



Multifamily Direct Loan Programs

2020

Contact Information



Physical Address:
TDHCA
221 East 11th Street
Austin, Texas 78701

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TDHCA
PO Box 13941
Austin, Texas 78711-3941

Website: www.tdhca.state.tx.us

Course Objectives

Share information on key compliance requirements for Multifamily Direct Loan (MFDL) developments funded through Texas Department of Housing and Community Affairs (TDHCA)

HOME Investment
Partnership
Program
(HOME)

Tax Credit
Assistance Program
Repayment Funds
(TCAP RF)

Neighborhood
Stabilization
Program
(NSP)

National Housing
Trust Fund
(NHTF)

Housekeeping Announcements



- Breaks: Morning and Afternoon
- Lunch: 12-1:00pm
- Questions: use chat box
- Conclusion: approximately 4:00pm

Agenda

- Overview
- Income and Rent Limits
- Utility Allowances (UA), Fees and Rent
- Land Use Restriction Agreement (LURA)
- Written Policies and Procedures (WPP)
- Eligibility and Students
- Recertifications
- Adjusted Income
- Lease Requirements and Compliance Rules
- Compliance Monitoring



Documents

Notice of Funding Availability (NOFA)

- TDHCA Website

Land Use Restriction Agreement (LURA)

- Owner
- Management Company
- CMTS Attachment System
- Contact TDHCA

Written Policies and Procedures (WPP)

- Owner
- Management Company



Overview

Overview

HOME/TCAP RF

- 24 CFR Part 92
- HOME Investment Partnership Program Final Rule
- Title 10 of the Texas Administrative Code, Chapter 10

NSP

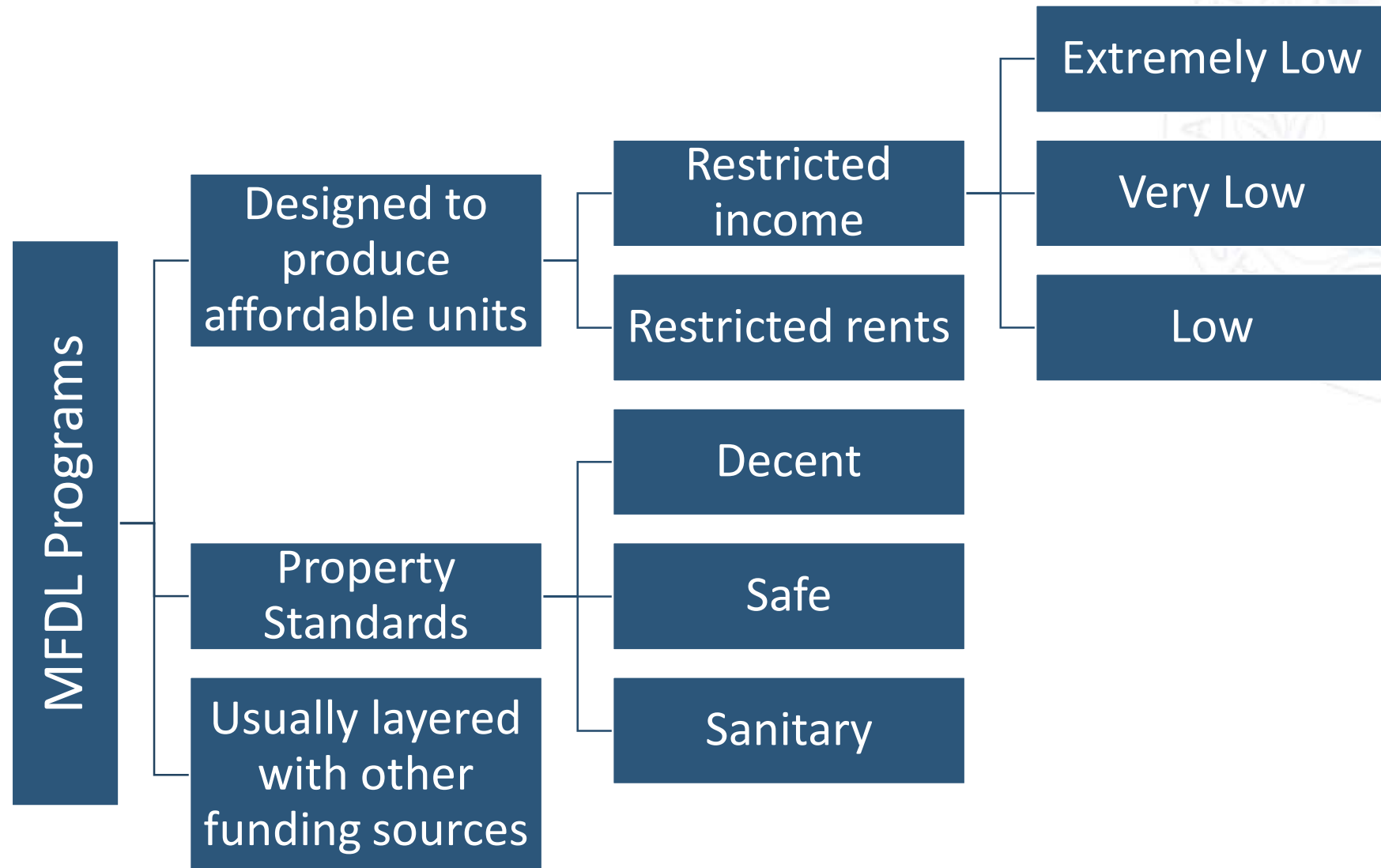
- 24 CFR Part 570
- Neighborhood Stabilization Program
- Title 10 of the Texas Administrative Code, Chapter 10

NHTF

- 24 CFR Part 93
- Housing Trust Fund Interim Rule
- Title 10 of the Texas Administrative Code, Chapter 10



Overview



Timeline

- TDHCA publishes Notices of Funding Availability (NOFA)
- Application is submitted for MFDL funds
- Application and Underwriting review
- Commitment is issued to those applications approved by the Board
- Pre-closing requirements are met
- Loan closing/LURA recorded
- Review plans and specs
- Conduct mid-inspections during construction
- Final construction inspection completed
- Final draw request is made
- Compliance monitoring initiated



Project Completion

Completion for Rental

All construction work is completed and property standards achieved

Final draw of MFDL funds disbursed

Rental units are available for occupancy and marked vacant in IDIS



Key Players

TDHCA

- Provides MFDL funds for multifamily rental properties
- Publishes NOFAs and Notices
- Publishes Multifamily Direct Loan Rule (10 TAC Chapter 13)
- Publishes the Uniform Multifamily Rules (10 TAC Chapter 10)
- Publishes Compliance Monitoring Rules (10 TAC Chapter 10, Subchapter F)
- Monitors MFDL rental developments
- Provides technical assistance and training
- Reports to HUD



Key Players

HUD

- Establishes program requirements
- 24 CFR Part 92 and 93
 - HOMEfires
 - CPD Notices
 - FACTs
 - FAQs
 - Publishes Income and Rent Limits
 - Publishes Technical Guides
 - Monitors Participating Jurisdiction (PJ)



Key Players

Owners

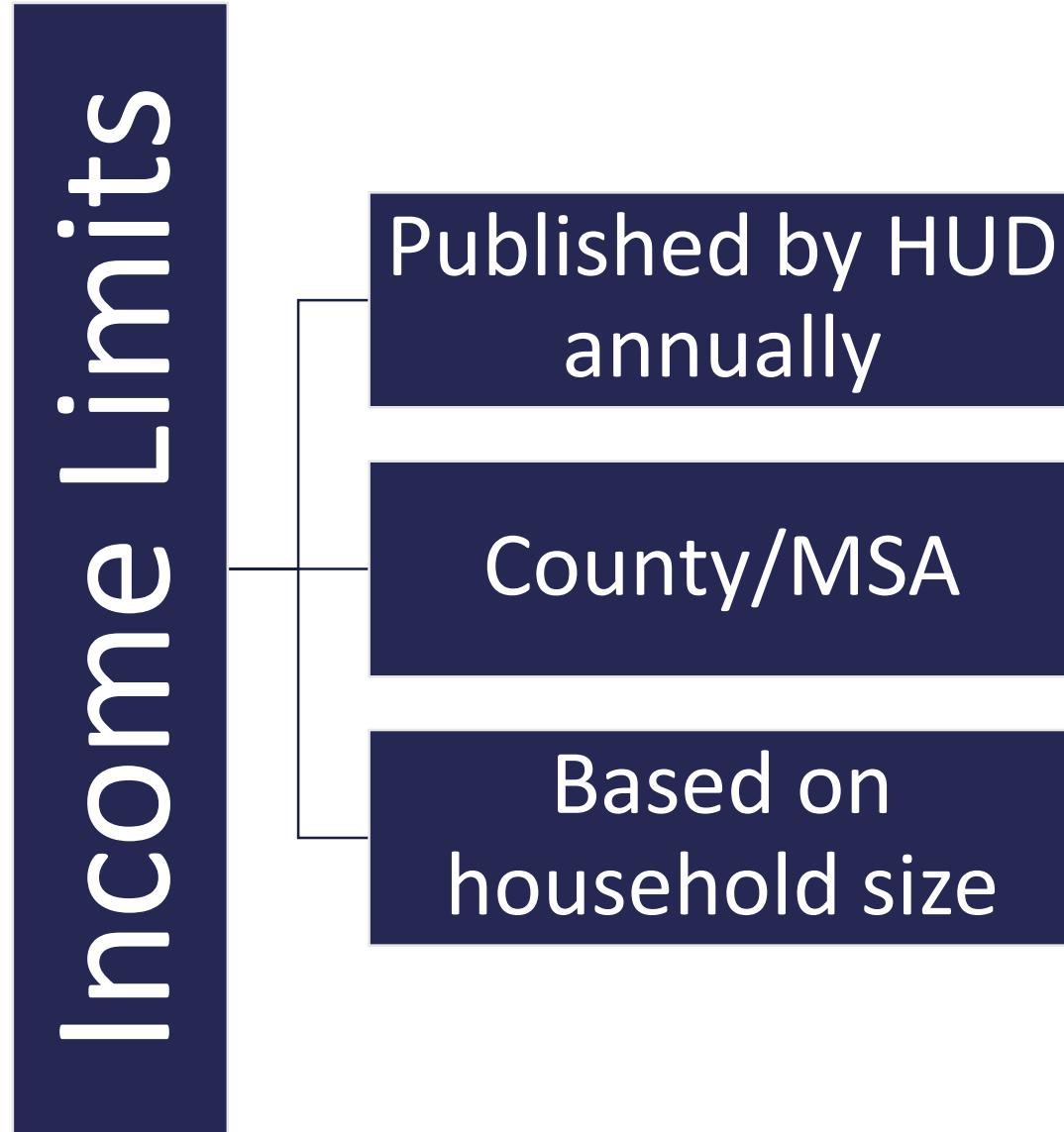
- Provide affordable units
- Maintain property standards
- Maintain sufficient documentation to evidence compliance with all requirements
- Establish written policies and procedures
- Reports to TDHCA



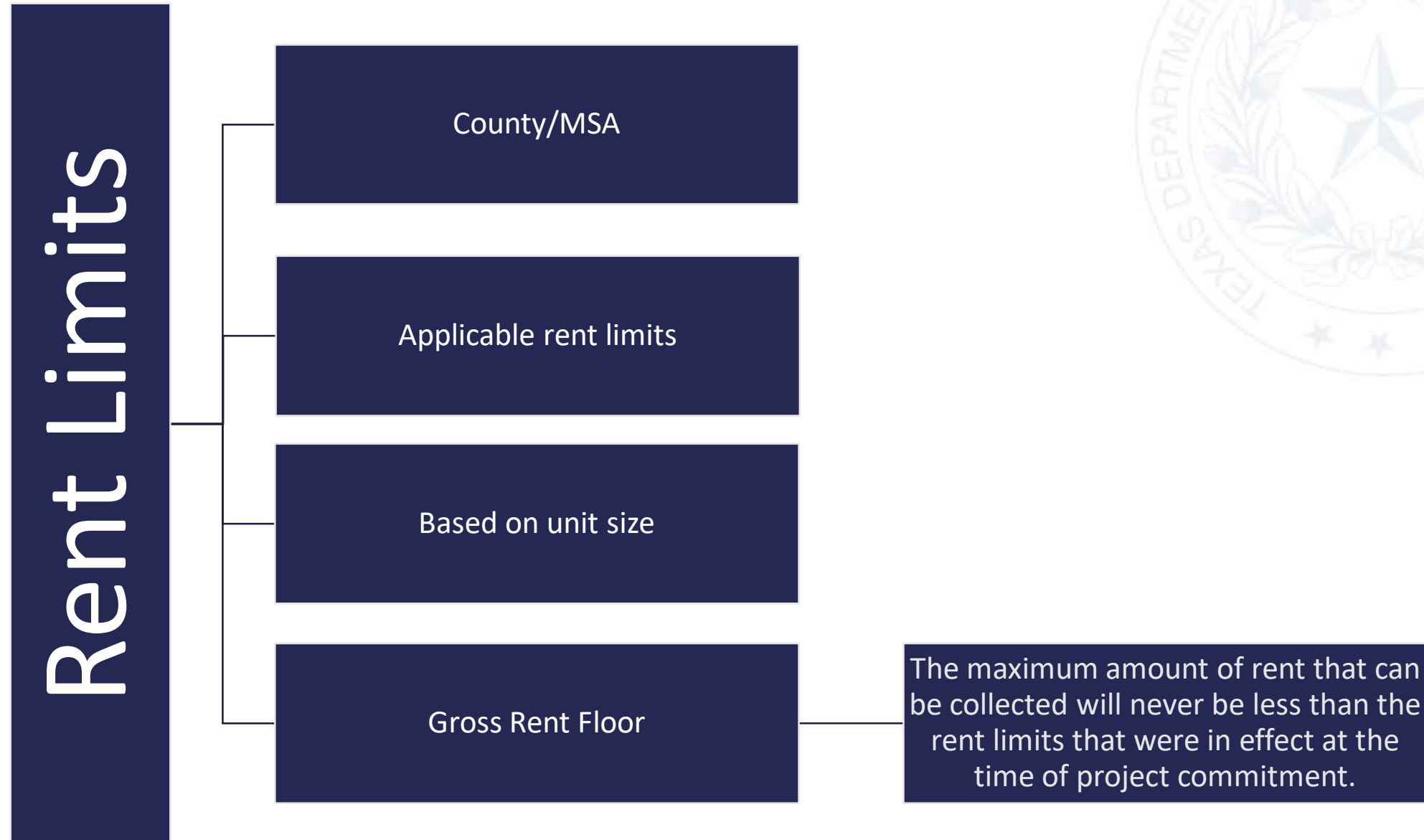


Income and Rent Limits

Income and Rent Limits



Income and Rent Limits



Income and Rent Limits

The rent limit is adjusted for tenant paid utilities (Utility Allowance)

Rent increases may be provided at lease renewal

Rent increases require a 30-day written notice to the household
(Doesn't apply to NHTF)

Additional rent restrictions may apply

The rent limit is also adjusted for rent subsidy e.g. Section 8 and TBRA rental assistance

Generally, the rent limit must be restricted at or below the limits outlined in the LURA

Income and Rent Limits



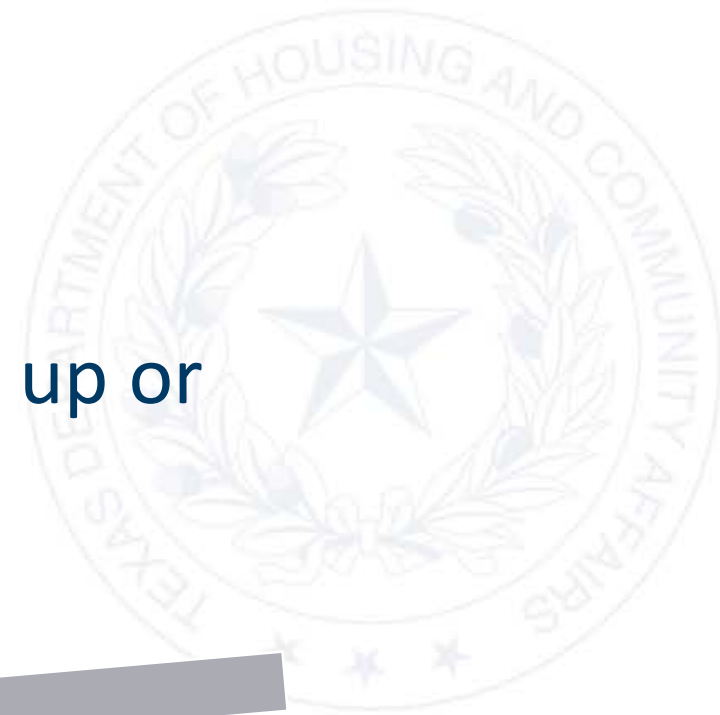
§10.403(a)-(d) Annual Review of HOME Rents; where commitment of funds occurred on or after August 23, 2013

- The Asset Management Division will annually approve or disapprove rents
- Owner must submit documentation no later than **July 1** of each year in accordance with the rule
 - Provide current rent roll and Department approved Utility Allowance(s)
- Review process is completed within 30 days
- A signed letter will be provided to the owner and uploaded in CMTS

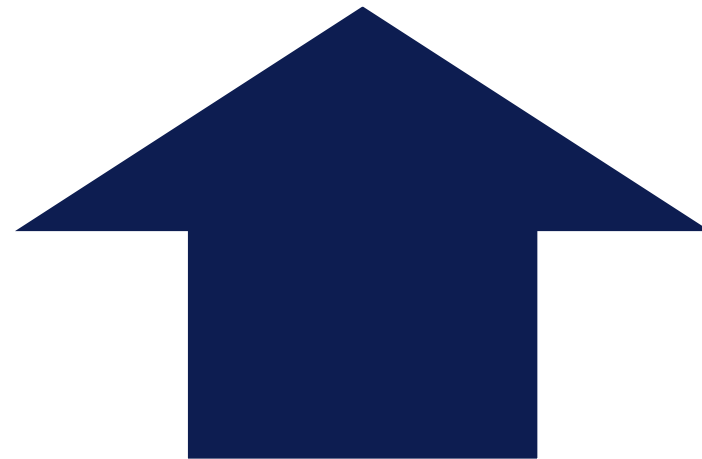
Income and Rent Limits



Limits can go up or down



MFDL Income
Limits are not
subject to hold
harmless provision



Income and Rent Limits



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project:

Instructions:

- (1) Choose the county in which your project is located.
- (2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.
- (3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.
- (4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."
- (5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County:

(2) Place:²

(3) Financing:

(4) Project PIS Date:

(5) Carryover / Determination Notice / Subaward Agreement Date:

Carryover / Determination Notice / Subaward Agreement Date / LURA Date. Review footnote 3 at the bottom of the spreadsheet.

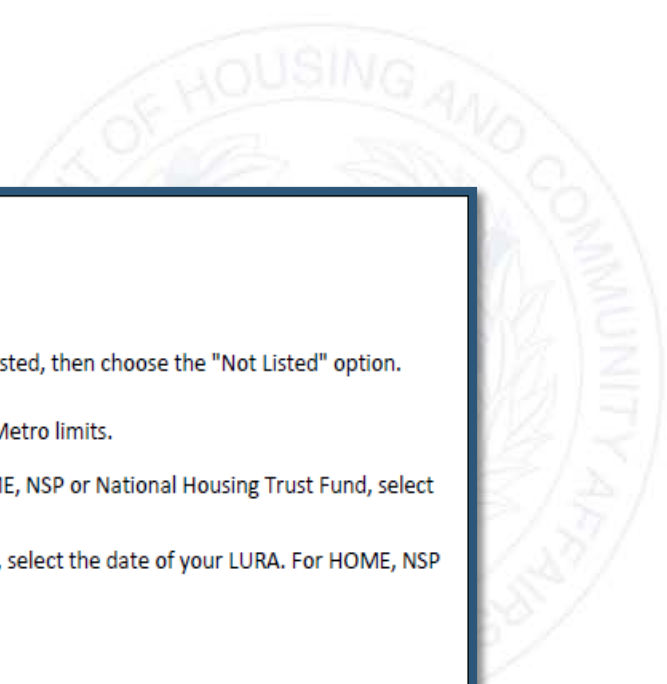
INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	
20						
30						
40						
50						
60						
65						
70						
80						

Income and Rent Limits



Project: _____

Instructions:
(1) Choose the county in which your project is located.

_____ed places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.

(3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.

(4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."

(5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County: _____

(2) Place:² _____

(3) Financing: _____

- Anderson
- Andrews
- Angelina
- Aransas
- Archer
- Armstrong
- Atascosa
- Austin

(4) Project PIS Date: _____

(5) Carryover / Determination Notice / Subaward Agreement Date: _____

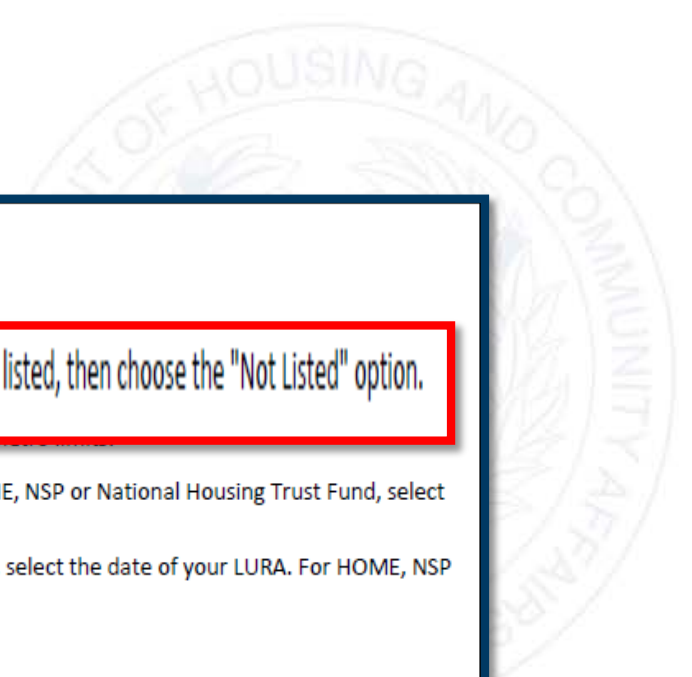
INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

Number of Bedrooms	

Income and Rent Limits



Project:

Instructions:

(2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.

(4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."

(5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County:

INCOME LIMITS

(2) Place:²

- Not Listed
- Abernathy
- Abilene
- Abram
- Ackerly (Martin County)
- Addison
- Adrian
- Agua Dulce (El Paso County)

(3) Financing:

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

(5) Carryover / Determination Notice / Subaward Agreement Date:

RENT LIMITS

Number of Bedrooms	

Income and Rent Limits



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project: _____

Instructions:

(1) Choose the county in which your project is located.

(3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.

Trust Fund, select "N/A."

(5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County: _____

(2) Place:² _____

(3) Financing:

- HOME/TCAP RF
- 4% Housing Tax Credits
- 9% Housing Tax Credits
- Tax-Exempt Bonds
- HOME/TCAP RF
- NSP
- State Housing Trust Fund
- National Housing Trust Fund

(4) LURA Date:

Carryover / Determination Notice / Subaward Agreement Date / LURA Date. Review footnote 3 at the bottom of the spreadsheet.

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	
20						
30						
40						
50						
60						
65						
70						
80						

Income and Rent Limits



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project: _____

Instructions:

(1) Choose the county in which your project is located.

(2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.

(4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."

PLEASE COMPLETE ALL FIELDS.

(1) County: _____

(2) Place:² _____

(3) Financing: _____

(4) LURA Date:

- 4/21/2015 - 3/27/2016
- 3/28/2016 - 5/12/2016
- 5/13/2016 - 4/13/2017
- 4/14/2017 - 5/29/2017
- 5/30/2017 - 3/31/2018
- 4/1/2018 - 5/16/2018
- On or After 5/17/2018
- N/A - (For HOME, NSP or National HTF only)

Date. Review footnote 3 at the bottom of the spreadsheet.

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	
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60						
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70						
80						

Income and Rent Limits



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project:

Instructions:

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(2) Place:²

(3) Financing:

(4) Project PIS Date:

(5) LURA Date (should be same selection as above):

- 4/21/2015 - 3/27/2016
- 3/28/2016 - 5/12/2016
- 5/13/2016 - 4/13/2017
- 4/14/2017 - 5/29/2017
- 5/30/2017 - 3/31/2018
- 4/1/2018 - 5/16/2018
- On or After 5/17/2018
- N/A - (For HOME, NSP or National HTF only)

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

AMFI %	Number of Bedrooms				
	0	1	2	3	4
20					
30					
40					
50					
60					
65					
70					
80					

Income and Rent Limits – HOME/TCAP RF and NSP ONLY



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project: _____

Instructions:

- (1) Choose the county in which your project is located.
- (2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.
- (3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.
- (4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."
- (5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County: _____

(2) Place:² _____

(3) Financing: _____

(4) Project PIS Date: _____

(5) Carryover / Determination Notice / Subaward Agreement Date: _____

(6) For HOME/NSP ONLY:

New Leases and lease renewals (including month to month leases):

- On or Before 6/27/2019
- On or Before 6/27/2019
- On or After 6/28/2019

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30								
40								
50								
60								
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80								
120								

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	
20						
30						
40						
50						
60						
65						
70						
80						

Income and Rent Limits



Texas Department of Housing and Community Affairs Rent and Income Limits¹ (As of 10/17/2018)

Project:

Instructions:

(1) Choose the county in which your project is located.

(2) If your project is located within the boundaries of one of the designated places listed in the drop down menu then make the appropriate selection. If the location is not listed, then choose the "Not Listed" option.

(3) Please select the financing applicable for your project. Units financed with HOME, NSP, or tax exempt bonds and 4% tax credits are not eligible to use the National Non-Metro limits.

(4) Choose the date the first building in the project (as defined on line 8b of the 8609) was placed in service or for State Housing Trust Fund, the date of your LURA. For HOME, NSP or National Housing Trust Fund, select "N/A."

(5) Select the date based on the execution date of your property's Carryover Agreement, Determination Notice or Subaward Agreement Date. For State Housing Trust Fund, select the date of your LURA. For HOME, NSP or National Housing Trust Fund select "N/A." See footnote 3 for more details.

PLEASE COMPLETE ALL FIELDS.

(1) County: Travis

(2) Place:² Austin

(3) Financing: HOME/TCAP RF

(4) LURA Date: N/A - (For HOME, NSP or National HTF only)

(5) LURA Date (should be same selection as above):

N/A - (For HOME, NSP or National HTF only)

(6) For HOME/NSP ONLY:

New leases and lease renewals (including month to month leases):

On or After 6/01/2018

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 18,100	\$ 20,650	\$ 23,250	\$ 25,800	\$ 27,900	\$ 29,950	\$ 32,000	\$ 34,100
40	\$ 24,080	\$ 27,320	\$ 30,960	\$ 34,400	\$ 37,160	\$ 39,920	\$ 42,680	\$ 45,440
50	\$ 30,100	\$ 34,400	\$ 38,700	\$ 43,000	\$ 46,450	\$ 49,900	\$ 53,350	\$ 56,800
60	\$ 36,120	\$ 41,280	\$ 46,440	\$ 51,600	\$ 55,740	\$ 59,880	\$ 64,020	\$ 68,160
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 48,200	\$ 55,050	\$ 61,950	\$ 68,800	\$ 74,350	\$ 79,850	\$ 85,350	\$ 90,850
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	5
20						
30	\$452	\$484	\$581	\$671	\$748	\$826
40	\$602	\$645	\$774	\$894	\$998	\$1,101
Low	\$752	\$806	\$967	\$1,118	\$1,247	\$1,376
High	\$860	\$1,023	\$1,251	\$1,481	\$1,633	\$1,782
65						
70						
80						

Income and Rent Limits

HOME and TCAP RF

- HOME/TCAP RF income limits always apply to HOME/TCAP RF assisted units, even if the property/unit receives other funding sources

Income

- At no time may a new household in a HOME/TCAP RF assisted unit have an income greater than 80% Area Median Income (AMI)
- If an applicant's income is greater than the HOME/TCAP RF income limit, they cannot occupy a HOME/TCAP RF unit

Limits

- Very low-income (VLI) income \leq 50% AMI
- Low-income (LI) income \leq 80% AMI

Income and Rent Limits

NSP

- NSP income limits always apply to NSP assisted units, even if the property/unit receives other funding sources

Income

- At no time may a new household in a NSP assisted unit have an income greater than 50% Area Median Income (AMI)
- If an applicant's income is greater than the NSP income limit, they cannot occupy a NSP unit

Limits

- Very Low-income (VLI) income \leq 50% AMI

Income and Rent Limits

NHTF

- NHTF income limits always apply to NHTF assisted units, even if the property/unit receives other funding sources

Income

- At no time may a new household in an NHTF assisted unit have an income greater than 30% Area Median Income (AMI)
- If an applicant's income is greater than the NHTF income limit, they cannot occupy an NHTF unit

Limits

- Extremely Low income \leq 30% AMI
- Or families with incomes at or below the poverty line, whichever is greater
- TDHCA's Income Tool does the comparison

Income and Rent Limits



When HUD releases annual MFDL limits, can the limits decrease from last year?

- a. No, that is not fair!
- b. Yes, HUD does not hold MFDL limits harmless.
- c. They may decrease, but it is up to the owner to decide if they want to implement them.

Utility Allowances Fees Rents



Utility Allowance

Include utilities paid by the resident

Paid directly to the provider

Paid to, or through, the owner of the building

~~PHONE, CABLE,
INTERNET~~

Utility Allowance

HUD Multifamily Notice H-2015-4

For developments that participate in one of the federal housing programs funded by either U.S. Department of Housing and Urban Development (HUD) or United States Department of Agriculture Rural Development (USDA) specified in this notice, the applicable utility allowance for all rent restricted units in the building is the applicable utility allowance calculated under this Notice

- This approved methodology is described in the HOMEfires-Vol. 13 No. 2 revised August 2016

Learning Point


An MFDL development layered with USDA Rural Development funds through Rural Housing Services (RHS) must use what method to establish the utility allowance?

