



## APPENDIX LIST

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A	Supportive Housing for Families Set-Aside Requirements & Scoring
B	LIHTC QCT's, DDA's, Rural and Major Disaster Counties
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D	Senior Living Revolving Loan Program Information (Not Available in 2022)
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## APPENDIX A SUPPORTIVE HOUSING FOR FAMILIES SET- ASIDE

### **PART 1 – REQUIREMENTS**

#### **SECTION 1 – GENERAL INFORMATION**

##### **1.1 PURPOSE**

This set-aside is for a Project that shall provide permanent supportive housing for families experiencing homelessness. If this set-aside is filled and the Project remains unfunded, the Project may compete in any other set-aside or in the General Pool.

##### **1.2 PROJECT REQUIREMENTS**

Only one Application may be approved for the set-aside. The Project must meet all QAP threshold items, as well as the additional requirements of this set-aside, which will be determined by IFA in its sole discretion based on an individualized in-depth analysis of each Project.

The Project shall meet all QAP threshold items specific to the funding requested, unless otherwise specified. The Project shall meet any additional requirements of the Supportive Housing for Families set-aside (additional requirements will be determined by IFA at its sole discretion).

The Project shall reserve the required minimum number of Units to provide permanent supportive housing to families experiencing homelessness.

“Families experiencing homelessness” is defined for this set-aside as an individual or family who meets the definition of Homeless from the U.S. Department of Housing and Urban Development at 24 CFR Part 91.5. ["Homeless" Definition-Cornell Law](#)

*Homeless.*

- (1)** An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - (i)** An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  - (ii)** An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
  - (iii)** An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- (2)** An individual or family who will imminently lose their primary nighttime residence, provided that:
  - (i)** The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii)** No subsequent residence has been identified; and
  - (iii)** The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;
- (3)** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - (i)** Are defined as homeless under section 387 of the [Runaway and Homeless Youth Act \(42 U.S.C. 5732a\)](#), section 637 of the [Head Start Act \(42 U.S.C. 9832\)](#), section 41403 of the [Violence Against Women Act of 1994 \(42 U.S.C. 14043e-2\)](#), section 330(h) of the [Public Health Service Act \(42 U.S.C. 254b\(h\)\)](#), section 3 of the [Food and Nutrition Act of 2008 \(7 U.S.C. 2012\)](#), section 17(b) of the [Child Nutrition Act of 1966 \(42 U.S.C. 1786\(b\)\)](#), or section 725 of the [McKinney-Vento Homeless Assistance Act \(42 U.S.C. 11434a\)](#);



- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - (ii) Has no other residence; and
  - (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

A Project shall meet the following requirements:

- Be new construction or adaptive reuse;
- Be a Family Project without age restrictions; and
- Reserve ten percent (10%) of the total Project Units (rounded up to the next full Unit) or four Units, whichever is greater, to persons experiencing homelessness. These Units shall be leased only to qualified families experiencing homelessness (as defined above);
- Units reserved for this set-aside shall be dispersed throughout the Property and in different bedroom sizes rather than segregated;
- If applicable, provide adequate supportive service space to allow for the delivery of any supportive services to be made available to tenants on-site;
- The Units reserved for families experiencing homelessness shall remain reserved for this purpose through the entirety of the LURA;
- Partner with an IFA approved qualified service provider that provides supportive services to families experiencing homelessness in the proposed Project's market area and has the capacity to refer households qualified as Homeless to the Project; and
- Demonstrate a strong relationship with a qualified service provider that will provide supportive services to families experiencing homelessness that will reside in the Project. IFA shall review the written agreement between the entities to ensure that there is a commitment to an extensive and long-term working relationship. IFA will review the capacity of the Developer and qualified service provider to provide permanent supportive housing including their experience with such a Project.

## **SECTION 2 - QUALIFIED SERVICE PROVIDER INFORMATION AND REPORTING REQUIREMENTS**

### **2.1 QUALIFIED SERVICE PROVIDER**

The Applicant shall enter into a written agreement with the qualified service provider to provide supportive services to families experiencing homelessness who will reside in the Project. The Developer, property manager and qualified service provider shall enter into a written agreement to forge an extensive and long-term partnership to provide permanent supportive housing to eligible tenants. The Applicant shall submit the executed written agreement to IFA as part of the Carryover-Ten Percent (10% Test Application Package).

### **2.2 QUALIFIED SERVICE PROVIDER CAPACITY DETERMINATION**

The qualified service provider must be approved by IFA prior to application submission in order for the Project to be eligible for an award of Tax Credits. IFA reserves the right to deny approval to any proposed qualified service provider that has failed to comply with program requirements in the administration of any previous project funded by IFA through any of its programs.



The Applicant shall submit a completed Exhibit 1HSA - Qualified Service Provider Capacity Determination form and a complete copy of the qualified service provider's most recent independent audit (fiscal year 2020 or later) through the online Application no later than May 4, 2022. Within 10 business days IFA staff shall make a determination of the qualified service provider's capacity to carry out responsibilities related to the Supportive Housing for Families set-aside Project.

The qualified service provider must have:

- (1) received a funding award since October 1, 2018, under one or more federal programs providing housing related services to families experiencing homelessness
- (2) direct experience providing services to families experiencing homelessness within the city which the proposed Project will be located;
- (3) the necessary experience, staffing and operational capability to deliver case management and services to families experiencing homelessness residing in the supportive housing Project; and
- (4) demonstrated the capacity to provide an adequate number of eligible tenants to occupy the permanent supportive housing units set aside for families experiencing homelessness in the Project throughout the Compliance Period.

Collaborations or partnerships among agencies may be proposed to address the needs of supportive housing tenants as part of the capacity determination, although the lead qualified service provider must meet all threshold requirements for capacity determination.

Staff may request additional clarifying information to confirm the information submitted in the Exhibit. IFA reserves the right to verify information contained in the Exhibit and to discuss the Applicant's and Project qualifications. IFA also reserves the right to obtain and consider information from other sources concerning a qualified service provider and Project.

### **2.3 REPORTING REQUIREMENTS**

The Project shall submit participant information for those tenants living in the Units designated for families experiencing homelessness, utilizing the Iowa Homeless Management Information System ("HMIS"), according to HUD's HMIS Data and Technical Standards. This includes minimum participant demographic information according to HUD's standards for "Other Permanent Housing (OPH)," which means permanent housing projects that are designated for homeless people that provide housing and services, but for which disability is not required for entry. If the qualified service provider qualifies primarily as a domestic violence service provider, the information shall be submitted in a database that meets HUD's standards as a comparable database.

## **SECTION 3 – UNDERWRITING**

### **3.1 BASIS BOOST**

The selected Project shall be eligible for a ten percent (10%) increase in Eligible Basis ("Basis Boost") and the Tax Credit Cap per LIHTC Unit will be increased by ten percent (10%) as set forth in QAP Part A., Sections 4.10 and 4.10.5.

### **3.2 SET-ASIDE RENTS**

Set-aside Units will be underwritten assuming zero income.

## **PART 2 – SCORING (MAXIMUM 100 POINTS)**

IFA will award scoring points for Appendix A based on information provided in the on-line Application. IFA shall make the final determination of the Applicant's score. A threshold requirement of 50 points must be met under the criteria set forth below in Part 2 – Scoring – Sections 1-4 to qualify for the Supportive Housing for Families Set-Aside and to be eligible for points under QAP Part A., Section 6.1.5 – Supportive Housing for Families. Scoring received for Appendix A does not carry over to any other set-aside or the general pool competition if a Project is not awarded tax credits under the Supportive Housing for families Set-Aside.



**SECTION 1 – TENANT CHARACTERISTICS AND SELECTION PROCESS (17 POINTS)**

Describe the target population for the set-aside Units in the proposed Project. (5 points for families with children or unaccompanied youth)

Describe the tenant eligibility screening criteria, including any disqualifiers, or prioritization criteria. (3 points)

Describe the outreach plan to bring potential tenants into the Project. If participating in a community’s Coordinated Entry system, as defined by HUD, describe this. (A HUD Coordinated Entry Policy Brief is available here: <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>). (3 points)

Describe proposed eviction mitigation practices for the supportive housing tenants. (3 points)

Describe the proposed plan to ensure effective communication among the developer, property manager, service provider, and all tenants. (3 points)

**SECTION 2 – SUPPORTIVE HOUSING SERVICES PLAN (20 POINTS)**

Describe how and where services will be provided to participants.

**Accessibility and Availability of Services – up to 2 points each – maximum of 6 points**

**Required:**

- Case Management
- Assistance in obtaining:
  - mainstream benefits;
  - increased income; and/or
  - employment assistance and training.
- Financial Management/Budgeting

\*Any Additional Services

**Additional Services – up to 2 points per additional service – maximum of 14 points**

- SOAR Services
- Life Skills
- Describe Life Skills Services:
- Community Involvement/Social Support/Recreation
- Primary Health Services
- Education
- Describe Education Services:
- Chemical Dependency Services
- Mental Health Services
- Co-occurring Disorder Services
- Traumatic Brain Injury Services
- Physical Disability Services
- Childcare and other child services
- Legal Services
- Transportation other than Public Transportation

**SECTION 3 – PARTICIPANT OUTCOMES (8 POINTS)**

Describe planned participant outcomes and how they will be measured. (4 points Housing Stability Outcome Goals; 4 points Other Outcome Goals)

<b>Housing Stability Outcome Goals</b>	<b>Indicators/Measures</b>	<b>Data sources and measurement tools</b>
Example: <i>Long term homeless households will maintain stable housing.</i>	<i>80% of homeless households will maintain housing for six months or more.</i>	<i>HMIS length of stay data.</i>
Example: <i>Exits to permanent housing.</i>	<i>80% of homeless households who exit, exit to permanent housing</i>	<i>HMIS exit data.</i>
<b>Other Outcome Goals</b>	<b>Indicators/Measures</b>	<b>Data sources and measurement tools</b>



Example: Maximize income and benefits for all households.	90% of households will apply for all benefits for which they are eligible within six months of program entry.	Case records, HMIS income data.
Example: Maximize income from employment for all households.	30% of households have increased income from employment within six months of program entry.	HMIS employment income data.

**SECTION 4 – OTHER SCORING (55 POINTS)**

The Developer has completed a LIHTC project that includes Units reserved for the families experiencing homelessness, in such role, since July 1, 2017: 1 project – 5 points, 2 points for each additional completed project – up to 10 points. (Maximum of 15 total points)

The Developer, managing member and General Partner do not have an Identity of Interest with the qualified service provider. (10 points)

The property is appropriately zoned for the proposed Project. (8 points)

Describe the partnership between the Developer, property management company and qualified service provider, and any previous experience these entities have working together. (5 points)

Project-based rental assistance from a source other than the Owner, Developer, property manager, qualified service provider or affiliated entities. The project-based rental assistance contract must be in place for a minimum of 5 years and must be a one hundred percent (100%) rent subsidy providing assistance equal to the established rent for the unit minus the tenant household’s financial contribution.

