

Preliminary Application

Please complete the following and return with the required documentation and a check for the application fee of \$2,500 to the N.H. Housing Finance Authority, P.O. Box 5087, Manchester, NH 03108.

1. Name and address of property

2. Information on all partners in the ownership entity

Name, Address, City, State, Zip Code, Phone Number, and email

Please list any additional partners on an attachment.

3. Property details

a) How many buildings are in the property?

b) What are the dates that each building was placed in service and the first year in which it claimed Housing Credits? Please provide copies of original 8609s for each building.

Building Identification Number

Placed in Service Date

1st Year Credits Claimed

Please list any additional information on an attachment.

c) Is the property mixed income (contains unrestricted units)? _____

d) Does the partnership agreement or other legal documentation grant any form of preference for purchasing the property? (For example, a right of first refusal granted to a nonprofit partner.)

If yes please provide the relevant documentation and information on the individual or entity holding such right.

Name

Address 1

Address 2

City State Zip Code

Phone Number

4. Non-compliance

a) Has the property been cited for any violations that have required an 8823 to be filed with the IRS that remain uncorrected? _____ If yes, please state the nature and date of the violation(s) (include copies of 8823s).

Nature of Violation

Violation Date

Please list any additional information on an attachment.

5. Affordability Restrictions

a) Is the property subject to additional affordability restrictions (i.e. USDA Rural Development, HUD, state/local funding, etc)? _____

If yes, please submit a copy of restrictions.

b) Does the property have project-based rental assistance?

If yes, how many years beyond the compliance period must the property maintain affordability restrictions?

I certify, to the best of my knowledge, that:

- the information in this application is complete and accurate,
- all purchase options will be waived, and
- the documentation described in Documentation Requirements is available. I understand, agree and accept all of the Authority’s Y15 Policies, including that the IYP does not start until the Authority determines that the owner has met all of the submission requirements.

Owner: _____, a New Hampshire limited partnership

By _____, its general partner

By: _____ ATTEST: (if applicable)
 [Corporate Seal] Name: _____
 (if applicable) Title: _____
 Date: _____, 20 ____ Secretary

QC-1

Calculation of Qualified Contract Price Pursuant to Section 42(h)(6)(F) of the Internal Code As of _____, 200____

A.	(i) Outstanding Indebtedness secured by, or with respect to the Buildings (from <i>Worksheet A</i>) Calculation of Low-Income Portion of Payment:	\$ -
	(ii) Adjusted Investor Equity (from <i>Worksheet B</i>)	\$ -
	(iii) Other Capital Contributions not reflected in (i) or (ii) (from <i>Worksheet C</i>)	\$ -
	(iv) Total of (i), (ii) and (iii)	\$ -
	(v) Cash Distributions from or available from, the Project (from <i>Worksheet D</i>)	\$ -
	(vi) Subtract Line (v) from Line (iv)	\$ -
	(vii) Applicable fraction (as set forth in the Tax Credit Regulatory Agreement)	0.00%
	(viii) Low-Income Portion of Qualified Contract Price (Line (vi) multiplied by Line (vii))	\$ -
B.	Fair Market Value of Non Low-Income Portion of Building(s) (from Worksheet E)	\$ -
C.	Qualified Contract Price (Sum of Line A(viii) and Line B)	\$ -