- a. The utility allowance established by the Department
- b. The utility allowance established by RHS
- c. Any utility allowance the Owner wants to use



Rural Housing Services (RHS)





United States Department of Agriculture
Rural Development

November 22, 2019

Quackenbush LLC
54689 West Oaks Dr
Houston, TX 77777

Dear Ms. Quackenbush:

You are hereby notified that Rural Development has reviewed the request for a change in shelter costs for the ~~Quackenbush LLC~~ and considered all justification ~~for the request~~. Rural Development has approved the following rent (occupancy charge) and utility allowance rates listed below. The changes for all units will become effective January 1, 2020. The change is needed for the following reasons:

The approved changes are as follows:

Unit Size	Present Rent (Occupancy Charge)		Approved Rent (Occupancy Charge)		Amount Changed	
	Basic	Note Rate	Basic	Note Rate	Basic	Note
L/1 Bedroom	\$510	\$585	\$525 ✓	\$600	\$15	\$15
N/1 Bedroom	\$510	\$585	\$525 ✓	\$600	\$15	\$15

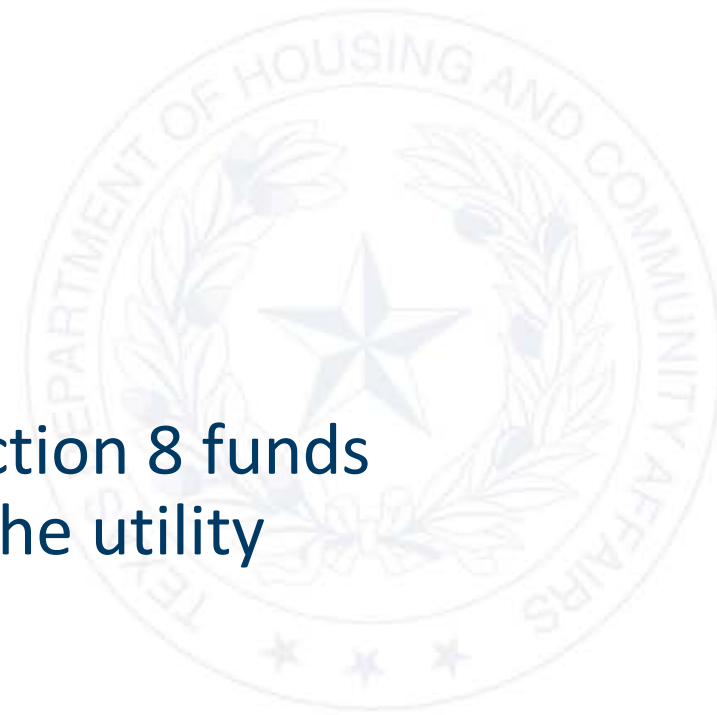
The approved utility allowance changes are as follows:

Unit Size	Present Utility Allowance	Approved Utility Allowance	Amount Changed
L/1 Bdr-gas/electric	\$90	\$87 ✓	-\$3
N/1 Bdr-electric	\$83	\$77 ✓	-\$6
L/2 Bdr-gas/electric	\$108	\$119 ✓	+\$11
N/2 Bdr-electric	\$101	\$112 ✓	+\$11
N/3 Bdr-electric	\$89	\$125 ✓	+\$36

Learning Point

An MFDL development layered with Project-Based Section 8 funds through HUD must use what method to establish the utility allowance?

- a. Any of the methodologies in the Texas Administrative Code
- b. The utility allowance established by RHS
- c. The utility allowance established by HUD



Housing and Urban Development



U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

10/23/2018

GMB Approval No. 2503-0612
(exp. 11/30/2020)

**Rent Schedule
Low Rent Housing**

See Page 3 for Instructions, Public Burden Statement and Privacy Act requirements.

Project Name: **Merrill Lane Apartments**

FHA Project Number: _____

Phase/Start Date: 10/1/2018

Part A - Apartment Rents
Show the actual rents you intend to charge, even if the total of

Col. 1 Unit Type (Exclude Non-revenue Producing Units)	Col. 2 Number of Units	Col. 3 Rent Per Unit	Col. 5 Utility Allowances	Col. 7 Rent Per Unit	Col. 8 Monthly Market Rent Potential (Col. 2 x Col. 7)
1 BR	12	\$730		\$0	\$0
2 BR	25	\$906			
3 BR	27	\$920			
4 BR	5	\$1,125			
Total Units	70	Monthly Contract Rent (Add Col. 4)*	\$48	Monthly Market Rent Potential (Add Col. 8)*	\$0
Yearly Contract Rent (Col. 4 Sum x 12)*			\$61	Yearly Market Rent Potential (Col. 8 Sum x 12)*	
Yearly Contract Rent (Col. 4 Sum x 12)*			\$87	Yearly Market Rent Potential (Col. 8 Sum x 12)*	
Yearly Contract Rent (Col. 4 Sum x 12)*			\$102	Yearly Market Rent Potential (Col. 8 Sum x 12)*	

*These amounts may not exceed the Maximum Allowable Rent established. Market Rent Potential applies to Section 286 Projects.

Part B - Items Included in Rent

Equipment/Furnishings in Unit (Check those included in rent)

<input checked="" type="checkbox"/> Range	<input type="checkbox"/> Dishwasher	<input checked="" type="checkbox"/> Toilet
<input checked="" type="checkbox"/> Refrigerator	<input type="checkbox"/> Carpet	<input type="checkbox"/> TV
<input checked="" type="checkbox"/> Air Conditioner	<input type="checkbox"/> Drapes	<input type="checkbox"/> Stove
<input type="checkbox"/> Disposal	<input checked="" type="checkbox"/> Mini Blinds	<input type="checkbox"/> Washer/Dryer

Utilities (Check those included in rent. For each item, (even those not included in rent), enter E, F, or G on the beside that item) (Electric; Gas; Fuel oil or coal.)

<input type="checkbox"/> Heating	E	<input type="checkbox"/> Hot Water	E	<input type="checkbox"/> Lights, etc.	
<input type="checkbox"/> Cooling	E	<input type="checkbox"/> Cooking	E	<input checked="" type="checkbox"/> Water/Sewer	

Services/Facilities (check those included in rent)

<input checked="" type="checkbox"/> Parking		<input type="checkbox"/> Massing Care	
<input type="checkbox"/> Laundry Facilities		<input type="checkbox"/> Linen/Bed Services	
<input type="checkbox"/> Swimming Pool		<input type="checkbox"/>	
<input type="checkbox"/> Tennis Courts		<input type="checkbox"/>	

Part C - Changes in Addition to Rent (e.g., parking, cable TV, meals)

Purpose	Monthly Change
N/A	

Part E - Commercial Space (retail, offices, garages, etc.)

Col. 1 Use	Col. 2 Monthly Rent Potential	Col. 3 Square Footage	Col. 4 Rental Rate Per Sq. Ft. (Col. 2 Divided By Col. 3)
Laundry	125		
Total Commercial Rent Potential	\$125		\$1,600

Utility Allowance

If the MFDL property does NOT participate in one of the federal housing programs found in Notice H-2015-4, then for applications with MFDL funds...

If TDHCA is the awarding PJ, §10.614 allows the request of any methodology except the Public Housing Authority

If the application has MFDL funds from the Department and another PJ, the Department will require the use of the utility allowance approved by the Department

If the application includes MFDL funds from another PJ, applicants are required to request in writing the approved utility allowance from the awarding jurisdiction

Utility Allowance

The HUD Utility Schedule Model
(HUSM)

Written Local Estimate

If a request has not been received by the Department by October 1st, then the Department will calculate the utility allowance using the HUD Utility Schedule Model and it must be implemented 30 days after date of letter available during the affordability period

Energy Consumption Model

Actual Use Method / Agency Estimate

HUD Model Schedule

General Information

PHA/Zip Code* Lookup: 78712
 *If zip code is unavailable, choose adjacent zip code.

Name of Housing Authority/City: Austin

State: TX


Form Date: July 17, 2018

Include Allowance for Air Conditioning:

Climate Data (Degree Days)

HDD Jan	428	required
HDD Feb	297	required
HDD Mar	162	required
HDD Apr	38	required
HDD May	2	required
HDD Jun	0	required
HDD Jul	0	required

Location Tariffs Building Characteristics HUD-52667 Form


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September 25, 2018

Writer's doc # 5912-475-1021
 Email: uwg@tdhca.state.tx.us

Owner Name
 Ownership Name
 City, TX
 email@email

RE: Pandora Springs

CMTS ID: #####

Dear Ms. Name:

The Texas Department of Housing and Community Affairs (Department) has received the request submitted on July 24, 2018, for Pandora Springs to calculate the utility allowance using the HUD Utility Schedule Model method described in 10TAC §10.614(c)(3)(C). Your request is approved based on the following representations:

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

Allowances for Tenant-Furnished Utilities and Other Services

Locality	Green Discount	Unit Type		Date (mm/dd/yyyy)
		None	Larger Apartment Bldgs. (5+ units)	
				9/25/2018
Utility or Service		Monthly Dollar Allowances		
		1 BR	2 BR	
Space Heating				
Natural Gas				
Bottled Gas				
Electric Resistance		\$14.93	\$17.13	
Electric Heat Pump				
Fuel Oil				
Cooking				
Natural Gas				
Bottled Gas				
Electric		\$4.33	\$6.27	
Other				
Other Electric		\$16.36	\$22.76	
Air Conditioning		\$12.00	\$16.64	
Water Heating				
Natural Gas				
Bottled Gas				
Electric		\$9.93	\$12.68	
Fuel Oil				
Water				
Sewer				
Trash Collection				
Range/Microwave				
Refrigerator				
Other - specify				
Total		\$57.56	\$75.48	
Total Allowance (Rounded Up)		\$58.00	\$76.00	

HUD Model Schedule

NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: Enter the date posted onsite

Please be aware that effective on 90 days after posting (example posting= 8/28/13 the 90 days after=11/26/14), the management and ownership of Property Name will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
	\$ list total for all utilities	\$ list total for all utilities
	\$	\$
	\$	\$
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Property Name may submit written comments on these proposed changes to the management office at Management Company Contact Information.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Cody Campbell

Please provide the following reference on all correspondence: Property Name, File Number for Program selected or CMTS ID (based on option chosen in drop down box)

TDHCA will review the comments. When approved, this change will be effective for rents due Enter date rent next due after end of 90 day notification period (example:90 days after is 11/25/13 then rents next due 12/1/13).


For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Name of Person Posting
Title of Person Posting
Company Name of Person Posting

Revised January 9, 2015

- Effective Date = 90 days after the date of posting
- The 90 days begins as of the date entered as the Form Date
- Must wait the full 90 days before implementing
- Annual Review must be completed once a calendar year

Written Local Estimate


ENERGY™

April 16, 2018

RE: Utility Allowance Estimate

To Whom It May Concern:

In our opinion, as of this date, the monthly utility charge estimates listed below would apply for the above noted property located within the service area of Cirro Energy:


ELECTRIC - Utility Allowances			
	1 BR	2 BR	3 BR
TOTAL	\$ 54.00	\$ 66.00	\$ 73.00


NOTES:

- The above utility allowances are only an estimate.
- The monthly utility charge estimates are for a unit of similar size and construction for the geographic area in which the building containing the unit is located.
- Estimates based on an "Energy Conservative Household" and other criteria as defined by the U.S. Department of Housing and Urban Development (HUD).
- Estimates include costs for heating; cooking; other electric (lighting, etc.); air conditioning; water heating; all monthly component charges.

04/16/18

Sincerely yours,


JP Schlessner
Director of Sales


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July 26, 2018

Write's direct phone # (512)475-3067
Email: nicole.martinez@tdhca.state.tx.us

Owner Name
Ownership Name
city, TX
email@email

RE: Pandora Springs

CMT'S ID: #####

Dear Mr. Name:

The request to implement an updated utility allowance for Pandora Springs was received on May 1, 2018 for calendar year 2018. This satisfies the owner's requirement to notify the Department.

Please be advised, the Department has not reviewed the allowance; the Owner is responsible for ensuring compliance. Monitoring for rents and utility allowances will be included in the property's next regularly scheduled onsite review. If there is noncompliance, corrective action will be required. Please see 10TAC§10.614 for guidance.

The date the Department received this correspondence begins the ninety (90) day notification period. If a resident of the development contacts the Department with relevant information during the notification period, the Department will contact the owner and request additional documentation. Otherwise, the updated utility allowance must be implemented for rent due 90 days after the beginning of the notification period.

Please maintain this correspondence for the property's records. If you have questions please contact Nicole Martinez at (512) 475-3067 or via email: nicole.martinez@tdhca.state.tx.us.

Sincerely,

Nicole Martinez
Compliance Monitor

Written Local Estimate

NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: Enter the date posted onsite

Please be aware that effective on 90 days after posting (example posting= 8/28/13 the 90 days after=11/26/14), the management and ownership of Property Name will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
	\$ list total for all utilities	\$ list total for all utilities
	\$	\$
	\$	\$
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Property Name may submit written comments on these proposed changes to the management office at Management Company Contact Information.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Cody Campbell

Please provide the following reference on all correspondence: Property Name, File Number for Program selected or CMTS ID (based on option chosen in drop down box)

TDHCA will review the comments. When approved, this change will be effective for rents due Enter date rent next due after end of 90 day notification period (example:90 days after is 11/25/13 then rents next due 12/1/13).


For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Name of Person Posting
Title of Person Posting
Company Name of Person Posting

Revised January 9, 2015

- Effective Date = 90 days after the date of posting
- The 90 days begins the date of the letter from the utility provider
- Must wait the full 90 days before implementing
- Annual Review must be completed once a calendar year

Energy Consumption Model



3110 Cherry Palm Drive Suite 290
Tampa, Florida 33619
Telephone 813-418-3340
Fax 813-418-3355

September 25, 2018

RE: Utility Allowance Estimate


To Whom It May Concern:

In our opinion, as of this date, the monthly utility charge estimates listed below would apply for the above noted property:

Electric Utility Allowances	1 BR	2 BR
Electric Utility Allowances	\$ 48.66	\$ 60.25
TOTAL UTILITY ALLOWANCES	\$ 48.66	\$ 60.25
TOTAL ALLOWANCES ROUNDED UP	\$ 49.00	\$ 61.00

NOTES:

1. The above utility allowances were produced using an engineer approved Energy Consumption Model.
2. Estimates for electric charges were developed using the local provider rates from Cirro Energy, a certain local electric utility provider, who is able to service the subject property. The provider is listed on the Power to Choose website located at <http://www.powertochoose.org>. Component charges used were less than 30 days old as of the date on this letter.
 - a. Estimates include electric costs for heating; cooking; other electric (lighting, etc.); air conditioning; water heating; all monthly component charges.
3. The Energy Consumption Model used for this property takes into consideration, but is not limited to, the following items:
 - a. Property location
 - b. Year of construction
 - c. Unit square footage
 - d. Unit type based on number of bedrooms
 - e. Load occupancy based on number of bedrooms
 - f. Building type
 - g. Construction materials
 - h. Wall/ceiling insulation
 - i. Type/size of HVAC, appliances and water heaters
 - j. HVAC SEER rating



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November 26, 2018

Owner Name
Ownership Name
City, TX
email@email.com

RE: Pandora Springs

CMTS ID: ###

Writer's direct phone # (512) 475-3802
Email: carolyn.metzger@tdhca.state.tx.us

Dear Ms. Name:

The Texas Department of Housing and Community Affairs (Department) has received the request submitted on October 1, 2018, by Ownership Name for Pandora Springs to calculate the utility allowance using the Energy Consumption Model method described in 10TAC §10.610(c)(3)(D).

Your request is hereby granted. This approval is based on the representation that the residents are financially responsible for electricity, that the utility is not paid to or through the owner of the building based on an allocation formula or RUBS; and, that the Development does not have HUD-Regulated buildings, RHS assisted buildings or RHS assisted tenants. Please note that, in accordance with Treasury Regulation §1.42-10, the utility allowance for those units occupied by Section 8 voucher holders remains the applicable Public Housing Authority utility allowance established from where the resident receives the assistance.

The Notice to the Residents was posted on October 1, 2018, which begins the 90-day notification period. Please note that a resident of the development could contact the Department with additional information during the notification period. If the information is relevant, the Department may contact the owner and request additional documentation. **The following utility allowances are effective for rent due after December 30, 2018:**

	Energy Consumption Model
1 Bedroom	\$49.00
2 Bedroom	\$61.00

It is the sole responsibility of the owner to implement the allowance to ensure that rents are restricted and, if applicable, all additional rent and occupancy restrictions are met. The Department will review rents during the next onsite monitoring review and, failure to implement timely, will result in noncompliance.

Please be advised that the utility allowance must be reviewed at least once a calendar year. The review must take into account any changes to the building, including energy conservation measures that affect energy consumption and changes in utility rates. 10TAC §10.614(g) outlines the requirements for an annual review.

If you have questions about this review, please contact Carolyn Metzger at (512) 475-3802 or via email: carolyn.metzger@tdhca.state.tx.us.

Sincerely,

Carolyn Metzger
Compliance Monitor

Energy Consumption Model

NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: Enter the date posted onsite

Please be aware that effective on 90 days after posting (example posting= 8/28/13 the 90 days after=11/26/14), the management and ownership of Property Name will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
	\$ list total for all utilities	\$ list total for all utilities
	\$	\$
	\$	\$
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Property Name may submit written comments on these proposed changes to the management office at Management Company Contact Information.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Cody Campbell

Please provide the following reference on all correspondence: Property Name, File Number for Program selected or CMTS ID (based on option chosen in drop down box)

TDHCA will review the comments. When approved, this change will be effective for rents due Enter date rent next due after end of 90 day notification period (example:90 days after is 11/25/13 then rents next due 12/1/13).

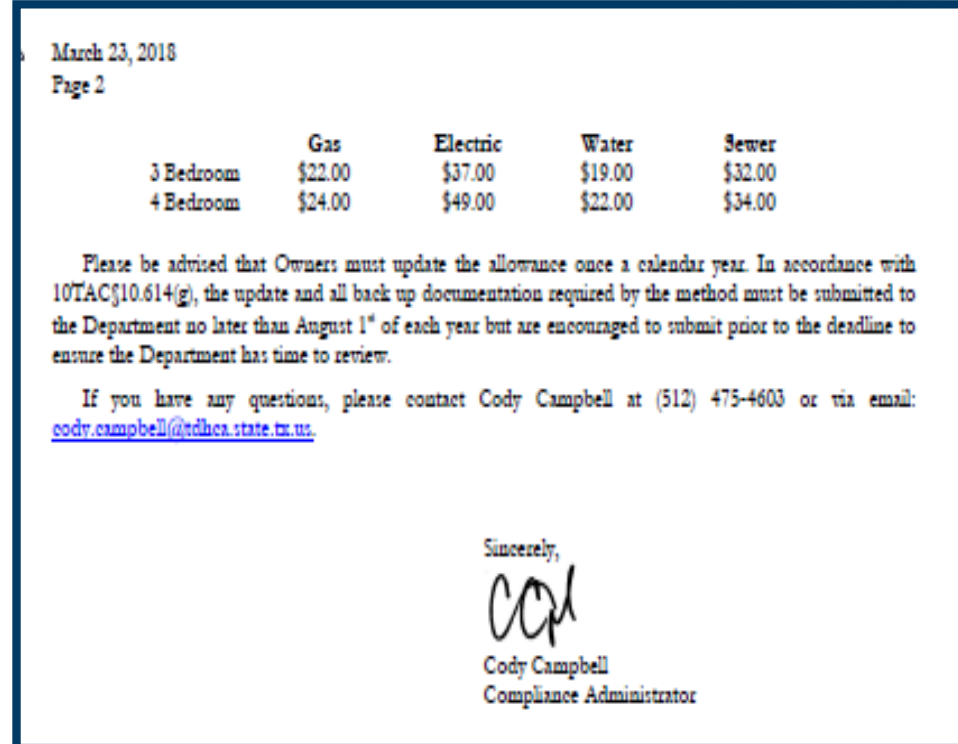
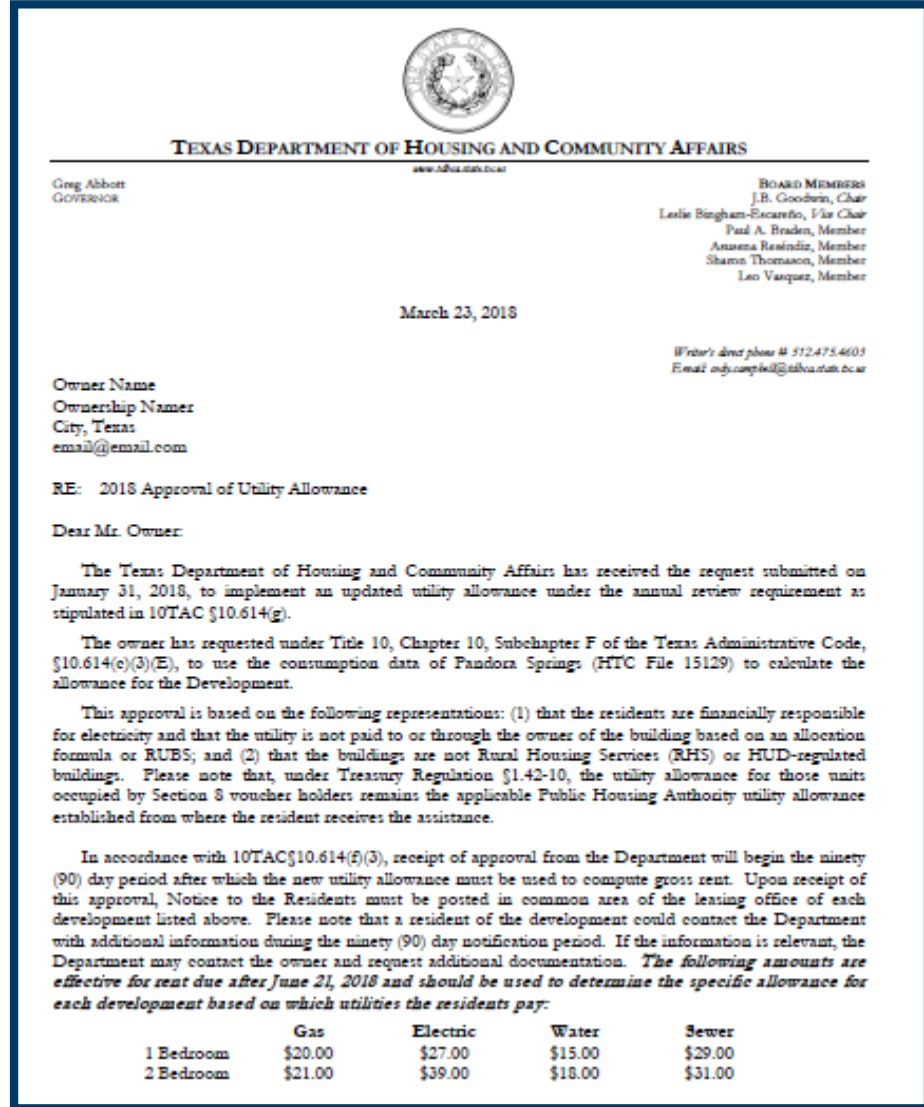
For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Name of Person Posting
Title of Person Posting
Company Name of Person Posting

Revised January 9, 2015

- Effective Date = 90 days after the date of posting
- 90 days begins 60 days after the end of the last month of the 12-month period for which data was used to compute the estimate
- Must wait the full 90 days before implementing
- Annual Review must be completed once a calendar year

Actual Use Method



Actual Use Method

NOTICE TO RESIDENTS OF ANNUAL REVIEW OF UTILITY ALLOWANCE

Date of Posting: Enter the date posted onsite

Please be aware that effective on 90 days after posting (example posting= 8/28/13 the 90 days after=11/26/14), the management and ownership of Property Name will implement the following revised Utility Allowances. These allowances were calculated using the same methodology that was used to calculate the allowance last year.

Unit Type	Current Utility Allowance	Updated Utility Allowance
	\$ list total for all utilities	\$ list total for all utilities
	\$	\$
	\$	\$
	\$	\$

During a period of 90 days from the date of service of this notice, residents of Property Name may submit written comments on these proposed changes to the management office at Management Company Contact Information.

All comments received will be transmitted to the Texas Department of Housing and Community Affairs (TDHCA). If you wish, you may also send a copy of your comments directly to TDHCA at the following address:

Texas Department of Housing and Community Affairs
P.O. Box 13941
Austin, Texas 78711-3941
Attn: Cody Campbell

Please provide the following reference on all correspondence: Property Name, File Number for Program selected or CMTS ID (based on option chosen in drop down box)

TDHCA will review the comments. When approved, this change will be effective for rents due Enter date rent next due after end of 90 day notification period (example:90 days after is 11/25/13 then rents next due 12/1/13).

For further information on Utility Allowances, visit the Texas Department of Housing and Community Affairs website at www.tdhca.state.tx.us. To access, select the "Support and Services" tab; then select "Compliance". A side menu will appear, select "Utility Allowances".

Name of Person Posting
Title of Person Posting
Company Name of Person Posting

Revised January 9, 2015

- Effective Date = 90 days following TDHCA approval
- 90 days begins the date of TDHCA approval
- Must wait the full 90 days before implementing
- Annual Review must be completed once a calendar year

Changing Methodologies



- Owner must obtain prior approval to:
 - Change the methodology, and/or
 - Start or stop charging for a utility

- To obtain approval, submit a request to the Department by uploading the following into the development's CMTS Attachment System:
 - Completed Utility Allowance Questionnaire
 - All applicable back-up (based on methodology)

Combining Methodologies

- PJ must use the same UA methodology for all MFDL programs within the development.
- Properties with MFDL funds may not combine different methodologies to calculate a utility allowance.



Learning Point

The household residing within an MFDL unit is also a participant of the Housing Choice Voucher Program (HCV). Which is the applicable utility allowance for this household?

- a. The utility allowance established by the Department for the MFDL program
- b. The utility allowance established by the Public Housing Authority that issued the HCV
- c. The lowest utility allowance available



Utility Allowances

➤ Submit all Application requests to:

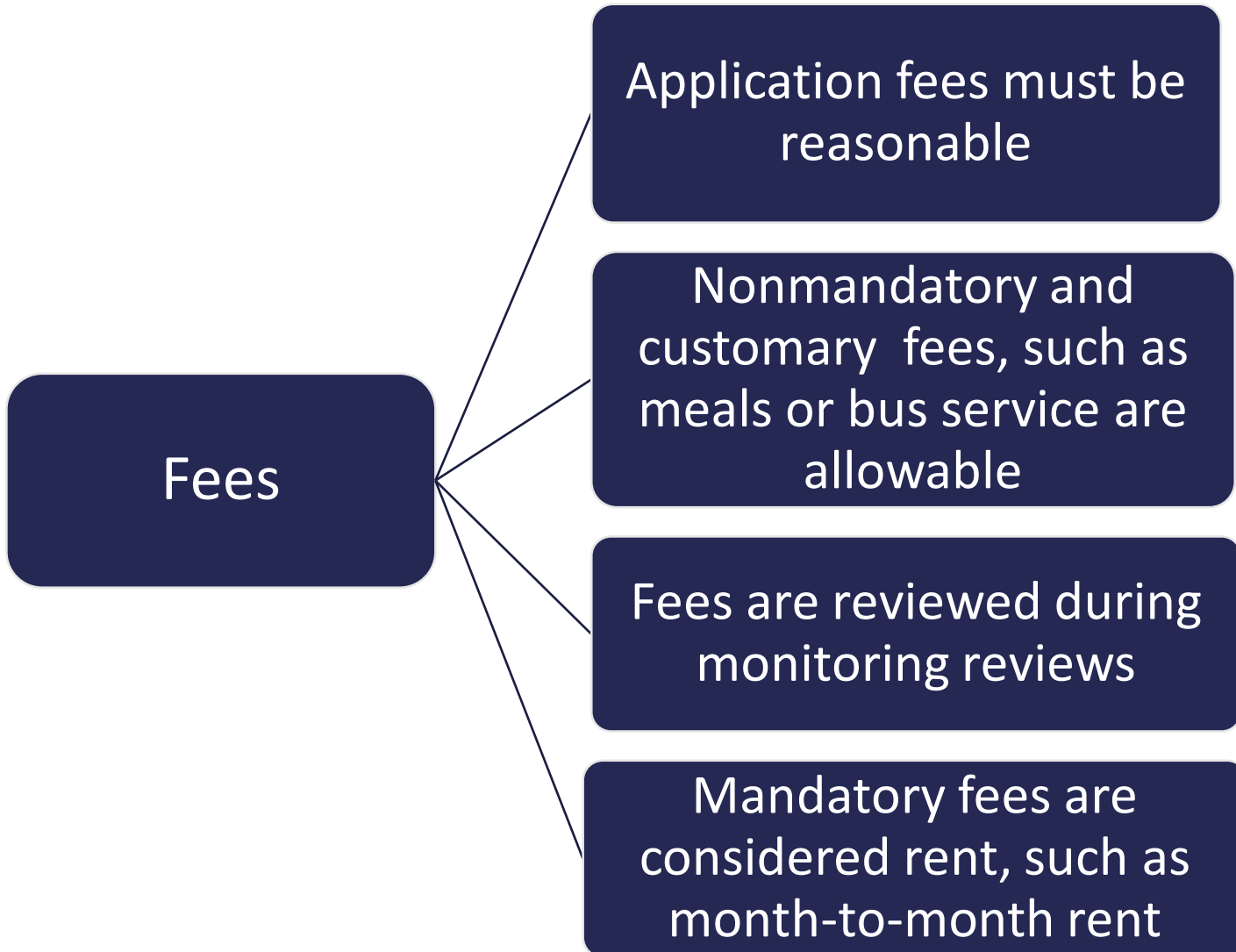
- ua-application@tdhca.state.tx.us
 - Must include:
 - Utility Allowance Questionnaire for Applications found here <http://www.tdhca.state.tx.us/pmcomp/utility-allowance.htm>

If uploaded to a specific monitor – will not be reviewed

➤ For established developments:

- Upload directly to the development's CMTS account; select Utility Allowance as the "TDHCA Contact"
- Note, under Type for the drop down box, select Utility Allowance Documents

Fees



Developments with MFDL units **cannot** collect an application deposit for units designated under these programs.

