



# **MULTIFAMILY HOUSING REVENUE BONDS**

## **APPLICATION**

**Issued by the  
FRANKLIN COUNTY BOARD OF COMMISSIONERS**

**Administered by the  
JOINT COLUMBUS AND FRANKLIN COUNTY  
HOUSING ADVISORY BOARD**

**c/o Mid-Ohio Regional Planning Commission  
111 West Liberty Street, Suite 100  
Columbus, OH 43215  
(614) 233-4180**

# APPLICATION

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Applications should be organized in the same order as the Table of Contents.

All applications must be tabbed and bound.

## TAB 1

### **COVER LETTER & LETTERS OF NOTIFICATION**

1. **COVER LETTER** – Include synopsis of the project, description of financing and the market tenant income group.

2. **LETTERS OF NOTIFICATION** – Include copy of the correspondence sent to contact the area representatives via a certified letter to the area commission, neighborhood association or mayor. The City of Columbus Department of Development website is shown below:

<http://hcs.td.ci.columbus.oh.us/Neighborhood/Neighborhood%20Services/Civic%20Associations/Civic%20Association.htm>

- ◆ Find the Neighborhood Link website for the appropriate neighborhood group.
- ◆ Use the City's database of civic associations to find your neighborhood group.
- ◆ Contact the City of Columbus at (614) 645-7564 for more information about civic associations

The letter should be copied to the Columbus Department of Development (if the project is located within the city limits of Columbus) or to the Franklin County Board of Commissioners (if the property is located outside the city limits of Columbus yet within Franklin County). In addition, a copy needs to be submitted to the Housing Advisory Board.

**For the City:**

Ms. Rita R. Parise  
Housing Administrator  
City of Columbus  
Department of Development  
50 West Gay Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215

**For the County:**

Ms. Debra Willaman  
County Clerk  
Franklin County Board  
of Commissioners  
373 S. High St., 26th Floor  
Columbus, OH 43215-4591

A copy of any response should also be submitted with the application or as soon as it is received and prior to the HAB meeting.

Kathy L. Werkmeister, Secretary  
Joint Columbus and Franklin County Housing Advisory Board  
c/o MORPC  
111 West Liberty Street, Suite 100  
Columbus, Ohio 43215

**3. PUBLIC MEETING** – As an alternative, the developer could hold a public meeting in the community and submit documentation that the meeting was held and indicate the public response to the proposed development. If the developer is taking over an existing property with tenants, the developer should provide documentation that a letter was provided to each tenant to advise of the potential change in ownership and/or management. Documentation may include evidence of door-to-door delivery or tenant mailbox delivery.

Also include copies of correspondence sent to existing residents and/or summary and sign-in sheet(s) from public meeting held to inform residents of proposed forthcoming development.

**It is strongly urged that this public participation take place prior to submission of the application and the TEFRA hearing held by the Franklin County Board of Commissioners.**

**TAB 2**  
**APPLICANT AND PROJECT REPRESENTATIVES**

**1. Applicant's Legal Name:**

<b>Name</b>	
<b>Parent Organization</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Federal Tax Identification #</b>	
<b>Web Page Address</b>	
<b>% of Ownership</b>	
<b>Contact Person</b>	
<b>Contact Title</b>	
<b>Telephone #</b>	
<b>Fax #</b>	
<b>E-mail</b>	

**Brief description of present business:**

**2. Business Organization:**

<b>Corporation</b>	
<b>Limited Partnership</b>	
<b>Sole Proprietorship</b>	
<b>Nonprofit</b>	
<b>Date and State of Incorporation, if appropriate</b>	

**3. Name, address, telephone number, fax number and e-mail address for the following participants:**

	Name	Address	Telephone #	Fax #	E-mail
Project Representative					
Project Representative					
Project Representative					
Person in Charge of the Project					
Applicant's Investment Broker					
Applicant's Accountant, CPA, or Auditor					
Applicant's Regular Bank(s) of Business					
Lender(s) for the Project					
Lender(s) for the Project					
Lender(s) for the Project					
Project Bond Counsel					
Project Underwriter					
Project Architect					
Property Manager					

