CHFA DOH CONSOLIDATED APPLICATION

Version 2025-OCT

DEVELOPMENT NAME 0 **Applicant Name** 0

= Not applicable
N = Non-Threshold Item - if applicable, required prior to approval. If available, include with application. **HTCC Only**: Refer to HTCC Guidelines; CHFA may accept submission of non-threshold items after an application approval.
T = Threshold Item - if applicable, required at application submission
P = Points Item

THIS FORM MUST BE SUBMITTED WITH INITIAL APPLICATION & ALL RESUBMISSIONS

Show All

Show All			CHFA Funding						DOH Funding				
Exhibit Number	Core Items	CHFA/ DOH use only	Financing	Supportive Housing	LIHTC	HTCC		Special Programs	DOH Large Project	DOH Fed HOME/CDBG	DOH Pre Dev	DOH Small Projects	DOH Programs
						Revolving Loan Fund	Housing Development						
A	Completed Exhibit Checklist **(Form Provided)**		T	T	T	T	T	T	T	T	T	T	T
B	Cover Sheet (Form Provided)		T	T	T	T	T	T	T	T	T	T	T
C	Summary Sheet (Form Provided)		(Self-Generating)										
D	Application (Form Provided)		T	T	T	T	T	T	T	T	T	T	T
	SECTION I. APPLICANT and CO-SPONSOR												
1.1	Applicant Info		T	T	T	T	T	T	T	T	T	T	T
1.2	Applicant Type		T	T	T	T	T	T	T	T	T	T	T
1.3	Co-Sponsor Info		T	T	T	T	T		T	T		T	
1.4	Co-Sponsor Type		T	T	T	T	T		T	T		T	
1.5	Organizational Documents		T	T	T	T	T		T	T			
1.6	Financial Statements		N	N	T	T	T		N	N			
1.7	Developer Activities and Obligations		T		T								
	SECTION II. REGULATORY COMPLIANCE												
2.1	Previous Financial Involvement		T	T	T				T	T			
	SECTION III. DEVELOPMENT TEAM												
3.1.a	Qualified Development Team Contact Information (Form Provided)		T	T	T		T	T	T	T	T	T	T
3.1.b	Justification for the Selection of Certain Development Team Members		T	T	T				T	T	T	T	T
3.1.c	Organization Chart		T	T	T	T	T	T	T	T	T	T	T
3.2	Construction Procurement Plan								T	T		T	
3.3	Resident Service Coordinator		T	T	T			T	T	T	T	T	T
	SECTION IV. DEVELOPMENT												
4.1	Development Info		T	T	T		T	T	T	T	T	T	N
4.1.a	Years Affordable		T	T	T		P		T	T	T	T	T
4.1.b	Applying to 4% Acquisition Credit		T	T	T			N	T	T	N	N	N
4.1.c	Part of SSHP		T	T	T		T	T	T	T	T	T	T
4.1.d	Housing Policy		T	T	T				T	T	T	T	
4.1.e	Housing Site		T	T	T				T	T	T	T	
4.2.a	Development Scope		T	T	T		T		T	T	T	T	T
4.2.b	Supportive Housing		T	T	T		T		T	T	T	T	T
4.3.a	Project Narrative		T	T	T			T	T	T	T	T	

CHFA DOH CONSOLIDATED APPLICATION

Version 2025-OCT

DEVELOPMENT NAME 0 **Applicant Name** 0

= Not applicable
N = Non-Threshold Item - if applicable, required prior to approval. If available, include with application. **HTCC Only**: Refer to HTCC Guidelines; CHFA may accept submission of non-threshold items after an application approval.
T = Threshold Item - if applicable, required at application submission
P = Points Item

THIS FORM MUST BE SUBMITTED WITH INITIAL APPLICATION & ALL RESUBMISSIONS

Show All

Show All			CHFA Funding						DOH Funding				
Exhibit Number	Core Items	CHFA/ DOH use only	Financing	Supportive Housing	LIHTC	HTCC		Special Programs	DOH Large Project	DOH Fed HOME/CDBG	DOH Pre Dev	DOH Small Projects	DOH Programs
4.3.b	Homeownership Development Projects Narrative		T	T		T	T	T	T	T	T	T	
4.3.c	Marketability (Market Assessment Form)		T	T	T			T	T	T	T	T	T
4.3.d	Program Narrative												T
4.4	Historic Preservation Compliance		T	T	T		N	N	T	T	T	T	N
4.5.a	Flood Zone Location		T	T	T		T	N	T	T	T	T	N
4.5.b	CEPA		T	T	T			N	T	T	T	T	N
4.6.a	Site Control Documentation		T	T	T		T		T	T	T	T	
4.6.b	Site Information and Dates		T	T	T		T		T	T	T	T	
4.7	Planning & Zoning Board Approval		T	T	T				T	T	T	T	T
4.8.a	Unit Information		T	T	T				T	T		T	
4.8.b	Phase I/II Environmental Site Assessment and Other Site Hazardous Materials Review		T	T	T		T/N	N	T	T		T	
4.8.c	Phase III or Other Recommended Site Investigations		N	N	T		N	N	N	N		N	
4.8.d	Capital Needs Assessment Report		T	T	T			N	T	T		T	
4.8.e	Energy Conservation Plan (Form Provided)		T	T	T			N	T	T			
4.8.f	Environmental Summary (Form Provided)		T	T	T		T	N	T	T		T	
4.9.a	Site Plan		T	T	T		T		T	T		T	N
4.9.b	Construction Document Drawings and Specifications		T	T	T				T	T		T	
4.9.c	Exploded Trade Payment Breakdown (Form Provided)		T	T	T	N	N	N	T	T		T	
4.9.d	Prevailing Wages		T	T	T			N	T	T	T	T	
4.9.e	Project Cost Summary (Form Provided)		T	T	T	N	N	N	T	T		T	
4.10	Reduction of Affordable Units		T	T	T	T	T	T	T	T	T	T	
4.11	Program Guideform: Relocation Assistance Plan												T
4.12	Relocation Information		N	N	T				T	T		T	T
	SECTION V. RENTAL DEVELOPMENTS (N/A for Homeownership Projects)												
5.1.a	Rental Income Calculation Worksheet (Form Provided)		T	T	T		T		T	T	T	T	
5.1.b													
5.2.a	Detailed Income & Expense Form (Form Provided)		T	T	T		T	N	T	T	T	T	
5.2.b	Line by Line Explanation of Expenses		T	T	T			N	T	T		T	
5.2.c	Expense Summary (Generated Form)		(Self-Generating)										
5.2.d	Real Estate Taxes		T	T	T			N	T	T		T	
5.3	Cash Flow Projection (Generated Form)		(Self-Generating)										

CHFA DOH CONSOLIDATED APPLICATION

Version 2025-OCT

DEVELOPMENT NAME 0 **Applicant Name** 0

= Not applicable
N = Non-Threshold Item - if applicable, required prior to approval. If available, include with application. **HTCC Only**: Refer to HTCC Guidelines; CHFA may accept submission of non-threshold items after an application approval.
T = Threshold Item - if applicable, required at application submission
P = Points Item

THIS FORM MUST BE SUBMITTED WITH INITIAL APPLICATION & ALL RESUBMISSIONS

Show All

Show All			CHFA Funding						DOH Funding				
Exhibit Number	Core Items	CHFA/ DOH use only	Financing	Supportive Housing	LIHTC	HTCC		Special Programs	DOH Large Project	DOH Fed HOME/CDBG	DOH Pre Dev	DOH Small Projects	DOH Programs
	SECTION VI. FINANCING												
6.1	Eligible Basis				N								
6.2													
6.3	Development Budget (Form Provided)		T	T	T		T		T	T	T	T	T
6.4	LIHTC Calculation (Form Provided)				T								
6.5	Sources of Funds (Form Provided)		T	T	T	T	T		T	T	T	T	T
6.6	Existing Debt (Form Provided)		T	T	T		T		T	T	T	T	
6.7	Existing Reserves		T	T	T		T	T	T	T	T	T	T
	SECTION VII. HOMEOWNERSHIP DEVELOPMENTS (N/A for Rental Properties)												
7.1	Homeownership Unit Descriptions (Form Provided)								T	T		T	
7.2	Homeownership Sales Proceeds (Form Provided)						T		T	T		T	
7.3.a	Developer/Homebuyer Subsidy Determination Worksheet (Form Provided)								T	T		T	
7.3.b	Development Cash Flow Analysis for Single Family Housing (Form Provided)								T	T		T	
7.3.c	Explanation of Resale / Recapture								T	T		T	T
7.3.d	Homebuyer Training Plan								T	T		T	T
7.4	Documentation of Property Taxes and Insurance						T		T	T		T	
	SECTION VIII. DOH FEDERAL PROGRAMS												
8.1.a	NEPA Statutory Checklist (HOME Only)								N	T			
8.1.b	NEPA Environmental Assessment (HOME Only)								N	T			
8.2.a	Section 3 Plan (HOME only)								N	T			
8.2.b	Prior Good Faith Efforts								N	T			
	SECTION IX. AFFIRMATIVE ACTION/FAIR HOUSING AND EQUAL OPPORTUNITY												
9.1	Fair Housing Impacts Form		T	N	T			N	T	T		T	
9.2	Americans with Disabilities Act/Section 504 Notice								T	T		T	
	SECTION X. CERTIFICATIONS												
10.1	Certifications		T	T	T	T	T	T	T	T	T	T	T
10.2	SEEC Form 10 Certification		T	T	T	T	T	T	T	T	T	T	
10.3	Affirmative Action Policy Statement		T	N	T				T	T	T	T	T
10.4	Fair Housing Policy Statement		T	N	T			N	T	T		T	T
10.5	Affirmatively Further Fair Housing		T	N	T			N	T	T		T	
10.6	HTCC Certification					T	T						
10.7	Architect Certification		T	T	T				T	T		T	

Version 2025-OCT

DEVELOPMENT NAME 0 **Applicant Name** 0

= Not applicable
N = Non-Threshold Item - if applicable, required prior to approval. If available, include with application. **HTCC Only**: Refer to HTCC Guidelines; CHFA may accept submission of non-threshold items after an application approval.
T = Threshold Item - if applicable, required at application submission
P = Points Item

THIS FORM MUST BE SUBMITTED WITH INITIAL APPLICATION & ALL RESUBMISSIONS

Show All

Show All			CHFA Funding						DOH Funding				
Exhibit Number	Core Items	CHFA/ DOH use only	Financing	Supportive Housing	LIHTC	HTCC		Special Programs	DOH Large Project	DOH Fed HOME/CDBG	DOH Pre Dev	DOH Small Projects	DOH Programs
	SECTION XI. OTHER												
11.1	10-Year Rule Waiver				N								
11.2	HUD Involvement		T	T	T				T	T	T	T	T
11.3	Application Fee		T		T			T					
11.4													
	SECTION XII. HTCC APPLICATION EXHIBITS												
12.1	Housing Need					T	T						
12.2	Sell or Transfer Land						T						
12.3	CHFA Asset Management Confirmation						T						
12.4	Proposal Narrative					T	T						
12.5	Loan Fund Confirmation and Certification					T							
12.6	Environmental Certification						T						
12.7	Housing Program Schedule						T						
12.8	Building Roster						T						
12.9	Administrative Capacity					T	T						
12.10													
12.11	Non-Profit Board of Directors Authorization					T	T						
12.12	HTCC Gap Financing Justification Form						T						
12.13	Documentation of Building Permit(s)						N						
	SECTION XIII. POINTS CALCULATION WORKSHEETS												
13.1	Points Calculation Worksheet - LIHTC (Form Provided)				T								
13.2	Preservation Classification Priorities				T								
13.3	Points Calculation Worksheet - Revolving Loan Fund (Form Provided)					T							
13.4	Points Calculation Worksheet - Housing Development (Form Provided)						T						
13.5													
	SECTION XIV. HTCC POINTS DOCUMENTATION												
14.1	Documentation that the fund is currently established					P							
14.2	Previous State Housing Tax Credits					P	P						
14.3	Documentation of Existing Services at Project Location and/or Area of Opportunity					P	P						
14.4	Experience					P	P						
14.5	Neighborhood Revitalization					P	P						
14.6	Evidence of Low Income Service Period/ Use Restrictions					P	P						

Version 2025-OCT

DEVELOPMENT NAME 0 **Applicant Name** 0

= Not applicable
N = Non-Threshold Item - if applicable, required prior to approval. If available, include with application. **HTCC Only**: Refer to HTCC Guidelines; CHFA may accept submission of non-threshold items after an application approval.
T = Threshold Item - if applicable, required at application submission
P = Points Item

THIS FORM MUST BE SUBMITTED WITH INITIAL APPLICATION & ALL RESUBMISSIONS			Show All										
Show All			**CHFA Funding**					**DOH Funding**					
Exhibit Number	**Core Items**	**CHFA/ DOH use only**	Financing	Supportive Housing	LIHTC	HTCC	Special Programs	DOH Large Project	DOH Fed HOME/CDBG	DOH Pre Dev	DOH Small Projects	DOH Programs
14.7	Revolving Loan Fund – Leveraged Funds					P						

CONNECTICUT HOUSING FINANCE AUTHORITY

Connecticut Department of HOUSING

COVER SHEET

Date of Application Submission	January 1, 2025
Development Name	0
City / Town	0
Indicate the program this application is for:	
Applicant	0
Developer	0
Architect	0
Engineer	0
Consultant	0
Contractor	0
Property Manager	0
Tax Credit Syndicator	0
Site Control	
Zoning	No
Affordability	Years

Please provide a brief narrative outlining the proposed development below: (not to exceed space provided)

DEVELOPMENT SUMMARY

DEVELOPMENT NAME	0	APPLICANT	0

SOURCES of FUNDS

	Construction	Permanent
CHFA SOURCES	**0**	**0**
CHFA Loan Taxable Bonds	0	0
CHFA Loan - Non-Bond Proceeds [Specify]	0	0
4 % LIHTC Net Proceeds	0	0
CT Housing Tax Credit Contribution (HTCC) Proceeds	0	0
DOH SOURCES	**0**	**0**
DOH Grant Funding	0	0
DOH Loan Funding	0	0
HOMEOWNERSHIP SALES PROCEEDS	**0**	**0**
OTHER SOURCES	**0**	**0**
TOTAL SOURCES	**$0**	**$0**

FUNDING GAP

	Construction	Permanent
TOTAL SOURCES	0	0
TOTAL USES	0	0
FUNDING GAP	**$0**	**$0**

RESIDENTIAL UNIT MIX

	NUMBER OF RENTAL UNITS	NUMBER OF HOMEOWNERSHIP UNITS	TOTAL NUMBER OF UNITS
0-BR	0	0	0
1-BR	0	0	0
2-BR	0	0	0
3-BR	0	0	0
4-BR	0	0	0
5-BR	0	0	0
TOTAL UNITS	**0**	**0**	**0**
Gross Square Feet	**0**	**0**	**0**

USES

	Construction		Permanent	
	% of Total	Uses	% of Total	Uses
Construction Hard Costs	0.0%	0	0.0%	0
Construction Contingency	0.0%	0	0.0%	0
Architectural / Engineering	0.0%	0	0.0%	0
Finance and Interim Costs	0.0%	0	0.0%	0
Soft Costs (Fees and Expenses)	0.0%	0	0.0%	0
Developer Allow. / Fee (Overhead+Profit)	0.0%	0	0.0%	0
Pre-Develop. Carrying Costs	0.0%	0	0.0%	0
Site Acquisition (Recognized)	0.0%	0	0.0%	0
Capitalized Reserves	0.0%	0	0.0%	0
Recognized Lending Costs	0.0%	**0**	0.0%	**0**
Entity / Syndication / Other Costs	0.0%	0	0.0%	0
TOTAL USES		**$0**		**$0**

OPERATING PROJECTION

Proforma Stabilized Year = **0**

INCOME	
TOTAL RESIDENTIAL REVENUE	0
TOTAL OTHER REVENUE	0
GROSS INCOME	**0**
LESS: Overall Vacancy Loss	0
EFFECTIVE GROSS INCOME (EGI)	**0**
EXPENSES	**0**
ESTIMATED INITIAL NOI	**$0**

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

CHFA & DOH CONSOLIDATED APPLICATION FORM

General Information and Rental Developments

SECTION I. APPLICANT and CO-SPONSOR

Applicant and Co-Sponsor Information

DEVELOPMENT NAME 0

1.1 Applicant (Owner/Mortgagor)

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone _____ Fax _____

Email _____

Website _____

If awarded funds pursuant to this application, will the applicant or co-sponsor be the recipient of funds? If no, please indicate type of entity to-be-formed and anticipated name and date formed.

1.2 Please check appropriate Applicant type:

- ☐ Housing Authority
- ☐ Partnership*
- ☐ Other
- ☐ For-Profit Entity
- ☐ Limited Liability Company
- ☐ CHDO Eligible**
- ☐ Non-Profit Entity
- ☐ Municipality
- ☐ Not Applicable

If "Other" _____ *Date Corp. or Partnership was established: _____

_____ **Date of last DOH CHDO Certification or date of submittal of DOH CHDO Certification

Please attach the Certificate of Incorporation and evidence of non-profit status (if applicable). HTCC applicants must also submit the Internal Revenue Service determination that the corporation qualifies as an exempt organization under section 501(c) of the Internal Revenue Code.

1.3 Co-Sponsor (i.e. Co-Owner or Parent if Applicant is a single purpose entity)

Co-Sponsor Name _____

Co-Sponsor Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone _____ Fax _____

Email _____

Please attach the Certificate of Incorporation and evidence of current non-profit status (as applicable)

1.4 Please check appropriate Co-Sponsor type

- ☐ Housing Authority
- ☐ Partnership*
- ☐ Other
- ☐ For-Profit Entity
- ☐ Limited Liability Company
- ☐ Non-Profit Entity
- ☐ Municipality
- ☐ Not Applicable

If "Other" _____ *Date Corp. or Partnership was established: _____

Explain the role of the non-profit and/or co-sponsor:

Does the proposed project involve a qualified nonprofit organization that will own an interest in the project and materially participate in the development and operation of the project throughout the LIHTC compliance period? ☐

1.5 Organizational Documents

If the applicant or co-sponsor is a legally existing organization, submit a copy of the certificate of legal existence for the current year issued by the Office of the Secretary of State of the State of Connecticut.

Attach and label as "Exhibit 1.5"

1.6 Financial Statements

Attach the last three years' audited financial statements or personal financial statements (include notes and projections) for the applicant, co-sponsors and developer. If the applicant, co-sponsor and/or developer is newly formed with no historical financial statements, then provide financial statements for the parent organization.

A waiver from the requirement to provide financial statements prepared or audited by an independent certified public accountant may be requested in writing by an applicant at the time the application is submitted for consideration by CHFA or DOH.

(HTCC Only) Non-Profit organization must submit last three years' tax returns or annual audited financial statements as outlined above as evidence that the organization has been established for at least that time.
Attach and label as "Exhibit 1.6"

1.7 Developer Activities and Obligations

Complete the Developer Activities and Obligations form that is available on the SharePoint, CHFA and DOH websites.
Attach and label as "Exhibit 1.7"

SECTION II. REGULATORY COMPLIANCE

2.1 Previous Financial Involvement

Does the Applicant and/or Co-Sponsor have a previous financial involvement with this property?
If yes, please provide a description.
Attach and label as "Exhibit 2.1"

SECTION III. DEVELOPMENT TEAM

3.1 Qualified Development Team Contact Information (Form Provided)

3.1.a. Provide information identifying the proposed qualified development team members on the form provided. If any identity of interest exists between development team members, indicate on the form and provide a certification signed by the applicant describing the relationship.
(HTCC Only) For Housing Development applicants, a State of Connecticut Licensed architect may be required with the application depending on the scope of work. The general contractor is required to have a current Major Contractor's license issued in the State of Connecticut and is required to submit this with the application if the contractor has been selected at the time of application.

However, given the proposed scope of work, if the Town/City Building Department does not require an architect or a Major Contractor's license for the general contractor for the work to be performed, than a State of Connecticut Home Improvement Contractor license may be acceptable and a licensed architect will not be required. If the scope of work is specialized and does not require a contractor to have a Major Contractor license (ie if the scope of work is only painting, or mechanical, electrical, or plumbing etc.) a current CT trade license may be acceptable. Please provide this determination by the Town/City Building Department in writing with your application materials.

Barring no changes to this exception in the Connecticut Building Code, a project that consists of 1-2 family dwellings of 24,000 SF or less that does not require services of a licensed architect by Connecticut Building Code, CHFA will allow the work to be performed by a contractor that has an active Connecticut Home Improvement Contractor license and supporting documentation from the Town/City Building Department is not required.

Attach and label as "Exhibit 3.1.a"

3.1.b. DOH requires, and CHFA prefers, that development team members (general contractor, housing consultant, architect, and property manager) be selected through an open and competitive process, consistent with federal procurement standards. For development applications seeking funding from both agencies, the higher standard prevails. Please provide written justification for the selection of the team members noted above. The written justification must include, but not be limited to, a description of the selection process and statements for each selected firm/entity regarding the cost competitiveness of proposed fees and expenses for the services to be provided. If any identity of interest exists between development team members, indicate on the form and provide a certification signed by the applicant describing the relationship.
Attach and label as "Exhibit 3.1.b"

3.1.c. Provide an Organization Chart identifying it's principals, including the Applicant and any entities with whom they may be affiliated. It should include the names of all entities and a list of all principals for the development entity, the general partnership entity, co-general partnership entities and any affiliated management entities.
Attach and label as "Exhibit 3.1.c"

For additional Qualified Development Team requirements, refer to the:
CHFA Construction Guidelines: Project Planning & Architectural & Construction Services Review Guideline

3.2 Construction Procurement Plan ***(DOH Only)***

Applicants seeking funds through DOH are required to use, at a minimum, a Request for Proposals Process in selecting their General Contractor. Detailed procurement requirements are located on the DOH Consolidated Application webpage. Applicants must provide a Construction Procurement Plan documenting compliance with DOH Procurement Standards. If the procurement of the general contractor has already been completed, then documentation must be attached to the Construction Procurement Plan documenting how the actual process used to choose a G.C. complied with your plan. The DOH Supplemental Architectural Conditions, as also maintained on the DOH website, should be provided to all parties providing pricing to assure compliance with DOH requirements.

Identity of Interest *- If there is an identity of interest between an applicant and/or sponsor and the general contractor, the Construction Procurement Plan must describe in detail the method to be used to comply with procurement requirements, such as bidding all subcontracts, etc.*

Attach and label as "Exhibit 3.2"

3.3 Resident Service Coordinator

Is a Resident Service Coordinator needed for this property, and if so, do you plan on hiring one? Please explain:

If a Resident Service Coordinator will be hired, an operating budget line item, or evidence of an arrangement with a third party provider specifying the funding source is required.
Attach and label as "Exhibit 3.3"

SECTION IV. DEVELOPMENT

4.1 Development Information

Development Name

Development Type

Development Address County

City State Zip

Metropolitan Area

Chief Elected Official Name

Chief Elected Official Address

Chief Elected Official Email

Census Tract Congressional District

State Senate District(s) State House District(s)

4.1.a. If this application is for an existing development, are there existing affordability requirements?

If Yes, please describe, including the number of years remaining.

How many years will the project remain affordable?

4.1.b. Is the Development applying for the 4% LIHTC Acquisition Credit?

4.1.c. Is the proposed development currently part of the State Sponsored Housing Portfolio (SSHP)?

Will the development require release from a Connecticut State Housing Program?

If "Yes," which program is the applicant requesting release from?

If "Other", please specify.

Briefly describe the need for the request:

If any transfer of ownership of a property in a Connecticut State Housing Program is contemplated, including transfer to a new tax credit partnership, the current owner must contact the CHFA Asset Manager for additional information and next steps. If an applicant believes an 8-64a approval is required, it is recommended that the owner/applicant meet with DOH and CHFA prior to the submittal of the application to advise DOH/CHFA of the development plans and the projected timeframes for initiating and completing the 8-64a process.

4.1.d Housing Policy. Which of the following objectives that meet the Authority's affordable rental housing policy goals does the proposed development address? (select all that apply)

Housing affordability for the most cost-burdened renters, reducing the number of low- and moderate-income households that are cost-burdened by housing, transportation, and energy costs	
Creating supportive housing options for individuals and families experiencing homelessness and those with special needs	
Preserving and ensuring that the State's existing housing stock provides healthy, safe, and resilient homes and remains affordable for residents for the long term	
Incorporating energy efficiency solutions that will reduce energy costs for the consumer and reduce greenhouse gas emissions and pollution in the State	
Ensuring rental housing opportunities are developed throughout the State, particularly where the need is greatest considering both available housing options and the needs of the community population	
Seeking creative housing solutions including adaptive reuse/office conversions, mixed income/mixed use, infill development, historic preservation and tiny homes to support the needs of the communities in which they are built	
Developing transit-oriented housing where there is an availability of infrastructure and access to mass transit and employment opportunities	

Briefly describe how your proposed development fulfills this policy

4.1.e. Housing Site

HUD QCT Map Link

HUD DDA Look-Up and Map Link

CDFI Map Link

Located in a Qualified Census Tract or Difficult Development Area, not including new construction in a Regional Center as defined by the most recent U.S. Census	
If Yes, specify area:	

Located in an Area of Economic Distress or a High Opportunity Area as defined by the U.S. Department of the Treasury Community Development Financial Institutions Fund Capital Magnet Fund Program (CMF) for 2024.	
If Yes, specify area:	

4.2 4.2.a. Development Scope

Please provide a numerical entry to each of the following categories. Please note that the number of units designated for each category will affect other sections of the Application, including Sections 4.9, and 5.1.

