

City of Chicago

Department of Housing



Multi-Family Housing Financial Assistance Application 2023



PROJECT SUMMARY

PROJECT SUMMARY					
Development Name					
Address					
Ward					
TIF District					
INVEST S/W Area, if applicable or other City initiatives					
Project type		Population served		Priority Tract	
Total units					
5% PSH Set Aside units					
30% AMI units					
50% AMI units					
60% AMI units					
80% AMI units					
Market rate units					
Total project cost					
Per-unit cost					
City ask – Credits					
City ask – Loans					
Per-unit operating cost					
DCR					
Summarize green/sustainability-focused elements described in DOH's Project Assessment Matrix and DPD's sustainability matrix here (e.g. greenhouse gas reduction, above-code insulation and net-zero energy use, generation of renewal energy, flood and extreme heat mitigation design elements, etc).					

Project Narrative. Narrative should be in a form that underwriters can use to succinctly and cohesively describe the application. Include history of site and project; scope of construction work, total units, number of low, moderate, and market rate units, rental assistance if any, neighborhood description, and, if applicable, relationship to larger redevelopment effort. Include overview of how your project advances racial equity in the City of Chicago, and how it complies with DOH’s Mission, 2021 QAP Racial Equity Impact Assessment, and other City initiatives.

Application Map

The Multifamily Housing Financial Assistance Application is organized by the following sections:

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Application Map and Acronym Guide p.3

Affidavit and Acknowledgement p.4

Application Questions:

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Donation Tax Credit and TIF Application Forms

- State Donation Tax Credit (DTC) Application p. 41
- Multi-Family Housing Financial Assistance Application for Tax Increment Finance (TIF) p. 44

More details on this application is provided in the following documents:

- QAP
- REIA
- Application Instructions

Application Acronym Guide

AOC Annual Owner Certification

ATS Architectural Technical Standards manual

BIPOC Black, Indigenous and People of Color

CHA Chicago Housing Authority

CHDO Community Housing Development Organization

DCR Debt Coverage Ratio

DDA Difficult to Develop Area

DTC Donation Tax Credit

ETOD Equitable Transit Oriented Development

FAR Floor Area Ratio

FHLB Federal Home Loan Bank

GC General Contractor

IHDA Illinois Housing Development Authority

LIHTC Low Income Housing Tax Credits

MBE Minority-Owned Business Enterprise

NEPA National Environmental Policy Act

NFR No Further Remediation

QAP Qualified Allocation Plan

QCT Qualified Census Tract

REIA Racial Equity Impact Assessment

TIF Tax Increment Financing

WBE Women-Owned Business Enterprise

Date Application Submitted: _____

Affidavit and acknowledgement

1. By submitting this application, the Applicant agrees they have read the 2023 MF Finance Assistance Application Instructions and the included Policies and Procedures and the Permanent Supportive Housing Guidelines in the appendix of the 2023 QAP online at Chicago.gov/multifamily
2. The Applicant further agrees they have read the 2023 Architectural/Technical Standards Manual, online at Chicago.gov/multifamily
3. The City of Chicago’s Department of Housing reserves the right to reject or halt the processing of applications that do not comply with the aforementioned policies and standards, or which alter the City’s current proforma or its assumptions without approval from DOH
4. The City of Chicago’s Department of Housing reserves the right to reject or halt the processing of applications that lack all required items
5. Developers awarded credits in the 2021 round may not be awarded credits in this round without demonstrating reasonable progress towards closing.
6. Developers awarded credits in the 2023 round are expected to close within 8-12 months from award. Applications that do not anticipate closing within 12 months should not apply in this round. Developments that receive an award and do not close by the next funding round may not be eligible for future awards until the awarded development is complete.

Applicants must sign on the line below to certify that this application for funding meets DOH’s Multifamily Policies

Applicant / Owner’s Signature/Certification

1. Applicant Information

Applicant					
Address					
City:		State		Zip Code	
Contact Person	Email				
Phone #	Fax #				

2. Ownership/Development Team/Community Wealth Building

<i>Proposed Ownership Structure</i>	Interest
Sole Owner	%
Corporation	%
Partnership*	%
Not-for-Profit Organization	%
Limited Liability Corporation	%
Limited Partnership*	%
Other	%
*General Partner	%
*Limited Partner(s)	%
Community Land Trust or Housing Cooperative	%

Name of Trustee _____

Trust Number _____

Date of Trust _____

List all other entities that have or will have a vested interest in the property. Disclose any party that has an interest, or has an ownership affiliation with a party that has an interest, in the property prior to acquisition by the proposed owner that will also have an interest or will have an ownership affiliation with a party that will have an interest in the proposed owner:

Names	Interest
	%
	%
	%
	%

Development Team

General Contractor

We are not asking for the GC to be identified at this stage: It is DOH’s intent/expectation that the GC contract is selected from at least three competitive bids. There is opportunity in the Application to provide information on the details of any Joint Ventures you might create to build wealth for BIPOC communities as part of this project. Please indicate how Joint Ventures or Partnerships will explicitly build the capacity of BIPOC or MBE/WBE entities to develop, manage, construct, or design affordable housing in the future.

Developer

Business Name					
Contact Person			Title		
Address					
City			State	Zip Code	
E-Mail					
Phone #			Fax #		
MBE			WBE	BIPOC-Led	

Co-Developer Partner

Business Name					
Contact Person			Title		
Address					
City			State	Zip Code	
E-Mail					
Phone #			Fax #		
MBE			WBE	BIPOC-Led	

Description/Bio: *Include all information that helps us tell the story of this organization: Why and When was it founded; Who does it serve; How many market-rate/affordable units have they designed? Please provide on a separate page and attach to application.*

Owner

Business Name							
Contact Person				Title			
Address							
City			State			Zip Code	
E-Mail							
Phone #				Fax #			
MBE			WBE			BIPOC-Led	

Sponsor

Business Name							
Contact Person				Title			
Address							
City			State			Zip Code	
E-Mail							
Phone #				Fax #			
MBE			WBE			BIPOC-Led	

Architect

Business Name							
Contact Person				Title			
Address							
City			State			Zip Code	
E-Mail							
Phone #				Fax #			
MBE			WBE			BIPOC-Led	

Description/Bio: *Include all information that helps us tell the story of this organization: Why and When was it founded; Who does it serve; How many market-rate/affordable units have they designed?*

Project Manager

Business Name							
Contact Person				Title			
Address							
City			State			Zip Code	
E-Mail							
Phone #				Fax #			
MBE			WBE			BIPOC-Led	

Lead Lender

Business Name					
Contact Person				Title	
Address					
City			State		
E-Mail					
Phone #				Fax #	
MBE			WBE		
				BIPOC-Led	