**4. Will this property be managed by the owner/developer?  
 YES  NO**

**If YES, please explain if the owner/developer is a licensed property manager or if the owner/developer intends to secure licensing to manage the property.**

**TAB 3**

**INFORMATION ON OWNER (HISTORY AND EXPERIENCE)**

1. Describe what experience the owner/developer has had with managing low-income housing projects:

2. What is the history of the owner/developer in terms of managing tax credit, bond or other low-income projects with public funds?

3. Has the owner/developer ever been disbarred by U.S. Department of Housing and Urban Development (HUD)? \_\_\_\_\_ YES \_\_\_\_\_ NO

4. Has the owner/developer ever had any violations that resulted in the issuance of an 8823 by the IRS or other citations by the Ohio Housing Finance Agency (OHFA) or from any housing program by any state or local government?

If YES, please explain:

5. Has the owner/developer received notice from the U.S. Department of Housing and Urban Development (HUD) that concerns have been identified on any project with HUD participation that is reported in the Active Partners Participation System (HUD Form 2530)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, how have the concerns been addressed and have they been “cured” from HUD’s perspective?

6. Is the proposed owner, or applicant, or property manager a subsidiary or direct or indirect affiliate of any other organization? If YES, indicate name of related organization and relationship.

7. List all owners, officers, directors and partners of applicant. Include full name, office held, partner ownership and complete home address and telephone number. Use a separate page, if necessary.

Name	Office Held	Partner Ownership	Home Address	Telephone

8. List all stockholders having 20% or more interest in the applicant. Include full name, office held, partner ownership and complete home address and telephone number. Use a separate page, if necessary.

Name	Office Held	Partner Ownership	Home Address	Telephone

9. If the applicant is a publicly held corporation, please provide the latest proxy statement indicating stock ownership. Include full name, office held, partner ownership and complete home address and telephone number. Use a separate page, if necessary.

10. If any of the aforementioned persons own more than 50% of the applicant company, please list all other companies, partnership, or associations in which such persons have more than a 50% interest. Use a separate page, if necessary.

**11. Have any of the persons listed above ever been charged with or convicted of any criminal offenses, other than a minor motor vehicle violation?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**12. Have any of the persons listed above been subject to any disciplinary action, past or pending, by any administrative, governmental or regulatory body?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**13. Has the applicant or management been informed of any current or ongoing investigation of the applicant with respect to possible violations of state or federal securities or anti-trust laws?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**14. Has the applicant or any person listed previously been a party to a bankruptcy, been in receivership or adjudicated as bankrupt?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**15. Has the applicant or any person listed previously been denied a business-related license or had it suspended or revoked by any administrative, governmental, or regulatory agency?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**16. Is the applicant or any person listed previously currently debarred, suspended, or disqualified from contracting with any federal, state, or municipal agency?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**If YES, furnish details in a separate attachment.**

**TAB 4**

**INFORMATION ON PROJECT AND MARKET STUDY**

1. Briefly describe the project and its location(s), project design, target population, development team members, financing, and project timeline:

**Project Description:**

**Project Location:**

**Project Design:** Include description of new construction or rehabilitation that will occur as a result of the approval for this project.

**Target Population:**

**HAB Requirement:**

25% of the units must be occupied by and affordable to tenants at 50% a.m.i or less or  
20% of the units must be occupied by and affordable to tenants earning 45% a.m.i. or less

Select one and describe how applicant will meet these requirements. Describe or estimate the income demographics of the project. How many tenants will be at/below 80% AMI (moderate), at/below 60% AMI or at/below 50% AMI (low) and at/below 30% AMI (extremely low) at the time of project completion and rent up.

