



Vermont Housing Finance Agency Annual LIHTC Questionnaire

Property Name: _____

Address: _____

1. Number of buildings in project? _____
 Number of total units in project? _____
 Number of tax credit units in project? _____

2. List the bedroom sizes along with the **current** contract rents being charged:
- | | | |
|---------------------------|---------------|---------------|
| Number of 0 Bedroom Units | _____ @ _____ | Contract rent |
| Number of 1 Bedroom Units | _____ @ _____ | Contract rent |
| Number of 2 Bedroom Units | _____ @ _____ | Contract rent |
| Number of 3 Bedroom Units | _____ @ _____ | Contract rent |
| Number of 4 Bedroom Units | _____ @ _____ | Contract rent |
| Number of 5 Bedroom Units | _____ @ _____ | Contract rent |

3. Does the property have a utility allowance? Yes No
If yes, check off type of units and specify the utility allowance amount per bedroom size.

Please provide copies of schedules and or estimates used in determining the UA.

| | |
|---------------|---------------|
| 0 br \$ _____ | 0 br \$ _____ |
| 1 br \$ _____ | 1 br \$ _____ |
| 2 br \$ _____ | 2 br \$ _____ |
| 3 br \$ _____ | 3 br \$ _____ |
| 4 br \$ _____ | 4 br \$ _____ |

Rental Subsidy Units:

- _____ Rural Development (RD) units, use the RD utility allowance schedule
 _____ Section 8 project-based units; use the HUD utility allowance schedule
 _____ Section 8 certificate or vouchers units; use the local PHA utility allowance schedule

Other Units:

- _____ Local PHA utility allowance schedule
 _____ Utility Company estimate
 _____ Housing Credit Agency utility cost estimate provided the agency agrees to provide the estimate (this option may be obtained anytime during the extended use period)
 _____ Utility estimate using HUD's Utility Schedule Model
 _____ Unrelated Qualified Professional (approved by the VHFA) to calculate utility estimates using an energy consumption model

4. Are you using the **Common Rental Application**? Yes No
 If no, are you accepting the **Common Rental Application**? Yes No

5. Vermont law requires owners or managers of pre-1978 rental housing to complete Essential Maintenance Practices (EMP's) to reduce the risk of lead poisoning to children. Have you submitted your annual submission Compliance Statements to the Department of Health?

Yes No N/A

If yes, when did you submit your last Compliance Statements? _____

6. Do you have management occupied units? Yes No
If yes, please answer the following questions. If no go to #7

- | | | | |
|----|---|-----|----|
| a. | Is (are) the management personnel full-time employees? | Yes | No |
| b. | Is (are) the management unit(s) low income qualified? | Yes | No |
| c. | Is (are) the management unit(s) below the maximum rent? | Yes | No |

7. Are all **first-year records** for this property kept for at least 21 years, in accordance with 1.42-5 (b)? Yes No
Are all **records of other years** of compliance kept at least 6 years beyond due date of filing the federal income tax return, in accordance with 1.42-5 (b)?

Yes No

Have you permanently secured your files against loss of destruction with electronic scanning? Yes No

If so, describe what documents have been electronically secured or your future plans.

8. Did the owner use Tax Exempt Bonds to finance this project? Yes No

If yes, did you submit the IRS 8703 form "Annual Certification of Residential Rental Project" to the IRS during the 15 year qualified project period? Yes No If so, please provide a copy of this form when you initially submitted to the IRS. (Only the initial form needs to be submitted to VHFA.)

9. Did the owner agree to dedicate units for Supportive Housing in return for a basis boost as outlined in the Qualified Allocation Plan (Starting with the QAP dated 2/3/2012)?

Yes No

If yes, has either executed a memorandum of understanding (MOU) or master lease to provide Supportive Housing? **Please provide:** the number and location of the Supportive Housing units and attach the most current copy of the signed MOU or master lease.

10. What other fees are tenants required to pay (e.g. cable, parking, usage fees, etc.)

Please List:

11. What other services are optional that a tenant may choose to pay for?

Please List:

12. Is there any commercial space in the project? (Space rented for business purposes or rented to produce income).

Please List:

13. Who will VHFA staff be meeting at this property?

Name: _____ Phone # _____ Email: _____

14. Will files be reviewed at the property? Yes No **If not, where?**

15. Have you submitted Part II of the **IRS 8609 Form** and schedule A, IRS Form 8586, IRS Form 3800 and Schedule K-1 (Form 1065) for the first year that you claimed credits?

Yes No **If no, these documents must be submitted to VHFA at this time.**

The undersigned hereby represents and certifies that the foregoing information, to the best of his/her knowledge is materially complete and accurate.

Signature: _____

Date: _____

Printed Name: _____