



HOUSING CREDITS | HOME | HOUSING TRUST FUND | HOME-ARP

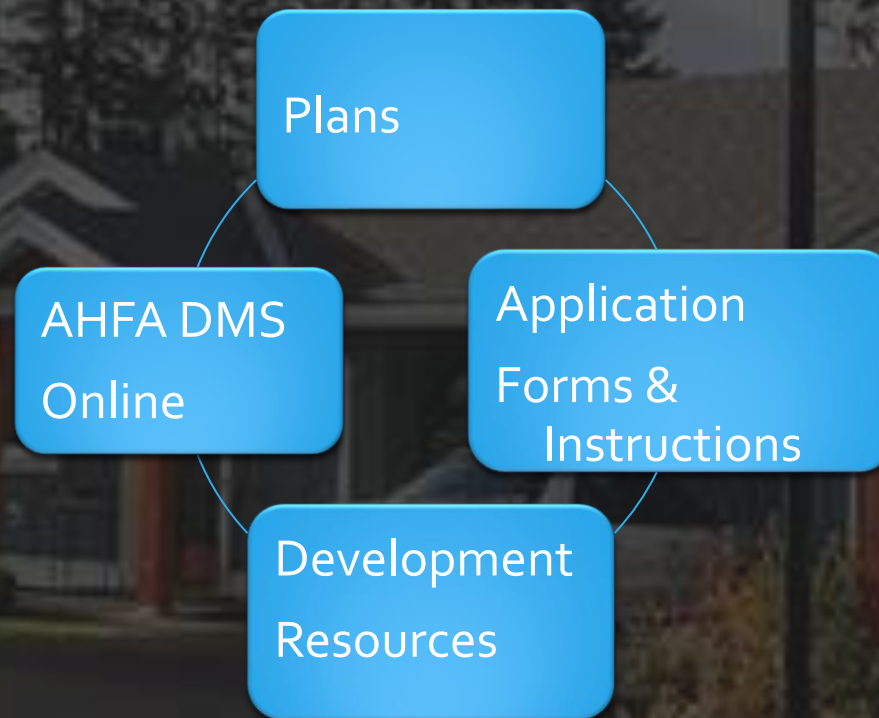


# Competitive Application Cycle Information

February 2024



# AHFA Application Resources



# AHFA Funding Programs

## Competitive

- Low-Income Housing Credit Program

## Competitive

- HOME Program Combined with Housing Credits (subject to applicable Plan requirements)  
→HOME- ARP

## Competitive Open Cycle

- Housing Trust Fund Program

## Non-Competitive Open Cycle (Tentatively March 1- November 1)

- AHFA Multifamily Bond Program

# Plan Development and Application Cycle Timeline

The AHFA Multifamily Division works on multiple, different plans concurrently.

Notices regarding releases, public comment periods, training and cycle deadlines are published on [ahfa.com](http://ahfa.com) and via email in the form of [Multifamily Notices](#).



# 2024 Application Cycle

NOTE: Future dates indicated are subject to revision. Any changes to the schedule will be published and posted on [AHFA.com](https://www.ahfa.com).

Dates	Cycle Events
12/15/2023	2024 CHDO Application Release
1/9/2024	2024 Application Release
1/12/2024	2024 CHDO Application Deadline
1/17/2024- 2/1/2024	2024 Application Workshop Questions Acceptance Period
2/7/2024	2024 Application Deviation Request Deadline
2/8/2024	2024 Application Workshop
2/19/2024	Application Logs Due
2/21/2024	Competitive Applications Due
TBD	2024 Award Announcement



# 2024 Competitive Allocation Estimates

Funding	Housing Credit	HOME	HOME- ARP	National Housing Trust Fund
Allocation (estimated)	\$14.7M* \$6.8M Remaining	\$12.2 M	\$34 M	\$3.4 M
Set Asides	Non-profit 10%	CHDO 15%	Qualifying Populations	None
Caps	15%	25%	None	\$1.35M
Uses	<ul style="list-style-type: none"> <li>New Construction</li> <li>Acquisition /Rehab</li> <li>Adaptive Reuse</li> </ul>	New Construction	New Construction	New Construction
Units	Min: 12 Max: Cap Based	Min: 12 Max: 56		Min: 1 Max: \$1.35M Cap

\*Figures are subject to change based on program changes by HUD or the IRS.

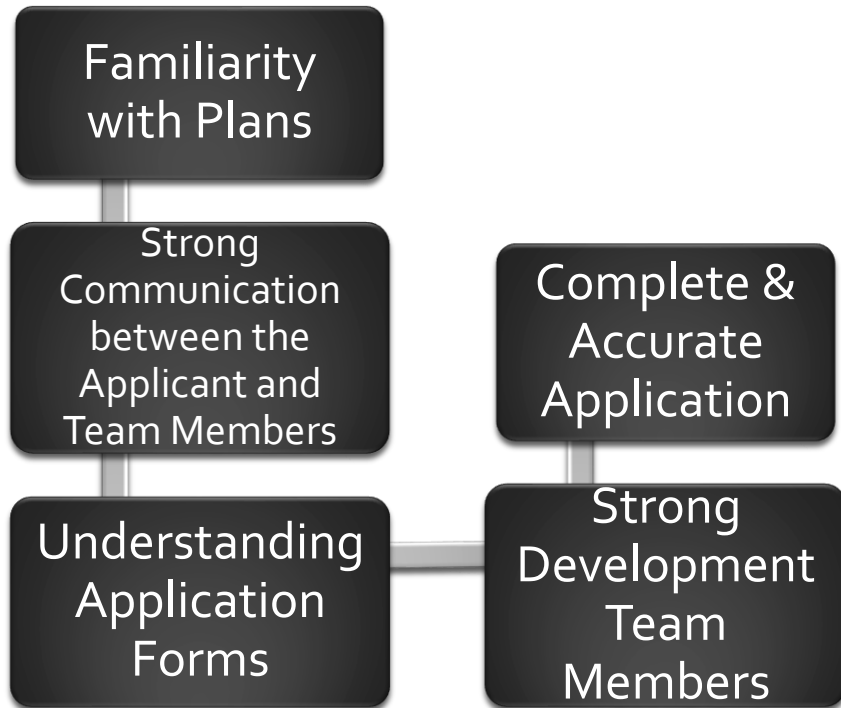
\*M=Million

Non-Profit	Project Name	Project County	Project City
East Lake Community Development, Inc.	Phillips Landing	Mobile	Mobile
Community Action Partnership of North Alabama, Inc.	Village at Youngsville	Tallapoosa	Alexander City
Alabama Communities, Inc.	Camellia Square	Mobile	Mobile

## Non-Profits Eligible to Compete for 2024 AHFA CHDO Set-Aside Funding

Applications were received on January 12, 2024, from 3 non-profits with 3 projects

# Tools for Success









# Contact Information



- Please reach out to the applicable organization, shared email box (ex. [ahfa.mf.application@AHFA.com](mailto:ahfa.mf.application@AHFA.com)) listed on AHFA provided documents. This helps to ensure a prompt review time and response as multiple AHFA team members monitor these inboxes.