Description/Bio: *Include all information that helps us tell the story of this organization: Why and When was it founded; Who does it serve; How many market-rate/affordable units have they designed?*

Additional Lender

Business Name					
Contact Person				Title	
Address					
City			State		
E-Mail					
Phone #				Fax #	
MBE			WBE		
				BIPOC-Led	

Construction Lender, if different

Business Name					
Contact Person				Title	
Address					
City			State		
E-Mail					
Phone #				Fax #	
MBE			WBE		
				BIPOC-Led	

Marketing Agent

Business Name					
Contact Person				Title	
Address					
City			State		
E-Mail					
Phone #				Fax #	
MBE			WBE		
				BIPOC-Led	

Supportive Service provider, if applicable

Business Name					
Contact Person		Title			
Address					
City	State		Zip Code		
E-Mail					
Phone #			Fax #		
MBE	WBE		BIPOC-Led		

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Attorney

Business Name					
Contact Person		Title			
Address					
City	State		Zip Code		
E-Mail					
Phone #			Fax #		
MBE	WBE		BIPOC-Led		

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Financial Consultant (Assistance provided: _____)

Business Name					
Contact Person		Title			
Developer/ Owner interest? If yes, please describe					
Address					
City	State		Zip Code		
E-Mail					
Phone #			Fax #		
MBE	WBE		BIPOC-Led		

Include additional attachments for multiple Financial Consultants.

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Other Consultant (Assistance provided: _____)

Business Name					
Contact Person		Title			
Developer/ Owner interest? If yes, please describe					
Address					

City		State		Zip Code	
E-Mail					
Phone #		Fax #			
MBE		WBE		BIPOC-Led	

Include additional attachments for multiple Other Consultants.

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Property Manager

Business Name					
Contact Person		Title			
Address					
City		State		Zip Code	
E-Mail					
Phone #		Fax #			
MBE		WBE		BIPOC-Led	

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Syndicator

Business Name					
Contact Person		Title			
Address					
City		State		Zip Code	
E-Mail					
Phone #		Fax #			
MBE		WBE		BIPOC-Led	

Description/Bio: *Include all information that helps us tell the story of this organization. How many market-rate/affordable units they marketed/leased?*

Community Representation and Community Wealth Building

Applicant's Representation of BIPOC Communities

Applicant (list name):		
MBE Status:		
Total FT employees		
Total employees at organization		
Black employees	Total:	In Management:
Hispanic employees	Total:	In Management:
Indigenous/Native American employees	Total:	In Management:
Asian employees	Total:	In Management:
Pacific Islander	Total:	In Management:

Multiple Races	Total:	In Management:
Male employees	Total:	In Management:
Female employees	Total:	In Management:
Non-Binary employees	Total:	In Management:

Developer, if different		
MBE Status:		
Total FT employees		
Total employees at organization		
Black employees	Total:	In Management:
Hispanic employees	Total:	In Management:
Indigenous/Native American employees	Total:	In Management:
Asian employees	Total:	In Management:
Pacific Islander	Total:	In Management:
Multiple Races	Total:	In Management:
Male employees	Total:	In Management:
Female employees	Total:	In Management:
Non-Binary employees	Total:	In Management:

Non-Profit Partner, if applicable:		
Total FT employees		
Total employees at organization		
Black employees	Total:	In Management:
Hispanic employees	Total:	In Management:
Indigenous/Native American employees	Total:	In Management:
Asian employees	Total:	In Management:
Pacific Islander	Total:	In Management:
Multiple Races	Total:	In Management:
Male employees	Total:	In Management:
Female employees	Total:	In Management:
Non-Binary employees	Total:	In Management:

Joint Ventures/Partnerships

Ownership entity and interest:

Does your application include one or more commitments or existing Joint Ventures or Partnerships for the Owner and/or Developer with BIPOC-led firms and/or nonprofits or an entity focused on marginalized populations that have material participation, and which promotes their growth? Please indicate the type of ownership entity, the split of

ownership interest between the partners, and how this will be determined. Also, describe how change or sale of ownership interest occurs: how partners acquire interest from other partners, rights of 1st refusal by other partners, and succession in event of demise of partner.

Decision-making: Indicate how the partners will make decisions (voting, consensus, etc.) Voting rights are usually based on ownership interest, but some key decisions may be made jointly or by consensus, such as incurring debt or financial obligations and significant changes in project scope.

Division of responsibilities: Indicate how the responsibilities of the development will be split among the partners: management of the joint venture, acquisition, financing, design, local approvals, construction, supportive services, marketing, and occupancy. What rights to complete exist if a partner fails to fulfill its responsibilities.

Split of developer fees: Indicate how the developers fees will be split among the partners. Provide a schedule of values with payments amount below for each responsibility.

Do you anticipate including in the development team one or more commitments to Joint Ventures or Partnerships for the **General Contractor** with BIPOC-led firms and/or nonprofits or an entity focused on marginalized populations that have material participation, and which promotes their growth? While the GC JV will not be selected at this stage, provide details on commitment, including ownership percentages.

Do you anticipate or does your application include one or more commitments to Joint Ventures or Partnerships for the other **Vendors or Subcontractors** with BIPOC-led firms and/or nonprofits or an entity focused on marginalized populations that have material participation, and which promotes their growth? While certain Vendor and Subcontractor JVs will not be selected at this stage, provide details on commitment, including ownership percentages.

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<p>Does your application include one or more commitments to Joint Ventures or Partnerships with a Development Consultant? Provide the consultant's credentials, development experience, and the role in this project.</p>

Non-Profit and CHDO Participation

In accordance with Section 42(h)(5)(A) of the Code, each calendar year, the Department will allocate a minimum of ten percent (10%) of the City's portion of the annual state housing credit ceiling (the "Credit Ceiling"), as defined in Section 42(h)(3), for projects owned, directly or indirectly, by qualified not-for-profit organizations, as defined under Section 42(h)(5)(C) of the Code. To qualify for this set-aside, the qualified not-for-profit organization must have an ownership interest in the project, directly or indirectly, and materially participate in the development and operation of the project throughout the compliance period.

If this project is to be considered for the non-profit or Community Housing Development Organization (CHDO) set-aside, the following information must be completed. Articles of Incorporation and IRS documentation of status must be attached with application. To qualify for the non-profit set-aside, the applicant must own an interest in and actively participate in the development and operation of the project throughout the compliance period. Within the meaning of IRC 469(h), "a (non-profit) is involved in the operations of the activity on a basis which is regular, continuous, and substantial." One of the exempt purposes of such organization must include the fostering of low-income housing.

