

# STATE OF OREGON

## AGRICULTURE WORKFORCE HOUSING TAX CREDIT PROGRAM

### 2017 Application Checklist

This application is designed to establish the qualifying status, feasibility, and readiness of farmworker housing projects to proceed. Allocation for Agriculture Workforce Housing Tax Credits will be considered in chronological order of applications received based on the announced evaluation process until the \$7.25 million annual cap set by Oregon statute is reached.

**Please remember:** All project applications must pay a \$200 processing fee **as part of submission**. You may contact OHCS to verify the availability of funds **prior** to submission. Application fees are non-refundable. Applications must be received no later than project completion.

If the applicant intends to transfer credits to an investor whose identity is known at the time of applying, that investor must file the application jointly with the applicant. If an investor is selected after the Oregon Housing & Community Services (OHCS) has issued a letter of tax credit approval, that investor and the applicant must jointly file a statement with the Department of Revenue indicating what portion of the credit each entity is claiming.

This application is intended for all AWHTC projects. Community based projects that use OHCS grant, tax credit or loan resources must submit project description information required for these other programs. All applications must contain a letter from the local planning agency stipulating the current zoning for the project site is appropriate for the proposed use and attest that the project has completed any necessary zone change and conditional use approval processes. Attachments must be provided documenting the source and availability of all funding for the project. A letter indicating a firm or conditional commitment of financing must be included from each source.

The items listed below must be submitted to complete the application. Incomplete applications will be returned. This checklist must be submitted as a part of the application package. A signature acknowledging an understanding and inclusion of the listed information is required.

#### PROJECT APPLICATION CHECKLIST

- \_\_\_ Project Application Checklist (*this page*)
- \_\_\_ Project Application/Project Description/Response to Narratives/Financial Description
- \_\_\_ Planning Agency Verification (*letter indicating current zoning is appropriate for proposed use and approval*)
- \_\_\_ Preliminary site design/development plans or scope of work for rehabilitation projects
- \_\_\_ Proof of Funding (*i.e., copy of statement, letter from financial institution verifying owner has sufficient funds, letter of conditional or firm commitment of financing from outside funding source, etc.*)
- \_\_\_ Commitment Letter from Investor (*if applicable*)
- \_\_\_ Project "before" pictures
- \_\_\_ \$200 application fee

#### APPLICANT ACKNOWLEDGMENT

Each applicant understands and has included the information listed above. Each applicant verifies that the project will be started by December 31st of the award year, unless a separate signed commitment has been included in this package indicating a future award year starting date.

Printed Name of Applicant	Signature of Applicant	Date
Printed Name of Co-Applicant (if applicable)	Signature of Co-Applicant	Date

Submit questions to Edward Brown: OHCS 725 Summer St. NE, Ste. "B" Salem, OR 97301-1266  
 (503) 986-2082 Phone  
 edward.brown@oregon.gov

# STATE OF OREGON

## AGRICULTURE WORKFORCE HOUSING TAX CREDIT PROGRAM

### 2017 APPLICATION

**1. Applicant Information**

Name of Applicant	Phone Number
Mailing Address	Fax Number
Contact Person	E-mail
<ul style="list-style-type: none"> <li>• If different from above, to whom should OHCS direct correspondence?</li> </ul>	
Name	Phone Number
Mailing Address	E-mail

**2. Who will be responsible for project development and compliance?** \_\_\_\_\_

**3. Tax Credits can be awarded to and claimed by individuals or business entities**

- If individual: provide legal name used on tax forms and Social Security Number
- If business entity: provide legal name and Federal Tax Identification Number

Name of individual or entity	SSN or Federal Identification Number
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**4. Projects may have "contributors" who participate financially in the project and share in the award and claiming of credits.** If known at time of application, contributors must apply jointly with applicant and attach a letter(s) of commitment. Applicant must provide the following information for each contributor at or before time of credit transfer. Attach separate page if there are multiple contributors.

Contributing Party	% of Credits Claiming	SSN or Federal Identification Number
Contact Person	Phone Number	
Mailing Address	E-mail	

**5. Housing Project Address:** \_\_\_\_\_

**6. Is the Project Site a Labor Camp?** (check one) No    Yes    Date Registered \_\_\_\_\_ Occupancy Date \_\_\_\_\_

Name of Project/Camp Owner	Address of Project/Camp Owner
Date OR-OSHA informed of changes in occupancy?	
If Farm Labor Contractor, Operator Endorsement # (BOLI)	

## 2017 Project Description

### 7. Eligible Cost Estimate

Total Acquisition Costs\* \$ \_\_\_\_\_  
 Total Development Costs\* \$ \_\_\_\_\_  
 Total Construction Costs\* \$ \_\_\_\_\_  
 Total Eligible Costs \$ \_\_\_\_\_

*\*Carry over from p.4, or proforma if community-based*

Credits Requested \$ \_\_\_\_\_  
 Cannot exceed 50% of Total Eligible Costs or amount  
 needed to make community based projects viable,  
 whichever is less.

### 8. Project Dates

Construction Start Date: \_\_\_\_\_  
 Projected Completion Date: \_\_\_\_\_

### 9. Zoning

Current Zoning: \_\_\_\_\_  
 (A letter from local planning agency must be attached  
 indicating project can proceed within current zoning.)