# 2024 Application Packages

Digital (PDF) Copies: *Each form must be saved individually by listing the AHFA form number, form title, and name of project.*

-  12a. AHFA DMS Authority Online Application- ABC Estates
-  12b. AHFA DMS Authority Online Application Receipt- ABC Estates
-  13. Certification of Bid Law Compliance- ABC Estates
-  14. Dated and Executed Organizational Documents

## Application Package Formats

Application Forms Package	Hard and Digital	Smead® Pressboard Fastener Folder with SafeSHIELD Coated Fasteners, 3" expansion, legal size, 60% recycled, Gray/Green, Smead®
Environmental Assessment Study(ies)	Hard and Digital	3-Ring Binder(s) DMS Upload
Market Study, Engagement Letter & Certification	Hard and Digital	3-Ring Binder(s) DMS Upload
Capital Needs Assessment	<b>As Applicable</b> Hard and Digital	3-Ring Binder(s) DMS Upload

Tab All Sections / Appendices within 3-Ring Binders.  
Size Binders appropriately to contain the necessary materials.

## 2024 Application Fees

For applicants with up to eight Responsible Owners applying in a single application:

HOME/TC	\$10,000	If (x) each Responsible Owner has <b><u>fewer than 3</u></b> Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA and (y) any Responsible Owner has one or more multi-family rental projects financed from non-AHFA sources.
HOME/TC	\$7,500	If each Responsible Owner has <b><u>3 or more</u></b> Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA, regardless of whether any Responsible Owner has other multi-family rental projects financed from non-AHFA sources.
HOME/TC	\$7,500	If (x) each Responsible Owner has <b><u>fewer than 3</u></b> Placed-In-Service projects funded with Housing Credits and/or HOME Funds awarded by AHFA and (y) no Responsible Owner has any multi-family rental projects financed from non-AHFA sources.
CHDO	\$2,000	For all AHFA-Approved CHDO applicants applying for HOME Funds regardless of the number of Placed-In-Service projects allocated by AHFA.
BOND	\$10,000	<u>Multifamily Housing Revenue Bond Application</u> <b><i>a non-refundable fee</i></b> must accompany the Application Package submitted for consideration for a Declaration of Official Intent.

An additional application fee will be due at the time of application submission for application(s) that have Ownership Entities exceeding 8 Responsible Owners. The amount of the fee will be \$1,000 per each owner (individual/entity) exceeding 8. This fee does not apply to the Investor Owner.

# Application Fees

All application fees are non-refundable. If an application fee is returned due to insufficient funds, the application will terminate.

It is strongly recommended that a cashier's check or certified funds accompany your Application submittal to forego any banking concerns.

[See the Current Year Allocation Plans for additional information](#)

## Missing/ Incomplete Items

Excludes Threshold Requirements, Material Environmental Findings, and Point Scoring Items.

An aggregate total of eight (8) or more missing/ incomplete item occurrences will result in the automatic termination of the application by AHFA.

[See the Current Year Allocation Plans for additional information](#)

### Missing / Incomplete Documents

Missing and/or Incomplete Documents	Required Fee	Missing Item Occurrence
Missing and/ or incomplete application document(s)	\$2,000 per document	1 occurrence per document
Incomplete third-party report <sup>1</sup>	\$2,000 per report	1 occurrence per document
Requests for additional information or clarification of third-party report(s) <sup>1</sup>	\$2,000 for 5 or more per report	1 occurrence for 5 or more clarifications (or requests for additional information ) per report

<sup>1</sup> Applicant can supply missing and/or incomplete items with respect to environmental reports only to the extent permitted by Addendum B, and this table applies only to such items.

The highest scoring project per county with ownership by an AHFA-Approved CHDO will be funded until the regulatory 15% CHDO set-aside is met.

The highest scoring Housing Credit project and/or HOME project combined with Housing Credits will be allocated per county until all available 2024 Housing Credits and HOME Funds have been allocated, subject to the following exception. AHFA will allocate Housing Credits to 2 projects in the same county or city only if both projects score high enough to be funded, are otherwise eligible to be funded under this QAP, and one of the projects being considered has all of the following attributes at the time of application: (i) has received a HOME Loan from AHFA, (ii) has at least 85% occupancy, and (iii) has either (a) repaid the HOME Loan in full, or (b) has closed a 15-year extension of the debt evidenced by the outstanding HOME loan.

If all available 2024 Housing Credits have been allocated and there still remains available HOME Funds, the highest scoring HOME project combined with Housing Credits may be allocated per county, subject to a future-year Housing Credit allocation.

## 2024 FUNDING PRIORITIES

[See the Current Year Allocation Plans for additional information](#)



# 2024 APPLICATION THRESHOLD CHANGES

Multifamily Housing Revenue Bond applicants may submit, at the same time, an application for Multifamily Housing Revenue Bonds and a competitive application provided both are:

1. Submitted during the Competitive Application Cycle.
2. Have the same Responsible Owners, and
3. The sites are located within ¼ mile of each other.