	New Construction	Rehab	Total Units
Total number of units			0
Number of Supportive Housing Units			0
Number of Elderly Age 55+ Units			0
Number of Elderly Age 62+ Units			0
Number of Income Restricted Rental Units			0
Number of Income Restricted Homeowner Units			0
Number of CHFA Restricted Units			0
Number of DOH Restricted Units			0
Number of Non-Income Restricted Rental Units			0
Number of Non-Income Restricted Homeowner Units			0
Number of Restricted Units that are co-funded by CHFA and DOH			0

Number of Buildings	
Number of Surface Parking Spaces	
Total Project Square Footage (GSF)	
Total Living Unit Square Footage (NSF)	
Total Commercial Square Footage (NSF)	
Acres	
Scope of Rehab work	
Square footage effected by this scope	

If additional levels of rehabilitation are required, please describe including all relative square footages effected

Scope of Construction Work				
Type of Construction			Residential Square Footage (GSF)	Commercial Square Footage (NSF)
Minor Rehabilitation	Single building, multiple story minor rehabilitation			
	Multiple buildings, multiple story minor rehabilitation			
Moderate Rehabilitation	Existing single building, multiple story moderate rehabilitation			
	Existing multiple buildings, multiple story moderate rehabilitation			
Substantial Rehabilitation	Existing single building, multiple story substantial rehabilitation			
	Existing multiple buildings, multiple story substantial rehabilitation			
Gut Rehabilitation	Existing single building, multiple story gut rehabilitation			
	Existing multiple buildings, multiple story gut rehabilitation			
	Existing single/multiple 19th/early 20th century mill buildings, gut rehab			
New Construction	Single building, multiple story (wood frame, vinyl siding)			
	Multiple buildings, multiple story (wood frame, vinyl siding)			
	Single/multiple buildings, multiple story (steel frame)			
Other	Scope of work falls between two different listed categories	(Specify)		
Total			**0.00**	**0.00**

4.2.b. Supportive Housing

In order to be considered supportive housing, the Applicant must provide its written commitment to fill supportive housing units through the Coordinated Access Network (CAN) or a State agency's referral process in accordance with the Supportive Housing Guideline and the QAP. Commitment must include a description of funding sources, a budget for supportive services, identification of target population (i.e. homeless adults, homeless families), and evidence of the affordability and need for supportive housing units in the Proposed Development's location. Supportive housing units must be affordable to families earning less than 50% AMI. Supportive housing units set aside for chronically homeless households must be affordable to families with $0 income through Section 8, State RAP, or other rental subsidy.

Attach and label as "Exhibit 4.2.b"

4.3

4.3.a. - Project Narrative

Complete the form which is available on the SharePoint, CHFA, and DOH websites

Attach and label as "Exhibit 4.3.a"

4.3.b. - Homeownership Development Projects Narrative

Complete the form which is available on the SharePoint, CHFA, and DOH websites

Attach and label as "Exhibit 4.3.b"

4.3.c. - Marketability

Describe the market of the development area including the existing mix of real estate, demographic trends, income and employment characteristics. Identify the market areas from which the development intends to draw residents, and any absorption assumptions. **For developments applying for DOH funds**, applicants must demonstrate marketability through either the use of a 1) Market Study (no more than 6 months old), 2) existing waiting lists, or the 3) DOH Market Assessment Guideform which is available on the SharePoint, CHFA, and DOH websites. Developments applying for CHFA funds may evidence marketability via one of the aforementioned items, or by other third-party documentation.

Choose the marketability type being used in conjunction with this proposal:

- (•) Market Study
- ( ) Market Assessment
- ( ) Waiting List
- ( ) Other (for CHFA only)

Attach and label as "Exhibit 4.3.c"

4.3.d - Program Narrative

Complete the form which is available on the SharePoint, CHFA, and DOH websites. Include any information that is required under the applicable NOFA or necessary to be eligible for points under the applicable Rating and Ranking form, or any other applicable information not otherwise provided.

Attach and label as "Exhibit 4.3.d"

4.4 Historic Preservation Compliance

Cultural Resource Review in Connecticut is conducted by the State Historic Preservation Office (SHPO) within the Department of Economic and Community Development (DECD). As required by Section 106 of the National Historic Preservation Act of 1966 and the Connecticut Environmental Policy Act (CEPA), SHPO provides technical guidance and professional advice on the potential impact of federally or state funded, assisted, licensed, or permitted projects to the state's historic architectural and archaeological resources. This standard requires that all projects proposed to be assisted through DOH and/or CHFA consult with SHPO prior to the initiation of activates to be funded through either agency. The responsibility of SHPO is discharged in two steps: (1) identification of significant historic architectural and archaeological resources; and (2) assistance to promote compatibility between new development and preservation of the state's cultural heritage. All projects containing structures over 50 years of age (including structures that will attain 50 years of age during the course of the project) and/or projects involving ground disturbing activities are subject to review by SHPO.

Project Review is conducted through the completion of SHPO's Project Notification Form (PNF). Following submission of a completed PNF and ancillary documents, SHPO will assess if the proposed undertaking will directly or indirectly effect properties listed or eligible for listing on the State or National Register of Historic Places. Based on the submitted scope of work, SHPO will determine if the undertaking constitutes an adverse effect to a historic property. This could include archaeological resources. Where adverse effect are identified, SHPO will assist project proponents in identifying alternatives to avoid, minimize, or mitigate adverse impacts to the historic property. If a project has been reviewed by SHPO within the past 36 months, with a finding of "no adverse effect" or "no historic properties affected", and the scope of the project is identical to the previous submission, an additional submittal to SHPO is not required.

To assure that applicants meet Cultural Resource Review standards, all applicants must submit a SHPO PNF at least 90 days prior to the application submission deadline (unless otherwise specified) so that a determination of a property's historic designation or eligibility is identified early in the review process and that any necessary mitigation actions are incorporated into the project design and budget prior to the application deadline. Though the SHPO PNF must be submitted to SHPO at least 90 days prior to the application deadline (unless otherwise specified), it is recommended that SHPO be contacted well in advance of this requirement so that applicants can incorporated SHPO guidance into the project scope and drawings.

If SHPO determines that archaeological resources may be affected, a professional cultural resources assessment survey must be completed prior to construction. The survey should assess all areas of anticipated ground disturbance that are considered to have a moderate/high sensitivity for containing significant archeological deposits, unless sufficient research or fieldwork documents that this level of effort is unwarranted. All work should be in compliance with the Environmental Review Primer for Connecticut's Archaeological Resources and no construction or other project-related ground disturbance should be initiated until SHPO has had an opportunity to review and comment upon the requested survey. A list of qualified consultants is available from SHPO. Failure of applicants to properly comply with the 90 day submission requirements or the failure to adequately address impacts to historic properties or comply with SHPO recommendations will result in the removal of the application from consideration for funding in the applicable funding round.

Applicants seeking Federal and/or State Historic Rehabilitation Tax Credits must also contact SHPO staff so that SHPO can determine whether historic tax credits are a potential funding source for the proposed project. Such applicants should meet with SHPO staff as early as possible, but not less than 90 days prior to the application deadline. Failure of applicants to properly comply with the 90 day prior meeting requirement will result in the removal of the application from consideration for funding in the applicable funding round.

(HTCC Only) Applicants are required to contact the municipality or the state historical preservation office (SHPO) ***once an HTCC award is announced*** to determine historical significance. However, if the determination is already available at the time of application, attach and label as Exhibit 4.4.
All applicants must provide a certified statement, signed by the Nonprofit Corporation's authorized representative, attesting that the requirements and recommendations made by the municipality or the state historical preservation office (SHPO) will be addressed as part of the proposed scope of work.

Attach and label as "Exhibit 4.4"

SHPO website information and forms

4.5 Flood Zone Location and CEPA

4.5.a - Flood Zone Location

State policy requires that any development funded through a state agency avoid assisting the development of housing activities within floodplains and to minimize any effect on floodplains due to development. Is any part of the project located in a 100 or 500 year floodplain? This information is based on official FEMA flood mapping. Please provide a current FEMA flood zone map, with clearly indicated project location.

- ☐ 100 Year
- ☐ 500 Year
- ☐ N/A

If any part of your proposed development is located in a floodplain, you must complete a flood management certification meeting with DEEP prior to the submission of an application for funding to DOH. In such instances DOH will consult with DEEP as part of the application review process and may consider an application ineligible if a Flood Management Certification cannot reasonably be expected to be granted within a reasonable timeframe based on information submitted with the funding application. In addition, the application must include a written plan describing how state flood zone certification requirements will be satisfied.

Submit a FEMA Flood Insurance Rate Map (FIRM) identifying the project location.
https://portal.ct.gov/DEEP/Permits-and-Licenses/Factsheets-Inland-Water/Flood-Management-Certification-Fact-Sheet
Attach and label as "Exhibit 4.5.a"

4.5.b - Connecticut Environmental Policy Act (CEPA)

Projects financed with DOH funding are subject to the Connecticut Environmental Policy Act (CEPA). The purpose of CEPA is to identify and evaluate the impacts of proposed State actions that could have the potential to significantly affect the environment. To ensure compliance with CEPA, all applicants must submit a CEPA Intake Review Form (together with a site plan and a map showing the project site) to DOH. Unless otherwise specified in an applicable NOFA, applicants should submit the CEPA Intake Review Form and the related materials at least 6 weeks prior to the application deadline so that DOH can complete its review well in advance of the application deadline and scoping, if it is required, can be completed prior to the application deadline.

If an applicant fails to submit the CEPA Intake Review Form and the related materials less than six (6) weeks prior to the application deadline and DOH is unable to review such materials prior to the application deadline OR if DOH determines that scoping is necessary and cannot be completed in time for the application to be considered under an applicable NOFA OR if there are potential environmental impacts that require an Environmental Impact Evaluation (EIE), and an EIE has not yet been prepared, the application may be eliminated from consideration, unless otherwise specified in an applicable NOFA.

The CEPA Intake Review Form is available at the link below. This form and the related materials and any related questions should be sent to DOH.CEPA@ct.gov.

CEPA Intake Review Form link
Attach and label as "Exhibit 4.5.b"

4.6 Site Control and Information

4.6.a. Site Control (check all that apply)

N/A for HTCC if application is for a development with CHFA and/or DOH funding and is currently under construction.

Attach and label as "Exhibit 4.6"

	Number of Parcels	Acquisition Date	Acquisition Price	Expiration Date	Maturity Date
Deed					
Option Agreement					
Purchase Contract					
Ground Lease[4]					
Other[5] (i.e. -- designated/preferred developer agreement)					

[4]Ground Lease Maturity Date _____

Ground Lessor _____

[5]Other (i.e. -- designated/preferred developer agreement) _____

4.6.b. Site Information and Dates

	Anticipated Completion Date
100% drawings	
Closing & Transfer of Property	
Construction Start	
Completion of Construction	
Lease-up	
Sustaining Occupancy	
Proforma Stabilized Year	
LIHTC Placed-In-Service Date	
Required Construction Completion	

Current Property Owner	
Purchase Price	
Purchase date	
Easements	
Liens	
R.O.W.	

Acreage	
Shape	
Dimension	
Frontage	

Attach the following materials, supporting the determinations and conclusions. **(DOH Only) (If Applicable)**

Farmlands – communications with Soil Conservation Service (SCS) for site review to determine if it is either prime farmland, unique farmland of state or local importance.
Photos - Site and building (interior & exterior).

Attach and label as "Exhibit 4.6.b"

List any existing liens for the property in the box below.

The property identified and described above is presently owned by:
(enter legal name)

Which is an

If "other" please specify below

4.7 Planning & Zoning Board Approval

Indicate the level of zoning approval in the chart below:		If "No", what is the expected date of approval?
Underlying Zoning – Does the present Zoning allow the proposed development as it is designed?		
Zoning Approval Received		
Special Permits Received		
Variances Received		
Inland Wetlands Permits Received		
Site Plan Approved		

If "Underlying Zoning" or "Site Plan Approved" are listed as "Not Required," provide an explanation for each. Please provide evidence of zoning approval in the form of a letter from the local Planning and Zoning Board.
Attach and label as "Exhibit 4.7"

4.8 Existing Site

4.8.a. Unit Information - Describe the square footage amounts in the tables below. For existing buildings that will be rehabilitated, use the "Existing / Rehab" table, and for New Construction use the "New Construction" table. If your project will have both new and rehab, separate the amounts into each respective table. The Unit Distribution Information table should show the unit distribution for the completed project.

Applicants must make sure the square footage amounts below match those contained in the Drawings & Specifications.

Building Use And Square Footage Information

Existing / Rehab							
FLOOR	**Common Area** Corridors, stairs elevators, etc. (Net SQ. FT)	**Commercial Area** (Net SQ FT)	**Living Unit Area** (Net SQ FT)	**Parking Garage** (Net or Gross SQ FT)	**Community Room** (Net SQ FT)	**Total Net** (Net SF.)	**Building Total Gross** (Gross SF.)
Basement						0	
1st Floor						0	
2nd Floor						0	
3rd Floor						0	
4th Floor						0	
5th Floor						0	
6th Floor						0	
7th Floor						0	
8th-30th Floor						0	
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

New Construction							
FLOOR	**Common Area** Corridors, stairs elevators, etc. (Net SQ. FT)	**Commercial Area** (Net SQ FT)	**Living Unit Area** (Net SQ FT)	**Parking Garage** (Net or Gross SQ FT)	**Community Room** (Net SQ FT)	**Total Net** (Net SF.)	**Building Total Gross** (Gross SF.)
Basement						0	
1st Floor						0	
2nd Floor						0	
3rd Floor						0	
4th Floor						0	
5th Floor						0	
6th Floor						0	
7th Floor						0	
8th-30th Floor						0	
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Unit Distribution Information

Floor	**Studio Apartments**	**1-Bedroom Units**	**2-Bedroom Units**	**3-Bedroom Units**	**4-Bedroom Units**	**Total**
1st Floor						0
2nd Floor						0
3rd Floor						0
4th Floor						0
5th Floor						0
6th Floor						0
7th Floor						0
8th-30th Floor						0
Total	**0**	**0**	**0**	**0**	**0**	**0**

4.8.b. Phase I/II Environmental Site Assessment and Other Site Hazardous Materials Review

Each applicant must submit a Phase I Environmental Site Assessment (ESA) with its application. The ESA must be prepared and supplemented in accordance with current ASTM Standard E 1527 - 13 by a Licensed Environmental Professional (LEP) that is licensed by the State of Connecticut and must have been completed within one (1) year of the application deadline. The qualifications of both a professional firm and the specific environmental consultant should be included in the completed report. The ESA and related documents must be conducted in accordance with the "CTDEEP Site Characterization Guidance Document" (SCGD) (see link below).

If any existing buildings are located on the property, the application materials must also include a Hazardous Materials Survey report that identifies all other environmental concerns, including, for example, asbestos containing materials, lead paint and lead-contaminated soil, radon, and PCBs. If more than one report is necessary to document the nature and extent of such environmental concerns, all such reports must be provided.

If a funding application will include a transfer of ownership from the existing owner to a new owner who is applying for funding, certain requirements will apply. If the existing owner is responsible for the site remediation and clean up, and the applicant who is applying for funding will be the new owner of the "clean" site (a site that is free from the presence or potential presence of any hazardous materials, substances, pollutants or contaminants such as underground storage tanks, polluted fill material and/or other hazardous materials and waste products), a written Agreement between the two parties which outlines the remediation responsibilities will be required. The document shall clearly delineate the scope of abatement required for the building and site, as applicable, and the party responsible for (1) completing the work and (2) paying for the work.

(HTCC Only) Phase I ESA Required for projects when the scope includes: 1) new construction, 2) additions or bump-outs to existing buildings, and/or 3) new site utility work or any site work which will require excavation or work disturbing existing soil. This includes Single Family developments. Applicants may request an exemption if they provide evidence they are constructing on raw land without any hazardous impacts or if they have an older Phase I report for a site they have retained ownership for and can attest that the site: 1) does not contain any underground storage tanks (USTs) for fuel or other potential contaminants, and 2) has not been used for illegal dumping or other prior uses which may lead to soil or water contamination. A Phase 1 is not required for in-place rehabilitation with no site work or any work outside of the building site as utility work, sidewalks, parking etc. Evidence of an exemption must be included as part of the application submission. If a Phase I ESA notes that additional testing is recommended or required, this additional testing must be completed in the form and content of a Phase II ESA, or even a Phase III ESA if contamination is found. CHFA may accept a Phase II and/or III ESA as a non-threshold item for the purposes of application review. However, required documents will be required if an award is made and may be accepted at a later date.

Hazardous Material Surveys are required for all existing buildings that are to be renovated and/or demolished. Testing for radon is required in all cases, and asbestos, lead-based paint, lead in water and soil, and PCB testing is required for all buildings constructed before 1985. A survey for universal waste is required as is a visual survey for mold, especially if water infiltration is suspected or known.

Attach and label as "Exhibit 4.8.b.1"

If the Phase I ESA Report recommends that a Phase II ESA be completed and/or identifies Areas of Concern (AOC), then the application must include a Phase II ESA completed within SCGD Guidelines.
Attach and label as "Exhibit 4.8.b.2"

Complete the chart below (Section 4.8.c.). Please note that separate CT Licensed Consultants for lead paint and asbestos are required per state regulations to perform this work. For CHFA Financing and supportive housing, the Authority engages an outside third-party consultant (at the Applicant's expense) to review environmental reports for conformance to the CHFA "Construction Guidelines: Environmental/Hazardous Materials Review". These guidelines state that the environmental consultant shall be a LEP listed on the "CTDEEP List of Licensed Environmental Professionals".

CTDEEP Site Characterization Guidance Document (SCGD)

4.8.c. Phase III ESA and Other Recommended Site Investigations (If applicable)

If a Phase III ESA or any other additional studies or remediation on the property has occurred then such documentation should be submitted as part of the application submission. Any outstanding cost associated with remediation should be reflected in the Exploded Trade Payment Breakdown and Project Cost Summary.

		Date Submitted
Phase III		
Asbestos		
Hazmat		
Radon		
Lead		

If "Yes", attach and label as "Exhibit 4.8.c"

4.8.d. For financing on projects involving rehabilitation, a Capital Needs Assessment (CNA) is required to be submitted at time of application. The Assessment is required to have been conducted within six months of the finance application date or the architect must submit a statement indicating that no changes are needed. The Owner/Developer shall commission licensed Architectural/ Engineering professionals to conduct a physical assessment and evaluation of all building components to remain during the renovation. The findings of the Architectural/Engineering professional shall be compiled into a CNA Report. In the case of a complete gutting of buildings, a Structural Needs Assessment Report by a Structural Engineer and an Architectural Needs Assessment Report (to maintain functional and aesthetic integrity of such component) by an Architect are required to be submitted (see section III.C. of the CHFA "Construction Guidelines: Project Planning & Technical Services Review" manual). However, if the applicant submits drawings and specifications that are at least 90% complete as part of their application, in lieu of a Structural Needs Assessment Report, the applicant may submit structural drawings and specifications that are at least 90% complete and have been professionally stamped and signed by the structural engineer for the project.

Attach and label as "Exhibit 4.8.d"

4.8.e. Energy Conservation Plan (Form Provided)

All applications shall complete the attached form. Please see the CHFA Construction Guidelines: Energy Conservation & Sustainability Guideline for additional information. The Energy Conservation Plan form must be filled out in order to be considered complete.
Attach and label as "Exhibit 4.8.e"

4.8.f. Environmental Summary (Form Provided)

Environmental Summary is the summary of all reports, findings and solutions to address all environmental abatement and remediation at the project site and building(s) as applicable.
Attach and label as "Exhibit 4.8.f"

4.9 Construction Documents

4.9.a. Site Plan - Provide a site plan including building footprint(s) and all site improvements, including a table of applicable zoning requirements, i.e., zone, use, lot, bulk, density, parking, etc., which indicates compliance or non-compliance for each requirement. In addition, please include quantitative information on gross and net square footages, building heights, parking requirements, etc.
Not required if HTCC application is for a development with CHFA and/or DOH funding and is currently under construction.

Attach and label as "Exhibit 4.9.a"

4.9.b. Construction Document Drawings and Specifications - Submit Construction Document Drawings and Specifications at 90% level of completion. Information regarding these requirements are outlined in the CHFA Construction Guidelines.

For DOH Homeownership Development Projects ONLY- Submit a certification that the project will meet the following requirements, as applicable: housing that is newly constructed will meet all applicable State and local codes, ordinances, and zoning requirements; energy efficiency standards adopted by DOH for new construction homeownership units; housing that is rehabilitated will be done so in accordance with DOH's CDBG Residential Rehabilitation Standards (please note, State-funded programs may not trigger federal compliance standards contained in Part 35 and Part 58), as amended.
Attach and label as "Exhibit 4.9.b"
DOH CDBG Residential Rehabilitation Standards

4.9.c. Exploded Trade Payment Breakdown (Form Provided)
The construction cost estimates must be prepared by an architect, general contractor, or cost estimation consultant. The identity and contact information of the party who prepared the estimates (i.e. architect, general contractor, cost estimation consultant) must be included. Please note, this form should be completed with initial application submission. Please also note, the Allowance line item entries are only required after the AIA Owner/Contractor Agreement has been signed.

The list below contains "extraordinary" costs recognized most often when analyzing hard costs. Please attach a detailed breakdown of the information and all back-up documents and reports which verify and justify these costs. This information is required for any costs to be considered and recognized as "extraordinary". Additionally, all hard costs are to be detailed on a line item basis using material costs per unit and the corresponding quantity take-offs for each of the materials needed in the Exploded Trade Payment Breakdown.

Environmental Site Clean-Up: soils, water, vapor, UST removal, lead in soil
Environmental Building Remediation: Hazardous material abatement - Lead based paint, Lead in water, Asbestos, PCBs, Radon, Mold
Site: Ledge removal/blasting, extensive infrastructure work, etc.
Cost for Site Work exceeding 20%
Demolition
Masonry
Metals
Siding Upgrades
Special Construction
Elevators
Prevailing Wages/Davis Bacon
Other: Historic - Specify
Other: Specify

Attach and label as "Exhibit 4.9.c"

4.9.d. Prevailing Wages

Will Davis Bacon wage rates be required for this project? (check "Yes" if the project will have 12 or more HOME assisted units)	
Will State Prevailing wages be required for this project? (check "Yes" if the project meets the state prevailing wage threshold below)	
Indicate if the Exploded Trade Payment Breakdown reflects State Prevailing Wages, Federal Davis Bacon, or N/A.	

If either Davis Bacon or State Prevailing wage rates apply, include an explanation as to why these wage rates apply to this specific application.

For projects that trigger federal prevailing wage requirements, the bid and construction documents must include all standard Federal Labor Compliance clauses and the cost estimate must be based on Davis-Bacon costs. Contact your DOH Project Representative prior to submission of the application to determine if Federal Labor requirements will be triggered. The DOH website includes boilerplate contract language and Federal Wage Rates as appropriate. Developers, Consultants, Contractors and Subcontractors must be cleared from State and Federal Suspended and Debarred Contractors Lists.

If State of CT prevailing labor wages or Federal Davis Bacon labor rates apply to the project, please provide a summary analysis of the various labor categories and the hard cost increase in the labor rate over standard labor rates. The data provided by the applicant must be supported by the State of CT prevailing wage sheets or Federal Davis Bacon wage rates for each labor type and category. Labor rates for standard labor must be included for each of the various labor categories so a comparison can be performed.

For developments developed, managed, or sponsored by housing authorities, applicants must contact State of Connecticut Department of Labor and verify if the State Prevailing Wages would apply. If State Prevailing Wages apply, please provide copies of the Prevailing Wage Rate Sheets for the town/city published by the State of Connecticut Department of Labor and include with the Application. These rates must be utilized to prepare cost estimates for the development.
Attach and label as "Exhibit 4.9.d"

4.9.e. Project Cost Summary (Construction Schedule of Values) (Form Provided)
The Project Cost Summary (Construction Schedule of Values) is self-generated based on information entered in other sections of the application. The only required input is the individual who prepared the projected costs.

4.10 Reduction of Affordable Units

Will the proposed development result in a reduction of affordable units?

If yes, complete the following chart and provide the Applicant and Co-Sponsor's plan to replace the units in accordance with Section 104(d) (Barney Frank Amendment). Provide copies of any local official documents certifying any units that are not suitable for rehabilitation. ***(DOH Only. For LIHTC, complete chart below)***

Attach and label as "Exhibit 4.10"

	60% AMI or below	**60% - 80% AMI**
How many units will be lost?		
How much square footage will be lost?		

Relocation Plan Notes - All developments where the applicant acknowledges through certification that a Relocation Plan is required, including cases of anticipated Temporary Relocation, a relocation plan will be required to be submitted after notification of fund awards and approvals. Relocation Plans must be prepared in accordance with 49 CFR 24.2, HUD Handbook 1378, Chapter 135 of the C.G.S. and any applicable regulations

4.11 Relocation

Program Guideform: Relocation Assistance Plan **(DOH-Program Only)**

For DOH - Program only, complete the form which is available on the SharePoint, CHFA, and DOH websites.

Attach and label as "Exhibit 4.11"

4.12 Relocation Information

Provide the following items if relocation is contemplated as part of the project:

- Current Tenant Roster - Including rents and utility allowances
- General Information Notice - with verification of deliver to current tenant roster - signed or return receipt
- Relocation Budget and Sources of Funds

If awarded funding, a Relocation Plan for all developments where the applicant acknowledged (in the Sworn Certificate of Non-Displacement) that a Relocation Plan is required, **including cases of anticipated Temporary Relocation**. The Relocation Plan must be prepared in accordance with 49 CRF 24.2, HUD Handbook 1378, Chapter 135 of the C.G.S. and any applicable regulations. In addition, the Relocation Plan must demonstrate an effort to minimize the impact of relocation on the tenants and must include an estimated budget for relocation activities on the Development Budget.

