



**Department of
Housing Preservation
& Development**

HPD Use Only

Application Date: _____

Application No.: _____

APPLICATION FOR LOW-INCOME HOUSING TAX CREDITS

Adobe Acrobat Reader version 7.0 or higher is required for use with this application. The latest version of Acrobat Reader is available here “Adobe Acrobat Reader” (<http://www.adobe.com/products/reader.html>)

*****Javascript Must Be Enabled, prior to using this form.**

NOTE: Applicants submitting an application electronically are required to submit an identical print copy of their application with exhibits.

Electronic Application Instructions: This application is a fill-in PDF form that can be saved and e-mailed. It incorporates business logic tools to validate field entries, calculate totals, guide users and facilitate accurate completion of the application. Additional instructions are available for many of the fields and are triggered by leaving the cursor over the field for a few seconds. The application should be completed sequentially and works best if used in that manner. The application includes required fields and cannot be submitted if those fields are left blank. Prior to submitting the application you **MUST** use the “Submit/Error Check” button at the bottom of this page. You must also mail or deliver an identical hardcopy (print copy) of the application with the required exhibits by the application deadline.

Please note, it is possible to insert and save comments in your application. This has been included solely to facilitate collaborative work on the application between the applicant, syndicator, HPD program staff and others. It is not a means of including additional information in the application. All comments received in the submitted application will be disregarded without review.

Paper Submission Instructions: The application may be submitted on paper without submitting it electronically. If you wish to submit a paper application you must still fill-out the application electronically and check it using the “Submit/Error Check” button before printing the document. Opting to submit an application in paper without submitting it electronically will lengthen the time required to review your application.

Mail / Delivery Instructions: Print versions of applications and all required exhibits and attachments must be mailed and/or delivered to:

Dept. of Housing Preservation and Development
Low Income Housing Tax Credit Allocations Unit
100 Gold Street, Section 9Y
New York, NY 10038

Applications and all required exhibits and attachments must be RECEIVED by the application deadline.

Questions: If you have any questions about how to fill out or submit this form contact Angela Lowery at (212) 863-8784 or send email to lowerya@hpd.nyc.gov

If there are submission issues, Email the completed PDF Form as an attachment to: HPDLIHTC@hpd.nyc.gov

A. APPLICANT INFORMATION

APPLICANT

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext. _____ Fax _____
Contact Person _____ email _____

APPLICATION CONSULTANT

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Contact Person _____ email _____

SYNDICATOR or Purchaser of Credits

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Contact Person _____ email _____

ARCHITECT

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Contact Person _____ email _____

GENERAL CONTRACTOR

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Contact Person _____ email _____

PROPERTY MANAGER

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Contact Person _____ email _____

B. REQUEST FOR LOW-INCOME HOUSING TAX CREDIT

1. Source of Credit (select one)

Set-Aside:

In this funding round, HPD will set aside 30% of its annual allocation authority for new construction or substantial rehabilitation of permanent supportive housing projects with HPD approved on-site services that are developed by not-for-profit sponsors where:

- applicant agrees to extend affordability restrictions to 60 years **AND**:
- 100% of units are affordable to persons with incomes at or below 60% AMI; **AND**
- 60% of units are set-aside for homeless tenants referred by city agencies.

2. a. Are you applying for an allocation under the set-aside? Yes No

b. List number of units set-aside for homeless tenants referred by city agencies: _____

Green Buildings Requirement

HPD has incorporated Enterprise Green Communities Certification as a threshold requirement for new construction and rehab projects with the following scope of work: (1) heating replacement **and** (2) work on 75% of units (kitchens & bathrooms) **and** (3) significant work on building envelope. Projects with lesser work scope or submitted plans to DOB on or before June 2010 will be exempt from the Green Communities requirement.