<b>Set-Aside Units Covered by a Project-Based Rental Assistance Contract</b>	
One Set-Aside Unit	3 points
Two Set-Aside Units	6 points
Three Set-Aside Units	9 points
Four Set-Aside Units	12 points

Describe efforts taken to date to inform residents and solicit neighborhood feedback/input on the proposed project. (5 points)

**SECTION 5 – 2022-2023 QAP SECTION 6 - SCORING NOT AVAILABLE IN THE SUPPORTIVE HOUSING FOR FAMILIES SET-ASIDE**

The following scoring categories are not available to Applicants that apply under the Supportive Housing for Families Set-Aside or request points under QAP Part A., Section 6.1.5 – Supportive Housing for Families. All scoring points received for categories set forth in this Appendix A will be included in the total project score only for competing within the Supportive Housing for Families Set-Aside. If a Project is not awarded under the Supportive Housing for Families Set-Aside, Appendix A scoring points will be excluded from the total project score. All other 2022-2023 QAP threshold and scoring items apply

**6.1.1 – Serves Lowest Income Residents**

**6.3.3.1 Federal Project-Based Rental Assistance**



**APPENDIX B  
LIHTC QUALIFIED CENSUS TRACTS (QCTS) AND DIFFICULT DEVELOPMENT AREAS (DDAS),  
RURAL COUNTIES, AND MAJOR DISASTER COUNTIES  
QCT & DDA's EFFECTIVE 1-1-2022**

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**SECTION 1 – QCTs AND DDAs**

**A. METRO QCTs**

**Ames MSA Story County**  
5.00, 7.00, 10.00, 11.00

**Cedar Rapids MSA Linn County**  
7.00, 10.03, 19.00,  
27.00

**Council Bluffs MSA  
Pottawattamie County**  
306.02, 307.00, 309.00,  
313.00

**Davenport MSA Scott County**  
106.00, 107.00, 108.00,  
109.00, 113.00, 125.01

**Des Moines-West Des  
Moines MSA  
Dallas County**  
503.00, 504.00

**Des Moines-West Des  
Moines MSA  
Polk County**  
1.01, 4.00, 11.00, 12.00,  
17.00, 21.00, 26.00, 29.00,  
39.01, 40.01, 42.00, 44.00,  
46.02, 47.02, 48.00, 49.00,  
50.00, 52.00

**Dubuque MSA Dubuque County**  
1.00, 5.00, 7.01

**Iowa City MSA Johnson County**  
3.02, 6.00, 11.00, 16.00,  
21.00, 23.00

**Sioux City MSA Woodbury County**  
8.00, 12.00, 13.00, 14.00,  
15.00, 36.00

**Waterloo-Cedar Falls MSA  
Black Hawk County**  
1.00, 3.00, 5.00, 7.00,  
8.00, 9.00, 16.00, 17.01,  
17.02, 18.00, 19.00, 23.03,  
23.04

**B. NON-METROPOLITAN STATISTICAL AREAS - QCT**

**Appanoose County**  
9503.00

**Clinton County**  
1.00

**Des Moines County**  
3.00, 4.00

**Floyd County**  
4804.00

**Jackson County**  
9506.00

**Lee County**  
4908.00, 4909.00, 4910.00

**Mahaska County**  
9507.00

**Marion County**  
305.00

**Monona County**  
9603.00

**Montgomery County**  
9603.00

**Muscatine County**  
510.00

**Page County**  
4902.00

**Wapello County**  
9602.00, 9605.00

**Webster County**  
4.00, 5.00, 7.00, 9.00

**C. DIFFICULT DEVELOPMENT AREAS (DDAs)**  
None



**SECTION 2 – RURAL COUNTIES**

**Rural:** Any city located in this state, except those located wholly within one or more of the eleven most populous counties in the state, as determined by the most recent population estimates issued by the United States Census Bureau. [Iowa Data Center - Population Estimates](#)

<b>The following are the 11 most populous counties in the state, as determined by the most recent population estimates issued by the United States Census Bureau and therefor are not considered Rural.</b>	
Polk	Story
Linn	Dubuque
Scott	Pottawattamie
Johnson	Dallas
Black Hawk	Warren
Woodbury	

**SECTION 3 – MAJOR DISASTER COUNTIES**

Counties that have been declared a major disaster by the president of the United States on or after January 1, 2021, and that is also a county in which individuals are eligible for federal individual assistance. FEMA Disaster Listings.

None	
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**SECTION 4 – Derecho Disaster Set-Aside – Iowa Severe Storms (DR-4557) (If funds available)**

<b>Derecho Disaster Set-Aside - Iowa Severe Storms (DR-4557)</b>				
Boone	Story	Polk	Jasper	Marshall
Tama	Poweshiek	Benton	Linn	Cedar
Scott	Clinton			





**APPENDIX C  
FEE SCHEDULE**

As stated in Section 3.8 – Fees, IFA shall collect the fees described below for the LIHTC Program. Electronic payment of the fees is required. An Application shall not be accepted unless the Application fee accompanies the Application. The reservation fee will be due within 30 calendar days after the Tax Credit Reservation Date. If the date that the reservation fee is due falls on a weekend or holiday, the fee is due on the next business day. The Carryover Allocation Agreement shall not be valid until the reservation fees are paid to IFA. If the reservation fee is not received, IFA may withdraw the Tax Credit Reservation from the Applicant. IFA will not issue an IRS Form 8609 until the initial compliance monitoring fee is paid in full. **All fees are nonrefundable.**

<b>Fee Type</b>	<b>All Applicants</b>
Market Study Fee	\$5,500 – Family/Older Persons Project located in one PMA. \$2,700 – Scattered Site Project for Family/Older Persons Project located in a separate PMA. \$1,650 – Scattered Site Project for Family/Older Persons Project located in a separate PMA but located within the same city.
Appraisal Fee	\$4,500 – Acquisition/Rehab Project \$3,500 – Land Value Only
Application Fee	\$2,750
Change in Application Fee	\$1,000 each time the Applicant submits a revised Application that changes the Tax Credit amount requested, or requests amendments or changes to the Application under Sections 8.2 – Changes to the Application after Award, 8.3 – Material Changes or 8.8 – Destruction of a Project Prior to Placement-in-Service.
Reservation Fee	One percent (1%) of the total 10-year Tax Credit amount.
Late Submission of the Carryover-Ten Percent (10%) Test Application	If a late submission of the Carryover-Ten Percent (10%) Test Application is allowed by IFA, the Applicant will be billed \$5,000. Approval of late submissions by the LIHTC Manager is required prior to either Application due date.
Filing of the LURA and LURA Amendments	The Applicant will be billed for the actual cost for filing of the LURA or LURA Amendments with the county that the Property(ies) is/are located.
IRS Form 8609 Application Fee	Eleven hundredths of one percent (.11%) of the total 10-year Tax Credit amount based on the IRS Form 8609 Application will be due prior to issuance of the IRS Form 8609.
Amended IRS Form 8609 Fee	\$1,000
Legal Fees	Legal fees incurred by IFA with respect to the Project will be assessed and billed to the Applicant.  Legal fees of IFA's in-house counsel will be billed at the rate of \$150 per hour. Legal fees of outside counsel will be billed at the rate charged to IFA.  Fees and expenses in cases of unsuccessful appeals will be assessed and billed to the Applicant.
Construction Monitoring Fees	A \$2,900 construction monitoring fee will be due with the Carryover-Ten Percent (10%) Test Application. If a Carryover-Ten Percent (10%) Test is not necessary, the construction monitoring fee will be due with the IRS Form 8609 Application.



Fees for Failed and Missed Inspections	<p>IFA will typically conduct five site visits consisting of four inspections and one preconstruction meeting. IFA may elect to conduct additional inspections at its discretion. There will be an additional \$500 fee for any re-inspection when one or more items failed the inspection and warrant a return visit to the site(s). Some potential reasons include, but not limited to, the following: (1) the site is not ready for the inspection requested; (2) items are in place that don't meet requirements for points in the application; (3) items are in place that don't meet threshold; (4) items that are missing; and (5) significant changes are in place that were not approved by IFA per Section 8.1.4.</p> <p>There will be an additional \$500 charge for any missed inspection or preconstruction meetings when IFA's construction analyst is not given 10 days advance notice (refer to QAP Part A., Section 8.1.6).</p>
Compliance Monitoring Fee	<p>\$32 per Unit x number of total Project Units; submitted annually on or before January 31 for each year of the Compliance Period and the Extended Use Period (if applicable). (Example: \$32 per Unit x 24-Unit Project = \$768.00 paid annually for 30 years.)</p> <p>Additional fees may apply if the Ownership Entity does not successfully elect to treat a Project as a multiple building Project on the IRS Form 8609, if eligible to do so.</p> <p>Annual rate increases may apply. Other fees as provided in the IFA compliance manual.</p> <p>The first annual payment shall be submitted with the IRS Form 8609 Application. The Ownership Entity has the option of paying the compliance monitoring fee in advance for the entire Compliance Period and the Extended Use Period (if applicable); however, additional fees may be assessed to the Property during the Compliance Period and Extended Use Period if annual rate increases are applied during that time.</p>



**APPENDIX D**  
**SENIOR LIVING REVOLVING LOAN FUND**

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**The Senior Living Revolving Loan is not available in 2022.**



## APPENDIX E HOME RENTAL WITH LIHTC REQUIREMENTS

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Both new construction and rehabilitation (including conversion and preservation) of rental Units are eligible activities. Transitional housing is also an eligible rental activity.

This loan program is available for Rural housing or Supportive Housing for Families Set-Aside Projects as defined in the 2022-23 QAP.

All HOME-assisted Units shall be rented to households with incomes at or below 80% of the Area Median Income (AMI). At initial occupancy, 90% of the Units shall be rented to households with incomes at or below 60% AMI and, for Projects with five or more HOME-assisted Units, at least 20% of the Units shall be rented to households with incomes at or below 50% AMI. A link to the AMI levels by county is on the IFA website.

All HOME-assisted Units must rent at the lesser of the area fair market rents established by HUD or at the high HOME rent limit. For Projects with five or more Units, 20% of the HOME-assisted Units shall rent at the lesser of the fair market rent or the low HOME rent limit. If tenants will pay their own utilities, then a utility allowance must be included in rent calculations.

HOME-assisted Units must remain affordable for a specific period. The affordability periods are 20 years for all newly constructed Units; 15 years for rehabilitated Units receiving over \$40,000 per Unit; 10 years for rehabilitated Units receiving \$15,000 to \$40,000; and 5 years for rehabilitated Units receiving less than \$15,000. Long-term affordability for rental activities must be secured by covenants and deed restrictions.

The maximum amount of HOME assistance per rental Unit is the HOME Maximum Per-Unit Subsidy Limit found on the IFA website. The maximum amount of HOME assistance per LIHTC Project is \$500,000. The minimum amount of HOME available this round is TBD.

Guidance provided by HUD concerning utility allowances for HOME-assisted Units requires that IFA provide or approve the utility allowance for any HOME-assisted Unit that is not required to utilize a utility allowance from another federal source. HOME does not allow the use of utility allowances provided by a local PHA. IFA is utilizing the HUD Utility Schedule Model as the method in which to comply with this rule change. IFA will provide the utility allowance to the property owner on at least an annual basis. The provided utility allowance is required to be used during its effective dates for gross rent calculations. To help minimize the number of utility allowances required for a property, IFA will also require that the utility allowance be applied to all LIHTC Units not required to utilize a utility allowance from another federal assistance program.

A HOME utility allowance shall be approved prior to issuance of the HOME Contract. Please refer to §92.252(d) in the HOME Rule and HOMEfires Volume 13, Number 2 for allowable methods of determining the tenant-paid utility allowance. The local Public Housing Authority utility allowance schedule, form HUD-52667, may be used in the LIHTC threshold application; however, projects with HUD or Rural Development project-based rental assistance contracts shall use the HUD or RD's utility allowance. **(Updated 3-28-22)**

The HOME Applicant shall obtain a Final Title Guaranty Owner Certificate on the real estate of the Project from the IFA's Iowa Title Guaranty Division prior to submittal of the IRS Form 8609 package. The Ownership Entity shall obtain, at a minimum, a Final Title Guaranty Certificate with an amount of coverage that is not less than the value of the land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project.

Compliance with HUD Environmental Noise Requirements (24 CFR Part 51, Subpart B). Applicants shall take into consideration the noise criteria and standards in the environmental review process (24 CFR Part 51, Subpart B) and consider corrective actions when noise sensitive land development is proposed in noise exposed areas. Noise Abatement and Control. The requirements set out in Section 51.104(a) are designed to ensure that noise sensitive projects do not have an interior noise level that exceeds the 45 decibels (dB) level established as a goal in Section 51.10 (a)(9). Complete the IFA form Exhibit H-22 Noise Abatement and Control, and if a noise sensitive condition exists for the project, a noise assessment that meets HUD federal requirements must be included in your application.

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Floodplain and wetland. HOME does not allow a Project to be located within a flood hazard area or a wetland. Include a FEMA FIRMette map to indicate that the Project site will not be within a flood hazard area and a wetland map showing the project site will not be within a wetland.

If a NEW construction project is funded, the project will also need to provide in the SHPO Packet an archeological desk review, at the time of the SHPO submittal. This is mentioned so that if a project is funded there may be additional time and funds required to get the archeological desk review completed. A project may want to include this in the Phase I request from the consultant. Further guidance will be provided if a new construction project is awarded funding.



**APPENDIX F  
TAX CREDIT CAP PER LIHTC UNIT**

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As stated in QAP Part A., Section 4.9 – Tax Credit Cap per LIHTC Unit, the maximum amount of Tax Credits per LIHTC Unit is limited.