List name(s) of participating organization(s) that meet the following designations:

501 c (3) Organization	
501 c (4) Organization	
CHDO (Community Housing Development Organization)	
Describe the non-profit organization's material participation in the ownership, development and operation of the project. Please provide	
Describe the non-profit organization's material participation in the operation of the development through the extended use period.	
Will the non-profit organization receive any part of the development or management fees paid in connection with the development?	
If "Yes", explain; if "No" skip to next row	
Date of CHDO certification	
If your organization is a nonprofit but not a CHDO, please explain why	
If current non-profit does not comply with CHDO or non-profit requirements, will they be eligible prior to project closing?	

Other BIPOC Participation

List any additional development team members that are minority and/or woman owned and controlled businesses

Business Name					
Contact Person		Title			
Address					
City		State		Zip Code	
E-Mail					
Phone #		Fax #			
MBE		WBE		BIPOC-Led	

Description/Bio: Include all information that helps us tell the story of this organization. How many market-rate/affordable units have they marketed/leased?

3. Project Information

Project Name					
Project Address with Zip Code					
Community Area		Ward		Census Tract	
Current zoning (if project is located in an existing PD, provide PD number and subarea)					

Proposed zoning	
Number of buildings	
TIF District (provide name of district)	
Proposed height (to the top of the mechanical)	
Proposed FAR	
Proposed Parking Spaces	
Does the project meet eTOD proximity? If yes, provide details on Mobility Tier (see Application Instructions)	

Tenant Services and Community Impact

Type of Transit Assistance: (check all that apply)	___ CTA	___ Divvy	___ Metra	___ Other: ___
Number of passes:	___ CTA	___ Divvy	___ Metra	___ Other: ___
Type of Passes:	Monthly	Annual	Other: _____	
Is the duration of the transit subsidy provision through the tax credit period?	___ Yes	___ No (If no, please explain duration of provision)		
Describe plans for the provision of internet services (ie speed quality, secure access, coordination with internet service provider, etc)				
Will tenants have the opportunity to upgrade internet services upon request?				

Is the project located in an Invest South/West area or included in other City initiatives?	
How many temporary construction jobs will this project create?	
How many permanent jobs will this project create? Identify industry.	
How many permanent jobs will this project preserve?	

Site and Neighborhood Standards

	In project's census tract Use ACS 2021 5 Year Data	In project's Community Area Use CMAP's ACS 2021 5 Year Data	In Chicago ACS 2021 5-year data
% African American			29.2%
% White			45.3%
% Hispanic (1 or more races)			28.8%
% American Indian			0.5%
% Asian			6.8%
% Pacific Islander			0.0%
% Other			10.7%
% Multiracial			7.4%

Square footages

	Gross Site area	Square feet or _____ Acres
	Net rentable area - residential	Square feet
	Net rentable area - commercial	Square feet
	Basement (if applicable)	Square feet
	Gross/Total Building Square footage Include rentable area and common areas excluding basements	Square feet

Proposed Unit Mix and Rents – add lines as necessary

Unit Type	Number of Units	Affordability (AMI served)	Size – SF if there are multiple sizes, include all	Monthly rent	Tenant pays
Studio					
1 bedroom					
2 bedroom					
3 bedroom					
4 bedroom					
Totals					

Tenant-paid utilities - check all that apply

	Heat	If tenants pay heat, select one below			
		<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric
	Cooking	If tenants pay for cooking, select one below			
		<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric
	Water heating	If tenants pay water heat, select one below			
		<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric
	Other electric				

Climate Resiliency

In the following section, describe site-specific risks as it relates to exposure to hazardous sites, flooding, and extreme heat. Provide an explanation of mitigation strategies. Identify sources used to assess risks.

Environmental Justice Siting Concerns:

Indicate if any of the following incompatible uses are located within 1/4 mile of the project site:

	Facility Name:	Facility Address location:
Landfills, salvage yards, trash heap, dump pile, etc.		
Hazardous chemical or heavy manufacturing		
Railroad tracks		
Runway or runway clear zone		
Treatment, processing, storage, or disposal facility for hazardous materials, solid waste, or sewage		
Sources of noise that may exceed 70 decibels		
Prison or correctional facilities		
Sources of noxious odor:		
PMD or M zoning geography		
Sources of excessive lighting		
High tension power lines		

If any incompatible uses/environmental justice concerns are identified above, provide a general description of the use(s), its potential impact on the project, and any efforts that will be undertaken to mitigate the impact:

Flooding Concerns:

Indicate if any of the below are applicable to the site (yes/no):

Site is located in existing floodplain:	
Site is on or adjacent to floodway, wetlands, streams, ravines, or drainage:	
Excessively steep slopes:	

RiskFactor Flood numeric rating (1-10):	
CEJS Projected Flood Risk percentile:	

If any flooding concerns are identified above, describe proposed project elements that will be undertaken to mitigate the risk:

Extreme Heat Concerns:

Indicate if any of the below are applicable to the site:

- [RiskFactor](#) Heat numeric rating (1-10):
- Tree Canopy coverage percent:
- Surface temperature percentile:

If any extreme heat concerns are identified above, describe proposed project elements that will be undertaken to mitigate the risk:

Accessibility

This question is intended to give a broad overview of the number of accessible units provided. Include all units classified as accessible, including Type A units, units designed to be adaptable and visitable, and units that incorporate elements of universal design principles, but do not double count units. Section 9.0 of the [Architectural Technical Standards manual](#) provides more information.

The Mayor’s Office for Persons with Disabilities (MOPD) will require additional information prior to final permits and closing.

Number of Accessible units:	
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Rehabs

Residential	Residential	Commercial
Units before rehabilitation:		
Units after rehabilitation:		
Units currently occupied:		
Proposed Parking spaces		

Relocation

Number of tenant households temporarily displaced:	
Number of tenant households permanently displaced:	

Commercial Space

Describe how proposed commercial tenant(s) aligns with the priority tract selected for the project:

Describe cost, plan for financing rehabilitation/construction of commercial units and status of leasing the commercial units:

Tenant	Sq. Ft.	Rent	Lease term	Terms of lease/ expiration	Gross, triple net, other

PINS

List parcels by Address and Property Identification Number (PIN) and explain status of acquisition (note City or Privately owned).

Building/Lot Matrix - **Privately-owned Parcels** – Note B for building, or L for land to be built on, or PL for parking lot. *Add more lines as necessary: each PIN/Address should have a separate line*

Address	B/L/PL	Pin	Zoning	# of Units/Spaces	Ownership status

4. DOH Selection Criteria: Development Efficiency, Financing and Project Readiness

The primary financing information is provided in the proforma, per the application checklist. This section provides a quick snapshot of the development’s finances and should match what is identified in the pro-forma.