3. Will your application include a waiver from HPD's green policy at this time? _____

4. Type of Credit (select one)

5. Have you applied to any other housing credit agency for an allocation of Low Income Housing Tax Credits or received a prior allocation of credit for this building? Yes No

a. If so, to which agency? _____ b. Date: _____ c. BIN(s): _____

C. SITE INFORMATION

1. Name of Project: _____

2. **Location:** List each building in the project separately and provide *all* of the following information for each building (If a building occupies multiple lots, list all lots in the lot field below and separate each with a comma)

Borough	Community District	Census Tract	Tax Block	Tax Lot	Address	Zip Code
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____
g.	_____	_____	_____	_____	_____	_____
h.	_____	_____	_____	_____	_____	_____
i.	_____	_____	_____	_____	_____	_____
j.	_____	_____	_____	_____	_____	_____
k.	_____	_____	_____	_____	_____	_____
l.	_____	_____	_____	_____	_____	_____
m.	_____	_____	_____	_____	_____	_____
n.	_____	_____	_____	_____	_____	_____
o.	_____	_____	_____	_____	_____	_____

3. Is there a lot merger or lot split planned on any of the above referenced lots? Please provide details below.

4. Has the building(s) been landmarked, designated as historic as defined by local, state, or federal law? _____

IRS Definition for a Multi-Building or Scattered Site Project

A Multi-Building project must have similarly constructed units located on the same tract of land (or across street or stream), owned by the same entity for federal income tax purposes, and share a common plan of financing.
 A Scattered Site project is multiple buildings not located on the same tract of land that share a common financing plan, owned by the same entity for federal income tax purposes and all units (tax credit and non-tax credit units) are rent-restricted.

5. Is this a Multi-Building or Scattered Site project? _____

6.a **Building Type** (select one or specify below if not available)

6.b **What type of housing will this project provide?** (Select one)

6.c **Preservation Projects**

Will your project be participating in any of the Preservation Initiatives outlined in the current Qualified Allocation Plan (QAP)?

6.d **Urban Renewal Plan**

Is this project part of an Urban Renewal Plan as defined by HPD? Yes No

7. **Population to be served:**

a. Will priority be given to households on the waiting list for public housing (NYCHA) for at least 20% of the units with restriction in place for 30 years? Yes No

b. Will special services be provided to any special needs population? Yes No

c.

(i) _____ Number of Units: _____ (ii) _____ Number of Units: _____

d.

[Empty rectangular box for additional information]

8. **Community Service Facilities**

a. Does this project include a community service facility designed to serve persons whose income is 60% of median or below? Yes No

b.

[Empty rectangular box for additional information]

c.

Site Control

9. Do you have site control? Yes No

10. a. Is the site properly zoned for this development? Yes No

b. Existing zoning of site: _____

11. a. Does the site require ULURP approval? Yes No

[Empty rectangular box for additional information]

12. a. NY City Program through which this property was acquired, financed or foreclosed: _____

13. For **Exhibit E**, I have attached: _____

7. a. **Ownership type during the Compliance Period** (select): _____

b. Is there a plan for tenant ownership now or in the future? Yes No

c.

E. APPLICANT DISCLOSURE

1. Has the applicant or any principals of the applicant or sponsor ever been the subject of:

a. Arson or harassment conviction or pending case Yes No

b. Felony or crime of dishonesty, non-compliance with fair housing or anti-discrimination laws, or any applicable codes, ordinances, labor laws or construction laws Yes No

c. City mortgage foreclosure proceedings or arrears Yes No

d. In-rem foreclosure or substantial tax arrears Yes No

e. Defaults under any City-sponsored program Yes No

f. De-designation as a developer of any government sponsored or publicly assisted projects Yes No

g. A record of substantial building code violations or litigation against properties owned by the applicant or by any entity or individuals that comprises the applicant. Yes No

h. Conviction for fraud, bribery, or grand larceny Yes No

i. Provide names and dates for ALL items checked yes in questions a-h

F. EXPERIENCE

1. Development:

a. Specify ALL catchment areas or service areas including community boards of the developer or sponsor.

b. Select number of community boards the sponsor has experience in: _____

d. Is the project using a tax credit consultant? No

Yes

e. Have all consulting fees been disclosed in the development budget? Yes No

Provide description of consulting fees and reason for excluding from development budget

f. Does the project budget include any exit taxes? Yes No

Provide detailed explanation of exit taxes and reason for inclusion in project budget.