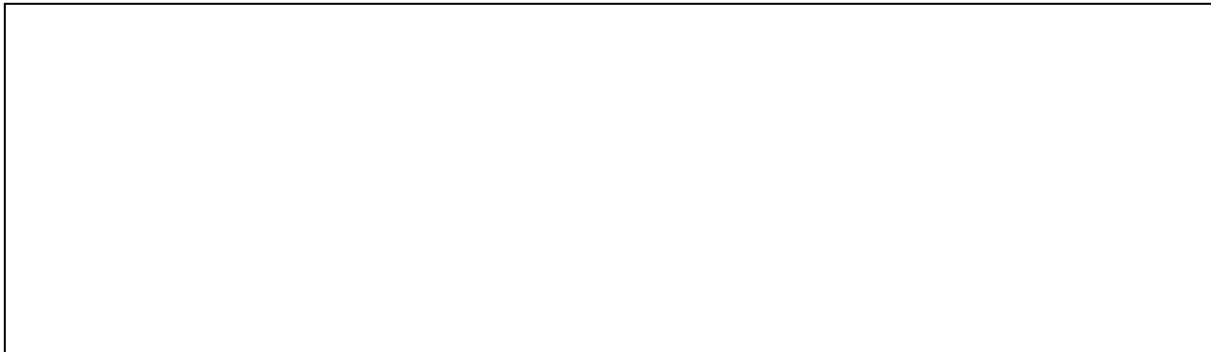
**Development Team Members:**

**Financing:**

**Project Timeline:**

**11. Briefly describe the neighborhood the proposed project would serve, including demographics and other relevant socioeconomic characteristics. Include a map showing the proposed subject site and a drawing of the proposed project. Further detail is requested in #16 Market Study (page 20).**

**Neighborhood Description:**



**Demographics and Socioeconomic Characteristics:**

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**Rental Assumptions:**

Percentage of A.M.I.	Number of Bedrooms	Square Footage	Number of Units	Proposed or Current Rent	Rental Subsidy

