

FARM WORKER HOUSING TAX CREDIT PROGRAM

2010 APPLICATION CHECKLIST

This application is designed to acquire the information necessary to establish the qualifying status, viability, and readiness of farmworker housing projects to proceed. This is to assure, to the extent possible, that the limited tax credits available each year are awarded and used in a timely manner to provide new or rehabilitated farmworker housing for the current or upcoming agriculture season. Applications will be considered in chronological order received and approved based on the announced evaluation process until the \$7.25 million annual cap set by Oregon statute is reached.

If the applicant intends to transfer credits to an investor whose identity is known at the time of applying, that investor must file the application jointly with the applicant. If an investor is selected after the Oregon Housing & Community Services (OHCS) has issued a letter of tax credit approval, that investor and the applicant must jointly file a statement with the Department of Revenue indicating which portion of the credit each entity is allowed to claim.

This application is intended for all projects. It has been kept brief for projects involving the rehabilitation or addition of living units in an existing labor camp. Larger projects that use OHCS grant, tax credit or loan resources should submit project description information required for these other programs. **All** applications must contain a letter from the local planning agency stipulating that the current zoning for the project site is appropriate for the proposed use and attesting that the project has completed any necessary zone change and conditional use approval processes. Attachments must be provided documenting the source and availability of all funding for the project. A letter indicating a firm or conditional commitment of financing should be included from each source. Applications must be filed no later than six months after project start.

The items listed below must be submitted to complete the application. Incomplete applications will be returned. This checklist must be submitted as a part of the application package. A signature acknowledging an understanding and inclusion of the listed information is required.

PROJECT APPLICATION CHECKLIST

Application Document:

- ___ Project Application Checklist (*this page*)
- ___ Project Application/Project Description/Response to Narratives/Financial Description

Additional Attachments:

- ___ Commitment Letter from Investor (*if applicable*)
- ___ Planning Agency Verification (*letter indicating current zoning is appropriate for proposed use and approval of project to proceed*)
- ___ Preliminary site design/development plans or scope of work for rehabilitation projects
- ___ Proof of Funding (*i.e., copy of statement, letter from financial institution verifying owner has sufficient funds, letter of conditional or firm commitment of financing from outside funding source, etc.*)
- ___ Extended Completion Commitment (*submit letter of commitment indicating completion date if project to be completed after December 31st of award year*)

APPLICANT ACKNOWLEDGMENT

Each applicant understands and has included the information listed above. Each applicant verifies that project will be completed by December 31st of the award year unless a separate signed commitment has been included in this package indicating an extended completion date.

(signature of applicant and date of signature)

(signature of co-applicant, if applicable, and date of signature)

Please return materials to: Loren Shultz, OHCS 725 Summer St. NE Ste. "B" Salem, OR 97301

FARM WORKER HOUSING TAX CREDIT PROGRAM

2010 Application

1. Applicant Information

Name of Applicant _____ Applicant Taxpayer ID _____
Mailing Address _____ Telephone Number _____
_____ Fax Number _____
Contact Person _____ E-mail address _____

Indicate to whom OHCS should direct all correspondence, if different from the above:

Name _____ Telephone Number _____
Address _____

Indicate which entity will be responsible for the development and compliance of the project and to whom the Tax Credits are to be awarded Name _____

Tax Credit Awardee taxpayer ID# _____

Housing Project/Camp Address: _____

Camp Registration: No () Yes () date registered _____

Name of Project/Camp Owner _____

Address of Project/Camp Owner _____

Name of Project/Camp Operator _____

Operator Endorsement # _____ (farm labor contractors only) (BOLI)

2. Investor/Co-Applicant Information (If known, investor must apply jointly with applicant; also, if applicable, attach commitment letter from investor)

Name of Taxpayer: _____ Taxpayer ID Number: _____

Mailing Address: _____ Telephone Number: _____

_____ FAX Number: _____ Contact

Person: _____ E-mail address: _____

Project Description

3. Eligible Cost Estimate (See final page)

Acquisition costs: \$ _____

Development costs:** \$ _____

Construction costs* \$ _____

\$ _____

\$ _____

Total Eligible Costs: \$ _____

* Including septic system and utility hookups.