Attach and label as "Exhibit 4.12"

SECTION V. RENTAL DEVELOPMENTS (N/A for Homeownership Projects)

5.1 5.1.a. Rental Income Calculation Worksheet (Form Provided)

In the provided form, identify the rent structure of the development by income targets, bedroom mix, and populations to be served. This exhibit also identifies Utility Allowances. Provide a copy of a utility allowance schedule from one of the following, as applicable: schedule from local Public Housing Authority, Section 8 Utility Allowance schedule or DOH Utility Allowance Schedule. If no schedule is provided, the Section 8 schedule will be utilized.
If development is utilizing rental subsidies, include executed rental assistance contract or other documentation from appropriate agency. If the development includes funding for supportive services, provide a copy of the commitment letter for the supportive services. Please note, for DOH projects, the applicant's proposed Monthly Gross Rent CANNOT exceed the current allowable DOH program rents for the funding source being requested.
If the development is utilizing LIHTC's and proposing Average Income MSA, select "Yes" in the Average Income MSA table drop-down menu. Please refer to the CHFA Guidelines for additional guidance on Average Income MSA.
Attach and label as "Exhibit 5.1.a"

5.1.b. Reserved

5.2 Operating Expenses

5.2.a. Detailed Income and Expenses (Form Provided)

Complete the attached detailed income and expense form for the initial stabilized year. Please refer to the 'Per Unit Operating Expense Range Guidelines' section of the CHFA Multifamily Underwriting Standards by clicking on the below link; it provides CHFA anticipated range for operating expenses.

It is expected that any applicant will ensure that the operating proforma included in its application will contain per unit expenses that fall within the guidelines provided above. Should there be compelling reasons to submit operating expenses that fall outside the range, the applicant is expected to provide complete written justification with a waiver request as part of its application.
Waiver request is ***N/A for HTCC*** applications that do not include CHFA funds as a source.
Attach and label as "Exhibit 5.2.a"
CHFA Multifamily Underwriting Standards Summary

5.2.b. Line by Line Explanation of Expenses

Please provide realistic operating expenses for the stabilized year, and give a detailed line by line explanation on the Expenses Summary form or in a separate PDF. Any line item that is based on similar properties or history, please substantiate with backup documentation.
Attach and label as "Exhibit 5.2.b"

5.2.c. Expense Summary (Form Provided)
If needed, add any comments that relate to specific line items on the form.

5.2.d. Real Estate Taxes
Is a proposed or actual tax abatement or Payment in Lieu of Taxes (PILOT) associated with this development?

If yes, provide Payment in Lieu of Taxes ("PILOT") Agreement. If no, provide documentation from the local Tax Assessor regarding the estimated "as developed" annual real estate tax burden on the Development for the selected pro forma year. If full taxes are not to be paid (i.e. full or partial abatement), then provide a year-by-year analysis of the proposed real estate tax schedule and include the annually scheduled amounts as part of the Cash Flow Projection. If the requested documentation from the local Tax Assessor is not yet available, please provide copies of the correspondence stating so as well as the applicant's estimated tax burden on the Development for the selected pro forma year.

(For existing projects only) If Real Estate Taxes vary from historical averages, provide information and evidence from taxing authority.

Attach and label as "Exhibit 5.2.d"

5.3 Cash Flow Projection (Form Provided)

The Cash Flow Projection is self-generated based on information entered in other sections of the application. The only item that can be changed on the Cash Flow Projection is the Real Estate Tax expense. If the Real Estate Taxes vary from the built in trending amount, provide an explanation.
Attach and label as "Exhibit 5.3"

SECTION VI. FINANCING

6.1 Eligible Basis ***(LIHTC Only)***

Attestment letter from tax counsel re: eligible basis.

Attach and label as "Exhibit 6.1"

6.2 Reserved

6.3 Development Budget (Form Provided)

Complete the itemized budget listing all proposed uses of funds (hard and soft costs) for the development. For proposals using Federal Low Income Housing Tax Credits (LIHTCs), Applicant and Co-Sponsors should also complete the Tax Credit Eligible Basis columns. Once Permanent sources are entered onto Sources of Funds worksheet, additional Source columns will be displayed. All developments should complete the Sources columns indicating which sources will fund each line item in the development budget.

As an additional attachment, please include a detailed explanation for how the estimated budgeted line item amounts were determined for the following categories: Architectural and Engineering, Finance and Interim Costs, and Other Soft Costs. ***(N/A for HTCC)***

Attach and label as "Exhibit 6.3"

For DOH requests, applicants must identify the specific uses of DOH funds since certain uses may trigger specific federal compliance requirements. Identify these costs in the right hand columns of the development budget

6.4 LIHTC Calculation (Form Provided)

Complete the LIHTC Calculation worksheet.

6.5 Sources of Funds (Form Provided)

Complete the Sources of Funds exhibit. List all proposed sources for both construction and permanent financing for the property. Be as descriptive as possible including specifying the source where applicable or choosing from the appropriate drop down in the source name field, and for any Financing sources please indicate the lien position as well as any financing terms. Provide proposed lender, terms and repayment provisions for all financing, including a detailed description of the terms and sources for interim or bridge financing, if any. If proposal includes LIHTC, a syndication letter setting forth the discounted value of the credit must be provided. Include copies of all funding commitments you have at this time.

For any competitive funding sources (including but not limited to: 9% LIHTC, HTF, and/or HTCC) all funding commitments must be submitted with the application. Applications are scored, in part, on the level of commitment from other sources. Lack of funding commitments will affect an application's rating and ranking score and may also make an application ineligible for funding.

CHFA and/or DOH may issue non-binding letters of financing interest to applications without commitment letters from other sources. However, CHFA and DOH require commitment letters from all funding sources prior to presenting a financing proposal for consideration by CHFA's Board of Directors or the State Bond Commission respectively. Applications for 9% LIHTC require a credible financing plan in order to be presented to the CHFA Board of Directors for approval.

To properly complete the form, choose the appropriate drop downs where applicable and specify the details for any/all sources that are available, including descriptions and loan terms (if applicable).

Attach and label as "Exhibit 6.5"

6.6 Existing Debt (Form Provided)

Is the proposed development currently encumbered by any debt?

If yes, in the form provided, please describe the terms and conditions of all debt currently encumbering the property (including CHFA and/or DECD/DOH, if any).

Any applicant looking for consideration for prepayment, refinancing, or restructuring of existing CHFA debt should contact their CHFA Asset Manager immediately.

6.7 Existing Reserves

For proposals that include the acquisition and/or rehabilitation of existing occupied housing units, describe the current monthly rents by bedroom size, total monthly rent subsidies, as well as recent use and current availability of reserves at the time of application.

Current Rental Income

Unit Type	# Units	Monthly Rent	Total
Studio Apartment			0
1-Bedroom Unit			0
2-Bedroom Unit			0
3-Bedroom Unit			0
4+Bedroom Unit			0
Total	**0**	**0**	**0**

Total Monthly Rental Subsidies

Total Current Operating Reserves

Reserves expended in most recent 12 months(from date of application):

Description of Activity	Amount	Date Completed

Reserves committed for this project:

NOTE: The DOH and the CHFA reserve the right to determine the financing instrument, if any, they will offer the applicant regardless of the application request, based on the outcome of each agency's underwriting.

SECTION VII. HOMEOWNERSHIP DEVELOPMENTS (N/A for Rental Properties)

7.1 Homeownership Unit Descriptions (Form Provided) ***(DOH Only)***

Provide detailed information on each unit including income targets, utilities, energy sources and amenities. If subsidies are projected they must also be provided.

Attach and label as "Exhibit 7.1"

7.2 Homeownership Sales Proceeds (Form Provided)

Please complete provided form.

7.3 Supplementary Information ***(DOH Only)***

Provide and attach:

For Homeownership developments, what mechanism for Affordability will be used?

7.3.a. Homeownership – Developer/Homebuyer Subsidy Determination Worksheet (Form Provided)

7.3.b. Development Cash Flow Analysis for Single Family Housing (Form Provided)

7.3.c. Plain language explanation of resale/recapture provision.
Attach and label as "Exhibit 7.3.c"

7.3.d. Homebuyer Training Plan.
Attach and label as "Exhibit 7.3.d"

7.4 Documentation of Property Taxes and Insurance

For Homeownership only, provide documentation of projected or actual property taxes and insurance.
Attach and label as "Exhibit 7.4"

SECTION VIII. DOH FEDERAL PROGRAMS

8.1 Federal Environmental Reviews ***(Federal Funding requests only)***

Activities involving federal funding are required to undergo an Environmental Review in accordance with the National Environmental Policy Act (NEPA) and Federal Regulations under 24 CFR Part 58, **which is documented through Exhibits 8.1.a and 8.1.b**

8.1.a. HOME and/or NHTF Program Funds NEPA Statutory Checklist

Complete the NEPA Statutory Checklist that is available on the SharePoint, CHFA, and DOH websites.
https://www.hudexchange.info/programs/environmental-review/htf/
https://www.hudexchange.info/programs/environmental-review/
Attach and label as Exhibit "8.1.a."

8.1.b. HOME and/or NHTF Program Funds NEPA Environmental Assessment Checklist

Complete the NEPA Environmental Assessment Checklist that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 8.1.b."

Disclosures to Seller: An Applicant or Co-Sponsor using DOH HOME funds to acquire property must notify sellers in writing that the acquisition is completely voluntary and that such Applicant and Co-Sponsor does not have the power of Eminent Domain. (See DOH website for form.)

See DOH Appraisal Policy if application includes acquisition with State or Federal funds

8.2 Hiring and Contracting [Federal]

Please visit the DOH Consolidated Application webpage for additional information regarding Hiring and Contracting requirements for the federal HOME program.

8.2.a. Section 3 Plan **(HOME Only)**
Attach and label as "Exhibit 8.2.a"

8.2.b. Describe and document past good faith efforts to comply with the hiring and contracting requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended. Please give specific examples. **(HOME Only)**
Attach and label as "Exhibit 8.2.b"

SECTION IX. AFFIRMATIVE ACTION/FAIR HOUSING AND EQUAL OPPORTUNITY

9.1 Fair Housing Impacts

All DOH and CHFA applications must submit the Fair Housing Impacts form, which is available on the SharePoint, CHFA, and DOH websites.

If awarded DOH/CHFA funds the owner will be required to submit a Fair Housing Plan to document that the development will be constructed, marketed, and leased-up in compliance with applicable fair housing laws. A Fair Housing Action Plan is not a single document, but rather a compilation of the documents below. To be complete, the Fair Housing Action Plan must contain all of the documents identified below. Follow the link to the Fair Housing Plan guidelines.
Fair Housing Action Plan Implementation Guidelines

9.2 Americans with Disabilities Act/ Section 504 ***(DOH Only)***

Provide an ADA notice and ADA Grievance Procedure. Form documents are located on the DOH Consolidated Application webpage.
Attach and label as "Exhibit 9.2"

SECTION X. CERTIFICATIONS

10.1 Certifications

Complete the Certifications form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.1"

10.2 SEEC Form 10 Certification

Complete the SEEC Form 10 Certification form using the link above. (Also called: Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations)
Attach and label as "Exhibit 10.2"

10.3 Affirmative Action Policy Statement

Complete the Affirmative Action Policy Statement form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.3"

10.4 Fair Housing Policy Statement

Complete the Fair Housing Policy Statement form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.4"

10.5 Certification to Affirmatively Further Fair Housing

Complete the Certification to Affirmatively Further Fair Housing form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.5"

10.6 HTCC Certification

Complete the HTCC Certification form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.6"

10.7 Architect Certification

Complete the Architect Certification form that is available on the SharePoint, CHFA, and DOH websites.
Attach and label as "Exhibit 10.7"

SECTION XI. OTHER

11.1 10-Year Rule Waiver ***(LIHTC Only)***

If applying for acquisition credits and a waiver of the 10-year ownership rule is necessary, provide a letter from the appropriate federal official that states that the development qualifies for a waiver under IRC Section 42(d)(6).

Attach and label as "Exhibit 11.1

11.2 HUD Involvement

Will HUD be involved in any aspect of the development, as outlined below?

If the development proposal includes HUD Section 8 rental assistance vouchers or HUD VASH vouchers that will be project based, then please contact the HUD Hartford Field Office and request that the HUD Hartford provide a letter approving the selection of the project and the number of allocated vouchers. A copy of the HUD Hartford Field Office's letter of confirmation must be submitted with this application.

Alternatively, allocations of rental assistance vouchers that are sought under this competitive process should not include considerations for project-based assistance if the developer intends to use the competition to qualify for an exemption under 24 CFR 983.51 (b)(2) as such consideration will interfere with the use of this competition for the exemption.

If an application seeks financing for a development that is/was HUD public housing, then a letter of disposition from HUD must be included with the application OR a letter from the HUD Hartford Field Office certifying that a disposition application is pending that the Field Office has certified.

If the development proposal includes a change in the property's project-based Section 8 contract or will require HUD's approval for site re-use, then provide the HUD Hartford office with a written description of the action triggering HUD's involvement. Submit a copy of the letter sent to HUD Hartford outlining the request with this application.

Attach and label as "Exhibit 11.2"

SEEC-10 Certification

11.3 Application Fee ***(CHFA Only)***

Provide a check payable to the "Connecticut Housing Finance Authority" for the application fee. Be sure to include the name of the proposed development and the type of Application (e.g. Tax-Exempt Bond financing, LIHTC, etc.) on the memo section of the check. *(See CHFA Multifamily Financing General Information and CHFA LIHTC General Information.)*

If you are submitting an application for the Energy Partnership or Early Stage Development Loan Programs, include a $500.00 non-refundable application fee at time of application submission, applied toward commitment fee at closing. All application fees are non-refundable if loan is not approved or does not close.

11.4 Reserved

SECTION XII. HTCC APPLICATION EXHIBITS

HTCC

Application Type (choose from dropdown menu)

Set-Aside (choose from dropdown menu)

Development Type (choose from drop-down menu)

Does the Applicant have other HTCC application(s) for the current round?

If yes, please provide Development name(s)

HTCC Current Requested Amount:

Conservation and Development Policy. Select the policy that your proposed development fulfills:

Briefly describe how your proposed development fulfills this policy

12.1 Housing Need

Provide evidence of housing need as demonstrated by a local survey, or market study.

Attach and label as "Exhibit 12.1"

12.2 Sell or Transfer

Does the Applicant intend to transfer, sell, or lease the improvements on the land to another eligible entity?
If Yes, describe the parties, terms, and conditions of the lease or sale. Any sale or transfer of real estate funded by CHFA and/or HTCC proceeds requires the consent of CHFA prior to the transfer. This is N/A for transfer to eligible homebuyer as part of an approved homeownership development project.

Attach and label as "Exhibit 12.2"

12.3 CHFA Asset Management Confirmation

Applicants whose proposal includes property or properties in the CHFA/SSHP portfolio are required to contact their CHFA Asset Manager. Provide an acknowledgement from the CHFA Asset Manager that demonstrates that they have been notified of your intent to apply for HTCC for the specified Housing Program.

12.4 Proposal Narrative

Provide a narrative that may include, but is not limited to, a summary of the need for the project/program; its impact on the community; targeted population; amenities and unique features of the development; and a description of nearby services.

If the applicant is applying for funds in a consecutive year for a Housing Program that it received funds for in a previous year, include an explanation justifying the need for additional HTCC funds. If there is a change to expansion to the scope of work from a previous award for the same Housing Program, be sure to include an explanation and justification for the additional request for funds.

For revolving loan funds, provide a detailed description of the fund including, but not limited to, uses, approval processes, loan committee/approval process, loan servicing and marketing strategy. Key elements of such description should include the anticipated location of proposed homes, approximate amounts of loans, interest rates and terms of loans, maximum income of eligible borrowers in terms of AMI. Documents (e.g.: loan program policies and/or processes, approval parameters, application forms, loan templates etc.) to be utilized in the administration of the revolving loan fund, including the marketing plan, must be included.

Workforce Housing Development Project proposals must provide a narrative description that the proposed project meets the definition of Workforce Housing Development Project (i.e,: construction or substantial rehabilitation; the 10% affordable housing, 50% workforce housing, 40% market rate units; and workforce target population as designated by the developer in consultation with the municipality). Provide support materials that support the narrative and evidence that the project meets the definition of Workforce Housing Development Project. Refer to CGS Section 8-395a, as amended effective June 1, 2024 for statutory definition.

Attach and label as "Exhibit 12.4"

12.5 Loan Fund Confirmation and Certification

Please confirm the existence of the loan fund (if applicable), the size of the loan fund, and a breakdown of any sources used to capitalize the loan. The non-profit must loan out 100% of its HTCC funds within three years of the HTCC investment, which is the date that funds are received from the Business Firm or December 31st of the calendar year of the award, whichever is sooner.

For applicants with open HTCC awards, provide a certification from the Executive Director of the Nonprofit Corporation stating that the that the uncommitted balances of previous HTCC revolving loan awarded funds do not exceed $750,000 at the date of the application. A ledger that shows total unexpended funds as well as the funds committed must be provided to demonstrate compliance with the requirement.

Attach and label as "Exhibit 12.5"

12.6 Environmental Certification

Provide a brief summary of all environmental concerns that exist at the site and property. Describe the existing situation and all actions that have been or will be taken to satisfy state and local environmental requirements. Provide a certified statement, signed by the Nonprofit Corporation's authorized representative, attesting that the remediation requirements and recommendations made by the applicant's Licensed Environmental Professional (LEP) will be addressed as part of the proposed scope of work.

Attach and label as "Exhibit 12.6"

12.7 Housing Program Schedule

Provide a project timeline showing a breakdown of the work being done over the various stages of the project life cycle.

Attach and label as "Exhibit 12.7"

12.8 Building Roster

List the building addresses, total number of units in each building and the unit designations included in the HTCC Housing Program Scope of Work. Utilize the form provided by CHFA: attach additional sheets as necessary.

Attach and label as "Exhibit 12.8"

12.9 Administrative Capacity

Provide evidence of the general administrative capacity of the Non-Profit Corporation to develop, sponsor, or manage the proposed Housing Program including descriptions of the Non-Profit Corporation's past housing development(s) and the role of the Non-Profit Corporation and any affiliated entities. Include an organizational chart(s) for the Non-Profit Corporation and any affiliated entities.

Attach and label as "Exhibit 12.9"

12.10 Reserved

12.11 Non-Profit Board of Directors Authorization

Provide a Resolution from the Non-profit Corporation's Board of Directors authorizing the submission of the application.

Attach and label as "Exhibit 12.11"

12.12 Housing Tax Credit Contribution Gap Financing Justification Form

Fill out and attach the form if the applicant is applying for HTCCs and has been previously awarded DOH and/or CHFA funds (not required for previously awarded HTCCs and/or LIHTC only deals). Refer to the HTCC Program Guidelines for additional information and requirements pertaining to gap financing requests.

Attach and label as "Exhibit 12.12"

12.13 Documentation of Building Permit(s)

The applicant is responsible to consult with the municipality to determine the type of permit required, based on the scope of work in the application. If permits are not required, submit evidence to support that determination. If permits weren't provided in the original application, they must be submitted once attained, if applicable.

Attach and label as "Exhibit 12.13"

SECTION XIII. POINTS CALCULATION WORKSHEETS

13.1 LIHTC Points Calculation Worksheet (Form Provided)

Complete the LIHTC Points Calculation Worksheet if the Development is applying for the 9% LIHTC round in the New Construction Classification.

13.2 Preservation Classification Priorities

Complete the Preservation Classification Priorities worksheet if the Development is applying for the 9% LIHTC round in the Preservation Classification.

Attach and label as "Exhibit 13.2"

13.3 Revolving Loan Fund Points Calculation Worksheet (Form Provided)

Complete the Revolving Loan Fund Points Calculation Worksheet.

13.4 Housing Development Points Calculation Worksheet (Form Provided)

Complete the Housing Development Points Calculation Worksheet.

13.5 Reserved

SECTION XIV. HTCC POINTS DOCUMENTATION

14.1 Documentation that the fund is currently established

Provide a fund establishment certification stating the Nonprofit Corporation will establish the loan fund in accordance with the approved Housing Program in a manner that will assure all funds will be utilized for the stated program purpose within three (3) years of approval. Include the number of years the fund will be maintained (minimum three-years required), the percentage of the fund that will be targeted to families purchasing homes with three or more bedrooms, income group targeting and length of low income service period (if applicable).

Attach and label as "Exhibit 14.1"

14.2 Previous State Housing Tax Credits

Include a list of all HTCC awards that have been open and/or closed out in the past three years. Please include the name of the project, the date of reservation, initial closeout date, approved closeout extension date (if applicable), and indicate if the project is still open.

Additionally, for Revolving Loan Fund applicants, indicate if funds for were expended in accordance with points commitments made in the original application.

Attach and label as "Exhibit 14.2"

14.3 Documentation of Existing Services at Project Location and/or Area of Opportunity

Revolving Loan Fund Applicants:

1) Certification of percentage of units that will be targeted to eligible households in an area with at least three of the following criteria listed below.

Served by existing sewer service from an adopted Wastewater Facility Plan	
Served by existing water service from an adopted Public Drinking Water Supply Plan	
Boundaries that intersect a 1/2 mile buffer surrounding existing mass-transit station	
Local bus service provided 7 days a week and within 1/2 mile walking distance	

2) Certification of percentage of units that will be targeted to families in High/Very High Areas of Opportunity in accordance with DOH/Authority "Opportunity Map" published on the Authority's website and linked below.

For Housing Development Applicants:

1) Provide a letter from an architect, engineer or a letter from the town/city confirming the property is served by existing water **and/or** sewer service.

Provide evidence that the property boundary intersects a 1/2 mile buffer surrounding existing mass-transit station.

Provide bus schedule and include a map showing location project and nearest bus stop is within ½ mile walking distance from the property.

2) Documentation that the project is in Area(s) of Opportunity in accordance with DOH/Authority "Opportunity Map" published on the Authority's website and linked below. ***(CHFA Verification)***

Opportunity Map

Attach and label as "Exhibit 14.3"

14.4 Experience

Submit documentation evidencing the developer/applicant or co-sponsor has a minimum of three years relevant experience or has successfully completed three developments, regardless of funding source

Attach and label as "Exhibit 14.4"

14.5 Neighborhood Revitalization

Infill Development:

An infill lot is defined as a parcel of vacant land, located in an urban setting and an established neighborhood with access to existing public utilities and amenities.

For Housing Developments seeking points in this category, submit evidence that the proposal will develop housing that is on an infill lot.

For Revolving Loan Fund applications, submit a certification that outlines the commitment to fund a minimum of one housing development on an infill lot. Evidence that this criteria has been met must be submitted with HTCC closeout to demonstrate compliance.

Blighted, Abandoned, Condemned, Or Underutilized Site:

For Housing Developments proposing development of housing on a blighted, abandoned, condemned, or underutilized site (e.g.; vacant school), provide a letter from a Town or City Official attesting that the property meets this criteria.

For Revolving Loan Fund applications, submit a certification that outlines the commitment to fund a minimum of one housing development on a blighted, abandoned, condemned, or underutilized site (e.g.; vacant school). A letter from a Town or City Official attesting that the property meets the blighted, abandoned, condemned or underutilized criteria must be submitted with HTCC closeout.

Attach and label as "Exhibit 14.5"

14.6 Evidence of Low Income Service Period/ Use Restrictions

Applicants committing to a Low Income Service Period for rental Housing Programs or Workforce Housing Rental Development projects must provide a copy of the deed or land use restriction to be recorded that will preserve the units for the duration of the commitment period. For rental developments, the restriction must also include the AMI targets that the applicant is seeking points for. If the deed or land use restriction is not yet available, the applicant may provide a certification statement confirming the proposed service period and AMI targets will be preserved with a deed or land use restrictions. Recorded documents will be required to be submitted with the HTCC closeout to demonstrate compliance.

Workforce Housing (rental) and/or Workforce Housing Development Projects committing to a Low Income Service Period are required to restrict the units for the intended households for length of the service period.

For homeownership projects (including those funded from the workforce housing set-aside), submit proposed restrictions (or a certification statement confirming that the proposed service period will be preserved with a deed or land use restrictions) demonstrating an owner occupancy requirement for proposed low income service period. Recorded documents will be required to be submitted with the HTCC closeout.

If a deed or land use restriction is not contemplated for the purpose of meeting these requirements, CHFA must approve alternative methods.

Attach and label as "Exhibit 14.6"

14.7 Revolving Loan Fund – Leveraged Funds

Revolving Loan Fund applicants seeking points for leveraged funds must provide support documentation, including available balance of the leveraged source, and complete the Leveraged Funds form provided by CHFA.
Attach and label as "Exhibit 14.7"

Any applicant receiving a funding award from the Department of Housing (DOH) and/or financing approval from the Connecticut Housing Finance Authority (CHFA) shall provide the following within four weeks of receiving an award or approval:

Fair Housing Marketing Plan

In accordance with Conn. Gen. Stat. 8-37cc, the Fair Housing Marketing Plan "shall have provisions for recruitment of an applicant pool that includes residents of municipalities of relatively high concentrations of minority populations." A complete plan will include:

• Affirmative Fair Housing Marketing Plan AA5 form and instructions
• Tenant Selection Methodology
• Discrimination Complaint Procedure
• Fair Housing Law Violation(s), if any, for the applicant entity, the applicant entity's general partner (or managing member) and the Management Agent

Relocation Plan

The Relocation Plan must be prepared in accordance with 49 CFR 24.2, HUD Handbook 1378, Chapter 135 of the C.G.S. and any applicable regulations. The Relocation Plan must demonstrate an effort to minimize the impact of relocation on the tenants and must include an estimated budget for relocation activities and the source(s) of funds.