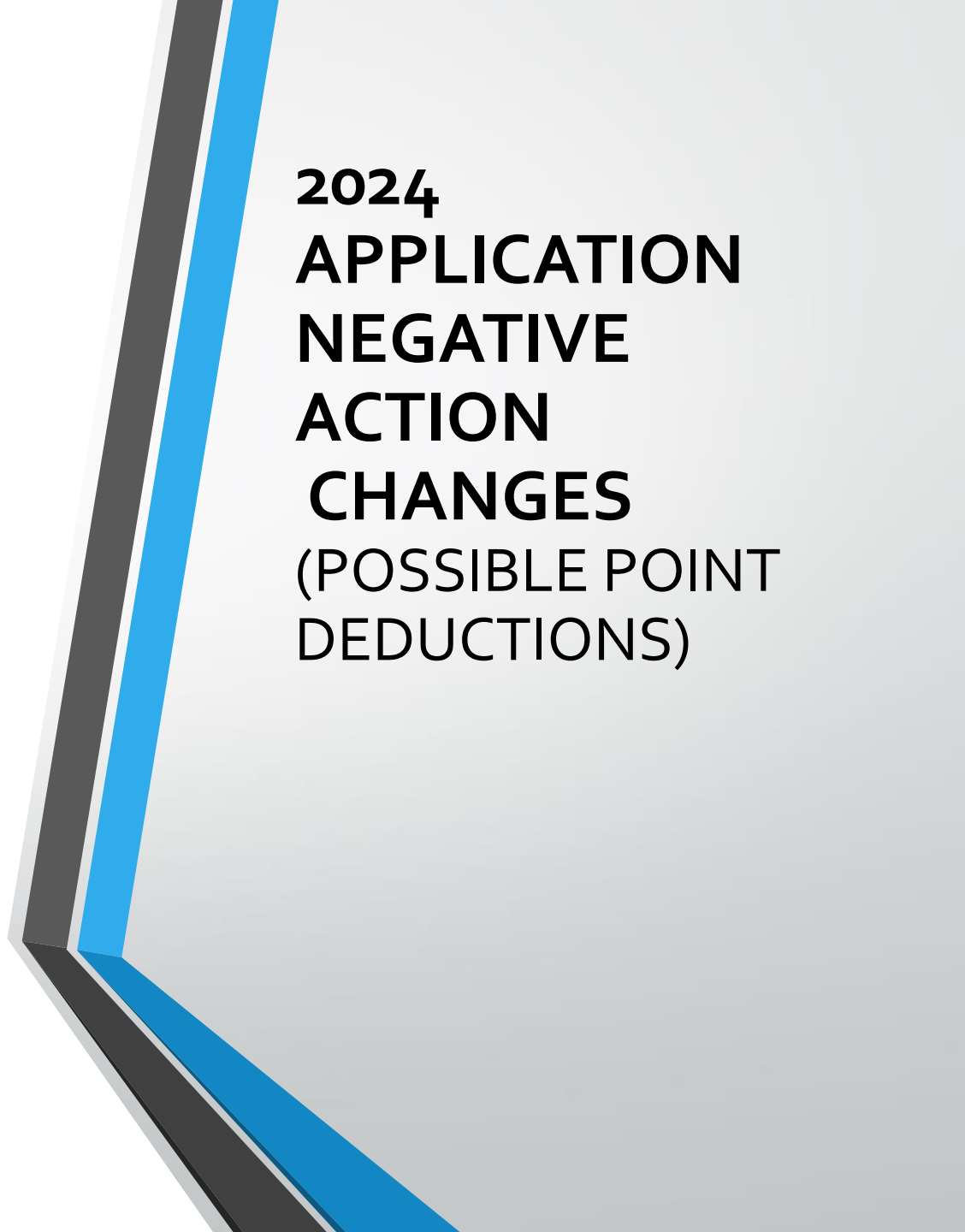
*The above-referenced applications are exempt from the 2-mile radius requirement. However, the exception does not apply to an application for Multifamily Housing Revenue Bonds whose related competitive application is unsuccessful.*



## **2024 APPLICATION SCORING CHANGES**

- Extended the timing requirement for the demolition of prior public housing authority projects to eight (8) years due to timing delays experienced to rebuild prior housing stock
- Added two (2) points for Humidistat controlled Energy Star ventilation fans in all bathrooms
- Added one (1) point for Energy Star rated LED lighting package in the entire living unit.
- Specified a 144 minimum square footage requirement for a Furnished Children's Activity Center or Senior Arts & Craft Center
- Specified a 144 minimum square footage requirements for a Senior Gathering Area for Multistory Elevator Developments
- Amended language to clarify that the Disability Homeless Election is for a minimum 30- year period
- Points for Emergency Rental Assistance Alabama (ERA Alabama) were removed

- Provided clarifying details regarding Davis Bacon requirements on any AHFA- Project (approved and/or Placed in Service)



## **2024 APPLICATION NEGATIVE ACTION CHANGES (POSSIBLE POINT DEDUCTIONS)**



## **ADDITIONAL SITE CONTROL REQUIREMENTS- Housing Credit Only**

- Revised the initial long-term lease with a duration of at least twenty-five (25) years with a minimum five (5) year additional required term lease which must run consecutively.

# PROGRESS REQUIREMENTS- After Reservation

The list of Reservation requirements are provided at [www.ahfa.com](http://www.ahfa.com).

## Housing Credits Combined with HOME Reservation Items

WHEN AHFA ISSUES A HOUSING CREDIT/HOME RESERVATION LETTER, THE OWNER WILL BE REQUIRED TO PROVIDE THE APPLICABLE DOCUMENTS LISTED BELOW, AND WHERE INDICATED, PROVIDE A DIGITAL PDF COPY (COMPACT DISC FORMAT OR USB FLASH DRIVE) OF THE DOCUMENT. THE DIGITAL COPY MUST MATCH EXACTLY IN ALL RESPECTS THE ORIGINAL PROVIDED. THE DIGITAL COPY MUST LIST THE FORM TITLE AND NAME OF THE PROJECT.

### Reservation +15 days:

- a) Executed original Reservation Letter (along with Addendum A Survey Requirements) acknowledging acceptance of the terms and conditions.
- b) Non-refundable fee in the amount equal to 15% of the first year's Housing Credit allocation (certified funds - no cash accepted).
- c) Carryover Allocation Agreement (along with Exhibits A & B).
- d) Executed HOME Written Agreement (along with Addenda A-K) acknowledging acceptance of terms and conditions.
- e) Management Plan (available on AHFA's website).  
<http://www.ahfa.com/multifamily/post-award/pre-constructionreservation>
- f) Affirmative Fair Housing Marketing Plan (available on HUD's website).  
<http://portal.hud.gov/hudportal/documents/huddoc?id=935-2a.pdf>
- g) Tenant Lease Agreement with HOME Program Addendum to Lease and HUD Lease Addendum Violence Against Women and Justice Department Reauthorization Act of 2005 (available on AHFA's website)  
<http://www.ahfa.com/multifamily/post-award/pre-constructionreservation>





# 2024 Application Forms

IMPORTANT ITEMS TO NOTE

\*LIST IS NOT ALL INCLUSIVE

# 2024 APPLICATION FORMS – Profile Sheet

Zip Code:			Alternate Contact:	
Telephone #:		Ext.	Alternate Contact Title:	
E-mail Address:			Alternate Contact: Email:	
			Alternate Contact Telephone #:	

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Project Location	
Project Name:	
Address:	
City:	
Zip Code:	
County:	
Congressional District:	
Census Tract Number:	
Site Acreage:	

Is the proposed project a prior funded AHFA project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the proposed project is a prior funded AHFA project, provide the original name of the prior funded AHFA project:	
Has the proposed project repaid 100% of the AHFA HOME loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the proposed project closed a 15 year extension of the original AHFA HOME loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Funding Source Requested	
<input type="checkbox"/> Housing Credits (HC) only	HC Amount Requested \$
<input type="checkbox"/> HOME funds combined with Housing Credits (If selected, answer questions below regarding the permanent first mortgage)	HOME Amount Requested \$
	HC Amount Requested \$
<input type="checkbox"/> AHFA may underwrite and consider funding the project's permanent <b>first</b> mortgage	
<input type="checkbox"/> I decline AHFA's consideration of underwriting and funding the project's <b>first</b> mortgage	
Are you applying for the CHDO set-aside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is an entity involved in the Ownership a non-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for the non-profit set-aside?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Non-AHFA Funding Sources (Amounts should match what is submitted in the AHFA DMS Authority Online Application Funding Sources)		
Name of Financing Entity	Type of Loan (RD 515, 221d4, CDBG, Local HOME, etc)	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Additional fields have been added to provide clarification. Answers should be consistent across the entire Application Package.