Financial Assistance Requested from the City of Chicago

Loans

	Amount
Multifamily/Soft Loan: ___ City ___ IHDA	\$ _____
Chicago Low-Income Housing Trust Fund	\$ _____
9% Low Income Housing Tax Credits: ___ City ___ IHDA	\$ _____
Tax Increment Financing (Maximum Eligible Expenses)	\$ _____
Tax-Exempt Bonds: ___ City ___ IHDA	\$ _____
Private Activity Bonds	\$ _____
501(c)(3)- Bonds	\$ _____
4% LIHTCs	\$ _____

Subordination, Non-disturbance and Attornment Agreement

Given the size of the market-rate and/or commercial component of this project, will requirements for syndication include the City subordinating to a private lender and/or enter into a Subordination, Non-disturbance and Attornment Agreement?	Yes
	No

Charitable Property Tax Exemption

Will the applicant seek a Charitable Property Tax Exemption? (yes/no)	
What tax year is the exemption expected to take effect?	
How much is the annualized tax saving projected to be?	
Does the development include units not covered by a Project Based Voucher? (yes/no)	

All Sources/Terms

Source	Amount	Position	Rate	Amort/Term	Status*	Per Unit
Private						
DOH Loan						
CHA Loan						
IHDA						
FHLB						
TIF						
Other						

Other						
Other						
Investor Equity						
Owner/GP Equity						
Total						

*Indicate: to apply, pending, committed, or approved

Source of Credit Enhancement for loan/bonds			
Up-front fees		Annual Fees	

Uses of Funds

	Amount	Per Unit	% of Project
Acquisition			
Construction			
Soft Costs			
Developer's Fee			
Totals			

Tax Credit Information

	Number of Credits	Pay-in Rate	Equity Generated
LIHTC			
Historic Credits			
Donation Tax Credits			

Non-City of Chicago Financing Information for the Proposed Project

Please supply letters of interest and/or support. If any of the lenders/grantors are governmental agencies, please provide letters of interest and support from other governmental agencies. The descriptions above should include the program name, dollar amounts, number of units affected, low-income occupancy restrictions, and expiration dates.

1. Lender/Grantor					
Contact Person				Phone Number	
Address:					
City:		State:		Zip Code:	
E-Mail:				Fax Number:	
Application Date				Approval Date	
Security				Position	

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term	Recourse during construction and lease-up	Non-recourse
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2. Lender/Grantor	
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Contact Person		Phone Number	
Address:			
City:	State:	Zip Code:	
E-Mail:	Fax Number:		
Application Date	Approval Date		
Security	Position		

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term	Recourse during construction and lease-up	Non-recourse
----------------------	---	--------------

3. Lender/Grantor

Contact Person		Phone Number	
Address:			
City:	State:	Zip Code:	
E-Mail:	Fax Number:		
Application Date	Approval Date		
Security	Position		

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term	Recourse during construction and lease-up	Non-recourse
----------------------	---	--------------

4. Lender/Grantor

Contact Person		Phone Number	
Address:			
City:	State:	Zip Code:	
E-Mail:	Fax Number:		
Application Date	Approval Date		
Security	Position		

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term	Recourse during construction and lease-up	Non-recourse
----------------------	---	--------------

5. Lender/Grantor

Contact Person		Phone Number	
Address:			
City:	State:	Zip Code:	
E-Mail:	Fax Number:		

Application Date		Approval Date	
Security		Position	

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term		Recourse during construction and lease-up		Non-recourse
----------------------	--	---	--	--------------

6. Lender/Grantor

Contact Person		Phone Number	
Address:			
City:		State:	
E-Mail:		Fax Number:	
Application Date		Approval Date	
Security		Position	

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term		Recourse during construction and lease-up		Non-recourse
----------------------	--	---	--	--------------

7. Lender/Grantor

Contact Person		Phone Number	
Address:			
City:		State:	
E-Mail:		Fax Number:	
Application Date		Approval Date	
Security		Position	

Describe any condition that apply to loan/grant: # of units, low-income set aside restrictions:

Recourse during term		Recourse during construction and lease-up		Non-recourse
----------------------	--	---	--	--------------

Zoning Status If a zoning change is required, what is the status of the zoning change? Include details on any scheduled or previous meetings with DPD as well as your anticipated ZBA and Plan Commission schedule.

Underground utilities: If applicable, has the Office of Underground Coordination been contacted to review current and proposed underground utilities? Please note, ground leases of City-owned land do not preclude the privatization of underground utilities and/or infrastructure.

Appraisal or Broker Price Opinion (BPO)

Property Appraisal. If available, provide a copy of all appraisals on privately-owned land as part of the Stage I checklist

“As is” appraised value (land and existing buildings) \$ _____
 By: _____ Date: _____

After rehabilitation/construction appraised value \$ _____
 By: _____ Date: _____

Applications with existing buildings will require a Physical Needs Assessment, have you started this process? If already complete, please attach (This is a Stage II requirement, if the project is a rehab)	
--	--

Site control Describe status of ownership of buildings/parcels if not owned by City or applicant:

Acquisition Status (Provide for each property and each parking lot)

Address _____

Date of Purchase _____

Name of Purchaser if different than applicant _____

Purchase Price \$ _____

Name of Seller _____

Address _____

Existing Subsidies with Acquisition Project \$ _____

Loan to acquire property \$ _____

Section 221 (d) (3) BMIR (outstanding principal balance) \$ _____

Section 236 (outstanding principal balance) \$ _____

Section 8 Rent Supplement or Rental Assistance Payment \$ _____

Is HUD Approval for Transfer of Physical Asset required? _____ Date: _____

Other Liens and Judgments against Subject Project

Total delinquent property taxes \$ _____

Unpaid Water/Sewer \$ _____

Mechanics Lien \$ _____

Other Liens: type \$ _____

Describe how these obligations will be cleared at closing:

**Existing first mortgage: (provide for each property and parking lot)
If there is a first mortgage, please complete the following:**

Date of first mortgage _____

Original Mortgage Amount \$ _____

Lender _____

Address _____

Contact Person _____

Phone Number _____

Original Mortgage Amount \$ _____

Loan Number _____

Interest Rate % _____

Term _____

Monthly Principal & Interest \$ _____

(Do not include real estate taxes, insurance) _____

Maturity Date _____

Unpaid Principal Balance \$ _____

Are payments current? _____

If no, Explain: _____

Reason for loan	_____
Mortgagor's Names	_____

Is the Applicant and/or other party personally liable for the loan?

Existing Second Mortgage: If there is a second mortgage, please complete the following:

Date of second mortgage _____

Original Mortgage Amount \$ _____

Lender _____

Address _____

Contact Person _____

Phone Number _____

Original Mortgage Amount \$ _____

Loan Number _____

Interest Rate % _____

Term _____

Monthly Principal & Interest \$ _____

(Do not include real estate taxes, insurance) _____

Maturity Date _____

Unpaid Principal Balance \$ _____

Are payments current?