Management Agent Confirmation

Managing Agents who have not been previously approved by CHFA will be required to submit information including but not limited to:
• Demonstration that the Agent is a licensed Real Estate Broker in good standing in the State of Connecticut
• Documentation from the Office of the Secretary of State indicating that the Agent is registered to do business in the State of Connecticut
• Demonstration of training and experience in management of multifamily residential housing acceptable to CHFA
• Financial statements of the Management Company reflecting current financial status and resources
(See CHFA Management Agent Approval Requirements)

Hiring and Contracting [State] (***DOH Only)***

DOH funding recipients are required to demonstrate that good faith efforts will be made to contract minority and female owned businesses to the greatest extent feasible. The State of Connecticut has established as set-aside goals that 25% of all contracts be awarded to small businesses and that 7.5% be awarded to minority or female owned businesses. To document good faith effort, contractors which receive state funding must complete an Affirmative Action Plan and submit that plan to CHRO.

A copy of the transmittal letter of the Contractor's Affirmative Action Plan to CHRO must be submitted after funding has been approved/awarded. If the contractor has not yet been chosen, then the Contractor's Affirmative Action Plan must be submitted to CHRO immediately upon their selection with a copy of the transmittal letter forwarded to DOH and/or CHFA.

Use of Funds
The undersigned understands that funding resulting from this application is one-time in nature and that there is no obligation for additional funding from the Department of Housing and/or the Connecticut Housing Finance Authority. In addition, the undersigned agrees that any funds that may be provided pursuant to this application be utilized exclusively for the purposes represented in this application, as may be amended and accepted by the Department of Housing and/or the Connecticut Housing Finance Authority.

References
The undersigned agrees that banks, credit agencies, and any agency and/or quasi-agency of the State of Connecticut to include but not be limited to, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Energy and Environmental Protection and the Clean Energy Finance and Investment Authority, and other references are hereby authorized now, or anytime in the future, to give the Department of Housing and/or the Connecticut Housing Finance Authority any and all information in connection with matters referred to in this application, including information concerning the payment of taxes by the Applicant and Co-Sponsor.

Submitted Form Modification
Under no circumstances should protected formulas or information in this workbook be modified without the written permission of either the Connecticut Housing Finance Authority or the Department of Housing. Any unapproved modifications that are discovered to this application or any associated workbooks or forms may result in the submitted application not being considered for funding.

False Statement
The undersigned understands that the Department of Housing and/or the Connecticut Housing Finance Authority will rely on the information in this application and that, if the application is approved, any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application from the review process at the Department of Housing's and/or the Connecticut Housing Finance Authority's discretion. The undersigned understands that he/she may be prosecuted for false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Authorization
The undersigned has been duly authorized by resolution of the Applicant's governing body to submit the attached in its name and knows of no reason why the Applicant cannot complete the development in accordance with the representations contained herein. Such resolution is submitted with this application. It is further understood and agreed that the undersigned is under a continuing obligation to inform the Department of Housing and/or the Connecticut Housing Finance Authority in writing of any corrections, omissions or material changes in this application and its exhibits.

Applicant Signature

Date

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME	0	**APPLICANT**	0

APPLICANT

(Owner/Mortgagor): **0**

Address: 0

, 0 Website:

Principal(s):

Contact Person: 0 Email Address: 0

Telephone Number: 0 Fax Number: 0

Identity of interests: ☐ Yes ☐ No Entity:

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

GENERAL PARTNER

(Legal Name):

Address:

City State: Zip Code:

Website:

Principal/Mgng Member(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: | Yes | No Entity:

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME	0	APPLICANT	0

DEVELOPER

(Legal Name):

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

CONSULTANT

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

Services to be provided:

Estimated Cost: Estimated Hours:

Is this firm a certified Small Business firm?

Is this firm a certified Minority/Women-Owned Enterprise?

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

ARCHITECT

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

CONTRACTOR

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

Please list any projects that you completed in the last three years and/or are currently involved with, regardless of the funding source, including any that are being prepared or reviewed. Please specify the project status and include any additional information that may be helpful to show entity capacity. Please use the space provided, but if additional room is needed attach a separate list with your application submission.

Project	Location	Project Status	Funding Award Date (if applicable)	Comments

If all current funding requests through CHFA/DOH are approved, will your current staffing level be sufficient to complete all projects in a timely manner? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the past three years encountered delays or required time limit extensions? Please explain. ***(LIHTC Only)***

Have any projects currently underway or completed in the last three years incurred cost overruns requiring additional funding? Please explain. ***(LIHTC Only)***

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

ENGINEER

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

PROPERTY MANAGER

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Approved by CHFA?: ☐ Yes ☐ No

If property manager not approved by CHFA, please see CHFA website for approval requirements. N/A for HTCC Applications

Identity of interests: ☐ Yes ☐ No Entity:

Please list LIHTC projects you have managed for five years or more and projects that you or your organization is currently assisting which include or potentially include CHFA or DOH funding. This includes projects in the planning, development, or construction phases. Also include any projects completed within the past year. This list should include all projects being funded or potentially assisted with CHFA or DOH funds and is not limited to projects being completed by the developer under this application.

LIHTC Project	Location (City, State)	Project Status	Number of Years Managed
Project	**Location**	**Project Status**	**Date Completed**

Please describe your current portfolio, and how any additional awards will impact it.

TAX CREDIT SYNDICATOR

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

Version 2025-OCT

Exhibit 3.1.a - QUALIFIED DEVELOPMENT TEAM CONTACT INFORMATION

DEVELOPMENT NAME 0 **APPLICANT** 0

SERVICE PROVIDER

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

If all current funding requests through CHFA/DOH are approved, will your current funding and staffing levels e sufficient to proceed? Please explain.

OTHER

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

OTHER

Address:

City State: Zip Code:

Website:

Principal(s):

Contact Person: Email Address:

Telephone Number: Fax Number:

Identity of interests: ☐ Yes ☐ No Entity:

DEVELOPMENT NAME	0	**APPLICANT**	0		
Address:	0				
City/Town:	0	State:	0	Zip:	0
Mortgagor:	0				

Please refer to CHFA's current Construction Guidelines: Energy Conservation & Sustainability and the QAP (as applicable) for all requirements and additional information.

CHFA Consolidated Application Threshold Requirements

1. Minor, Moderate or Substantial Rehabilitations: All proposed energy performance measures should aim to meet or exceed the prescriptive requirements of ENERGY STAR Multifamily New Construction (MFNC) certification program (latest version), or as otherwise indicated. ENERGY STAR performance standards can be found on the ENERGY STAR website. Development teams shall prepare and submit an Energy Conservation Plan with the application submission, which may consider testing and energy audits of existing buildings and data produced by energy modeling prepared by an energy consultant. The Energy Conservation Plan includes a summary of proposed energy performance-related improvements, and post-construction building performance summary data. The proposed energy performance-related improvements should aim to provide for projected reductions in annual energy use as follows: ≥ 10% for minor rehabilitations, ≥ 15% for moderate rehabilitations and ≥ 20% for substantial rehabilitations.

2. Gut Rehabilitations and New Construction: Proposed gut rehabilitation and new construction projects should aim to meet or exceed the latest ENERGY STAR Multifamily New Construction (MFNC) or ENERGY STAR Single Family New Homes (SFNH) program certification requirements, as applicable. In general, single- and two-family homes and townhouses may use SFNH. For additional info use the "ENERGY STAR Multifamily New Construction Decision Tree on the ENERGY STAR website. Development teams shall prepare and submit a Energy Conservation Plan that indicates which ENERGY STAR Program(s) will be used to certify the completed project as applicable, whether ENERGY STAR certification will be achieved through the Energy Rating Index (ERI) or ASHRAE 90.1 Paths, and provide a summary of proposed energy performance-related measures. Although ENERGY STAR MFNC offers a Prescriptive Path to certification, and EnergizeCT financial incentives are performance-based, the Prescriptive Path may not be acceptable. Upon completion, gut rehabilitation and new construction projects should aim to be ENERGY STAR-certified.

Proposed Energy Conservation & Sustainability Improvements for all 4% LIHTC and other funding applications:

Provide a summary of the Proposed Energy Conservation & Sustainability initiatives and Retro-fit Measures:

Any additional supporting documentation that should be reviewed can be uploaded and included with the submission of the application.

Benchmarking:
Benchmarking is used to establish and document the pre- and post-rehab baseline energy consumption of buildings relative to other similar buildings. Uploading project energy and water use projections data into the EPA's online utility benchmarking platform EPA ENERGY STAR Portfolio Manager is recommended.

9% LIHTC Requirements per the QAP: Energy Conservation & Sustainable Design for Gut Rehab / New Construction & Preservation

[Note: All fields must contain the requested data and narrative (or be indicated as "N/A" if necessary) in order for the exhibit to be considered complete. Attach a summary letter/report from the Energy Use and Conservation Data Calculation Preparer clarifying any fields indicated as "N/A"]

Sustainability Design Measures:

Energy Conservation:

Development team to select the tier and anticipated points, appropriate to the building, construction type, and level of rehabilitation/scope. 90% complete plans and specifications is a threshold requirement for 9% LIHTC applications, therefore the Energy Conservation measures proposed should be fully designed and detailed in the CD set.

Tier 1:
Average HERS Index ≤46; or
Average % below ENERGY STAR Target Index ≥25%

Tier 2:
Average HERS Index ≤42; or
Average % below ENERGY STAR Target Index ≥35%; or
Passive House

Please provide brief description:

DEVELOPMENT NAME	0	**APPLICANT**	0		
Address:	0				
City/Town:	0	State:	0	Zip:	0
Mortgagor:	0				

For 9% LIHTC Points: Energy modeling is required for gut rehabilitation and new construction projects, prepared by a professional engineer and/or BPI-, HERS- or ENERGY STAR-certified assessors/raters, to confirm Points will be achieved under Energy Conservation

Based on the latest ENERGY STAR HERS Index Target Procedure, the projected ENERGY STAR HERS Index Target Range and Average for this project is:

Low Target Range		High Target Range	Weighted Average
	to		

The proposed ENERGY STAR HERS Index Range and Average for this project (< the latest ENERGY STAR HERS Index Target listed above) is:

Low Target Range		High Target Range	Weighted Average
	to		

Based proposed ENERGY STAR HERS Index Target Range for this project, the modeled energy performance range would be (% better than the current CT Energy Code):

	to	

Green Building:

Development team to select (as applicable) the certification path, tier, and anticipated points appropriate to the building, construction type, and level of rehabilitation/scope. 90% complete plans and specifications is a threshold requirement for 9% LIHTC applications, therefore the Green Building measures proposed should be fully designed and detailed in the CD set.

Tier 1
Enterprise Green Communities 2020 (EGC 2020); or
National Green Building Standard (NGBS) Gold; or
Leadership in Energy and Environmental Design (LEED) Gold

Tier 2
National Green Building Standard (NGBS) Emerald; or
Leadership in Energy and Environmental Design (LEED) Platinum; or
Living Building Challenge (LBC) Core Ready

Please provide brief description:

Solar PV System:

90% complete plans and specifications is a threshold requirement for 9% LIHTC applications, therefore the Solar PV system proposed should be fully designed and detailed in the CD set.

PV system designed to the greatest extent possible given the scope of work and project budget. The site and buildings' solar potential should be maximized when considering the location of the system. The project's peak energy usage should be calculated since this should be the basis for the proposed design of the PV system. Calculate the proposed system size and ensure the designed electrical system can also support the PV system being proposed.

Please provide brief description:

Digital Literacy and Connectivity:

90% complete plans and specifications is a threshold requirement for 9% LIHTC applications, therefore the Broadband system proposed should be fully designed and detailed in the CD set.

Highspeed Broadband access to all residential units. Provide evidence of engagement with Internet Service Providers (ISPs) to provide subsidized monthly subscription plans for residents. For the subsidy, applicants shall provide the highest level of subsidy possible given the transaction parameters. The minimum shall be providing residents with below market pricing for internet service. The service should be available for the full compliance period. The source does not matter, but it should be available for the full compliance period. The subsidy can be from a pre-funded reserve in the development budget. Evidence of how the amount was calculated will be required.

Please provide brief description:

DEVELOPMENT NAME	0	APPLICANT	0		
Address:	0				
City/Town:	0	State:	0	Zip:	0
Mortgagor:	0				

Preservation: All 9% LIHTC applications in the Preservation classification should aim to include as many of the Sustainability Design Measures as the scope and budget will allow**.**

Please provide brief description:

Utility Incentives

Provide evidence of the applicant's efforts to secure other energy efficiency-related funding partners, and/or government/utility-sponsored incentive commitments [Letter of Participation (LOP), or other written correspondence from the local utility to the applicant, or a summary letter/report with an estimate from the Professional Engineer, BPI-, HERS-, EnergyStar®-certified Assessor/Rater or Utility-authorized Contractor]:

Estimated Utility-Administered Financial Incentives/Rebates		Dollars

Energy Use and Conservation Data for Minor, Moderate or Substantial Rehabilitation Projects

If the proposed application is for the **Minor, Moderate or Substantial Rehabilitation** of an existing multifamily residential building, provide the following information, based on testing, energy audits and energy modeling:

[Note: All fields should contain the requested data and narrative. Attach a summary letter/report from the Energy Consultant. If residents are responsible for utility costs, and usage information is not currently tracked, a sample of information for 10% of the units (min.), including at least one per unit type, may be used to estimate total residential usage.]

Proposed - Building Energy Performance Summary

Projected Reduction in Annual Energy Use		Percent
Projected Annual Savings		Dollars
Cost for Energy Performance-related Improvements		Dollars
Projected Payback Period (Cost/Benefit Analysis)		Years
Estimated Utility-Administered Financial Incentives/Rebates		Dollars

Energy Consultant Name:	
Title:	
Firm Name:	
Street:	
Town:	
State/Zip Code:	
Email Address:	
Telephone Number:	

Prepared by:

Consultant Name and Company

Date

DEVELOPMENT NAME	0	**APPLICANT**	0		
Address:	0				
City/Town:	0	State:	0	Zip:	0
Mortgagor:	0				

Please refer to CHFA's current Construction Guidelines: Environmental Review and Hazardous Materials Guideline and the QAP (as applicable) for all requirements and additional information.

CHFA Threshold Requirements

1. Minor, Moderate or Substantial Rehabilitations: All applications for proposed rehabilitation projects shall include all required hazardous materials surveys including pre-demolition surveys per the current CHFA Environmental and Hazardous Materials Guideline. In addition, all applications shall include a current Phase I ESA and Phase II ESA/Phase III ESA as required per the Consolidated Application requirements.

2. Gut Rehabilitations and New Construction: All applications for proposed gut rehabilitation and new construction projects shall include all required hazardous materials surveys including pre-demolition surveys per the current CHFA Environmental and Hazardous Materials Guideline. In addition, all applications shall include a current Phase I ESA and Phase II ESA/Phase III ESA as required per the Consolidated Application requirements.

3. Demolition: All applications which propose projects that include demolition of an existing building(s) shall include all required pre-demolition surveys per the current CHFA Environmental and Hazardous Materials Guideline. In addition, all applications shall include a current Phase I ESA and Phase II ESA/Phase III ESA as required per the Consolidated Application requirements.

Proposed Environmental and Hazardous Materials Remediation and Abatement - Summary of Findings

Provide a Summary of Findings given the Proposed Environmental and Hazardous Materials Remediation and Abatement which has been included in the Scope of Work for the project and include all associated hard and soft costs:

All environmental reports and supporting documentation that should be reviewed shall be uploaded and included with the submission of the application.

Per DOH request, please include most recent pictures of the site/building where abatement is done.

List of Environmental Reports for the Site and Building(s), as necessary

Report Title, including address and also inlcude any specification sections in the CD set	Author	Date of Report

Environmental and Hazardous Materials for Preservation, Gut Rehabilitation & New Construction Projects

[Note: All fields must contain the requested data and narrative (or be indicated as "N/A" if necessary) in order for the exhibit to be considered complete. Attach a summary letter/report from the Licensed Environmental Professional (LEP) clarifying any fields indicated as "N/A"]

Site including all soil and groundwater remediation:

Soil Remediation		Cost Estimate
Goundwater Remediation		Cost Estimate
Underground Storage Tank Removal		Cost Estimate
Phase III ESA		Cost Estimate
Remedial Action Plan (RAP)		Cost Estimate
Soil Management Plan (SMP)		Cost Estimate
PFAS		Cost Estimate
Other		Cost Estimate
Other		Cost Estimate
Total Site Remediation Cost*	**0**	**Total Cost**

*** These costs should match ETPB/PCS**

DEVELOPMENT NAME	0	**APPLICANT**	0		
Address:	0				
City/Town:	0	State:	0	Zip:	0
Mortgagor:	0				

Existing Building(s) including all hazardous materials abatement:

Asbestos		Cost Estimate
Lead based paint		Cost Estimate
Lead in water		Cost Estimate
Lead in soil		Cost Estimate
PCBs		Cost Estimate
Radon		Cost Estimate
Mold		Cost Estimate
Universal Waste		Cost Estimate
Other		Cost Estimate
Other		Cost Estimate
Total Building Abatement Cost*	**0**	**Total Cost**

***These costs should match ETPB/PCS**

[Note: All fields must contain the requested data and narrative (or be indicated as "N/A", if necessary) in order for the exhibit to be considered complete. Attach a summary letter/report from the Licensed Environmental Professional (LEP) clarifying any fields indicated as "N/A". All environmental reports may be subject to review by CHFA's 3rd party Licensed Environmental Review, where a fee will be required. Any additional testing or review as required by the 3rd party review may require additional fees.

Licensed Environmental Professional (LEP) in the State of Connecticut:

Consultant Name:	
Title:	
Firm Name:	
Street:	
Town:	
State/Zip Code:	
Email Address:	
Telephone Number:	

Prepared by:

Consultant Name and Company

Date

Version 2025-OCT

Exhibit 4.9.c - EXPLODED TRADE PAYMENT BREAKDOWN

IMPORTANT: The Exploded Trade Payment Breakdown must be prepared by an architect, general contractor, or cost estimation consultant (For CHFA Special Programs applicants please contact your Asset Manager). Include the identity and contact information of the party that prepared the Exploded Trade Payment Breakdown in the space provided at the bottom of the form.

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	TOTAL
01 GENERAL REQUIREMENTS										
General Requirements	Project Manager				$0.00				$0.00	$0.00
	Superintendent				$0.00				$0.00	$0.00
	Secretary				$0.00				$0.00	$0.00
	Vehicle Expense				$0.00				$0.00	$0.00
	Travel Expense				$0.00				$0.00	$0.00
	Snow Removal				$0.00				$0.00	$0.00
	OSHA Protection				$0.00				$0.00	$0.00
	Survey & Layout (Site & Bldg.)				$0.00				$0.00	$0.00
	Weather Protection				$0.00				$0.00	$0.00
	Project Photographs				$0.00				$0.00	$0.00
	Dumpsters				$0.00				$0.00	$0.00
	Record Drawings				$0.00				$0.00	$0.00
	Broken Glass Repair				$0.00				$0.00	$0.00
	Temporary Toilets				$0.00				$0.00	$0.00
	Temporary Fencing				$0.00				$0.00	$0.00
	Temporary Heat (Winter Cond'n)				$0.00				$0.00	$0.00
	Temporary Power				$0.00				$0.00	$0.00
	Temporary Water				$0.00				$0.00	$0.00
	Temporary Office				$0.00				$0.00	$0.00
	Temporary Telephone				$0.00				$0.00	$0.00
	Temporary Fire Protection				$0.00				$0.00	$0.00
	Tests & Inspect'ns (Unless Spec'd)				$0.00				$0.00	$0.00
	Construction Sign				$0.00				$0.00	$0.00
	Materials Storage				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
TOTAL FOR GENERAL REQUIREMENTS:					$0.00				$0.00	$0.00
02 ENVIRONMENTAL										
Environmental Site Clean-Up	Removal of Unsuitable Soils				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Environmental Building Remidation	Lead-Based Paint Removal				$0.00				$0.00	$0.00
	PCB's				$0.00				$0.00	$0.00
	Asbestos Removal				$0.00				$0.00	$0.00
	Universal Waste				$0.00				$0.00	$0.00
	Radon Remediation				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
02 SITE WORK										
Site Utilities	Water Supply				$0.00				$0.00	$0.00
	Sanitary Sewer				$0.00				$0.00	$0.00
	Storm Sewer				$0.00				$0.00	$0.00
	Gas				$0.00				$0.00	$0.00
	Electric Trenching				$0.00				$0.00	$0.00
	Electric conduit and wire				$0.00				$0.00	$0.00
	Offsite				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Grading & Excavation	Clearing & Grubbing				$0.00				$0.00	$0.00
	Cut & Fill				$0.00				$0.00	$0.00
	Rock Excavation				$0.00				$0.00	$0.00
	Foundation Excavation & Backfill				$0.00				$0.00	$0.00
	Trenching				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Paving Walks & Signs	Bituminous Paving				$0.00				$0.00	$0.00
	Boxing Out Paving				$0.00				$0.00	$0.00
	Rough / Binder Course				$0.00				$0.00	$0.00
	Finish Coat				$0.00				$0.00	$0.00
	Curbing				$0.00				$0.00	$0.00
	Signs				$0.00				$0.00	$0.00
	Concrete Walks and Steps				$0.00				$0.00	$0.00
	Terrace (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Unusual Site	Rock Excavation				$0.00				$0.00	$0.00

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	TOTAL
Conditions	Unsuitable Soil				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Lawns & Planting	Topsoil				$0.00				$0.00	$0.00
	Seeding & Sodding				$0.00				$0.00	$0.00
	Plantings				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Other Site Work	Retaining Walls & Fences				$0.00				$0.00	$0.00
	Benches,Tables,Playgr'nd Equip.				$0.00				$0.00	$0.00
	Irrigation				$0.00				$0.00	$0.00
	Site Lighting				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Demolition	(Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 2 Site Work				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR ENVIRONMENTAL AND SITE WORK:					$0.00				$0.00	$0.00
03 CONCRETE										
Concrete	Concrete Footings				$0.00				$0.00	$0.00
	Foundation Walls				$0.00				$0.00	$0.00
	Columns				$0.00				$0.00	$0.00
	Slab-On-Grade				$0.00				$0.00	$0.00
	Structural Slabs / Roof Deck				$0.00				$0.00	$0.00
	Reinforcing Steel				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 3 Concrete				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR CONCRETE:					$0.00				$0.00	$0.00
04 MASONRY										
Masonry	Face Brick				$0.00				$0.00	$0.00
	Concrete Block				$0.00				$0.00	$0.00
	Ties & Reinforcing Trusses				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 4 Masonry				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR MASONRY:					$0.00				$0.00	$0.00
05 METALS										
Metals	Structural Steel				$0.00				$0.00	$0.00
	Misc. Lintels & Ladders				$0.00				$0.00	$0.00
	Steel Stairs & Handrails				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 5 Metals				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR METALS:					$0.00				$0.00	$0.00

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	TOTAL
06 CARPENTRY										
Rough Carpentry	Floor Framing Lumber				$0.00				$0.00	$0.00
	Floor Framing Trusses				$0.00				$0.00	$0.00
	Wall Framing				$0.00				$0.00	$0.00
	Roof Framing Lumber				$0.00				$0.00	$0.00
	Roof Framing Trusses				$0.00				$0.00	$0.00
	Exterior Wall Sheathing				$0.00				$0.00	$0.00
	Plywood Subflooring				$0.00				$0.00	$0.00
	Plywood Underlayment				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Finish Carpentry	Wood Stairs & Handrails				$0.00				$0.00	$0.00
	Closet Shelving, Rods				$0.00				$0.00	$0.00
	Wood Base & Moulding				$0.00				$0.00	$0.00
	Wood Door & Window Trim				$0.00				$0.00	$0.00
	Millwork				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 6 Carpentry				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR CARPENTRY:					$0.00				$0.00	$0.00
07 THERMAL & MOISTURE PROTECTION										
Moisture Protection	Dampproofing				$0.00				$0.00	$0.00
	Waterproofing				$0.00				$0.00	$0.00
	Membrane Waterproofing				$0.00				$0.00	$0.00
	Prefab. Foundation Drainage				$0.00				$0.00	$0.00
	Caulking				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Insulation	Foundation Insulation				$0.00				$0.00	$0.00
	Wall Insulation				$0.00				$0.00	$0.00
	Ceiling Insulation				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Roofing	Shingle Roofing (Specify)				$0.00				$0.00	$0.00
	Builtup Roofing (Specify)				$0.00				$0.00	$0.00
	Single Ply Roofing (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Sheet Metal	Gutters & Leaders				$0.00				$0.00	$0.00
	Flashing				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Siding	Cementitious Siding				$0.00				$0.00	$0.00
	Vinyl / Aluminum Siding (Specify)				$0.00				$0.00	$0.00
	Wood Shingles / Siding (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 7 Thermal & Moisture				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR THERMAL & MOISTURE PROTECTION:					$0.00				$0.00	$0.00
08 DOORS & WINDOWS										
Doors & Hardware	Doors & Frames Exterior				$0.00				$0.00	$0.00
	Doors & Frames-Interior				$0.00				$0.00	$0.00
	Door Hardware				$0.00				$0.00	$0.00
	Specialty Doors & Frames				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00