The Application package submittal format is designed to reduce the number of items which will be submitted in hard copy. Please keep in mind that all items are to be submitted in the electronic format unless specifically stated otherwise (i.e., self-score form).

<p>Provide on a USB flash drive, One Complete <b>Digital (PDF) Version</b> of the Application Package submission items 1-52, including Third-Party Reports, (Digital copy must match exactly what was provided in original Application Package), the text of which shall be in a searchable format. Each form must be saved individually by listing the AHFA form number, form title, and name of project. Some items as specified will require both a <b>digital</b> and <b>hard</b> copy submittal.</p>	
<p><b>Bold</b> type denotes that AHFA provides the form or form letter.</p>	
<p>Original signatures required: Statement of Application and Certification, Responsible Owner Signature Authorization, and Architect Certifications.</p>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">HC</div>	Hard Copy
<div style="border: 1px solid black; padding: 2px; display: inline-block;">E</div>	Digital only
<p>Pre-Application Package Submittal Items</p>	
<p>Deviation Request Form , any deviation requests from the AHFA Design Quality Standards and Construction Manual must be submitted for AHFA's approval prior to submitting your application OR with the application to the Application Package submission date. The Deviation Request Form and any supporting documentation should be submitted to <a href="mailto:ahfa.mf.general@ahfa.com">ahfa.mf.general@ahfa.com</a>.</p>	
<p>Application Log, complete and submit the Excel version of the Application Log for each application to the following email address: <a href="mailto:ahfa.mf.application@AHFA.COM">ahfa.mf.application@AHFA.COM</a>, during normal business hours and within the specified timeframe posted at: <a href="http://www.ahfa.com/multifamily/multifamily-notice">http://www.ahfa.com/multifamily/multifamily-notice</a>.</p>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Deviation Request Form
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Not Applicable
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Application Package Log
<p><b>Hard Copy Submittal Items ( These items are to be submitted in both paper and digital format)</b></p>	
<p><i>The Application Package (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944. (Office Depot®/OfficeMax® Item # 935783).</i></p>	

# 2024 APPLICATION FORMS – Self-Score Sheet

3 Project Self Scoring Form 2024	
<b>Do not include this form in the digital copy.</b>	
Items listed below are partial excerpts from the 2024 Housing Credit QAP and HOME Action Plan (Plans). Please review the Plans for full context. Final scoring determination will be made by AHFA based on all Application Package documentation submitted.	
Application Number:	
Project Name:	
Type of Funds Requested:	
Construction Type:	
<b>A. POINTS GAINED</b>	
<b>1. Project Characteristics (Maximum 82 Points)</b>	
<i>(i) Type of Construction (Maximum 33 Points)</i>	
<i>(a.) Upgrade with amenities (Maximum 25 Points)</i>	
	<i>(4 points each)</i>
Clubhouse/Community Building/ Community Room	
Washer/Dryer provided in each unit	
Exterior Security Package	
Unit Security Package	
Storm Shelter	
Playground	
Outdoor Fitness Activity Area	
Covered Picnic Pavilion	
Points Gained:	0

The self-score form is for the applicant's use only and does not determine the actual score calculated by AHFA. This form should not be included as part of the electronic submission.

# 2024 APPLICATION FORMS – CEO Form

Identify the CEO:

A. Within City Limits – Mayor

B. Unincorporated Area- County Commissioner

Required Copies:

4a. Chief Executive Officer Information Form (CEO Form)- **3 total complete copies**

4b. Federal Express (FedEx) or United Parcel Service (UPS) Prepaid Shipping Label- **3 total copies**

4c. Shipping Envelope: (FedEx or UPS)

## A. CHIEF EXECUTIVE OFFICER INFORMATION FORM

Applicant should complete this form in its entirety. The applicant must include a Fedex or UPS shipping envelope and label with the application to use in sending notification of receipt of the project application to the Chief Executive Officer (CEO) where the proposed project is located. The CEO should be the mayor unless the project site is located in an unincorporated area. If that is the case, the Commissioner's information should be provided.

### CHIEF EXECUTIVE OFFICER INFORMATION

Local CEO Name	Office Held (Mayor, Commissioner)	City	N/A	County
CEO Physical Delivery or Physical Mailing Address		Is the site located in an unincorporated area?	YES NO	
CEO Phone Number				
CEO Email Address				

Hard Copy Submittal Items ( These items are to be submitted in both paper and digital format)	
<i>The Application Package (unless otherwise specified) must be two (2) hole punched at the top of each page, and submitted in Smead® Pressboard Fastener with Safeshield® Coated Fasteners, 3" Expansion, Legal Size, 60% Recycled, Gray/Green, Smead® Item # 19944. (Office Depot®/OfficeMax® Item # 935783).</i>	
1	<b>2024 Multifamily Application Package Profile and Completeness Checklist</b>
2a	Non-Refundable Application Fee - \$10,000 for an application with up to eight (8) Responsible Owners applying on a single application that have less than three (3) placed-in- service projects funded with Housing Credits and/or HOME funds awarded by AHFA.
Or	2b. Non-Refundable Application Fee - \$7,500 for an application with up to eight (8) Responsible Owners applying on a single application whereas each Responsible Owner has three (3) or more placed-in-service projects funded with Housing Credits and/or HOME funds awarded by AHFA.
2c	Non-Refundable Application Fee CHDO Application \$2,000 for all proposed Community Housing Development Organization (CHDO) applicants applying for HOME funds regardless of the number of placed-in-service projects awarded by AHFA.
2d	Non-Refundable Additional Application Fee (If applicable) An additional application fee will be due at the time of application submission for application(s) that have ownership structures exceeding eight (8) individuals and/or entities. The amount of the fee will be \$1,000 per each owner (individual/entity) exceeding eight (8). This fee does not apply to the investor limited partner.
2e	Three copies of Fee Check(s) (All copies of checks should note the project name, number and applicable fee type.)
3	<b>Project Self Scoring Form</b> (Must be submitted in a sealed envelope labeled with the Project name, Project number and Attn: Internal Audit: Self Scoring)
4a	<b>Chief Executive Officer Information Form (CEO Form)- 3 total complete copies</b>
4b	Federal Express (FedEx) or United Parcel Service (UPS) Prepaid Shipping Label- 3 total copies
4c	Shipping Envelope: (FedEx or UPS)
5	<b>Statement of Application and Certification</b>
6a	<b>Ownership Entity Signature Authorization</b>
6b	Signature Authorization Instrument Excerpt(s)



# 2024 APPLICATION FORMS –

The forms below should be identical to what is submitted in the DMS Online Application.