If no, Explain: _____

Reason for loan _____

Mortgagor's Names _____

Is the Applicant and/or other party personally liable for the loan? _____

Existing Third Mortgage: If there is a third mortgage, please complete the following:

Date of third mortgage _____

Original Mortgage Amount \$ _____

Lender _____

Address _____

Contact Person _____

Phone Number _____

Original Mortgage Amount \$ _____

Loan Number _____

Interest Rate % _____

Term _____

Monthly Principal & Interest \$ _____

(Do not include real estate taxes, insurance) _____

Maturity Date _____

Unpaid Principal Balance \$ _____

Are payments current?

If no, Explain: _____

Reason for loan _____

Mortgagor's Names _____

Is the Applicant and/or other party personally liable for the loan? _____

If there are more mortgages, please list on a separate sheet of paper.

Estimated Project Timeline

A. Site Control

Option/Contract
Site Acquisition
Zoning Approval
Site Analysis

B. Financing
Construction Loan

Loan Application
Conditional Commitment
Firm Commitment

Permanent Loan
Loan Application

Conditional Commitment
Firm Commitment

Other Loans and Grants

Type and Source

Application

Award

If IHDA or CHA funding, list anticipated key Committee/Board approval dates

Equity Commitment

Type and Source

Application

Award

If IHDA or CHA funding, list anticipated key committee/board approval dates

C. Plans and Specifications

Schematic Drawings

State Historic Preservation Office (SHPO) Drawings

Environmental Review

Construction Contract Bid Opportunity

In-For Construction (IFC) Drawings

Contractor's Sworn Statement

Building Permit Received

D. Closing and Transfer of Property

E. Construction Start

F. Completion of Construction

G. Lease-up

H. Tax Credit Placed-in-Service Date

I. Key Considerations: please detail any internal or external deadlines, or any outstanding considerations that may impact the timeline

Information Regarding Municipal Advisor

1. Does the financial assistance requested hereunder involve the issuance of municipal securities or the use of a municipal financial product (such as a derivative, a guaranteed investment contract or a program for the investment of proceeds of municipal securities).		
2. If the answer to #1 above, is "Yes": Have you engaged in a municipal advisor registered with the U.S. Securities and Exchange Commission and the Municipal Securities Rulemaking Board?		
3. If the answer to #2 above is "Yes", please identify the municipal advisor engaged:		
Name		
Address		
MSRB Number		
Contact Person		
Phone		
Email		
4. If the answer to #2 above is "No", please indicate the exemption from the municipal advisor rules upon which you and the provider of the municipal financial services are relying and attach copies of any correspondence supporting such exemption:		

Minimum Set Aside Election

The owner must elect one of the Minimum Set Aside Requirements (check one only)

<input type="checkbox"/>	At least 20% of the rental residential units in this development are rent restricted for and are to be occupied by households whose income is 50% or less of area median income
<input type="checkbox"/>	At least 40% of the rental residential units in this development are rent restricted for and are to be occupied by households whose income is 60% or less of area median income.
<input type="checkbox"/>	Income Averaging, which allows a property to serve households up to 80% AMI, as long as at least forty percent (40%) of the project units are rent and income restricted and the average income limit for all tax credit units in the project is at or below 60% AMI.

5. Evaluation Criteria: LIHTC Policies and Priorities

In accordance with Section 42(m), projects containing one or more of the following criteria shall be given preference for selection for Tax Credits:

Check each need that this project addresses

	LIHTC Preferences	If box is checked, provide additional detail
<input type="checkbox"/>	Project serves very-low-income households (Households with incomes at or below 30% of area median gross income adjusted	

	for family	
	Project is located in a qualified census tract	
	Project promotes long-term affordability (specify 30 years; 40 years; 50 years; 99 years)	
	Project contributes to a community revitalization plan	

In selecting projects to receive allocations of Tax Credits, in accordance with Section 42(m), the Department shall consider the following mandatory selection criteria, as it relates to each application and related project proposal:

	LIHTC Priorities	If box is checked, provide additional detail
	Project serves tenants with special housing needs (please complete the Social Services Plan section if this box is checked)	
	Project provides housing for households with children	
	Project provides housing for public housing residents	
	Project utilizes public housing waiting list	
	Project is intended for – or facilitates - eventual homeownership	
	Project promotes historic preservation	
	Project promotes energy efficiency	

6. DOH Selection Preferences and Priorities

Priority Tracts

The Department values the equitable distribution of affordable housing across geography and market type. To achieve this goal, and as in 2019, the Department will evaluate each application and related project proposal in accordance with its adherence to the policies identified as priorities in each of four “Priority Tracts.”

Please select the Priority Tract you are applying under (select only one Priority Tract). Definitions of each tract are in the QAP.

Select ONE from below	
<input type="checkbox"/>	Priority Tract 1: Opportunity Area
<input type="checkbox"/>	Priority Tract 2: Redevelopment Area
<input type="checkbox"/>	Priority Tract 3: Transitioning Area
<input type="checkbox"/>	Priority Tract 4: Recapitalization of existing affordable housing
<input type="checkbox"/>	Priority Tract 5: Permanent Supportive Housing

Within the Priority Tract you have selected, which policy priorities will your project advance? Please refer to the QAP for the policy priorities specific to each Priority Tract.

Selection Preferences and Priorities

Additional Resources for tenants and residents

Will this development partner with agencies to encourage tenant wealth building or provide workforce development/career training? Please provide details on proposals and partners.

Will this development offer family supports (i.e., daycare, domestic violence protections, food pantry, etc.)? Please provide detail on proposals and partners

Will this development include supportive housing units and wrap-around services with access to social workers? Please provide detail on proposals and partners

Describe if this development will incorporate arts/local culture/targeted services/local commercial uses/social enterprise businesses reflective of the community and residents.

Describe the community spaces, on-site services, health and wellness spaces that will be available to residents. Please provide detail on proposals and partners.

Will the development offer internet services at no cost to tenants? If not, how will they procure internet?

Design Expectations

Please provide preliminary design review PowerPoint as delineated in the Architectural Technical Standards (ATS) manual. Provide prepared Project Assessment Matrix (attached). This matrix illustrates where the project design exceeds, meets, and misses the standards from the ATS.

If this project is reapplying to DOH for funding, how, if at all, has the design changed?

Efficient use of public funds and resources

Do you have letters of intent from all lenders and syndicators? If not, please explain.

What is the expectation for this building in Year 15?

What homeownership options exist for this development following the compliance period?

Preference for marginalized residents

Will your development open units to undocumented immigrants and/or mixed immigrant households? Please describe.

For Supportive Housing units, have you had any coordination with the Chicago Continuum of Care (COC) and/or Flexible Housing Pool (FHP)? Please describe.

