

BOND Application Review: *Threshold Only*

9/26/2023

Project Name: _____	Project ID: _____
City: _____	New/Acq.&Rehab: _____
Investor Name: _____	Resyndication: _____
Federal Credits: _____	Purchase Rate (F): _____
State Credits: _____	Purchase Rate (S): _____
Building Count: _____	# of LIHTC Units: _____
	Total Units: _____
	App Match: <input type="checkbox"/>

Project Data Summary:

Rent & Income AMIs: _____ Vacancy Percentage: _____ Replacement Reserve: _____ Bedroom Mix: _____ Developer Fee: _____ Market Unit Count: _____ DCR (between 1.15 - 1.25): _____ Fee/Expense Variation (1 or more): _____ Unit Cash Flow: _____	General Requirements: _____ Reductions in Elig. Basis: _____ Total Qualified Basis: _____ Open Project Count: _____ Total Cost: _____ Gap in Funding (must be 0): _____ Boost Percentage: _____ Rehab (Cost/Unit): _____ Expenses Per Unit: _____
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TAB 1	<input type="checkbox"/>	Executive Summary
TAB 2	<input type="checkbox"/>	Spreadsheet Application
	<input type="checkbox"/>	Exhibit 2A - Signed & Dated
	<input type="checkbox"/>	Program Goal Explanation
	<input type="checkbox"/>	Certifications & Representations
	<input type="checkbox"/>	Required Forms
	<input type="checkbox"/>	Project Unit Breakout
TAB 6	<input type="checkbox"/>	Comprehensive Financials (Exhibit 4D)
TAB 10	<input type="checkbox"/>	<i>Set-Aside Service Provider Letters (on letterhead)</i>
	<input type="checkbox"/>	<i>Detailed Narrative</i>
	<input type="checkbox"/>	<i>Service Provider Experience Letter (PSH only)</i>
TAB 16	<input type="checkbox"/>	Title Report (dated 90 days, or less, from Application)
TAB 17	<input type="checkbox"/>	Evidence of Site Control
TAB 20	<input type="checkbox"/>	Zoning Letter (on letterhead, signed)
	<input type="checkbox"/>	Complete Zoning Ordinance
	<input type="checkbox"/>	Zoning Map
TAB 21	<input type="checkbox"/>	<i>Conditional Use Permit (Stamped & Filed)</i>
	<input type="checkbox"/>	<i>Acknowledge of receipt by City/County</i>
	<input type="checkbox"/>	<i>Evidence/Receipt of fees due and paid</i>
TAB 25	<input type="checkbox"/>	Letters of Interest from each Source of Funds
TAB 27	<input type="checkbox"/>	Market Study (expires 90 days from App)
TAB 28	<input type="checkbox"/>	Land Appraisal (expires 6-mos from App)
Rehabs Only		
TAB 30	<input type="checkbox"/>	Operating Statement (RD/HUD Voucher)
TAB 32	<input type="checkbox"/>	Tenant Relocation Plan
TAB 33	<input type="checkbox"/>	Capital Needs Assessment (Exhibit 4C)
TAB 37	<input type="checkbox"/>	Unit Inspection Certification