## New Construction Square Footage and Architect's Certification

7a New Construction Square Footage and Architect's Certification 2024		Project Name: _____ # of Units: _____ City: _____																																																															
The Project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.																																																																	
The following information refers to (check one): <input type="checkbox"/> Low-Income Units <input type="checkbox"/> Market Rent Units <input type="checkbox"/> Family <input type="checkbox"/> Elderly																																																																	
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## Rehabilitation Square Footage and Architect's Certification

7d Rehabilitation Square Footage and Architect's Certification 2024		Project Name: _____ # of Units: _____ City: _____																																																																			
The Project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the Project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.																																																																					
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Living Units Total				Total Heated Living Area:	s.f.																																																																
Community/Clubhouse Building				s.f.	s.f.																																																																
Office Area				s.f.	s.f.																																																																
Community Laundry				s.f.	s.f.																																																																
Other Buildings (specify):				s.f.	s.f.																																																																
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Type:	# of Type:			Area:	Total Area:																																																																
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Breezeways				s.f.	s.f.																																																																
Outside Storage				s.f.	s.f.																																																																
Other (specify):				s.f.	s.f.																																																																
Other (specify):																																																																					
				<b>TOTAL SQ. FT.:</b>	s.f.																																																																

# 2024 APPLICATION FORMS – Project – Unit Amenities

7b	Amenities 2024		Project Name: <input type="text"/>	
			# of Units: <input type="text"/>	
			City: <input type="text"/>	
<b>REQUIRED UNIT AMENITIES FOR ALL PROJECTS</b> <i>Please mark each check box to notate all required amenities are included in each unit you have selected for the proposed Project. If the proposed Project does not have all required unit amenities, provide AHFA's written approval of applicable Deviation Request.</i>				
<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Microwave
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Heater	<input type="checkbox"/> W/D connections	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Deviation Request Form (attach the written approval by AHFA)
<b>EXTRA PROJECT AND UNIT AMENITIES for Points</b> Amenities elected below will be used to determine whether or not the Project receives additional points under the point scoring system as described in the applicable Plan. Indicate which of the following extra amenities will be provided to all low-income and/or market rent units:				
<b>Extra Project Amenities</b> <input type="checkbox"/> <b>Clubhouse/Community Building/Community Room</b> (Must have at a minimum a kitchen (with refrigerator/freezer, cabinets and a sink with counter space), community meeting room (with seating and activity areas commensurate to total number of units), restrooms, community TV with cable, satellite or streaming services with a minimum of 42 inch screen TV, and wireless internet service. <b>A community laundry must be included if not providing a washer/dryer in each unit and the community laundry must contain at least 1 washer and 1 dryer for every 25 units proposed in the project.)</b> <input type="checkbox"/> Community Laundry provided <input type="checkbox"/> Community Laundry <b>not</b> provided				
<input type="checkbox"/> <b>Exterior Security Package</b> Must include at a minimum the following: * <b>Alarm</b> (sound and/or third-party monitored) system at the clubhouse/ community building, resident manager's office and laundry. * <b>Camera/Video monitoring system</b> to provide visibility of all pedestrian and vehicular traffic of all main Project entry and exit points, parking lot and Project amenities. * <b>Lighting</b> of all project amenities, parking lot(s), and all Project entry and exit points.				

The amenities listed on this form, must match what is selected in the DMS online application.

# 2024 APPLICATION FORMS – Rehab Square Footage and Architect’s Certification

7d

Rehabilitation Square Footage and Architect's Certification 2024

Project Name:

# of Units:

City:

The Project's architect, who is licensed in the State of Alabama, must complete this form. This form evidences that the Project meets AHFA square footage requirements as detailed in the AHFA Design Quality Standards and Construction Manual. This form(s) should be identical to what is submitted in the AHFA DMS Online Application. If applicable, provide AHFA's written approval of Deviation Request. Complete additional copies of this form as needed.

The following information refers to (check one):

☐ Low-Income Units

☐ Family

☐ Market Rent Units

☐ Elderly

(Duplicate this page for information regarding the type of units not checked above.)

Type:	# of Units:	# of Baths:	Bedroom Sq. Foot:				Heated Area:	Total Heated Area:
			(List the Sq. ft. for each B/R)					
			1st B/R	2nd B/R	3rd B/R	4th B/R		
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Bedroom							s.f.	s.f.
Living Units Total							Total Heated Living Area:	s.f.

All projects are required to meet the criterion contained in AHFA’s Design Quality Standards and Construction Manual for construction and rehabilitation of rental units (Addendum C). These are minimum standards and AHFA permits applicants to exceed these project standards. Any deviations from these standards must have written approval of AHFA prior to applying for funding. A request for approval of a deviation, with all supporting documentation, must be submitted to AHFA at least fourteen (14) days before the related application is submitted to AHFA.

# 2024 APPLICATION FORMS – Surveyor's Certificate

This form must be initialed by the surveyor, electronic/typed initials are not sufficient.

Incorrect-  
electronic/ typed initials

8b Surveyor's Certificate 2024	
<p>I, _____ (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of Project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items <b>[Surveyor Must Initial Each Item]</b>:</p>	
VA	Survey is drawn in ink on base plat at least 24 inches by 36 inches.
VA	Survey indicates North arrow
VA	Survey Shows graphic scale
VA	Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.

Correct-  
handwritten initials

8b Surveyor's Certificate 2024	
<p>I, _____ (insert name of surveyor), a Licensed Professional Land Surveyor in the State of Alabama of the firm _____ (insert firm name, city, and state), hereby certify to the Alabama Housing Finance Authority ("AHFA") that I prepared the attached survey of _____ (insert name of Project) located in _____ (insert county and city, if any), Alabama, for _____ (insert name of owner) and do further certify to AHFA that the survey contains each of the following items <b>[Surveyor Must Initial Each Item]</b>:</p>	
VA	Survey is drawn in ink on base plat at least 24 inches by 36 inches.
VA	Survey indicates North arrow
VA	Survey Shows graphic scale
VA	Survey contains written legal description (including the subject property and any beneficial easements) by metes and bounds, reference to government survey, or reference to recorded plat. If property description is by metes and bounds, point of beginning is labeled on the survey drawing, along with any and all appropriate ties to external controlling monuments.

<b>18b Credit Authorization Form 2024</b>		Project Name: <input type="text"/>	
<p>This form must be completed by each organization, Responsible Owner(s), member(s), shareholder(s), general partner(s), developer(s), general contractor(s), and management company to authorize AHFA to obtain a credit report for purposes of evaluating the Application Package. Newly formed entities must complete the form and select the "Newly formed" option below. <u>A physical address is required, a P.O. Box is not acceptable.</u></p>			
<input type="checkbox"/> Ownership Entity	<input type="checkbox"/> Beneficiaries	<input type="checkbox"/> Developer	
<input type="checkbox"/> Members and/or Shareholders	<input type="checkbox"/> General Contractor		
<input type="checkbox"/> General Partners	<input type="checkbox"/> Management Company		
List all projects in the current application cycle associated with each organization or individual.			
Project Name: <input type="text"/>	Project Name: <input type="text"/>		
Project Name: <input type="text"/>	Project Name: <input type="text"/>		
Project Name: <input type="text"/>	Project Name: <input type="text"/>		
Project Name: <input type="text"/>	Project Name: <input type="text"/>		

## 2024 APPLICATION FORMS – Credit Authorization Form

Provide the full name of the organization or individual.