How To Calculate Gross Rent



Gross Rent

Gross Rent

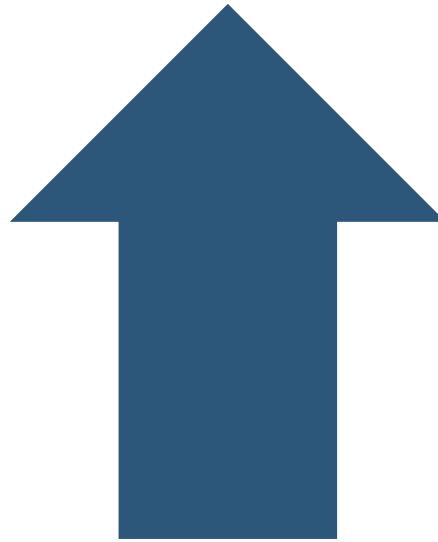
≤

MFDL Rent
Limit for the
bedroom
size



§10.622

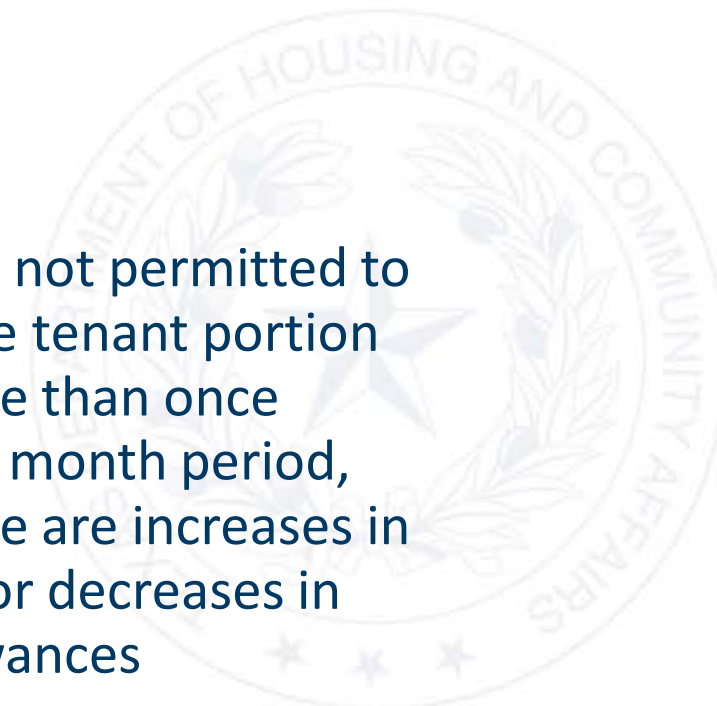
MFDL funds have always required no rent increase until the end of the lease term



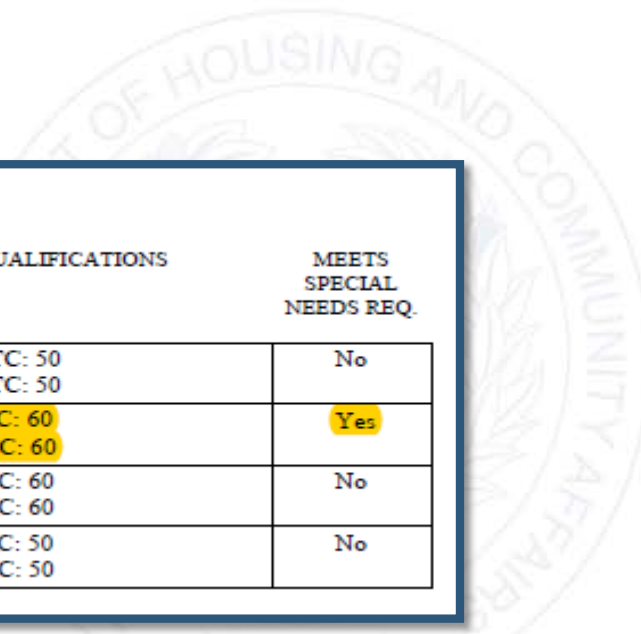
Owners are not permitted to increase the tenant portion of rent more than once during a 12 month period, even if there are increases in rent limits or decreases in utility allowances



Unless the household or unit receives assistance governed by a Federal Housing Program that requires such changes



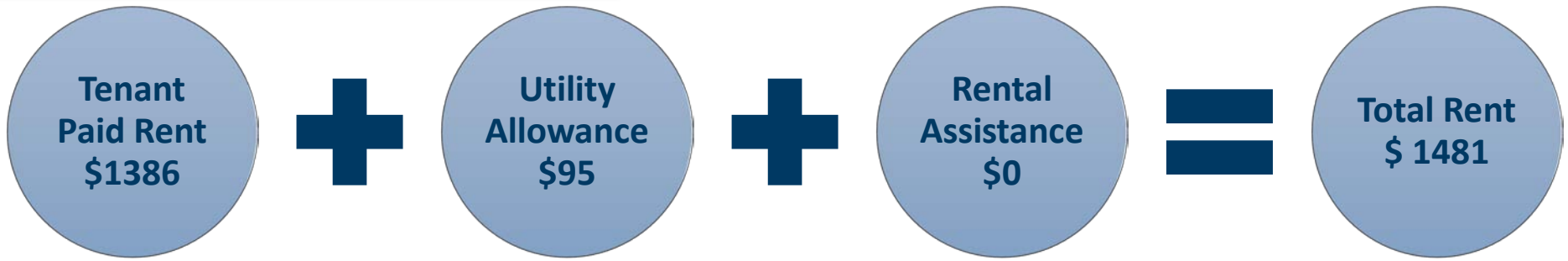
HOME Rent Limit



BIN #: TX1501201 (LIHTC Only) Building #: 1

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
1	05/12/2017		McGrath	12920	386	95	1000	3	05/12/2019	Y	5	Income Rent HOME: 50 HTC: 50	No
2	04/07/2018		McCullough	44320	1386	95	0	3	04/07/2019	Y	3	Income Rent HOME: 80 HTC: 60 HOME: 80 HTC: 60	Yes
3	06/15/2018		Glass	33560	1177	74	0	2	06/15/2019	Y	1	Income Rent HOME: 80 HTC: 60 HOME: 80 HTC: 60	No
4	12/09/2019		Meadows	30975	893	74	0	2	12/09/2019	N	2	Income Rent HOME: 50 HTC: 50 HOME: 50 HTC: 50	No

RENT LIMITS						
AMFI %	Number of Bedrooms					
	0	1	2	3	4	5
20						
30	\$497	\$533	\$640	\$738	\$823	\$909
40	\$663	\$710	\$852	\$984	\$1,098	\$1,211
Low	\$752	\$806	\$967	\$1,118	\$1,247	\$1,376
High	\$860	\$1,023	\$1,251	\$1,481	\$1,633	\$1,782
65						
70						
80						



HOME/TCAP RF Rent for Additional Occupancy Restrictions

40%

Tenant paid rent and utility allowance must be \leq 40% rent limit

Tenant paid rent, utility allowance and rent subsidy must be \leq Low HOME rent limit

30%

Tenant paid rent and utility allowance must be \leq 30% rent limits

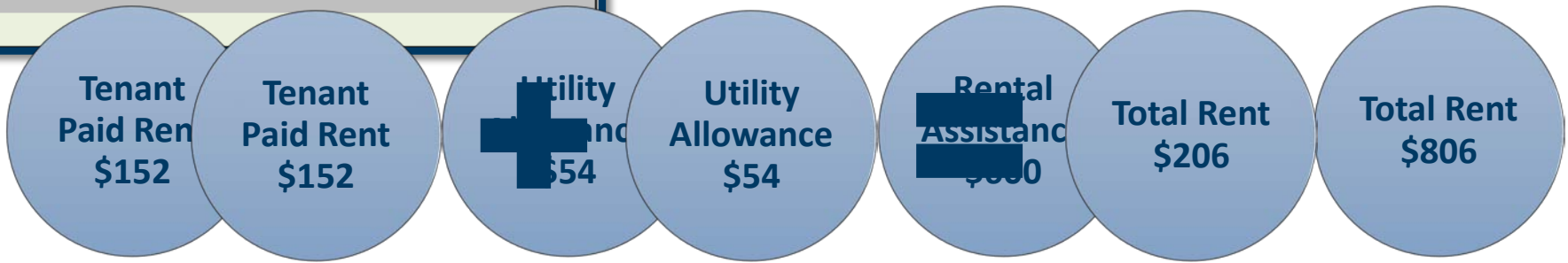
Tenant paid rent, utility allowance and rent subsidy must be \leq Low HOME rent limit



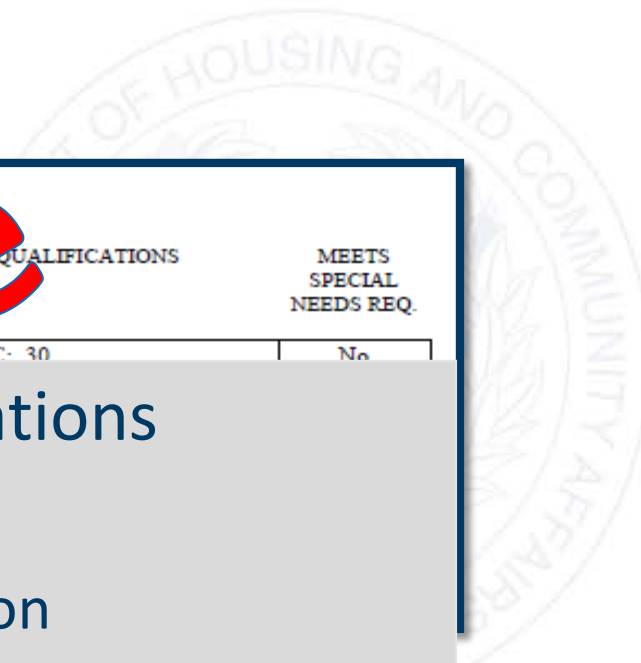
TCAP RF Rent Limit

BIN #: (LIHTC Only)		Building #: 5												
UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR. s	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS		MEETS SPECIAL NEEDS REQ.
17	08/13/2016		Russell	10000	152	54	600	1	08/13/2019	Y	1	Income Rent	TCAP RF: 30 TCAP RF: 30	Yes
18	02/16/2019		Hunter	35004	969	54	0	1	02/16/2019	N	1	Income Rent	TCAP RF: 60 TCAP RF: 80	No
19	02/16/2017		Dority	20916	732	74	0	2	02/16/2019	N	1	Income Rent	TCAP RF: 50 TCAP RF: 50	No
20	04/28/2018		Fincher	48185	1177	74	0	2	04/28/2019	Y	4	Income Rent	TCAP RF: 60 TCAP RF: 80	Yes
21	11/18/2016		Setzer	38000	969	54	0	1	11/18/2019	Y	1	Income Rent	TCAP RF: 60 TCAP RF: 80	No
22	07/22/2019		Ferguson	50923	1386	95	0	3	07/22/2019	N	3	Income Rent	TCAP RF: 60 TCAP RF: 80	No

RENT LIMITS						
AMFI %	Number of Bedrooms					
	0	1	2	3	4	5
20						
30	\$497	\$533	\$640	\$738	\$823	\$909
40	\$663	\$710	\$852	\$984	\$1,098	\$1,211
Low	\$752	\$806	\$967	\$1,118	\$1,247	\$1,376
High	\$860	\$1,023	\$1,251	\$1,481	\$1,633	\$1,782
65						
70						



NSP Rent Limit



ance

BIN #: TX1501203
(LIHTC Only)

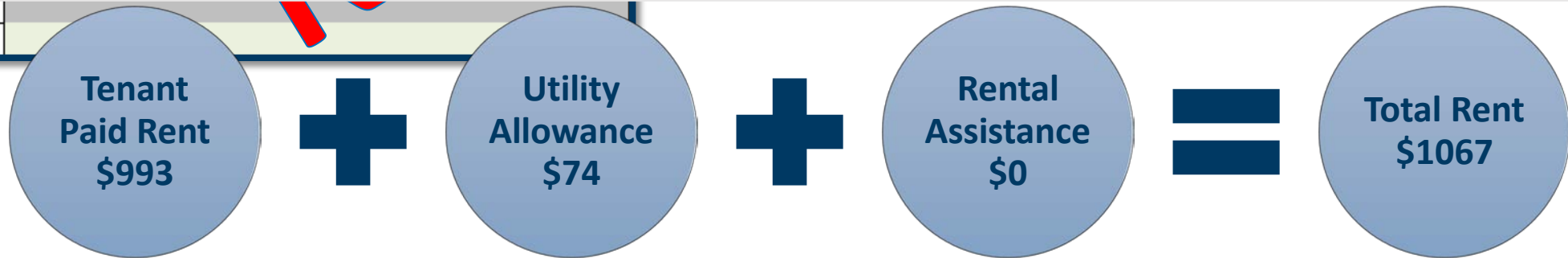
Building #: 3

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR s	TIC DATE	RE CERT	HH SIZE	RENTAL QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
10	05/01/2018			15550	698	54		0	05/01/2019	Y		LIHTC- 30	No

§10.622 - Special Rules Regarding Rents and Rent Violations

If rent is overcharged, to correct

1. Reduce the rent and notify the household of reduction
2. Refund (NOT credit) the total amount of rent overcharged
3. If household has already vacated, a trust account must be established and remain open for 4 years



NHTF Rent Limit

BIN #: TX1501204 (LIHTC Only)		Building #: 4											
UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
13	08/29/2016		Guidry	18165	25	74	728	2	08/29/2019	Y	1	Income Rent NHTF: 30 HTC: 60	Yes
14	08/23/2018		Kingston	23500	565	74	0	2	08/23/2019	Y	3	Income Rent NHTF: 30 HTC: 30	No
15	05/11/2019		Lawrence	18500	478	54	0	1	05/11/2019	N	2	Income Rent NHTF: 30 HTC: 30	No
16	05/01/2019		Yancy	3157	25	54	454	1	05/01/2019	N	1	Income Rent NHTF: 30 HTC: 60	No

RENT LIMITS						
AMFI %	Number of Bedrooms					
	0	1	2	3	4	5
20						
15	\$249	\$267	\$320	\$369	\$432	\$515
30	\$497	\$533	\$640	\$738	\$864	\$1,030
70						

Tenant Paid Rent
\$25



Utility Allowance
\$54



Rental Assistance
\$454



Total Rent
\$533

Gross Rent
\$533

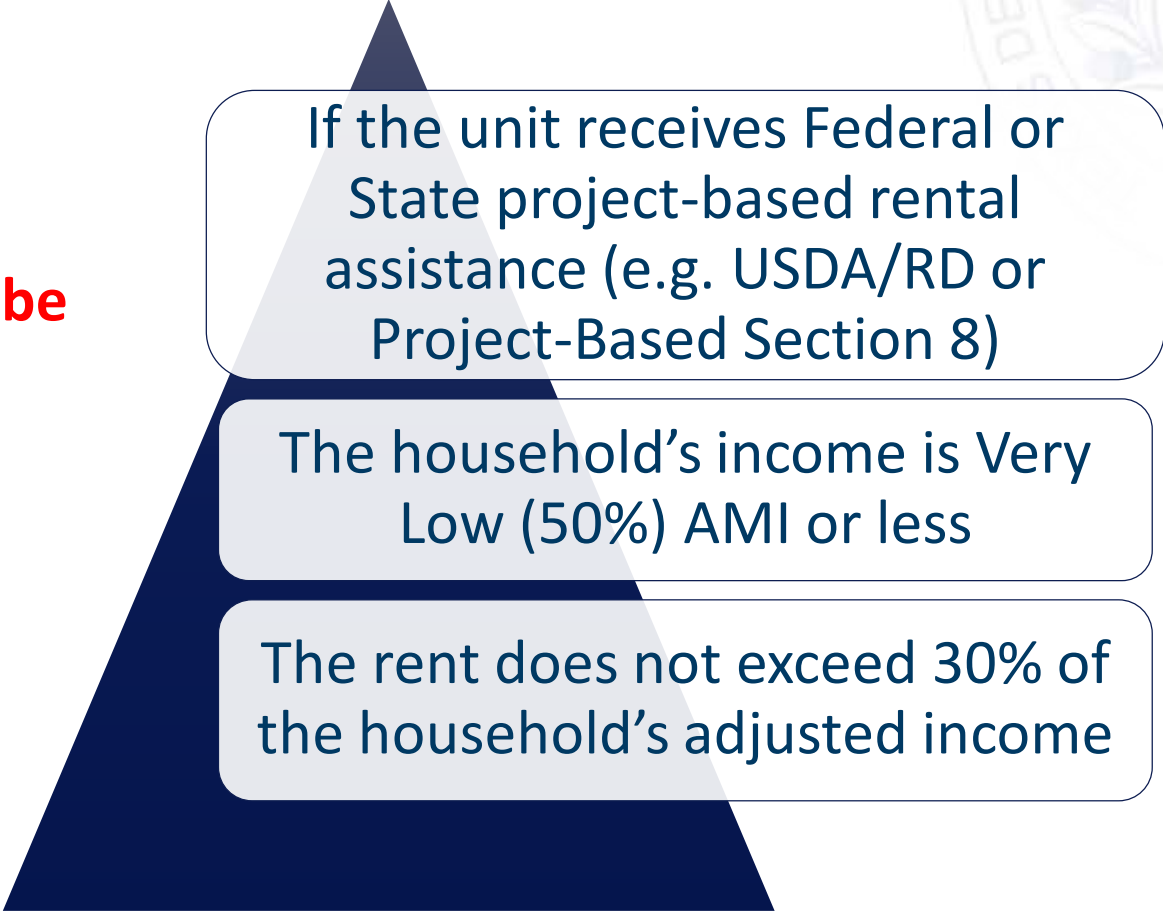


Rent Limit
\$533

Income and Rent Limits

HOME/TCAP RF and NHTF properties receiving Federal or State project-based rental assistance

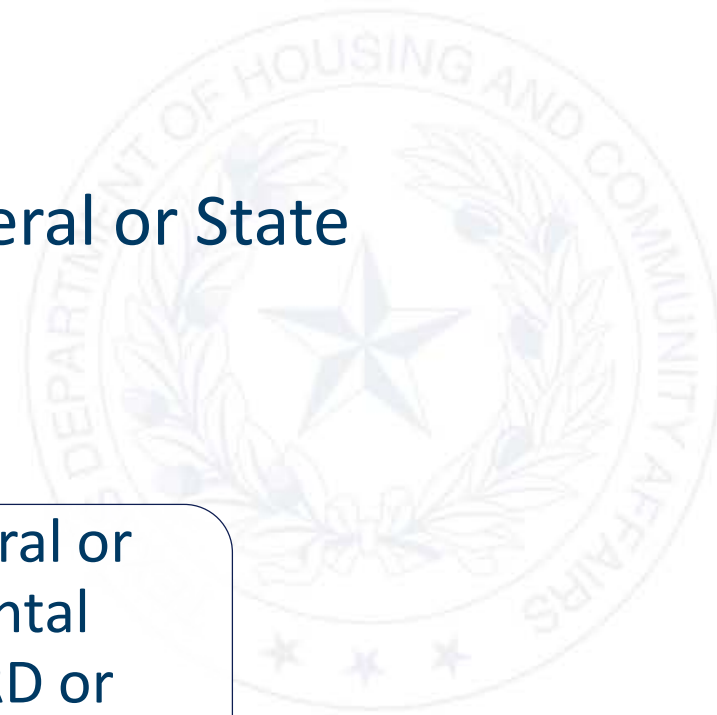
Exception: The rent may be exceeded if three (3) conditions exist!



If the unit receives Federal or State project-based rental assistance (e.g. USDA/RD or Project-Based Section 8)

The household's income is Very Low (50%) AMI or less

The rent does not exceed 30% of the household's adjusted income



HOME Rent with Project Based Section 8

Three person household's income at move-in \$16,350

Very Low HOME income limit \$42,600

Two bedroom Low-HOME Rent Limit \$967

Two bedroom High-HOME Rent Limit \$1251

Household's 30% adjusted income equals a rent amount of \$409 (Tenant paid portion of rent)

Project-Based Rental Subsidy \$1000

Utility Allowance \$90

Tenant paid portion of rent (\$409), plus utility allowance (\$90) plus rental subsidy (\$1000) equals = \$1499



Land Use Restriction Agreement (LURA)

Fixed and Floating



Fixed and Floating

Fixed or Floating units must be specified in the LURA

TDHCA's newer LURAs specify fixed or floating units (if not specified in the LURA, the MFDL units are considered floating)

The fixed or floating designation is made at the time of project commitment and the MFDL units are identified at the time of initial occupancy

Fixed units remain the same during the entire affordability period while floating units change

Fixed and Floating

Floating units change throughout the property because



A household moves out



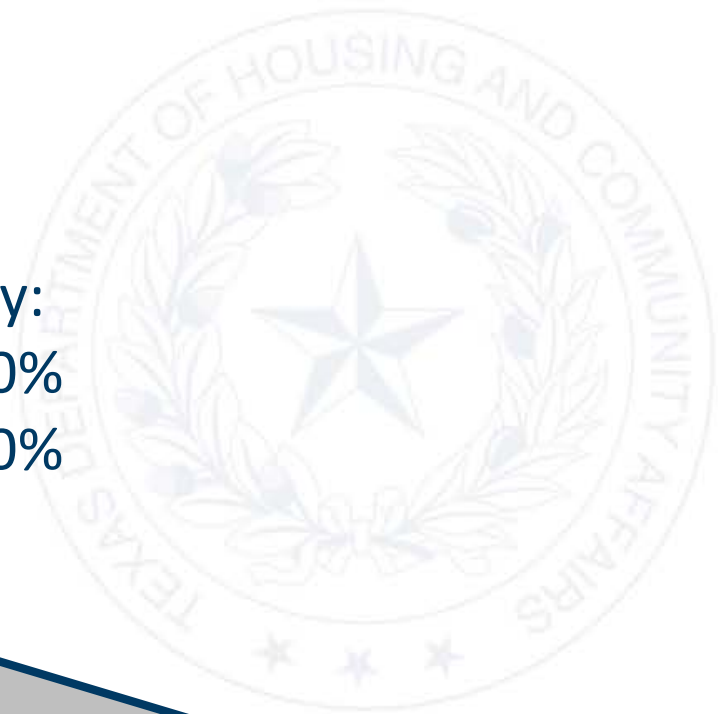
A household's income becomes over-income (OI) at recertification



The substituted unit must be comparable in size, features and the number of bedrooms



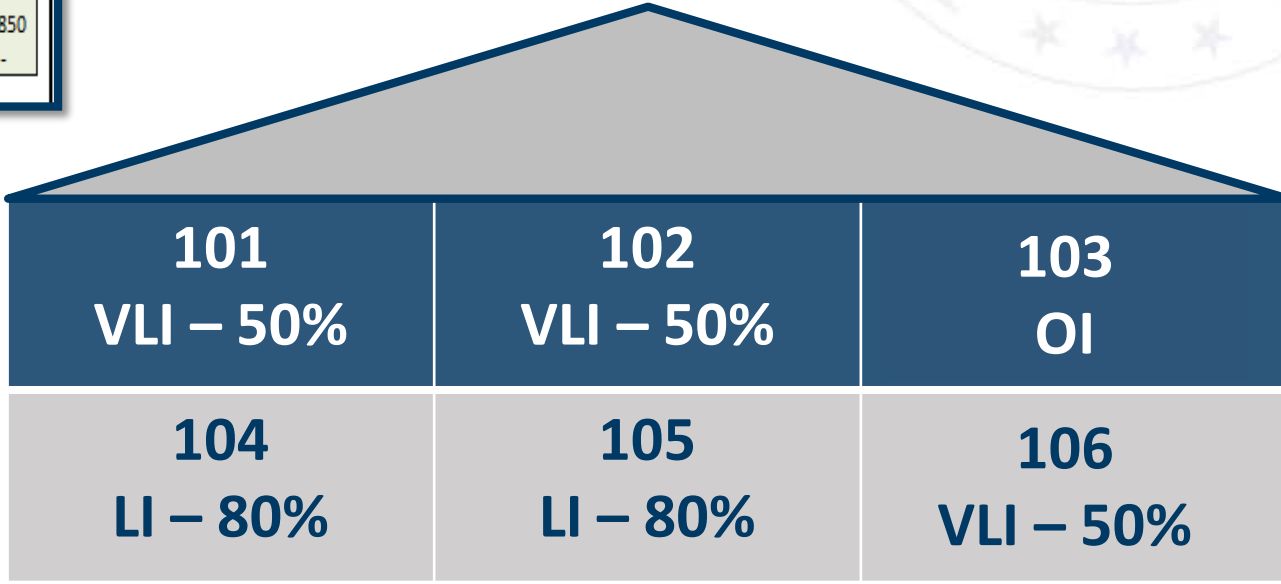
HOME Fixed



Six Unit Property:
 Three Units at 50%
 Three Units at 80%

INCOME LIMITS								
AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 18,100	\$ 20,650	\$ 23,250	\$ 25,800	\$ 27,900	\$ 29,950	\$ 32,000	\$ 34,100
40	\$ 24,080	\$ 27,520	\$ 30,960	\$ 34,400	\$ 37,160	\$ 39,920	\$ 42,680	\$ 45,440
50	\$ 30,100	\$ 34,400	\$ 38,700	\$ 43,000	\$ 46,450	\$ 49,900	\$ 53,350	\$ 56,800
60	\$ 36,120	\$ 41,280	\$ 46,440	\$ 51,600	\$ 55,740	\$ 59,880	\$ 64,020	\$ 68,160
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 48,200	\$ 55,050	\$ 61,900	\$ 68,750	\$ 74,350	\$ 79,850	\$ 85,350	\$ 90,850
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\$58,000



Unit 103 recertifies at \$58,000

Unit 106 is vacant and should be occupied by a household that qualifies at VLI (50%) AMI to maintain the development's required designations

TCAP RF Fixed

INCOME LIMITS

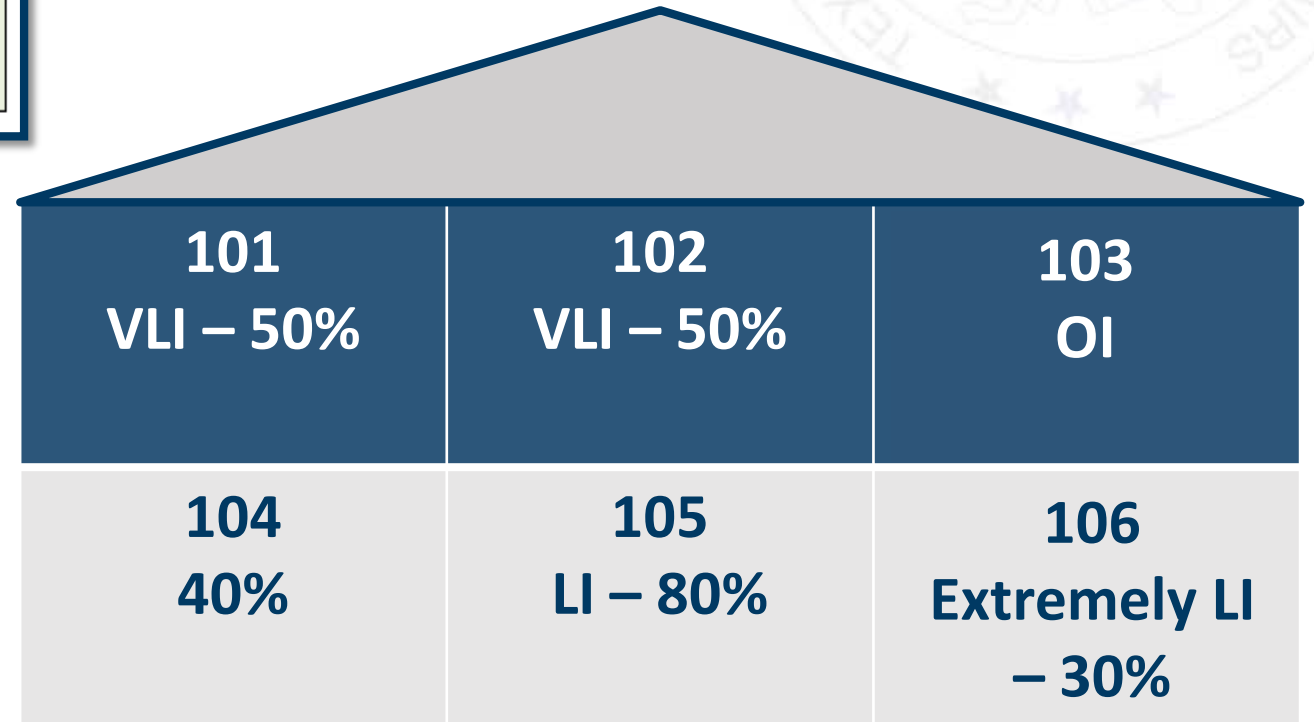
AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 18,100	\$ 20,650	\$ 23,250	\$ 25,800	\$ 27,900	\$ 29,950	\$ 32,000	\$ 34,100
40	\$ 24,080	\$ 27,520	\$ 30,960	\$ 34,400	\$ 37,160	\$ 39,920	\$ 42,680	\$ 45,440
50	\$ 30,100	\$ 34,400	\$ 38,700	\$ 43,000	\$ 46,450	\$ 49,900	\$ 53,350	\$ 56,800
60	\$ 36,120	\$ 41,280	\$ 46,440	\$ 51,600	\$ 55,740	\$ 59,880	\$ 64,020	\$ 68,160
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 48,200	\$ 55,740	\$ 63,280	\$ 70,820	\$ 78,360	\$ 85,900	\$ 93,440	\$ 100,980
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\$49,560

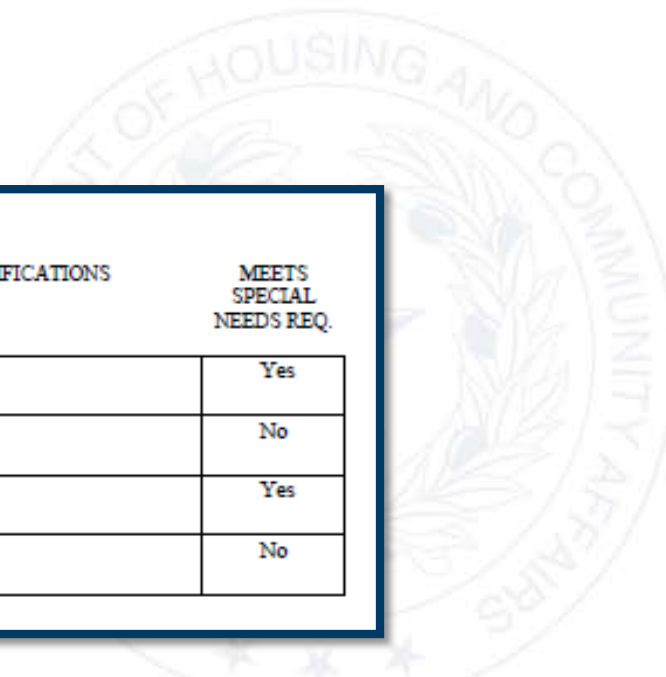
Unit 103 recertifies at \$49,560

Unit 106 should be occupied by a household that qualifies at the ELI (30%) to maintain the development's required designations

Six Unit Property:
 One Unit at 30%
 One Unit at 40%
 Two Units at 50%
 Two Units at 80%



NHTF Fixed



BIN #: _____ **Building #: 2**

(LIHTC Only)

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
5	03/03/2017		Herrington	24560	507	74	0	2	03/03/2019	Y	3	Income Rent NHTF: 30 NHTF: 30	Yes
6	06/16/2018		Ginac	18440	507	74	0	2	06/16/2018	N	2	Income Rent NHTF: 30 NHTF: 30	No
7	02/10/2019		Crow	15420	430	54	0	1	02/10/2019	N	1	Income Rent NHTF: 30 NHTF: 30	Yes
8	07/15/2017		Smith	17350	430	54	0	1	07/15/2018	Y	1	Income Rent NHTF: 30 NHTF: 30	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	\$ 9,050	\$ 10,325	\$ 11,625	\$ 12,900	\$ 14,710	\$ 16,870	\$ 19,030	\$ 21,190
30	\$ 18,100	\$ 20,650	\$ 23,250	\$ 25,740	\$ 28,060	\$ 30,740	\$ 33,060	\$ 35,380
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

RENT LIMITS

AMFI %	Number of Bedrooms					
	0	1	2	3	4	5
20						
15	\$226	\$242	\$291	\$341	\$422	\$503
30	\$452	\$484	\$581	\$681	\$843	\$1,005

Tenant Paid Rent \$507



Utility Allowance \$74

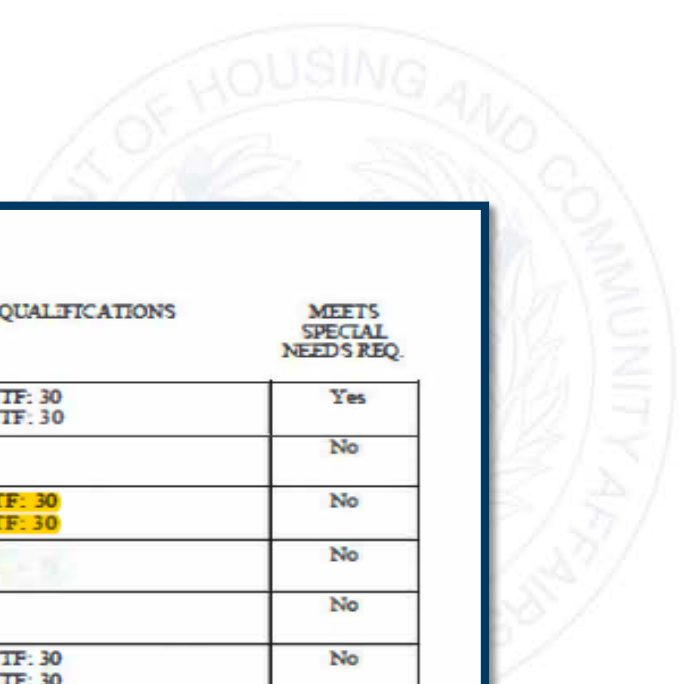


Rental Assistance \$0



Total Rent \$581

NHTF Floating and HTC



BIN #: _____ Building #: 5

(LIHTC Only)

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR. S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
17	08/13/2017		Russell	17392	430	54	0	1	08/13/2018	Y	1	Income Rent HTC: 30 NHTF: 30 HTC: 30 NHTF: 30	Yes
18	02/16/2017		Hunter	28432	102	54	523	1	02/16/2019	Y	1	Income Rent HTC: 50 HTC: 50	No
19	02/16/2018		Dority	34000	1086	74	0	2	02/16/2019	Y	1	Income Rent HTC: 30 NHTF: 30 HTC: 30 NHTF: 30	No
20	04/28/2016	12/22/2018	Fincher	11100	1086	74	0	2	02/19/2019	N	3	Income Rent HTC: 60 HTC: 60	No
21	11/18/2018		Setzer	34500	912	54	0	1	11/18/2018	N	1	Income Rent HTC: 60 HTC: 60	No
22	07/22/2018		Ferguson	21750	574	95	0	3	07/22/2018	N	3	Income Rent HTC: 30 NHTF: 30 HTC: 30 NHTF: 30	No

INCOME LIMITS - HTC

AMFI %	1	2
20	\$ 12,040	\$ 13,760
30	\$ 18,060	\$ 20,640
40	\$ 24,080	\$ 27,520
50	\$ 30,100	\$ 34,400
60	\$ 36,120	\$ 41,280
70	\$ 42,140	\$ 48,160
80	\$ 48,160	\$ 55,040
120	\$ -	\$ -

Six Unit Property:
 Three Units at 30% NHTF and HTC
 One Unit 50% HTC
 Two Units 60% HTC

INCOME LIMITS- NHTF

AMFI %	1	2
20	\$ -	\$ -
15	\$ 9,050	\$ 10,325
30	\$ 18,100	\$ 20,650
70	\$ -	\$ -

HOME LURA



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program

CFDA 14.239 HOME INVESTMENT PARTNERSHIPS PROGRAM
Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: M-16-SG 48-0100
Federal Award Year (Year of Award from HUD to TDHCA): 2016
TDHCA Award Year (Year of TDHCA Board Approval of Award): 2017
Unique Entity Identifier Number: 784466914

LAND USE RESTRICTION AGREEMENT
(Multifamily Properties)

THE STATE OF TEXAS §
 §
COUNTY OF BEE §

Section 2.3. Occupancy Requirements.