<b>Acquisition/Rehab</b>	<b>Studio</b>	<b>1 Bedroom</b>	<b>2 Bedrooms</b>	<b>3 Bedrooms</b>	<b>4 Bedrooms</b>
	\$11,811	\$14,562	\$16,356	\$20,487	\$22,262

<b>New Construction –Adaptive/Reuse</b>	<b>Studio</b>	<b>1 Bedroom</b>	<b>2 Bedrooms</b>	<b>3 Bedrooms</b>	<b>4 Bedrooms</b>
	\$15,423	\$19,248	\$22,706	\$26,729	\$29,391

The Tax Credit Cap may be increased by the same percent as the basis boost amount requested, up to a maximum of thirty percent (30%). The \$880,000 Project Cap as set forth in QAP Part A., Section 2.3.2 may be increased up to fifty percent (50%) of the basis boost amount requested. The maximum Tax Credit award to any one Project shall be \$1,012,000 as a result of this increase in Eligible Basis.



## APPENDIX G INELIGIBILITY

**5.17 Ineligibility.** Significant Parties and Affiliates thereof are subject to being deemed ineligible to participate in the LIHTC Program as set forth below. IFA staff may reduce the ineligibility period as to any given Significant Party, under Sections 5.17.1.2, 5.17.2 and 5.17.3 if such reduction is deemed to be in the best interests of IFA and affordable housing.

**5.17.1 Period not Less Than Five Years.** The following Significant Parties and Affiliates thereof and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period not less than five years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to five years prior to the effective date hereof):

**5.17.1.1** Significant Parties and Affiliates thereof who have been convicted of, entered in an agreement for immunity from prosecution for, received a deferred judgment or suspended sentence or judgment for, or pled guilty, including a plea of no contest, to a crime including any of the following:

- fraud,
- tax fraud,
- embezzlement,
- bribery,
- payments of illegal gratuities,
- perjury,
- false statements,
- racketeering,
- blackmail,
- extortion,
- falsification or destruction of records, or
- a crime of violence related to any housing Project.

**5.17.2 Period not Less Than Three Years.** The following Significant Parties and Affiliates thereof and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than three years from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time (in determining ineligibility, IFA shall consider conduct occurring up to three years prior to the effective date hereof):

**5.17.2.1** Any Significant Party and any Affiliate thereof that intentionally or negligently misrepresents or omits any material fact in its LIHTC Application or in any other written communication with IFA.

**5.17.2.2** Any Significant Party and any Affiliate thereof that has an uncorrected default of any agreement between the Significant Party and IFA.

**5.17.2.3** Any Significant Party and any Affiliate thereof who has been removed as a General Partner/ managing member by the equity investor from any previously approved LIHTC Project in Iowa or any other state.

**5.17.2.4** Developers, Ownership Entities and the General Partners/managing members and any Affiliates thereof, or any other persons determined by IFA to have an Identity of Interest or of personnel with any thereof, for whose Project an incorrectly completed IRS Form 8609 was submitted. The Owner completed IRS Form 8609 shall match the terms agreed upon in the LURA.



**5.17.3 Period Not Less Than One Year.** The following Significant Parties and Affiliates thereof and the Projects with which they are associated shall be ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period of not less than one year from the date of determination of ineligibility; such parties may also be denied a Tax Credit Allocation at Carryover time

**5.17.3.1** Significant Parties and Affiliates thereof who have Materially Participated in any Project that has had unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assisted program, as determined by IFA. This includes parties with loans under any IFA program that are 60 days or more delinquent or have received more than two delinquency notifications in the previous 12-month period.

**5.17.3.2** Significant Parties and Affiliates thereof who have served as an officer, director, General Partner/managing member, accountant, architect, engineer, management agent, financial consultant, or any other consultant of any entity that has unsatisfactory performance, in Iowa or any other state, with a state-sponsored or housing-related assistance program, or under any agreement or loan, as determined by IFA. This includes entities with loans under any IFA program that are 60 days or more delinquent or have received more than two delinquency notifications in the previous 12-month period.

**5.17.3.3** Significant Parties and Affiliates thereof who have been declared ineligible or otherwise debarred from any housing-related assistance program by any Iowa state agency, by any LIHTC allocating agency of any other state, or by any federal agency.

**5.17.3.4** Developers, Ownership Entities and the General Partners/managing members, and any Affiliates thereof, and consultants or any other persons determined by IFA to have an Identity of Interest or of personnel with any thereof, who have Materially Participated in a Project for which Tax Credits awarded in a prior nine percent (9%) Tax Credit round were returned to IFA in the previous calendar year prior to the closing of such Project's equity investment. An Ownership Entity or Developer who returns excess Tax Credits at the time of the IRS Form 8609 issuance or returns four percent (4%) Tax Credits at any time, will not be disqualified from participating in the current Tax Credit funding round.

**5.17.3.5** RESERVED.

**5.17.3.6** Developers, Ownership Entities and the General Partners/managing, and any Affiliates members thereof, or any other persons determined by IFA to have an Identity of Interest or of personnel with any thereof, for whose project an IRS Form 8609 with Part II completed was not timely submitted to IFA.

**5.17.4 Period to be Determined by IFA.** The following Significant Parties and Affiliates thereof and the Projects with which they are associated may be deemed ineligible to participate in the LIHTC Program and shall not receive a Tax Credit Reservation for a period to be determined by IFA, based upon its review of all relevant facts, up to and including permanent debarment, and such Significant Parties and Affiliates thereof may be denied a Tax Credit Allocation at Carryover time or an IRS Form 8609 for the same period of time:

**5.17.4.1** Significant Parties and Affiliates thereof who have Materially Participated in a Project that has received from IFA or from any other state who have:





- 1) been issued an IRS Form 8823 or the equivalent State Issued Notice of Noncompliance on which a box in the column headed “Out of compliance” has been checked and the corresponding column headed “Noncompliance corrected” has not been checked, or;
- 2) not been issued a subsequent IRS Form 8823 or the equivalent State Issued Notice of Noncompliance on which a box in the column headed “Noncompliance corrected” has been checked, or;
- 3) a history of repeated or significant Tax Credit compliance deficiencies, even if such significant Tax Credit compliance deficiencies have not resulted in an uncorrected IRS Form 8823.

IFA may consider mitigating or aggravating factors such as the number of instances of noncompliance, whether the noncompliance has been corrected, the speed with which the Project was brought back into compliance, and the degree of Control the Significant Party or Affiliate thereof in question has over the out-of-compliance Project.

Applicants are encouraged to work with their own compliance personnel and with IFA’s compliance staff to correct any outstanding issues. If corrections cannot be completed, the Applicant shall submit a detailed account of any noteworthy compliance issues or uncorrected IRS Form 8823’s that have been issued with respect to properties associated with any Significant Parties and Affiliates thereof.

**5.17.4.2** Significant Parties and Affiliates thereof who fail to disclose any direct or indirect financial or other interest a member of the Project Qualified Development Team may have with another member of the Project Qualified Development Team or with the Project.

**5.17.4.3** An Applicant who fails to disclose all known members of the Project Qualified Development Team.

**5.17.4.4** Significant Parties and Affiliates thereof who have voluntarily agreed to be replaced as a General Partner/managing member of any previously approved LIHTC Project in Iowa or any other state as a result of performance issues.

**5.17.4.5** Significant Parties and Affiliates thereof who, within the past seven years, have filed for bankruptcy, or been a party to an adverse fair housing settlement, or an adverse civil rights settlement.

**5.17.4.6** Any syndicator, equity partner, private placement originator, limited partner or member of an LLC of a project from which, following the commencement of construction through the issuance of an IRS Form 8609, the purchaser of Tax Credit equity withdraws.



## APPENDIX H IOWA ROSE PROGRAM REQUIREMENTS

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### SECTION 1. INTRODUCTION

The Iowa Renter to Ownership Savings Equity (ROSE) Program (“Program”) is only for low-income tenants which are qualified under the LIHTC Program. This Program cannot be used in conjunction with State HOME Program funds. The Program has been established as an incubator to help tenants chosen for the Program (“Qualified Tenants”), move into homeownership. The Iowa Rose Program is for family projects (general population) only. Qualified Tenants will have the opportunity to buy their home of choice or to purchase the Qualified Tenant’s rental unit in the project after the initial lease period if the 15-year compliance period (“Compliance Period”) has ended pursuant to Internal Revenue Code (“IRC”) Section 42(h)(8)(1).

Every new Qualified Tenant that moves into a unit must have the Right of First Refusal.

The Program Owner will rent single-family homes located within a project to persons interested in first-time homeownership under the Program. A desire for homeownership and a demonstrated willingness to address obstacles in obtaining and owning a home will be the focus of tenant selection and the services offered to the tenant, as outlined below. The Program is intended to help Qualified Tenants gain knowledge, training, and savings to assist with home purchases.

### SECTION 2. PROGRAM REQUIREMENTS

- A. It is required for an owner to convert one or more rental units to homeownership. This conversion can take place at any time after the initial 15 year Compliance Period and during the Extended Use Period.
- B. Units may only be sold to income-eligible households; however, all existing tax-credit-qualified tenants may purchase their units, even if their income is currently above the tax credit income limit.
- C. If a tenant is unable or uninterested in purchasing their unit, they must be allowed to remain in their unit. They cannot be evicted or have their tenancy terminated unless the lease terms are violated. Tenants may voluntarily relocate to a comparable or better unit which is unoccupied at the time of Right of First Refusal. If a tenant elects to voluntarily relocate the cost moving is at the household’s expense.
- D. Because not all tenants may choose to purchase their units, Project owners must be prepared to continue operating rental units and participating in the ROSE Program savings accounts through the end of the Extended Use Period.
- E. The Owner shall adopt and present an Iowa ROSE homeownership plan, (“Plan”) in its Low-Income Housing Tax Credit (“LIHTC”) Allocation Application package. The Plan must demonstrate how the project will meet Program requirements and detail how the purchase price will be determined, including but not limited to the Qualified Tenant’s monthly anticipated mortgage payment and tenant-paid utilities at the end of the Compliance Period. When the project



is awarded tax credits the Plan will be included as an attachment to the Land Use Restrictive Covenants Agreement (“LURA”). This Homeownership Plan shall consider the following:

a) The Code Section 42(i)(7)(B)) mandates a Minimum Purchase Price for each unit sold to a qualified tenant exercising the ROFR. That price is the sum of:

(i) The principal amount of outstanding indebtedness secured by the building (other than indebtedness incurred within the 5-year period ending on the date of the sale to the tenants); and

(ii) All federal, state, and local taxes attributable to such a sale.

Except in the case of federal income taxes, any additional tax due as a result of (ii) is not included in calculating (ii).

b) Upon request, IFA in its sole discretion may agree to forgive all or a portion of any indebtedness owed to IFA and secured by the building but is under no obligation to do so.

c) The Maximum Purchase Price for any unit is the amount that is affordable to a household meeting the tax credit income restrictions applicable to that unit. Affordable shall mean that the purchase price of the unit shall be no more than three (3) times the annual income of the household of the purchaser.

F. Only detached single family homes, without an existing LURA, qualify for the ROSE program.

G. The Project shall be one hundred percent (100%) LIHTC.

H. All utilities shall be paid by the tenant.

I. The Owner will screen applicants per its tenant selection criteria and select tenants in conformity with the requirements of the LIHTC and ROSE Programs.

J. The Owner shall provide a prospective tenant a copy of Appendix H – Iowa ROSE Program Requirements. An acknowledgement of receipt will be obtained from an applicant accepted as a Qualified Tenant and maintained in the Qualified Tenant’s lease file.

K. The Owner shall offer at no cost to Qualified Tenants personal homeownership counseling sessions with a housing counselor and document the date, time, place and content of these sessions. A housing counselor shall be an Iowa licensed residential insurance agent, real estate agent, personal financial planner, residential banker or accountant. Sessions should include but are not limited to helping a Qualified Tenant:

1. Establish objectives in obtaining homeownership;
2. Review progress;
3. Identify areas of needed improvement; and
4. Create a timetable to complete objectives.



