

2024 OH Combined Table of Contents

This Table of Contents includes all the items/attachments required by the City of Seattle, in conjunction with the CFA Word and Excel Application.

Tab 1: Project Summary

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| Section 1 | | Project Summary |
| Form 1 | | Project Summary |

Tab 2: Project Description

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|--------------------|--|--|
| Section 2 | | Project Narrative |
| Form 2A | | Building Information |
| Form 2B | | Square Footage Details |
| Form 2C | | Evergreen Sustainable Development Standard Checklist |
| Attachments | | |
| | | Preliminary Drawings and Site Plan <ul style="list-style-type: none"> • For New Construction projects, include elevations, typical floor plans, descriptive building sections, site plan, and roof plan • For projects that involve interior reconfiguration, exterior improvements, or newly constructed additions, include typical floor plans, primary elevations, descriptive building section, site plan and roof plan • For projects in existing buildings, provide current floor plans, for each floor if they differ • For all projects include a Site Plan of Off-Site Improvements if applicable |
| | | Documentation of Site Control |
| | | Title Report |
| | | Outline Specifications |
| | | Photos of Proposed Site(s) |
| | | Zoning Approval Letter/Verification of Zoning Status |
| | | Phase I Environmental Site Assessment |
| | | Phase II Environmental Site Assessment <i>if recommended by Phase I</i> |
| | | Limited survey for Asbestos, Lead and Mold if Rehab of Existing Building |
| | | Limited survey for Wetlands if Vacant Land |
| | | Signed DCI Pre-Application Conference Records – include all notes and comments |
| | | Architectural Consultant Report – for Rehab Projects – include a complete assessment of the building, recommendations, and the proposed scope of work. |
| | | Mechanical, Electrical, Structural, Roof Consultant Reports – for Rehab Projects – include a description of conditions and recommendations. |
| | | Soils Report – for New Construction Projects – include a soils assessment and recommendations |

Tab 3: Need & Populations Served

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| Section 3 | Need & Populations Served |
| Form 3 | Populations to be Served |
| Attachments | |
| | Market Study – May be waived by OH, contact OH to request Document confirming consistency with the Consolidated Plan <i>(include both Consistency Application previously submitted to OH and Consistency Letter)</i> |
| | Document confirming compliance with the Development Siting Policy (Siting Determination) |
| | Documentation of Neighborhood Notification |
| | Sample Neighborhood Notification Letter and Address List |
| | Draft Community Relations Plan |

Tab 4: Relocation

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| Section 4 | Relocation |
| Form 4 | Relocation Budget |
| Attachments | |
| | Tenant Relocation Plan |
| | Samples of the General Information Notice issued to all current occupants |
| | Drafts of Move-In Notices |
| | Drafts of Notices re: displacement and benefits |
| | Approval letter from local government agency with jurisdiction over tenant relocation issues |
| | List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information: <ul style="list-style-type: none"> For residential occupants, include type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant. For commercial occupants, include name and type of business, length of occupancy, and current lease terms |
| | Attach a list of all occupants who moved from the site within the past 90 days. Include the name of the business or household, the household size, and explain the reason for their move. |

Tab 5: Project Schedule

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| Form 5 | Project Schedule |
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Tab 6: Development Budgets

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| Section 6 | Development Budget Narrative |
| Form 6A | Development Budgets |
| Form 6B | Development Budget Details |
| Form 6C | LIHTC Budget (Basis Calculation) |
| Form 6D | LIHTC Calculation |

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| Form 6E | NA | Fee Schedule – NOT REQUIRED FOR OH APPLICATION |
| Attachments | | |
| | | 3 rd Party Construction Cost Estimate |
| | | Capital Needs Assessment and Lifecycle Cost Analysis (Rehab Projects only) |
| | | Appraisal or Property Tax Assessment |

Tab 7: Project Financing

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| Section 7 | | Project Financing |
| Form 7A | | Financing Sources |
| Form 7B | | Estimate of Cash Flow During Development |
| Attachments | | |
| | | Funding Commitment Letters |
| | | Letters for Committed Donations (including Sponsor Donations) |
| | | Capital Campaign Plan, if funding includes a Capital Campaign |

Tab 8: Project Operations

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| Section 8 | | Project Operations |
| Form 8A | | Proposed Rents and AMIs Served |
| Form 8B | | Operating, Service, and Rent Subsidy Sources |
| Form 8C | | Personnel (Service and Operating) and Non-Personnel Expenses |
| Form 8D | | Operating Pro Forma |
| Form 8E | | Operating Pro Forma Details |
| Attachments | | |
| | | Documentation of Utility Allowance calculations and schedule |

Tab 9: Development Team

| | | |
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| Section 9 | | Development Team |
| Form 9A | | Project Team |
| Form 9B | | Identity of Interest Matrix |
| Form 9C | | Project Sponsor Experience |
| Form 9D | | Project Development Consultant Experience |
| Form 9E | | Project Property Management Firm Experience |
| Attachments | | |
| | | Development Consultant Agreement |
| | | OH CHDO Certification (Required if CHDO indicated as Proposed Ownership Structure). Contact OH for form. |
| | | Signed board resolution authorizing application submittal (if applicable) |
| | | Secretary of State certification of existence (RCW 24.03) of Applicant |
| | | Organizational By-laws and Articles of Incorporation |
| | | Board Composition list, including board member biographies |
| | | Organizational Management Team list, including biographies |
| | | Resumes/Bios of development team members |
| | | Resumes/Bios of property management team members |
| | | 501(c)3 letter of determination from IRS |
| | | Audit reports with financial statements for the past three years (plus year to |

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| | | date statements from the most recent fiscal quarter) with the parent organization and subsidiaries broken out, in addition to consolidated totals. Include any management letters from the auditor. |
| | | Tax return 990 forms for the last two years |
| | | Sponsor(s) most recent fiscal year REO Schedule(s) for entire portfolio |
| | | Sponsor(s) Conflict of Interest Policy |
| | | Sponsor(s) Conflict of Interest Disclosure |

Tab 10: Services

| | | |
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| Section 10 | | Services (if applicable) |
| Attachments | | |
| | | Memorandum of Understanding (if applicable) |
| | | Examples of assessment tools used |
| | | Services funding commitment letters |
| | | On-site services partnership letter (<i>if applicable</i>) |

Tab 11: LIHTC Scoring (required only if Project includes Tax Credit financing)

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| WSHFC Website | | 9% LIHTC Allocation Scoring |
| WSHFC Website | | 4% Tax Credit/Bond Program Scoring |

If any item listed above is not checked, or is not applicable to your project, please reference the specific document and provide an explanation here.

Self-Certification of Threshold Requirements

I, _____, _____ of
(Name) (Title – Authorized Official)

(Sponsor Organization)

acknowledge that I have reviewed the application and checklist and that all the required documentation necessary to review this application has been included.

Original Signature of Authorized Official

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| Signature: _____ | Title: _____ |
| Name: _____ | Date: _____ |
| Organization: _____ | Project: _____ |