DEVELOPMENT NAME: 0 APPLI: 0

DIVISION	TRADE ITEM	RESIDENTIAL Unit	Unit Cost	Quantity	TOTAL	COMMERCIAL Unit	Unit Cost	Quantity	TOTAL	COMBINED TOTAL
Windows	Windows & Glazing				$0.00				$0.00	$0.00
	Aluminum Storefront				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 8 Doors & Windows				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR DOORS & WINDOWS:					$0.00				$0.00	$0.00
09 FINISHES										
Acoustical Tile	Ceilings				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Drywall	Gypsum Board Walls				$0.00				$0.00	$0.00
	Gypsum Board Ceilings				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Ceramic Tile	Flooring & Base				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Wood Flooring	Flooring & Base				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
										$0.00
Res. Flooring	Flooring & Base				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Painting	Interior Painting				$0.00				$0.00	$0.00
	Exterior Painting				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Carpet	Flooring				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 9 Finishes				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR FINISHES:					$0.00				$0.00	$0.00
10 SPECIALTIES										
Unit A/C	Unit A/C and/or Sleeves (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Specialties	Toilet Accessories				$0.00				$0.00	$0.00
	Interior Signage				$0.00				$0.00	$0.00
	Interior Mailboxes				$0.00				$0.00	$0.00
	Other (Specify)				$0.00				$0.00	$0.00
	Fire Extinguishers				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 10 Specialties				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR SPECIALTIES:					$0.00				$0.00	$0.00

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	TOTAL
11 EQUIPMENT										
Special Equip.	(Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Cabinets & Vanities	Kitchen Cabinets				$0.00				$0.00	$0.00
	Bathroom Vanities				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Kitchen Appliances	Dishwasher				$0.00				$0.00	$0.00
	Microwave				$0.00				$0.00	$0.00
	Range				$0.00				$0.00	$0.00
	Range Hood				$0.00				$0.00	$0.00
	Refrigerator				$0.00				$0.00	$0.00
	Washer & Drain Pan				$0.00				$0.00	$0.00
	Dryer				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 11 Equipment				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR EQUIPMENT:					$0.00				$0.00	$0.00
12 FURNISHINGS										
Furnishing	Blinds, Shades				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 12 Furnishings				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR FURNISHINGS:					$0.00				$0.00	$0.00
13 SPECIAL CONSTRUCTION										
Special Construction	Others (Specify)				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 13 Special Construction				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR SPECIAL CONSTRUCTION:					$0.00				$0.00	$0.00
14 CONVEYING SYSTEM										
Conveying Sys	Elevators				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 14 Conveying System				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR CONVEYING SYSTEM:					$0.00				$0.00	$0.00

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	TOTAL
15	PLUMBING, HVAC & FIRE SUPPRESSION									
Rough Plumbing	Water Supply Piping				$0.00				$0.00	$0.00
	Drain,Waste & Vent Piping				$0.00				$0.00	$0.00
	Pipe Insulation				$0.00				$0.00	$0.00
	Gas Piping				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Finish Plumbing	Kitchen Sinks & Faucets				$0.00				$0.00	$0.00
	Toilet Fixtures				$0.00				$0.00	$0.00
	Lavatory Fixtures & Faucets				$0.00				$0.00	$0.00
	Shower & Tub Enclosures				$0.00				$0.00	$0.00
	Hot Water Heaters & Drain Pans				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Hydronic Heating	Boiler Equipment				$0.00				$0.00	$0.00
	Baseboard Radiation				$0.00				$0.00	$0.00
	Supply & Return Piping				$0.00				$0.00	$0.00
	Pipe Insulation				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Heating Ventilation A/C	Rooftop Equipment / Furnaces				$0.00				$0.00	$0.00
	Supply & Return Ductwork				$0.00				$0.00	$0.00
	Registers & Grilles				$0.00				$0.00	$0.00
	Bathroom Exhaust Fans				$0.00				$0.00	$0.00
	Kitchen Exhuast Ductwork & Grille				$0.00				$0.00	$0.00
	Central-air System				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Suppr System	Suppression System - Dry / Wet				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 15 Plumbing, HVAC & Fire				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR PLUMBING, HVAC & FIRE SUPPRESSION:					$0.00				$0.00	$0.00
16	ELECTRICAL (Building Only)									
Rough Electrical	Main Service Panel & Meters				$0.00				$0.00	$0.00
	Rough Wiring				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Finish Electrical	Switches,Receptacles				$0.00				$0.00	$0.00
	Lighting Fixtures				$0.00				$0.00	$0.00
	Cable T.V.System				$0.00				$0.00	$0.00
	Security System				$0.00				$0.00	$0.00
	Emergency Generator				$0.00				$0.00	$0.00
	Emergency Call for Aid System				$0.00				$0.00	$0.00
	Others (Specify)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
	Allowance for Division 16 Electrical				$0.00				$0.00	$0.00
	Allowance Scope	(describe here)				(describe here)				
TOTAL FOR ELECTRICAL:					$0.00				$0.00	$0.00
TOTAL FOR ALL DIVISIONS (2-16):					$0.00				$0.00	$0.00
% of Total										
#DIV/0!	GENERAL REQUIREMENTS (Div. 01 from above) (Max Allowable 6%)			0	$0.00			0	$0.00	$0.00
#DIV/0!	BUILDERS OVERHEAD (Max Allowable 2%)				$0.00				$0.00	$0.00
#DIV/0!	BUILDERS PROFIT-GMP FEES (Max allowable 6%)				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
Misc. Items:	BUILDING PERMIT				$0.00				$0.00	$0.00
	OTHER FEES				$0.00				$0.00	$0.00
	BOND PREMIUM				$0.00				$0.00	$0.00
	SUBTOTAL:				$0.00				$0.00	$0.00
GRAND TOTAL OF ALL COSTS:					$0.00				$0.00	$0.00

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLI	0

		RESIDENTIAL				COMMERCIAL				COMBINED TOTAL
DIVISION	TRADE ITEM	Unit	Unit Cost	Quantity	TOTAL	Unit	Unit Cost	Quantity	TOTAL	

I hereby certify that the proposed housing represented in the drawings, specifications, Consolidated Application, and other application submittal exhibits, including the energy efficiency measures outlined in the Energy Conservation Plan, can be built for the cost shown above and sign under penalty for false statement, sect. 53a - 157b of the Connecticut General Statutes.

Contractor		CHFA Staff	
Signature	Date	Signature	Date
Contractor Name	Title		

Signed under penalty for false statement, section 53a - 157b of the Connecticut General Statutes.

It is standard CHFA policy to not allow payment to the Contractor for stored materials. CHFA will only fund materials when they are installed within the project. CHFA does, however, allow payment for long-lead items, i.e. elevators, precast concrete, structural steel or large project specific mechanical equipment. Any request for stored materials cost must be made directly to CHFA Underwriting and Technical Services before Initial Closing.

In the event CHFA Underwriting and Technical Services approves the request for stored materials, these materials must be insured, secured and paid for by the Contractor. The materials may be stored, either on-site or off-site and must be readily available for inspection by the CHFA Field Observer. CHFA will also require that the General Contractor provide the expected cost for this storage in his General Requirements breakdown.

A line on the Exploded Trade Payment Breakdown, “Materials Storage” is for this purpose. Any materials not approved as stored materials, purchased by the Contractor or Subcontractor, will be at their expense until such time as the material has been installed within the project. Once these materials have been accepted by the Owner and the CHFA Field Observer, CHFA will fund the expense.

Version 2025-OCT

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

Exhibit 4.9.e - PROJECT COST SUMMARY
(Construction Schedule of Values)

DEVELOPMENT NAME	0	**APPLICANT**	0

Number of Buildings	0	Total Commercial Square Footage (NSF)	0
Total Project Square Footage (GSF)	0	Total Living Unit Square Footage (NSF)	0
Total Residential Square Footage (GSF)	0	Total Number of Units	0

This form represents the Contractor's and/or Mortgagor's firm costs and services as a basis for disbursing dollar amounts when advances are requested.

LINE	DIV.	DIV./TRADE ITEM	TOTAL RESIDENTIAL COST	TOTAL COMMERCIAL COST	TOTAL COST	TOTAL COST / UNIT	TOTAL COST / GSF	REMARKS
1	2	Environmental Site Clean-Up	0	0	0	0	0.00	
2	2	Environmental Building Remediation	0	0	0	0	0.00	
3	2	Site Utilities	0	0	0	0	0.00	
4	2	Grading & Excavation	0	0	0	0	0.00	
5	2	Paving, Walks & Signs	0	0	0	0	0.00	
6	2	Unusual Site Conditions	0	0	0	0	0.00	
7	2	Lawns & Plantings	0	0	0	0	0.00	
8	2	Other Site Work	0	0	0	0	0.00	
9	2	Demolition	0	0	0	0	0.00	
10	2	*Allowance for Division 2*	0	0	0	0	0.00	
11	3	Concrete	0	0	0	0	0.00	
12	3	*Allowance for Division 3*	0	0	0	0	0.00	
13	4	Masonry	0	0	0	0	0.00	
14	4	*Allowance for Division 4*	0	0	0	0	0.00	
15	5	Metals	0	0	0	0	0.00	
16	5	*Allowance for Division 5*	0	0	0	0	0.00	
17	6	Rough Carpentry	0	0	0	0	0.00	
18	6	Finish Carpentry	0	0	0	0	0.00	
19	6	*Allowance for Division 6*	0	0	0	0	0.00	
20	7	Moisture Protection	0	0	0	0	0.00	
21	7	Insulation	0	0	0	0	0.00	
22	7	Roofing	0	0	0	0	0.00	
23	7	Sheet Metal	0	0	0	0	0.00	
24	7	Siding	0	0	0	0	0.00	
25	7	*Allowance for Division 7*	0	0	0	0	0.00	
26	8	Doors & Hardware	0	0	0	0	0.00	
27	8	Windows	0	0	0	0	0.00	
28	8	*Allowance for Division 8*	0	0	0	0	0.00	
29	9	Acoustical Tile	0	0	0	0	0.00	
30	9	Drywall	0	0	0	0	0.00	
31	9	Ceramic Tile	0	0	0	0	0.00	
32	9	Wood Flooring	0	0	0	0	0.00	
33	9	Resilient Flooring	0	0	0	0	0.00	
34	9	Painting	0	0	0	0	0.00	
35	9	Carpet	0	0	0	0	0.00	
36	9	*Allowance for Division 9*	0	0	0	0	0.00	
37	10	Unit AC and/or Sleeves	0	0	0	0	0.00	
38	10	Specialties	0	0	0	0	0.00	
39	10	*Allowance for Division 10*	0	0	0	0	0.00	
40	11	Special Equipment (Specify)	0	0	0	0	0.00	
41	11	Cabinets & Vanities	0	0	0	0	0.00	
42	11	Kitchen Appliances	0	0	0	0	0.00	
43	11	*Allowance for Division 11*	0	0	0	0	0.00	
44	12	Furnishing	0	0	0	0	0.00	
45	12	*Allowance for Division 12*	0	0	0	0	0.00	
46	13	Special Construction	0	0	0	0	0.00	
47	13	*Allowance for Division 13*	0	0	0	0	0.00	
48	14	Elevators	0	0	0	0	0.00	
49	14	*Allowance for Division 14*	0	0	0	0	0.00	
50	15	Plumbing	0	0	0	0	0.00	
51	15	Hydronic Heating	0	0	0	0	0.00	
52	15	HVAC	0	0	0	0	0.00	
53	15	Fire Suppression	0	0	0	0	0.00	
54	15	*Allowance for Division 15*	0	0	0	0	0.00	
55	16	Electrical (Building Only)	0	0	0	0	0.00	
56	16	*Allowance for Division 16*	0	0	0	0	0.00	
57		TOTAL STRUCTURE & LAND IMPROVEMENTS	0	0	0			
58	1	General Requirements	0	0	0			
59		SUBTOTAL (Lines 57 & 58)	0	0	0			
60		Builder's Overhead	0	0	0			
61		Builder's Profit	0	0	0			
62		SUBTOTAL (Lines 59 - 61)	0	0	0			
63		Building Permit & Other Fees (Specify)	0	0	0			
64		Bond Premium	0	0	0			
65		TOTAL FOR ALL IMPROVEMENTS	**$0**	**$0**	**$0**			

Within sixty (60) days after substantial completion of the Development, as determined by the Authority, and prior to Final Closing, General Contractor and identity of interest subcontractors shall deliver to the Authority, in form and content acceptable to the Authority, audited statements of costs certified by independent certified public accountant(s) licensed in the State of Connecticut and acceptable to the Authority, to further verify such costs.

I/We hereby certify that the proposed housing represented in the drawings, specifications, Consolidated Application, and other application submittal exhibits, including the energy efficiency measures outlined in the Energy Conservation Plan, can be built for the cost shown above and sign under penalty for false statement, sect. 53a - 157b of the Connecticut General Statutes.

Mortgagor and Contractor		CHFA / DOH Staff	
Signature	Date	Signature	Date
Contractor Name	Title	Name	Title
Signature	Date	Signature	Date
Mortgagor Name	Title	Name	Title

Version 2025-OCT

Exhibit 5.1 - RENTAL INCOME CALCULATION WORKSHEET

DEVELOPMENT NAME	0	APPLICANT	0
Current Year		Proforma Stabilized Year (PSY)	0

UTILITY ALLOWANCE

	Indicate Energy Source (e.g.: gas, electric)	"X" all that Apply		Enter Current Year Tenant Paid Utility Allowance for all that Apply				
		Owner Paid	Tenant Paid	0BR	1BR	2BR	3BR	4BR+
Heating								
Hot Water								
Cooking								
Lighting								
Air Cond.								
Refrigerator								
Range								
Other								
			Total	$0.00	$0.00	$0.00	$0.00	$0.00

Source and Effective Date of Utility Allowances: _____

AVERAGE INCOME MSA

Average Income MSA	
AMI	Number of Units
20%	0
30%	0
40%	0
50%	0
60%	0
70%	0
80%	0
Average AMI	0.00%

RENTAL INCOME

Funding Source	AMI %	# Bedrooms	# Units	Unit Size (Square Feet)	Number of Baths per Unit	Applicant's Proposed Monthly Net (Contract) Rent	Utility Allowance	0 Current Year's Proposed Monthly Gross Rent	Estimated Annual Growth in Monthly Gross Rent	0 Applicant's Proposed Monthly Net (Contract) Rent	0 Utility Allowance	0 Applicant's Proposed Monthly Gross Rent	0 Estimated Monthly Rental Subsidy per Unit	0 Monthly Effective Rent	0 Annual Gross Contract Rent Revenue	0 Annual Gross Rental Subsidy Revenue	0 Total Annual Gross Revenue	Vacancy Rate
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
							0	0	2%	$0	$0	$0		$0	$0	$0	$0	n/a
			0							$0	$0	$0		$0	$0	$0	$0	$0

Number of LIHTC Qualified Units	0	Number of Other Affordable Units	0	Number of Market Rate Units	0

Version 2025-OCT

Exhibit 5.1 - RENTAL INCOME CALCULATION WORKSHEET

DEVELOPMENT NAME	0	APPLICANT	0
Current Year		Proforma Stabilized Year (PSY)	0

CHFA & DOH RENT GUIDELINES

AMI %	# Bedrooms	0 Maximum Allowable Family Income *(DOH Only)*	0 Allowable Housing Cost *(DOH Only)*	0 Maximum Allowable Gross Rent *(DOH Only)*	0 Maximum Allowable Gross Rent *(CHFA Only)*	0 Maximum Allowable Gross Rent *(CHFA Only)*
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0
0%	0		$0			$0

Version 2025-OCT

Exhibit 5.2.a - DETAILED INCOME & EXPENSES FORM

DEVELOPMENT NAME	0	APPLICANT	0
Expenses are based on Proforma Stabilized Year	0	Number of Units	0

	LINE ITEM DESCRIPTION	Residential	Non-Residential	Asset Manager / Underwriter Adjustment - Residential	Asset Manager / Underwriter Adjustment - Non-Residential	Total Asset Manager / Underwriter Adjusted Residential	Total Asset Manager / Underwriter Adjusted Non-Residential	Total Asset Manager / Underwriter Adjusted Proforma	Total Adjusted $$/Unit	Total Adjusted % of GPI
1	Rental Revenue- Gross Potential	0				0	0	0	0	0.0%
2	Tenant Assistance Payments (HAP Receipts)	0				0	0	0	0	0.0%
3	Rental Income - Excess of Base					0	0	0	0	0.0%
4	Rental Revenue- Stores & Commercial					0	0	0	0	0.0%
5	Rental Revenue- Garage & Parking					0	0	0	0	0.0%
6	Flexible Subsidy Revenue					0	0	0	0	0.0%
7	Miscellaneous Rent Revenue					0	0	0	0	0.0%
8	Excess Rent					0	0	0	0	0.0%
9	Excess Utilities					0	0	0	0	0.0%
10	Rent Revenue- Insurance					0	0	0	0	0.0%
11	Special Claims Revenue					0	0	0	0	0.0%
12	Retained Excess Income					0	0	0	0	0.0%
13	**Total Rent Revenue** (GPI @ 100% Occupancy)	0	0	0	0	0	0	0	0	0.0%
14	Apartments- Vacancy	0				0	0	0	0	0.0%
15	Stores & Commercial- Vacancy					0	0	0	0	0.0%
16	Rental Concessions					0	0	0	0	0.0%
17	Garage & Parking- Vacancy					0	0	0	0	0.0%
18	Miscellaneous (other vacancy)					0	0	0	0	0.0%
19	**Total Vacancies**	0	0	0	0	0	0	0	0	0.0%
20	**Net Rental Revenue** (Rent Revenue Less Vacancy)	0	0	0	0	0	0	0	0	0.0%
21	Elderly & Congregate Serv. Income (attach schedule)					0	0	0	0	0.0%
22	Financial Revenue- Project Operations					0	0	0	0	0.0%
23	Revenue from Investments- Residual Receipts					0	0	0	0	0.0%
24	Revenue from Investments- Replacement Reserves					0	0	0	0	0.0%
25	Revenue from Investments- Miscellaneous					0	0	0	0	0.0%
26	**Total Financial Revenue**	0	0	0	0	0	0	0	0	0.0%

Version 2025-OCT

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

Exhibit 5.2.a - DETAILED INCOME & EXPENSES FORM

DEVELOPMENT NAME	0	APPLICANT	0
Expenses are based on Proforma Stabilized Year	0	Number of Units	0

	LINE ITEM DESCRIPTION	Residential	Non-Residential	Asset Manager / Underwriter Adjustment - Residential	Asset Manager / Underwriter Adjustment - Non-Residential	Total Asset Manager / Underwriter Adjusted Residential	Total Asset Manager / Underwriter Adjusted Non-Residential	Total Asset Manager / Underwriter Adjusted Proforma	Total Adjusted $$/Unit	Total Adjusted % of GPI
27	Laundry & Vending Revenue					0	0	0	0	0.0%
28	NSF & Late Fees					0	0	0	0	0.0%
29	Damages & Cleaning Fees					0	0	0	0	0.0%
30	Forfeited Tenant Security Deposits					0	0	0	0	0.0%
31	**Tenant Charges (Total of Line 28-30)**	0	0	0	0	0	0	0	0	0.0%
32	Sales & Service to Tenants (including Cable TV Fees)					0	0	0	0	0.0%
33	Interest Reduction Payments					0	0	0	0	0.0%
34	Grant Income - Capital Grant - Unrestricted					0	0	0	0	0.0%
35	Grant Income - Capital Grant Temporarily Restricted					0	0	0	0	0.0%
36	Miscellaneous Revenue					0	0	0	0	0.0%
37	**Total Other Revenue**	0	0	0	0	0	0	0	0	0.0%
38	Other Revenue - Vacancy (20% of Lines 27 - 36)	0	0	0	0	0	0	0	0	
39	**TOTAL REVENUE**	0	0	0	0	0	0	0	0	0.0%
40	Conventions & Meetings					0	0	0	0	0.0%
41	Management Consultants					0	0	0	0	0.0%
42	Advertising & Marketing					0	0	0	0	0.0%
43	Apartment Resale Expenses (Co-ops)					0	0	0	0	0.0%
44	Other Renting Expenses					0	0	0	0	0.0%
45	Office Salaries					0	0	0	0	0.0%
46	Salaries - Resident Services Coordinator					0	0	0	0	0.0%
47	Office Supplies					0	0	0	0	0.0%
48	Telephone & Answering Service					0	0	0	0	0.0%
49	**Office Expenses (Total of Line 47 & 48)**	0	0	0	0	0	0	0	0	0.0%

Version 2025-OCT

Exhibit 5.2.a - DETAILED INCOME & EXPENSES FORM

DEVELOPMENT NAME	0	APPLICANT	0
Expenses are based on Proforma Stabilized Year	0	Number of Units	0

	LINE ITEM DESCRIPTION	Residential	Non-Residential	Asset Manager / Underwriter Adjustment - Residential	Asset Manager / Underwriter Adjustment - Non-Residential	Total Asset Manager / Underwriter Adjusted Residential	Total Asset Manager / Underwriter Adjusted Non-Residential	Total Asset Manager / Underwriter Adjusted Proforma	Total Adjusted $$/Unit	Total Adjusted % of GPI
50	Office or Model Apartment Rent					0	0	0	0	0.0%
51	Compensated Absences - Administrative Salaries					0	0	0	0	0.0%
52	Management Fee					0	0	0	0	0.0%
53	Manager or Superintendent Salaries					0	0	0	0	0.0%
54	Administrative Rent Free Unit					0	0	0	0	0.0%
55	Legal Expense (Project)					0	0	0	0	0.0%
56	Audit Expense					0	0	0	0	0.0%
57	Bookkeeping Fees/Accounting Services					0	0	0	0	0.0%
58	Bad Debts					0	0	0	0	0.0%
59	State Service Charge - Administrative					0	0	0	0	0.0%
60	Miscellaneous Administrative Expenses					0	0	0	0	0.0%
61	**Total Administrative Expenses**	0	0	0	0	0	0	0	0	0.0%
62	Fuel Oil/ Coal					0	0	0	0	0.0%
63	Electricity					0	0	0	0	0.0%
64	Water					0	0	0	0	0.0%
65	Gas					0	0	0	0	0.0%
66	Sewer					0	0	0	0	0.0%
67	Cable Television					0	0	0	0	0.0%
68	**Total Utilities Expenses**	0	0	0	0	0	0	0	0	0.0%
69	Janitor & Cleaning Payroll					0	0	0	0	0.0%
70	Grounds Payroll					0	0	0	0	0.0%
71	Repairs Payroll					0	0	0	0	0.0%
72	**Payroll (Total of Line 69 - 71)**	0	0	0	0	0	0	0	0	0.0%
73	Janitor and Cleaning Supplies					0	0	0	0	0.0%
74	Exterminating Supplies					0	0	0	0	0.0%
75	Ground Supplies					0	0	0	0	0.0%
76	Repairs Material					0	0	0	0	0.0%
77	Decorating Supplies					0	0	0	0	0.0%
78	**Supplies (Total of Line 73 - 77)**	0	0	0	0	0	0	0	0	0.0%

Version 2025-OCT

Exhibit 5.2.a - DETAILED INCOME & EXPENSES FORM

DEVELOPMENT NAME	0	APPLICANT	0
Expenses are based on Proforma Stabilized Year	0	Number of Units	0

	LINE ITEM DESCRIPTION	Residential	Non-Residential	Asset Manager / Underwriter Adjustment - Residential	Asset Manager / Underwriter Adjustment - Non-Residential	Total Asset Manager / Underwriter Adjusted Residential	Total Asset Manager / Underwriter Adjusted Non-Residential	Total Asset Manager / Underwriter Adjusted Proforma	Total Adjusted $$/Unit	Total Adjusted % of GPI
79	Janitor and Cleaning Contracts					0	0	0	0	0.0%
80	Exterminating Contracts					0	0	0	0	0.0%
81	Grounds Contracts					0	0	0	0	0.0%
82	Repairs Contracts					0	0	0	0	0.0%
83	Elevator Maintenance Contract					0	0	0	0	0.0%
84	Swimming Pool Maintenance Contract					0	0	0	0	0.0%
85	Decorating (Painting) Contract/Payroll					0	0	0	0	0.0%
86	**Contracts (Total of Line 79 - 85)**	0	0	0	0	0	0	0	0	0.0%
87	Operating & Maintenance Rent Free Unit					0	0	0	0	0.0%
88	Garbage & Trash Removal					0	0	0	0	0.0%
89	Security Payroll/ Contracts					0	0	0	0	0.0%
90	Security Rent Free Unit					0	0	0	0	0.0%
91	Heating/Cooling Repairs & Maintenance					0	0	0	0	0.0%
92	Snow Removal					0	0	0	0	0.0%
93	Vehicle & Maint. Equip. Operation & Repair					0	0	0	0	0.0%
94	Miscellaneous Operating & Maintenance					0	0	0	0	0.0%
95	**Total Operating & Maintenance Expenses**	0	0	0	0	0	0	0	0	0.0%
96	Real Estate Tax					0	0	0	0	0.0%
97	Payroll Taxes (project share)					0	0	0	0	0.0%
98	Property & Liability Insurance					0	0	0	0	0.0%
99	Fidelity Bond Insurance					0	0	0	0	0.0%
100	Workmen's Compensation					0	0	0	0	0.0%
101	Health Insurance & Other Benefits					0	0	0	0	0.0%
102	Pension Expense					0	0	0	0	0.0%
103	Other Post-Employment Benefits Expense					0	0	0	0	0.0%
104	Miscellaneous Taxes, Licenses, Permits					0	0	0	0	0.0%
105	Other Insurance					0	0	0	0	0.0%
106	**Misc. Taxes, Lic., Permits & Ins. (Lines 104 & 105)**	0	0	0	0	0	0	0	0	0.0%
107	**Total Taxes & Insurance**	0	0	0	0	0	0	0	0	0.0%

Version 2025-OCT

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

Exhibit 5.2.a - DETAILED INCOME & EXPENSES FORM

DEVELOPMENT NAME	0	APPLICANT	0
Expenses are based on Proforma Stabilized Year	0	Number of Units	0

	LINE ITEM DESCRIPTION	Residential	Non-Residential	Asset Manager / Underwriter Adjustment - Residential	Asset Manager / Underwriter Adjustment - Non-Residential	Total Asset Manager / Underwriter Adjusted Residential	Total Asset Manager / Underwriter Adjusted Non-Residential	Total Asset Manager / Underwriter Adjusted Proforma	Total Adjusted $$/Unit	Total Adjusted % of GPI
108	**Elderly & Congregate Serv. Expense (attach schedule)**					0	0	0	0	0.0%
109	**TOTAL OPERATING EXPENSES**	0	0	0	0	0	0	0	0	0.0%
110	**OPERATING INCOME (LOSS)**	0	0	0	0	0	0	0	0	0.0%
111	Mortgage Principal & Interest- CHFA Debt					0	0	0	0	0.0%
112	Mortgage Principal & Interest- Other Debt					0	0	0	0	0.0%
113	Mortgage Insurance Premium/ Service Charges					0	0	0	0	0.0%
114	Miscellaneous Financial Expenses					0	0	0	0	0.0%
115	**Total Financial Expenses**	0	0	0	0	0	0	0	0	0.0%
116	Replacement Reserve Deposits					0	0	0	0	0.0%
117	Operating (Other) Reserve Deposits					0	0	0	0	0.0%
118	**NET PROJECTED CASH FLOW**	0	0	0	0	0	0	0	0	0.0%
119	Replacement Reserve Releases					0	0	0	0	0.0%
120	Operating Reserve Releases					0	0	0	0	0.0%
121	Capital Improvements- Building (attach schedule)					0	0	0	0	0.0%
122	Capital Improvements- Equipment (attach schedule)					0	0	0	0	0.0%
123	Net Operating Income (NOI)							**0**	0	0.0%
124	Debt Service Coverage Ratio (DSC)							**n/a**		
125	Per Unit Expenses (Excluding: RE Taxes & Reserves)	0						**0**	0	0.0%

Form Prepared by: _____

Phone Number: _____

The undersigned presents the enclosed estimates as reasonable and accurate projections of operating income and expenses for stated stabilized fiscal year.