2. Property Management Experience:

Do not include properties managed for less than 1 year. Indicate below if no experience.

a. List the names of any Tax Credit projects previously managed:

3. Not-for-Profit Status:

a. Is the owner or any of the general partners a tax-exempt organization, or a wholly owned subsidiary of a tax-exempt not-for-profit organization? Yes No

b. Does the Not-For-Profit materially participate in the ownership of the project? Yes No

4. Tax Credit Noncompliance:

a. Do you have any tax credit projects with outstanding instances of uncorrected tax credit noncompliance (per IRS Forms 8823)? Yes No

5. HOME Noncompliance:

a. Do you have any tax credit projects with outstanding instances of uncorrected HOME noncompliance? Yes No

6. Credit Recapture:

a. Do you have projects where credit allocations have been returned to or recaptured by HPD? Yes No

7. Default or Workout Status:

a. Do you have projects that have received development financing from HPD that are in default or workout status? Yes No

8. Diversity Participation:

- a. Does the applicant's programming, staff practices, or it's use of MWBE firms on the proposed project help to increase the participation of racial or ethnic minorities, women or local residents in the construction or management of affordable housing ? Yes No

G. DEVELOPMENT CAPACITY:

- 1. a. Number of TAX CREDIT projects developed: _____
- b. Number of TAX CREDIT units developed: _____
- 2. a. Number of NON-TAX CREDIT LOW INCOME projects developed: _____
- b. Number of NON-TAX CREDIT LOW INCOME units developed: _____
- 3. a. Number of OTHER PROJECTS (not including Tax Credit or Low Income) developed: _____
- b. Number of OTHER UNITS (not including Tax Credit or Low Income) developed: _____
- 4. a. Is the General Contractor owned wholly or in part by any other entity or party to this transaction? If so, provide details and submit as part of Exhibit I _____
- b. Does the General Contractor have outstanding labor issues with HPD or any other Agency? If so, provide details and submit as part of Exhibit I _____

Please complete the Residential Development Experience chart provided and submit as EXHIBIT I

H. RELOCATION:

- 1. At the time of acquisition the residential portion of the project was: _____
- 2. a. Does the project involve relocation of legal residential tenants from this building AFTER the date of acquisition? Yes No

J. APARTMENT DISTRIBUTION AND RENT INFORMATION

1. VERY LOW INCOME: 50% or less of Area Median Income (including "Deep Rent Skewed" units, *exclude non-rent paying superintendent units*)

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Unit Type	No. of Units	Utilities paid directly by tenant:	Maximum monthly rent that could be paid by tenant	No. of Assisted Units	SubsidyType	Rental assistance contract length (in years)	Annual Rent		No. of Tax Credit Units	Maximum Income as % of Median Income	Units set aside for Homeless persons/ families	Units set aside for Special needs population
a.	0 BR Deep Rent Skewed										%		
b.	0 BR										%		
c.	0 BR										%		
d.	1 BR Deep Rent Skewed										%		
e.	1 BR										%		
f.	1 BR										%		
g.	2 BR Deep Rent Skewed										%		
h.	2 BR										%		
i.	2 BR										%		
j.	3 BR Deep Rent Skewed										%		
k.	3 BR										%		
l.	3 BR										%		
m.	4 BR Deep Rent Skewed										%		
n.	4 BR										%		
o.	4 BR										%		
	TOTAL												
	% of Total Resid. Rental units												

VLI Units as % of total HOME units: %

2. LOW INCOME: 60% or less of Area Median Income (exclude non-rent paying superintendent units)

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Unit Type	No. of Units	Utilities paid directly by tenant:	Maximum monthly rent that could be paid by tenant	No. of Assisted Units	Subsidy Type	Rental assistance contract length (in years)	Annual Rent		No. of Tax Credit Units	Maximum Income as % of Median Income	Units set aside for Homeless persons/ families	Units set aside for Special needs population
a.	0 BR										%		
b.	0 BR										%		
c.	0 BR										%		
d.	1 BR										%		
e.	1 BR										%		
f.	1 BR										%		
g.	2 BR										%		
h.	2 BR										%		
i.	2 BR										%		
j.	3 BR										%		
k.	3 BR										%		
l.	3 BR										%		
m.	4 BR										%		
n.	4 BR										%		
o.	4 BR										%		
	TOTAL												
	% of Total Resid. Rental units	*			*				*	*		*	*

* Note: very low income units on page 11 have also been counted as low income units in determining the above percentages

