



**OKLAHOMA HOUSING FINANCE AGENCY**  
Affordable Housing Tax Credits Program (AHTC)  
**2017 Application Form for Allocation**

**100 N.W. 63<sup>rd</sup> St., Suite 200**  
**Oklahoma City, OK 73116 or**  
**P.O. Box 26720**  
**Oklahoma City, OK 73126-0720**

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## AHTC PROGRAM APPLICATION SUMMARY

Development Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 County \_\_\_\_\_  
 Ownership Entity \_\_\_\_\_  
 General Partner/Managing Member \_\_\_\_\_  
 Management Co \_\_\_\_\_

Ownership entity    Nonprofit             For-Profit

Funding sources, check all that apply  
 HOME  CHDO Proceeds  HTF  Multi-Family Bonds  AHP  RHS Loan   
 Conventional Loan  State Tax Credits  Historic Credits  Other \_\_\_\_\_

Project Based Subsidy Yes  No  (identify source and # of units) \_\_\_\_\_

Project Type      Family             Elderly             Other  (identify) \_\_\_\_\_

Construction Type, check all that apply    New     Rehabilitation     Acquisition   
 Unit Type, check all that apply    One Story     Multi-Story     Garden     Townhouse   
 Housing Type, check all that apply    Multifamily             Single Family

Minimum Set-Aside  
 20% of the units at 50% of the Area Median Gross Income  
 40% of the units at 60% of the Area Median Gross Income

Targeted Set-Asides, number of units  
 \_\_\_\_\_ units at 50% of AMGI            \_\_\_\_\_ total proposed units            \_\_\_\_\_ other restricted  
 \_\_\_\_\_ units at 60% of AMGI            \_\_\_\_\_ total proposed Buildings            \_\_\_\_\_ unrestricted units

**Unit Mix**

Number of Bedrooms	Number of units	Net Rent	Utility Allowance	Gross Rent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DOCUMENT & TAB REQUIREMENTS FORMAT**

In order to facilitate your Application's review, organize your Application and its required supporting documentation by submitting them in a three-ring binder. All pages are to be numbered sequentially within each tab. Handwritten numbering is acceptable.

### **THRESHOLD CRITERIA**

	<b><u>TAB #</u></b>
• AHTC Program Application Summary and Application	<u>1</u>
• All Excel worksheets-print all tabs	<u>1</u>
• Source and Documentation of Utility Allowance, Construction Cost Breakdown, Project-Based Rent Approval (if applicable), National Non-Metro Documentation (if applicable)	<u>2</u>
• QCT map (if applicable)	<u>2</u>
• Letters of Credit/Funding Commitments for <u>All</u> Funding Sources, including Construction & Permanent	<u>3</u>
• Syndication Commitment -Federal and if applicable State Credits	<u>3</u>
• Publication Notice Requirements	<u>4</u>
• Market Study & Market Study Summary Attachment #2	<u>5</u>
• Nonprofit Documentation (if applicable)- Attachment #3	<u>6</u>
• Capacity and Prior Performance Documentation and Identity of Interest- Attachments #4, #5, #6	<u>7</u>
• Acquisition Credits/Ten-Year Holding Requirement (if applicable)	<u>8</u>
• Readiness to Proceed – Site Control, Preliminary Plans, and Zoning	<u>9</u>
• Section 42 Leasing Language, Development Services, & Referral Acceptance Certification – Attachment #7	<u>10</u>
• Cost and Expense Separation Certification - Attachment #8	<u>10</u>
• Fair Housing and ADA Certification-Attachment #9	<u>10</u>
• Capital Needs Assessment & C.N.A Certification (if applicable)-Attachment #10	<u>11</u>
• Development Amenities Certification-Attachment #11	<u>12</u>

**EVALUATION CRITERIA**

- Application Self Score Sheet & Certification-Attachment #12 13
- Development Location and Housing Characteristics 14
- Tenant Ownership 15
- Preservation of Affordable Housing Developments 16
- Energy Efficiency/Green Building Certification-Attachment #13 17

OKLAHOMA HOUSING FINANCE AGENCY

2017 AFFORDABLE HOUSING TAX CREDIT APPLICATION FOR RESERVATION

The Applicant must fill out ALL applicable parts of the Application form FULLY and include ALL documents and supplementary materials required. ALL blanks must be typed and filled out completely. If a section is not applicable, then mark it as such.