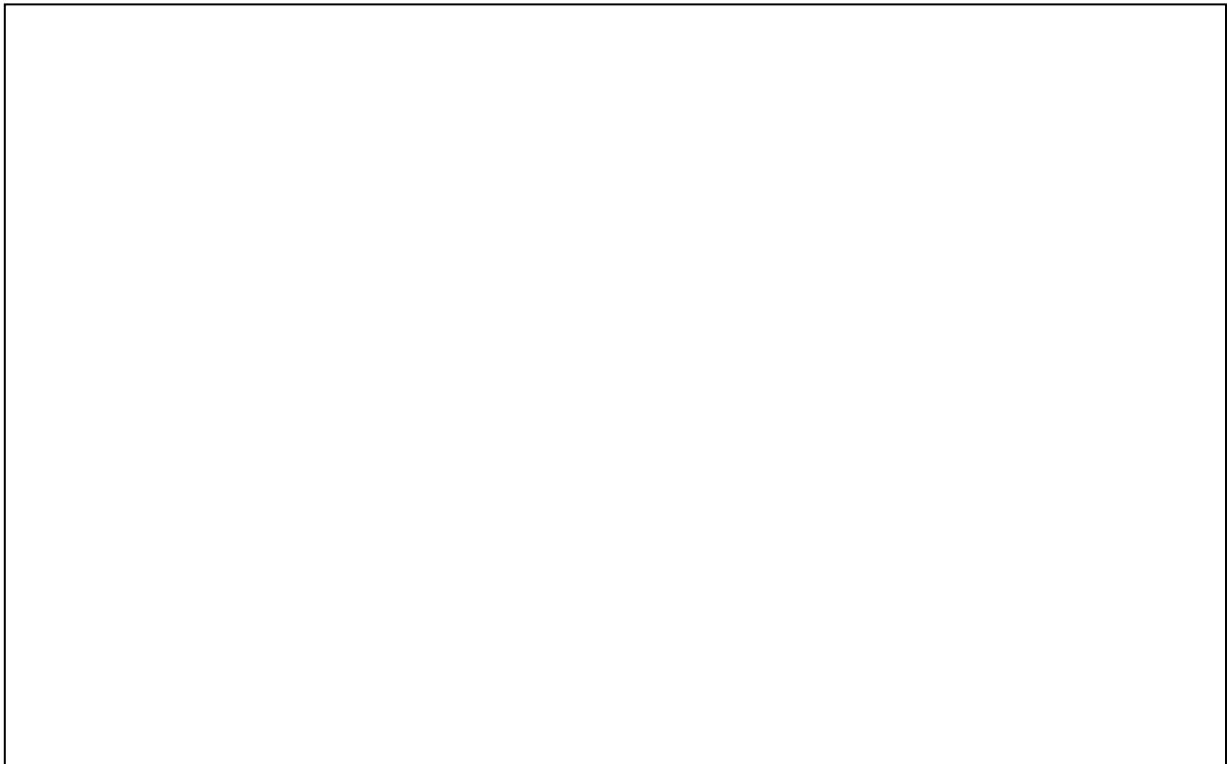
**Map:**

If a map is provided for Item #9, a duplicate map is NOT required.

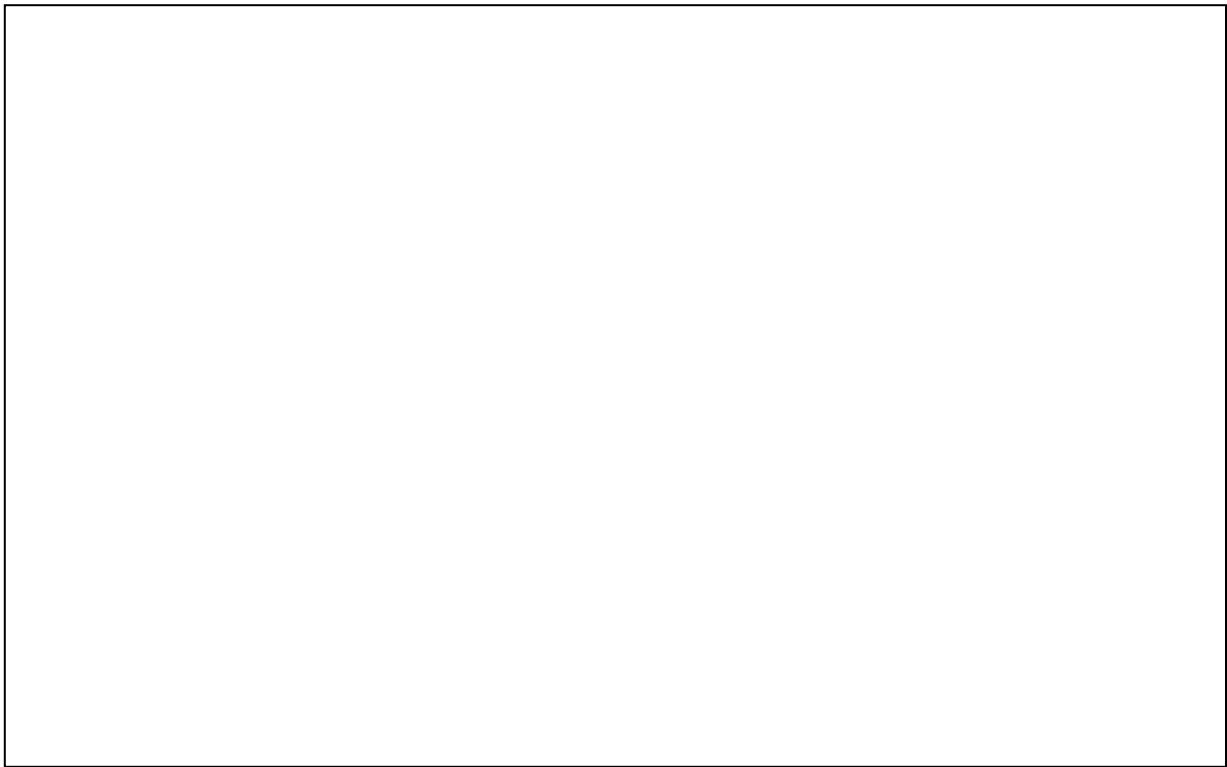
3. Describe any aspects of the project that would reduce operating costs, such as energy-saving improvements, tax abatements, etc., or any unique or innovative aspect of the project.