3. Other: Greater than 60% of Area Median Income (exclude non-rent paying superintendent units)

Unit Type	No. of Units	Utilities paid directly by tenant (select one below)	Tenant portion of rent	Annual Rent	No. of HOME units if Applicable	Maximum Income as % of Median Income
a. 0 BR						%
b. 1 BR						%
c. 2 BR						%
d. 3 BR						%
e. 4 BR						%
Total						
Units as % of total Resid Units						

4. NON-RENT PAYING SUPERINTENDENT UNIT(S) (Specify number of units of each type)

Unit Type:	0BR	1BR	2BR	3BR	4BR
a. No. of Units:					
b. If you do not plan to have a superintendent on site describe how you will meet the requirements of the Housing Maintenance Code regarding janitorial services (refer to HMC Article 13, Section 27-2052-2054.)					

5. Applicable Fraction	No. of Units	Fraction %	Net Square Footage	Fraction %
Credit Eligible Units				
Other Units				
Total Residential Rental Units				
Non-Rent Paying Super Units				
Total Residential Units				
Commercial Units				
Community Service Facility				
Community Space				

Total Gross Residential Income:	
Error Check: Please correct any warnings displayed here	

Cells shaded in blue are automatically calculated. Enter 0 in any cells not applicable. Do not leave any data entry cells blank in this table.

M. SOURCES OF FUNDS *Cells shaded in blue are automatically calculated*

1. Construction Financing

Name of Lender/ Source	Amount	Type	Interest Rate	Term
a. _____	_____	_____	_____	_____ mo
b. _____	_____	_____	_____	_____ mo
c. _____	_____	_____	_____	_____ mo
d. _____	_____	_____	_____	_____ mo
e. _____	_____	_____	_____	_____ mo
Total Construction Financing				

2. Permanent Financing

Name of Lender/ Source	Amount	Type	Interest Rate	Term
a. _____	_____	_____	_____	_____ Yrs
b. _____	_____	_____	_____	_____ Yrs
c. _____	_____	_____	_____	_____ Yrs
d. _____	_____	_____	_____	_____ Yrs
e. _____	_____	_____	_____	_____ Yrs
Total Permanent Financing				

Attach, as EXHIBIT K, a letter of commitment from each construction and permanent lender, government agency and/or other source of financing for the project. The letter should explicitly state (1) the amount of funds (2) the interest rate (3) term of the loan/ grant (4) repayment provisions.

3. Public Financing (Not Including Rental or Operating Subsidies)

4. Deferred Developer Fee: _____

5. Calculation of Credit

Item	Acquisition	Rehab/Construction	Total
a. Eligible Costs (net of developer fee)			
b. ADD: Developer Fee Allocation			
c. Less: Allocable Grant Financing			
d. Less: Allocable Federal Financing			
e. Less: Historic Tax Credit			
f. LESS			
g. Total Eligible Basis			
h. Recognized Eligible Basis			
i. Applicable Fraction		%	%
j. Basis Boost (Check Box to elect boost) <input type="checkbox"/>			%
k. Qualified Basis			
l. Credit rate:		%	%
m. Maximum Annual Credit Amount			
n. Requested Annual Credit Amount			

6. Equity And Syndication Information *Cells shaded in blue are automatically calculated*

a. Source of Equity (select one): _____

b. NET LIHTC SYNDICATION EQUITY

(Gross syndication equity less syndicator's fees, upper tier reserves and bridge loan fees and Interest. *The schedule below should NOT include G.P. equity or any syndication costs.*)

	Amount	Milestone (if applicable)	Projected Date
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
12th			
13th			
14th			
15th			
16th			

TOTAL NET EQUITY

c. Equity Contribution from General Partner: _____

d. _____

e. Gross Syndication Equity (Estimated gross proceeds from sale of credits, including all syndication costs)

TOTAL GROSS EQUITY

N. Sources/ Uses Check

G.P. Equity Contribution	
Deferred Developer Fee	
Gross Syndication Equity	
Grants & Loan Financing	
TOTAL SOURCES AVAILABLE	
TOTAL USES	
DIFFERENCE	

P. INDEMNIFICATION and CERTIFICATION

The undersigned owner hereby makes application to the New York City Department of Housing Preservation and Development for reservation, carryover allocation or allocation of housing credit dollar amounts as listed in the application. The undersigned agrees that the New York City Department of Housing Preservation and Development will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not limited to attorney's fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgment, any loss from judgment from Internal Revenue Service) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such allocation request.