7. Community Engagement

The Department of Housing (DOH) supports the redevelopment and planning goals of the City by investing in housing developments that contribute to the overall vitality and revitalization of the communities in which they are located. In determining where to allocate resources, DOH seeks the input of elected officials, businesses and community residents. In order for DOH to approve funding for a housing development, the developer shall present the results of that community engagement, including any support and opposition to the project. Elevated Chicago [provides an excellent guide to community engagement](#). DPD may conduct additional inquiries and/or public meetings if it determines that a proposed development requires additional discussion.

Describe in detail how your plan for community engagement aligns with the requirements for Community Input in Section IV.B of the Multifamily Application Instructions.

8. Previous Participation with City of Chicago

1. Development Entity: |

Project Name:

Address:		Number of Units	
Amount of City of Chicago Loan(s)		Loan Closing Date	
1st Mortgage Amount		2nd Mortgage Amount	
3rd Mortgage Amount		Tax Credit Res. Amount	
Year Tax Credit Reserved		Placed in Service Date	
CITY LIHTC		IHDA LIHTC	
		Syndication	

Loan status: Current Delinquent	
If delinquent, explain:	
Has this loan ever been subject to a workout, restructuring or litigation?	
If yes, explain:	
If land or grant, explain:	
Year of most recent AOC compliance determination letter (letter will be requirement of Stage Two application)	
Year of most recent Physical Inspection compliance determination letter (letter will be requirement of Stage Two application)	

2. Development Entity:

Project Name:					
Address:		Number of Units			
Amount of City of Chicago Loan(s)			Loan Closing Date		
1st Mortgage Amount		2nd Mortgage Amount			
3rd Mortgage Amount		Tax Credit Res. Amount			
Year Tax Credit Reserved		Placed in Service Date			
CITY LIHTC		IHDA LIHTC		Syndication	
Loan status: Current Delinquent					
If delinquent, explain:					
Has this loan ever been subject to a workout, restructuring or litigation?					
If yes, explain:					
If land or grant, explain:					
Year of most recent AOC compliance determination letter (letter will be requirement of Stage Two application)					
Year of most recent Physical Inspection compliance determination letter (letter will be requirement of Stage Two application)					

3. Development Entity:

Project Name:					
Address:		Number of Units			
Amount of City of Chicago Loan(s)			Loan Closing Date		
1st Mortgage Amount		2nd Mortgage Amount			
3rd Mortgage Amount		Tax Credit Res. Amount			
Year Tax Credit Reserved		Placed in Service Date			
CITY LIHTC		IHDA LIHTC		Syndication	
Loan status: Current Delinquent					
If delinquent, explain:					
Has this loan ever been subject to a workout, restructuring or litigation?					

If yes, explain:	
If land or grant, explain:	
Year of most recent AOC compliance determination letter (letter will be requirement of Stage Two application)	
Year of most recent Physical Inspection compliance determination letter (letter will be requirement of Stage Two application)	

Compliance Status

DOH requires that any outstanding long-term monitoring or compliance issues or deficiencies in connection with the development/ project and/or its controlling affiliate(s) be cured or under a work-out plan prior to application submission.

Has the applicant or any affiliate of the applicant ever been awarded a reservation of Low-Income Housing Tax Credits from any allocating agency and failed to meet the 10% expenditure requirement by the close of the year of the reservation?	
If yes, please explain:	

Has the applicant or any affiliate of the applicant ever been awarded Low Income Housing Tax Credits from any allocating agency and failed to place the building in service by the close of the second year following the allocation?	
If yes, please explain:	

Has the applicant or any affiliate of the applicant ever been cited for non-compliance under the City's or any other Low Income Housing Tax Credit program, and been unable to cure the non-compliance within the allowable cure period?	
If yes, please explain:	

Has the applicant or any affiliate ever been – or are currently – out of compliance in a material respect with the City's MBE/WBE, local hiring preference ordinances, Davis-bacon Act, Section 3 of the Housing and Urban Development Act of 1968 or with the Program or a Department loan agreement on a current or previous project funded by DOH or its predecessor departments?	
If yes, please explain:	

9. DOH Supportive Services Plan (SSP) Guidelines:

Applicants are encouraged to provide as much detail and background information about the Project as possible. The submission of this plan is required for Senior Housing and Supportive Housing Projects.

For developments applying under Priority Tract 5, the Supportive Services Plan must be prepared by a Service Provider and be designed to meet the needs of the specific population proposed to be served. The responses should provide information about the plans for the proposed development that ensure tenant access to the services they

need and choose with the goals of achieving and retaining permanent housing, increasing skills and/or income, and achieving greater self-determination.

SERVICE PLAN OUTLINE

Project Name:		
Total units in the development:		
Total units designated for Permanent Supportive Housing:		
Project Summary: Provide a brief overview of your proposed project (housing and services) in one paragraph:		
Supportive Services Provider:		
Contact Person:	Phone Number:	
Address:		
City:	State:	Zip Code:
E-Mail:		

Target Populations

All Projects must be disability-neutral unless a committed or anticipated capital or operating subsidy source requires disability-specific targeting. Examples of this include but are not limited to: Housing Opportunities for People with HIV/AIDS (HOPWA). Unless otherwise dictated by another committed capital or operating subsidy source, units must be open to serving households headed by persons experiencing literal homelessness, released from a correctional facility, living doubled-up, and fleeing or attempting to flee gender-based violence (GBV) and or/human trafficking.

Projects applying via the Permanent Supportive Housing tract which are seeking to serve priority populations will be given preference if projects demonstrate any the following:

- Coordination with the Chicago Continuum of Care (CoC), Flexible Housing Pool, or Department of Family Support Services (DFSS)
- Coordination with Chicago Public Schools Students in Temporary Living Situations (STLs), Single-Room Occupancy (SRO) buildings, or organizations serving the doubled-up community.
- Coordination with Department of Family Support Services (DCFS), CFS, Domestic Violence (DV) shelters or other Emergency Shelters, or the DV Coordinated Entry System
- Coordination with a correctional facility such as the Illinois Department of Corrections (IDOC) or the Cook County

If coordinating with any of the above submit the appropriate document of the following:

- (a) Written confirmation from IDOC
- (b) Written confirmation from the CoC, FHP, or DFSS
- (c) Written confirmation from CPS
- (d) Written confirmation from DCFS, CFS, or the DV entity you plan to partner with

The Target Population(s) to be Served:

Who will be served by the proposed housing? (Check all that apply, if applicable)	Estimate the number of proposed units that will serve each population.
People Experiencing Homelessness (individuals)	
People Experiencing Homelessness (families)	
Returning Residents (individuals)	
Returning Residents (families)	
People Living Doubled Up (individuals)	
People Living Doubled Up (families)	
Survivors of Gender Based Violence (individuals)	
Survivors of Gender Based Violence (families)	

Population Service Coordination Plan

Based on the population(s) served, please provide information on the coordination plan with any of the entities indicated above, including the funding sources being leveraged in partnership, the services provided, the capacity of the coordination entity, and any other pertinent details.

