

City of Chicago Department of Housing



Multi-Family Housing Financial Assistance Application 2021



Lori E. Lightfoot
Mayor
City of Chicago

Marisa Novara
Commissioner
Department of Housing

PROJECT SUMMARY					
Development Name					
Address					
Ward					
TIF District					
INVEST S/W Area if applicable					
Project type – select one		Population served		Priority Tract	
Total 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					
Sustainable Features					

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 aligns with DOH’s Mission and advances the 2021 QAP Racial Equity Impact Assessment.

Application Instructions

More detail on the application is provided in the following docs:

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 2021 MF Finance Assistance Application Instructions and the included Policies and Procedures, online at Chicago.gov/multifamily.
2. The Applicant further agrees they have read the 2021 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 2019 round may not be awarded credits in this round without demonstrating reasonable progress towards closing.
6. Developers awarded credits in the 2021 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

Proposed Ownership Structure

	<i>Interest</i>		<i>Interest</i>	
Sole Owner		%	*General Partner	%
Corporate		%	*Limited Partner(s)	%
Partnership		%	Land Trust	%
Not-for-Profit organization		%	Name of Trustee	%
Limited Liability Corporation		%	Trust Number	%
Limited Partnership*		%	Date of Trust	%
Other		%		

List all parties other entities that have or will have a vested interest in the property.

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. 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.

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?*

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	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?*

Additional Lender

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

Construction Lender, if different

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

Marketing Agent

Business Name					
Contact Person		Title			
Address					
City	State	Zip Code			
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?*

Consultant

Assistance provided	
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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?*

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	
MBE Status	
Total FT employees	
Total employees at organization	
Total Black employees	
Total Latinx employees	
Total Indigenous/Native American employees	
Total Asian employees	

Total Male employees	
Total Female employees	
Total Non-Binary employees	

Developer, if different	
Total FT employees	
Total employees at organization	
Total Black employees	
Total Latino employees	
Total Indigenous/Native American employees	
Total Asian employees	
Total Male employees	
Total Female employees	
Total Non-Binary employees	

Nonprofit Partner, if applicable	
Total FT employees	
Total employees at organization	
Total Black employees	
Total Latinx employees	
Total Indigenous/Native American employees	
Total Asian employees	
Total Male employees	
Total Female employees	
Total Non-Binary employees	

Joint Ventures

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 provide details, include ownership percentages for each entity.

Does your application include 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.



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 the Vendor or Subcontractor JVs will not be selected at this stage, provide details on commitment, including ownership percentages.

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 participation in the ownership, development and operation of the project.	
Date of CHDO certification	
If your organization is a nonprofit but not a CHDO, please explain why.	

Other BIPOC Participation

List any 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 w/ Zip Code					
Ward		Census Tract		Community Area	
Current zoning (if project is located in an existing PD, provide PD number and subarea, if applicable)					

Proposed zoning	
Number of buildings	
Proposed parking spaces	
Proposed height (to the top of the mechanical)	
Proposed FAR	
TIF District (provide name of district)	
Is your project an eTOD? Provide details on qualifying transit location.	
Is the project located in an INVEST South/West area or corridor? Please name.	
How many temporary (construction jobs will this project create?	
How many permanent jobs will this project create?	
How many permanent jobs will this project preserve?	

Check all that apply

<input type="checkbox"/>	Acquisition	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Refinance
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Site and Neighborhood Standards

	In project's census tract use ACS 2019 5 Year Data	In project's community area use CMAP's ACS 2018 5 Year Data	In Chicago ACS 2019 5-year data
% African American			29.2%
% White			33.3%
% Latino (1 or more races)			28.8%
% American Indian		n/a	0.1%
% Asian			6.5%
% Other			10.6%
% Multiracial		n/a	1.9%

Square footages

Gross Site area		Square feet
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
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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 bedrooms					
3 bedrooms					
4 bedrooms					
Other					
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				

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 8.0 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	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

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

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

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

Please describe how your development will contribute to climate resiliency. Provide a list of the green/sustainability-focused elements in your project. More information on DPD’s sustainability matrix, which will be a required Stage II submission, is [here](#).

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.