(a) **Initial Occupancy Requirements.** Notwithstanding anything herein to the contrary, at the time of occupancy of the Project or the time funds are invested pursuant to the HOME Program in connection with the Project, whichever is later, but in no event later than **six (6) months from the final draw of loan funds**, unless extended in accordance with 10 TAC §13.11(k), **Owner must set aside all fifty (50) floating Units ("Qualifying Units")** of the fifty (50) Units that comply with the following occupancy requirements:

Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code and has been certified by the Department as a Community Development Housing Organization ("CHDO") as defined under 10 TAC §13.2(2).

The Department has issued a loan commitment to loan certain funds ("Loan") to Owner, made available to the Department under the Federal Act and State Act (hereafter defined), in accordance with that certain Construction Loan Agreement executed by and between Owner and the Department, which funds shall be used by Owner for the rehabilitation of the Project.

Pursuant to the Federal Act and State Act and the HOME Regulations, as amended, Owner, as a condition to the Department making the Loan, must agree to comply with certain occupancy, rent and other restrictions under the Federal Act and the HOME Regulations during the HOME Affordability Period (hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the Extended Affordability Period (hereinafter defined), and the parties have entered into this Agreement to evidence Owner's agreement to comply with such restrictions.

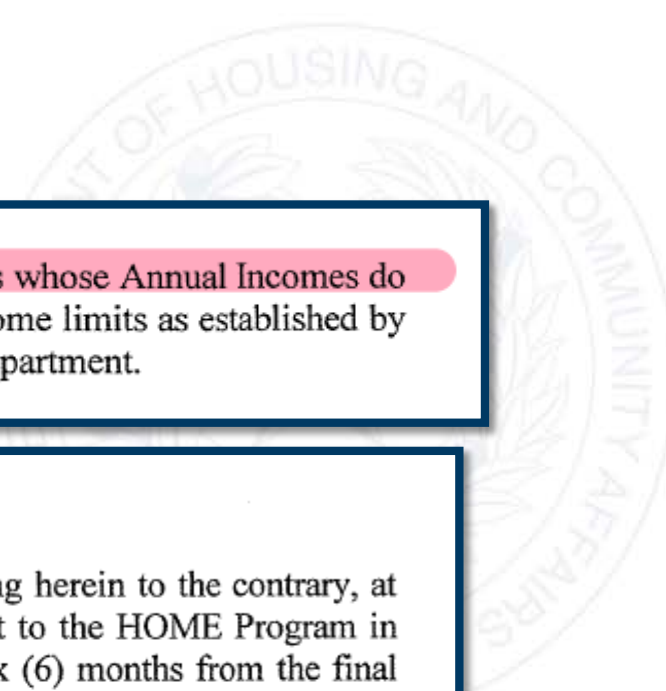
NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

§92.252 All HOME assisted units within 6 months following project completion must be occupied by an income eligible household and meet all requirements, if not;

The PJ must submit marketing information; and potentially an enhanced marketing plan to HUD

If a unit is not occupied by an eligible household within 18 months, the PJ must repay HOME funds

Effective for HOME funds committed on and after August 23, 2013



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Act
CFDA 14.239 HOME INVESTMENT PARTNERSHIPS ACT
Awarding Federal Agency: United States Department of Housing and Community Affairs
TDHCA Federal Award Number: [REDACTED]
Federal Award Year (Year of Award for HUD): [REDACTED]
TDHCA Award Year (Year of TDHCA Budget): [REDACTED]
Unique Entity Identifier Number: 784466914

(mm) "Very Low Income Families" means families and individuals whose Annual Incomes do not exceed fifty percent (50%) of the Area Median Income, or such other income limits as established by HUD in accordance with the Federal Act or as otherwise determined by the Department.

LAND USE RESTRICTIONS
(Multifamily Project)

Section 2.3. Occupancy Requirements.

THE STATE OF TEXAS §
 §
COUNTY OF BEE §

(a) **Initial Occupancy Requirements.** Notwithstanding anything herein to the contrary, at the time of occupancy of the Project or the time funds are invested pursuant to the HOME Program in connection with the Project, whichever is later, but in no event later than six (6) months from the final draw of loan funds, unless extended in accordance with 10 TAC §13.11(k), Owner must set aside all fifty (50) floating Units ("Qualifying Units") of the fifty (50) Units that comply with the following occupancy requirements:

THIS LAND USE RESTRICTION AGREEMENT, made this 31 day of August, 2018, is by and between [REDACTED] ("Owner"), and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, a public and official agency of the State of Texas ("Department").

(1) at least four (4) Units of the fifty (50) Qualifying Units rehabilitated with funds provided under the HOME Program must be occupied by Low Income Families whose Annual Incomes do not exceed eighty percent (80%) of the Area Median Income;

RECITALS

Owner is the owner of certain improvements to multifamily rental housing Development known as [REDACTED] property ("Land") located in the City of Beeville, County of Bee, State of Texas. The Land is described in Exhibit "A" attached hereto and incorporated herein by reference. The Land and improvements hereinafter collectively referred to as the "Property".

(2) at least thirty-five (35) floating Units of the fifty (50) Qualifying Units rehabilitated with funds provided under the HOME Program must be occupied by Low Income Families whose Annual Incomes do not exceed sixty percent (60%) of the Area Median Income;

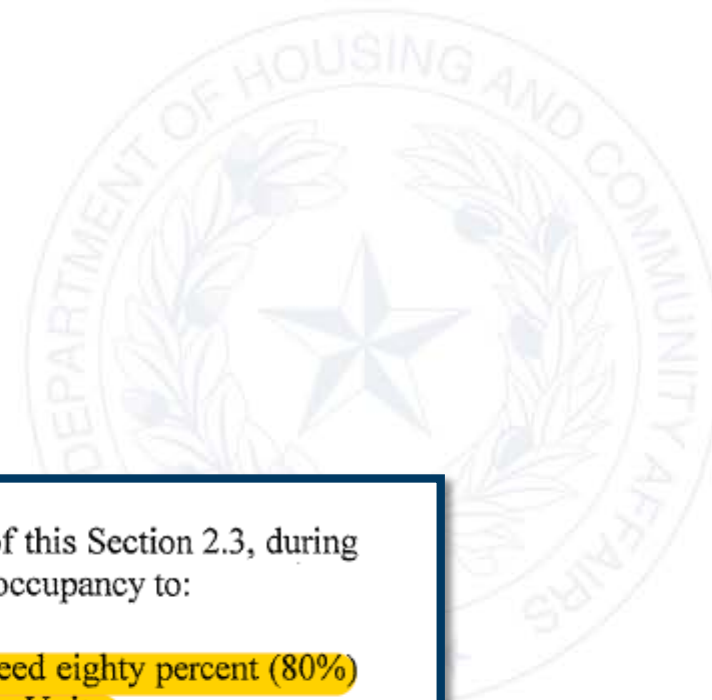
Owner is a Texas private nonprofit corporation that has elected to be treated as a tax-exempt organization under Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is organized as a Community Development Housing Organization.

The Department has issued a loan commitment under the HOME Program available to the Department under the Federal Act and the Department's rules and regulations and that certain Construction Loan Agreement executed by Owner and the Department, the proceeds of which funds shall be used by Owner for the rehabilitation of the Property.

(3) at least eleven (11) floating Units of the fifty (50) Qualifying Units rehabilitated with funds provided under the HOME Program must be occupied by Very Low Income Families;

Pursuant to the Federal Act and State Act and the Department's rules and regulations, in order to be eligible for the HOME Program, the Department making the Loan, must comply with the other restrictions under the Federal Act and the HOME Program (hereinafter defined) and with certain occupancy requirements during the Extended Affordability Period (hereinafter defined). The Department's rules and regulations require Owner to agree to comply with the Department's rules and regulations to evidence Owner's agreement to comply with the HOME Program.

NOW THEREFORE, in consideration of the premises and the receipt and sufficiency of which is hereby acknowledged, the parties agree to the following terms and conditions:



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program

CFDA 14.239 HOME INVESTMENT PARTNERSHIPS PROGRAM
Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: M-16-SG 48-0100
Federal Award Year (Year of Award from HUD to TDHCA): 2016
TDHCA Award Year (Year of TDHCA Board Approval of Award): 2017
Unique Entity Identifier Number: 784466914

LAND USE RESTRICTION AGREEMENT
(Multifamily)

THE STATE OF TEXAS §
COUNTY OF BEE §

THIS LAND USE RESTRICTION AGREEMENT, made this 31 day of August, 2018, is by and between ("Owner"), and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, a public and official agency of the State of Texas ("Department").

RECIPIENT

Owner is the owner of certain improved multifamily rental housing Development known as "Land" located in the City of Beeville, County of Bee, State of Texas. The description of the "Land" is attached hereto and incorporated herein by reference as Exhibit "A" attached hereto and incorporated herein by reference hereinafter collectively referred to as the "Property".

Owner is a Texas private nonprofit corporation organized under Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is a Community Development Housing Organization as defined in the HOME Regulations.

The Department has issued a loan commitment for the Project available to the Department under the Federal Act and the State Act and that certain Construction Loan Agreement executed by Owner and the Department. The funds shall be used by Owner for the rehabilitation of the Project.

Pursuant to the Federal Act and State Act and the HOME Regulations, as amended, Owner, as a condition to the Department making the Loan, must agree to comply with certain occupancy, rent and other restrictions under the Federal Act and the HOME Regulations during the HOME Affordability Period (hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the Extended Affordability Period (hereinafter defined), and the parties have entered into this Agreement to evidence Owner's agreement to comply with such restrictions.

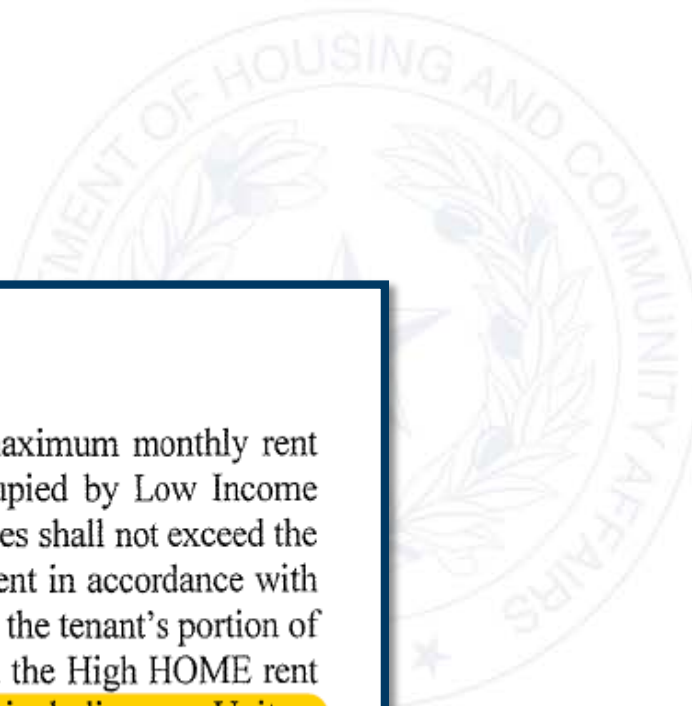
NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

(b) **Long Term Occupancy Requirements.** Subject to subsection (a) of this Section 2.3, during the Term, following the initial occupancy period, Owner will make available for occupancy to:

(1) **Low Income Families whose Annual Incomes do not exceed eighty percent (80%) of the Area Median Income not less than four (4) floating Units of the Qualifying Units;**

(2) **Low Income Families whose Annual Incomes do not exceed sixty percent (60%) of the Area Median Income not less than thirty-five (35) floating Units of the Qualifying Units;**

(3) **Very Low Income Families whose Annual Incomes do not exceed fifty percent (50%) of the Area Median Income not less than eleven (11) floating Units of the Qualifying Units;**



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program

CFDA 14.239 HOME INVESTMENT
Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: [REDACTED]
Federal Award Year (Year of Award): [REDACTED]
TDHCA Award Year (Year of TDHCA Award): [REDACTED]
Unique Entity Identifier: [REDACTED]

LAND USE RESTRICTION AGREEMENT
(Multifamily)

THE STATE OF TEXAS §
 §
COUNTY OF BEE §

THIS LAND USE RESTRICTION AGREEMENT was made this 31 day of August, 2018, is by and between [REDACTED] ("Owner"), and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, a public and official agency of the State of Texas ("Department").

RECITALS

Owner is the owner of certain improved multifamily rental housing Development known as [REDACTED] property ("Land") located in the City of Beeville, County of Bee, State of Texas. Exhibit "A" attached hereto and incorporated herein by reference hereinafter collectively referred to as the "Property".

Owner is a Texas private nonprofit corporation organized under Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is a Community Development Housing Organization.

The Department has issued a loan commitment to Owner for the rehabilitation of the Property available to the Department under the Federal Act and the State Act that certain Construction Loan Agreement executed by Owner and the Department funds shall be used by Owner for the rehabilitation of the Property.

Pursuant to the Federal Act and State Act and the Department's condition to the Department making the Loan, the Property is subject to other restrictions under the Federal Act and the State Act, the Extended Affordability Period (hereinafter defined) and with certain occupancy restrictions during the Extended Affordability Period (hereinafter defined) in accordance with the Agreement to evidence Owner's agreement to comply with the restrictions.

NOW THEREFORE, in consideration of the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

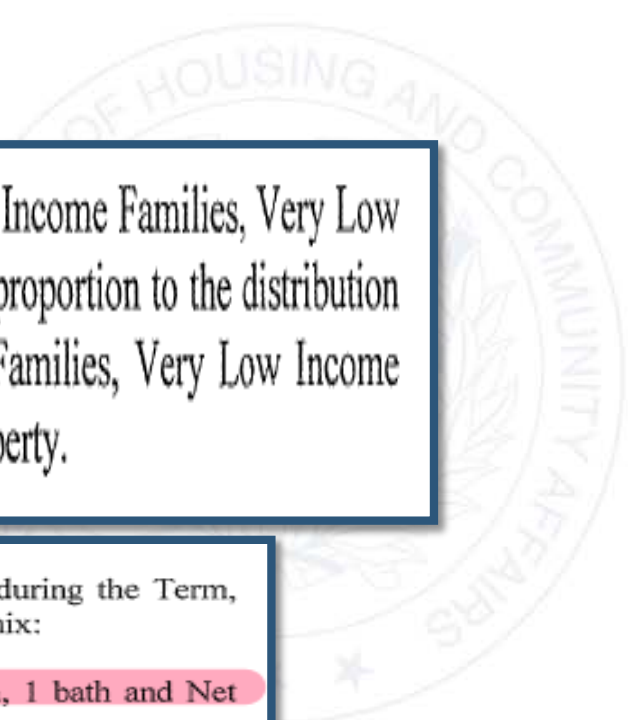
ARTICLE III

Rent

Section 3.1. Rent Limitations for Low Income Families. The maximum monthly rent charged by Owner for a HOME Match-Eligible Unit and Qualifying Units occupied by Low Income Families other than Very Low Income Families and Extremely Low Income Families shall not exceed the limits determined by the applicable calculations required by HUD or the Department in accordance with 24 CFR §92.252(a), as may be amended or modified from time to time. In general, the tenant's portion of rent, plus an allowance for utilities, plus rental assistance payments cannot exceed the High HOME rent limits. **All thirty-nine (39) Qualifying Units occupied by Low Income Families including any Unit or Qualifying Units treated as a HOME Match-Eligible Unit may be rented at the High HOME Rents as defined under 24 CFR §92.252, as may be amended or modified from time to time.**

Section 3.2. Rent Limitations for Very Low and Extremely Low Income Families. The maximum monthly rent charged by Owner for Qualifying Units occupied by Very Low and Extremely Low Income Families shall not exceed the limits determined by the applicable calculations required by HUD or the Department in accordance with 24 CFR §92.252(b), as may be amended or modified from time to time. In general, the tenant's portion of rent, plus an allowance for utilities, plus rental assistance payments cannot exceed the Low HOME rent limits. **All eleven (11) Qualifying Units occupied by Very Low Income Families must be rented at the Low HOME Rents as defined under 24 CFR §92.252, as may be amended or modified from time to time.**

HOME LURA



Owner shall use its best efforts to distribute floating Units reserved for Low Income Families, Very Low Income Families and Extremely Low Income Families among unit sizes in proportion to the distribution of unit sizes in the Property and to avoid concentration of Low Income Families, Very Low Income Families and Extremely Low Income Families in any area or areas of the Property.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program

CFDA 14.239 HOME INVESTMENT PARTNERSHIPS
Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: M-16-SG 48
Federal Award Year (Year of Award from HUD to TDHCA): 2016
TDHCA Award Year (Year of TDHCA Board Approval of Award): 2016
Unique Entity Identifier Number: 78446691

LAND USE RESTRICTION AGREEMENT
(Multifamily Properties)

THE STATE OF TEXAS §
 §
COUNTY OF BEE §

THIS LAND USE RESTRICTION AGREEMENT was made this 31 day of August, 2018, is by and between (the "Owner"), and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, a public and official agency of the State of Texas ("Department").

RECITALS

Owner is the owner of certain improved multifamily rental housing Development known as Property ("Land") located in the City of Beeville, County of Bee, State of Texas. Exhibit "A" attached hereto and incorporated herein by reference hereinafter collectively referred to as the "Property".

Owner is a Texas private nonprofit corporation organized under the laws of the State of Texas, Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code, and is recognized as a Community Development Housing Organization.

The Department has issued a loan commitment to Owner for the rehabilitation of the Property, available to the Department under the Federal Act and the State Act, and that certain Construction Loan Agreement executed by Owner and the Department, the funds shall be used by Owner for the rehabilitation of the Property.

Pursuant to the Federal Act and State Act and the Department making the Loan, must comply with other restrictions under the Federal Act and the State Act, including the Affordability Period (hereinafter defined) and with certain occupancy restrictions during the Extended Affordability Period (hereinafter defined). Owner agrees to comply with the Agreement to evidence Owner's agreement to comply with the restrictions.

NOW THEREFORE, in consideration of the receipt and sufficiency of which is hereby acknowledged, the parties agree to the following:

- (d) **Unit Mix.** Subject to subsections (a) and (b) of this Section 2.3, during the Term, Owner will make all Qualifying Units available for occupancy with the following Unit mix:
- (1) Two (2) floating Units of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 689 sq ft;
 - (2) One (1) floating Unit of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 680 sq ft;
 - (3) One floating Unit of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 876 sq ft;
 - (4) One (1) floating Unit of the Qualifying Units with 2 bedrooms, 1 bath and Net Rentable Area (NRA) of 954 sq ft;
 - (5) Twenty-five (25) floating Units of the Qualifying Units with 2 bedrooms, 2 baths and Net Rentable Area (NRA) of 876 sq ft;
 - (6) Nineteen (19) floating Units of the Qualifying Units with 3 bedrooms, 2 baths and Net Rentable Area (NRA) of 1,103 sq ft;
 - (7) One floating Unit of the Qualifying Units with 3 bedrooms, 3 baths and Net Rentable Area (NRA) of 1,400 sq ft; and

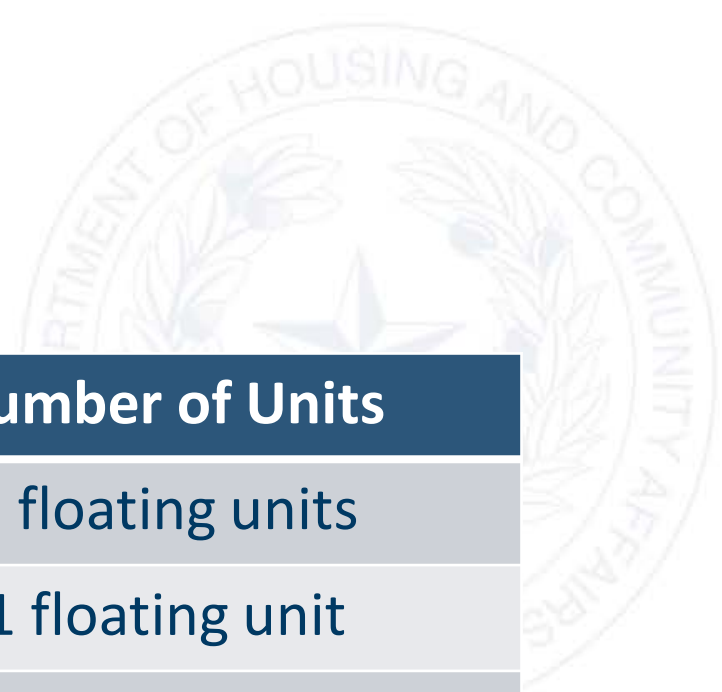
HOME LURA Recap

Total Development Units	50
Total HOME Units	50

AMI Tier	HOME Initial income	HOME long-term income
50%	11 Floating Units	11 Floating Units
60%	35 Floating Units	35 Floating Units
80%	4 Floating Units	4 Floating Units

Rent Tier	Number of Units
Low HOME	11
High HOME	39

HOME LURA Recap



Unit Type	Square Footage	Number of Units
1 Bedroom - 1 Bath	689 sq. ft.	2 floating units
1 Bedroom – 1 Bath	680 sq. ft.	1 floating unit
1 Bedroom – 1 Bath	876 sq. ft.	1 floating unit
2 Bedroom – 1 Bath	954 sq. ft.	1 floating unit
2 Bedroom – 2 Bath	876 sq. ft.	25 floating units
3 Bedroom – 2 Bath	1,103 sq. ft.	19 floating units
3 Bedroom – 3 Bath	1,400 sq. ft.	1 floating unit



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Tax Credit Assistance Program (TCAP)- Repayment Funds
TDHCA Award Year (Year of TDHCA Board Approval of Award): 2017

Section 2.3. Occupancy Requirements.

(a) Initial Occupancy Requirements. Notwithstanding anything herein to the contrary, at the time of occupancy of the Project or the time funds are invested pursuant to the TCAP-RF Program in connection with the Project, whichever is later, but in no event later than six (6) months from the final draw of loan funds, unless extended in accordance with 10 TAC §13.11(j), Owner must set aside 50 Units ("Qualifying Units") of the 96 Units that comply with the following occupancy requirements:

RECITALS:

Owner is the owner of certain improvements ("Improvements") multifamily rental housing Development known as Tuscany Park property ("Land") located in the City of Arcola, County of Fort Bend in Exhibit "A" attached hereto and incorporated herein by reference hereinafter collectively referred to as the "Property".

The Department has awarded an award under the TCAP-Program") to loan certain funds (the "Loan") to Owner, made available under the State Act (hereafter defined), in accordance with that certain TCAP Contract #13150017506 executed by and between Owner and the Department for the financing of the Project.

Pursuant to the State Act and the TCAP-RF Regulations, the Department making the Loan, must agree to comply with certain conditions under the State Act during the Affordability Period (hereinafter defined) in this Agreement to evidence Owner's agreement to comply with such conditions.

NOW THEREFORE, in consideration of the premises and the receipt and sufficiency of which is hereby acknowledged, the parties agree to the following:

ARTICLE I Definitions

Section 1.1. General. Capitalized terms used in this Agreement shall have the meaning as defined in the TCAP-RF Regulations, unless the context clearly requires otherwise defined elsewhere in this Agreement. Any capitalized terms not so defined shall have the meaning as defined in the TCAP-RF Regulations applicable.

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Page 1 of 31

TCAP RF assisted units within 6 months following project completion must be occupied by an income eligible household and meet all requirements – Request to extend the six month initial occupancy period must be accompanied by marketing information and a marketing plan which may be submitted by the Department to HUD for final approval

TCAP RF LURA



Section 2.3. Occupancy Requirements.

(a) **Initial Occupancy Requirements.** Notwithstanding anything herein to the contrary, at the time of occupancy of the Project or the time funds are invested pursuant to the TCAP-RF Program in connection with the Project, whichever is later, but in no event later than six (6) months from the final draw of loan funds, unless extended in accordance with 10 TAC §13.11(j), Owner must set aside 50 Units ("Qualifying Units") of the 96 Units that comply with the following occupancy requirements:

(1) at least 40 Units of the 50 Qualifying Units constructed with funds provided under the TCAP-RF Program must be occupied by Low Income Families whose Annual Incomes do not exceed sixty percent (60%) of the Area Median Income;

(2) the remaining 10 Units of the 50 Qualifying Units constructed with funds provided under the TCAP-RF Program must be occupied by Very Low Income Families; and

(gg) "Very Low Income Families" means families and individuals whose Annual Incomes do not exceed fifty percent (50%) of the Area Median Income, or as otherwise determined by the Department.

(b) **Long Term Occupancy Requirements.** Subject to subsection (a) of this Section 2.3, during the Affordability Period, beginning no later than six (6) months from the date the Project is completed, Owner will make available for occupancy to:

(1) Low Income Families whose Annual Incomes do not exceed sixty percent (60%) of the Area Median Income not less than 40 Units of the Qualifying Units; and

(3) Very Low Income Families whose Annual Incomes do not exceed fifty percent (50%) of the Area Median Income not less than 10 Units of the Qualifying Units.

TEXAS DEPARTMENT
Tax Credit Assis
TDHCA Award Year

LAND U

THE STATE OF TEXAS §
§
COUNTY OF FORT BEND §

THIS LAND USE RESTRICT
15th day of June, 2018, is by an
partnership ("Owner"), and the TE
AFFAIRS, a public and official agen

Owner is the owner of certa
multifamily rental housing Developm
property ("Land") located in the City
in Exhibit "A" attached hereto and incorporated herein by reference. The Land and Improvements are
hereinafter collectively referred to as the "Property".

The Department has awarded an award under the TCAP-Repayment Funds Program ("TCAP-RF
Program") to loan certain funds (the "Loan") to Owner, made available to the Department under the State
Act (hereafter defined), in accordance with that certain TCAP-RF Program Multifamily Direct Loan
Contract #13150017506 executed by and between Owner and the Department, which funds shall be used
by Owner for the financing of the Project.

Pursuant to the State Act and the TCAP-RF Regulations, as amended, Owner, as a condition to the
Department making the Loan, must
under the State Act during the Affo
this Agreement to evidence Owner

NOW THEREFORE, in co
the receipt and sufficiency of which

Section 1.1. General.
specified in this Article I, unless the
defined elsewhere in this Agreement
the Agreement shall have the me
applicable.

T:HM/Loan Docs/TCAP/State MFD TCAP
Page 1 of 31

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Tax Credit Assistance Program (TCAP)- Re
TDHCA Award Year (Year of TDHCA Board App
Application Number: 17506
Contract Number: 1315001750
DUNS Number: 080691791

LAND USE RESTRICTION AGREEMENT
(Multifamily Properties)

THE STATE OF TEXAS

COUNTY OF FORT BEND

THIS LAND USE RESTRICTION AGREEMENT is made this 15th day of June, 2017, between the State of Texas, by and through its Department of Housing and Community Affairs, a public and natural body politic, and

Owner is the owner of the multifamily rental housing property ("Land") located in Exhibit "A" attached herinafter collectively referred to as the "Property".

The Department of Housing and Community Affairs ("Department") to loan certain tax credits under the State Act (hereafter defined), Contract #13150017506 by Owner for the financing of the Property.

Pursuant to the State Act, the Department making the loan under the State Act during the term of this Agreement to evidence the loan.

NOW THEREFORE, the receipt and sufficiency of the foregoing is hereby acknowledged.

Section 1.1. The terms and conditions specified in this Article shall apply to the Agreement shall be applicable.

TCAP Loan Docs/TCAP/State
Page 1 of 31

Owner shall use its best efforts to distribute Units reserved for Low Income Families, Very Low Income Families and Extremely Low Income Families among unit sizes in proportion to the distribution of unit sizes in the Property and to avoid concentration of Low Income Families, Very Low Income Families and Extremely Low Income Families in any area or areas of the Property.