Do not use a P.O. Box as an address, a physical address is required.



18c

Personal Financial and Credit Statement 2024

Statement of: \_\_\_\_\_ As of (M/D/Y): \_\_\_\_\_  
 Personal Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Assets			Liabilities and Net Worth		
Cash on hand and in banks (Name of Depository)	(Balance)		Accounts Payable:		
			Notes Payable:		
			Debts Payable in less than one year (secured by real property):		
			Debts Payable in less than one year (secured by other assets):		
Accounts Receivable					
Net of Doubtful Accounts:			Other current Liabilities (describe):		
Notes Receivable					
Net of Doubtful Notes:					
Stocks and Bonds (from next page):					
Other current Assets (describe):					
			Total Current Liabilities:		

# 2024 APPLICATION FORMS – Personal Financial & Credit Statement Pt. 1

The personal address must be a physical address, not a P.O. Box and should match the personal address on page 2.


# 2024 APPLICATION FORMS – Personal Financial & Credit Statement Pt. 2

18c Personal Financial and Credit Statement 2024						
(Continued)						
<u>Stocks and Bonds</u>						
Description	Cost	Market Value (at date of this statement)		If listed, name exchange		
TOTAL:				< This value on previous page		
<u>Real Property (Including Personal Residence)</u>						
Location and Description of Land and Buildings Owned	Age	Purchase Price	Market Value	Assessed Value	Mortgage Amount	Insured For
TOTAL:				<On Previous Page		<On Previous Page
The legal and equitable title to all of the above-described real estate is solely in my name, except as follows:						
Location of Real Property			Name of Title Holder			

If you do not own a personal residence, clearly indicate such on the form.

# 2024 APPLICATION FORMS – Schedule of Real Estate Owned (Active AHFA Projects) Pt. 1

Read the instructions on the form closely, if the Responsible Owner does not own any Active AHFA projects, mark the box on the form.

19a Schedule of Real Estate Owned (Active AHFA Projects) Part 1 <small>2024</small>	
<p>The projects provided on this Schedule of Real Estate Owned (Active AHFA Projects), that meet the requirements listed below, will be counted for owner experience in the 2024 application cycle for the Responsible Owner listed below. This form should be completed for each Responsible Owner. Do not combine multiple organizations or individuals on one form.</p> <p>Complete the Information below for all Active AHFA Projects that received a Housing Credit Reservation or HOME Written Agreement in 2000 or later.</p> <p>Projects should be listed in descending order, listing the most recent Active AHFA Project first. Do not include projects approved but not yet Placed in Service.</p> <p><input type="checkbox"/> The Responsible Owner listed below does not own any Active AHFA Projects. </p>	
Date:	<input type="text"/>
Project Name:	<input type="text"/>
Responsible Owner Name:	<input type="text"/>
Organization Number:	<input type="text"/>

# 2024 APPLICATION FORMS – Schedule of Real Estate Owned (Non-AHFA Projects) Pt. 2

19a Schedule of Real Estate Owned (Non-AHFA Projects)  
Part 2 2024

Name of Responsible Owner (A separate form must be submitted for each organization/individual.)

☐ Ownership Entity (Ltd, Corp, LLC, GP, LLP)☐ Shareholder(s)☐ Special Limited Partner (Non-Investor)  
☐ General Partner(s)☐ Member(s)  
☐ "Not Applicable" (Select this block if you do not own any non-AHFA projects.)  
Newly Formed ☐ Yes

Complete the information below for all non-AHFA projects developed and owned by the above referenced Responsible Owner. Projects should be listed in descending order (beginning with the most recent Placed in Service date for the project). Do not include projects approved but not yet placed in service. (Include additional copies of this form as needed.)  
Mobile/Manufactured home developments, hospitals, sanitariums, life care facilities, or intermediate care facilities are not considered multifamily housing for the purpose of this form.

This form should be completed for each Responsible Owner. Please select the ownership type above. If you do not currently own a non-AHFA project, please select the "Not Applicable" option above. Newly formed entities should select the "Newly Formed" option above.

Total number of Non-AHFA PIS units owned	Most Recent Placed in Service Date	Date of Ownership	Project Type (Market Rate or Affordable)	# of Units	# of Low-Income Units	Current Occupancy %	Total Debt/Mortgage Balance	Funding Source(s) (Name of entity, contact person, and phone number)	Annual Gross Income	Annual Operating Expenses	Net Operating Income	Annual Debt Service	Net Cash Flow after Debt
1) Project Name: Project Address: (street, city, state, zip)													
2) Project Name: Project Address: (street, city, state, zip)													
3) Project Name: Project Address: (street, city, state, zip)													
4) Project Name: Project Address: (street, city, state, zip)													

If the Responsible Owner has not developed and does not own any non-AHFA Projects, mark the box on the form.

# 2024 APPLICATION FORMS – Schedule of Real Estate Owned (AHFA and Non- AHFA) Pt. 3

Schedule of Real Estate - Approved and/or Under Construction (AHFA and non-AHFA)							Name of Responsible Owner
Certification Part 3 2024							
Section I: Complete the information in this section for all multifamily projects the above referenced Responsible Owner currently has approved and/or are currently under construction. (Include additional copies of this form as needed).							
<input type="checkbox"/> The Responsible Owner currently does not have any multifamily projects approved and/or under construction.							
Project Name	State	Project Type (NC, Rehab, or ACQ/Rehab)	# Units	# Low- Income Units	Anticipated Place in Service Date	Total Project Cost	Funding Source(s) (Name of financing entity, contact person, and phone number)

If the Responsible Owner does not have projects under construction, mark the box on the form.

# 2024 APPLICATION FORMS – Management Verification Form

## 24c AHFA 2024 Management Company Verification Form

The projects provided on this verification form will be counted for Management Company experience in the 2024 Competitive Application Cycle for the Management Company listed below.

Management Companies should provide copies of the completed verification form to any/all 2024 project Applicant Packages with whom they will be affiliated.

To qualify for maximum points, Management Companies with fewer than ten (10) AHFA Projects or 1,000 low-income units listed on this form should also provide the AHFA Management Company Relevant Experience Form, if applicable, to any/all 2024 Projects.

☐ The Management Company listed below does not manage any AHFA Projects.

Date:

Project Name:

Project Number (if available):

Management Company DMS Organization Code:

Management Companies should provide copies of the completed verification form to all 2024 project Applicants with whom they will be affiliated.