Financial Assistance Requested from the City of Chicago Loans

	Amount
Multifamily Loan	\$ _____
Chicago Low-Income Housing Trust Fund	\$ _____
9% Low Income Housing Tax Credits	\$ _____
Tax Increment Financing	\$ _____
Tax-Exempt Bonds	\$ _____
Private Activity Bonds	\$ _____
501(c)(3)- Bonds	\$ _____
4% LIHTCs	\$ _____

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?

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						
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*			

*Note: If selected, 3 bids will be required at Stage 2 of the application.

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 government agencies. The descriptions above should include the program name, dollar amounts, number of units affected, low-income occupancy restrictions, and expiration dates.

Lender/Grantor #1

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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Lender/Grantor #2

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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Lender/Grantor #3

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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Lender/Grantor #4

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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Lender/Grantor #5

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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Lender/Grantor #6

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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Lender/Grantor #7

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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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 and Existing Debt (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 Debt

Existing first mortgage: 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 additional mortgages, please list on a separate sheet of paper.

Projected Project Timeline

A. Site Control

Month/Year

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	_____
Working Drawings	_____
Contractor's Sworn Statement	_____

Building Permit Received

NEPA Clearance: Please provide details on status of environmental review and anticipated NFR date

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, 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 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
	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.
Definitions of each tract are in the QAP

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 to tenants? If not, how will they procure internet service?

Will the development be located in proximity to public transit? Please provide distances to the closest train stations and bus stops within walking distance (max ½ mile) of the proposed development.

Design Expectations

Please provide preliminary design review PowerPoint as delineated in the ATS manual Section 10.1.

If this project is reapplying to DOH for funding, how, if at all, has the design changed? If not, why?

Efficient use of public funds and resources

Do you have commitment letters from all lenders and syndicators? If not, please describe.

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.

Do you have a commitment to provide Supportive Housing units with the Chicago Continuum of Care (COC) and/or Flexible Housing Pool (FHP)? Please describe.

7. Community Engagement

The Department of Housing (DOH) invests in housing developments that contribute to the overall vitality and revitalization of the communities in which they are located, and support the redevelopment and planning goals of the Department of Planning and Development. 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 your plan for community engagement regarding the project. Include description of meetings held and any known opposition.

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:			
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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	
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	
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

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. Supportive Services Plan (only required for Senior or Supportive Housing projects)

Agency and Project Information

Social Service Provider					
Address					
Contact				Phone	
Project Name		Project Address			
Developer		Community Area		Ward	
Number of Units				Number of Households	

Provide a brief description of the Supportive Services Plan

Target Population(s)

Family Composition Served (check all that apply, if applicable)

Estimate number to be served

<input type="checkbox"/>	Youth (under 18 years) or young adult household	
<input type="checkbox"/>	Family household	
<input type="checkbox"/>	Single - person household	
<input type="checkbox"/>	Elderly household (62 and over)	

Target Population Served (check all that apply, if applicable)

Estimate number to be served

<input type="checkbox"/>	Alcohol/Drug Addicted	_____
<input type="checkbox"/>	Developmentally Disabled	_____
<input type="checkbox"/>	HIV/AIDS	_____
<input type="checkbox"/>	Homeless	_____
<input type="checkbox"/>	Mentally Ill	_____
<input type="checkbox"/>	Physically Disabled	_____
<input type="checkbox"/>	Senior	_____
<input type="checkbox"/>	Independent Living	_____
<input type="checkbox"/>	Assisted Living	_____
<input type="checkbox"/>	Other (specify)	_____
Total		_____

Services to be Provided

On-Site Services

Check all applicable services

Service Provider

(in house or partner social service provider)

<input type="checkbox"/>	Activities/social programming	_____
<input type="checkbox"/>	Assessment and referral	_____
<input type="checkbox"/>	Case Management	_____
<input type="checkbox"/>	Crisis Intervention	_____
<input type="checkbox"/>	Education	_____
<input type="checkbox"/>	Financial benefits advocacy	_____
<input type="checkbox"/>	Job Placement	_____
<input type="checkbox"/>	Job Training	_____
<input type="checkbox"/>	Meals	_____
<input type="checkbox"/>	Medical services	_____
<input type="checkbox"/>	Mental health services	_____
<input type="checkbox"/>	Money management	_____
<input type="checkbox"/>	Substance abuse treatment	_____
<input type="checkbox"/>	Transportation	_____
<input type="checkbox"/>	Other	_____

Off-Site Services

Check all applicable services

Service Provider
(in house or partner social service provider)

Formalized Service Agreement?