(c) **Unit Mix.** Subject to subsections (a) and (b) of this Section 2.3, during the Affordability Period, Owner will make all Qualifying Units available for occupancy with the following Unit mix:

(1) 16 Units of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 660 sq ft;

(2) 8 Units of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 715 sq ft;

(3) 9 Units of the Qualifying Units with 2 bedrooms, 1 bath and Net Rentable Area (NRA) of 910 sq ft;

(4) 11 Units of the Qualifying Units with 2 bedrooms, 1 bath and Net Rentable Area (NRA) of 1015 sq ft;

(5) 1 Unit of the Qualifying Units with 2 bedrooms, 2 baths and Net Rentable Area (NRA) of 1015 sq ft;

(6) 5 Units of the Qualifying Units with 3 bedrooms, 2 baths and Net Rentable Area (NRA) of 1158 sq ft; and

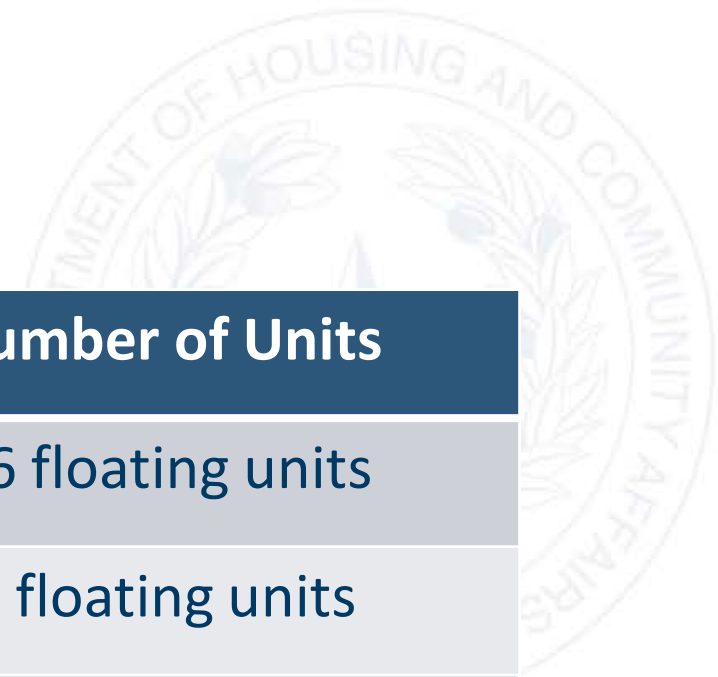
TCAP RF LURA Recap

Total Development Units	96
Total TCAP RF Units	50

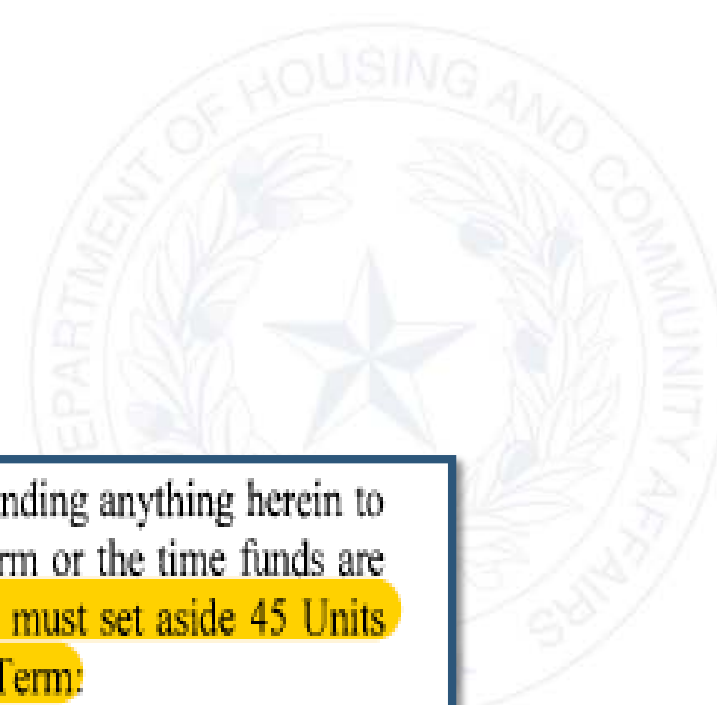
AMI Tier	Number of Units
50%	10 floating units
60%	40 floating units

Rent Tier	Number of Units
Low HOME	10
High HOME	40

TCAP RF LURA Recap



Unit Type	Square Footage	Number of Units
1 Bedroom – 1 Bath	660 sq. ft.	16 floating units
1 Bedroom – 1 Bath	715 sq. ft.	8 floating units
2 Bedroom – 1 Bath	910 sq. ft.	9 floating units
2 Bedroom – 1 Bath	1,015 sq. ft.	11 floating units
2 Bedroom – 2 Bath	1,015 sq. ft.	1 floating unit
3 Bedroom – 2 Bath	1,158 sq. ft.	5 floating units



LAND USE RESTRICTION AGREEMENT

(Multifamily Properties)

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

NEIGHBORHOOD STABILIZATION PROGRAM

Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: B-08-DN-48-0001
Federal Award Year (Year of Award from HUD to TDHCA): 2009
TDHCA Award Year (Year of TDHCA Board Approval): 2011

NOTICE OF CONFIDENCE
MAY REMOVE OR STRIKE
ANY INSTRUMENT THAT
IS FILED FOR RECORD
NUMBER

THE STATE OF TEXAS
COUNTY OF TRAVIS

THIS LAND USE RESTRICTION AGREEMENT, dated February 20, 2013, is between [redacted] nonprofit corporation ("Owner") and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS ("Department").

Owner is the owner of multifamily rental housing located on real property ("Land") located and described in Exhibit "A." Improvements are hereinafter referred to as "Property."

The Department has made available to the Department certain Construction Loans from the Department, which funds shall be used for the construction of the Property.

Pursuant to the Federal Act, the Department making the loans available under the Federal Act and the NSP Rules during the NSP Affordability Period (all hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the Extended Affordability Period (hereinafter defined), and the parties have entered into this Agreement to evidence Owner's agreement to comply with such restrictions.

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

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Page 1 of 24

(b) Initial and Long Term Occupancy Requirements. Notwithstanding anything herein to the contrary, at the time of initial occupancy of the Property and during the Term or the time funds are invested pursuant to the NSP Program in connection with the Property, Owner must set aside 45 Units with the following occupancy requirements that shall remain in effect during the Term:

i. at least 33 of the 45 Units constructed with funds provided under the NSP Program must be occupied by an Eligible Tenant at or below 30% and

ii. at least 12 of the 45 Units constructed with funds provided under the NSP Program must be occupied by Eligible Tenant at 50%.



LAND USE RESTRICTION AGREEMENT

(Multifamily Properties)

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

NEIGHBORHOOD STABILIZATION PROGRAM

Awarding Federal Agency: United States Department of Housing and Urban Development

TDHCA Federal Award Number: B-08-DN-48-0001

Federal Award Year (Year of Award from HUD to TDHCA): 2009

TDHCA Award Year (Year of TDHCA Board Approval): 2011

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY INSTRUMENT THAT IS FILED FOR RECORDATION NUMBER

THE STATE OF TEXAS

COUNTY OF TRAVIS

THIS LAND USE RESTRICTION AGREEMENT, dated February 2013, is between [redacted] nonprofit corporation ("COMMUNITY AFFAIRS

Owner is the owner of multifamily rental housing on real property ("Land") described in Exhibit "A". Improvements are hereinafter

The Department has made available to the Department certain Construction Funds from the Department, which funds shall

Pursuant to the Federal Act and the Department making the agreement with certain occupancy, rent and Period (hereinafter defined), and the parties have entered into this Agreement to evidence Owner's agreement to comply with such restrictions.

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

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Page 1 of 24

ARTICLE III

Rent

Section 3.1. Rent Limitations for Eligible Tenant at 50% or Below.

- (a) The maximum monthly rent (including the tenant paid portion of rent, the utility allowance and the rental assistance payment) charged by Owner for Units occupied by Eligible Tenant at 50% and below 50% of area family median income (AMFI), shall not exceed the limits determined by the applicable calculations required by HUD or the Department in accordance with 24 CFR §92.252, as may be amended from time to time. The tenant portion of rent, plus an allowance for utilities, plus any housing assistance payment, cannot exceed the applicable limit. All Units occupied by Eligible Tenant at 50% or below must be rented at the Low HOME Rents as defined under Title 24, Section 92.252 of the Code of Federal Regulations, as may be amended or modified from time to time.

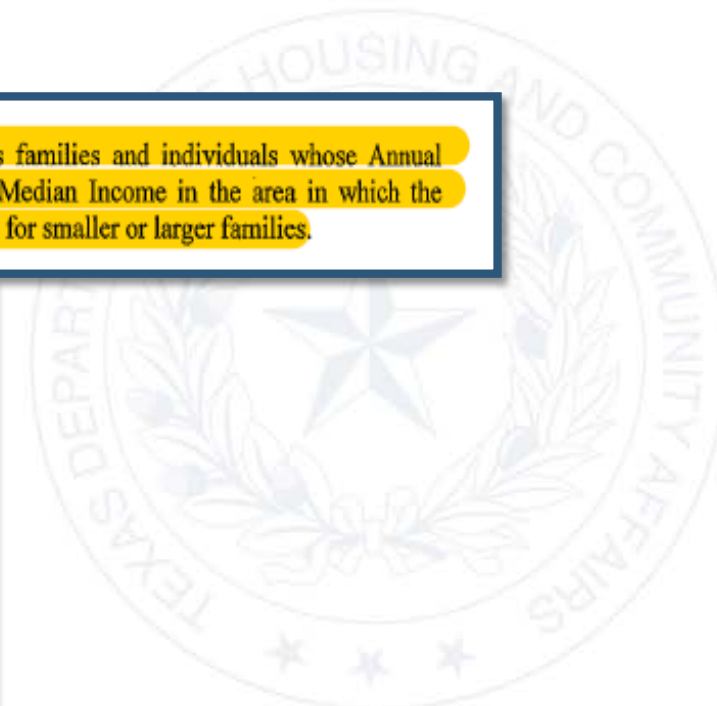
NSP LURA Recap

Total Development Units	45
Total NSP Units	45

AMI Tier	Number of Units
30%	33 floating units
50%	12 floating units

Rent Tier	Number of Units
Low HOME	45

No Unit Mix regulation within the LURA



(m) "Extremely Low Income Families" means families and individuals whose Annual Incomes do not exceed thirty percent (30%) of the Area Median Income in the area in which the Property is located, as determined by HUD with adjustments for smaller or larger families.

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TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
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THE STATE OF TEXAS §
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COUNTY OF TRAVIS §

THIS LAND USE RESTRICT
29th day of June, 2018, is by and li
liability company ("Leasehold Owne
COMMUNITY AFFAIRS, a public an

Leasehold Owner is the lease
consisting] of a 174 unit multifamily
Goodnight Ranch ("Project") situated c
Travis, State of Texas, more fully desc
incorporated herein by reference. The
the "Property".

The Department has issued a loan commitment to loan certain funds ("Loan") to Leasehold Owner, made available to the Department under the Federal Act and State Act (hereafter defined), in accordance with that certain Construction Loan Agreement executed by and between Leasehold Owner and the Department, which funds shall be used by Leasehold Owner for the construction of the Project.

As a condition to the Department making the Loan, the Department has required that the fee title owner, Austin Housing Finance Corporation, a Texas public nonprofit corporation ("Fee Title Owner") join in the execution of this Agreement for the purpose of subjecting the fee title to the Land to the covenants and restrictions herein by executing a Joinder of Owner of Fee Title in LURA.

Pursuant to the Federal Act and State Act and the NHTF Regulations, as amended, and as further condition to the Department making the Loan, the Fee Title Owner and Leasehold Owner collectively hereinafter referred to as "Owner", must agree to comply with certain occupancy, rent and other restrictions under the Federal Act and the NHTF Regulations during the Federal Affordability Period (hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the

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Page 1 of 36

Section 2.3. Occupancy Requirements.

(a) Initial Occupancy Requirements. Notwithstanding anything herein to the contrary, at the time of occupancy of the Project or the time funds are invested pursuant to the NHTF Program in connection with the Project, whichever is later, but in no event later than six (6) months from the final draw of loan funds, unless extended in accordance with 10 TAC §13.11(k), Leasehold Owner must set aside 16 floating Units ("Qualifying Units") of the 174 Units that comply with the following occupancy requirements:

(1) All 16 floating Units constructed with funds provided under the NHTF Program must be occupied by Extremely Low Income Families;

(b) Long Term Occupancy Requirements. Subject to subsection (a) of this Section 2.3, during the Term, following the initial occupancy period, Leasehold Owner will make available for occupancy to:

Extremely Low Income Families whose Annual Incomes do not exceed thirty percent (30%) of the Area Median Income, all sixteen (16) floating Units of the Qualifying Units.

NHTF assisted units within 6 months following final draw of loans must be occupied by an income eligible household and meet all requirements – Request to extend the six month initial occupancy period must be accompanied by marketing information and a marketing plan which may be submitted by the Department to HUD for final approval



ELECTRONICALLY RECORDED 2018103627
TRV 36 PGS

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
NATIONAL HOUSING TRUST FUND (NHTF)

CFDA: 14.275 HOUSING TRUST FUND
Awarding Federal Agency: U.S. Department of Housing and Urban Development
Federal Award Number: F- 16-SG 48-0100
Federal Award Year: 2016
Pass Through Entity: Texas Department of Housing and Community Affairs

HUD Entity

TDHCA

Unique Entity Identifier

ATC/1630347.2--COM/DPP LAND USE RESTRICTION (Multifamily)

THE STATE OF TEXAS §
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COUNTY OF TRAVIS §

THIS LAND USE RESTRICTION AGREEMENT, dated the 29th day of June, 2018, is by and between liability company ("Leasehold Owner"), and COMMUNITY AFFAIRS, a public and official

RE

Leasehold Owner is the leasehold estate consisting of a 174 unit multifamily rental building located at Goodnight Ranch ("Project") situated on real property in Travis, State of Texas, more fully described as incorporated herein by reference. The Land and the "Property".

The Department has issued a loan to Leasehold Owner, made available to the Department under the terms and conditions of the Loan Agreement, in accordance with that certain Construction Loan Agreement, dated and the Department, which funds shall be used by Leasehold Owner for the Project.

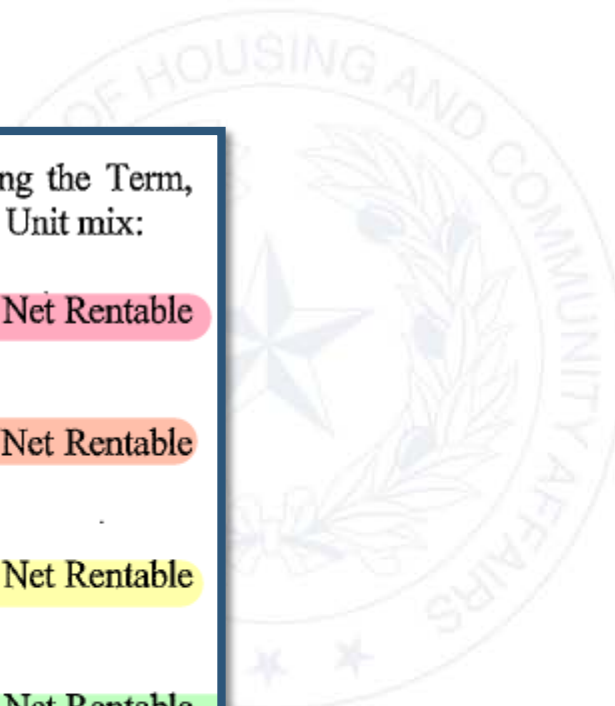
As a condition to the Department making the Loan, Austin Housing Finance Corporation, a subsidiary of the Department, shall join in the execution of this Agreement for the Project and the covenants and restrictions herein by executing a Joinder of Owner of Fee Title in LURA.

Pursuant to the Federal Act and State Act and the NHTF Regulations, as amended, and as a further condition to the Department making the Loan, the Fee Title Owner and Leasehold Owner, collectively hereinafter referred to as "Owner", must agree to comply with certain occupancy, rent and other restrictions under the Federal Act and the NHTF Regulations during the Federal Affordability Period (hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the

ARTICLE III

Rent

Section 3.1. Rent Limitations for Extremely Low Income Families. The maximum monthly rent charged by Leasehold Owner for Qualifying Units occupied by Extremely Low Income Families shall not exceed the limits determined by the applicable calculations required by HUD or the Department in accordance with 24 CFR §93.302(b), as may be amended or modified from time to time. In general, tenant's portion of rent, plus an allowance for utilities, plus rental assistance payments cannot exceed the greater of thirty percent (30%) of the federal poverty line or thirty percent (30%) of the income of a family whose annual income equals thirty percent (30%) of the median income for the area, as determined by HUD, with adjustments for the number of bedrooms.



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CFDA: 14.27
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THE STATE OF TEXAS §
COUNTY OF TRAVIS §
THIS LAND USE RESTRICTION A
29th day of June, 2018, is by and betwe
liability company ("Leasehold Owner"), a
COMMUNITY AFFAIRS, a public and offi
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Leasehold Owner is the leasehold o
consisting] of a 174 unit multifamily renta
Goodnight Ranch ("Project") situated on rea
Travis, State of Texas, more fully described
incorporated herein by reference. The Land
the "Property".
The Department has issued a loan commitment to loan certain funds ("Loan") to Leasehold
Owner, made available to the Department under the Federal Act and State Act (hereafter defined), in
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Page 1 of 36

- (d) **Unit Mix.** Subject to subsections (a) and (b) of this Section 2.3, during the Term, Leasehold Owner will make all Qualifying Units available for occupancy with the following Unit mix:
- (1) 5 floating Units of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 773 sq ft;
 - (2) 1 floating Unit of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 826 sq ft;
 - (3) 7 floating Units of the Qualifying Units with 1 bedroom, 1 bath and Net Rentable Area (NRA) of 859 sq ft;
 - (4) 2 floating Units of the Qualifying Units with 2 bedrooms, 1 bath and Net Rentable Area (NRA) of 952 sq ft;
 - (5) 1 floating Unit of the Qualifying Units with 2 bedrooms, 2 baths and Net Rentable Area (NRA) of 1,223 sq ft; and

Leasehold Owner shall use its best efforts to distribute floating Units reserved for Extremely Low Income Families among unit sizes in proportion to the distribution of unit sizes in the Property and to avoid concentration of Extremely Low Income Families in any area or areas of the Property.

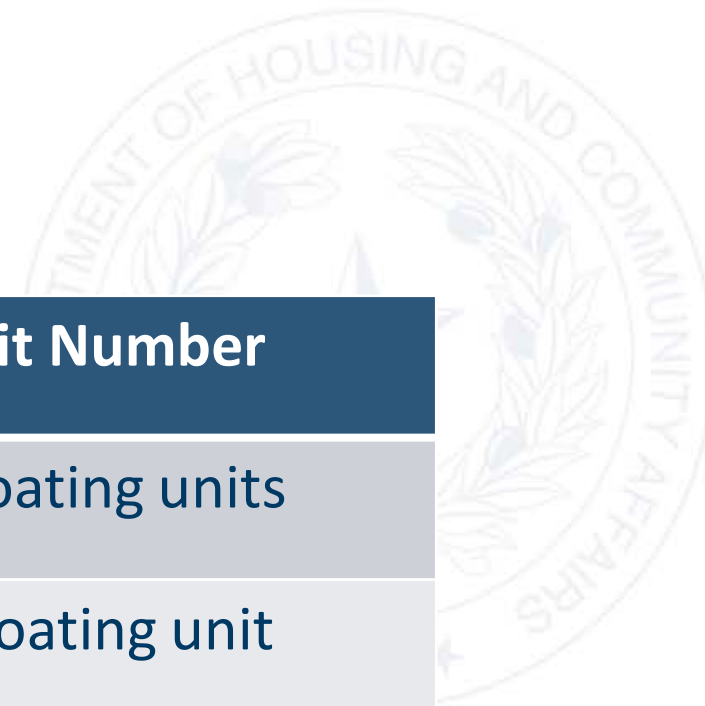
NHTF LURA Recap

Total Development Units	174
Total NHTF Units	16

AMI Tier	Number of Units
30%	16

Rent Tier	Number of Units
30%	16

NHTF LURA Recap



Unit Type	Square Footage	Unit Number
1 Bedroom – 1 Bath	773 sq. ft.	5 floating units
1 Bedroom – 1 Bath	826 sq. ft.	1 floating unit
1 Bedroom – 1 Bath	859 sq. ft.	7 floating units
2 Bedroom – 1 Bath	952 sq. ft.	2 floating units
2 Bedroom – 2 Bath	1,223 sq. ft.	1 floating unit

Special Needs



LAND USE RESTRICTION AGREEMENT (Multifamily Properties)

(b) **Long Term Occupancy Requirements.** Subject to subsection (a) of this Section 2.3, during the Term, Owner will make available for occupancy by Very Low Income Families not less than five (5) Qualifying Units. The remaining nineteen (19) Qualifying Units shall be made available for occupancy by Low Income Families. Owner shall use its best efforts to distribute Units reserved for Low Income Families and Very Low Income Families among unit sizes in proportion to the distribution of unit sizes in the Property and to avoid concentration of Low Income Families and Very Low Income Families in any area or areas of the Property. **In addition, at least twenty-four (24) Units, or one hundred percent (100%) of all Qualifying Units, shall be made available for occupancy by Special Needs Individuals or Special Needs Families unless a survey (the form and methodology of which is satisfactory to the Department in its sole discretion) conducted by the Owner or the Department, justifies a lesser need, in which event the Department (in its sole discretion) may lower the Special Needs Individual or Family occupancy requirement to correspond to the amount of need found by the Owner or the Department.**

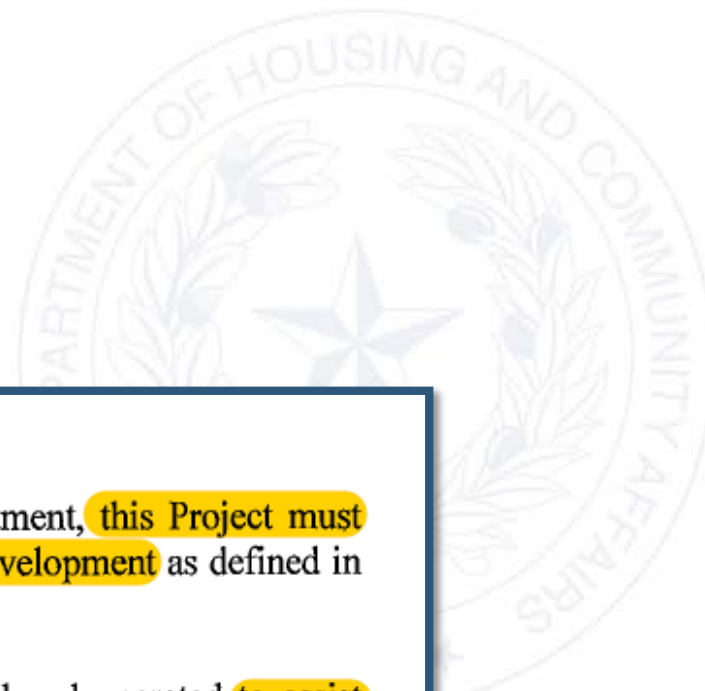
(w) **"Special Needs Individual" or "Special Needs Family" means a Low Income or Very Low Income individual or family with at least one member who is considered: (1) elderly (62 years of age or older); (2) homeless; (3) a person with HIV/AIDS; (4) in a large family; or (5) disabled.** A disability is defined as a physical or mental impairment, or being regarded as having such an impairment. According to the definition, disabilities may include, but are not limited to: HIV/AIDS, epilepsy, heart disease, disfigurement, obesity, diabetes, mental retardation, emotional illness, cancer, learning disabilities, sensory impairment, or psychological disorders. The disability must be long-term, permanent and/or progressive, as certified in writing by a medical statement or public service agency with access to medical records.

ARTICLE I Definitions

Section 1.1. **General.** Capitalized terms used in this Agreement context clearly requires otherwise, the meanings specified in this Article I. shall be defined elsewhere in this Agreement.

(a) **"Adjusted Income"** means "adjusted income" as defined

Elderly Limitation Development



ELECTRONICALLY RECORDED 2018103627
TRV 36 PGS

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
NATIONAL HOUSING TRUST FUND (NHTF)

CFDA: 14.275 HOUSING TRUST FUND
Awarding Federal Agency: U.S. Department of Housing and Urban Development

Federal Award
Federal
Pass Through Entity: Texas D
HUD E
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Unique Entity I

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THE STATE OF TEXAS §
COUNTY OF TRAVIS §

THIS LAND USE RESTRICTION A
29th day of June, 2018, is by and between
liability company ("Leasehold Owner"), a
COMMUNITY AFFAIRS, a public and off

Leasehold Owner is the leasehold
consisting] of a 174 unit multifamily rental
Goodnight Ranch ("Project") situated on real
Travis, State of Texas, more fully described
incorporated herein by reference. The Land
the "Property".

The Department has issued a loan
Owner, made available to the Department in
accordance with that certain Construction L
and the Department, which funds shall be use

As a condition to the Department making
owner, Austin Housing Finance Corporation,
join in the execution of this Agreement for
covenants and restrictions herein by executing

Pursuant to the Federal Act and State Act and the NHTF Regulations, as amended, and as a
further condition to the Department making the Loan, the Fee Title Owner and Leasehold Owner,
collectively hereinafter referred to as "Owner", must agree to comply with certain occupancy, rent and
other restrictions under the Federal Act and the NHTF Regulations during the Federal Affordability Period
(hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the

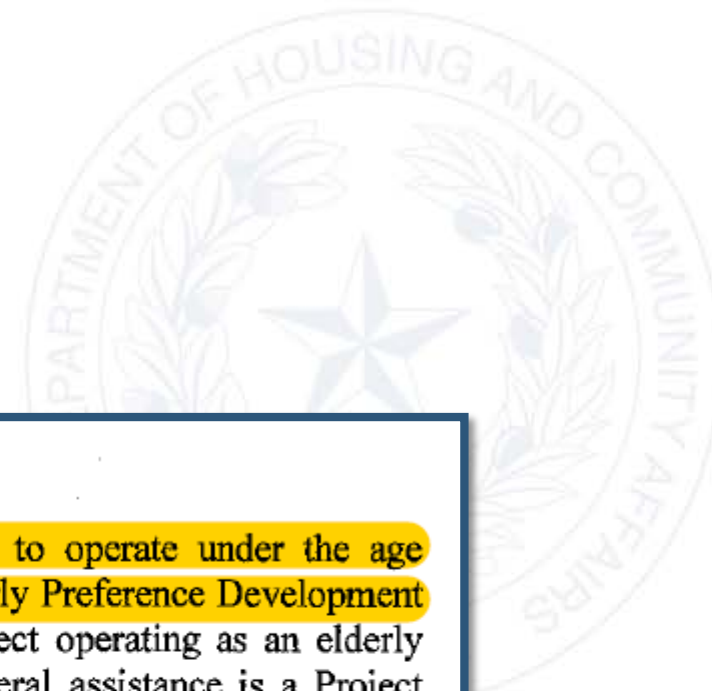
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Page 1 of 36

Elderly Limitation Development

Throughout the Affordability Period, unless otherwise permitted by the Department, this Project must conform to the Federal Fair Housing Act and must be an Elderly Limitation Development as defined in 10 TAC §10.3(a)(47) and as further defined below which:

- (i) as determined by the Secretary of HUD, is specifically designed and operated to assist elderly persons as defined in and provided under any State or Federal program;
- (ii) is intended for, and solely occupied by persons 62 years of age or older; or
- (iii) is intended and operated for occupancy by at least one person 55 years of age or older per Unit, where at least 80% of the total housing Units are occupied by at least one person who is 55 years of age or older; and adheres to policies and procedures which demonstrate an intent by Owner and manager to provide housing for persons 55 years of age or older.

Elderly Preference Development



ELECTRONICALLY RECORDED 2018103627
TRV 36 PGS

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
NATIONAL HOUSING TRUST FUND (NHTF)

CFDA: 14.275 HOUSING TRUST FUND
Awarding Federal Agency: U.S. Department of Housing and Urban Development
Federal Award Number: F-16-SG-48-0100
Federal Award Year: 2016

Pass Through Entity: Texas De
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TDHCA
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LAND USE RES
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THE STATE OF TEXAS §
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COUNTY OF TRAVIS §

THIS LAND USE RESTRICTION A
29th Day of June, 2018, is by and between
liability company ("Leasehold Owner"), an
COMMUNITY AFFAIRS, a public and offic

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Leasehold Owner is the leasehold es
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Goodnight Ranch ("Project") situated on real
Travis, State of Texas, more fully described a
incorporated herein by reference. The Land as
the "Property".

The Department has issued a loan of
Owner, made available to the Department un
accordance with that certain Construction Loa
and the Department, which funds shall be used.

As a condition to the Department mak
owner, Austin Housing Finance Corporation, a
join in the execution of this Agreement for the purpose of subjecting the fee title to the Land to the
covenants and restrictions herein by executing a Joinder of Owner of Fee Title in LURA.

Pursuant to the Federal Act and State Act and the NHTF Regulations, as amended, and as a
further condition to the Department making the Loan, the Fee Title Owner and Leasehold Owner,
collectively hereinafter referred to as "Owner", must agree to comply with certain occupancy, rent and
other restrictions under the Federal Act and the NHTF Regulations during the Federal Affordability Period
(hereinafter defined) and with certain occupancy, rent and other restrictions under the State Act during the

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Page 1 of 36

(c) Elderly Preference Development.

Throughout the Term, unless and until the Project is no longer required to operate under the age restrictions imposed by federal funding, this Project must operate as an Elderly Preference Development as defined in 10 TAC §10.3(a)(47) and as further defined below. A Project operating as an elderly development that receives funding and certain types of HUD or other federal assistance is a Project subject to an elderly preference. An Elderly Preference Development must lease to tenant populations other than just the elderly, including in many cases elderly households with children. A Project that is deemed to be an Elderly Preference Development must be developed and operated in a manner which will enable the Project to serve households with children when there is a reasonable and foreseeable demand for households with children, including, but not limited to, making provision for such in developing its unit mix and amenities. While the Project receives the funding requiring an elderly preference, it must market the entire Project as accepting households with children along with the age restrictions required by the federal funding source.

HOME Match



LAND USE RESTRICTION AGREEMENT
(Multifamily Properties)
(HOME)

THE STATE OF TEXAS
COUNTY OF YOUNG

(t) **"HOME Match-Eligible Unit"** means a Unit that is not assisted with HOME Program funds, but would qualify as affordable rental housing under 24 CFR Part 252 (a Unit occupied by families and individuals whose Annual Incomes do not exceed 80% of Area Median Income).

THIS LAND USE RESTRICTION AGREEMENT, dated March, 2000 is between
DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
of the State of Texas (the "Department")

RECITALS:

Of the State of Texas, (the "Project")
of Texas, and
Land and
Of the State of Texas,
made available
with that
which funds

(e) HOME Match-Eligible Unit. Notwithstanding anything herein to the contrary, **at least 1 Qualifying Unit will be treated by the Department as HOME Match-Eligible Unit** for the Department's purposes under the HOME Program.

Pursuant to the Federal Act and State Act and the HOME Regulations, as amended, Owner, as a condition to the Department making the Loan, must agree to comply with certain occupancy, rent and other restrictions, and the parties have entered into this Agreement to evidence Owner's agreement to comply with such restrictions during the Term (hereinafter defined).

NOW THEREFORE, in consideration of the premises and other consideration, the receipt and sufficiency of which is hereby acknowledged, follows:

(e) HOME Match-Eligible Unit. Not applicable.

ARTICLE I
Definitions

Section 1.1. General. Capitalized terms used in this Agreement shall have, unless the context clearly requires otherwise, the meanings specified in this Article I. Certain additional terms may be defined elsewhere in this Agreement.

(a) **"Adjusted Income"** means "adjusted income" as defined in 24 C.F.R. Section 92.203.