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4. **Refer to the attached Green Affordable Housing Checklist prepared by Franklin County Economic Development and Planning Department.** The applicant should submit a statement regarding the applicant's commitment to incorporate green development in the project. The attached checklist is included as a sample list of items. However, the applicant is encouraged to site any green building techniques, energy-efficient design elements or use of Energy Star appliances that will be used in the rehabilitation or new construction of this project. See #4 in Tab 4 of the application.



- 5. Handicapped Accessibility and Universal Design.** The applicant is encouraged to incorporate universal design, particularly in new construction, in all units that are not handicapped accessible. See #5 in Tab 4 of the application.



6. Briefly describe the history of each organization with an ownership interest in the project, including accomplishments with respect to past projects; programs and services provided to the community or neighborhood served, particularly those activities related to housing, the service area of the organization; and objectives for the future.

7. **Project Site (Land)**

- a. Indicate approximate size in acres or square feet of project site.

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- b. Indicate in detail the present use of the project site.

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**Physical Structure Information**

- c. Does the project consist of the construction or acquisition of a new building or buildings?

	Rehabilitation	New Construction
# of Buildings		
# of Stories of Tallest Building		
<b>TOTAL # OF UNITS</b>		
# of Parking Spaces		

Elevator in any building? \_\_\_\_\_ YES \_\_\_\_\_ NO

Smoke Alarms in Units? \_\_\_\_\_ YES \_\_\_\_\_ NO

Sprinkler Systems in Units or Buildings? \_\_\_\_\_ YES \_\_\_\_\_ NO

d. Does the project consist of additions and/or renovations to existing buildings?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe the expansion and/or renovation.

**8. Site Control**

a. If applicant now owns project site, indicate:

1. Date of Purchase \_\_\_\_\_

2. Purchase Price \_\_\_\_\_

3. Balance of Existing Mortgage \_\_\_\_\_

4. Holder of Mortgage \_\_\_\_\_

Address of Holder \_\_\_\_\_

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

- b. If the applicant is not now the owner of the project site, does the applicant have an option/contract to purchase the site and any buildings on the site?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Present Owner \_\_\_\_\_

Include a copy of the Option/Contract Agreement signed with owner. Must include date signed, purchase price, expiration date, and the amount of earnest money deposited toward the Option Contract.

- c. If the applicant is not the owners of the project site, does the applicant now lease the site or any buildings on the site?

\_\_\_\_\_ YES \_\_\_\_\_ NO If YES, provide copy of the lease.

- d. Is there a relationship legally or by virtue of common control between the applicant or proposed user of the project and the seller of the project?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe this relationship, using an attachment if necessary.

9. Zoning, Infrastructure, and Schools

- a. Do the proposed uses of the project comply with all governmental zoning and subdivision regulations? \_\_\_\_\_ YES \_\_\_\_\_ NO

- b. Is the site properly zoned for the intended use? \_\_\_\_\_ YES \_\_\_\_\_ NO

- c. Has the site design been approved by the appropriate zoning or subdivision authority? \_\_\_\_\_ YES \_\_\_\_\_ NO

- d. What is the zoning designation for the site? \_\_\_\_\_
- e. Is there adequate capacity for utilities, sewerage, and drainage available to the site? \_\_\_\_\_ YES \_\_\_\_\_ NO
- f. Describe additional utilities (i.e., gas, electric), sewers, waterlines or storm sewers or drainage work still to be done.

