, as defined in QAP Part D, Glossary of Terms – Identity of Interest, have been disclosed to the Applicant and listed in the online Application for the proposed Project.
* IFA is authorized to amend the Application in accordance with the Applicant’s additional or revised information submitted in response to an IFA inquiry.
* The State of Iowa and IFA, its Board members, employees, agents, elected and appointed officials are hereby indemnified and held harmless against all losses, costs, damages, expenses and liabilities of any nature or kind including, but not limited to, attorney’s fees (including the value of time of the Attorney General’s office), litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from the IRS directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such reservation, allocation request, or a request for an IRS Form 8609.

* The QAP requirements have been met and changes to the Project will not be made without the prior written approval from the IFA LIHTC Manager.
* If the site is not zoned appropriately at Threshold Application, the site will be zoned appropriately by the IRS Form 8609 Application submission due date.

**Ownership entity/APPLICANT -** Insert Ownership Entity Name

Insert Ownership Entity Authorized Signature Name Insert Title

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Ownership Entity/Applicant Authorized Signature

**General Partner/managing member -** Insert General Partner/Managing Member Name

Insert General Partner/Managing Member Authorized Signature Name Insert Title

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General Partner/Managing Member Authorized Signature

**General Partner/managing member** - Insert General Partner/Managing Member Name

Insert General Partner/Managing Member Authorized Signature Name Insert Title

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General Partner/Managing Member Authorized Signature

**Developer** - Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**Developer** - Insert Developer Name

Insert Developer Authorized Signature Name Insert Title

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Developer Authorized Signature

**Development Consultant** - Insert Development Consultant Name

Insert Development Consultant Authorized Signature Name Insert Title

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Development Consultant Authorized Signature

**Architect and management company general certifications and acknowledgements**

By and through duly authorized officer(s), member(s)/manager(s) or general partner(s) (or, if an individual, by his or her signature), hereby represent and certify that the information contained in this Threshold Application, to the best of their knowledge, is true, complete and accurately describes the proposed Project; and

All Identity of Interest, as defined in QAP Part D, Glossary of Terms – Identity of Interest, have been disclosed to the Applicant and listed in the online Application for the proposed Project.

**Architect** - Insert Project Architect Name

Insert Architect Signature Name Insert Title

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Architect Signature

**Management Company** - Insert Management Company Name

Insert Management Company Authorized Signature Name Insert Title

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Management Company Authorized Signature