Learning Point

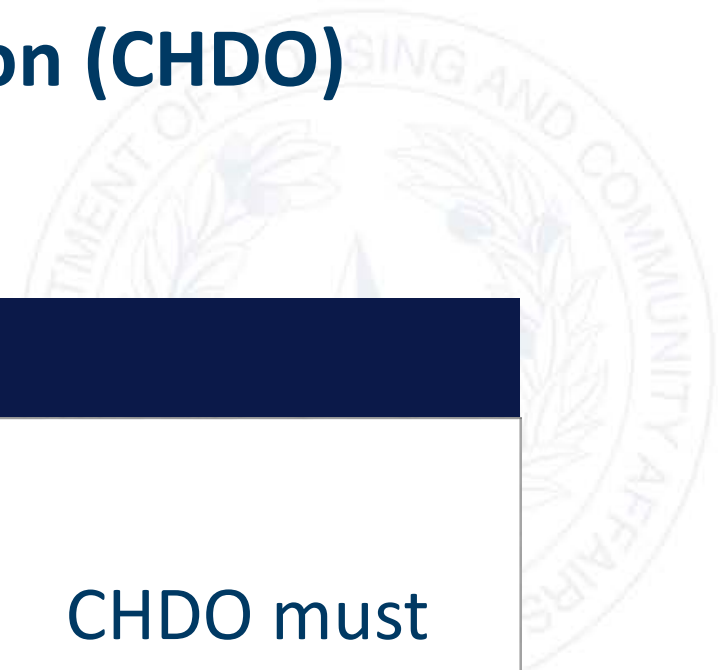
You are leasing units at a brand new MFDL property with both market and low-income units. The property is comprised of a total of 50 units, of which 25 are low-income and the remaining are unrestricted, market. What units should be leased first and why?

- A. Any unit that I can, leasing is hard!
- B. Market units, those units bring in the money.
- C. MFDL units as the LURA requires them to be leased within 6 months.

Community Housing and Development Organization (CHDO)

- CHDO is only applicable to the HOME program.
- CHDO is a non-profit 501(c)(3) or 501(c)(4) that has an exempt ruling by the Internal Revenue Service (IRS) and certified by the Department in accordance with the HOME Final Rule in §92.2 and 13.2(2) of the Multifamily Direct Loan Rule.
- The Department monitors CHDO requirements for those developments funded after 8/23/2013 including Tenant Participation Plans.

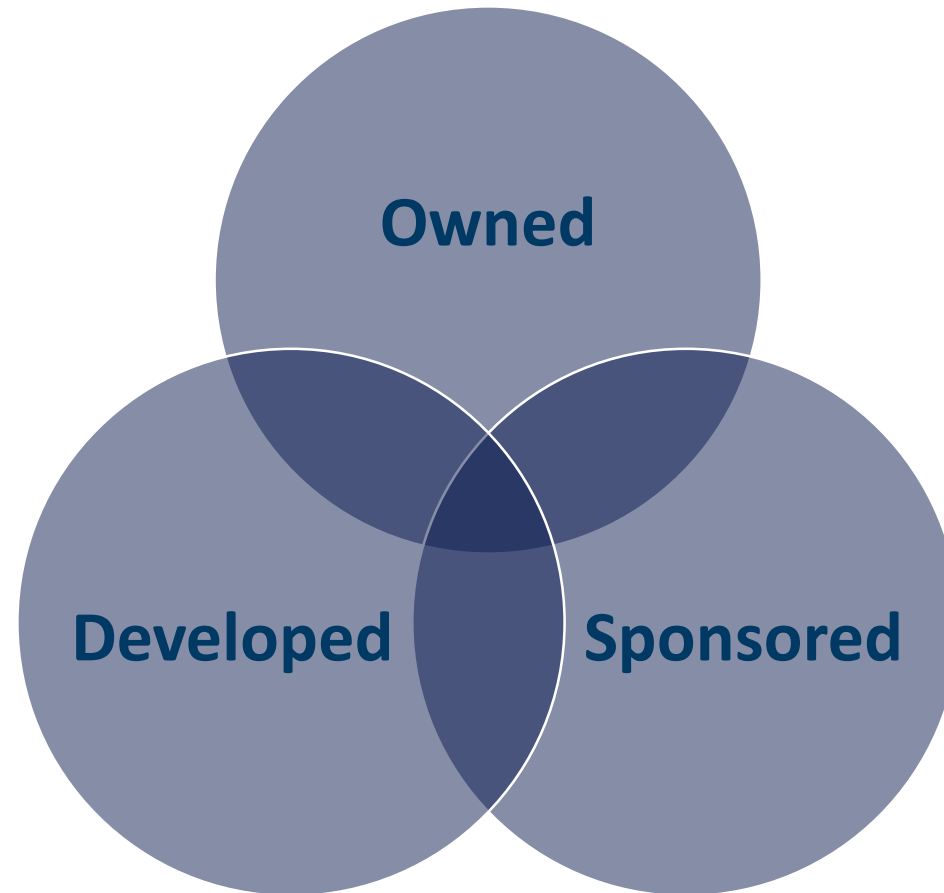
Community Housing and Development Organization (CHDO)



<p>Minimum of 15% of the PJ annual HOME allocation is set-aside for CHDOs</p>	<p>CHDO must meet the following requirements Legal Status Independence Accountable to the low-income community Capacity and Experience</p>	<p>CHDO purpose is to provide decent and affordable housing to low-income persons</p>	<p>CHDO must have a clearly defined service area</p>
---	--	---	--

Community Housing and Development Organization (CHDO)

CHDO roles defined in the HOME LURA and Contract



Community Housing and Development Organization (CHDO)



- CHDOs:
 - Have at least one year experience serving a low-income community
 - Cannot be controlled by the for-profit entity
- The CHDO's Board must be comprised of:
 - Low-Income Representation minimum of 1/3
 - Governmental Representation maximum 1/3
 - Other Representation (conditions)

Community Housing and Development Organization (CHDO)



- The CHDO maintains accountability to the residents of low-income communities:
- Ensuring that at least 1/3 of its governing board is comprised of either: 1) residents of low-income neighborhoods in the community; 2) low-income residents of the community (as defined in the HOME Final Rule); or 3) elected representatives of low-income neighborhood organizations, including but not limited to...
 - Block groups, town watch organizations, civic associations, neighborhood church groups and neighborhood work groups;
- Has a written process that states how low-income and very-low income households may advise CHDO in decisions regarding the design, siting, development and management of the project.

Community Housing and Development Organization (CHDO)



- CHDO Participation

- §10.620 - If HOME funds were awarded from the CHDO set aside on, or after, August 23, 2013, the Department will monitor to ensure the development is controlled by a CHDO.
- Reviewed at EVERY onsite to ensure that the provision is being met on an ongoing basis during the entire affordability period.
- If a development was funded from the HOME CHDO set aside, the development must be controlled by a CHDO throughout the entire affordability period.

Community Housing and Development Organization (CHDO)

Confirm Ownership

Conduct a search
on the Secretary of
State website

If unable to identify,
will request
documentation
from owner

Confirm in Good
Standing

Secretary of State
will confirm non-
profit status or IRS

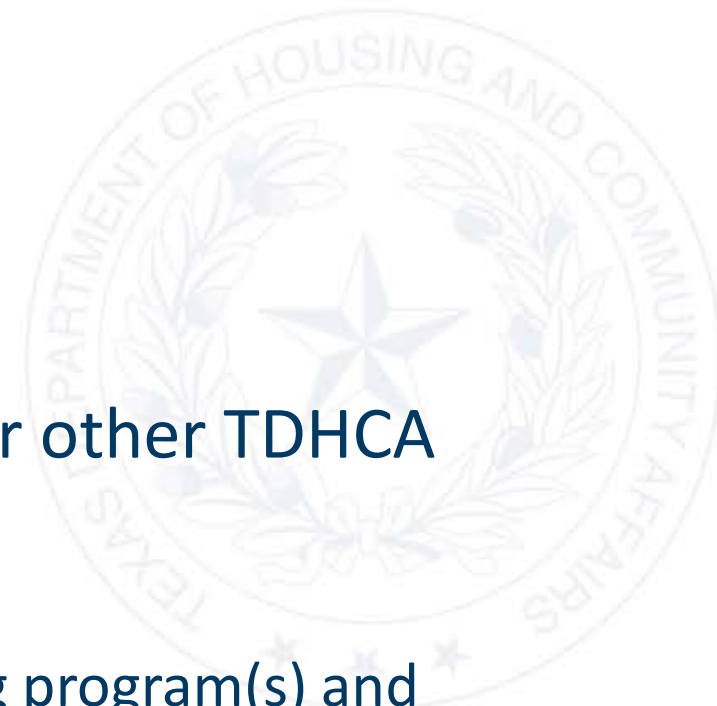
Manager Unit

- CPD Notice 16-15 and §92.205(d) Onsite Manager
 - Applies to 100% MFDL assisted developments
 - The HUD Field Office must approve a conversion of one (1) HOME unit, if cost allocation permits
 - If PJ determines the conversion will contribute to the stability or effectiveness of the development
 - The MFDL units cannot exceed the subsidy limit at the time of project commitment and a cost allocation determination is required to be submitted



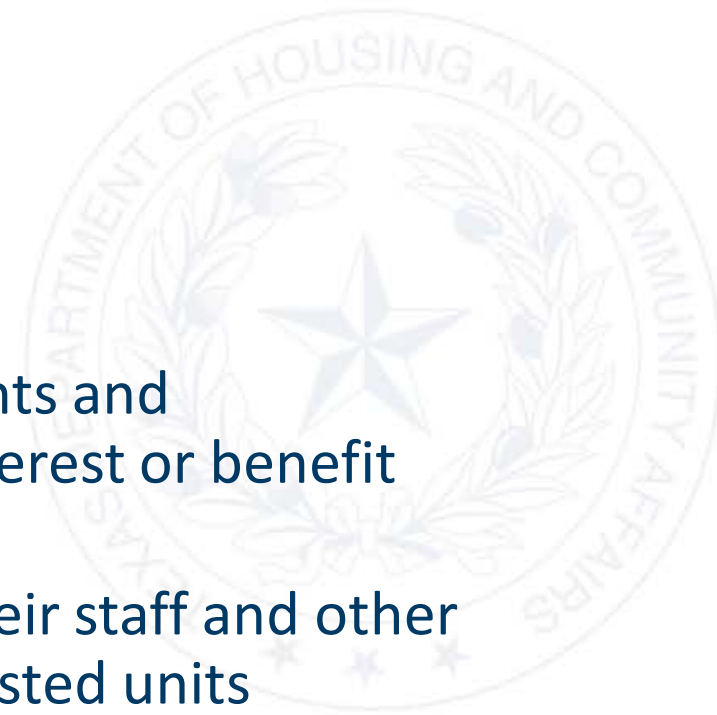
Manager Unit

- Mixed MFDL development with market rate units or other TDHCA affordable housing programs
 - A Manager may occupy a market unit
 - If the development is layered with other TDHCA housing program(s) and the unit is not MFDL assisted – follow the other program requirements
 - If a Manager occupies a MFDL assisted unit, must be income eligible and meet all program requirements
 - Highly recommended that the Manager's income eligibility be documented with first hand documentation (i.e. paystubs)



Conflicts of Interest

- §92.356 –
 - Employees and other representatives of PJs, State recipients and subrecipients are prohibited from obtaining a financial interest or benefit from any HOME assisted activity; and
 - Owners and Developers of HOME assisted housing and their staff and other representatives are prohibited from occupying HOME assisted units
 - This covers familial relationships. Immediate family members (whether by blood or marriage) of an officer, employee, agent, elected or appointed official or consultant of the owner, developer or sponsor are prohibited from occupying a HOME assisted unit or gaining financial benefit or interest
 - This provision does not apply to an employee or agent of the owner or developer of rental housing project who occupies a housing unit as the project manager or maintenance worker



Uniform Relocation Act

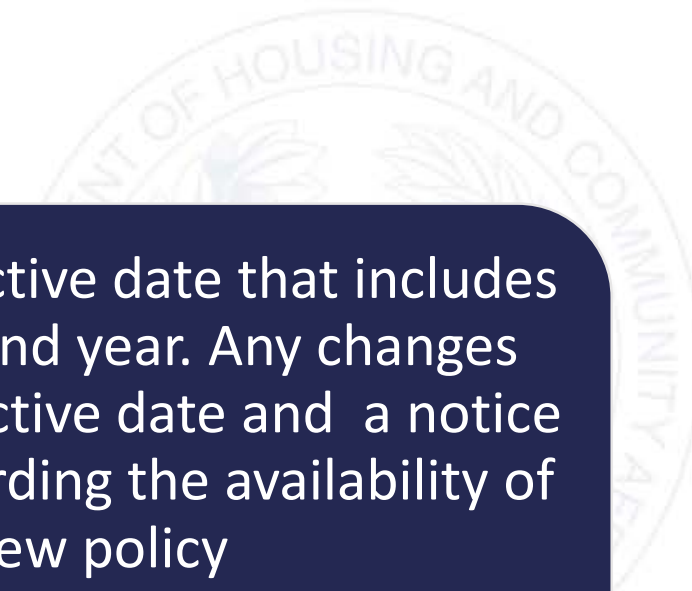
- The Uniform Relocation Act and/or Section 104(d) are applicable to MFDL development activities involving acquisition, rehabilitation and reconstruction of multifamily dwelling units.
 - The Act establishes minimum standards for federal funded projects that acquire property or displace persons from their home – applicable to MFDL properties
 - Project owners must provide the following benefits to households that they displace:
 - Relocation advisory services
 - A minimum of 90 days notice to vacate
 - Reimbursement of moving expenses; and
 - Payments for the added cost of rent or purchasing comparable replacement housing

Visit the Department website for additional details



Written Policies and Procedures

Written Policies and Procedures §10.802



Must be available upon request

Must have an effective date that includes the month, day and year. Any changes require a new effective date and a notice to all tenants regarding the availability of the new policy

All Policies and Procedures

Kept where applications are taken along with the HUD form 5380 and HUD form 8382. If electronic applications are accepted must be posted to the website

Policies addressing credit, criminal history and occupancy standards cannot be applied retroactively

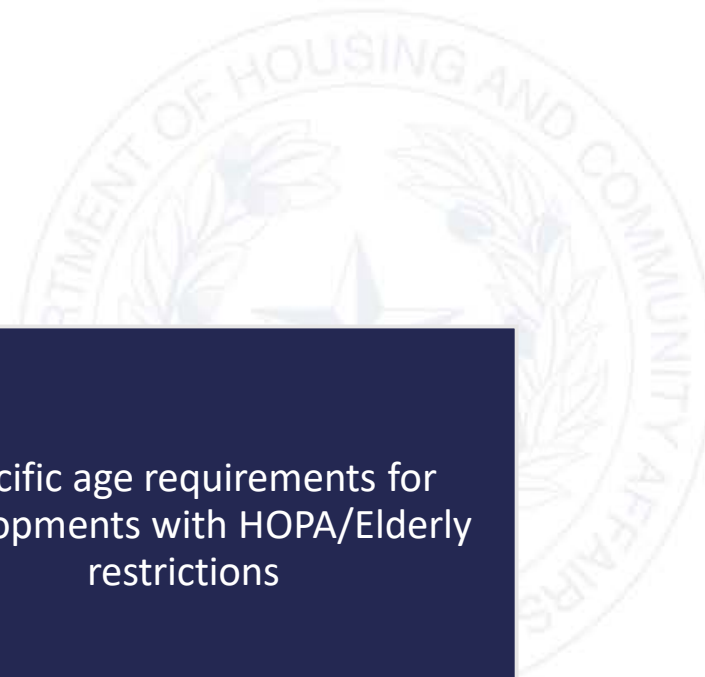
Tenant Selection Criteria §10.802(b)



Maintain current and prior versions of the Tenant Selection Criteria for the longer of:

- 1) The program's record retention period or
- 2) As long as tenants who were screened under the historical criteria are occupying units in the development

Tenant Selection Criteria §10.802(b)



Requirements that determine applicant's basic eligibility including any preferences, restrictions (including student occupancy and any exceptions) and any other tenancy requirements

What is screened and what scores or findings would result in ineligibility

Specific age requirements for developments with HOPA/Elderly restrictions

Screening criteria will be applied in a manner consistent with all applicable laws, including the Texas and Federal Fair Housing Acts, the Federal Fair Credit Reporting Act, program guidelines, and the Department's rules.

Occupancy Standards

Tenant Selection Criteria §10.802(b)(2)

MUST NOT

Exclude admission solely because the household participates in a rental assistance program



Deny admission on the basis that the applicant has protections afforded to them under VAWA



Include unlawful preferences or preferences not approved by TDHCA or recorded in the LURA



Reasonable Accommodation Policy §10.802(c)

Reasonable
Accommodation Policy
Must Provide

Information on how a request can be made

§10.802(c)(1)(A)

How transfers related to a reasonable accommodation will be addressed

Timeframe for a response
(not to exceed 14 calendar days)

§10.802(c)(1)(C)

Timeframe for a response regarding an assistance animal not to exceed 10 calendar days

Reasonable Accommodation Policy §10.802(c)(2)

MUST NOT

Require the request in writing



Require third party documentation of a readily apparent disability



Require specific medical or disability information



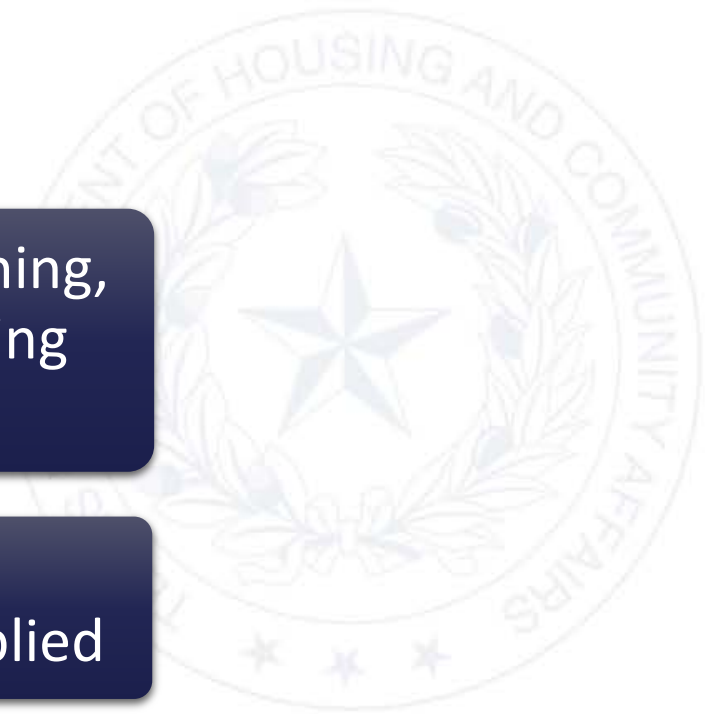
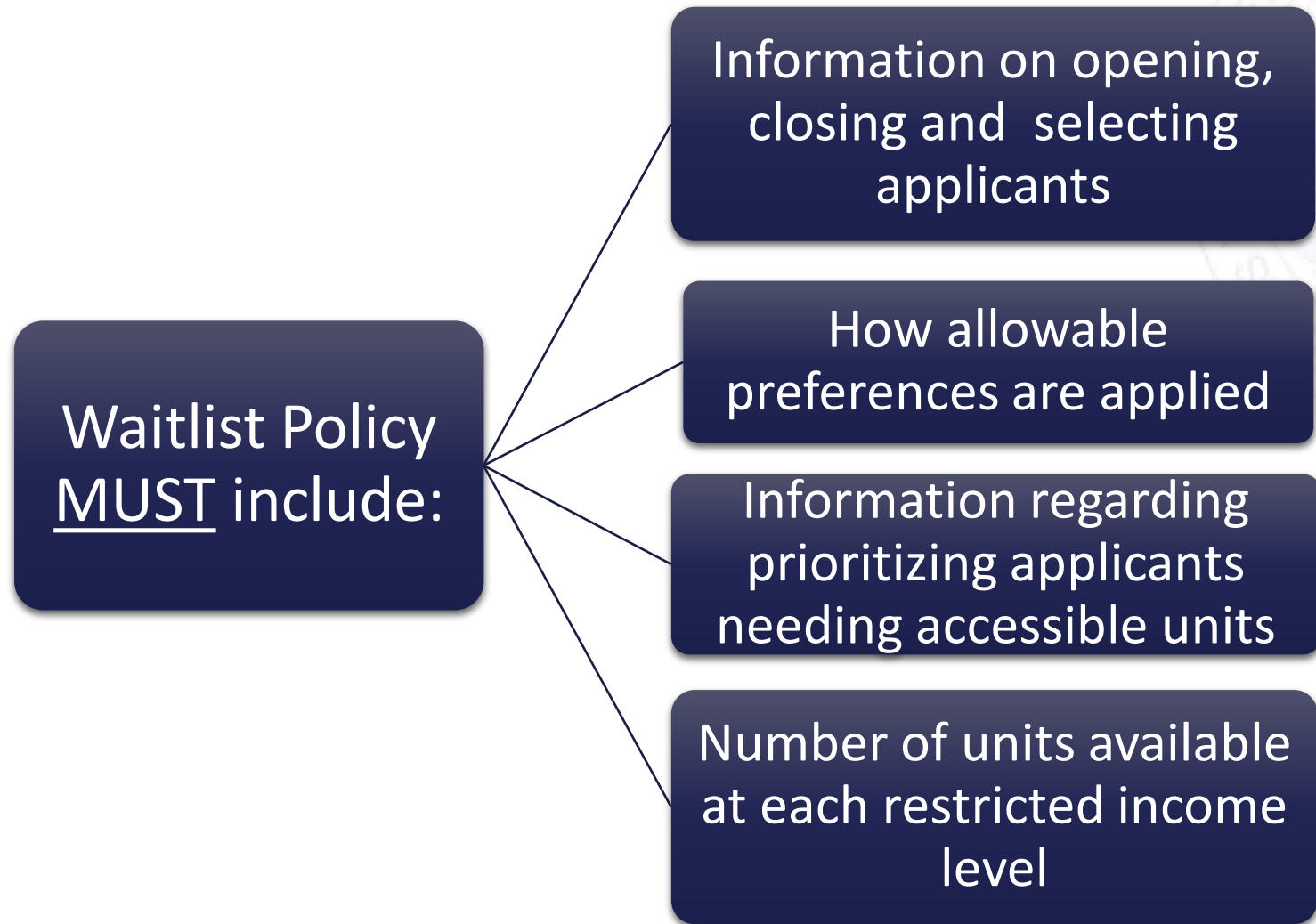
Exclude admission because an accessible unit is not currently available



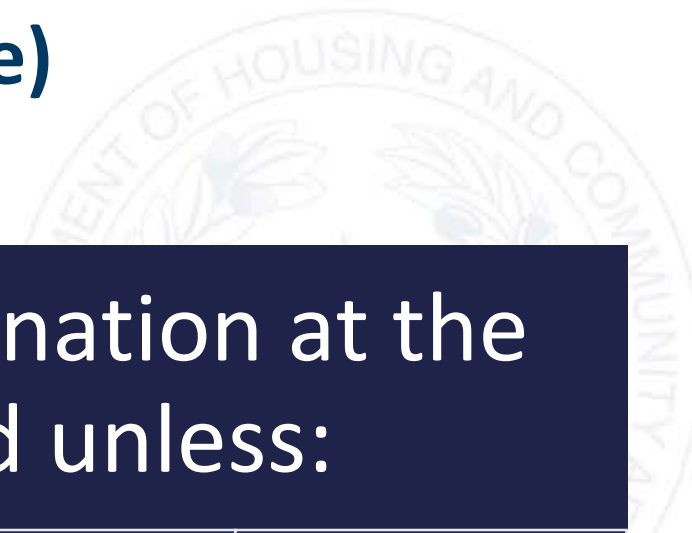
Require a household to rent a unit that has already been made accessible



Waitlist Policy §10.802(d)(1)



Changes in Household Designation Policy §10.802(e)



§10.611(c): A household's income designation at the time of move in cannot be changed unless:

The household goes Over Income (OI) and are replaced with another low-income household	Written Policies and Procedures for the development indicates changing designations as income changes	The household receives rental assistance, and due to changes in their income, their portion of rent exceeds the limit of their move in designation	The household is designated as Market and a certification is performed that documents that the household is qualified as low-income	The household is or has become an ineligible full time student household and the development has units that are not restricted by the student regulations	The household's designation is being lowered
--	---	--	---	---	--

Denied Application Process §10.802(f)

Within seven (7) days of the determination of denial, provide written notification

Specific reason for the denial and reference the leasing criteria upon which the decision was made

Contact information for any 3rd parties

The TDHCA HUD form 5380 “Notice of Occupancy Rights under the Violence Against Women Act”

Appeals process (if one is used)

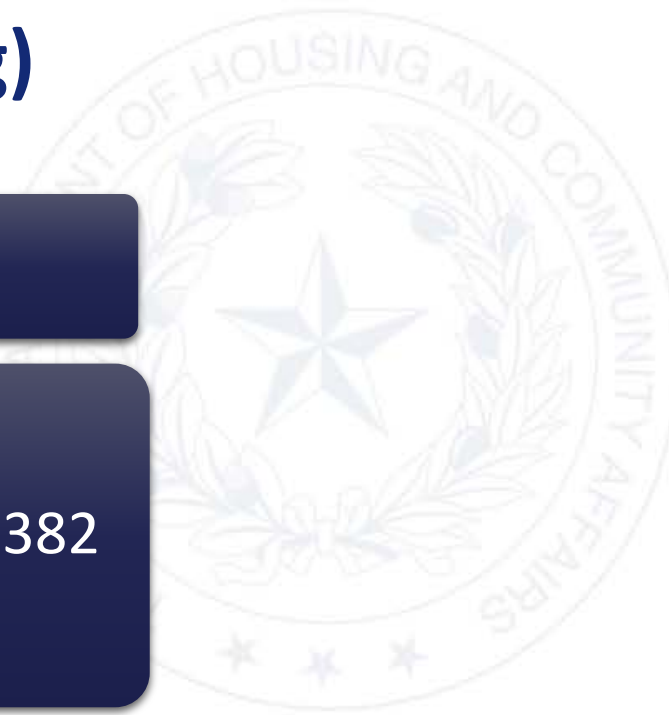
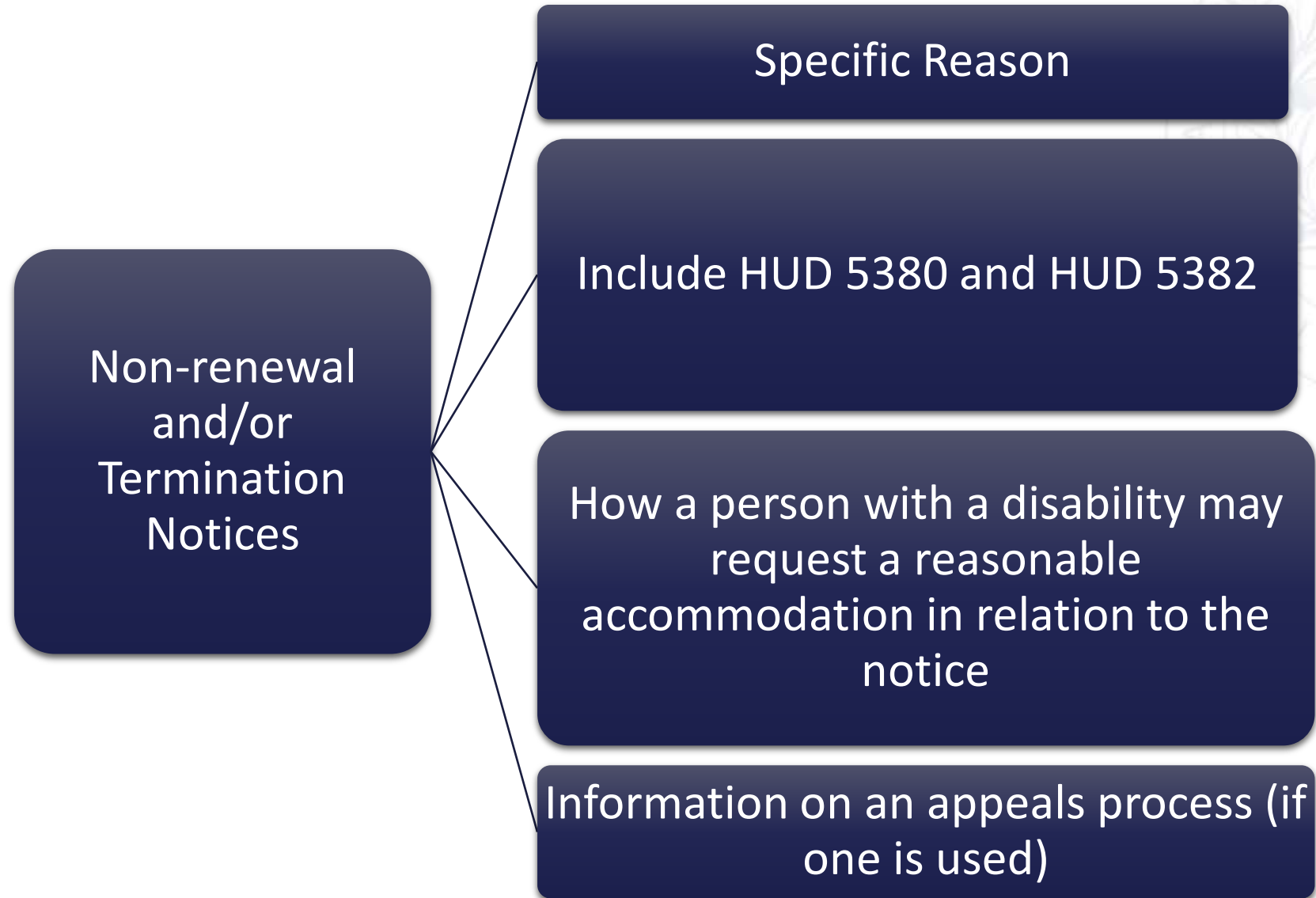
Denied Application Process §10.802(f)