I. GENERAL DEVELOPMENT INFORMATION

B. Development Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Allocation Year \_\_\_\_\_ Application Cycle \_\_\_\_\_

Is this part of a multi-phase Development? Yes  No

C. Amount of Annual Credit Requested

\$ \_\_\_\_\_

**Amount of Annual State Tax Credit Requested, must be equal to LIHTC request.**

\$ \_\_\_\_\_

Check **all** applicable Set-asides

Nonprofit  New Construction  Rehabilitation

D. Type of Development Proposed, check **all** that apply

New Construction

Rehabilitation

Acquisition

E. If this is a Rehab project is it a past/current Tax Credit property? N/A  Yes  No

If yes, explain and provide previous file number and end date of compliance period

\_\_\_\_\_

F. Is this property utilizing Historic Credits? Yes  No

What is the name of the property, as identified with SHPO?

\_\_\_\_\_

G. Is this a USDA Rural Development (515, 538, or other) Development? Yes  No

H. Is this Development using **HOME** funding? Yes  No

I. Is this Development using **Tax Exempt Bond** financing? Yes  No

If "yes", it must be at least 50% of aggregate basis.

J. Minimum Low-income Threshold for Credit eligibility, check **one**

- 20% of the units serving households at 50% of the Area Median Income  
 40% of the units serving households at 60% of the Area Median Income

K. Low-Income Compliance Period

This Development will remain low-income for \_\_\_\_\_ years.

L. Total Low-income Targeting

\_\_\_\_ (#) \_\_\_\_ (%) of the Low-Income Units for households at 50 % of the Area Median Income

\_\_\_\_ (#) \_\_\_\_ (%) of the Low-Income Units for households at 60 % of the Area Median Income

\_\_\_\_ (#) \_\_\_\_ (%) of the Low-Income Units for households at     % of the Area Median Income

M. Total number of Buildings with residential units \_\_\_\_\_ Total number of Buildings \_\_\_\_\_

N. Type of Housing Multifamily  Single Family

O. Type of Units

- Apartments       Townhomes       Semi-Detached       Detached  
 Duplex             4-Plex             Other

P. Number of Floors in the Tallest Building \_\_\_\_\_; Elevator Construction? Yes  No

Q. Is this Development located in a Metropolitan Statistical Area? Yes  No

R. Census Tract Number \_\_\_\_\_

S. Does this Development qualify for 130% increase in basis by being in a QCT or Difficult to Develop Area (DDA)?  Yes  No

**Submit a map or other documentation in Tab #2**

Does this Development qualify for 120% increase in basis by having a general financial need?  Yes  No

**The Development can only qualify for one boost.**

T. State Senate District \_\_\_\_\_ State House District \_\_\_\_\_ Congressional District \_\_\_\_\_

U. Are all utilities available to and of the appropriate size for the Development?

Yes  No  If no, provide explanation, including dates, when all utilities will be available.



City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Ownership

General Partnership

Nonprofit Corporation

Limited Partnership

Local Government

Limited Liability Co

Housing Agency

Corporation

Other (specify)

**C. Contact Person during Application Process**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Role of Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_

Address to receive packages (if \_\_\_\_\_  
different)

This person(s) will be designated as the contact respecting all issues concerning this Application.

**\* It is the responsibility of the Applicant to notify OHFA of any changes in the contact person. This notification should be sent in writing to the Housing Development Team as soon as the change occurs.**

**List names and email addresses of all people who should receive an electronic copy of the preliminary Review Report.**

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**III. DEVELOPMENT TEAM CONTACT INFORMATION**

**Please do not list any personal Social Security Numbers.**

**Developer** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Co-Developer** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**General Partner or Managing Member** \_\_\_\_\_

**Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**Email** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Management Company** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Co-Management Company** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Management Consultant** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Nonprofit Participant**

**Organization** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Non-Profit Status \_\_\_\_\_

**Email** \_\_\_\_\_

**Consultant/Packager** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Email** \_\_\_\_\_

**Attorney** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_

Contact Person (name, title) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**Email** \_\_\_\_\_

**Architect** \_\_\_\_\_ **Tax Id #** \_\_\_\_\_  
Contact Person (name, title) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**Email** \_\_\_\_\_

**Accountant/Tax Professional** \_\_\_\_\_  
**Tax Id #** \_\_\_\_\_  
Contact Person (name, title) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**Email** \_\_\_\_\_

Add additional pages as necessary.