- g. Does the school district have the capacity to accommodate the projected number of school-aged children from the proposed development? Provide data from the school district, including the name and address of the school district and contact person from the school district.

10. Has construction work on this project begun?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, complete the following:

- a. Site clearance \_\_\_\_\_ YES \_\_\_\_\_ NO % complete \_\_\_\_\_
- b. Foundations \_\_\_\_\_ YES \_\_\_\_\_ NO % complete \_\_\_\_\_



**14. Indicate projected occupancy rates:**

<b>20%</b>	_____	<b>Date:</b> _____
<b>50%</b>	_____	<b>Date:</b> _____
<b>80%</b>	_____	<b>Date:</b> _____
<b>100%</b>	_____	<b>Date:</b> _____

**15. Project completion date:**

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**16. Market Study.**

**A market study conducted by an independent and disinterested thirty-party market study professional must be submitted with this application. This study may be the same study submitted to the Ohio Housing Finance Agency (OHFA) and must contain the following elements:**

- 1. Provide a brief executive summary that reviews the requirements listed below.**
- 2. Provide a concise conclusion that indicates a market exists for the proposed project. Include the estimated stable year vacancy rate and the estimated time needed to fully lease-up the proposed project.**
- 3. Describe the proposed project including location, number of units, number of bedrooms, and project rents. This information must be consistent with the application.**
- 4. Describe the area and provide a map of the effective market area for the proposed project.**

- 5. Analyze the rents of the proposed project and the market rents for the project's effective market area. Include the methodology for the calculation of the market rents.**
- 6. Describe the number of income-eligible renter households in the proposed project's effective market area.**
- 7. Describe and evaluate the public services (including transportation, police, fire, schools); the infrastructure (including roads and traffic); and community services (including shopping, recreation, transportation, medical, and services for special needs if applicable) in the effective market area. List the approximate distances to all services, and include a description and evaluation of employers serving the effective market area.**
- 8. If the project will be serving a special needs population, identify the number of special needs households residing in the effective market area. Indicate the percentage of these households that are required to meet the project's special needs set-aside, if applicable. Information regarding the number of special needs households may be obtained from the local Continuum of Care study, the Columbus and Franklin County Consolidated Plan, the Community Shelter Board or other service agencies. Document the source of information.**
- 9. Describe any federally subsidized developments, housing tax credit and bond projects located in the effective market area, including those in operation and those not yet placed in service. Provide the vacancy rate for each project. Compare the rents, amenities, unit sizes, bedroom sizes and populations served by the competing projects. A list of housing credit/bond projects in**

*service and in development is located on OHFA's website:*  
[www.homebuyerohio.com](http://www.homebuyerohio.com).

10. Estimate the vacancy rates, during the first stabilized year of the proposed project, of the housing credit/bond financed projects currently operating in the project's effective market area. If the estimated vacancy rates exceed 10%, provide an explanation for the higher rates.
11. Describe comparable market-rate developments located in the effective market area. Provide the current vacancy rate for each project.
12. If there are Section 8 units in the project, evaluate and address the concerns raised by the Columbus Metropolitan Housing Authority (CMHA). The applicant or market study author must send a letter, using certified mail, to CMHA or conduct and document an interview with a representative of the housing authority. The letter or documentation must contain a brief description of the project and target population, and instructions for forwarding comments to the market study author. Include in the market study a copy of the letter or interview documentation and a copy of any documentation received from the housing authority.
13. Include an executed market study certification showing that the market analyst has no financial interest in the proposed project. Financial interest is considered any remuneration other than the fee for preparing the market study. ODOD Form 008 is considered acceptable documentation.
14. Provide a list of all data sources used in the study.

**The study must have been completed or updated by the author within one year of the application for bonds.**

## TAB 5

### INFORMATION ON PROPERTY MANAGEMENT

1. Describe applicant's development experience, type of units developed, years in business, property manager's experience, and number of units currently managed.