# 2024 APPLICATION FORMS – Site Information Form

32a	Site/Project Information Form 2024
Project Name: <input type="text"/>	
Address: <input type="text"/>	
<input type="text"/>	
<p>TO ENSURE AHFA STAFF OR ITS DESIGNEE CAN IDENTIFY THE CORRECT PROPERTY: ALL PROPERTY CORNERS MUST BE CLEARLY MARKED (with stakes, survey tape, or other markings particular to the site) <b>AND</b> A SIGN AT LEAST 12" X 24" MUST BE PLACED AT THE PROPOSED ENTRANCE. (Do not indicate financed by AHFA or future AHFA development on the sign).</p>	
<p><b>a.</b> Provide driving instructions to the Project site from Montgomery. (Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)</p>	
<input type="text"/>	

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.



# 2024 APPLICATION FORMS – Site Information Form – Neighborhood Services

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.

While duplicate services are not eligible for additional points, listing additional services may help to mitigate a loss of points because of a closure (i.e., a bank or pharmacy closing).

32b		Site/Project Information Form 2024 (Neighborhood Services)	
Project Name: <input type="text"/>			
Address: <input type="text"/>			
<b>Neighborhood Services:</b> When listing services, begin with the service located closest to the site grouping them by similar direction. Provide detailed directions from the site to the service(s) located within three (3) miles of the proposed site. List only those services documented in the HOME & Housing Credit Plans that are eligible for points. (Be specific; Include left or right turn directions, landmarks, etc. Refrain from using only Mapquest or Google Maps directions)			
If AHFA cannot locate a service due to incorrectly written directions (per the completed form), one (1) point will be deducted for each service where incorrectly written directions are provided.			
<b>Note:</b> Only those services listed on this form will be eligible for points. Each service must be open and operating for normal business hours to be eligible for points, (See QAP for exceptions in a federally declared disaster county). Duplicate services will not be eligible for additional points.			
<b>Example:</b> Name of Service: <u>Walgreens</u> Type of Service: <u>Pharmacy</u>			
Distance from Site: <u>1.2 miles</u> Photo # <u>1</u> Street Address: <u>22 Weis Way</u>			
#1	1) Name of Service: <input type="text"/>		2) Type of Service: <input type="text"/>
	3) Distance from Site: <input type="text"/> Photo # <input type="text"/>		4) Street Address: <input type="text"/>
Directions from the site to the service: (Press Alt Enter to skip to the next line)			
<input type="text"/>			

# Neighborhood Services and Negative Neighborhood Services Photos

- Include name of service and/ or negative service and complete address for each unique service photo(s) provided.
- Each service and/ or negative service should be in its own unique photo.
- The example on the right is not a required format. However, it is an easily interpreted, clear-cut format.

## Neighborhood Services

Project Name  
Photo #5



River Oaks Family Medicine & Urgent Care

Street Address  
City, AL zip code  
Phone Number

Travel 0.05 miles to Cedar  
and turn right. Travel 0.5 miles to Spring Ave. SW and turn right. Travel 0.5 miles to  
and turn left. Travel 1.2 miles to Danville Rd. SW and turn left. Travel 0.1 miles to  
Mall and turn right. Travel 0.05 miles to Mall Perimeter Rd. and turn right.  
parking lot entrance of River Oaks Family Medicine and turn right. The  
ice and urgent care will be on your left. (Approximately 2.4 Miles)

32 a.



**Site/Project Information Form**

b.



**Neighborhood Services**

c.



**Negative Neighborhood Services**

d.



**City Location Maps with Sites and Services**



Map #1- Driving directions to the Project site from Montgomery, AL



Map #2- Project and Project boundaries clearly marked, including street names.



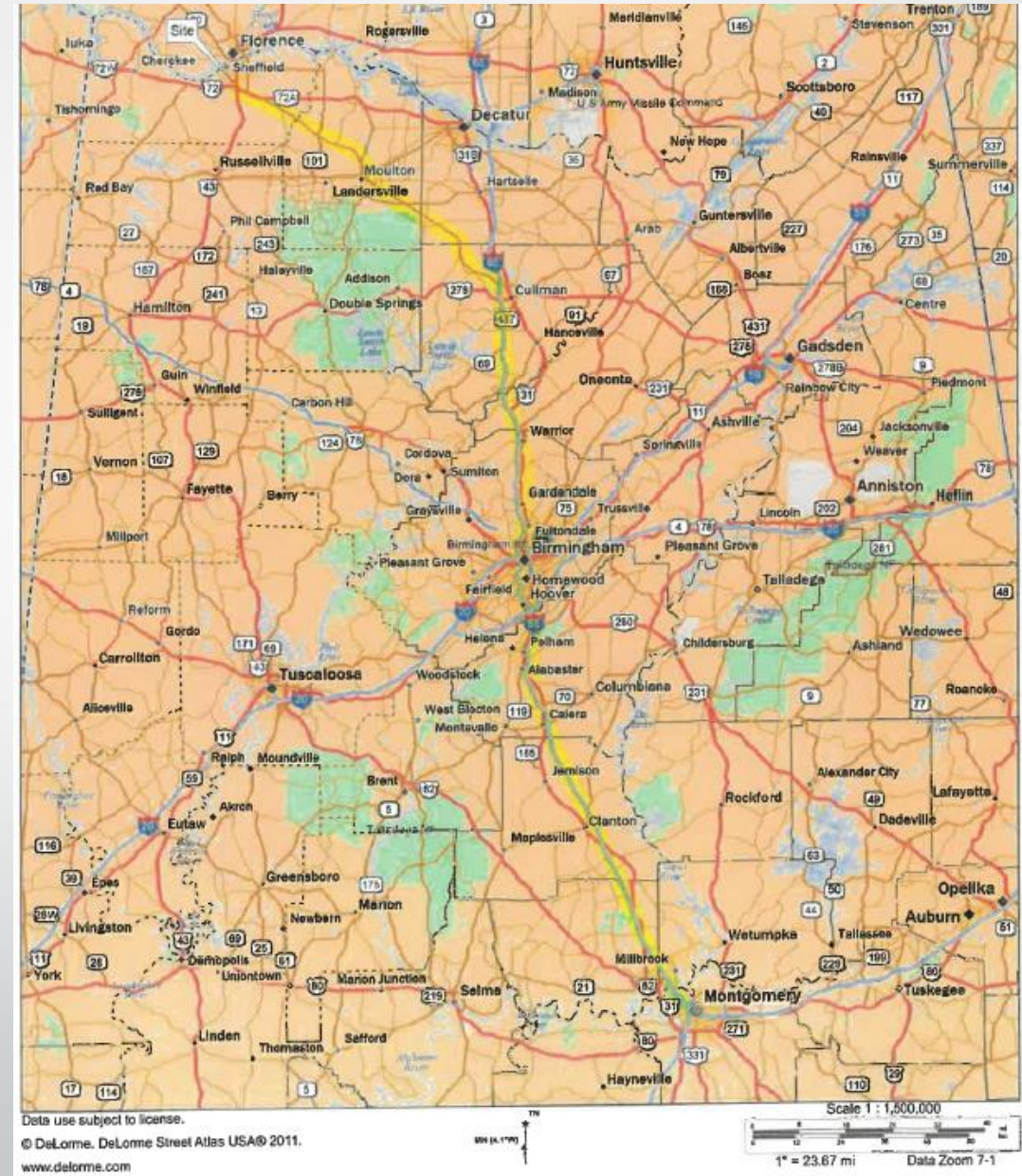
Map #3- Site location marked, project services marked, street names indicating site and services

# Maps



## Map #1

Driving directions to  
the Project Site from  
Montgomery, AL



Project and Project boundaries clearly marked, included street names.