**For Rehab Developments**

**Current Site Manager (name)** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
**Email** \_\_\_\_\_

**IV. SUBSIDIES**

Project Based Subsidy Yes  No

RD	_____ %	_____
HUD Development-Based Section 8 Certificates	_____ %	_____
State	_____ %	_____
Local	_____ %	_____
Other (specify) _____	_____ %	_____



## VII. DEVELOPMENT SOURCES OF FUNDS

### A. CONSTRUCTION FINANCING

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

Source No.	Name of Lender or Other Source	Principal	Interest Rate	Term
1.			%	
2.			%	
3.			%	
4.			%	
5.			%	
	Total Residential Construction Funds			

Complete the following for each Construction Lender or source of funds.

#1. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  
 Other (Specify) \*\*\* Below Market Interest Rate

#2. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  
 Other (Specify) \*\*\* Below Market Interest Rate

#3. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement  
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  
 Other (Specify) \*\*\* Below Market Interest Rate

**Make additional copies of this page if necessary.**

**B. PERMANENT FINANCING**

List all financing Commitments, including grants and Tax Credit equity. **If the Applicant plans to finance part or all of the Development out of its own resources, the Applicant must prove to OHFA's satisfaction that such resources are available and Committed solely for this purpose.** Any Owner equity contributions or deferred fees must also be listed below if the funds will provide a source of financing. Do not include "other" tangible (but not cash) contributions (i.e. discounted materials, fee waivers, etc.).

Source No.	Name of Lender or Other Source	Principal	Interest Rate	Term/Amort	Annual Debt Service
1.		\$	%		\$
2.		\$	%		\$
3.		\$	%		\$
4.		\$	%		\$
5.		\$	%		\$
6.		\$	%		\$
	Subtotal Permanent Financing	\$			\$
	Gross Proceeds Historic Tax Credit	\$			
	Gross Proceeds State Tax Credit	\$			
	Gross Proceeds Low-Income Tax Credits	\$			
	Total Permanent Financing Sources	\$			

Complete the following for each **Permanent** Lender or source of funds.

#1. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement   
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (Specify)

#2. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement   
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (Specify)

#3. Name of Lender/Source \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**Type:**  Conventional  CDBG  Federal  HOME  Local Gov't  Owner Equity  
 Private  State Gov't  Taxable Bond  Tax Exempt Bond  Other (Specify)

**Finance:**  Amortizing Loan  Balloon  BMIR \*\*\* Loan  Credit Enhancement   
 Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (Specify)

**Make additional copies of this page if necessary.**

**VIII. TAX CREDIT SYNDICATION**

A. Does this Development qualify for Historic Rehabilitation Credits? Yes  No

If yes, what is the Credit amount? \$ \_\_\_\_\_ Estimated Gross Proceeds \$ \_\_\_\_\_

Syndicator for Historic Credits \_\_\_\_\_

**B. Actual or anticipated Syndicators or Equity Sources**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

E-mail \_\_\_\_\_

**C. Actual or anticipated Syndicators or Equity Sources for State Tax Credits**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

E-mail \_\_\_\_\_

**IX. DEVELOPMENT BUDGET**

**X. CREDIT CALCULATION BY BASIS METHOD**

**XI. CREDIT CALCULATION BY GAP METHOD**

**XII. TAX CREDIT FEES**

**XIII. COST PER SQUARE FOOT**

**XIV. MAXIMUM COSTS PER UNIT**

**XV. UNIT DISTRIBUTION AND RENTS**

**XVI. UNIT DISTRIBUTION AND RENTS (cont.)**

**XVII. DEVELOPMENT EXPENSES**

**XVIII. PRO FORMA**

**Double Click the EXCEL icon to complete IX through XVIII requirements.**

**Instructions are on the first tab.**

**If the spreadsheets do not work for your project, contact OHFA Staff.**



Click here for Excel  
Worksheets

**XIX. DEVELOPMENT TIMETABLE**

Indicate the actual or expected date (INCLUDE DAY) by which the following activities will have been completed.

<u>Actual or Scheduled</u> <u>Month/Day/Year</u>	<u>Activity</u>
_____	<u>Site</u>
_____	Option/Contract Acquisition
_____	<u>Plan</u>
_____	Site Plan Review
_____	Building Permit
_____	Final Plans/Specs
_____	<u>Closing</u>
_____	Property Transfer
_____	<u>Construction Financing</u>
_____	Closing and Disbursement
_____	<u>Construction</u>
_____	Construction Start
_____	Construction Completion
_____	<u>Permanent Financing</u>
_____	Closing and Disbursement
_____	<u>Other Loans and Grants</u>
_____	Closing or Award
_____	<u>Equity Syndication</u>
_____	Partnership Closing
_____	<u>Other</u>
_____	Placed-In-Service
_____	Occupancy of All Low-Income Units

**XX. APPLICATION FEE**

Amount of application fee submitted \$ \_\_\_\_\_

(Make check payable to **OHFA**)

Refer to Section 330:36-4-3(a) (1) or page 7 of Application Instructions for fee amounts.