<input type="checkbox"/>	Activities/social programming	_____	_____
<input type="checkbox"/>	Assessment and referral	_____	_____
<input type="checkbox"/>	Case Management	_____	_____
<input type="checkbox"/>	Crisis Intervention	_____	_____
<input type="checkbox"/>	Education	_____	_____
<input type="checkbox"/>	Financial benefits advocacy	_____	_____
<input type="checkbox"/>	Job Placement	_____	_____
<input type="checkbox"/>	Job Training	_____	_____
<input type="checkbox"/>	Meals	_____	_____
<input type="checkbox"/>	Medical services	_____	_____
<input type="checkbox"/>	Mental health services	_____	_____
<input type="checkbox"/>	Money management	_____	_____
<input type="checkbox"/>	Substance abuse treatment	_____	_____
<input type="checkbox"/>	Transportation	_____	_____
<input type="checkbox"/>	Other	_____	_____

Staffing Plan

Supportive services personnel List title/position	FTE Attach brief résumé of current staff person or job description for personnel to be hired.
Volunteers (describe numbers, type and involvement):	

Proposed Social Service Budget

1. Source of funds: Specify the source of funds to support the service budget. Indicate whether funds have been committed, application is pending approval or application has not yet been submitted.

Source	Amount	Status
<input type="checkbox"/> Chicago Department of Human Services	_____	_____
<input type="checkbox"/> Chicago Department of Aging	_____	_____
<input type="checkbox"/> Illinois Department of Aging	_____	_____

	Illinois Department of Human Services	_____	_____
	Illinois Department of Public Aid	_____	_____
	Supportive Living Facilities	_____	_____
	HUD (specify which program)	_____	_____
	United Way	_____	_____
	Foundations or Corporation (list)	_____	_____
	Other Government Sources (specify)	_____	_____
	Other (specify)	_____	_____
	Project Income (operating budget)	_____	_____
	Total Supportive Services Budget	_____	_____
	Estimated supportive services budge (annual)	_____	_____
	Estimated cost per tenant per year	_____	_____

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 by Governor Ryan on 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 non-profit 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).

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. 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
- 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

Identify which of the development budget costs are eligible for reimbursement as allowed by the Illinois TIF Act.

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.

8. Sample: TIF Eligible Costs Budget

	Total Project Cost	TIF Eligible Costs
Land	_____	_____
Building	_____	_____
Other Expenses	_____	_____
TOTAL ACQUISITION COSTS	_____	_____
Site Work/Demolition	_____	_____
Rehab/Construction	_____	_____
New Construction	_____	_____
General Requirements	_____	_____
Contractor Overhead/Profit	_____	_____
Other Hard Costs	_____	_____
Contingency: (5% max new const., 10% max rehab)	_____	_____
TOTAL HARD COSTS:	_____	_____
SOFT COSTS	_____	_____
Professional Services	_____	_____
Architect	_____	_____
Design	_____	_____
Supervision	_____	_____
Legal Fees	_____	_____
Consultant	_____	_____

Engineering	_____	_____
Accounting	_____	_____
Market Study	_____	_____
Environmental Report	_____	_____
Taxes and Insurance	_____	_____
Real Estate Tax Escrow	_____	_____
Insurance Escrow	_____	_____
Title and Recording	_____	_____
Construction Period Taxes	_____	_____
Construction Period Insurance	_____	_____
Financing Costs	_____	_____
Loan Origination Fees	_____	_____
Tax Credit Fees	_____	_____
Credit Enhancement	_____	_____
Appraisal and Survey	_____	_____
Construction Interest	_____	_____
Syndication Fees	_____	_____
Marketing and Leasing	_____	_____
Tenant Relocation (temporary)	_____	_____
Developer's Fee	_____	_____
Rent-Up Reserve	_____	_____
	TOTAL SOFT COSTS	_____
	TOTAL DEV. COSTS	_____
Bridge Loan Interest During Construction (tax credit projects)	_____	_____
	TOTAL	_____