- L. The Owner shall offer at no cost to tenant's semi-annual property maintenance workshops and document the date, time, place and content of these workshops. Workshops should include but are not limited to helping a tenant:
1. Become familiar with electrical, heating and plumbing systems;
  2. Address problems identified in maintenance inspections;
  3. Recognize and teach seasonal preventative maintenance; and
  4. Develop home maintenance skills.
- M. Program Savings Account: In years 1 through 15 of the ROSE Program the Owner shall contribute a minimum of \$50 of the tenants monthly rent to a ROSE Program Savings Account ("Program Savings"). Should a tenant vacate the Unit, the accumulated balance in the Program Savings allocated to this tenant shall be returned to such tenant. Interest earned on the account shall go to the tenant, if any. The Program Savings is not a rental or security deposit. The landlord shall return savings to the tenant within 30 days from the date of termination of the tenancy.
- N. Owners shall provide a plan to sell the house to an existing LIHTC tenant at the end of the Compliance Period. At the completion of the Compliance Period, the Unit shall be offered to the current tenant in accordance with Internal Revenue Code 42(i)(7), the Owner's Iowa ROSE updated and approved homeownership plan and the requirements of the Iowa ROSE Program, Appendix H.
- O. The Owner shall provide a lease that specifies:
1. A Qualified Tenant shall be delivered notice of right of first refusal to purchase said Qualified Tenant's rental unit ("Right of First Refusal") six months before the end of the Compliance Period (15th year in the LIHTC Program); and
  2. A Qualified Tenant shall have the opportunity to participate in the Iowa ROSE Program and the Owner will deposit a Contribution (amount of Contribution) monthly on behalf of the tenants; and
  3. The Owner shall provide quarterly personal housing counseling sessions and semi-annual home maintenance workshops in which the tenants shall be encouraged to participate. Program Savings cannot be withheld from a Qualified Tenant for lack of attendance or non-participation in counseling or maintenance offerings; and
  4. Program Savings can be distributed prior to move-out if homeownership will be attained. Program Savings can be directly paid to the Qualified Tenant in obtaining homeownership. Evidence of purchase is required to release funds prior to the end of tenancy and this evidence must be documented in the tenant file; or
  5. A tenant has the right to be refunded Program Saving after tenancy ends. Program Savings will be returned within 30 days from the date of termination of the tenancy with receipt of the tenant's mailing address or delivery instructions for return. Documentation of the amount and date of return of the funds should be kept with the tenant file in accordance with file retention requirements.
- P. The Owner shall include with its annual compliance submission, the following:



1. A record of all monthly Program Savings deposits, distributions, and a copy of the last bank statement for the year reported.
  2. Documentation of the Program Savings account contributions, withdrawals and distributions must be available during compliance reviews or as requested by IFA at its discretion.
- Q. The Owner shall deliver by certified mail, return receipt requested, to a Qualified Tenant at least six months before, but no earlier than seven months before, the end of the Compliance Period, an enforceable written offer of Right of First Refusal. A Qualified Tenant shall have six months after such notice to accept or reject the offer and at least six months after the end of the Compliance Period to close on the Qualified Tenant's unit.
- R. The project shall not be eligible to request a Qualified Contract pursuant to IRC 42 (h)(6)(F).
- S. The Owner shall have a Capital Needs Assessment performed for the project by a third-party contractor and make improvements as needed prior to offering the units for sale to the Qualified Tenants. Any replacement reserves available will be used to make improvements. If the reserves are not sufficient, the Owner will provide other sources of funds to make the needed repairs. The Owner may retain any security deposit for tenant damages in accordance with state law.
- T. Before the Right of First Refusal is extended to the Qualified Tenants, the Owner shall provide IFA, for its approval:
1. An updated Homeownership Plan illustrating how the purchase price is being determined for each unit and attaching current market evidence of the Qualified Tenants' monthly anticipated mortgage payments and tenant-paid utilities. This updated Homeownership Plan must be submitted to IFA by the end of the first month in year 15 of the Compliance Period, to allow IFA time to review and approve the Homeownership Plan. This homeownership commitment must remain true to the tax credit program by ensuring that the opportunity for homeownership is directed at low-income households at an affordable price.
  2. Recorded parcels for each unit.
  3. Draft Condo Regime and Association documents, if required.
  4. Copies of Rights of First Refusal that were executed by current tenants at the time of initial lease.
  5. A detailed plan for units that are not purchased.
- U. After the Right of First Refusal is extended to the Qualified Tenants, the Owner shall provide IFA, for its review copies of executed Rights of First Refusal provided to each tenant to accept or reject homeownership.
- V. Upon the closing of the sale of any unit in the Project that is sold to a qualified tenant, IFA shall release its interest in the LURA as to that unit if the property is transferred free and clear of all other liens, encumbrances, and restrictions, all of the requirements of the Program are met, and the following documents have been provided to IFA for its review and approval:
1. Purchase Agreement between the Owner and the Qualified Tenant;
  2. Title Opinion prepared on behalf of the Qualified Tenant or its lender;



3. Closing statement for the sale of the unit to the Qualified Tenant;
- W. Any other document IFA deems necessary to verify that all of the requirements of this Program have been satisfied.
- X. The Owner shall be responsible for all project building and grounds maintenance until the unit is sold, including the supplies and labor incident to such maintenance.
- Y. During the Compliance Period the Owner shall provide Qualified Tenants with quarterly homeownership bulletins, that may include but not limited to topics such as:
1. Homeownership programs and opportunities;
  2. Home purchase financing options;
  3. Home maintenance and landscaping techniques;
  4. Successful homeowner profiles;
  5. News from neighborhood organizations; and
  6. Budget and consumer tips.

### **Financing Homeownership Resources**

The Iowa Finance Authority (IFA) offers a variety of programs for first mortgage financing and down payment and closing cost assistance.

Other programs for individuals interested in purchasing their first home are available through various resources, including but not limited to:

Department of Housing and Urban Development (HUD)  
Rural Development  
Federal Home Loan Bank  
Department of Veteran's Affairs

The best way to determine the most suitable program is for each purchaser to contact a local lender.

IFA has a network of lenders across the state who work with our programs as well as offer other financing programs.



## THE TENANT ACKNOWLEDGMENT AND UNDERSTANDING OF THE IOWA ROSE PROGRAM REQUIREMENTS

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Acknowledgment and understanding with respect to the Iowa ROSE Program is entered into by and between Owner and Qualified Tenant(s) listed below. A "Qualified Tenant" is the Head of Household and/or Co-Head of Household.

Owner Entity Name:

Owner Contact Name:

Authorized Agent for the Owner:

Title:

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Date:

If an accommodation for a disability is needed, an accommodation request should be submitted in writing to the Owner. (If an accommodation request is provided orally, the Owner must document the request in writing, including the person making the request, what accommodation was requested, and date of the request).

By Qualified Tenant(s):

Printed Name:

Date:

\_\_\_\_\_  
Signature

Printed Name:

Date:

\_\_\_\_\_  
Signature

A copy of this fully executed Acknowledgment and Understanding shall be kept in the tenant file.



## APPENDIX I IOWA OPPORTUNITY INDEX CENSUS TRACTS

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The “high” and “very high” opportunity areas were calculated as part of the State of Iowa’s Analysis of Impediments to Fair Housing Choice. IFA and IEDA are required to conduct such an analysis because both agencies administer HUD funding. One of the components of the Analysis is to identify Opportunity Areas.

HUD adapted the Communities of Opportunity model to calculate opportunity index scores for each census block group on several dimensions. Each dimension analyzed for Iowa’s Analysis of Impediments to Fair Housing Choice includes a collection of variables describing conditions for each census tract in the State.

- **Labor Market Engagement** measures the level of employment, labor force participation, and educational attainment in each neighborhood to describe its local human capital.
- **Job Access** gives each census tract a score based on distance to all job locations, weighting larger employment centers more heavily. The distance from any single job location is positively weighted by the number of job opportunities at that location and inversely weighted by the labor supply (competition) of the location.
- **School Proficiency** uses school-level data on the performance of 4th grade students on state exams to describe which neighborhoods have high-performing elementary schools nearby. Rates of proficient scores for both the reading and math exams are combined into one overall score for each school district.

The objective of pinpointing Opportunity Areas is to identify places that are good locations for investment that may not have been selected based on other criteria. This identification allows for balance investment across neighborhoods that offer opportunities and advantages for families.





As stated in QAP Part A., Section 6.2.3 – Iowa Opportunity Index Census Tracts, Projects located in a census tract that is identified as a very high or high opportunity area as shown in Appendix I – Iowa Opportunity Index in the Application Package.

Very High Opportunity Area	3 points
High Opportunity Area	2 points

If a Scattered Site Project, all building addresses shall be located in a qualifying opportunity index census tract to be eligible for points. If buildings are in different categories of qualifying opportunity index census tracts, the lesser points shall be awarded.

HIGH	
County	Census Tract
Allamakee County	9603.00
Audubon County	702.00
Black Hawk County	25.00
Black Hawk County	24.00
Black Hawk County	26.01
Black Hawk County	23.01
Black Hawk County	23.04
Black Hawk County	26.03
Boone County	201.00
Bremer County	42.00
Bremer County	40.00
Bremer County	41.00
Buchanan County	9504.00
Buchanan County	9505.00
Buena Vista County	9601.00
Calhoun County	9504.00
Carroll County	9604.00
Carroll County	9603.00
Cass County	1905.00
Cerro Gordo County	9507.00
Cherokee County	801.00
Chickasaw County	704.00
Clay County	803.00
Clinton County	9.00
Clinton County	6.00
Clinton County	5.00
Clinton County	4.00
Dallas County	508.05
Dallas County	508.09
Dallas County	508.12
Dallas County	508.03
Dallas County	508.07
Delaware County	9503.00
Des Moines County	9.00

HIGH	
County	Census Tract
Dickinson County	4505.00
Dickinson County	4511.00
Dubuque County	12.04
Dubuque County	12.05
Dubuque County	8.01
Dubuque County	105.00
Dubuque County	101.04
Fayette County	801.00
Fremont County	9701.00
Hamilton County	9602.00
Hancock County	2701.00
Humboldt County	9704.00
Humboldt County	9703.00
Ida County	903.00
Iowa County	9604.00
Johnson County	3.01
Johnson County	23.00
Johnson County	4.00
Johnson County	6.00
Johnson County	1.00
Johnson County	15.00
Johnson County	13.00
Johnson County	3.02
Kossuth County	9505.00
Kossuth County	9504.00
Linn County	2.07
Linn County	9.01
Linn County	30.02
Linn County	2.03
Linn County	9.02
Linn County	2.05
Linn County	2.06
Lyon County	9502.00



HIGH	
County	Census Tract
Lyon County	9503.00
Marion County	302.00
Marion County	303.00
O'Brien County	4903.00
Osceola County	4601.00
Plymouth County	9702.00
Polk County	110.26
Polk County	111.13
Polk County	104.07
Polk County	117.01
Polk County	102.12
Polk County	113.00
Polk County	110.28
Polk County	104.04
Polk County	111.12
Polk County	110.27
Polk County	110.21
Polk County	114.04
Polk County	102.03
Polk County	101.02
Polk County	40.04
Polk County	112.06
Polk County	32.00
Polk County	102.11
Polk County	41.00
Polk County	111.14
Poweshiek County	3703.00
Sac County	804.00
Scott County	136.00
Scott County	137.02
Scott County	102.01

HIGH	
County	Census Tract
Scott County	137.06
Scott County	137.05
Scott County	131.00
Scott County	132.00
Scott County	129.02
Scott County	102.02
Scott County	129.01
Scott County	101.02
Shelby County	9603.00
Sioux County	707.00
Sioux County	702.00
Sioux County	701.00
Sioux County	705.00
Sioux County	703.00
Story County	10.00
Story County	4.00
Story County	2.00
Story County	1.00
Story County	3.00
Story County	106.00
Story County	12.00
Story County	11.00
Story County	13.01
Story County	103.00
Wayne County	701.00
Winneshiek County	9503.00
Winneshiek County	9502.00
Woodbury County	9402.00
Woodbury County	33.00

VERY HIGH	
County	Census Tract
Dallas County	508.11
Polk County	112.03
Polk County	104.06
Polk County	117.02

VERY HIGH	
County	Census Tract
Scott County	137.03
Sioux County	706.00
Story County	13.02
Story County	9.00



## APPENDIX J BUILDING STANDARDS

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Preliminary site plan and floor plans are to be submitted with the Application to IFA. The Applicant shall meet local, state, and federal standards that apply to the Project.