Tenant Selection Plan (TSP) Questionnaire

- Do you use housing first practices? Yes/No
- Describe how the project will ensure that tenants are eligible to occupy these units.
- Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if the tenant can comply with lease terms.
- Identify all disclosures that will be provided to applicants/tenants. Recommended include:
 - All disclosures required by funding sources
 - Copies of the lease and all related rules, responsibilities, and expectations.
 - Monthly rent collection processes.
 - Lease violation policies and procedures.
 - Copies of fire and health department standards and requirements.
 - Information about cleaning and pest control processes.
 - Annual recertification processes, wherein residents must agree to recertify their income at least once a year or as requested by property management.
 - Unit inspection requirements.
 - Safety and communication protocols in the case of an unwelcome or potentially harmful person showing up at the PSH site, which must also be understood by all PSH property management and site staff.

Housing First Certification	
Please indicate which tenets of Housing First you plan on employing with this project. Y for yes or N for no.	
Tenant Screening	
1. As required by law, the project complies with the Just Housing Amendment and does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”	
2. Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.	
3. As required by law, people with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.	
4. The tenant selection plan and all written policy and procedures will not require a minimum income as an eligibility requirement to enter housing.	
5. The project follows laws set forth by HB 2775 where source of income is considered a protected class	
Housing Based-Voluntary Services	
1. If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.	
2. Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction is a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors.	
3. Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.	
4. The tenant selection plan and all written policies and procedures will not require medication compliance as an eligibility requirement to enter housing.	
5. The tenant selection plan and all policies and procedures will not require sobriety as an eligibility requirement to enter housing	
6. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants. Housing and service goals and plans are highly tenant driven.	
7. Supportive services emphasize engagement and problem-solving over therapeutic goals.	
Housing Permanency	
1. Substance use in and of itself, without other lease violations, is not considered a reason for eviction.	
2. Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	
3. Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.	
Trauma Informed Practice Tenets	
The Applicant shall write at least 2 strategies below each Trauma-Informed Care tenet that the development will use to comply with tenet.	

1. Safety- Applicant will employ practices to assure staff and residents feel physically and psychologically safe
2. Transparency- Applicant will ensure transparency in process for residents in terms of leasing and disciplinary measures taken
3. Peer Support-Applicant will give a good faith effort to incorporate individuals with lived experience into service delivery.
4. Collaboration and Mutuality- resident strengths are recognized, built on, and validated
5. Empowerment, voice, and choice- Applicant will recognize and respect resident autonomy
6. Humility- Applicant will recognize and address: biases, stereotypes, and historical trauma

Referral Process- answer the following questions:	
For Continuum of Care units, what are the outreach protocols to find households after receiving referrals from the Coordinated Entry System? Are there designated staff to locate referrals?	
Will the housing application and screening processes be fully accessible to people with disabilities?	
Will the housing application be separate from any services needs assessment and not request detailed clinical information?	
Will there be an established system for staff to communicate with tenants during the application process and to track and retain documentation?	

Please describe the level at which services will be provided as described in PSH tract (high support, medium support, baseline support.) Describe the services being provided to residents of the PSH development and how the proposed services will meet the needs of the populations served.

Supportive Services Chart				
Resident Service	Service Description: Describe the service, including the service level (high support, medium support, baseline support in accordance with the service level definitions in the QAP appendix)	Frequency of services provided	Hours of service availability	Service Provider
Case Management				
Crisis Management Services (Behavioral Health)				
Individual Psychotherapy (Behavioral Health)				
Medication Assisted Treatment (Behavioral Health)				
Medication Monitoring (Behavioral Health)				
Group Therapy (Behavioral Health)				
Screening for SMI and SUD (Behavioral Health)				
On site pharmacy delivery (Behavioral Health)				
Peer Support Services (Behavioral Health)				
Physical Health Services				

Activities of Daily Living (ADL) Assistance				
Assistance obtaining benefits and essential documentation				
Education and employment services				
Childcare				
Community Building Activities				
Other services, such as housing retention skills, legal assistance, family connection services, etc.				

Supportive Service Coordination

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, and the frequency, travel time and cost to the tenant for transportation required to access the services if offsite. If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

2. Describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based barriers to services. If available, provide documentation, in the form of a Memorandum of Understanding, Memorandum of Agreement,

letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

Supportive Services Funding		
Source	Amount	Status (procured, proposed, or planned)

Trauma Informed Design
Please describe your plans to utilize trauma informed design beyond what is required by the ATSM, if any.

Support Services Staffing Plan

Describe the overall staffing pattern, including the roles and responsibilities for each position listed in the Staffing Chart below. List the target populations served through each position.

Staffing Chart

List all staff positions that will provide services to the tenants of the development. Include any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location of the position (on-site or off-site).

Title	Employing Organization	Location
List each staff position	List which organization will employ each staff position	Indicate "On-Site" or "Off-Site"

Staffing Ratios

Total number residents to be served by supportive service staff:

Total number of supportive service staff. Provide only the number of ongoing direct service staff positions that will provide services to the tenants (for example, case manager, psychiatric nurse, services coordinator, etc).

Measurable Plan Outcomes	
Specific target populations will likely have varying outcomes and evaluation strategies. List outcomes and evaluations plans specific to the target population the project intends on serving.	
Category	Outcomes: List expected outcomes
Residential Housing Stability	
Increased Skills/Income	
Increased Health/ Mental Health Outcomes	
Increased Self Determination	

State Donations Tax Credits Application

(only required if you are applying for Donation Tax Credits from the City of Chicago)

1. Program Description

State Donations Tax Credit Program Description

General Program Information - Program Overview

The IAHTC program, signed into law August 23, 2001, encourages private investment in affordable housing by providing donors a tax credit on their Illinois income tax equal to 50% of their donation to qualified nonprofit affordable housing sponsors.

The City of Chicago's Department of Planning and Development administers the program in the City of Chicago. The Illinois Housing Development Authority administers the IAHTC program statewide. Each agency will review applications submitted by sponsors in accordance with the guidelines and requirements contained in this application. The Illinois Housing Development Authority (IHDA) receives 75.5% of the IAHTC annually, while the City of Chicago Department of Housing (DOH) receives 24.5%.

Once an applicant has received a reservation of IAHTCs for a project, a donation must be procured within 24 months. An applicant receiving credits for an Employer Assisted Housing Project or Technical Assistance will only have 12 months to procure the donation. During this time, the sponsor must also procure any financing needed for the development. Upon initial closing of that financing, the sponsor becomes eligible to obtain the credit reserved for the development. The credit certificate will be issued to the sponsor once the administering agency receives documentation of the donation and other project information, such as final cost, unit mix, and financing. The administering agency will provide a copy of the certificate to the Illinois Department of Revenue. It is the sponsor's responsibility to ensure that the donor receives the certificate.