** Including modular housing installation costs.

4. Project Dates

Starting date: _____

Completion date: _____

Is project/camp occupied? Yes () No ()

Occupancy date: _____

5. Zoning

Current zoning: _____

(A letter from local planning agency must be attached indicating project can proceed within current zoning.)

Credits Requested: \$ _____

Cannot exceed 50% of Total Eligible Costs or amount needed to make project viable, whichever is less.

Applicant may transfer some or all of Credits awarded.

6. Control of Property (check one to indicate the status as of the application date)
Deed () Land Sale Contract () Earnest Money () Option () Other () _____

7. Owner Entity (*Check option that applies most specifically*)
Local Government () Housing Authority () Not-for-Profit Entity () For-Profit Entity () Grower ()

8. Legislative District Congressional _____ State Senate _____ State House _____

9. Property Description (*Check all that apply*)
Seasonal Housing () Year Round Housing () Farm-based () Community-based ()
Number of Buildings ____ Number of Units ____ Occupancy per Unit ____ Total Occupancy ____
New Construction (); Acquisition (); Rehabilitation () Year built ____; Other () (*Describe*)
Number of 1-bedroom units () 2-bedroom () 3-bedroom () 4-bedroom ()
Square footage of project structure _____
Rent charged: Yes () No () How much? _____

Response to Narratives

10. Application Narratives (*Please respond to the following narratives. A complete description will expedite processing. Attach additional sheets and diagram if available.*)

- **Describe the overall concept** of the entire development. **If the project involves rehabilitation**, attach a description of the work to be completed. The goal of such rehabilitation should be to improve the property in such a way as to maximize its expected life.
- **Will any current residents be displaced** by this project? If so, what plan do you have for relocating them?
- **Describe the physical characteristics** of the proposed site, the project design, and how they meet farmworker needs. Discuss the nature of the proposed housing as on-farm, off-farm, community-based, year-round or seasonal.
- **Attach a preliminary site design and development plan, or scope of rehabilitation work.** (*This need not be professionally done.*)

11. Certification. Each applicant hereby certifies that construction will begin, be completed and occupied as noted above. Each applicant certifies the above information to be true and accurate and that the housing units for which the tax credit applies will only be occupied by farmworkers and their immediate families for at least 10 years, unless OHCS grants a waiver of this requirement after five years of compliance with it.

Signature of Applicant

Date

Printed Name

Signature of Co-Applicant (if applicable)

Date

Printed Name

FINANCIAL DESCRIPTION SOURCES OF FUNDING

<u>Source of Funding</u> (ex.) Bank of Plenty	<u>Type (grant, loan, equity)</u> Loan (20 year)	<u>Amount</u> \$350,000	<u>Conditional or Committed</u> Committed
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Complete the following section if tax credits will be sold or claimed by another entity

1) FWHTCs requested x 2) Sale price per \$1 of credits = 3) Equity generated for project

1) \$ _____ x 2) \$ _____ = 3) \$ _____

TOTAL FUND SOURCES \$ _____



USES of FUNDING

Acquisition Costs	Cost
Purchase Price Land & Improvements	\$ _____
Closing/Recording	\$ _____
Off-site Costs/Improvements	\$ _____
Other _____	\$ _____
Subtotal	\$ _____
Development Costs	
Building Permits/Fees/System Development Charges	\$ _____
Surveys & Appraisals	
Market & Environmental Studies	\$ _____
Architectural/Engineering	\$ _____
Legal/Accounting	\$ _____
Developer & Consultant Fee	\$ _____
Other _____	\$ _____
Subtotal	\$ _____
Construction Costs	
On-site Work/Landscaping	\$ _____
Hazardous Materials Abatement	\$ _____
Residential Building and Common Area	\$ _____
Contractor Overhead & Profit	\$ _____
Contingency	\$ _____
Other _____	\$ _____
Subtotal	\$ _____
TOTAL PROJECT COST	\$ _____

(Note: Total Fund Sources must equal Total Project Cost)