1. 2015 International Building Code adopted and published by the International Code Council.
2. 2015 International Existing Building Code adopted and published by the International Code Council.
3. 2015 International Residential Code adopted and published by the International Code Council (excepting paragraphs R313.1 and R313.2; sprinklers are not required in single family or townhomes separated by 2 hr. fire walls).
4. 2015 International Fire Code adopted and published by the International Code Council.
5. 2015 International Mechanical Code adopted and published by the International Code Council.
6. 2012 Uniform Plumbing Code adopted by the International Association of Plumbing and Mechanical Officials.
7. 2014 National Electric Code adopted by the National Electrical Code Committee and published by the National Fire Protection Association, Inc.
8. 2015 International Energy Conservation Code adopted by the International Code Council.
9. Iowa Administrative Code, including but not limited to the following Chapters: 300 (Administration), 301 (General Provisions), 302 (Accessibility of Building), 303 (Energy Conservation), and 350 (State Historic Building), and 25 (State Plumbing Code).
10. Uniform Federal Accessibility Standards provided in 24 CFR Part 8 and delineated in the American National Standards Institute Standard 2007 A117.1.
11. The Americans with Disabilities Act 1990 provided by the Federal Department of Justice.
12. The Federal Fair Housing Act of 1988 including Title VI of the Civil Rights Act of 1964, Section 109 of the Housing and Community Development Act of 1974, Title VIII of the Civil Rights Act of 1968, Section 3 of the Housing and Urban Development Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973.
13. For adaptive reuse/rehabilitation, the Lead Base Paint Poisoning Prevention Act, the Department of Housing and Urban Development (HUD) Guidelines for the Evaluation and Control of Lead Based Paint Hazards, Environmental Protection Administration (EPA) and Occupational Safety and Health Act (OSHA) provisions shall apply when applicable.
14. For adaptive reuse/rehabilitation, if applicable, State Historic Preservation Office (SHPO) clearance Section 106 of the National Historic Preservation Act, 36 CFR Part 800 for Projects receiving any direct federal funding (HOME or categorical grant) or affecting properties listed in the National Register of Historic Places, or in a designated historic preservation district or zone.



## APPENDIX K AUTHORIZED SIGNOR(S)

### A. APPLICABILITY

Within 30 days of the Reservation Date, awarded Projects shall submit authorized signor documentation for the Ownership Entity and the General Partner(s)/Managing Member(s) to IFA through the on-line Application.

1. Complete an Exhibit 14Ta for the Project's Ownership Entity and upload one (1) pdf document of Exhibit 14Ta to the Exhibits Tab in the on-line Application. The pdf shall include:
  - Completed and signed Exhibit 14Ta of this Appendix K;
  - An updated organizational chart. The organizational chart must show the entities, along with the signor(s) and titles of all individuals authorized to legally sign the LIHTC Carryover Allocation Agreement, Land Use Restrictive Covenants Agreement (LURA), and any other required LIHTC program document for the Ownership Entity and General Partner(s)/Managing Member(s); and
  - Supporting documentation (refer to Section B below)
2. Complete an Exhibit 14Tb for the General Partner(s)/Managing Member(s) and upload one (1) pdf document to the Exhibits Tab in the on-line Application. The pdf shall include:
  - Completed and signed Exhibit(s) 14Tb of this Appendix K; and
  - Supporting documentation (refer to Section B below)

### B. GUIDANCE

The following is provided for reference purposes only and is not intended to provide an all-inclusive listing of documents for authorizing signor(s). If uncertain what document(s) provide signatory authorization, seek the service of an attorney.

1. Examples
  - Articles of Incorporation
  - Board Resolution
  - Operating Agreement
  - Partnership Agreement
  - Secretary's Certificate

<b>Ownership Entity Name</b>	OE 1, LP		<ul style="list-style-type: none"> <li>• Provide the limited partnership agreement &amp; any related documents supporting authorized signors for the Ownership Entity.</li> </ul>
<b>GP/MM Name(s)</b>	GP 17, LLC	General Partner of Owner	<ul style="list-style-type: none"> <li>• Provide the operating agreement, along with documentation of member or manager action(s) for authorizing signors of the general partner (if applicable).</li> </ul>
	MM Group, LLC	Managing Member of General Partner	<ul style="list-style-type: none"> <li>• Provide the operating agreement, along with documentation of member or manager action(s) for authorizing signors of the general partner (if applicable).</li> </ul>
	Managers, Inc.	Managing Member of Managing Member of GP	<ul style="list-style-type: none"> <li>• Articles of Incorporation, along with the board resolution or secretary's certification or other organizational document showing authorization of signor(s).</li> </ul>



2. Reminders

- If a document grants assignment rights or power of attorney, documentation of such shall be provided to IFA.
- If the authorizing document lists multiple authorized signors, the required number of signors should be clear for each type of authorization.
- If an election of managers or officers is required, documentation of the election shall be provided to IFA.
- It is the responsibility of each Applicant to ensure that authorized signor(s) and supporting documentation is updated in the on-line Application.



EXHIBIT 14TA

Ownership Entity - Authorized Representative and Signatory Certification

LIHTC Project Number and LIHTC Project Name ("PROJECT"): \_\_\_\_\_, \_\_\_\_\_

LIHTC Project Ownership Entity Name ("Ownership Entity"): \_\_\_\_\_

**Check the applicable box, complete, and sign.**

Dated this \_\_\_\_\_ day of Insert Month, 2022, I, Insert Name, certify that I am legally authorized to act as a representative and signatory of Insert GP/MM Name, the Insert GP or MM of the Ownership Entity and can legally execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the Ownership Entity of the above listed Project.

The organizational chart and supporting documents are attached.

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

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

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

OR

Dated this \_\_\_\_\_ day of Insert Month, 2022, we, Insert Names, certify that Insert Number (2 or more) authorized signatures are required to execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the Ownership Entity of the above listed Project, and that we are legally authorized to act as representatives and signatories of Insert GP/MM Name, the Insert GP/MM of the Ownership Entity of the above listed Project.

The organizational chart and supporting documents are attached.

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

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

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

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

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

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

STATE OF \_\_\_\_\_ }  
  } ss.  
COUNTY OF \_\_\_\_\_ }

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_

(SEAL)

Notary Public



EXHIBIT 14TB

**General Partner/Managing Member - Authorized Representative and Signatory  
Certification**

LIHTC Project Number and LIHTC Project Name ("PROJECT"): \_\_\_\_\_, \_\_\_\_\_

LIHTC Project Ownership Entity Name: \_\_\_\_\_

General Partner/Managing Member ("GP/MM") Name: \_\_\_\_\_

***Check the applicable box, complete and sign.***

Dated this \_\_\_\_\_ day of Insert Month, 2022, I, Insert Name, certify that I am legally authorized to act as the representative and signatory of Insert GP/MM Name, the Insert Role such as Sole Member, GP or MM, etc. of \_\_\_\_\_, and can legally execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents on behalf of the above listed GP/MM and Ownership Entity.

The supporting documents are attached.

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

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

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

**OR**

Dated this \_\_\_\_\_ day of Insert Month, 2022, we, Insert Names, certify that Insert Number (2 or more) authorized signatures are required to execute the LIHTC Carryover Allocation Agreement, LURA, and other program documents for Insert GP/MM Name, the Insert Role such as Sole Member, GP, or MM, etc. of \_\_\_\_\_, and that we are legally authorized to act as representatives and signatories of the above listed GP/MM and Ownership Entity.

The supporting documents are attached.

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

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

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

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

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

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

STATE OF \_\_\_\_\_ }  
                                      } ss.  
COUNTY OF \_\_\_\_\_ }

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by \_\_\_\_\_.

My commission expires: \_\_\_\_\_

(SEAL)

Notary Public



## Appendix L Underserved Cities

QAP Part A., Section 6.2.4 Acquisition Rehab/Rehab Projects located in a city that has been underserved. An award of Tax Credits includes a supplemental Tax Credit award. Cities will not be excluded if a Project located in a city received an award of Tax Credits with the applicable timeframe, but later returned the entire tax credit award.

For a Scattered Site Project, all building addresses shall be located in the applicable underserved city.

---

**Effective Date: 11-1-2021**

**Acquisition Rehab/Rehab Projects NOT located in one of the following 33 cities that received an award of Tax Credits in the last four (4) years (2 points):**

Ankeny	Boone	Cedar Rapids	Clinton	Coralville
Council Bluffs	Davenport	Des Moines	DeWitt	Dubuque
Fairfield	Grimes	Grinnell	Harlan	Indianola
Iowa City	Johnston	Marion	Marshalltown	Muscatine
Newton	North Liberty	Norwalk	Pella	Pleasant Hill
Red Oak	Shenandoah	Sioux City	Spencer	Urbandale
Waterloo	West Des Moines	Wilton		

**Acquisition Rehab/Rehab Projects NOT located in one of the following 19 cities that received an award of Tax Credits in the last two (2) years (1 point):**

Boone	Cedar Rapids	Clinton	Coralville	Council Bluffs
Davenport	Des Moines	DeWitt	Dubuque	Grinnell
Indianola	Johnston	Marion	Marshalltown	Muscatine
Pleasant Hill	Shenandoah	West Des Moines	Wilton	





## APPENDIX M DENSITY

Projects that are located in a census tract that has a low percentage of LIHTC Units Placed-In-Service compared to the total number of households.

0% LIHTC Units	4 points
Between 0.01% to 5.23% LIHTC Units per household.	2 points
Between 5.24% and 11.60% LIHTC Units per household.	1 point
Greater than 11.61% LIHTC Units per household.	0 points

The percentage is calculated by the number of LIHTC Units Placed-in-Service in the census tract divided by the number of households in the census tract. This calculation determines eligibility for scoring points for each census tract.

<b>4 POINTS</b>
<b>All other census tracts not listed in Appendix M.</b>

2 POINTS	
County Name	Census Tract
Adair	9601.00
Appanoose	9503.00
Black Hawk	3.00
Black Hawk	15.02
Black Hawk	20.00
Black Hawk	25.00
Black Hawk	26.03
Black Hawk	29.02
Boone	202.00
Bremer	41.00
Bremer	42.00
Buchanan	9504.00
Buena Vista	9604.00
Buena Vista	9605.00
Butler	704.00
Calhoun	9501.00
Calhoun	9504.00
Carroll	9601.00

2 POINTS	
County Name	Census Tract
Carroll	9603.00
Cass	1904.00
Cedar	4503.00
Cerro Gordo	9503.00
Cerro Gordo	9504.02
Cerro Gordo	9508.00
Cherokee	801.00
Clarke	9601.00
Clay	801.00
Clay	803.00
Clayton	701.00
Clayton	702.00
Clinton	3.00
Clinton	4.00
Clinton	5.00
Clinton	6.00
Clinton	7.00
Clinton	9.00

2 POINTS	
County Name	Census Tract
Crawford	704.00
Dallas	504.00
Dallas	507.00
Dallas	509.01
Decatur	9602.00
Delaware	9503.00
Des Moines	7.00
Dickinson	4502.00
Dickinson	4505.00
Dickinson	4511.00
Dubuque	5.00
Dubuque	7.01
Dubuque	8.02
Dubuque	11.01
Dubuque	11.02
Dubuque	12.05
Dubuque	102.01
Emmet	703.00
Fayette	801.00



2 POINTS	
County Name	Census Tract
Franklin	3602.00
Greene	803.00
Grundy	9603.00
Guthrie	9501.00
Hamilton	9603.00
Hamilton	9604.00
Hardin	4802.00
Hardin	4803.00
Harrison	2901.00
Harrison	2902.00
Harrison	2903.00
Henry	9703.00
Howard	9601.00
Humboldt	9704.00
Ida	903.00
Iowa	9602.00
Iowa	9604.00
Jackson	9505.00
Jackson	9506.00
Jasper	401.00
Jasper	402.00
Jasper	404.00
Jasper	407.00
Jasper	408.00
Jefferson	903.00
Jefferson	904.00
Johnson	1.00
Johnson	3.02
Johnson	14.00
Johnson	16.00
Johnson	18.01
Johnson	18.02
Johnson	103.02
Johnson	105.00
Kossuth	9505.00
Lee	4903.00
Lee	4906.00