**XXI. APPLICANT AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

The undersigned, \_\_\_\_\_ of lawful age, being first duly sworn, on oath says that:

1. The undersigned is the duly authorized agent of \_\_\_\_\_, the Applicant submitting the Affordable Housing Tax Credit (AHTC) Program Application for Allocation which is attached to this statement, for the purpose of Certifying the facts pertaining to the Application, facts pertaining to the nonexistence of collusion among Applicants and between Applicants and State officials or employees, as well as facts pertaining to not giving or offering of things of value to government personnel in return for special consideration in the Allocation of AHTCs pursuant to the Application to which this statement is attached. All statements in the Application, documentation, Certifications, and this Affidavit also apply to Oklahoma Affordable Housing Tax Credits (OAHTC). Tax Credits refers to both AHTCs and OAHTCs, and both are covered under Tax Credit Program.
2. The undersigned, being duly authorized, hereby represents and Certifies that the foregoing information, to the best of his/her knowledge, is true, complete and accurately describes the proposed Development. The undersigned is fully aware of the facts and circumstances surrounding the making of the Application to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such Application. Misrepresentations of any kind will be grounds for denial or loss of the Tax Credits and may affect future participation in the Tax Credit Program in Oklahoma.
3. Neither the Applicant nor anyone subject to the Applicant’s direction or Control has been a party (i) to any collusion among Applicants by agreement to refrain from making Application, (ii) to any discussions between Applicants and any State official concerning exchange of money or other things of value for special consideration in granting an Allocation of Tax Credits, (iii) to paying, giving or donating or agreeing to pay, give or donate to any officer or employee of the State of Oklahoma or to any officer or employee of Oklahoma Housing Finance Agency, any money or other thing of value, either directly or indirectly, in procuring an Allocation of Tax Credits pursuant to the Application to which this statement is attached.
4. The undersigned is responsible (i) for ensuring that the Development consists or will consist of a Qualified Building(s) as defined in the Code, and will satisfy all applicable requirements of federal tax law in the acquisition, rehabilitation, or construction and operation of the Development to receive an Allocation of Tax Credits, and (ii) for all calculations and figures relating to the determination of the Eligible Basis for the Building(s) and understands and agrees that the amount of the Tax Credits is calculated by references to the figure submitted with this Application, as to the Eligible Basis and qualified basis of the Development and individual Buildings. The undersigned Applicant certifies that all builder fees, and Developer fees are properly disclosed and conform to Section 330:36-4-2.1 (b)(c) of OHFA’s Rules.

5. The undersigned agrees that Oklahoma Housing Finance Agency will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever nature or kind (including, but not limited to attorney's fees, litigation and/or court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from the Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such Application.
6. The undersigned acknowledges and agrees that the Application, upon filing, becomes subject to the Oklahoma Open Records Act and as such becomes public record and further that all or a portion of the Application may be provided to the Internal Revenue Service.
7. The undersigned warrants and represents that the Applicant has knowledge and experience in financial and business matters that enable it to evaluate the merits and risks of participation in the Tax Credit Program. The Applicant has not based its decision to participate in the Tax Credit Program upon any oral or written information provided by OHFA or OHFA's Trustees, employees, agents, or representatives and acknowledges and understands that no Trustee, employee, agent or representative of OHFA has been authorized to make, and that the Applicant has not relied upon, any statements or representations other than those specifically contained in this Application. The Applicant understands, acknowledges, and agrees that participation in the Tax Credit Program involves a certain element of uncertainty and risk and represents and warrants that the Applicant has consulted with the Applicant's tax advisors with respect to participation in the Tax Credit Program.
8. The written instructions and guidance for this Application are not intended or written to be used, and cannot be used as legal or tax advice and cannot be used by an Applicant or any other Person for the purpose of avoiding penalties imposed by the Internal Revenue Code or promoting, marketing or recommending to another party any transaction or matter addressed herein.

In witness whereof, the undersigned has caused this Affidavit to be duly executed in the name of the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Public

\_\_\_\_\_  
Commission #

\_\_\_\_\_