CHFA/DOH Accepted By:

Signature _____ Date _____

Name _____ Title _____

Management Company Accepted By:

Signature _____ Date _____

Name _____ Title _____

Version 2025-OCT

Exhibit 5.2.c - EXPENSE SUMMARY

DEVELOPMENT NAME: 0 APPLICANT: 0

EXPENSES	RESIDENTIAL	$ / PUPA	NON-RESIDENTIAL	COMBINED	DETAILED INCOME & EXPENSES LINE REFERENCE	COMMENTS
Administrative	-	-	-	-		
Conventions and Meetings	-	-	-	-	40	
Management Consultants	-	-	-	-	41	
Advertising and Marketing	-	-	-	-	42	
Apartment Resale Expenses (Co-ops)	-	-	-	-	43	
Other Renting Expenses	-	-	-	-	44	
Office Salaries (Project Share)	-	-	-	-	45	
Salaries - Resident Services Coordinator	-	-	-	-	46	
Office Supplies	-	-	-	-	47	
Telephone & Answering Service	-	-	-	-	48	
Office or Model Apartment Rent	-	-	-	-	50	
Compensated Absences - Administrative Salaries	-	-	-	-	51	
Management Fee (Max. 5% EGI) #DIV/0!	-	-	-	-	52	
Manager or Superintendent Salaries	-	-	-	-	53	
Administrative Rent-Free / Reduced Unit	-	-	-	-	54	
Legal Expense- Project	-	-	-	-	55	
Audit Expense	-	-	-	-	56	
Bookkeeping Fees/Accounting Services	-	-	-	-	57	
Bad Debts	-	-	-	-	58	
State Service Charge - Administrative	-	-	-	-	59	
Administrative / Misc.	-	-	-	-	60	
Utilities	-	-	-	-		
Fuel Oil/Coal	-	-	-	-	62	
Electricity	-	-	-	-	63	
Water	-	-	-	-	64	
Gas	-	-	-	-	65	
Sewer	-	-	-	-	66	
Cable Television	-	-	-	-	67	
Operating and Maintenance	-	-	-	-		
Payroll	-	-	-	-	69, 70, 71	
Supplies	-	-	-	-	73, 74, 75, 76, 77	
Contracts	-	-	-	-	79, 80, 81, 82, 83, 84, 85	
Operating and Maintenance Rent Free Units	-	-	-	-	87	
Garbage and Trash Removal	-	-	-	-	88	
Security Payroll / Contracts	-	-	-	-	89	
Security Rent Free Unit	-	-	-	-	90	
Heating / Cooling Repairs & Maintenance	-	-	-	-	91	
Snow Removal	-	-	-	-	92	
Vehicle Maint. Equipment Operations & Repair	-	-	-	-	93	
Misc. Operating & Maintenance	-	-	-	-	94	
Taxes and Insurance	-	-	-	-		
Payroll Taxes (project share)	-	-	-	-	97	
Property & Liability Insirance	-	-	-	-	98	
Fidelity Bond Insurance	-	-	-	-	99	
Workmen's Comp	-	-	-	-	100	
Health Insurance & Other Benefits	-	-	-	-	101	
Pension Expense	-	-	-	-	102	
Other Post-Employment Benefits Expense	-	-	-	-	103	
Misc. Taxes, Insurance, Permits & Insurance	-	-	-	-	104, 105	
Elderly & Congregate	-	-	-	-	108	
Total Admin., Utilities, Oper. and Maint., Tax and Ins.	-	-	-	-		
Capital (Replacement) Reserve	-	-	-	-	116	
Sub-Total (Incld. RESERVES)	-	-	-	-		
Real Estate Taxes	-	-	-	-	96	
TOTAL ANNUAL EXPENSES	-	-	-	-		

Version 2025-OCT

Exhibit 5.3 - CASH FLOW PROJECTION

DEVELOPMENT NAME 0 **APPLICANT** 0

			Growth %	1 0	2 1	3 2	4 3	5 4	6 5	7 6
INCOME	RESIDENTIAL - Qualified / Afford. Gross Rental Income		2.0%	-	-	-	-	-	-	-
	- RESIDENTIAL - Qualified / Afford. Vacancy Loss		2.0%	-	-	-	-	-	-	-
	= RESIDENTIAL - Qualified / Afford. Net Rental Income		2.0%	-	-	-	-	-	-	-
	RESIDENTIAL - Market Rate Gross Rental Income		2.0%	-	-	-	-	-	-	-
	- RESIDENTIAL - Market Rate Vacancy Loss		2.0%	-	-	-	-	-	-	-
	= RESIDENTIAL - Market Rate Net Rental Income		2.0%	-	-	-	-	-	-	-
	Other Income		2.0%	-	-	-	-	-	-	-
	EFFECTIVE GROSS INCOME (EGI)			$ -	$ -	$ -	$ -	$ -	$ -	$ -
EXPENSES	**Total Administrative Expenses**		3.0%	-	-	-	-	-	-	-
	Total Utilities Expenses		3.0%	-	-	-	-	-	-	-
	Total Operating & Maintenance Expenses		3.0%	-	-	-	-	-	-	-
	Real Estate Tax		3.0%	-	-	-	-	-	-	-
	Property & Liability Insurance		3.0%	-	-	-	-	-	-	-
	Misc.		3.0%	-	-	-	-	-	-	-
	Elderly & Congregate Serv. Expense (attach schedule)		3.0%	-	-	-	-	-	-	-
	Capital (Replacement) Reserve		0.0%	-	-	-	-	-	-	-
				-	-	-	-	-	-	-
	Sub Total: ANNUAL EXPENSES			$ -	$ -	$ -	$ -	$ -	$ -	$ -
	NOI			$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Capital (Replacement) Reserve Balance			-	-	-	-	-	-	-

SCHEDULED ANNUAL DEBT SERVICE (ADS)

CHFA Loan Taxable Bonds		**$0**	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	**30**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**4.97%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
CHFA Loan - Non-Bond Proceeds [Specify]		**$0**	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
DOH Loan Funding		**$0**	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
CDBG Loan Funds: [Specify]		**$0**	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0

Exhibit 5.3 - CA

DEVELOPMENT NAME 0

			Growth %	8 7	9 8	10 9	11 10	12 11	13 12	14 13	15 14
INCOME	RESIDENTIAL - Qualified / Afford. Gross Rental Income		2.0%	-	-	-	-	-	-	-	-
	- RESIDENTIAL - Qualified / Afford. Vacancy Loss		2.0%	-	-	-	-	-	-	-	-
	= RESIDENTIAL - Qualified / Afford. Net Rental Income		2.0%	-	-	-	-	-	-	-	-
	RESIDENTIAL - Market Rate Gross Rental Income		2.0%	-	-	-	-	-	-	-	-
	- RESIDENTIAL - Market Rate Vacancy Loss		2.0%	-	-	-	-	-	-	-	-
	= RESIDENTIAL - Market Rate Net Rental Income		2.0%	-	-	-	-	-	-	-	-
	Other Income		2.0%	-	-	-	-	-	-	-	-
	EFFECTIVE GROSS INCOME (EGI)			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EXPENSES	**Total Administrative Expenses**		3.0%	-	-	-	-	-	-	-	-
	Total Utilities Expenses		3.0%	-	-	-	-	-	-	-	-
	Total Operating & Maintenance Expenses		3.0%	-	-	-	-	-	-	-	-
	Real Estate Tax		3.0%	-	-	-	-	-	-	-	-
	Property & Liability Insurance		3.0%	-	-	-	-	-	-	-	-
	Misc.		3.0%	-	-	-	-	-	-	-	-
	Elderly & Congregate Serv. Expense (attach schedule)		3.0%	-	-	-	-	-	-	-	-
	Capital (Replacement) Reserve		0.0%	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
	Sub Total: ANNUAL EXPENSES			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	NOI			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Capital (Replacement) Reserve Balance			-	-	-	-	-	-	-	-
SCHEDULED ANNUAL DEBT SERVICE (ADS)											
CHFA Loan Taxable Bonds		**$0**	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	**30**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**4.97%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
CHFA Loan - Non-Bond Proceeds [Specify]		**$0**	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
DOH Loan Funding		**$0**	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
CDBG Loan Funds: [Specify]		**$0**	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	**0**	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	**0.00%**	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

Exhibit 5.3 - CASH FLOW PROJECTION

DEVELOPMENT NAME 0 **APPLICANT** 0

				1	2	3	4	5	6	7
			Growth %	0	1	2	3	4	5	6
Other Public Funds: [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
Other Amortizing Debt [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
Other Amortizing Debt [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
Existing Debt		$0	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
GP Loan		$0	Pay Rate ADS	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
			ADS STOT. =	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			CASH FLOW AFTER DEBT SERVICE (CFADS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			PROJECT DSC =	0.000	0.000	0.000	0.000	0.000	0.000	0.000
			EFFECTIVE DSC (w/Op-DSC Reserve)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Contingent Payments										
[From Cash Flow after Scheduled ADS]										
CHFA - Additional Interest			0%	-	-	-	-	-	-	-
1 PMT/Yr., Default ITA Loans: Insert 20%, TEB Loans: 0%			*Cum. Paid*	-	-	-	-	-	-	-
Other			0%	-	-	-	-	-	-	-
			Cum. Paid	-	-	-	-	-	-	-
			Net Cash Flow/Surplus Cash	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Owner Distributions										
Limited Dividend			**Available/Permitted Distribution**	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			Annual Cash-On-Cash Return %	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Deferred Developer Fee										
To be fully repaid in 15 years from		$0.00	PMT	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CHFA-approved Owner	Term>	0	NPV							
Distributions/Surplus Cash as per	Rate>	0.000%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0
loan docs.			*Cum. Paid*	-	-	-	-	-	-	-
Developer Cash Flow Loan			0.0%	-	-	-	-	-	-	-
			Cum. Paid	-	-	-	-	-	-	-
Other			0.0%	-	-	-	-	-	-	-
			Annual Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			Cum. Distribution	-	-	-	-	-	-	-
				MAX. Deferred Fee=	$ -					

OPERATING / DEBT SERVICE / COVERAGE RESERVE

CHFA Financing Reserve	**NPV's**	Project Actual DSC >	0.000	0.000	0.000	0.000	0.000	0.000	0.000
For 1.0 DSC	0	BALANCE (B.O.Y.)	0	0	0	0	0	0	0
For 1.0 - 1.15 DSC	0	**OUTFLOWS (for 1.00 DSC)**	0	0	0	0	0	0	0
TOTAL RESERVE	$0	3.00%	0	0	0	0	0	0	0
		Paid INTO Reserve	0	0	0	0	0	0	0
Supportive Housing Reserve	**NPV's**	BALANCE (E.O.Y.)	0	0	0	0	0	0	0
For 1.0 DSC	0	**Economic Coverage (1.00 to 1.15 DSC)**	0	0	0	0	0	0	0
For 1.0 - 1.05 DSC	0	**Economic Coverage (1.00 to 1.05 DSC)**	0	0	0	0	0	0	0
TOTAL RESERVE	$0	**EFFECTIVE NOI**	0	0	0	0	0	0	0

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

Exhibit 5.3 - CA

DEVELOPMENT NAME 0

				8	9	10	11	12	13	14	15
			Growth %	7	8	9	10	11	12	13	14
Other Public Funds: [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
Other Amortizing Debt [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
Other Amortizing Debt [Specify]		$0	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
Existing Debt		$0	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
GP Loan		$0	Pay Rate ADS	-	-	-	-	-	-	-	-
	Term (Yrs.) >	0	DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Contract Rate >	0.00%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
			ADS STOT. =	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			CASH FLOW AFTER DEBT SERVICE (CFADS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			PROJECT DSC =	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
			EFFECTIVE DSC (w/Op-DSC Reserve)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Contingent Payments											
[From Cash Flow after Scheduled ADS]											
CHFA - Additional Interest			0%	-	-	-	-	-	-	-	-
1 PMT/Yr., Default ITA Loans: Insert 20%, TEB Loans: 0%			*Cum. Paid*	-	-	-	-	-	-	-	-
Other			0%	-	-	-	-	-	-	-	-
			Cum. Paid	-	-	-	-	-	-	-	-
			Net Cash Flow/Surplus Cash	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Owner Distributions											
Limited Dividend			**Available/Permitted Distribution**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			Annual Cash-On-Cash Return %	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Deferred Developer Fee											
To be fully repaid in 15 years from		$0.00	PMT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CHFA-approved Owner	Term>	0	NPV							**MAX NPV=**	$ -
Distributions/Surplus Cash as per	Rate>	0.000%	Bal. (E.O.Y.)	$0	$0	$0	$0	$0	$0	$0	$0
loan docs.			*Cum. Paid*	-	-	-	-	-	-	-	-
Developer Cash Flow Loan			0.0%	-	-	-	-	-	-	-	-
			Cum. Paid	-	-	-	-	-	-	-	-
Other			0.0%	-	-	-	-	-	-	-	-
			Annual Total	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			Cum. Distribution	-	-	-	-	-	-	-	-

OPERATING / DEBT SERVICE / COVERAGE RESERVE

CHFA Financing Reserve	**NPV's**	Project Actual DSC >	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
For 1.0 DSC	0	BALANCE (B.O.Y.)	0	0	0	0	0	0	0	0
For 1.0 - 1.15 DSC	0	**OUTFLOWS (for 1.00 DSC)**	0	0	0	0	0	0	0	0
TOTAL RESERVE	$0	3.00%	0	0	0	0	0	0	0	0
		Paid INTO Reserve	0	0	0	0	0	0	0	0
Supportive Housing Reserve	**NPV's**	BALANCE (E.O.Y.)	0	0	0	0	0	0	0	0
For 1.0 DSC	0	**Economic Coverage (1.00 to 1.15 DSC)**	0	0	0	0	0	0	0	0
For 1.0 - 1.05 DSC	0	**Economic Coverage (1.00 to 1.05 DSC)**	0	0	0	0	0	0	0	0
TOTAL RESERVE	$0	**EFFECTIVE NOI**	0	0	0	0	0	0	0	0

Version 2025-OCT

Exhibit 5.3 - CASH FLOW PROJECTION

DEVELOPMENT NAME	0		APPLICANT	0						
			1	2	3	4	5	6	7	
		Growth %	0	1	2	3	4	5	6	
		EFFECTIVE DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Exhibit 5.3 - CA

DEVELOPMENT NAME 0

	8	9	10	11	12	13	14	15
Growth %	7	8	9	10	11	12	13	14
EFFECTIVE DSC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Version 2025-OCT

Exhibit 6.3.a - DEVELOPMENT BUDGET

5	**DEVELOPMENT NAME**	0				**APPLICANT**	0		
7				**CONSTRUCTION FUNDING INFORMATION**	**PERMANENT FUNDING INFORMATION**				
8						**TAX CREDIT ELIGIBLE BASIS**		**TAX-EXEMPT BOND BASIS**	
9			**%**	**Construction Budget**	**Permanent Budget** (Applicant)	70% NPV - 9% or 30% NPV - 4% (New / Rehab.)	30% NPV - 4% Exist Building Acquisition Credit	To be Completed by Independent Tax Professional Issuing the Attestment Letter	
12	SITE & IMPROVEMENTS (Div. 2-16) Hard Costs				0	0			
13	GENERAL REQUIREMENTS (Max. Allowable 6%)		0.00%		0	0			
14	BUILDERS OVERHEAD (Max. Allowable 2%)		0.00%		0	0			
15	BUILDERS PROFIT/GMP FEES (Max. Allowable 6%)		0.00%		0	0			
16	BOND PREMIUM / L.O.C. COST				0	0			
17	BUILDING PERMITS and OTHER DEVELOPMENT FEES				0	0			
18	CONSTRUCTION (Project Cost Summary) Sub-Total			0	0	0	0	0	
19	COMMERCIAL CONSTRUCTION				0	N/A			
20	COMMERCIAL CONSTRUCTION CONTINGENCY					N/A			
21	Other					0			
22	Other					0			
23	Other					0			
24	CONSTRUCTION CONTINGENCY		0.0%			0			
25	**CONSTRUCTION**			0	0	0	0	0	
26	ARCHITECT - Design		0.0%			0			
27	ARCHITECT - Contract Admin (Min. 35%) (% Contract >)		0.0%			0			
28	ENGINEERING (Civil-Site / Structural / Mechanical / Geo-Technical / Etc.)					0			
29	SURVEYS (A-2: Exist. Conditions and As-Built)					0			
30	Other					0			
31	Other					0			
32	Other					0			
33	Other					0			
34	**ARCHITECTURAL and ENGINEERING**		0.0%	0	0	0	0	0	
35	INTEREST (CHFA)	#DIV/0! $ -				0			
36	CHFA LOAN ORIG. / COMMIT. FEE @	2.00%	#DIV/0!			N/A	N/A		
37	INTEREST - Bridge Loan					0			
38	FEES - Bridge Loan					0			
39	R. E. TAXES / PILOTS - Const. Period + ___ Months Lease Up					0			
40	INSURANCE (Builder's Risk / Liability / Hazard)					0			
41	UTILITIES - Const. Period					0			
42	Negative Arbitrage on Bonds (If Applic.)					N/A	N/A		
43	Credit Enhancement Premium (HUD or Private Perm. Mortg. Insur.)					N/A	N/A		
44	Cost of Bond Issuance					0			
45	Other					0			
46	Other					0			
47	CHFA CONSTRUCTION OBSERVATION	[__ Weeks @ $_____ / Bi-weekly]				0			
48	**FINANCE and INTERIM COSTS**			0	0	0	0	0	
49	LEGAL COUNSEL - Real Estate (Closing Docs and Title Work)					0			
50	DOH EXTERNAL LEGAL COUNSEL					0			
51	TITLE INSUR. PREMIUMS and RECORDING COSTS					0			
52	APPRAISALS / MARKET STUDY (CHFA / LIHTC Required)					0			
53	LEASE UP & MARKETING	$'s / Residential Unit $0				N/A	N/A		
54	COST CERTIFICATIONS (CHFA/LIHTC/DOH Required)					N/A	N/A		
55	ENVIRONMENTAL REPORTS and TESTING					0			
56	Other					0			
57	Other					0			
58	Other					0			
59	OTHER COMMERCIAL USES/COSTS					N/A	N/A		
60	SOFT COST CONTINGENCY (A&E+FIN+SOFT %)		0.0%			0			
61	**SOFT COSTS - Fees & Expenses**			0	0	0	0	0	
62	**TOTAL CONSTRUCTION & SOFT COSTS**			**0**	**0**	**0**	**0**	**0**	
63	Developer Allowance Fee - Cash Portion			0	0	N/A	N/A		
64	Developer Allowance Fee - Deferred Portion			0	0	N/A	N/A		
65	DEVELOPER ALLOWANCE / FEE (Max.15% TDC/ $0)		0.0%		0	0	N/A		
66	PRE-DEVEL. FINANCING (Interest) COSTS [Lender-Approved]					N/A	N/A		
67	Land Cost					N/A	N/A		
68	Other (Existing Reserves - Equipment)					N/A	N/A		
69	Existing Building/s					N/A	N/A		
70	SITE ACQUISITION (Appraised "As Is" Value)			0	0	N/A	N/A	0	
71	Existing Reserves					N/A	N/A		

Version 2025-OCT

Exhibit 6.3.a - DEVELOPMENT BUDGET

5	**DEVELOPMENT NAME**	0				**APPLICANT**	0		
7					**CONSTRUCTION FUNDING INFORMATION**	**PERMANENT FUNDING INFORMATION**			
8							**TAX CREDIT ELIGIBLE BASIS**		**TAX-EXEMPT BOND BASIS**
9				**%**	**Construction Budget**	**Permanent Budget** (Applicant)	70% NPV - 9% or 30% NPV - 4% (New / Rehab.)	30% NPV - 4% Exist Building Acquisition Credit	To be Completed by Independent Tax Professional Issuing the Attestment Letter
72	CHFA Operating Reserve					0	N/A	N/A	
73	CHFA Debt Service Coverage Reserve					0	N/A	N/A	
74	Capital / Replacement						N/A	N/A	
75	Syndicator Reserve						N/A	N/A	
76	Other						N/A	N/A	
77	CAPITALIZED RESERVES				0	0	N/A	N/A	0
78	**RECOGNIZED LENDING COSTS**				**0**	**0**	**0**	**0**	**0**
79	Entity Organizational and Legal						N/A	N/A	
80	Syndicator Fees / Commissions						N/A	N/A	
81	Equity Bridge Loan Interest and Fees						N/A	N/A	
82	Tax Opinion and Entity Accounting						N/A	N/A	
83	CHFA Tax Credit Fee (8% Ann. Credit)	Estimated Fee =	$ -	0.0%			N/A	N/A	
84	CHFA Tax Credit Application Fee (LIHTC, HTCC, Historic)						N/A	N/A	
85	Other						N/A	N/A	
86	**ENTITY and SYNDICATION COSTS / OTHER**				0	0	0	0	0
87	**CONSTRUCTION LOAN PAYDOWNS (if applicable)**				N/A	N/A	N/A	N/A	N/A
88	**TOTAL RESIDENTIAL USES**				**0**	**0**	**0**	**0**	**0**
89	**TOTAL COMMERCIAL USES**				**0**	**0**	**0**	**0**	**0**
90	**TOTAL DEVELOPMENT COST**				**0**	**0**	**0**	**0**	**0**

92	N/A		**50% TEST CALC.**
93	**Intermediary Costs %**	Bond Amount	**$0**
94		Aggregate Basis	**$0**
95		% of Aggregate Basis Financed with TEB	**#DIV/0!**

100	Name & Title		Date	
102	Company			

Official Use Only

Budget Period: From: to:

Revision #: Reason for Revision:

Exhibit 6.4 - LIHTC CALCULATION

DEVELOPMENT NAME	0	APPLICANT	0

NON-LIHTC SOURCES

Debt Sources	
CHFA Loan Taxable Bonds	0
CHFA Loan - Non-Bond Proceeds [Specify]	0
DOH Loan Funding	0
CDBG Loan Funds: [Specify]	0
Other Public Funds: [Specify]	0
Deferred Developer Fee	0
Other Amortizing Debt [Specify]	0
Other Amortizing Debt [Specify]	0
Existing Debt	0
GP Loan	0
Sub-Total	**0**

Equity Sources	
DOH Grant Funding	0
CDBG Grant Funds: [Specify]	0
Other Public Funds: [Specify]	0
Federal Historic Tax Credit Net Proceeds	0
State Historic Tax Credit Net Proceeds	0
CT Housing Tax Credit Contribution (HTCC) Proceeds	0
Developer / Investor Cash Equity	0
Homeownership Sales Proceeds	0
Energy Rebates*	0
Existing Property Reserves	0
Other [Specify]	0
Other [Specify]	0
Sub-Total	**0**

Total Non-LIHTC Sources	**0**

CREDIT CALCULATION

	Total Gross Square Footage	-
	Total Affordable Square Footage	-

	New / Rehab	Acquisition	TOTALS
Credit NPV of AFR % =	4%	4%	
TAX CREDIT ELIGIBLE BASIS	**$0**	**$0**	**$0**
LESS: BASIS ADJUSTMENTS	**$0**		
Federal Grants for Qualifying Devel. Costs		N/A	$0
Non-Qualified Non-Recourse Financing		N/A	$0
Non-Qualifying units of higher quality		N/A	$0
Non-Qual. excess portion of higher qual. units		N/A	$0
Fed. Historic Tax Credits Basis (Resid. Portion)		N/A	$0
Other		N/A	$0
PLUS: QCT / DDA INCREMENT	n/a	N/A	n/a
ADJUSTED ELIGIBLE BASIS	**$0**	**$0**	**$0**
X the Applicable Fraction (%)	0.0%	0.0%	
TOTAL QUALIFIED BASIS	**$0**	**$0**	**$0**
***ELIGIBLE* Credit from QUALIFIED BASIS**	$0	$0	**$0**

LIHTC EQUITY GAP >	**$0**
***ALLOWABLE* Credit from GAP ANALYSIS >**	**$0**
MAX. ANNUAL CREDIT AMOUNT (a)	**$0**
Annual Credits Per Qualified Unit	0
Equity Raise ($ Yield / $1.00)	**$0.000**
ESTIM. LIHTC NET PROCEEDS	**$0**
Overall Funding GAP	**0**

Version 2025-OCT

Exhibit 6.5 - SOURCES OF FUNDS

DEVELOPMENT NAME	0	APPLICANT	0

TAX CREDIT EQUITY, CAPITAL, GRANTS, Etc.