2 POINTS	
County Name	Census Tract
Linn	1.00
Linn	3.00
Linn	5.00
Linn	9.01
Linn	10.01
Linn	11.02
Linn	26.00
Linn	29.00
Linn	30.01
Linn	30.02
Linn	102.00
Linn	105.00
Linn	107.00
Linn	108.00
Louisa	4502.00
Madison	601.00
Madison	602.00
Mahaska	9506.00
Marion	301.00
Marion	302.00
Marion	304.01
Marion	304.02
Marshall	9502.00
Marshall	9504.00
Marshall	9506.00
Marshall	9509.00
Marshall	9510.00
Mitchell	5603.00
Monona	9603.00
Montgomery	9603.00
Muscatine	506.00
Muscatine	507.00
Muscatine	509.00
O'Brien	4901.00
O'Brien	4903.00
Osceola	4601.00
Page	4904.00

2 POINTS	
County Name	Census Tract
Palo Alto	9602.00
Palo Alto	9603.00
Plymouth	9701.00
Plymouth	9702.00
Polk	8.01
Polk	11.00
Polk	29.00
Polk	39.01
Polk	44.00
Polk	47.01
Polk	101.02
Polk	102.03
Polk	102.05
Polk	102.09
Polk	104.08
Polk	106.00
Polk	107.02
Polk	111.12
Polk	113.00
Pottawattamie	217.01
Pottawattamie	303.00
Pottawattamie	310.00
Pottawattamie	313.00
Pottawattamie	317.00
Poweshiek	3703.00
Sac	802.00
Sac	804.00
Scott	101.02
Scott	112.00
Scott	128.02
Scott	137.02
Sioux	702.00
Sioux	704.00
Sioux	706.00
Sioux	707.00



2 POINTS	
County Name	Census Tract
Story	9.00
Story	10.00
Story	13.01
Story	103.00
Story	106.00
Tama	2905.00
Taylor	1801.00
Union	1901.00
Union	1902.00
Union	1904.00

2 POINTS	
County Name	Census Tract
Wapello	9604.00
Wapello	9605.00
Warren	202.00
Washington	9604.00
Webster	1.00
Webster	2.00
Winnebago	6801.00
Winnebago	6803.00
Winneshiek	9502.00
Winneshiek	9503.00

2 POINTS	
County Name	Census Tract
Woodbury	2.00
Woodbury	6.00
Woodbury	8.00
Woodbury	11.00
Woodbury	14.00
Woodbury	18.00
Woodbury	21.02
Woodbury	32.00
Wright	6803.00
Wright	6805.00

1 POINT	
County Name	Census Tract
Black Hawk	15.01
Black Hawk	17.01
Black Hawk	19.00
Boone	203.00
Cerro Gordo	9502.00
Clay	802.00
Clinton	1.00
Dallas	503.00
Dallas	508.07
Des Moines	4.00
Dubuque	1.00
Dubuque	12.04
Jasper	403.00
Jasper	405.00
Lee	4901.00
Lee	4908.00
Lee	4909.00
Linn	2.07
Linn	10.03
Linn	24.00

1 POINT	
County Name	Census Tract
Mahaska	9505.00
Mahaska	9507.00
Marshall	9505.00
Muscatine	505.00
Polk	3.00
Polk	12.00
Polk	17.00
Polk	26.00
Polk	39.02
Polk	42.00
Polk	46.02
Polk	52.00
Polk	107.05
Polk	107.06
Polk	108.02
Polk	108.03
Polk	110.27
Polk	111.11
Polk	114.04

1 POINT	
County Name	Census Tract
Pottawattamie	304.01
Pottawattamie	318.00
Poweshiek	3704.00
Scott	106.00
Scott	118.00
Scott	125.01
Scott	130.00
Scott	137.05
Shelby	9604.00
Wapello	9602.00
Warren	201.00
Woodbury	7.00



0 POINTS	
County Name	Census Tract
Black Hawk	1.00
Black Hawk	9.00
Black Hawk	18.00
Dallas	508.12
Des Moines	3.00
Dubuque	12.01
Johnson	4.00
Linn	19.00
Linn	22.00
Linn	27.00

0 POINTS	
County Name	Census Tract
Polk	1.01
Polk	7.01
Polk	27.00
Polk	40.01
Polk	47.02
Polk	49.00
Polk	50.00
Polk	51.00
Pottawattamie	302.00
Pottawattamie	309.00
Pottawattamie	314.00

0 POINTS	
County Name	Census Tract
Scott	108.00
Scott	109.00
Scott	113.00
Scott	126.02
Scott	129.01
Webster	7.00
Woodbury	13.00
Woodbury	15.00
Woodbury	36.00



**APPENDIX N**  
**RENT BURDENED HOUSEHOLDS**

Projects located in a census tract where an above average number of renter households are spending more than forty percent (40%) of their income on housing costs. In addition, Projects shall have received the full ten points in Section 6.1.2 – Rent Reduction to be eligible to receive the three (3) points in this section.

If a Scattered Site Project, all building addresses shall be listed in qualifying census tracts to be eligible for points.

County Name	Census Tract
Adair	9601.00
Audubon	702.00
Benton	9601.00
Benton	9607.00
Black Hawk	1.00
Black Hawk	2.00
Black Hawk	3.00
Black Hawk	7.00
Black Hawk	9.00
Black Hawk	10.00
Black Hawk	13.01
Black Hawk	14.00
Black Hawk	15.02
Black Hawk	15.03
Black Hawk	16.00
Black Hawk	17.01
Black Hawk	17.02
Black Hawk	18.00
Black Hawk	19.00
Black Hawk	20.00
Black Hawk	23.01
Black Hawk	23.03
Black Hawk	23.04
Black Hawk	24.00
Black Hawk	26.03
Black Hawk	26.04
Black Hawk	29.01
Black Hawk	30.01

County Name	Census Tract
Boone	203.00
Boone	206.00
Boone	207.00
Bremer	40.00
Bremer	42.00
Bremer	43.00
Bremer	46.00
Buchanan	9503.00
Calhoun	9501.00
Calhoun	9502.00
Calhoun	9504.00
Carroll	9603.00
Carroll	9604.00
Carroll	9605.00
Carroll	9606.00
Cass	1904.00
Cerro Gordo	9501.02
Cerro Gordo	9503.00
Cerro Gordo	9514.00
Cerro Gordo	9516.00
Chickasaw	704.00
Clarke	9601.00
Clarke	9602.00
Clay	802.00
Clay	803.00
Clayton	701.00
Clayton	702.00

County Name	Census Tract
Clinton	1.00
Clinton	3.00
Clinton	6.00
Clinton	7.00
Clinton	8.00
Clinton	9.00
Dallas	501.00
Dallas	504.00
Dallas	506.00
Dallas	507.00
Dallas	508.09
Dallas	508.12
Davis	802.00
Decatur	9602.00
Decatur	9603.00
Delaware	9503.00
Des Moines	2.00
Des Moines	3.00
Des Moines	4.00
Des Moines	5.00
Des Moines	6.00
Des Moines	8.00
Des Moines	12.00
Dickinson	4505.00
Dickinson	4508.00
Dickinson	4511.00



County Name	Census Tract
Dubuque	3.00
Dubuque	4.00
Dubuque	5.00
Dubuque	6.00
Dubuque	7.01
Dubuque	7.02
Dubuque	8.01
Dubuque	8.02
Dubuque	9.00
Dubuque	11.01
Dubuque	11.02
Dubuque	12.01
Dubuque	12.04
Dubuque	12.05
Dubuque	101.03
Dubuque	101.05
Dubuque	106.00
Emmet	701.00
Emmet	704.00
Fayette	801.00
Fayette	802.00
Fayette	805.00
Fayette	806.00
Floyd	4804.00
Floyd	4805.00
Franklin	3601.00
Fremont	9702.00
Greene	801.00
Greene	803.00
Grundy	9603.00
Guthrie	9503.00
Hamilton	9604.00
Hancock	2702.00
Henry	9702.00
Henry	9703.00
Henry	9704.00
Howard	9601.00
Humboldt	9703.00
Iowa	9602.00

County Name	Census Tract
Jackson	9504.00
Jackson	9505.00
Jackson	9506.00
Jasper	401.00
Jasper	403.00
Jasper	405.00
Jefferson	903.00
Jefferson	904.00
Johnson	1.00
Johnson	2.00
Johnson	3.01
Johnson	3.02
Johnson	4.00
Johnson	5.00
Johnson	6.00
Johnson	11.00
Johnson	12.00
Johnson	13.00
Johnson	14.00
Johnson	15.00
Johnson	16.00
Johnson	17.00
Johnson	18.01
Johnson	18.02
Johnson	21.00
Johnson	23.00
Johnson	105.00
Jones	704.00
Jones	705.00
Keokuk	801.00
Keokuk	803.00
Kossuth	9501.00
Kossuth	9506.00
Lee	4901.00
Lee	4902.00
Lee	4906.00
Lee	4908.00
Lee	4909.00
Lee	4910.00

County Name	Census Tract
Linn	1.00
Linn	2.01
Linn	2.05
Linn	3.00
Linn	4.00
Linn	5.00
Linn	6.00
Linn	7.00
Linn	8.00
Linn	9.02
Linn	11.01
Linn	12.00
Linn	13.00
Linn	14.00
Linn	15.00
Linn	19.00
Linn	22.00
Linn	23.00
Linn	25.00
Linn	26.00
Linn	30.02
Linn	106.00
Madison	601.00
Madison	602.00
Mahaska	9505.00
Mahaska	9506.00
Mahaska	9507.00
Marion	301.00
Marion	302.00
Marion	303.00
Marion	305.00
Marion	306.00
Marshall	9507.00
Marshall	9510.00
Mills	402.02
Mills	403.01
Mills	403.02
Monona	9603.00
Monroe	702.00

2022 Round



County Name	Census Tract
Montgomery	9602.00
Montgomery	9603.00
Muscatine	505.00
Muscatine	508.00
Muscatine	509.00
Muscatine	510.00
O'Brien	4903.00
Osceola	4601.00
Page	4902.00
Page	4905.00
Pocahontas	7801.00
Polk	1.01
Polk	1.02
Polk	2.01
Polk	3.00
Polk	7.01
Polk	7.03
Polk	7.04
Polk	8.03
Polk	9.01
Polk	10.00
Polk	11.00
Polk	12.00
Polk	17.00
Polk	18.00
Polk	19.00
Polk	21.00
Polk	26.00
Polk	28.00
Polk	29.00
Polk	30.01
Polk	30.02
Polk	32.00
Polk	39.01
Polk	39.02
Polk	40.01
Polk	40.04
Polk	43.00
Polk	44.00

County Name	Census Tract
Polk	45.01
Polk	46.02
Polk	46.03
Polk	47.01
Polk	47.02
Polk	48.00
Polk	49.00
Polk	50.00
Polk	52.00
Polk	101.01
Polk	102.08
Polk	102.11
Polk	102.12
Polk	104.05
Polk	104.07
Polk	104.08
Polk	107.02
Polk	107.05
Polk	108.03
Polk	110.26
Polk	111.12
Polk	112.01
Polk	112.05
Polk	112.06
Polk	113.00
Pottawattamie	215.01
Pottawattamie	215.02
Pottawattamie	302.00
Pottawattamie	303.00
Pottawattamie	304.01
Pottawattamie	304.02
Pottawattamie	305.01
Pottawattamie	306.01
Pottawattamie	306.02
Pottawattamie	307.00
Pottawattamie	309.00
Pottawattamie	311.00
Pottawattamie	312.00
Pottawattamie	314.00

County Name	Census Tract
Pottawattamie	317.00
Pottawattamie	318.00
Poweshiek	3703.00
Ringgold	9502.00
Scott	101.01
Scott	102.01
Scott	102.02
Scott	106.00
Scott	107.00
Scott	108.00
Scott	110.00
Scott	112.00
Scott	113.00
Scott	115.00
Scott	116.00
Scott	117.00
Scott	118.00
Scott	119.00
Scott	120.00
Scott	121.00
Scott	122.00
Scott	123.00
Scott	124.00
Scott	125.01
Scott	125.02
Scott	126.01
Scott	126.02
Scott	127.01
Scott	127.02
Scott	128.01
Scott	129.01
Scott	132.00
Scott	133.00
Scott	134.00
Scott	135.00
Scott	136.00
Scott	137.06
Shelby	9604.00
Sioux	707.00



County Name	Census Tract
Story	2.00
Story	3.00
Story	4.00
Story	5.00
Story	6.00
Story	7.00
Story	8.00
Story	9.00
Story	10.00
Story	11.00
Story	13.01
Story	101.00
Story	106.00
Wapello	9602.00
Wapello	9604.00
Wapello	9606.00
Wapello	9607.00
Wapello	9608.00
Wapello	9609.00

County Name	Census Tract
Warren	201.00
Warren	202.00
Warren	206.00
Warren	207.00
Warren	208.00
Warren	209.00
Warren	210.00
Warren	211.00
Washington	9603.00
Washington	9604.00
Wayne	703.00
Webster	2.00
Webster	3.00
Webster	5.00
Webster	6.00
Webster	7.00
Webster	9.00
Webster	103.00
Webster	104.00

County Name	Census Tract
Winneshiek	9502.00
Winneshiek	9503.00
Woodbury	2.00
Woodbury	3.00
Woodbury	7.00
Woodbury	8.00
Woodbury	9.00
Woodbury	11.00
Woodbury	12.00
Woodbury	13.00
Woodbury	14.00
Woodbury	33.00
Wright	6801.00





**APPENDIX O  
SET-ASIDES, THRESHOLD, BUILDING AND SCORING EXHIBITS**

IFA-required Exhibit forms are available on the Exhibits Tab of the online Application.