If the undersigned has electronically submitted an application for the proposed project she (he) affirms that the paper submission is identical to the electronic submission.

The undersigned certifies that she (he) has reviewed all the foregoing information and acknowledges that it truly and accurately describes the proposed project. In witness whereof, the owner has caused this document to be duly executed in its name on this _____ day of _____, 20____.

Legal Name Of Owner

BY: _____
Name

Title

NOTE: This form must be executed by an officer of the general partner or applicant.

STATE OF NEW YORK
COUNTY OF _____ SS:

On this _____ day of _____, 20__, before me personally came _____ to me known and known to me to be the person who executed the foregoing certification and she (he) duly acknowledged to me that she (he) executed the same.

Notary Public

Q. Fees:

1. Application Fee:
Fees are due on submission. For 9% (competitive) applicants, the application fee is \$1,000 for qualified non-profits and \$2,000 for for-profits. For 4% (“as of right”) applicants the fee is \$2,000 for qualified non-profits and \$3,000 for for-profits. Please see the current QAP for further details regarding paper submissions.

All checks made payable to: _____

a. Check number: _____ b. Application fee amount: _____

c. If this check covers more than one application, list applications by building address in the space below:

2. Allocation Fee:
Projects will be charged an allocation fee of 8% of the requested allocation. 50% of the total fee must be received before HPD will issue the Carryover Allocation or "Determination of Credit Eligibility" (DOCE) for as-of-right projects. The balance will be due at the 8609 cost certification stage.

If awarded credits, the allocation fee amount due before carryover or DOCE will be _____

Exhibit Submission Summary

The following is a list of exhibits to be submitted with this application. Optional exhibits are labeled as such, all other exhibits are required for this application to be considered complete.

EXHIBIT F: Attach a (1) certificate of incorporation or partnership formation, (2) filing receipt, and (3) state seal page for the entity expected to receive the tax credit allocation

EXHIBIT G: Attach an organizational chart to further document your ownership structure. The chart should contain all entities with and ownership interest, the associated principals, and the ownership percentages.

EXHIBIT I: Please complete the Residential Development Experience chart provided. If you answered Yes to question 4a or 4b, provide separate explanation as part of this Exhibit

EXHIBIT K: Attach a letter of commitment from each construction and permanent lender, government agency and/or other source of financing for the project. The letter should explicitly state (1) the amount of funds (2) the interest rate (3) term of the loan/ grant (4) repayment provisions.

EXHIBIT Q: HPD has incorporated the Green Communities Certification as a threshold requirement in the Qualified Allocation Plan (QAP) for Low-Income Housing Tax Credits (LIHTC). Attach as Exhibit Q, a Letter of Satisfaction from Enterprise Green Communities or the approved HPD Green Communities waiver.

Signature Field

EXHIBIT A

NYCHA Waiting List *(Optional for competitive points)*

(Attach Cover to front of Document)

EXHIBIT B

Special Needs Population

(Optional for competitive points)

(Attach Cover to front of Document)

EXHIBIT C

Site Control

1) The document submitted as Exhibit C is a (select or enter if not available): _____

2) Is the document being submitted FULLY EXECUTED (signed by all parties involved)? Yes No

3) What is the name of the entity on the document receiving site control?

4) Is the entity (3) listed in the site control document (Exhibit C) a related party to: Yes No

5) Does the document submitted show site control for ALL lots listed on page 3? Yes No

(Attach Cover to front of Document)

EXHIBIT D

Zoning Status

(Attach Cover to front of Document)

EXHIBIT E

Market Study

Attach a market study demonstrating the need for the proposed housing. The market study may be produced by HPD or by an independent consultant approved by HPD. Click link below for a copy of the HPD market study.

(Attach Cover to front of Document)

EXHIBIT F

Project Ownership

Attach a certificate of incorporation or partnership formation for:

Please check all that apply:

- A certificate of incorporation or partnership formation for the above entity is attached
- The filing receipt is attached
- The state seal page is attached

(Attach Cover to front of Document)

EXHIBIT G

Ownership Structure

Provide an organizational chart to further document the ownership structure disclosed on page 5. The chart should contain all entities with an ownership interest, the associated principals, and the percentage of ownership. Click the link below for samples.