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2. List at least two (2) recent projects. Include project name, location, number of units, and contact person and telephone number.

PROJECT NAME	LOCATION	NUMBER OF UNITS	CONTACT PERSON & TELEPHONE NUMBER

3. References – List a reference for each of the aforementioned projects. Include a name, address and phone number for each.

PROJECT NAME	REFERENCE CONTACT	ADDRESS	TELEPHONE

**4. Include with this section the following documents:**

**Affirmative Marketing Agreement, Marketing Plan and Rent-up Schedule  
Management Agreement and other Organizational Documents  
Management Plan, Policies, and Personnel  
Plan to Avoid Displacement of Tenants or  
Plan to Relocate Tenants, if necessary**

**TAB 6**

**INFORMATION ON PROJECT COSTS**

1. State the costs reasonably necessary for the completion of the proposed project including any utilities, access roads, or appurtenant facilities, using the following categories:

Description of Cost	Total Project Amount
Land Purchase or	\$
Land & Building Purchase	\$
Building Construction	\$
Building Renovations	\$
Equipment and/or Machinery	\$
Utilities, Roads, and Appurtenant Facilities	\$
Engineering and/or Architectural Fees	\$
Legal Fees	\$
Financing Charges	\$
Other (Specify)	\$
Other (Specify)	\$
Other (Specify)	\$
Fee to Issuing Political Subdivision or Agency	\$
<b>TOTAL PROJECT COST</b>	<b>\$</b>

Equity Contribution, if any	\$
Incentive Funding, if any (State or Federal(	\$
<b>Bond Financing Requested:</b>	
Construction Financing	\$
Permanent Financing	\$
Maturity Date	
Years	

2. Credit Enhancement:

**3. Have any of the above expenditures already been made by the applicant?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**If YES, indicate below those expenditures:**

**4. Have any of the above expenditures been incurred but not yet paid by the applicant?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**If YES, indicate below those expenditures:**

5. **Refinancing:** Will any of the funds to be borrowed through the Issuing Political Subdivision or Agency be used to repay or refinance an existing mortgage or outstanding loan?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, indicate provide details below:

6. **Explain WHY bond financing is being requested for this project. Use an additional sheet, if necessary.**

7. **Estimated Calendar for financing:**

**Anticipated Date of Inducement:** \_\_\_\_\_

**Anticipated Date of TEFRA Hearing:** \_\_\_\_\_

**Anticipated Date of Issuance:** \_\_\_\_\_

**Anticipated Date of Other Financing; Describe Other Financing:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include with this section the following documents:**

**Pro Forma, Sources and Uses**

**Rent Schedule and Replacement Reserve**

**Conditional Credit Enhancement Commitment Letters**

**If private placement, include the Letter of Intent**

**A letter of written assurance by the investor must be provided to the HAB  
prior to the bond inducement.**



**(PARTNERSHIP)**

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Witness By: \_\_\_\_\_  
General Partner Date

STATE OF OHIO, County of Franklin, ss:

Subscribed to and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_  
\_\_\_\_\_, General Partner of the Partnership described in the fore-  
going Agreement.

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

**(INDIVIDUAL)**

\_\_\_\_\_  
Business Name Date

\_\_\_\_\_  
Witness By: \_\_\_\_\_  
Name Date

STATE OF OHIO, County of Franklin, ss:

Subscribed to and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_  
\_\_\_\_\_, Individual of the above referenced Business described in  
the foregoing Agreement.

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

Received By:

\_\_\_\_\_  
Kathy L. Werkmeister, Secretary  
Joint Columbus and Franklin County  
Housing Advisory Board

\_\_\_\_\_  
Date

**NOTE:** The staff of the Mid-Ohio Regional Planning Commission does periodic reviews of the information submitted over the years on all projects.

**Any substantial misrepresentation could result in the applicant (owner/developer) being barred from participating in any future deals involving tax credits or municipal revenue bonds.**