Sample Log of Denied Applications

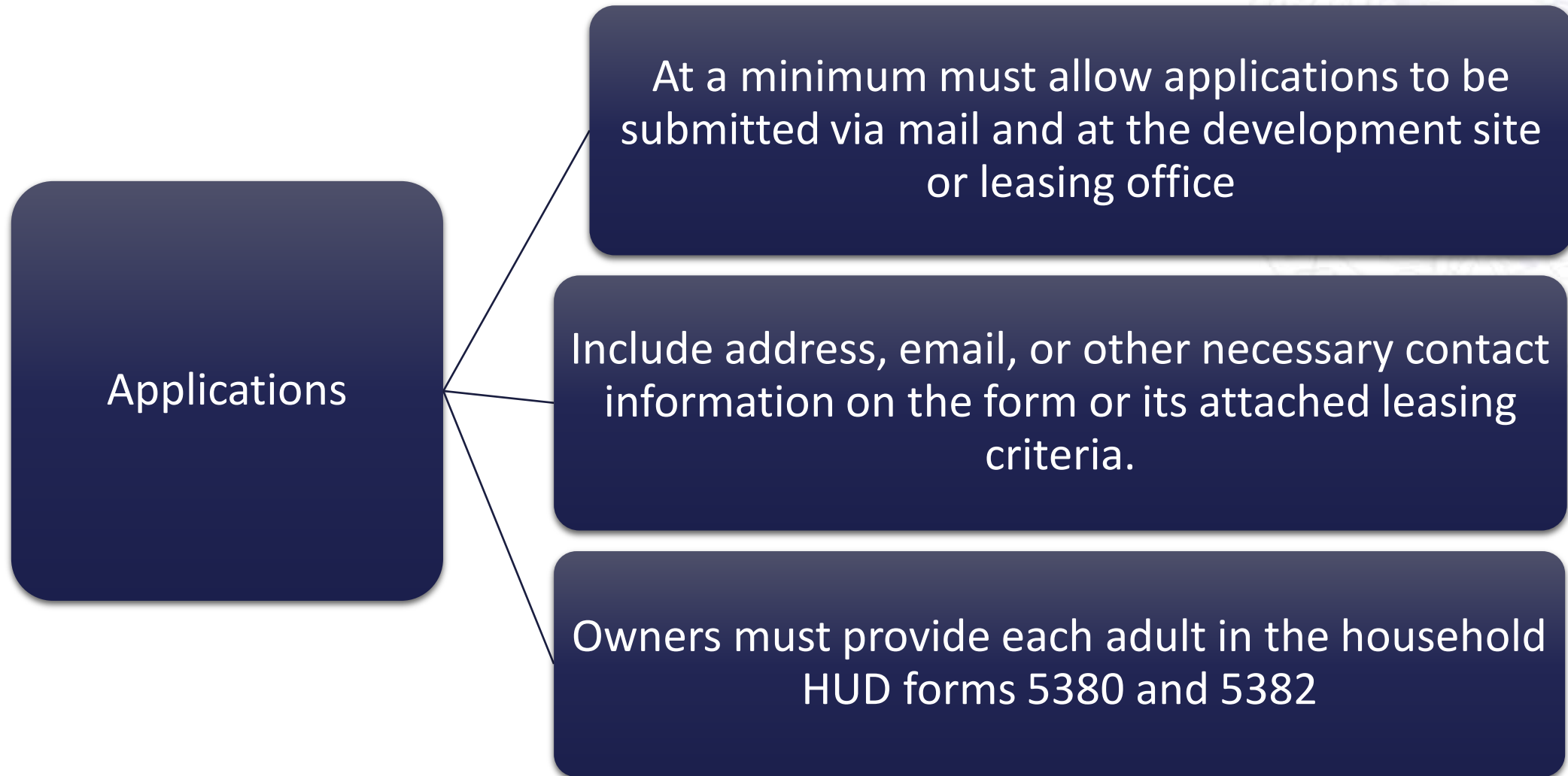


Household	Demographics	Rental Assistance Information	Reason for Denial

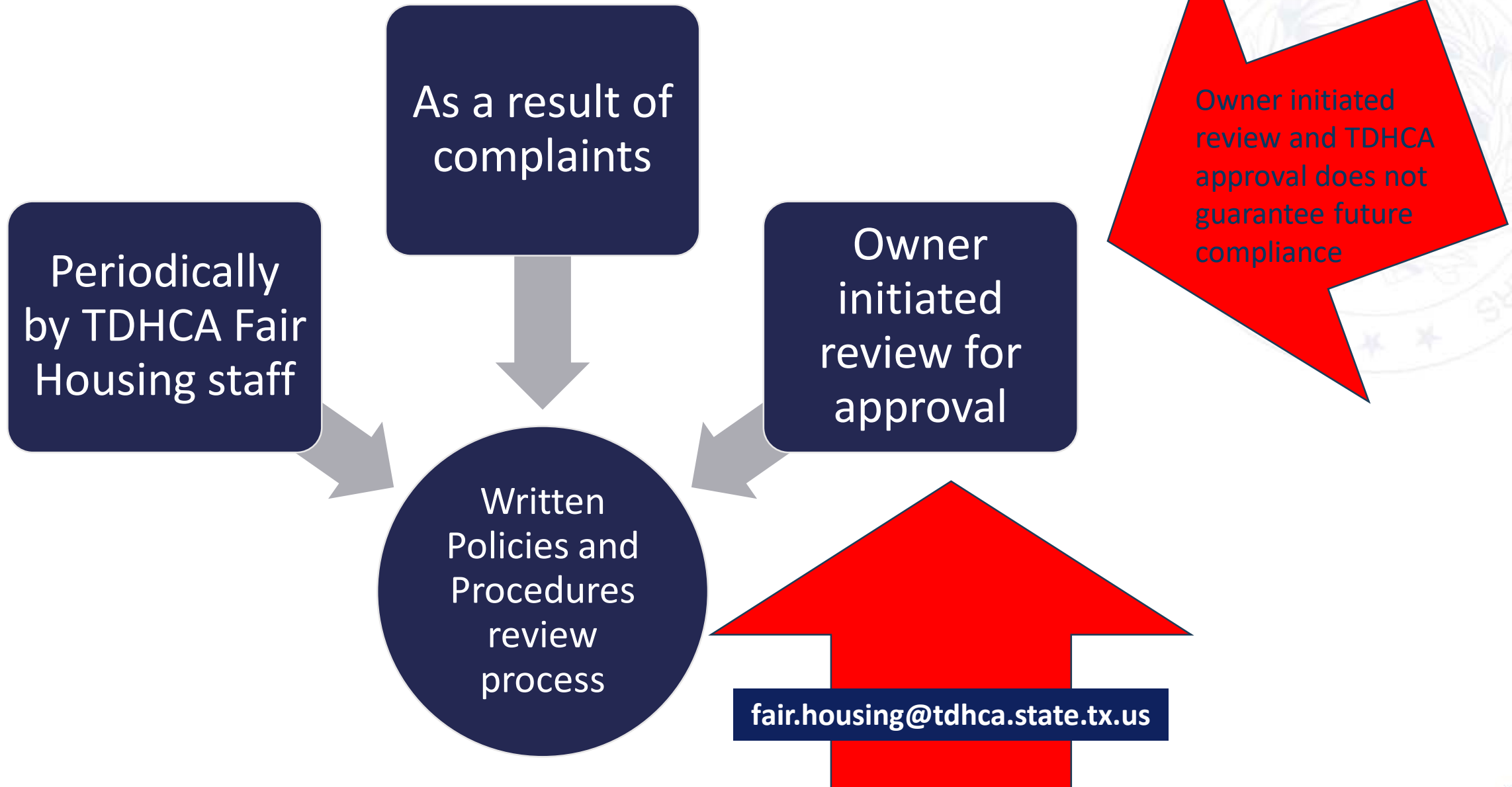
Non-renewal and/or Termination Notices §10.802(g)



Written Policies and Procedures §10.802(h) and §10.802(j)



Written Policies and Procedures §10.802(i)





Eligibility and Students

Income Eligibility

HUD Handbook 4350.3 and Technical Guide for Determining Income and Allowances for the HOME Program—24 CFR 5.609 Annual Income

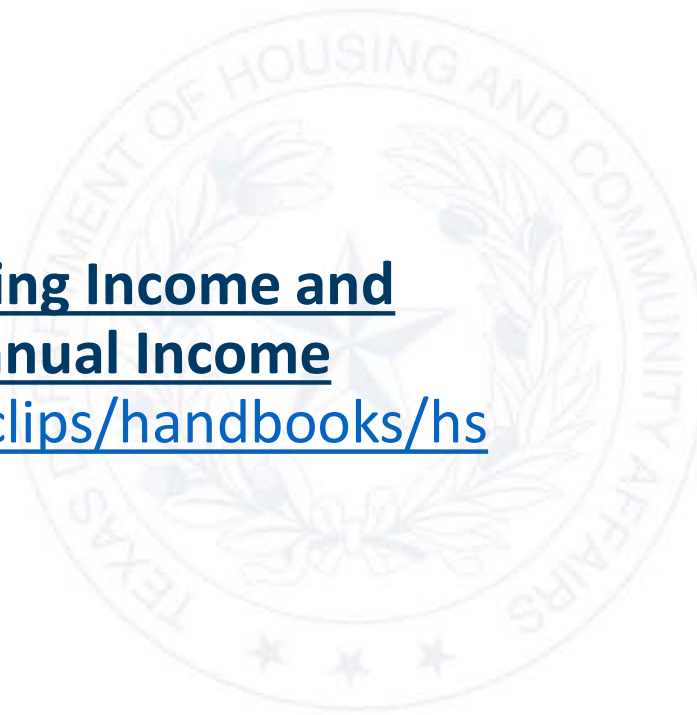
https://www.hud.gov/program_offices/administration/hudclips/handbooks/hshg/4350.3

- Chapter 3 – Eligibility for Assistance and Occupancy
- Chapter 5 – Determining Income & Calculating Rent

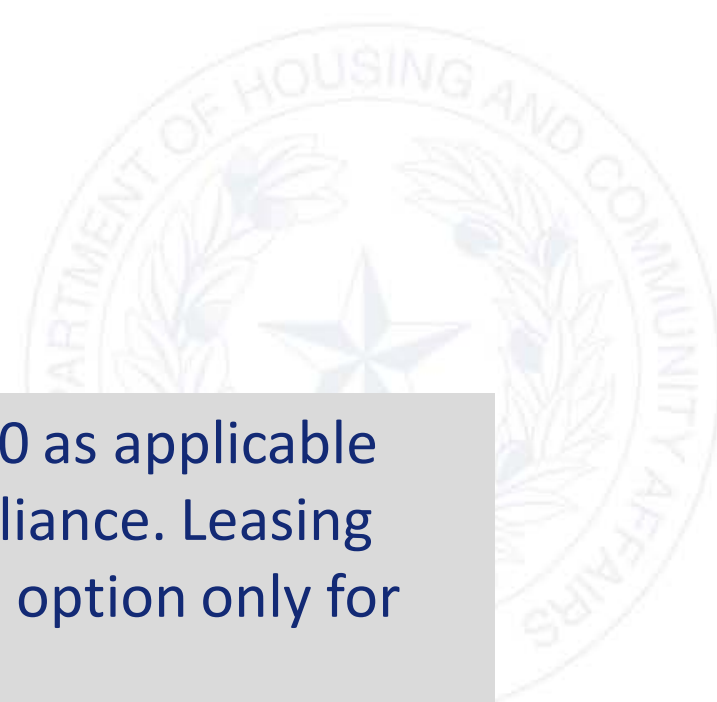
ESSENTIAL TOOLS:

- Exhibit 5-1 – Income Inclusions and Exclusions
- Exhibit 5-2 – Assets
- Appendix 3 – Acceptable Forms of Verifications

Available online at www.hud.gov



COVID-19 Vacant Units



Owners must review Revenue Procedure 2014-49 or 2014-50 as applicable and IRS Notice 2020-53 in their entireties to avoid noncompliance. Leasing units to medical personnel and other essential workers is an option only for Housing Tax Credit and Tax Exempt Bond units.

Multifamily Direct Loan units cannot be leased to medical personnel and other essential workers (unless they otherwise meet all program requirements.)

Income Eligibility

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INTAKE APPLICATION**

Dear Applicant:
The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs' (THOCA) Affordable Housing Program. Please complete this entire form and leave no blanks.
If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT

Administrator/Owner/Management Name: _____ TDHCA Number: _____
 Contact Name: _____ Contact Title: _____
 Address: _____ Phone: _____
 Email Address: _____ Fax: _____

II. THIS SECTION TO BE COMPLETED BY APPLICANT

A. CONTACT INFORMATION
 Street Address: _____
 (as shown on driver's license or government ID)
 City/State/Zip: _____
 (if different from above)
 City/State/Zip: _____
 Email Address: _____
 Home Phone: () _____
 Mobile Phone: () _____
 Emergency Contact Name: _____
 Phone: () _____

B. PREVIOUS RESIDENCY INFORMATION
 Previous Address/City/State: _____ Cost per Month: _____
 Reason for Leaving: _____ Occupied For: ___ Yrs ___ Mos
 Contact/Landlord Name: _____ Phone: _____

C. HOUSEHOLD COMPOSITION of the Head of Household and all other persons who comprise the household

Full Name (or first and last name of other household member)	Relationship to Head of HH	Date of Birth	Gender	Student Status (if not full time student)	Social Security No./ Alien Registration No.	Receiving Income
1	Head of Household		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

TDHCA - Page 1 of 4 Revised May 2010

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
RELEASE AND CONSENT FORM**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT

Administrator/Owner/Management Name: _____ TDHCA Number: _____
 Contact Name: _____ Contact Title: _____
 Address: _____ Phone: _____
 Email Address: _____ Fax: _____

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name: _____
 I/We _____
 companies in the categories listed below to release and verify information on my/our application for part (TDHCA) Affordable Housing Program. I/We understand that this information is for your use only and will remain confidential and used only to determine the eligibility status of my/our household for the program. I/We understand that this information is for your use only and will remain confidential and used only to determine the eligibility status of my/our household for the program. I/We understand that this information is for your use only and will remain confidential and used only to determine the eligibility status of my/our household for the program.

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct.

Signature of Employer Authorized Representative: _____ Representative's Title: _____ Date: _____
 Authorized Representative's Printed Name: _____ Phone # _____ Fax # _____ Email _____
 Employer (Company) Name and Address: _____

Note: Title 18, Section 1003 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

TDHCA Page 1 of 1 Revised May 2010

INCOME CERTIFICATION

Initial Certification Recertification Other* _____ Effective Date: _____
 Move-in Date: _____ (MM/DD/YYYY) *Transfer from Unit: _____ (MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 TDHCA #: _____ Unit Number: _____ # Bedroom: _____

PART II - HOUSEHOLD COMPOSITION

HH Member #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (Y/N)	Last 4 Digits of Social Security Number
1			HEAD		Y/N	
2					Y/N	
3					Y/N	
4					Y/N	
5					Y/N	
6					Y/N	
7					Y/N	

PART V - DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
 From item (I) on page 1

Mark the program(s) listed below for which this household's income will be counted toward the property's occupancy requirements.

Program	30%	40%	50%	60%	Other	ET	ET
HTC or Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HTF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VLI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS \$ _____
 Add totals for: _____

*** Upon recertification household was determined to be eligible according to eligibility requirements of the program listed above.

PART VI - RENT

A. Tenant Paid Rent: \$ _____

Supplement to the Income Certification

Unit #: _____
 See below for Ethnicity, Race, and Disability information. Enter both Ethnicity and Race for each household member, if applicable. (Do not check "Other" unless you are unable to identify another category.)

HH Member #	Sex - M or F	Age	Ethnicity	Race	Disability - Yes or No
1					
2					
3					
4					
5					
6					
7					

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA will not discriminate on the basis of race, ethnicity, or national origin, you may choose not to furnish it. You may not be discriminated against on the basis of race, ethnicity, or national origin, whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

RESENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age, and other household composition. (Initial)

The following Ethnicity codes should be used:
 A. Hispanic
 B. Not Hispanic

The following Race codes should be used:
 A. White
 B. Black/African American
 C. Asian
 D. American Indian/Alaska Native
 E. Native Hawaiian/Other Pacific Islander
 F. American Indian/Alaska Native & White
 G. Asian & White
 H. Black/African American & White
 I. American Indian/Alaska Native & Black/African American
 J. Other Multi-Racial

DEFINITIONS

Ethnic categories:
 A. Hispanic - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Hispanic Origin" apply to this category.
 B. Not Hispanic - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial categories:
 A. White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 B. Black/African American - A person having origins in any of the Black racial groups of Africa. Terms such as "African" or "Negro" apply to this category.
 C. Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 D. American Indian/Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
 E. Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

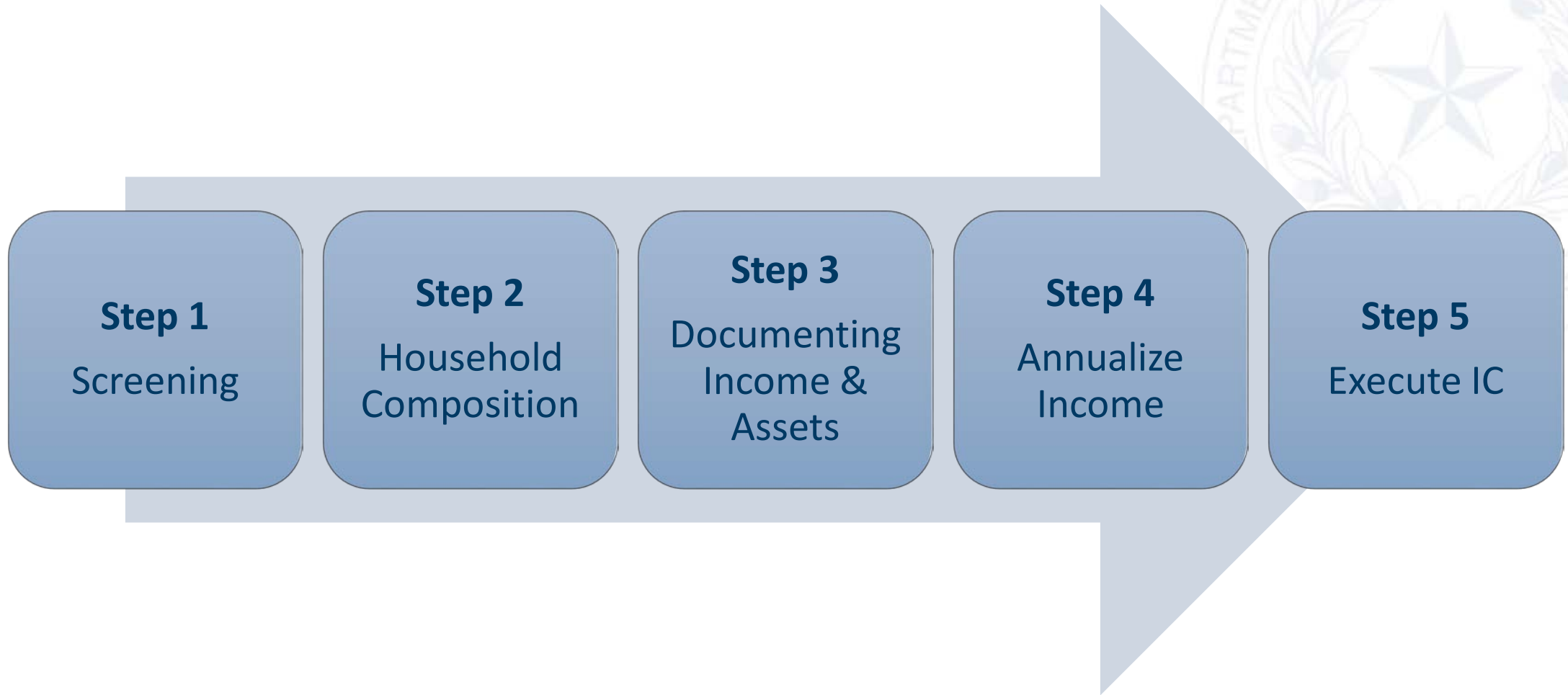
Note: The combining racial categories (F-I) are multi-racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the "Other Multi-Racial" (J) category.

Disability:
 A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 88.201.
 "Handicap" does not include current, legal use of or addiction to a controlled substance.

TDHCA Page 1 of 1 Revised April 2011



Income Eligibility



Step 1: Screening



Application

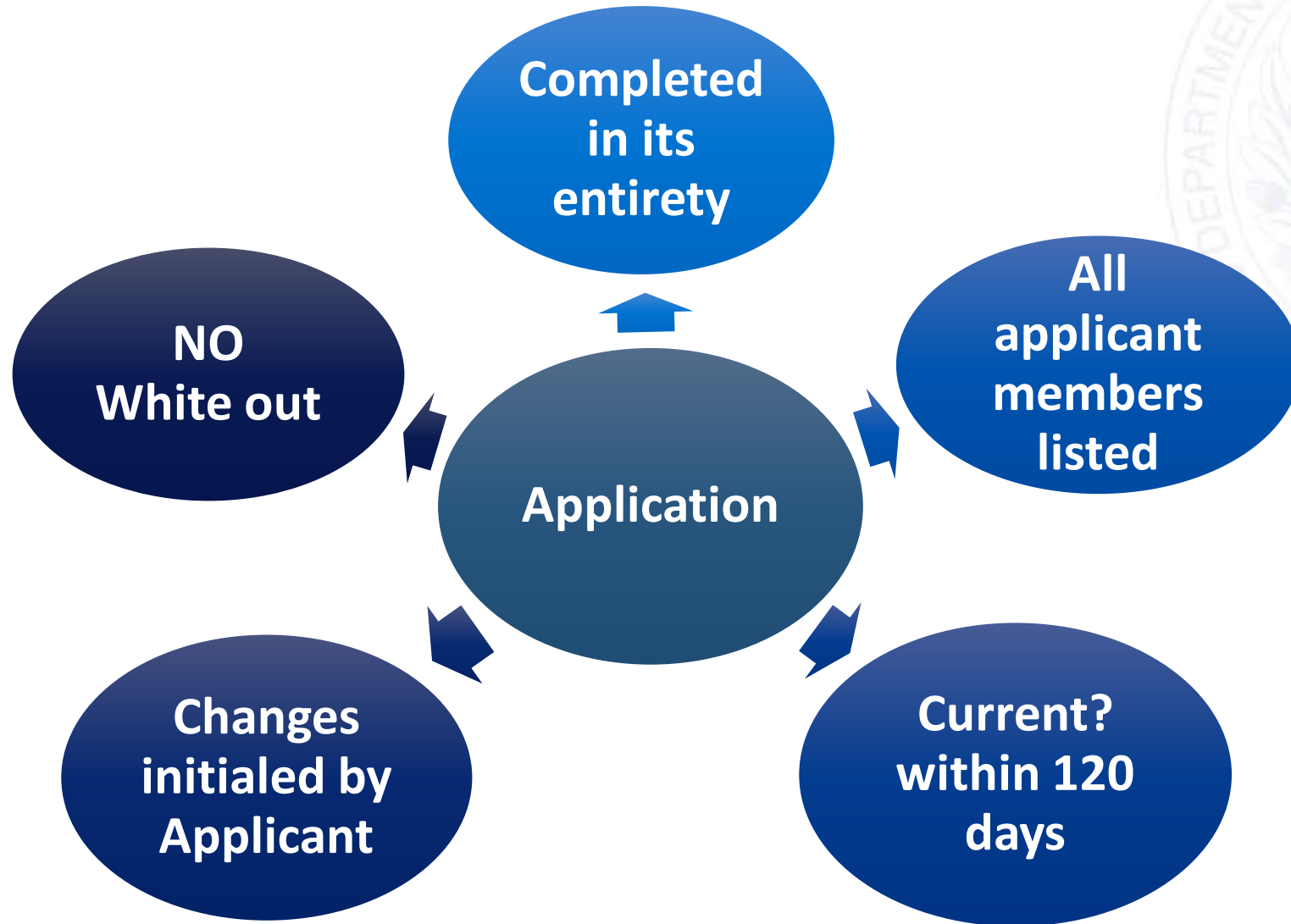
- No required format/form
- Conventional application does not gather sufficient information
 - Must use a supplemental application to ensure household is screened for all sources of income, assets and student status
- Review application
 - Does the household look eligible???

Application

Must provide a space for applicants to indicate if they are a veteran.

Must include the following statement:
“Important Information for Former Military Service Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <https://veterans.portal.texas.gov>”

Tips to Minimize Application Challenges



Step 2: Determine Household Composition

Figure 5-2: Whose Income is Counted?

- Determine number of people in the household
- Select income limit based on household size
- Unborn children count as a household members

Members	Employment Income	Other Income (including income from assets)
Head	Yes	Yes
Spouse	Yes	Yes
Co-head	Yes	Yes
Other adult (including foster adult)	Yes	Yes
Dependents		
-Child under 18	No	Yes
Full-time student over 18	See Note	Yes
Foster child under 18	No	Yes
Nonmembers		
Live-in aide	No	No

NOTE: The earned income of a full-time student 18 years old or older who is a dependent is excluded to the extent that it exceeds \$480.

Step 3: Documenting Income and Assets

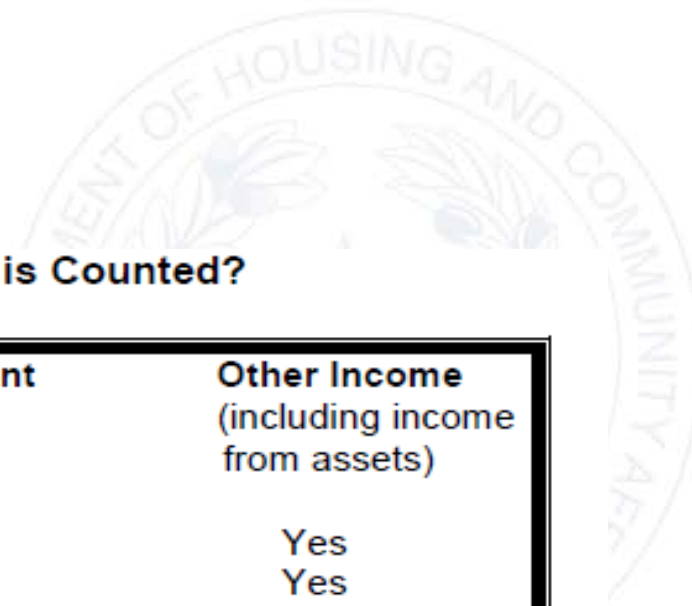


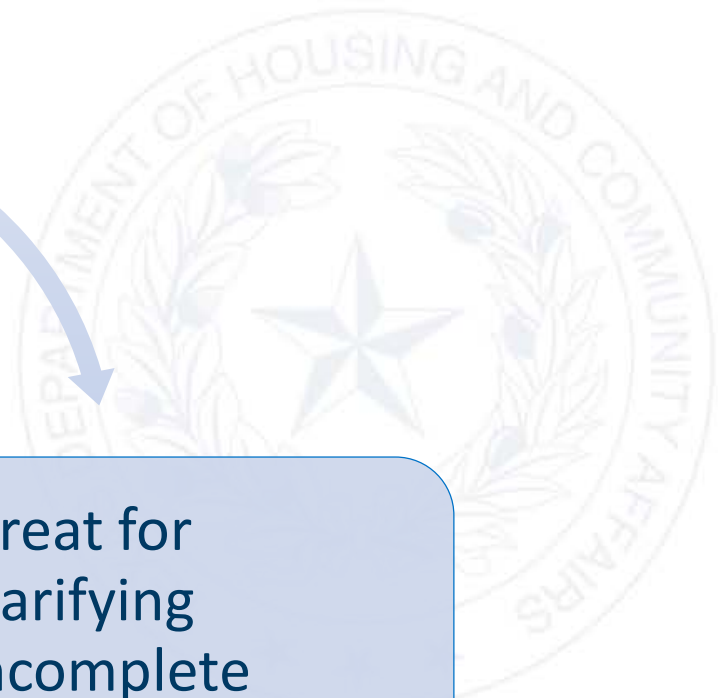
Figure 5-2: Whose Income is Counted?

- Obtain Tenant Release and Consent
- Document all sources of income and assets disclosed by the household on the application and maintain in the household file

	Employment Income	Other Income (including income from assets)
Members		
Head	Yes	Yes
Spouse	Yes	Yes
Co-head	Yes	Yes
Other adult (including foster adult)	Yes	Yes
Dependents		
-Child under 18	No	Yes
Full-time student over 18	See Note	Yes
Foster child under 18	No	Yes
Nonmembers		
Live-in aide	No	No

NOTE: The earned income of a full-time student 18 years old or older who is a dependent is excluded to the extent that it exceeds \$480.

Verifications



First Hand

- Paychecks, Bank Statements, Benefit Statements, etc...
- Must use two (2) months source documentation
- No need to attempt 3rd party first

- Great for clarifying incomplete verifications
- DO NOT write on verification

Oral

- Sent directly to source and returned
- Document method of receipt

Third Party

COVID-19 Resident Files



TDHCA permits electronic records (and has prior to COVID-19). Applications, leases, verification of income and assets, and student status can all be completed electronically. Digital signatures on forms (both property management and household) are and have been acceptable. If you are not set up to complete paperwork electronically please use appropriate social distancing to get signatures and forms completed.

COVID-19 Resident Files

HUD has provided a waiver for income documentation for initial certifications at HOME properties. The specific waiver language is:

Income Documentation

Requirement: Source Documentation for Income Determinations

Citations: 24 CFR 92.203(a)(1) and (2), 24 CFR 92.64(a) (Insular Areas)

Explanation: These sections of the HOME regulation require initial income determinations for HOME beneficiaries by examining source documents covering the most recent two months. 24 CFR 92.64(a) applies these requirements to Insular Areas.

Justification: This waiver permits the PJ to use self-certification of income, as provided at §92.203(a)(1)(ii), in lieu of source documentation to determine eligibility

for HOME assistance of persons requiring emergency assistance related to COVID-19. Many families affected by actions taken to reduce the spread of COVID-19, such as business closures resulting in loss of employment or layoffs, will not have documentation that accurately reflects current income and will not be able to qualify for HOME assistance if the requirement remains effective.

Applicability: The waiver applies to individuals and families that have lost employment or income either permanently or temporarily due to the COVID-19

pandemic and who are applying for admission to a HOME rental unit or a HOME tenant-based rental assistance program. This waiver also applies to homeless individuals and families who are applying for admission to a HOME rental unit or a HOME tenant-based rental assistance program. Timely provision of this assistance will reduce the spread of COVID-19. If a PJ chooses to use this waiver availability, the PJ must ensure that self-certified income takes into consideration all income, including any unemployment and emergency benefits the applicant will receive. However, for purposes of an applicant's self-certification, emergency tax relief (commonly referred to as stimulus payments) is not to be included as an emergency benefit. Also, the PJ must arrange to conduct on-site rent and income reviews within 90 days after the waiver period. The PJ must include tenant income certifications in each project file. This waiver remains in effect through December 31, 2020.

COVID-19 Resident Files

If you are a HOME development and would like to take advantage of this waiver, written permission is required. Please submit your request to Wendy Quackenbush at wendy.quackenbush@tdhca.state.tx.us

HUD has made available a sample self-certification of annual income for that can be found on this page of the Department's website: <https://www.tdhca.state.tx.us/pmcomp/forms.htm>

Income Verification for Households with Section 8 Certificates



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES

Unit #: _____

To: Section 8 Program Administrator

Housing Authority: _____

Address: _____

City, State Zip: _____

_____ has applied for residency /is a resident of _____
(Applicant/Resident Name) (Property Name)

a Low Income Housing Tax Credit property. In the case of a tenant receiving housing assistance payments under HUD's Section 8 Existing Housing Program, IRS regulations allow that if the PHA provides a statement to the building owner declaring that the tenant's income does not exceed the applicable limit under the LIHTC program, then the owner is not required to further verify the tenant's income.

Number of Household Members: _____ Move-In Recertification

Under the Low Income Housing Tax Credit Program, the combined annual income of the household **before any adjustments**, cannot exceed \$ _____
(Income Limit)

Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY:

Based on the last income certification/recertification effective on _____, the household consists of _____ members whose combined annual income **before any adjustments**, does not exceed _____
(Date) (# of Household Members)

(Printed Name) (Title)

The Low Income Housing Tax Credit Program is a federal low-income rental housing program governed by the Internal Revenue Service. Section 42 of the Internal Revenue Code requires owners to determine the income eligibility of all tenants occupying tax credit units. (Owners should be aware that although the verifications requirements of Section 1.42-5(b)(1)(vi) may be met through the use of this form, a Tenant Income Certification (TIC) must still be completed annually.)