### 10. Control of Property (check one to indicate the status as of the application date)

Deed      Land Sale Contract      Earnest Money      Option      Other \_\_\_\_\_

### 11. Owner Entity (Check option that applies most accurately)

Local Gov.      Housing Authority      Not-for-Profit Entity      For-Profit Entity      Grower

### 12. Legislative District Congressional \_\_\_\_\_ State Senate \_\_\_\_\_ State House \_\_\_\_\_

### 13. Property Description (Check all that apply)

Seasonal Housing      Year Round Housing      Farm-Based      Community-Based      Low-income Housing  
 New Construction      Acquisition      Rehabilitation      \_\_\_\_\_ (Year built)      Other \_\_\_\_\_  
(Describe)

Number of: 1-Bedroom Units \_\_\_\_ 2-Bedroom \_\_\_\_ 3-Bedroom \_\_\_\_ 4-Bedroom \_\_\_\_ Other \_\_\_\_\_

Number of Buildings \_\_\_\_\_ Number of Units \_\_\_\_\_ Max Occupancy \_\_\_\_\_

Total SquareFootage of Project Structure(s) \_\_\_\_\_

Rent charged? No      Yes

If Yes, List Rents by Unit type \_\_\_\_\_

## Response to Narratives

### 14. Application Narratives (Please respond to the following in your narrative. A complete description will expedite processing. Attach additional sheets and diagram if available.)

- **Describe the overall concept** of the entire development. **If the project involves rehabilitation**, attach a description of the work to be completed. The goal of such rehabilitation should be to improve the property in such a way as to maximize its expected life.
- **Describe the physical characteristics** of the proposed site, the project design, and how they meet farmworker needs. Discuss the nature of the proposed housing as on-farm, off-farm, community-based, year-round or seasonal.
- **Attach a preliminary site design and development plan, or scope of rehabilitation work.** (This need not be professionally done)

# PROJECT FINANCIAL DESCRIPTION AND USES OF FUNDING

**15. Complete Section 1 if Tax Credits Will Be Sold or Claimed by Another Entity**

*Tax Credits Requested*    x    *Sale price per credit*    =    *Equity generated for project from credits*

\$ \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**16. List Sources of Funding:**

Source of Funding	Type (grant, loan, equity)	Amount	Conditional or Committed
<i>(ex.) Bank of Plenty</i>	<i>Loan (20 year)</i>	<i>\$350,000</i>	<i>Committed</i>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

**Total Funding Sources**    \$ \_\_\_\_\_  
*(Combine Equity Generated from Credits and Sources of funding)*

**17. Project Costs:**

\*Purchase Price of Land    \$ \_\_\_\_\_

**Acquisition Cost:**

Improvements    \$ \_\_\_\_\_

Closing/Recording    \$ \_\_\_\_\_

Off-site Costs/Improvements    \$ \_\_\_\_\_

Other \_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

\_\_\_\_\_    \$ \_\_\_\_\_

**Subtotal**    \$ \_\_\_\_\_

**Construction Costs:**

Construction/Building    \$ \_\_\_\_\_

On-site Work/Landscaping    \$ \_\_\_\_\_

Hazardous Materials    \$ \_\_\_\_\_

Abatement    \$ \_\_\_\_\_

Common Area    \$ \_\_\_\_\_

Contractor Overhead & Profit    \$ \_\_\_\_\_

Contingency    \$ \_\_\_\_\_

Other \_\_\_\_\_    \$ \_\_\_\_\_

**Subtotal**    \$ \_\_\_\_\_

**Development Costs:**

Building    \$ \_\_\_\_\_

Permits/Fees/System    \$ \_\_\_\_\_

Development Charges    \$ \_\_\_\_\_

Surveys & Appraisals    \$ \_\_\_\_\_

Market/Environmental    \$ \_\_\_\_\_

Architectural/Engineering    \$ \_\_\_\_\_

Legal/Accounting    \$ \_\_\_\_\_

Developer/Consultant Fee    \$ \_\_\_\_\_

OHCS App Fee \$200.00    \$ \_\_\_\_\_

Other \_\_\_\_\_    \$ \_\_\_\_\_

**Subtotal**    \$ \_\_\_\_\_

**Total Eligible Costs** \$ \_\_\_\_\_ (Total Acquisition, Construction, and Development Costs)

(Note: Total Funding Sources must equal Total Project Costs)

\*Purchase Price of Land cannot be included in Eligible Costs.

**18. Submission.** All applications will be considered in the chronological order in which they are filed. Applicants may file by mail courier, email, facsimile or hand delivery. If electronically filed by email or facsimile; applicants must also submit a hardcopy application with \$200 application fee prior to project award.

Contact and Submission info:

Edward Brown, AWHTC Program Manager  
OHCS 725 Summer St. NE, Ste. "B" Salem, OR 97301-1266  
(503) 986-2082 Phone  
(503) 986-2020 Fax

**19. Certification.** Each applicant hereby certifies that construction will begin, be completed and occupied as noted above to the best of their knowledge. Each applicant certifies the above information to be true and accurate and that the housing units for which the tax credit applies will only be occupied by agriculture workforce and their immediate families for at least ten (10) years, unless OHCS grants a waiver of this requirement after five (5) years of compliance with it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Contributor (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name