		Construction Sources	Permanent Sources	Construction Paydown
	DOH Grant Funding			0
CDBG Grant Funds:	[Specify]			0
Other Public Funds:	[Specify]			0
4	% LIHTC Net Proceeds		0	0
	Federal Historic Tax Credit Net Proceeds			0
	State Historic Tax Credit Net Proceeds			0
	CT Housing Tax Credit Contribution (HTCC) Proceeds			0
	Developer / Investor Cash Equity			0
	Homeownership Sales Proceeds			0
	Energy Rebates*			0
	Existing Property Reserves			0
Other	[Specify]			0
Other	[Specify]			0
	Sub-Total	**$0**	**$0**	**$0**

FINANCING [Sources w/ Notes and Mortgages]

		Loan Priority	Construction Sources	Permanent Sources	Construction Paydown	Const. Interest Rate	Perm. Loan Amort. [Yrs.]	Perm. Interest Rate	Fully Amortizing [Y] or [N]	Deferred Payment [Y] or [N]	Scheduled Debt Service	Initial Debt Service Coverage	Financing Notes
CHFA Loan	Taxable Bonds				0	0.000%	30	4.970%		N/A	$0	N/A	www.chfa.org
CHFA Loan - Non-Bond Proceeds	[Specify]				0					N/A	$0	N/A	
	DOH Loan Funding				0				N		$0	N/A	
CDBG Loan Funds:	[Specify]				0						$0	N/A	
Other Public Funds:	[Specify]				0						$0	N/A	
	Deferred Developer Fee				0			0.000%	N		$0	N/A	
Other Amortizing Debt	[Specify]				0						$0	N/A	
Other Amortizing Debt	[Specify]				0						$0	N/A	
	Existing Debt				0						$0	N/A	
	GP Loan				0						$0	N/A	
	Sub-Total		**$0**	**$0**	**$0**								
										Total Scheduled Debt Service	**$0**		
	TOTAL Sources		**$0**	**$0**	**$0**								
	Total Commercial Cost (Dev. Budget)		**$0**	**$0**									
	Total Development Budget		**$0**	**$0**									
	Sources LESS Uses		**$0**	**$0**									

MAX Deferred Developer Fee	Developer Fee Per Budget	% of Total Developer Fee Deferred
$0	$0	0%

GRANTS: 3rd party sources for which no repayment is expected or required from other sources. ***Soft Debt:*** 3rd party sources secured by a mortgage and which may require partial or full repayment (with or without interest) are considered financing and should be scheduled under the FINANCING section above.

Intra-Entity (LP, LLC, etc.) loans to be repaid from approved Owner's Distributions are considered Developer / Investor Cash Equity.

Deferred/Pledged Developer Fees ("DDF") are considered financing contributions. For transactions utilizing federal Low-Income Housing Tax Credits, the amount of the DDF will be limited to the amount that may be fully recovered by the mortgagor, without interest, from CHFA-approved annual distributions during the first fifteen (15) years of operations. CHFA, at its sole discretion, may approve a DDF for less than the permitted maximum.

For construction / interim sources **not** fully converting to permanent sources, provide information on proposed permanent "paydown" source(s) including estimated paydown amount(s) and specific paydown terms and conditions as may be applicable.

If the Permanent Interest Rate will vary throughout the repayment period, please contact CHFA and/or DOH with specific details to have forms revised

*If there are questions on the Letter of Participation requirements, please contact the appropriate staff at Eversource or United Illuminating, per their respective websites.

Exhibit 6.6 - EXISTING DEBT

Version 2025-OCT

DEVELOPMENT NAME 0 **APPLICANT** 0

Please describe the terms and conditions of all debt currently encumbering the property (including CHFA and/or DECD/DOH, if any). Please describe what, if any, revisions to such terms and conditions are contemplated by the Applicant. Please complete the corresponding table.

Any applicant looking for consideration for prepayment, refinancing, or restructuring of existing CHFA debt should contact their CHFA Asset Manager immediately.

Description of Existing Debt

Loan 1	Current	Proposed
Mortgagee		
Lien Position		
Contemplated Action		N/A
Pay-off Source (If Applicable)		N/A
Original Principal Amount		
Fully Amortizing [Yes or No]		
Outstanding Principal Amount		
Accrued Interest Amount		N/A
Term - Number of Years Remaining		
Rate		
Annual Debt Service		
Status of Loan		N/A
Is Prepayment Allowed by Mortgagee [Yes or No]. If "Yes", please provide written consent from the Mortgagee.		N/A
Are there any additional fees associated with such prepayment [Yes or No]? If "Yes", please state the estimated amount of such costs.		N/A
		N/A

Loan 2	Current	Proposed
Mortgagee		
Lien Position		
Contemplated Action		N/A
Pay-off Source (If Applicable)		N/A
Original Principal Amount		
Fully Amortizing [Yes or No]		
Outstanding Principal Amount		
Accrued Interest Amount		N/A
Term - Number of Years Remaining		
Rate		
Annual Debt Service		
Status of Loan		N/A
Is Prepayment Allowed by Mortgagee [Yes or No]. If "Yes", please provide written consent from the Mortgagee.		N/A
Are there any additional fees associated with such prepayment [Yes or No]? If "Yes", please state the estimated amount of such costs.		N/A
		N/A

CHFA DOH CONSOLIDATED APPLICATION

DEVELOPMENT NAME	0	APPLICANT	0

Loan 3	Current	Proposed
Mortgagee		
Lien Position		
Contemplated Action		N/A
Pay-off Source (If Applicable)		N/A
Original Principal Amount		
Fully Amortizing [Yes or No]		
Outstanding Principal Amount		
Accrued Interest Amount		N/A
Term - Number of Years Remaining		
Rate		
Annual Debt Service		
Status of Loan		N/A
Is Prepayment Allowed by Mortgagee [Yes or No]. If "Yes", please provide written consent from the Mortgagee.		N/A
Are there any additional fees associated with such prepayment [Yes or No]? If "Yes", please state the estimated amount of such costs.		N/A
		N/A

Loan 4	Current	Proposed
Mortgagee		
Lien Position		
Contemplated Action		N/A
Pay-off Source (If Applicable)		N/A
Original Principal Amount		
Fully Amortizing [Yes or No]		
Outstanding Principal Amount		
Accrued Interest Amount		N/A
Term - Number of Years Remaining		
Rate		
Annual Debt Service		
Status of Loan		N/A
Is Prepayment Allowed by Mortgagee [Yes or No]. If "Yes", please provide written consent from the Mortgagee.		N/A
Are there any additional fees associated with such prepayment [Yes or No]? If "Yes", please state the estimated amount of such costs.		N/A
		N/A

Total Annual Debt Service	$0.00

Exhibit 7.1 - HOMEOWNERSHIP UNIT DESCRIPTIONS

DEVELOPMENT NAME	0	APPLICANT	0

Type of Unit*	House Style Model (from HO Subsidy Wksht)	Number of Units	Sq. Footage of Unit Size	Number of Bedrooms	Number of Baths	Lot Size (Sq. Foot)	Expandability Potential (Sq. Foot)	Energy Efficient	Utilities Cost	Sales Price By Model

* Designate each unit as one or more of the following: **MR:** Market, **SA:** State Assisted, **Other** (Please Identify)

Identify any energy efficient program

Energy Efficiency Program	

Complete the following chart:

Utilities	Energy Source
Heating	
Hot Water	
Cooking	
Other:	

Identify the Amenities that are included:

Range	☐ Yes	☐ No
Refrigerator	☐ Yes	☐ No
Dishwasher	☐ Yes	☐ No
Garbage Disposal	☐ Yes	☐ No
Garage	☐ Yes	☐ No
Porch/Deck	☐ Yes	☐ No
Basement	☐ Yes	☐ No
Other:		

Version 2025-OCT

Exhibit 7.2 - HOMEOWNERSHIP SALES PROCEEDS

DEVELOPMENT NAME	0	APPLICANT	0

SALES PROCEEDS

HUD Metropolitan Area		HUD AMI Year	2017
Sales Proceeds from Land		HUD Area Median Income	
Number of Single Family Houses	0	Sales Proceeds - Single Family Houses	$0
Number of Multifamily Houses	0	Sales Proceeds - Multifamily Houses	$0
Number of Rental Units in Multifamily Houses	0	**Sales Proceeds (Land and Building)**	$0
		Reduction in Sales Proceeds*	
		Total Sales Proceeds (Land and Building)	$0

*Reduction in Sales Proceeds (e.g.: developer second mortgage): Attach explanation and label as Exhibit 7.2 if applicable.

SINGLEFAMILY HOMEOWNERSHIP UNITS

	EXPECTED YEAR OF SALE	TARGET HOMEOWNER AMI %	NUMBER OF HOUSES	NUMBER OF BEDROOMS	PROPOSED SALE PRICE of UNIT	CHFA SALES PRICE LIMIT	DOH/HOME SALES PRICE LIMIT
1							
2							
3							
4							
5							

	ESTIMATED CASH DOWN-PAYMENT AMOUNT	ESTIMATED DOWNPAYMENT ASSISTANCE LOAN AMOUNT	DOWNPAYMENT ASSITANCE LOAN INTEREST RATE	ESTIMATED FIRST MORTGAGE LOAN AMOUNT	FIRST MORTGAGE LOAN INTEREST RATE	MONTHLY MORTGAGE AMOUNT	ESTIMATED TAXES, INSURANCE AND/OR CONDO FEES	PROPOSED MONTHLY COST (trended to Expected Year of Sale)*	PROPOSED MONTHLY COST AS PERCENT OF INCOME
1						$0		$0	#DIV/0!
2						$0		$0	#DIV/0!
3						$0		$0	#DIV/0!
4						$0		$0	#DIV/0!
5						$0		$0	#DIV/0!

OWNER OCCUPIED MULTIFAMILY HOMEOWNERSHIP UNITS

Address	EXPECTED YEAR OF SALE	NUMBER OF BEDROOMS IN HOMEOWNER UNIT	TARGET HOMEOWNER AMI %	PROPOSED SALE PRICE of HOUSE	CHFA SALES PRICE LIMIT	DOH SALES PRICE LIMIT	ESTIMATED DOWNPAYMENT ASSISTANCE LOAN AMOUNT	DOWNPAYMENT ASSISTANCE LOAN INTEREST RATE	ESTIMATED FIRST MORTGAGE LOAN AMOUNT	FIRST MORTGAGE LOAN INTEREST RATE
Model 1										
Model 2										
Model 3										
Model 4										
Model 5										
Model 6										

	MONTHLY MORTGAGE AMOUNT	MONTHLY TAXES AND INSURANCE	EXPECTED RENTAL INCOME (trended to Expected Year fo Sale)	75% of EXPECTED RENTAL INCOME	PROPOSED MONTHLY COST (trended to Expected Year of Sale)	PROPOSED MONTHLY COST AS PERCENT OF INCOME
Model 1	$0		$0	$0	$0	#DIV/0!
Model 2	$0		$0	$0	$0	#DIV/0!
Model 3	$0		$0	$0	$0	#DIV/0!
Model 4	$0		$0	$0	$0	#DIV/0!
Model 5	$0		$0	$0	$0	#DIV/0!
Model 6	$0		$0	$0	$0	#DIV/0!

Version 2025-OCT

Exhibit 7.2 - HOMEOWNERSHIP SALES PROCEEDS

DEVELOPMENT NAME	0	APPLICANT	0

RENTAL INCOME to MULTIFAMILY OWNER

Utility Allowance

	"X" all that Apply			Enter Tenant Paid Utility Allowance for the HUD AMI Year for all that Apply				
	Energy Source (ie: gas, electric)	Owner Paid	Tenant Paid	0BR	1BR	2BR	3BR	4BR+
Heating								
Hot Water								
Cooking								
Lighting								
Air Cond.								
Other								
			Total	$0.00	$0.00	$0.00	$0.00	$0.00

Source of Utility Calculation: _____

	TARGET RENTAL AMI %	NUMBER OF BEDROOMS	GROSS PROPOSED TENANT PAID RENT	MAXIMUM ALLOWABLE GROSS RENT	GROSS RENT TRENDED TO EXPECTED YEAR OF SALE	UTILITY ALLOWANCE TRENDED TO EXPECTED YEAR OF SALE	NET TENANT PAID RENT TRENDED TO EXPECTED YEAR OF SALE	ESTIMATED MONTHLY RENTAL SUBSIDY per UNIT	EXPECTED RENTAL INCOME (trended to Expected Year of Sale)
Model 1- Rental Unit 1					$0	$0.00	$0		$0
Model 1- Rental Unit 2					$0	$0.00	$0		$0
Model 2- Rental Unit 1					$0	$0.00	$0		$0
Model 2- Rental Unit 2					$0	$0.00	$0		$0
Model 3- Rental Unit 1					$0	$0.00	$0		$0
Model 3- Rental Unit 2					$0	$0.00	$0		$0
Model 4- Rental Unit 1					$0	$0.00	$0		$0
Model 4- Rental Unit 2					$0	$0.00	$0		$0
Model 5- Rental Unit 1					$0	$0.00	$0		$0
Model 5- Rental Unit 2					$0	$0.00	$0		$0
Model 6- Rental Unit 1					$0	$0.00	$0		$0
Model 6- Rental Unit 2					$0	$0.00	$0		$0

Version 2025-OCT

Exhibit 7.3.a - HOMEOWNERSHIP SUBSIDY WORKSHEET

DEVELOPMENT NAME 0 **APPLICANT** 0

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Determining Per Unit - Developer's Subsidy						
Total Development Cost						
Fair Market Value						
Developer's Subsidy (Per Unit)	$0	$0	$0	$0	$0	$0
Determining Project - Developer's Subsidy						
Developer's Subsidy (Per Unit)	$0	$0	$0	$0	$0	$0
Number of DOH Units						
Developer's Subsidy (Per Model)	$0	$0	$0	$0	$0	$0
Total Developer's Subsidy						$0
Determining Per Unit - Homebuyer's Subsidy						
Fair Market Value (Sales Price) (Per Unit)	$0	$0	$0	$0	$0	$0
Affordable Price (Per Unit)*						
Homebuyer's Subsidy (Per Unit)	$0	$0	$0	$0	$0	$0
Number of DOH Units						
Homebuyer's Subsidy (Per Model)	$0	$0	$0	$0	$0	$0
Total Homebuyer's Subsidy						$0
Total Developer's Subsidy						$0
Total Homebuyer's Subsidy						$0
Other Subsidy Sources from Sources of Funds						
Total DOH Subsidy to Project						$0

**Estimate only. The actual amount is based on the income of the family buying the unit.*

Version 2025-OCT

Exhibit 7.3.b - DEVELOPMENT CASH FLOW ANALYSIS FOR SINGLE FAMILY HOUSING PROJECTS

DEVELOPMENT NAME 0 **APPLICANT** 0

CONSTRUCTION LOAN INFORMATION		
AMOUNT	TERM	ANNUAL RATE

MONTH			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
NUMBER OF HOUSING STARTS	**Dev Budget**	**Cumulative**																				
PROJECT EXPENSES																						
CONSTRUCTION	0	$0.00																				
CONSTRUCTION CONTINGENCY	0	$0.00																				
ARCH. & ENGINEERING	0	$0.00																				
FINANCE AND INTERIM	0	$0.00																				
SOFT COSTS	0	$0.00																				
DEVELOPER ALLOWANCE/FEE	0	$0.00																				
LAND ACQUISITION	0	$0.00																				
TOTAL MONTHLY PROJECT EXPENSES			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CUMULATIVE PROJECT EXPENSES			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NUMBER OF HOME CLOSINGS	**0**	**0**																				
PROJECT REVENUE			Cost of Sales	0%																		
SALES			$ -																			
LESS COST OF SALES			$ -																			
NET MONTHLY PROJECT REVENUE			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CASH FLOW																						
NET MONTHLY PROJECT REVENUE			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
LESS TOTAL MONTHLY PROJ. EXPEN.			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CASH FLOW + (-)			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
USES OF CASH FLOW																						
DEBT REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EQUITY REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DOH FUNDING REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OTHER SOURCES REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL USES OF MONTHLY CASH FLOW			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
SOURCES OF INVESTMENT																						
DEBT																						
+ OWNER EQUITY																						
+ DOH FUNDING																						
+ OTHER SOURCES INVESTED																						
TOTAL SOURCES OF MONTHLY INVEST.			-	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
INVESTMENT SUMMARY																						
OUTSTANDING DEBT																						
PREVIOUS MONTH'S OUTSTANDING DEBT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- CASH FLOW FOR DEBT REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTH'S INVESTED DEBT (7A)			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= OUTSTANDING DEBT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EQUITY INVESTED																						
PREVIOUS MONTH'S EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- THIS MONTH'S EQUITY REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTHS EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DOH FUNDING INVESTED																						
PREVIOUS MONTH'S DOH INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- THIS MONTH'S DOH REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTH'S DOH INVTESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= TOTAL DOH INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

CONNECTICUT HOUSING FINANCE AUTHORITY | Connecticut Department of HOUSING

DEVELOPMENT NAME

MONTH			21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
NUMBER OF HOUSING STARTS	**Dev Budget**	**Cumulative**																				
PROJECT EXPENSES																						
CONSTRUCTION	0	$0.00																				
CONSTRUCTION CONTINGENCY	0	$0.00																				
ARCH. & ENGINEERING	0	$0.00																				
FINANCE AND INTERIM	0	$0.00																				
SOFT COSTS	0	$0.00																				
DEVELOPER ALLOWANCE/FEE	0	$0.00																				
LAND ACQUISITION	0	$0.00																				
TOTAL MONTHLY PROJECT EXPENSES			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CUMULATIVE PROJECT EXPENSES			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
NUMBER OF HOME CLOSINGS	**0**	**0**																				
PROJECT REVENUE																						
SALES																						
LESS COST OF SALES																						
NET MONTHLY PROJECT REVENUE			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CASH FLOW																						
NET MONTHLY PROJECT REVENUE			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
LESS TOTAL MONTHLY PROJ. EXPEN.			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CASH FLOW + (-)			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
USES OF CASH FLOW																						
DEBT REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EQUITY REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DOH FUNDING REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OTHER SOURCES REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL USES OF MONTHLY CASH FLOW			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
SOURCES OF INVESTMENT																						
DEBT																						
+ OWNER EQUITY																						
+ DOH FUNDING																						
+ OTHER SOURCES INVESTED																						
TOTAL SOURCES OF MONTHLY INVEST.			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
INVESTMENT SUMMARY																						
OUTSTANDING DEBT																						
PREVIOUS MONTH'S OUTSTANDING DEBT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- CASH FLOW FOR DEBT REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTH'S INVESTED DEBT (7A)			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= OUTSTANDING DEBT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EQUITY INVESTED																						
PREVIOUS MONTH'S EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- THIS MONTH'S EQUITY REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTHS EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= EQUITY INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DOH FUNDING INVESTED																						
PREVIOUS MONTH'S DOH INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
- THIS MONTH'S DOH REPAYMENT			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
+ THIS MONTH'S DOH INVTESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
= TOTAL DOH INVESTED			$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
1	**Rental Affordability**			**0**	**0**		**35**
a.	Supportive Housing Units	Number of CAN units		0	0	Points will be awarded based on: (i)(1) the Applicant's written commitment to fill supportive housing units through the Coordinated Access Network ("CAN") referral process in accordance with the Supportive Housing Guideline and said commitment must include a description of funding sources, a budget for supportive services, identification of target population, and evidence of the affordability and need for supportive housing units in the Proposed Development's location; or (2) the Applicant's written commitment to set aside units for referred individuals from any program administered directly or indirectly by the State of Connecticut for the Proposed Development; and (ii) formerly homeless individuals and/or families moving from service-intensive supportive housing settings or from other facilities and who require light or no services ("Moving-On Households") **Attach and label as "Exhibit 13.1.1.a"**	
		Percentage of CAN units	#DIV/0!				
		Number of State units					
		Percentage of State units	#DIV/0!				
		Number of Moving-On Households					
		Percentage of Moving-On Households	#DIV/0!			≥ 10% CAN Referral	7
		Total number of units	0			≥ 10% State Referral	5
		Points Earned	**#DIV/0!**			≥ 5% Moving-On Households	2
b.	Extremely Low-Income (ELI) Households	Number of units that serve households below 30% of AMI and satisfy HUD rent guidelines	0	0	0	Points will be awarded based on the percentage of qualified units that serve ELI households and that provide rents pursuant to HUD guidelines adjusted for family size throughout the extended use period. For purposes of this category, ELI shall mean income limits set by the United States Department of Housing and Urban Development ("HUD"), or as otherwise defined by the Authority in the Guidelines.	
		Total number of qualified units	0			≥ 25%	8
		Percentage	#DIV/0!			≥ 20% and < 25%	5
		Points Earned	**#DIV/0!**			≥ 15% and < 20%	3
						≥ 10% and < 15%	2
c.	Very Low-Income (VLI) Households	Number of units that serve households above 30% & at or below 50% of AMI and satisfy HUD rent guidelines	0	0	0	Points will be awarded based on the percentage of total units that serve VLI households and provide rents pursuant to HUD guidelines adjusted for family size throughout the extended use period. For purposes of this category, VLI shall mean income limits set by HUD, or as otherwise defined by the Authority in the Guidelines.	
		Total number of units	0			≥ 40%	7
		Percentage	#DIV/0!			≥ 30% and < 40%	4
		Points Earned	**#DIV/0!**			> 20% and < 30%	3
d.	Mixed-Income Housing	Number of non-qualified units	0	0	0	Proposed Developments that promote economic integration by creating mixed-income housing will receive points based on the percent of non-qualified units (market rate housing without income restrictions) included.	
		Total number of units	0			≥ 20%	6
		Percentage	#DIV/0!			≥ 10% and < 20%	2
		Points Earned	**#DIV/0!**				
e.	Existing Phased Developments	Meets criteria as outlined in QAP		0	0	Proposed Developments that are: (i) planned as part of an Existing Phased Development (as defined herein) which has received a prior allocation of 9% Credits or Authority first mortgage financing, (ii) the second or other subsequent phase of the Existing Phased Development, and (iii) either contiguous with, or located within close proximity of, the Existing Phased Development. **Attach and label as "Exhibit 13.1.1.e"**	
		Points Earned	**0**			Meets criteria outlined in QAP	2
f.	On-Site Resident Services Coordinator & Clinical Partnership	On-site resident services coordinator; Full-Time Credentialed, Part-Time,or N/A		0	0	A maximum award of 3 Points will be awarded to Proposed Developments that include staffing of a resident services coordinator by virtue of qualifying under either subsection (i) or subsection (iii) below. Points will not be awarded for simultaneous eligibility in both subsections (i) and (ii). Resident service coordinators should be engaged and credentialed (as applicable) in accordance with the Authority Guidelines for Resident Services Coordinators. **Attach and label as "Exhibit 13.1.1.f"** i. **Full-Time Credentialed**. On-site credentialed resident services coordinator staff, working a minimum of one full-time equivalent hours per week, and a property budget line item or evidence of an arrangement with a third-party provider specifying the funding source for the resident services coordinator salary, benefits and annual training is required, as well as an executed "Acknowledgement of Guidelines for Resident Services Coordinators."	2
						ii. **Part-Time**. On-site resident services coordinator working a minimum of .5 full time equivalent hours per week and a property budget line item or evidence of arrangement with a third-party provider specifying the funding source for resident services coordinator salary, benefits and annual training is required, as well as an executed "Acknowledgment of Guidelines for Resident Service Coordinators."	1

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
		Clinical Partnership **Points Earned**	**0**			iii. **Clinical Partnership**. The provision of service coordination in partnership with a local wrap-around or comparable services agency to assist residents in developing and implementing plans for success in supportive housing and continuing the linkage to supportive services, as needed. Documentation of a service plan and any other conditions set forth in the Guidelines is required.	1