## Map #3

Site location marked,  
project services  
marked, street names  
indicating site and  
services



# 2024 APPLICATION FORMS – Site Information Form – Negative Neighborhood Services

32c	<b>Site/Project Information Form 2024</b> <b>(Negative Neighborhood Services)</b>
Project Name: <input type="text"/>	
Address: <input type="text"/>	
Is this a prior funded AHFA project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Neighborhood Services:</b> Provide detailed directions from the site entrance of an existing development or entrance sign of the proposed new construction site entrance to any negative neighborhood service(s) which are located within .3 miles of the site. General definitions of negative neighborhood services are listed on the following page.	
If there are no Negative Services within .3 mile of site, please indicate by marking the following box. <input type="checkbox"/> No Negative Services	
AHFA will deduct points for negative neighborhood services found during site visits (even if the negative service is not listed in the Application Package or if it is listed in other documentation submitted with the Application Package, such as environmental reports, market studies, etc.	
1) Name of Negative Service:	<input type="text"/>
2) Address:	<input type="text"/>
3) Distance from Site:	<input type="text"/> Photo # <input type="text"/>
4) Directions from the site to the service:	<input type="text"/>

Provide accurate and clear directions. Refrain from using North, South, East, and West as directions. Left, right, straight, including landmarks, etc. are clearer directions for finding a site or service.



# 2024 APPLICATION FORMS – Evidence of Existing Multifamily Residential Rental Housing

This form should only be completed for proposed Projects that meet the specific criteria. Be sure to include a minimum of two (2) clear, colored photographs or other supporting evidence if applicable.

46a Evidence of Existing Multifamily Residential Rental Housing 2024	
Complete the information below for the existing multifamily residential rental housing that is going to be rehabilitated or public housing authority (PHA) multifamily housing that is going to be replaced by the proposed Project. Please attach two (2) clear, colored photographs or other supporting evidence.	
Previously existing PHA multifamily housing is defined as multifamily housing that has been demolished and cleared within the last eight (8) years or will be demolished and cleared for the construction of new replacement housing on the same site, except for replacement of existing multifamily housing owned by public housing authorities, which may be constructed on the same site or a new site.	
<input type="checkbox"/>	There is no multifamily rental housing that is being rehabilitated or PHA multifamily housing that is being replaced by the proposed Project in this application.
Existing Multifamily Housing Project Name: <input type="text"/>	
Check all that apply to the existing multifamily housing that is going to be rehabilitated or replaced by the proposed Project:	
<input type="checkbox"/>	Rehabilitation of existing multifamily residential rental housing,
<input type="checkbox"/>	Replacement of public housing authority (PHA) multifamily housing, or
<input type="checkbox"/>	Replacement of previously existing multifamily housing that was destroyed or damaged in an area designated as a Presidentially Declared Disaster area.

48a

**Minority or Women-Owned Business Certification 2024**

The Project receives additional points for participation by Minority or Women-owned businesses. In order to receive these points, please provide all the information requested on this form. *Note: The developer fee of the Minority- or Women-owned business will not count toward the 10% of the total building cost of the project awarded to Minority or Women-owned businesses.*

Project Name: Project Address: 

Will the contractor or subcontractor be a Minority or Women-owned business? ☐ Yes ☐ No  
(If yes, list these below.)

Name of Minority or Women-Owned Company	Address, City, Zip	% of Ownership	Estimated Contract Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

## 2024 APPLICATION FORMS – Minority or Women- Owned Business Certification

Note: The developer fee of the Minority- or Women- owned business will not count toward the 10% of the total building cost of the project awarded to Minority or Women- Owned Businesses.

## 48b Minority or Women-Owned Responsible Owner Certification 2024

The Project receives additional points for participation by Minority or Women-owned businesses. In order to receive these points, please provide all the information requested on this form.

Minorities or women must have ownership in the Ownership Entity or any Responsible Owner; and must not have an Identity of Interest as defined in Section II (G)(4) of this QAP.

Project Name:

Project Address:

Is a Responsible Owner of the Project a minority or women-owned business? ☐ Yes ☐ No

If yes, provide the name of Minority or Women-owned business(es)  
(At least 50% ownership by Minority or Women-owned business is required for points)

Name of Minority or Women- owned Business(es)	% of Ownership	Role in Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

For each Minority or Women- owned Business(es) listed above, provide a complete resume for each of the Minority or Woman owner (Form 49b).

# 2024 APPLICATION FORMS – Minority or Women- Owned Responsible Owner

Minorities or women must have ownership in the Ownership Entity or any Responsible Owner; and must not have an Identity of Interest as defined in Section II (G)(4) of the 2024 QAP.

# 2024 APPLICATION FORMS – Minority or Women- Owned Business Resume

48c

## Minority or Women- Owned Business Resume 2024

Submit this Form only (Attachments will not be accepted) if the Responsible Owner of the Project is a Minority or Women- owned business. This Form must be submitted for each Responsible Owner of the Project that is a Minority or Women- owned business.

Name of Organization:   
Name of Individual (full legal name):   
Title / Role:   
Address:   
City, State, ZIP:   
Phone #:   
Email Address:

DMS Organization Code:

Describe the primary role and responsibilities of the proposed Project: (Press alt enter to move cursor to the next line)

**Each** Responsible Owner of the Project that is a Minority or Women- owned business must complete this form.

## Common Application Errors

Document	% of Applications with Error(s)	Error(s)
AHFA DMS Authority Online Application	47%	Failed to provide an alternate owner contact on Owner page
	28%	Failed to provide Building Summary Page and/or building pages
Title Insurance Commitment	23%	Legal description provided in commitment is different than legal provided in application
Schematic Site Plan	19%	Schematic either illegible or not provided
City Map	62%	Site boundaries not clearly marked or missing, map is Illegible, street names not marked, no map included in application

# DESIGN QUALITY STANDARDS AND CONSTRUCTION MANUAL

See AHFAs Design Quality  
Standards and Construction  
Manual

## Minimum Design and Construction Standards for all Approved Projects

New Construction  
Rental Units

New Construction  
Single-Family  
Rental Units

Attached  
Rehabilitation of  
Existing  
Building(s)

Inspections &  
Reports

[Requests for Deviations](#) from these standards must be submitted using the *Deviation Request form* to AHFA for approval 14 days prior to application submission.



# Thank you

[ahfa.mf.application@AHFA.com](mailto:ahfa.mf.application@AHFA.com)