Eligible Donations - Eligible donations include money, securities, or real or personal property provided without consideration to a Sponsor for an Affordable Housing Project. The donations may be aggregated if more than one donation is received for a development, but the total donation may never be less than \$10,000. In the event of an aggregate donation, the sponsor will be responsible for evidencing the amount and source of each donation to the administering agency, and for providing individual donors with credit certificates.

Eligible Applicants - Applicants (project "sponsors") must be non-profits organized for the purpose of constructing affordable housing and must be "material participants" in the project (see Rules, Section 355.310, available on DOH'S website).

Eligible Costs - Costs associated with purchasing, rehabilitating, constructing, or providing financing for a development are eligible through this application process. Technical assistance in the form of homeownership counseling is also available through a separate application process.

Application Review - DOH will review applications for financial feasibility and ability to proceed (project readiness).

Program Preferences *not mandatory*

- Ability to proceed (project readiness)
- Sponsor ability to complete project as proposed
- Evidence of site control
- Reasonable donation amount and plan for obtaining the donation

Income Levels Served - Rental

- 25% of the units must serve households at 60% area median income or less
- Rent payments cannot exceed 30% of household's gross monthly income

Homeownership

- Units must serve households at 60% of area median income or less
- Mortgage payments (including mortgage principal, interest, property taxes, and property insurance) may not exceed 30% of the household income, except for employer-assisted housing projects

Employer-assisted housing programs

- 100% of the units must serve households with incomes at 120% area median income or less

Employer-Assisted Housing

Eligible activities for employer-assisted housing include:

- down payment and closing cost assistance (separate application)
- reduced-interest mortgages (separate application)
- mortgage guarantee programs (discuss with CDPD)
- rental subsidies (complete Rental Application)
- individual development account savings plans (discuss with the CDPD prior to applying)

Eligible Activities for Home Ownership Programs

- Construction or rehabilitation of single-family residences (defined in the rules as “house, condominium, townhouse or other residence used for occupancy by a single Household as its primary residence)
- Rehabilitation of single-family residences, which are then sold or rented
- Financing of single-family residences using junior mortgages with a below market interest rate
- Construction subsidies to lower the purchase price of single-family residences
- Employer Assisted Housing Programs

Technical Assistance

Eligible activities for Technical Assistance Program

- Technical Assistance means any cost incurred by a sponsor for project planning, assistance with applying for financing, or counseling services provided to prospective homebuyers

2. State Donations Tax Credit Application

List donors contributing or proposing to contribute to your project. In estimating the value of the donation, state the entire donation amount (not just the amount of tax credits being requested). If donation is vacant land or an existing building, environmental remediation costs must be excluded from the As-Is appraised value.

Donor name (complete contact information on each donor below)	Type of donation*	Value of donation	Method of valuation**	What is status of donation?***	Date donation made/will be made

State plan for obtaining donation if donations are not already committed.

3. Environmental Condition of Donated Land

Attach all relevant reports assessing the environmental condition of the land (i.e. Environmental Phase I, etc)

Consultant Name: _____

Date of Report: _____

Summary of Findings:

Environmental Remediation Cost: \$ _____

4. Site Control

Some evidence of site control is required to apply for the State tax credit.

Please indicate below your evidence of site control, and attach appropriate documentation:

- Deed
- Option to purchase
- Purchase contract
- Letter of intent from a prospective donor of real property
- Letter of intent from a governmental agency
- Other

City of Chicago
Multi-Family Housing Financial Assistance Application
Supplemental Information for TIF or other Non-Housing City Assistance

In order for the City of Chicago to effectively evaluate a request for TIF assistance, please include the supplemental information described below with your MF Financing Assistance application.

- Provide all applicable items in a single submission;
- Organize the submission and present the required information in the manner indicated; and
- Include both paper and electronic copies of this application and the supplemental information.
- Please include the electronic copy on the USB flash drive. All financial projections and models should be in Excel format.

Failure to provide all required information in a complete and accurate manner could delay processing of your application. DOH reserves the right to reject or halt the processing of applications that lack all required items.

Supplemental Information for Tax Incremental (TIF) Assistance or other Non-Housing City Assistance

1. Identify TIF District

If the proposed project is in an existing TIF district, identify the TIF district. If the proposed project involves expanding an existing TIF district, or the creation of a new TIF district, provide a map and a description of the proposed boundaries.

2. List of PINs

Identify the specific Parcel Index Numbers (PINs) included in the project site. Also include the “base” EAV for each of these PINs. This information can be obtained in the TIF District Redevelopment Plan and from the Cook County Assessor’s Office.

3. Demonstration of Need

Provide a detailed statement that accurately and completely explains the need for TIF assistance. This statement should provide the returns on equity and investment with and without TIF and reasons why the project would have unacceptable financial returns without TIF. The projections should be provided in Excel format.

4. Request for TIF Assistance

Specifically state the amount of TIF assistance that is necessary to make this project possible. Also specify the requested payment structure (e.g., amount of assistance, in what form, and over what period of time) and how the developer will fund project costs that will be reimbursed with TIF increment after those project costs have been incurred. For example, will the developer provide additional equity or borrow additional funds to “front-fund” and bridge the TIF assistance? Please note that applications that include longer-term bridge financing of TIF will be more favorably considered.

5. Budget TIF Eligible Expenses

TIF Funded Improvements shall mean those improvements of the Project which (i) qualify as Redevelopment Project Costs under IL 65 ILCS 5/11-74.4-3 (q), (ii) are eligible costs under the Redevelopment Plan and (iii) the City has agreed to pay for out of the City Funds, subject to the terms of the Agreement.

Using the DOH ProForma, under the DevCosts tab, identify which of the development budget costs are eligible for

reimbursement as allowed by the Illinois TIF Act and complete the TIF eligible budget as a separate attachment.

6. Increment Projection

Include projections of the incremental taxes that will be generated by this project for the remaining life of the TIF District.

When performing the increment projections use the following inputs:

- Base EAV as listed in the TIF Redevelopment Project Area Plan for your project PINs
- For future assessed property value use the appraised value of project post construction completion
- Keep in mind that the full reassessment of project occurs at least 1-year after project completion
- Most recent County published (anticipated to be published mid-June 2017) 2016 tax year tax rate and State equalizer factor of 2.8032 for all future years
- EAV annual growth rate of 1.5%
- Five percent (5%) of increment retained for City administration and management of the TIF district
- NPV calculated at 6.5% discount rate

7. Negotiated Sale of Property in Redevelopment Area

If the proposed project includes the acquisition of City-owned property, please include the street address, PINs, and acquisition cost. If the acquisition is for market-value please provide an appraisal.