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME 0 **APPLICANT** 0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
2	**Financial Efficiency & Sustainability**			**0**	**0**		**28**
a.	Cost Effectiveness & Hard Costs			0	0	CHFA determination - Points may be awarded based upon deviation from the Authority's anticipated construction square foot cost. (For additional information please refer to the Construction Standards). Costs are reviewed in the context of development location and any applicable constraints in the marketplace including regional labor and material costs and applicability of prevailing wage statutory requirements. Determination of the acceptable range of hard costs shall be at the Authority's discretion, provided, however, points in this category will not be available for: (i) Proposed Developments that do not include general contractors fully procured in accordance with all applicable laws at the time of submission of the Application, and (ii) Applications that include hard costs submitted by a cost estimator, consultant, architect or other comparable source.	
		Actual per square foot cost				Percentage Deviation	
		Authority anticipated per square foot cost				Between +/- 5%	4
		% Deviation	#DIV/0!			Between >5% and 10% or <-5% and -10%	1
		Points Earned	**#DIV/0!**				
b.	Credits Per Qualified Bedroom			0	0	CHFA determination - Proposed Developments with family units will be ranked in order of lowest to highest credits per LIHTC Program qualified bedroom and Points will be awarded in rank order and no more than 5 Proposed Developments will receive Points in this category. Per-bedroom figures may be modified by the results of the Authority's financial feasibility analysis. With respect to any Proposed Hybrid Development, Points in this category will be calculated based on the total number of qualified bedrooms in the Proposed Hybrid Development and the sum of the Proposed Hybrid Development's 9% Credits and 4% Credits.	
						Lowest credits per bedroom	5
		Credits/Bedroom Quarter ranking				Rank Order	4-1
		Points Earned	**0**			Highest credits per bedroom	0
c.	Credit Equity Less than 50% of Total Uses	Located in QCT or DDA, yes or no	0	0	0	9% Credit equity estimated by the Authority for any one Proposed Development which does not exceed 50 percent of total uses will receive Points. 9% Credit equity estimated by the Authority for developments located in federally designated Qualified Census Tracts (each a "QCT") or Difficult Development Areas (each a "DDA"), as defined in Section 42(d)(5)(B)(ii) of the Code, which do not exceed 65 percent of total uses as recognized by the Authority will receive Points.	
		Credit Equity	$ -				
		Total Residential Uses	$ -				
		Percentage	#DIV/0!				
		Points Earned	**#DIV/0!**			≤ 50% (or ≤ 65% as applicable)	3
d.	Other Permanent Funding Sources			0	0	Commitment(s) for non-debt permanent funding sources of greater than 5% of a Proposed Development's total development resources (as defined in the Guidelines), including local housing trust funds, grants, foundation awards, or other non-debt commitments such as land contributions, tax abatement, block-grant funds, or an AHP award will qualify for Points in this category if written documentation is provided. State or state-administered funds, including but not limited to funding from DOH, Urban Act, Brownfields, the State Housing Tax Credit Contribution program, State Historic Tax Credits, the Municipal Redevelopment Authority and/or the Capital Region Development Authority are not eligible sources of permanent funding for purposes of qualifying for this Point. See Glossary for more information.	
		$ Amount of commitment from eligible perm. source				***Attach and label as "Exhibit 13.1.2.d"***	
		Total Development Resources	$ -				
		Percentage	#DIV/0!				
		Points Earned	**#DIV/0!**			> 5% Eligible Permanent Commitment	3
e.	Sustainable Design			0	0	Points will be awarded based upon the Sustainable Design Measures (SDM) included in a Proposed Development and indicated in the plans, specifications, energy conservation plan, third-party energy consultant's or professional engineer's report, and/or other supporting documents as required in the Construction Guidelines: Energy Conservation and Sustainability, and the Construction Standards. Points will be awarded in accordance with the criteria as set forth on Exhibit A-2: New Construction Sustainable Design.	
		Energy Conservation				Energy Conservation	3
		Green Building				Green Building	3
		Solar				Solar	2
		Sustainable Development with Digital Literacy Connectivity				Sustainable Development with Digital Literacy Connectivity	1
		Points Earned	**0**				
f.	Cost Effectiveness, Intermediary Costs			0	0	CHFA determination - Points will be awarded to Proposed Developments with the lowest percentage of intermediary costs. No more than 4 Proposed Developments will receive Points in this category.	
		Percentage of intermediary costs					
		Top Four Project				Lowest percentage of intermediary costs	4
		Points Earned	**0**			Rank Order	3-1

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME 0 **APPLICANT** 0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
3	**Local Impact**			**0**	**0**		**15**
a.	Access to Infrastructure	Number of Criteria items met **Points Earned**	 **0**	0	0	Priority is afforded to Proposed Developments with access to infrastructure. 1 Point will be given for each of the criteria below. **Attach and label as "Exhibit 13.1.3.a"** - Existing or planned sewer service from an adopted wastewater facility plan or other comparable plan - Existing or planned water service from an adopted public drinking water supply plan or other comparable plan - Local bus service provided 7 days a week within 1/2 mile of the proposed development as measured by a pedestrian's path Criteria — Points 3 criteria — 3 2 criteria — 2 1 criteria — 1	
b.	Transit-Oriented Development	Proximity to Transit Proximity to Private Amenities Proximity to Public Amenities **Points Earned**	 **0**	0	0	"Transit Oriented Development" for purposes of the LIHTC program means the development of affordable multi-family residential apartments within walking distance of public transportation stations serving rapid transit bus services or rail. (For the complete definition, please refer to the Glossary.) Applicants shall provide maps evidencing the distance of a pedestrian's path to the transportation hub or transit station. Points are available up to a maximum of 4 and may be awarded based on criteria as outlined in the QAP. ***Attach and label as "Exhibit 13.1.3.b"*** Proximity to Transit as specified in QAP — 2 Private amenities accessible by residents as outlined in QAP — 1 Public amenities accessible by residents as outlined in QAP — 1	
c.	Historic Place, Adaptive Re-use, or Brownfield Development	Includes funding other than historic tax credits to offset hard costs Includes a "clean site" Includes a State or Federal historic tax credit commitment **Points Earned**	 **0**	0	0	Points may be awarded for Proposed Developments of new multifamily rental housing which involves: (i) renovation of a designated historic building(s), provided eligibility requires evidence of such designation, (ii) renovation and adaptive re-use of vacant or abandoned non-residential structure(s), which structures do not have to be historic, or (iii) remediation of brownfield site(s), provided such site(s) is included on a federal or state list of brownfield sites and/or has been awarded brownfield "clean-up" funds by a federal or state agency. Points will be awarded in this category if the Proposed Development includes: **Attach and label as "Exhibit 13.1.3.c"** Developments that include funding associated with above-listed renovation or remediation (other than State or Federal historic tax credits) which offsets hard costs and is included in Total Development Resources — 2 Developments that include a "clean site" (as defined in the Guidelines) delivered by a municipality or comparable jurisdiction — 2 Developments that include State or Federal historic tax credit commitments — 2	
d.	Located in a Qualified Census Tract	Located in a QCT, yes or no **Points Earned**	0 **0**	0	0	One Point shall be awarded to a Proposed Development that is located in a QCT or, if determined by the Authority, a DDA and the development of which contributes to a concerted community revitalization plan. A copy of the community revitalization plan must be provided. (For definitions, please refer to the Glossary) ***Attach and label as "Exhibit 13.1.3.d"*** Yes — 1 No — 0	
e.	Concerted Community Revitalization Plan and/or Affordable Housing Plan	Meets criteria as outlined in QAP **Points Earned**	 **0**	0	0	One point shall be awarded to a Proposed Development that is: (i) part of a concerted community revitalization plan, or (ii) an affordable housing plan adopted in accordance with Connecticut General Statutes §8-30j, or (iii) a plan adopted for a neighborhood revitalization zone (as defined in the Guidelines), all as demonstrated by the criteria set forth in subsections (i) through (iv) below, and/or an affordable housing plan adopted in accordance with Section 8-30j of the Connecticut General Statutes. A plan adopted for a neighborhood revitalization zone (as defined in the Guidelines) that satisfies the criteria outlined in the QAP will also be eligible for the Point in this category. ***Attach and label as "Exhibit 13.1.3.e"*** Yes — 1 No — 0	

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
4	**Housing Location and Need**			**0**	**0**		**10**
a.	Municipalities With Less Assisted and Deed Restricted Housing	Located in community with less than 10% Assisted and Deed Restricted Housing **Points Earned**	 **0**	0	0	Proposed Development is located in a municipality where there is less than 10% assisted and deed restricted housing according to the definition in Section 8-30g(k) of the Connecticut General Statutes and identified on the *"Affordable Housing Appeals Procedure List"* published by DOH. **Attach and label as "Exhibit 13.1.4.a"** DOH: Affordable Housing Appeals List Yes No	 5 0
b.	Development Located in Area of Housing Needs	HNI Quintile Points **Points Earned**	 **0**	0	0	Developments located in a municipality with measured need for additional affordable units shall be awarded up to 5 Points in this category in accordance with the "Housing Needs Index" set forth on Exhibit B, of the QAP, and the Housing Needs Index Guideline. ***Attach and label as "Exhibit 13.1.4.b"*** HNI Quintile Points 1-5	 5
5	**Qualifications & Experience**			**0**	**0**		**12**
a.	Experience of the Sponsor/Applicant/ General Partner Number of Projects	Number of Projects **Points Earned**	 **0**	0	0	The Authority will award Points for demonstrated experience of the sponsor, applicant, general partner, managing member or other manager of the Development's ownership entity ("GP"), either principal or entity, in successful LIHTC Program development(s), based on the scales below up to a maximum of 5 Points combined for the number of projects and the years of LIHTC Program experience. In order to be eligible for consideration, existing LIHTC Program projects must have a minimum of five years of operation since being placed in service. Applicants claiming Points for experience should include a list of developments, locations, and years placed in service. Notwithstanding the foregoing, an Applicant established as a joint venture which includes a partner, member or other joint venture participant with LIHTC Program experience may qualify for Points in this category upon the determination of the Authority, provided, however, such joint venture Applicant shall partner with a property management company with appropriate experience of managing LIHTC Program developments. **Number of LIHTC Program Projects:** To use the scale, add the applicable Points for projects in operation more than 5 years. A maximum of 3 Points are possible in this category. ***Attach and label as "Exhibit 13.1.5.a"*** Number of Projects ≥ 6 ≥ 4 and < 6 ≥ 2 and < 4	 3 2 1

Version 2025-OCT

Exhibit 13.1 - POINTS CALCULATION WORKSHEET - 9% LIHTC

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Entered Data

= CHFA Entered Data

Category	Title	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Documentation	Possible Points
	Experience of the Sponsor/Applicant/ General Partner Number of Years Experience	Total years of LIHTC experience		0	0	**Number of Years Experience:** To use the scale, add the applicable Points for years of ownership. A maximum of 2 Points are possible in this category. ***Attach and label as "Exhibit 13.1.5.a"*** Years of LIHTC Program Experience ≥ 10	2
		Points Earned	**0**			≥ 5 and < 10	1
b.	Developer/Sponsor Resources	Developer / Sponsor Resources		0	0	Points will be awarded based upon the percentage of permanent Developer/Sponsor Resources to the project's Total Development Resources.(for additional information please refer to the Glossary) ***Attach and label as "Exhibit 13.1.5.b"***	
		Total Development Resources	$ -				
		Percentage	#DIV/0!			≥ 10%	3
		Points Earned	**#DIV/0!**			≥5% and < 10%	2
						< 5%	0
c.	Developer LIHTC Program Performance	Initial construction closing within 8 months of award		0	0	Points will be awarded in this category based on the Applicant's demonstrated performance as developer and/or managing member/manager/general partner of the ownership entity of LIHTC Program properties that were completed and operated on schedule, in compliance with their proposed development budgets, and which are in good standing with all LIHTC Program requirements. For the Applicant's most recent award of 9% Credits: Initial construction closing within 8 months of award	2
						OR	
		Initial construction closing within 10 months of award				Initial construction closing within 10 months of award	1
		Final cost certification less than or equal to +5% of proposed development budget approved by the Authority				Final cost certification less than or equal to +5% of proposed development budget approved by the Authority	2
						OR	
		Final Cost certification greater than +5% and less than or equal to +10% of proposed development budget approved by the Authority				Final Cost certification greater than +5% and less than or equal to +10% of proposed development budget approved by the Authority	1
		Points Earned	**0**				
Total Points				**0**	**0**		**100**

Version 2025-OCT

Exhibit 13.3 POINTS CALCULATION WORKSHEET - REVOLVING LOAN FUND

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Enter Data
= CHFA Enter Data
= Formula

Category	Description	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Evidence	Possible Points
1	**Project Feasibility and Readiness to Proceed**			**0.0**	**0.0**		**40**
a.	Ratio of HTCC Request to Leveraged Fund	Current HTCC Request	$0	N/A	N/A	Balance of Leveraged Funds refers to eligible sources that are available to complement or supplement the proposed Housing Program. Points are calculated by prorating the amount of committed sources in proportion with the total project amount. See Guidelines for further explanation. ***(Exhibit 6.5 & Exhibit 14.7)***	
		Enter ***Balance of Leveraged Funds***. See definition of leveraged funds in column G.					
		Source 1					
		Source 2					
		Source 3					
		Source 4					
		Source 5					
		Total Recognized Leveraged Funds	$0				
						≤ 10%	40
						>10% and ≤20%	37
		HTCC Request/Leveraged Funds Ratio	N/A			>20% and ≤35%	33
		Points Earned	N/A			>35% and ≤55%	30
2	**Affordability**			**0**	**0**		**32**
a.	Length of Low Income Service Period	Number of years		0	0	***(Exhibit 14.6)***	
						≥ 30 years	2
		Points Earned	0			≥ 15 years and < 30 years	1
b.	Percentage of funds targeted to families purchasing homes with 3 or more bedrooms	Percentage of funds targeted to 3 bedrooms or more		0	0	***(Exhibit 14.1)***	
						≥ 50%	8
						≥ 25% and < 50%	6
		Points Earned	0			≥ 10% and < 25%	4
c.	The percentage of revolving loan fund dollars set aside for rental households earning less than or equal to 25% of adjusted AMI. For homeownership,the percentage of revolving loan fund dollars set aside for households earning 50% or less of the adjusted AMI.	Percentage of revolving loan dollars set aside for target AMI and satisfy rent and mortgage guidelines		0	0	Percentage of revolving loan fund dollars set aside for ≤ 25% AMI and Satisfy Rent and Mortgage Guidelines. ***(Exhibit 14.1)***	
						≥ 30%	10
						≥ 20% and < 30%	8
		Points Earned	0			≥ 15% and < 20%	6
d.	The percentage of revolving loan fund dollars set aside for rental households earning between 25% and 50% of adjusted AMI. For homeownership, The percentage of revolving loan fund dollars set aside for households earning between 50% and 80% of the adjusted AMI.	Percentage of revolving loan fund dollars set aside for the target AMI and satisfy rent and mortgage guidelines		0	0	Percentage of revolving loan fund dollars set aside for > 25% or ≤ 50% AMI and Satisfy Rent and Mortgage Guidelines. ***(Exhibit 14.1)***	
						≥ 30%	12
						≥ 20% and < 30%	10
		Points Earned	0			≥ 15% and < 20%	8

Version 2025-OCT

Exhibit 13.3 POINTS CALCULATION WORKSHEET - REVOLVING LOAN FUND

DEVELOPMENT NAME 0 **APPLICANT** 0

= Applicant Enter Data
= CHFA Enter Data
= Formula

Category	Description	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Evidence	Possible Points
3	**Applicant Capacity/Goals Accomplished**			**0**	**0**		**8**
a.	Number of years of relevant experience for Developer/Applicant (minimum of 3 years required for points).	Minimum of 3 Years Experience		0	0	Evidence of 3 years experience provided. ***(Exhibit 14.4)***	4
		Points Earned	0				
b.	Applicant was previously awarded HTCC revolving loan funds and all awarded funds were expended within the three year period and according to the original application-no closeout extensions and no returned funds (three year look back).	Goals Accomplished, Yes or No		0	0	Evidence of prior HTCC goals accomplished. ***(Exhibit 14.2)***	4
		Points Earned	0				
4	**Livability Initiatives**			**0**	**0**		**20**
a.	Percentage of units that will be targeted to Locations with Existing Services			0	0	Percentage of units that will be targeted to Project Locations with at least three or more of the following Existing Services: 1) Served by existing sewer service from an adopted Wastewater Facility Plan, 2) Served by existing water service from an adopted Public Drinking Water Supply Plan, 3) Boundaries that intersect a 1/2 mile buffer surrounding existing mass-transit station, or 4) Local bus service provided 7 days a week and within 1/2 mile walking distance. Attach and label as ***"Exhibit 14.3"***	
		Percentage of units in Locations with 3 or more Existing Services				≥95%	12
						≥75% and <95%	9
		Points Earned	0			≥50% and <75%	5
b.	Infill Development	Three points will be provided if a development investment commitment is made towards an infill lot. An Infill lot is defined as a parcel of vacant land, located in an urban setting and an established neighborhood with access to existing public utilities and amenities.		0	0	Attach certification and label as ***"Exhibit 14.5"***	3
		Points Earned	0				
	Blighted, Abandoned, Condemned, Or Underutilized Site	Two points will be provided for a development investment commitment made for housing on a blighted, abandoned, condemned, or underutilized site (e.g.; vacant school).		0	0	Attach certification and label as ***"Exhibit 14.5"***	2
		Points Earned	0				
c.	Percentage of units that will be targeted to households in an Area of Opportunity			0	0	Percentage of units targeted for High/Very High Area of Opportunity. ***(Exhibit 14.3)***	
		Percentage of units targeted for High/Very High Area of Opportunity				≥10%	3
		Points Earned	0			>5% and <10%	2
5	**Compliance**			**0**	**0**		**-30**
a.	Quarterly Report Compliance	Yes or No		0	0		
b.	Highest Number of Quarterly Compliance Report Delinquencies					If "No" and 2 instances	-20
						If "No" and 3 instances	-30
		Points Earned	0				
Total Points				**0.0**	**0.0**		**100**

Version 2025-OCT

Exhibit 13.4 POINTS CALCULATION WORKSHEET - HOUSING DEVELOPMENTS

DEVELOPMENT NAME 0 **APPLICANT** 0

= Applicant Enter Data
= CHFA Enter Data
= Formula

Category	Description	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Evidence	Possible Points
1	**Project Feasibility and Readiness to Proceed**			**0.0**	**0.0**		**33**
a.	Received firm financial commitments	Total Expected Sources (not including current HTCC request):		0.0	0.0	Firm Financial Commitments are required to receive points. Points are calculated by prorating the amount of committed sources in proportion with the total project cost. See Guidelines for further explanation. ***(Exhibit 6.5)***	25
		Enter ***Firm*** Financial Commitments Below. See definition of firm commitment in column G.					
		Sales Proceeds of Land and Building (Homeownership only: Exhibit 7.2 cell I13)	$0				
		Prior Round HTCC Proceeds					
		Source 1					
		Source 2					
		Source 3					
		Source 4					
		Source 5					
		Source 6					
		Source 7					
		Total Firm Commitment Received:	$0				
		Total Uses (from Development Budget):	$0				
		Funding Gap	$0				
		HTCC Amount Requested	$0				
		HTCC Funding Amount Allowed	$0				
		Total Sources Needed Minus Current HTCC Request	$0				
		Percent Firm Commitments Received	#DIV/0!				
		Points Earned	0.0				
b.	Percentage of project funded by HTCC Proceeds	HTCC Proceeds (Includes current request and prior round awards)	$0	0	0		
		Total Uses	$0			≥10% and ≤30%	8
		Percentage	N/A			>30% and ≤50%	5
		Points Earned	0			>50% and <75%	3
2	**Affordability**			**0**	**0**		**30**
a.	Length of Low Income Service Period			0	0	***(Exhibit 14.6)***	
		Number of years affordable	0			30 years or more	3
		Points Earned	0			15 to 29 years	1
b.	Percent of total units with 3 bedrooms or more	Number of units with 3 bedrooms or more		0	0	Percentage of units with 3 bedrooms or more. ***(Exhibit 5.1 for Rental, Exhibit 7.2 for Homeownership)***	
		Total Number of Units	0				
		Percentage of units with 3 bedrooms or more	0.0%			≥ 50%	5
						≥ 25% and < 50%	4
		Points Earned	0			≥ 10% and < 25%	2
c.	Supportive Housing Provided MOU or Service Plan that serves homeless or chronically homeless			0	0	Evidence of supportive housing units targeting homeless/chronically homeless by providing MOU or Service Plan that must be approved by DMHAS.	2
		Points Earned	0				
d.	The percentage of units set aside for households earning less than or equal to 25% of adjusted AMI.	Number of units set aside for ≤ 25% AMI and Satisfy Rent or Mortgage Guidelines		0	0	Percentage of units set aside for incomes ≤ 25% AMI and Satisfy Rent or Mortgage Guidelines. ***(Exhibit 5.1 for Rental, Exhibit 7.2 for Homeownership)***	
		Percentage of units set aside for ≤ 25% AMI and Satisfy Rent or Mortgage Guidelines	0.0%			≥ 30%	10
		Points Earned	0			≥ 20% and < 30%	8
						≥ 15% and < 20%	6
e.	The percentage of units set aside for households earning between 25% and 50% of adjusted AMI.	Number of units set aside for incomes > 25% and ≤ 50% AMI and Satisfy Rent or Mortgage Guidelines		0	0	Percentage of units set aside for incomes > 25% and ≤ 50% AMI and Satisfy Rent or Mortgage Guidelines. ***(Exhibit 5.1 for Rental, Exhibit 7.2 for Homeownership)***	
		Percentage of units set aside for incomes > 25% and ≤ 50% AMI and Satisfy Rent or Mortgage Guidelines	0.0%			≥ 30%	10
						≥ 20% and < 30%	8
		Points Earned	0			> 15% and < 20%	6

Version 2025-OCT

Exhibit 13.4 POINTS CALCULATION WORKSHEET - HOUSING DEVELOPMENTS

DEVELOPMENT NAME 0 **APPLICANT** 0

= Applicant Enter Data
= CHFA Enter Data
= Formula

Category	Description	Points Calculation		Applicant Points	CHFA Points	Explanation of Points Calculation and Required Evidence	Possible Points
3	**Applicant Capacity/Goals Accomplished**			**0**	**0**		**10**
a.	Applicant was previously awarded HTCC funds and closed the project out on time (3 years and 90 days) with no closeout extensions.	HTCC Funds Previously Received, Yes or No		0	0	Applicant was previously awarded HTCC funds and closed the project out on time (3 years and 90 days) with no closeout extensions. Points will be assessed based on a three year look back at open awards and closeouts. Applicants that have never been awarded funds or applicants with a current project open past the original closeout date will not be awarded points. ***(Exhibit 14.2)***	5
		Closed out HTCC award(s) on time, no extensions, Yes or No					
		Points Earned	0				
b.	Nonprofit Applicant Involvement	Five points will be awarded if the Nonprofit applicant meets any of the criteria.		0	0	1) For LIHTC projects, NP is sole member of general partner/managing member (if HA and NP share membership/partnership this would be acceptable), 2) NP is the property manager of the Housing Development, 3) Developer is the NP (or NP is sole member of the development entity), or 4) NP is the full or sole member of the ownership entity.	5
		Points Earned	0				
4	**Livability Initiatives**			**0**	**0**		**27**
a.	Existing Services at Project Location	Served by existing sewer service from an adopted Wastewater Facility Plan		0	0	Provide a letter from an architect, engineer or a letter from the town/city confirming the property is served by existing sewer service. ***(Exhibit 14.3)***	2
		Served by existing water service from an adopted Public Drinking Water Supply Plan				Provide a letter from an architect, engineer or a letter from the town/city confirming the property is served by existing water service. ***(Exhibit 14.3)***	2
		Boundaries that intersect a 1/2 mile buffer surrounding existing mass-transit stations				Provide evidence that the property boundary intersects a 1/2 mile buffer surrounding existing mass-transit station. ***(Exhibit 14.3)***	2
		Local bus service provided 7 days a week				Provide bus schedule and include a map showing location project and nearest bus stop is within ½ mile walking distance from the property. ***(Exhibit 14.3)***	2
		Points Earned	0				
b.	Infill Development	3 Points will be provided for the development on an infill lot. An Infill lot is defined as a parcel of vacant land, located in an urban setting and an established neighborhood with access to existing public utilities and amenities.		0	0	Attach and label as ***"Exhibit 14.5"***	3
		Points Earned	0				
	Blighted, Abandoned, Condemned, Or Underutilized Site	2 Points will be provided for the development of housing on a blighted, abandoned, condemned, or underutilized site (e.g.; vacant school). The points will be provided if the applicant provides a letter from a Town or City Official attesting that the property meets this criteria.		0	0	Attach and label as ***"Exhibit 14.5"***	2
		Points Earned	0				
c.	Development located in Area of Opportunity			0	0	"Development Located in an Area of Opportunity" means a Proposed Development with non-age restricted units of which more than 50% of the Proposed Development's total units contain two or more bedrooms, and that is located in a municipality with measured improvements in family outcomes in education, employment, and neighborhood domains. Points will be determined by CHFA. If the Applicant wishes to know the designation ahead of time, please send the address to CHFA.	
						Census Tract Designations:	**Points**
						Very High	4
						High	3
						Moderate	2
		Census Tract Designation				Low	1
		Points Earned	0			Very Low	0
d.	Housing Development is in the State Sponsored Housing Portfolio (SSHP)	Yes or No		0	0		5
		Points Earned	0				
e.	Number of Total Units in the development	Total Units		0	0	5 units or less	5
						6 to 10 units	3
		Points Earned	0			11 to 20 units	1
5	**Compliance**			**0**	**0**		**-30**
a.	Quarterly Report Compliance	Yes or No		0	0		
b.	Highest Number of Quarterly Compliance Report Delinquencies					If "No" and 2 instances	-20
						If "No" and 3 instances	-30
		Points Earned	0				
Total Points				**0.0**	**0.0**		**100**

Version 2025-OCT

Exhibit 13.4 POINTS CALCULATION WORKSHEET - HOUSING DEVELOPMENTS

DEVELOPMENT NAME	0	APPLICANT	0

= Applicant Enter Data
= CHFA Enter Data
= Formula

Category	Description	Points Calculation	Applicant Points	CHFA Points	Explanation of Points Calculation and Required Evidence	Possible Points