(Attach Cover to front of Document)

EXHIBIT H

Not-For-Profit Status

(Optional for competitive points)

(Attach Cover to front of Document)

EXHIBIT I

Residential Development Experience

Describe previous residential development experience of applicant, principal of applicant and sponsor/developer in the Residential Development Experience Summary Form. For each project, indicate the specific role (General Partner, Developer, General Contractor, Construction Manager, Financing provider, Limited Partner, Development Consultant). If an individual or organization has no experience this must be indicated on the form by writing NONE. Click the link below for a copy of the development form template.

If the General Contractor is owned wholly or in part by another party to this transaction, please provide as a separate document an explanation of relationship.

If the General Contractor has any outstanding Labor Standards issues, please provide details as a separate document. Details should include dates, project names, amount and plan for resolution.

(Attach Cover to front of Document)

EXHIBIT J

Appraisal

(Attach Cover to front of Document)

EXHIBIT K

Financing Commitments

1) Please list all commitment letters submitted as Exhibit K (*not including syndication commitment*):

2) Do all of the commitment letters submitted explicitly state the principal amount of the loans? Yes No

3) Do all of the commitment letters submitted explicitly state the interest rate or calculation thereof on the loans? Yes No

4) Do all of the commitment letters submitted explicitly state the term of the loans? Yes No

5) Do all of the commitment letters submitted explicitly state the repayment provisions on the loans? Yes No

6) Are all of the commitment letters submitted fully executed? Yes No

** Commitment letters containing forgiveness language will be treated as grants and subtracted from basis*

(Attach Cover to front of Document)

EXHIBIT M

Source of Equity

(Attach Cover to front of Document)

EXHIBIT N

Equity Commitment *(Optional for competitive points)*

(Attach Cover to front of Document)

EXHIBIT O

Contractor Price *(Optional for competitive points)*

(Attach Cover to front of Document)

EXHIBIT P

Construction Approval *(Optional for competitive points)*

(Attach Cover to front of Document)

EXHIBIT Q

"Green" Requirements

Enterprise Green Communities Criteria - All projects will be required to certify under the Enterprise Green Communities Criteria. The Enterprise Green Communities Criteria can be found online at www.greencommunitiesonline.com. As part of the tax credit application submission, applicants will be required to submit a Letter of Satisfaction from Enterprise. Additionally, applicants must submit final Enterprise Green Communities Certification prior to issuance of 8609s. Rehabilitation projects that do not meet the following scope of work may petition HPD for a waiver of the LIHTC Green Communities threshold requirement:

1. Replace heating system, and
2. Work in 75% of units including work within the kitchen and/or bathroom, and
3. Work on the building envelope, such as replace/add insulation, replace windows, replace/add roof insulation, new roof or substantial roof repair.

A copy of Enterprise's Green Communities Criteria is available for download on Enterprise's website at <http://www.greencommunitiesonline.org/tools/criteria/>. The certification workbook for Green Communities certification and a process overview can be found at the link below:

All LIHTC preservation projects receiving a waiver of the Green Communities Criteria must comply with [HPD's Standard Specification](#). In addition, any new construction or rehabilitation project (as defined above), which received a waiver by HPD from the Green Communities requirement will also be waived from the LIHTC Green Communities threshold requirement. Each project will be required to submit either a Letter of Satisfaction from Enterprise or a waiver from HPD along with the original tax credit application. A copy of the waiver request form can be obtained at: <http://nyc.gov/html/hpd/downloads/pdf/green-communities-waiver.pdf>.

HPD may also issue a waiver of the final Green Communities Certification requirement for 8609s, if a project can demonstrate financial hardship that will threaten project viability. To be eligible for a waiver under the financial hardship election at the 8609 filing phase, HPD must receive confirmation from Enterprise that all required documentation has been submitted.

Attach as Exhibit Q a Letter of Satisfaction from Enterprise Green Communities or an approved HPD waiver.

Application No.: _____

Application No.: _____

EXHIBIT R
(For HPD Use Only)

Miscellaneous Documents

List below all documents that do not pertain to
Exhibits A through Q

Document

Reason Submitted

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____