<b>SET-ASIDE EXHIBITS (Updated March 2022)</b>	
<b>QAP PART A., SECTION 2.2.1 – NONPROFIT SET-ASIDE.</b> If requesting the Nonprofit Set-Aside, Exhibits 1SA, 2SA, 3SA, 4SA, and 5SA are required with the submittal of the Threshold Application no later than <b>4:30 p.m. C.S.T. on May 18, 2022.</b>	
1SA	<b>INTERNAL REVENUE SERVICE (“IRS”) LETTER</b> <ul style="list-style-type: none"> <li>Provide a copy of the IRS letter stating the Nonprofit is a qualified Nonprofit under 501(c)(3) or 501(c)(4)</li> </ul>
2SA	<b>ATTORNEY’S OPINION</b>  <u>IFA Required Template</u> <ul style="list-style-type: none"> <li>Must state the proposed nonprofit entity is legally organized and eligible to participate as a materially participating qualified nonprofit. Refer to requirements set forth in QAP Part A., Section 2.2.1.</li> </ul>
3SA	<b>NONPROFIT FILE-STAMPED ARTICLES OF INCORPORATION</b> <ul style="list-style-type: none"> <li>Must have the fostering of low-income housing as one of its purposes as required in Internal Revenue Code 42(h)(5) as of the date of the Threshold Application submission due date.</li> <li>Must demonstrate the satisfaction of the two-year requirement of the fostering of low-income housing as set forth in QAP Section 2.2.1 (4).</li> </ul>
4SA	<b>NONPROFIT RESUME</b> <ul style="list-style-type: none"> <li>Must demonstrate the nonprofit’s capacity to materially participate in the operation of the Project throughout the Compliance Period and the Extended Use Period.</li> </ul>
5SA	<b>IRS WEBSITE PRINT OUT</b> <ul style="list-style-type: none"> <li>Must confirm the nonprofit is a qualified nonprofit.</li> </ul> <p align="center"><a href="#">Internal Revenue Service Nonprofit</a></p>
<b>QAP PART A., SECTION 2.2.2 – SUPPORTIVE HOUSING FOR FAMILIES SET-ASIDE.</b> Exhibits 1HSA and 2HSA are required for Applicants applying under this set-aside. Complete entry of the Project Name and Location Tab, enter the qualified service provider information on the Qualified Development Team Tab, and upload Exhibit 1HSA no later than <b>4:30 P.M. C.S.T on May 4, 2022.</b> Refer to QAP Part A., Section 3.2.1.1 - Qualified Service Provider Participation and Appendix A of the Application Package.	
1 HSA	<b>QUALIFIED SERVICE PROVIDER CAPACITY FORM AND COMPLETE COPY OF THE QUALIFIED SERVICE PROVIDER’S MOST RECENT INDEPENDENT AUDIT (FY 2020 or later)</b>  <u>IFA Required Form</u> (Available on Exhibits Tab) <ul style="list-style-type: none"> <li>Submit to IFA no later than 4:30 p.m. C.S.T. on <b>May 4, 2022</b>, on the Qualified Development Team Tab - Qualified Service Provider in the online Application.</li> </ul>
2 HSA	<b>CONTINUUM OF CARE REVIEW FORM</b>  <u>IFA Required Form</u> <ul style="list-style-type: none"> <li>Submit with the Threshold Application.</li> </ul>



THRESHOLD AND BUILDING EXHIBITS				
Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
1T	<p><b>APPLICATION CERTIFICATION &amp; ACKNOWLEDGEMENTS</b></p> <p><u>IFA Required Form</u></p> <ul style="list-style-type: none"> <li>The Application pre-fills the entity names entered on the Qualified Development Team Tab into Exhibit 1T.</li> <li>Generate Exhibit 1T by selecting IFA Form Required after all team members have been entered on the Qualified Development Team Tab.</li> </ul>	Applicant	Qualified Development Team & Buildings	All Projects
2T	<p><b>CURRENT REAL ESTATE TAX ASSESSMENT DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>Provide a current print-out from the county assessor for the real estate on which the Project is or will be located.</li> <li>Must show current owner of the real estate on which the proposed Project is or will be located.</li> </ul>	Applicant	Project Name and Location, Buildings, Site Description & Site Control	All Projects
3T's	<p><b>OWNERSHIP ENTITY (OE)</b></p> <p><b>3Ta:</b> IRS F.E.I.N. letter in the Ownership Entity's name.</p> <p><b>3Tb &amp; 3Tc:</b> A Limited Partnership ("LP"), Limited Liability Partnership ("LLP") or Limited Liability Limited Partnership ("LLLLP") file-stamped certificate of Limited Partnership and a current Limited Partnership Agreement.</p> <p><b>3Td &amp; 3Te:</b> A Limited Company ("LC"), Limited liability Company ("LLC") Ownership Entity's- file-stamped Article of Organization and a current Operating Agreement.</p> <p><b>3Tf:</b> Ownership Entity organizational chart.</p>	Applicant	Ownership Entity	<p>3Tf – All Projects at Threshold.</p> <p>If State Home is requested, all applicable 3T Exhibits are required at threshold; otherwise, all awarded Projects shall submit no later than 30-days from the Reservation Date</p>



Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
4Ts	<p><b>OWNER REPRESENTATIVE(S) (GENERAL PARTNERS/MANAGING MEMBER) ORGANIZATIONAL DOCUMENTS</b></p> <p><b>4Ta &amp; 4Tb:</b> LP, LLP, or LLLP Owner Representative's file-stamped certificate of Limited Partnership and current Limited Partnership Agreement.</p> <p><b>4Tc &amp; 4Td:</b> LC and LLC Owner Representative's file-stamped Articles of Organization and current Operating Agreement.</p> <p><b>4Te, 4Tf, &amp; 4Tg:</b> A Corporation Owner Representative's file-stamped Articles of Incorporation, By-laws and Board Resolution approving actions of the corporation concerning the proposed Project.</p> <ul style="list-style-type: none"> <li>• Required for each GP/MM and Member and Sole (100%) shareholders</li> </ul>	Applicant	Ownership Entity & Qualified Development Team	All Projects
5T	<p><b>CONSTRUCTION AND PERMANENT FINANCING</b></p> <ul style="list-style-type: none"> <li>• Provide letters of intent on lending institution's letterhead meeting the requirements set forth in QAP Part A., Section 4.5.1.</li> </ul>	Applicant	Funding Sources	All Projects
6T	<p><b>COMMITMENT LETTERS FROM OTHER FUNDING SOURCES</b> (Refer to QAP Part A., Section 4.5.2 – 4.5.10)</p> <ul style="list-style-type: none"> <li>• Provide commitment letters for all other funding sources which includes, but not limited to, existing debt to be assumed, grants, loans, tax credits, etc. <ul style="list-style-type: none"> <li>✓ A city resolution adopted by the city council for tax abatement or that allows the creation of a TIF district or an Urban Revitalization Tax Exemption ("URTE"), subject to the Project being awarded Tax Credits</li> <li>✓ Alternative funding source(s) for Senior Living Revolving Loan</li> <li>✓ Alternative funding source(s) for State HOME Funds</li> <li>✓ The minimum General Partner/Managing Member contribution</li> <li>✓ Operating Income During Construction</li> </ul> </li> </ul>	Applicant	Funding Sources	All Projects



Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
	<ul style="list-style-type: none"> <li>✓ Financing for Paved Road</li> <li>✓ Financing for Utilities</li> </ul>			
6Ta	<p><b>NONPROFIT BOARD OF DIRECTOR'S BOARD RESOLUTION ALLOWING A DEFERRED PAYMENT OBLIGATION TO THE PROJECT</b></p> <ul style="list-style-type: none"> <li>• Provide a copy of the Nonprofit's Board Resolution in which the Board approved a deferred payment obligation.</li> </ul>	Applicant	Funding Sources, Nonprofit Set-Aside & Qualified Development Team	If applicable
7T/7S	<p><b>HUD OR RURAL DEVELOPMENT ("RD") AUTHORIZATION TO RELEASE OF INFORMATION</b></p> <ul style="list-style-type: none"> <li>• Provide the signed <u>applicable HUD or RD Required Form.</u></li> </ul>	Applicant	Project Description, Site Control & Buildings	If applicable
8T	<p><b>ATTORNEY OPINION AS TO PROJECT ACQUISITION QUALIFICATION</b></p> <ul style="list-style-type: none"> <li>• <u>IFA Required Template</u></li> <li>• Must show eligibility for acquisition credits.</li> </ul>	Applicant	Project Description, Buildings, Site Control & Costs and Credit Calc.	Projects requesting Acquisition Tax Credits
9T	<p><b>EXECUTED COPY OF THE DEVELOPMENT CONSULTANT AGREEMENT(S)</b></p> <ul style="list-style-type: none"> <li>• Provide an executed copy of the Agreement(s) and enter the Development Consultant(s) on the Qualified Development Team Tab.</li> <li>• The Development Consultant fee entered on the Costs and Credit Calc. Tab should match the amount in the Agreement.</li> </ul>	Applicant	Qualified Development Team & Costs and Credit Calc.	Projects with a Development Consultant
10T	<p><b>SYNDICATION OR OTHER SALE OR EXCHANGE OF TAX CREDIT INTEREST TO INVESTORS DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>• Provide a copy of the Syndicator/Direct Investor letter of interest.</li> </ul>	Applicant	Qualified Development Team & Funding Sources	All Projects
11T	<p><b>TENANT PAID UTILITY ALLOWANCE DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>• Provide the Public Housing Authority ("PHA") utility allowance schedule. If the Project has federal project-based rental assistance with HUD or Rural Development ("RD"), provide a copy of the current HUD Rent Schedule or utility allowance documentation from RD instead of the PHA utility allowance schedule.</li> </ul>	Applicant	Project Description, Buildings, Project Amenities	When utilities are not included in rent or when a Project has federal project-based rental assistance.



	<ul style="list-style-type: none"> <li>• Circle the amounts on the PHA utility allowance schedule.</li> <li>• If more than 13 months old, provide a letter from the PHA stating the utility allowance schedule is still current.</li> <li>• If State HOME is requested, provide the IFA-HOME approved utility allowance as Exhibit H-13.</li> </ul>			
Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
12T	<p><b>MARKET STUDY DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>• Provide market information that may be helpful in evaluating the market feasibility of the Project. IFA nor the market study provider will be bound by the Applicant's written statements, independent market study or the market information.</li> </ul>	Applicant	Exhibits	Optional
13T	<p><b>TRANSITIONAL HOUSING</b></p> <ul style="list-style-type: none"> <li>• Provide information detailing how a non-profit or governmental entity will work to transition tenants out to permanent housing within 24 months and detail the supportive service programs.</li> </ul>	Applicant	Project Description Tab	Transitional Housing Projects
14T	<p><b>AUTHORIZED SIGNOR DOCUMENTATION</b> (Refer to Appendix K of the Application Package)</p> <p><b>14Ta:</b> Ownership Entity Authorized Signor</p> <ul style="list-style-type: none"> <li>• <u>IFA Required Form</u></li> </ul> <p><b>14Tb:</b> General Partner(s)/Managing Member(s) Authorized Signor</p> <ul style="list-style-type: none"> <li>• <u>IFA Required Form</u></li> </ul>	Awarded Project Ownership Entity and GP/MM	Qualified Development Team & Ownership Entity	Awarded Projects
15T	<p><b>15Ta - AUTHORIZATION OF RELEASE OF INFORMATION AND 15Tb - STATE AGENCY PERFORMANCE INFORMATION</b></p> <p><u>IFA Required Forms</u></p> <ul style="list-style-type: none"> <li>• Any Project team members associated with the Application who have materially participated in a development role are required to complete and provide Exhibits 15Ta and 15Tb. Development role includes Developer(s), General Partners/Managing Members and an Ownership Interest.</li> </ul>			



	<ul style="list-style-type: none"> <li>Once Exhibits 15Ta and 15Tb are completed, Applicant shall email both to each applicable State Agency.</li> <li>✓ Attach Exhibit 15Tb as an Excel Spreadsheet.</li> </ul> <p><b>If sending to Iowa – DO NOT send to the IFA Tax Credit Manager or other IFA staff. Email the request to <a href="mailto:HousingTaxCredits@iowafinance.com">HousingTaxCredits@iowafinance.com</a>.</b></p> <p><b>Exhibit 15Ta</b></p> <ul style="list-style-type: none"> <li>Applicant shall complete sections A, B &amp; D and obtain authorized signature.</li> <li>Upload all Exhibit 15Ta's as one (1) PDF to the Exhibits Tab in the online Application.</li> </ul> <p><b>Exhibit 15Tb</b></p> <ul style="list-style-type: none"> <li>Applicant shall complete ONLY Sections A, B &amp; G.</li> <li>Applicant shall upload all 15Tb's plus a copy of the email sent to each State Agency as one (1) PDF to the Exhibits Tab in the online Application</li> <li>The state agency shall complete Exhibit 15Tb Sections C, D, E &amp; F and return to: <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> no later than <b>June 15, 2022. (Updated March 2022)</b></li> </ul>			
Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
16T	<p><b>QUALIFIED CENSUS TRACT (“QCT”) / DIFFICULT TO DEVELOPMENT AREA (“DDA”) MAP</b></p> <ul style="list-style-type: none"> <li>Provide a current map generated from the HUD GIS Website showing the entire Project is currently located in a QCT or DDA.</li> </ul>	Applicant	Project Name and Location, Buildings, Costs and Credit Calc.	If applicable
17T	<p><b>LOCATION NEAR SERVICES</b></p> <ul style="list-style-type: none"> <li>Provide a Google Map <a href="http://www.Googlemaps.com">www.Googlemaps.com</a> using the Project's Primary Address (“PA”) listed on the Buildings Tab, showing the name and address of the service and that the requirements set forth in QAP Part A., Section 5.4.2 are met.</li> <li>If no address has been assigned to the Project, email <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> to request the use of latitude and longitude</li> </ul>	Applicant	Project Name and Location, Buildings & Project Description	All Projects



Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
	(which should be location of the driveway entrance located on the site)			
<b>18T</b>	<p><b>CONCERTED COMMUNITY REVITALIZATION PLAN (“CCRP”) FOR PROJECTS LOCATED WITHIN A QCT</b></p> <ul style="list-style-type: none"> <li>Provide a copy of the Concerted Community Revitalization Plan that meets the requirements set forth in QAP Part A., Section 4.10.1.2.</li> </ul>	Applicant	Project Name and Location, Buildings, Site Description	If applicable
<b>20T &amp; 21T</b>	<b>RESERVED</b>			
<b>19T</b>	<p><b>SCATTERED SITES – GOOGLE MAP</b></p> <ul style="list-style-type: none"> <li>Provide a Google Map <a href="http://www.Googlemaps.com">www.Googlemaps.com</a> showing each site is located within a 30-mile radius.</li> </ul>	Applicant	Site Description & Buildings	If applicable
<b>22T</b>	<p><b>COMMUNITY SERVICE FACILITY</b></p> <ul style="list-style-type: none"> <li><u>IFA Required Form</u></li> </ul>	Applicant	Project Description, Basis Boost, Buildings & Costs and Credit. Calc.	If applicable
<b>23T</b>	<p><b>IOWA ROSE PROGRAM</b> (Refer to Appendix H of the Application Package and QAP Part D – Glossary of Terms – ROSE Program)</p> <ul style="list-style-type: none"> <li><u>IFA Required Form</u></li> <li>Upload to the Exhibits Tab, the signed Owner/GP Acknowledgement of Appendix H of the Application Package, along with the required Iowa ROSE homeownership plan (“Plan”) combined into one (1) PDF.</li> </ul>	Applicant	Project Description & Buildings	If applicable
<b>1B</b>	<p><b>SITE CONTROL DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>Provide executed documents showing the site control requirements set forth in QAP Part C – A – Site Control have been met.</li> </ul>	Applicant	Site Control, Identity of Interest, Site Description, Ownership Entity, Qualified Development Team, Buildings & Costs and Credit Calc.	All Projects
<b>2B</b>	<p><b>APPRAISAL</b></p> <ul style="list-style-type: none"> <li>For land and buildings acquired from a party with an Identity of Interest, at Application submission, IFA will commission an appraisal by a MAI certified appraiser who is not a related party and is currently in good standing.</li> </ul>	IFA Upload	Project Description, Identity of Interest, Site Control, Qualified Development Team, Costs and Credit Calc.	If applicable



	<ul style="list-style-type: none"> <li>For Acquisition/Rehabilitation Projects requesting acquisition credits, at Application submission, IFA will commission an appraisal by a MAI certified appraiser who is not a related party and is currently in good standing.</li> </ul>			
<b>Exhibit</b>	<b>Title and Narrative Description</b>	<b>Supplied By</b>	<b>Application Reference(s)</b>	<b>Required</b>
<b>3B</b>	<p><b>COLOR PHOTOS OF PROJECT &amp; ADJACENT PROPERTY</b></p> <ul style="list-style-type: none"> <li>Eight (8) photos are required for each site location for New Construction Projects               <ul style="list-style-type: none"> <li>✓ Looking toward the center of each site from the North, South, East &amp; West.</li> <li>✓ Looking out from the center of each site toward the North, South, East &amp; West.</li> </ul> </li> <li>Four photos of each building are required for sites with existing buildings.               <ul style="list-style-type: none"> <li>✓ Looking at each building from the North, South, East &amp; West.</li> </ul> </li> </ul>	Applicant	Project Name and Location, Buildings & Site Description	All Projects
<b>4B</b>	<p><b>MAPS – CITY MAP AND PLAT MAP (BOTH ARE REQUIRED)</b></p> <ul style="list-style-type: none"> <li>Legible recent official city map pinpointing the site location(s) that shows the legal address of the property, the names of surrounding streets, and any other information important for the site inspection.</li> <li>A plat map or proposed re-platting map for each site location</li> </ul>	Applicant	Project Name and Location, Buildings, Site Description	All Projects
<b>5B</b>	<p><b>SITE PLANS</b></p> <p>Shall clearly show the following:</p> <ul style="list-style-type: none"> <li>Location and extent of all work proposed in the Application</li> <li>Site dimensions</li> <li>Site zoning</li> <li>Accessible site routes</li> <li>Accessible Unit Types</li> <li>Easements and setbacks</li> <li>Parking</li> <li>Planting, utility &amp; general notes</li> <li>All buildings (including manager's Units &amp; accessory buildings), total number of Units, Net square footage of each Unit and net square footage of all common areas of each building.</li> </ul>	Applicant	Site Description, Project Amenities, Site Control, Costs and Credit Calc. & Buildings	All Projects





	<ul style="list-style-type: none"> <li>• Provide gross square footage of each building.</li> </ul>			
Exhibit	Title and Narrative Description	Supplied By	Application Reference(s)	Required
6B's	<p><b>DETRIMENTAL SITE CHARACTERISTICS REMEDIATION DOCUMENTS</b></p> <p>If the site or adjoining sites contain any detrimental site characteristics, provide the following:  <b>6B a:</b> Remediation Plan  <b>6B b:</b> Budget to make site suitable  <b>6b c:</b> Map showing detrimental characteristics on site plan</p>	Applicant	Site Description & Costs and Credit Calc.	If applicable
7B	<p><b>POLITICAL JURISDICTION CERTIFICATION</b></p> <p><u>IFA Required Form</u></p> <ul style="list-style-type: none"> <li>• Generate on the Exhibits Tab after the Project Name &amp; Location, Site Description, Site Control, Qualified Development Team, and Buildings Tabs have been completed.</li> <li>• Form and site plan shall be sent to the city to be completed and signed by an authorized city official.</li> </ul>	Applicant	Project Name and Location, Buildings, Site Control, Site Description & Qualified Development Team	All Projects
8B	<p><b>PLANS</b></p> <p>Shall show all proposed work at a minimum schematic design level of completion.</p> <ul style="list-style-type: none"> <li>• Show elevations.</li> <li>• Label the use of all rooms in the building (i.e., computer learning center, manager's Unit, manager's office, library, media center room, craft room, maintenance room, dining room, fitness center, laundry room, beauty salon/barber room, etc.)</li> <li>• Label the net square footage of each room in the building</li> <li>• Label Accessible routes</li> <li>• Label all Units with Accessibility type</li> <li>• List total number of Units</li> <li>• List total number of parking and type of parking (surface, garages, underground)</li> <li>• Label all rooms in the Units (i.e. bedroom, bathroom, kitchen, living room, closets, etc.)</li> <li>• Label the net square footage of each Unit and each room in the unit</li> </ul>	Applicant	Project Description, Buildings, Site Description, Project Amenities & Costs and Credit Calc.	All Projects



	<ul style="list-style-type: none"> <li>Show gross square footage of each building.</li> </ul>			
<b>9B</b>	<p><b>SCOPE OF WORK</b></p> <ul style="list-style-type: none"> <li>Provide a Scope of Work containing all the minimum requirements set forth in QAP Part C., I – Rehabilitation Standards</li> </ul>	Applicant	Project Description, Construction Characteristics, Site Description, Project Amenities, Buildings & Costs and Credit Calc.	Acquisition/Rehab, Rehab, and Adaptive Reuse Projects
<b>SCORING EXHIBITS</b>				
<b>2S</b>	<p><b>QAP PART A., SECTION 6.2.7 PUBLIC TRANSPORTATION (0 to 3 POINTS)</b></p> <ul style="list-style-type: none"> <li><u>IFA Required Form</u></li> <li>Provide completed Exhibits with the required attachments demonstrating the QAP requirements set forth for the scoring points requested in the LIHTC Application are met.</li> </ul>			
<b>3S</b>	<p><b>QAP PART A., SECTION 6.4.2.2 MULTI-FAMILY RENTAL EXPERIENCE (1 POINT)</b></p> <ul style="list-style-type: none"> <li>Provide one pdf of the Certificate(s) of Occupancy on a minimum of 48 multi-family rental units since January 1, 2018.</li> </ul>			
<b>4S &amp; 5S</b>	<b>RESERVED</b>			
<b>6S</b>	<p><b>QAP PART A., SECTION 6.3.2 PROJECTS WITH HISTORICAL SIGNIFICANCE (5 POINTS)</b></p> <ul style="list-style-type: none"> <li>Provide documentation from the State Historical Preservation Officer demonstrating that <u>all buildings</u> within the Project are listed on the National Register of Historic Places or determined to be eligible for the National Register by the State Historic Preservation Officer.</li> </ul>			
<b>7S</b>	<p><b>QAP PART A., SECTION 6.3.3.1 FEDERAL PROJECT-BASED RENTAL ASSISTANCE (0 TO 35 POINTS)</b></p> <ul style="list-style-type: none"> <li>Provide the applicable signed Release of Information (<u>HUD or Rural Development Required Form</u>) completed and signed by the titleholder of the real estate with the Federal Project-Based Rental Assistance.</li> </ul>			
<b>8S</b>	<p><b>QAP PART A., SECTION 6.3.3.2 MARKET-RATE RENTAL HOUSING CONVERSION (3 POINTS)</b></p> <ul style="list-style-type: none"> <li><u>IFA Required Form</u></li> </ul>			