E-5

Cannot use at initial certification or during the 6th year full recertification process

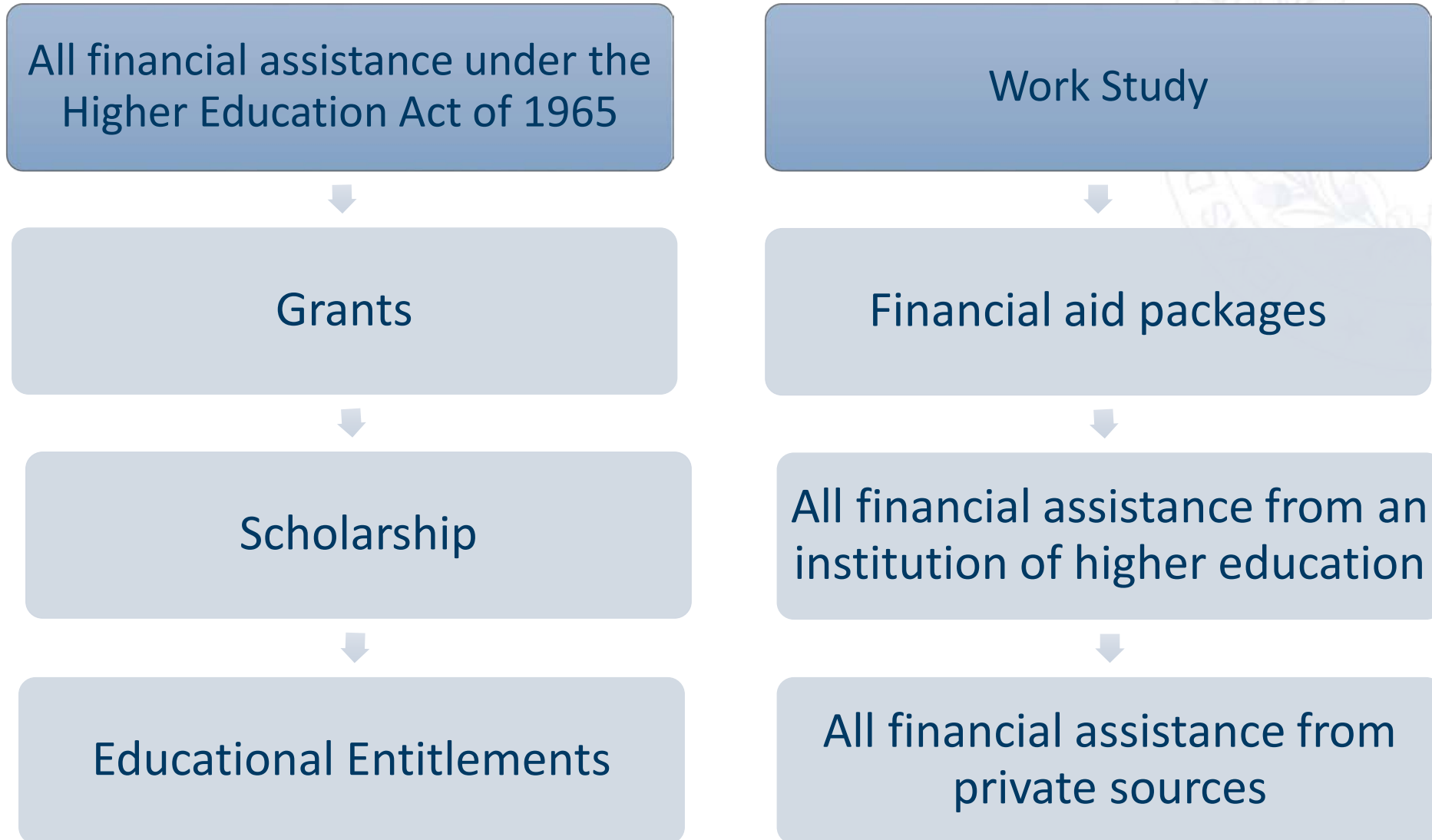
Student Income

If a student is receiving Section 8 rental assistance, then any financial assistance (in excess of the amount of tuition and any other required fees and charges) is considered income except

- If the person is over the age of 23 with dependent children
- If the person is living with their parents who are applying for or receiving Section 8 rental assistance



Student Income



Student Income

Only count amount received in excess of tuition and other required fees and charges when determining annual income.
Obtain documentation to support the amount in excess of tuition, fees, and charges



Learning Point

Andi, is 20 years old, married and participates in the Section 8 program and has applied for a HOME assisted unit. She is enrolled as a student in an art program at the community college. She is receiving \$5,500 in financial assistance to cover the cost of tuition and fees. Tuition per semester is \$1,500 (total of \$3,000 for the school year.) She also has \$500 in standard fees for athletic fee, writing, art lab fee and student fee that are standard charges for every student.

What amount of her financial assistance will be included in her income?


\$5,500 minus (\$3,000 tuition and \$500 allowable fees) equals \$2,000, which should be included in her annual income.

Step 4: Annualizing Income

B. Once all sources of income are known and verified, owners must convert reported income to an annual figure. Convert periodic wages to annual income by multiplying:

1. Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour week and no overtime);
2. Weekly wages by 52;
3. Bi-weekly wages (paid every other week) by 26;
4. Semi-monthly wages (paid twice each month) by 24; and
5. Monthly wages by 12.

To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.



Household income is defined as the gross income (with no adjustments) anticipated to be received by the household in the 12-month period following the effective date of the certification

Step 5: Execute Income Certification



Department Approved Form

Staff
Completes
Certification

Verifications
must be within
120 days of
certification

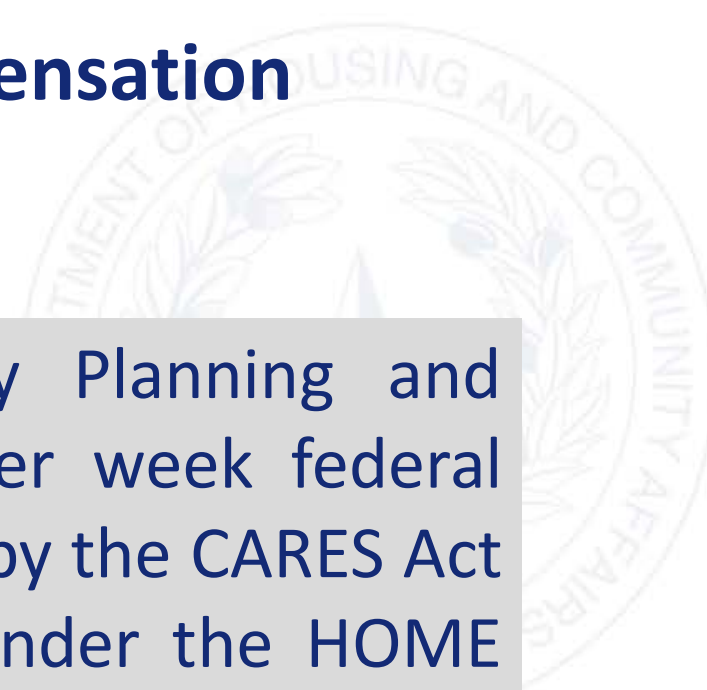
Certification is
signed by
Household and
Staff

Recommended Practices

- Before move-in is approved, conduct a peer review
- To ensure consistency, state in Management Plan the procedures and methods used to calculate income
- Spot check information verified
 - If discrepancies are found, best practice is to obtain additional forms of verification for clarification



COVID-19 Stimulus Pay and Unemployment Compensation



On June 17, 2020, HUD's Office of Community Planning and Development clarified that the temporary \$600 per week federal enhancement to unemployment insurance provided by the CARES Act does not need to be included as annual income under the HOME program. **Therefore, for the purposes of determining eligibility for all of the Department's multifamily programs, household stimulus payments and the temporary \$600 per week federal enhancement to unemployment insurance are excluded when determining eligibility.**

Student Restrictions

The Rule

- Focus on individuals between the ages of 18 – 23 years old that live separate from their parents
- Applies to full and part time student status enrolled at an institution of higher education (Higher Education Act of 1965)

Applicability

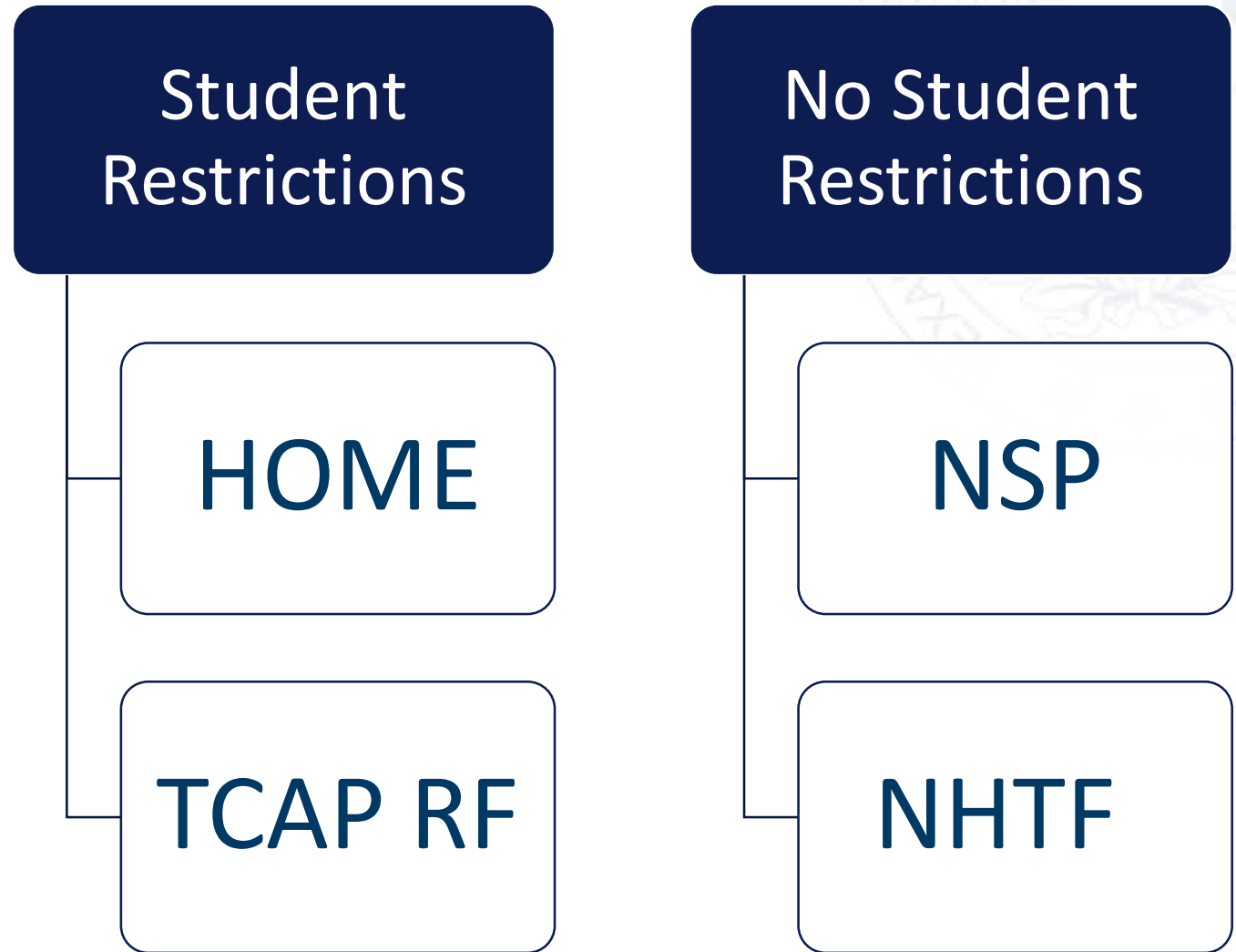
- Does not apply to students that currently reside with parents in a HOME/TCAP RF assisted unit
- Does not apply to students that apply for rental assistance with their parents

Determination

- Individuals will have to be initially screened for student status
- Individuals will have to be annually screened at recertification

Students

- TCAP RF program is used as HOME Match, which means all TCAP RF units have the same requirements as HOME.
- TCAP RF units have the same HOME student eligibility requirements.



** HOME/TCAP RF Program – Certification of Student Eligibility **

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME PROGRAM- CERTIFICATION OF STUDENT ELIGIBILITY
 To be Complete for EACH Household Member the age of 18 and under the age of 24

A student is defined as an individual enrolled, part-time or full-time, at an institution of higher education as defined under the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002) to obtain a degree, certificate, or other recognized educational credential.

Owners of developments with HOME funds are required to screen and document student status for each individual(s) the age of 18 and under the age of 24. If an individual(s) is enrolled an institution of higher education, each individual must meet student eligibility requirements in accordance with 24 CFR 5.612 and the HOME Final Rule.

Applicant/Resident Name: _____

PART A: STUDENT STATUS **Circle One:**

Are you enrolled or planning to enroll in an institution of higher education? Yes No

*If you answered "No," **109** and proceed to the signature line on page 2 of this form. Do not complete the rest of the form.*

PART B: ELIGIBLE STUDENTS **Circle One:**

Are you a dependent of this household (e.g. you live with your parent(s)/legal guardian in this unit)? Yes No

*If you answered "Yes," **109** and proceed to the signature line on page 2 of this form. Do not complete the rest of the form.*

PART C: INDEPENDENT STUDENTS

Part 1: To evidence independence from your parent(s)/legal guardian, each of the following three (3) criteria must be met **AND** you must submit a signed certification documenting if (and how much) financial assistance your parent(s)/legal guardian give you.

Circle One:

1. Are you of legal contract age under Texas State law? Yes No
2. Have you established a separate household from your parent(s)/legal guardian for no less than one (1) year from today? Yes No
3. Did your parent(s)/legal guardian claim you on their last tax return as a dependent? Yes No

*If you answered "Yes" to # 1 and #2 and "No" to #3, **109** and proceed to the signature line on page 2. You are required to provide supporting documentation. Otherwise, proceed to Part 2.*

Part 2: To evidence independence from your parent(s)/legal guardian, one (1) of the below exceptions under the U.S. department of Education's definition of an independent student must be met:

Circle One:

- Will you be at least 24 years old by December 31st of the current year? Yes No
- Are you legally married? Yes No
- Are you working on a master's or doctorate degree program (such as M.A., M.B.A., Ph.D., graduate certificate, etc.)? Yes No
- Are you currently serving on active duty in the U.S. armed forces for purposes other than training? Yes No

Page 1 of 2 Created December 2016

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME PROGRAM- CERTIFICATION OF STUDENT ELIGIBILITY

- Are you a veteran of the U.S. armed forces? Yes No
- Do you have a legal dependent(s) (i.e. child or parent)? Yes No
- At any time since you turned 13 years old, were you:
 - An orphan? Yes No
 - In Foster Care? Yes No
 - A dependent/ward of the court? Yes No
- Prior to turning 18, were you an emancipated minor? Yes No
- Prior to turning 18, were you in legal guardianship? Yes No
- Are you homeless, or self-supporting and at risk of being homeless? Yes No

Please identify who could verify that you qualify as such:

- Your high school or district homeless liaison Yes No
- The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development ("HUD") Yes No
- The director of a runaway or homeless youth basic center or transitional living program Yes No

If you answered "Yes" to any of the above questions, proceed to the signature line below. You are required to provide supporting documentation.

If you are a student and did not meet an exception in Part B or C of this form, under this program, you are considered a dependent of your parent(s)/legal guardian. In order for you to live at this property, your income plus your parent(s)/legal guardian's income must be verified. The property must perform a certification that uses source documentation to verify the income and assets of you and your parent(s)/legal guardian. Note, you must also be independently income eligible under the income limit in effect for where the property is located.

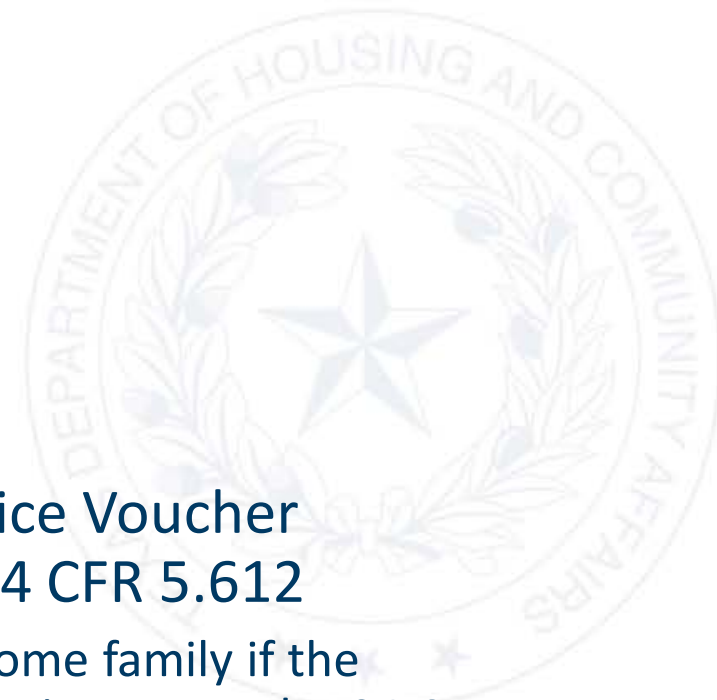
Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in termination of HOME assistance.

Applicant/Resident Signature _____
Date of Signature

Page 2 of 2 Created December 2016

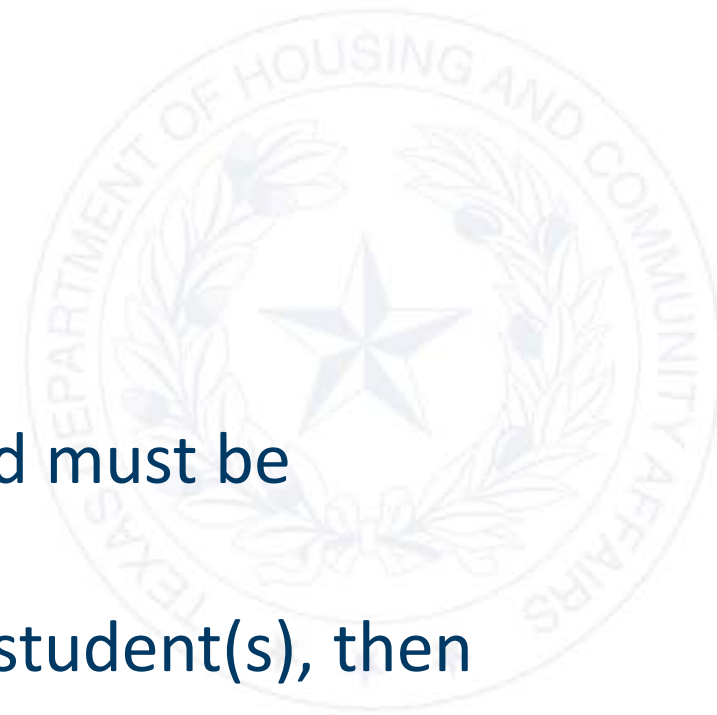
Student Restrictions

- §92.2
 - The HOME program adopted the Section 8 Housing Choice Voucher program restrictions on student participation found at 24 CFR 5.612
 - An individual does not qualify as a low-income or very low-income family if the individual is a student who is not eligible to receive Section 8 assistance under 24 CFR 5.612
 - Treated the same regardless if it is a one (1) person household or the individual is part of a larger household
 - The individual would make the larger household ineligible

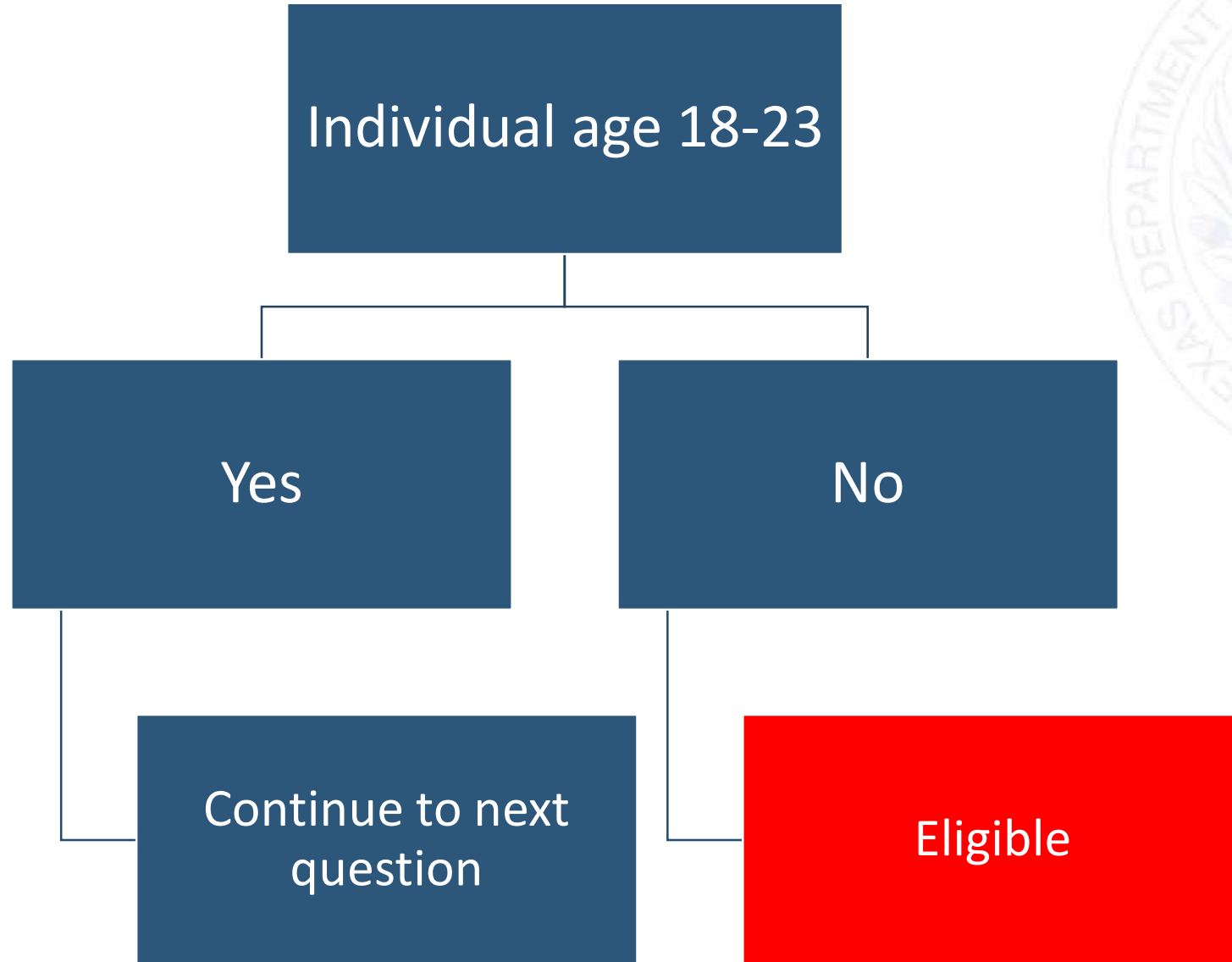


Student Restrictions

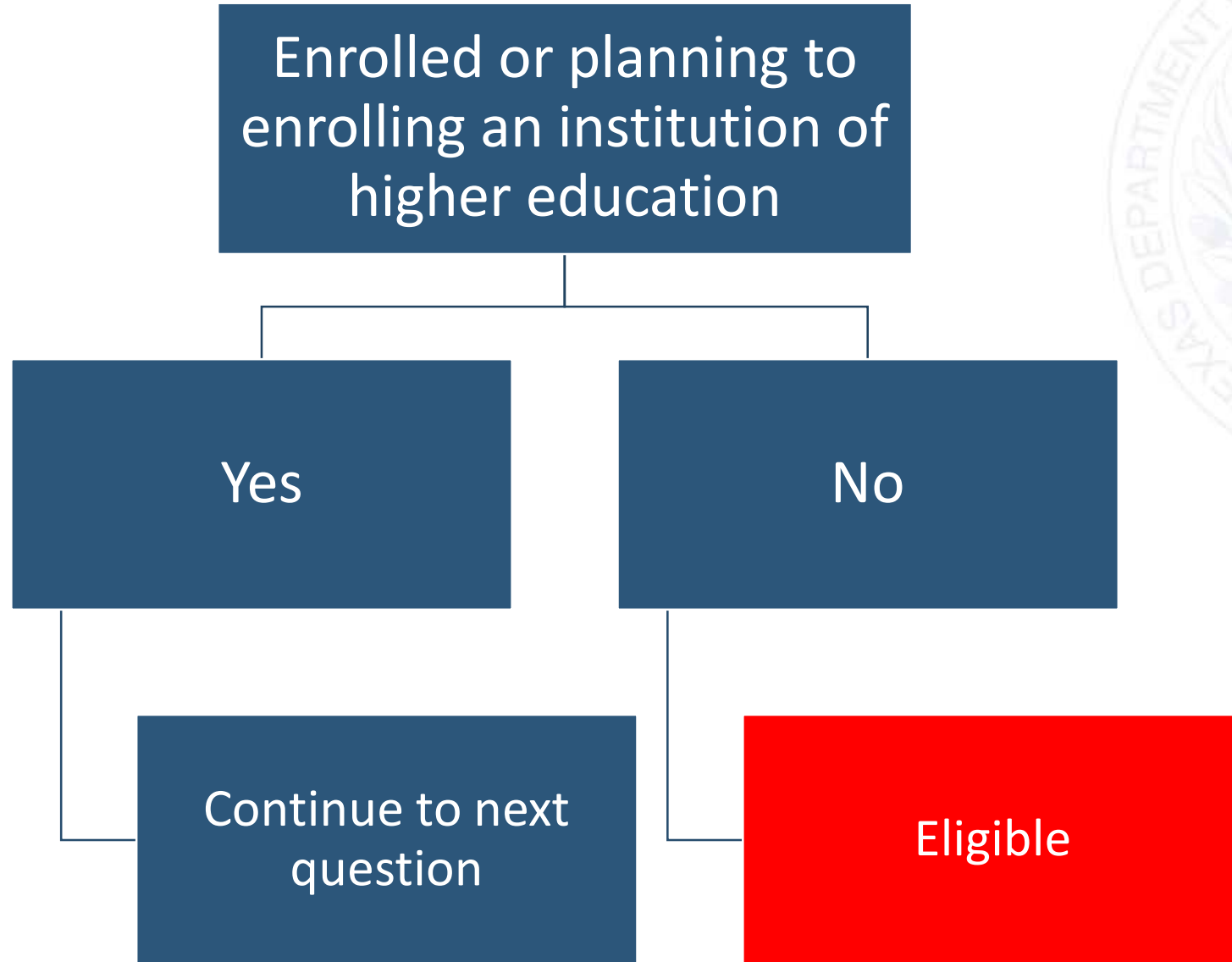
- Existing households are not “grandfathered in” and must be screened for student status during recertification
- If a HOME assisted unit is occupied by a ineligible student(s), then the over-income household rules will apply
 - Varies for fixed or floating units



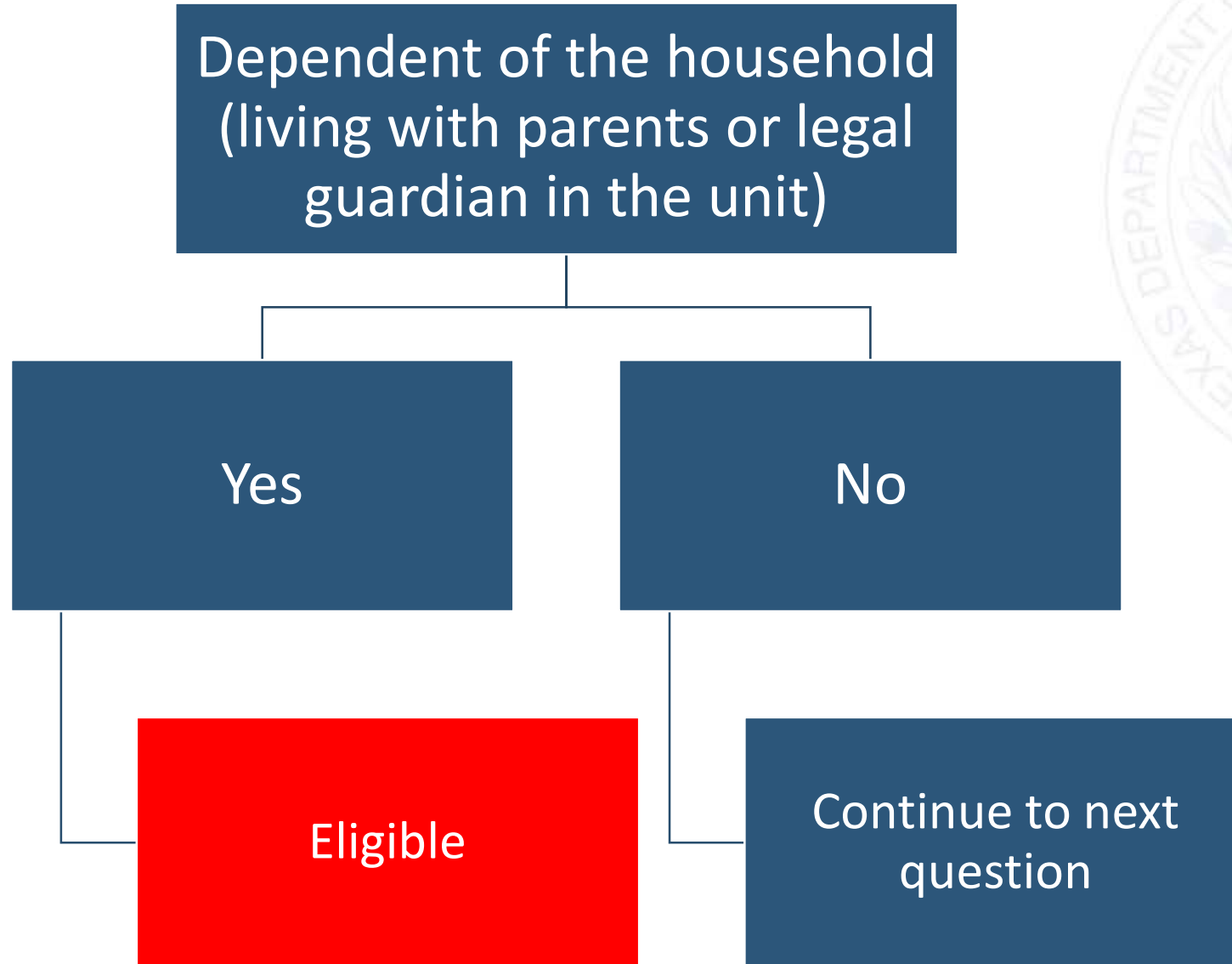
Student Restrictions



Student Restriction



Student Restriction



Student Restrictions

To evidence independence from your parent(s)/legal guardian, each of the following must be met

Must be of legal contract age under Texas State law

Must have established a separate household from parent(s)/legal guardian for no less than one year

Must NOT be claimed on parent(s)/legal guardian on their last tax return as a dependent

Must also provide a signed certification from parent(s) or legal guardian if and how much financial assistance is provided

Student Restrictions

If independence from your parent(s)/legal guardian cannot be established, one of the following exceptions **MUST** be met to qualify



Students

Exceptions under Independent Student status are one or more of the following criteria:

Be at least 24 years old by December 31st of the current year

Be an orphan or a ward of the court anytime since 13 years of age, or an emancipated minor

Serving on active duty of U.S. Armed Forces

Have legal dependents other than spouse

Be a graduate or professional student

Married

Homeless or self-supporting at risk of being homeless

Student Restrictions



Individual 18-23 who is a student

Not a dependent of the household occupying the unit

Can not evidence independence from parent(s)/legal guardian

Does not meet one of the Independence Student exceptions

Is considered a Dependent Student

Students

Dependent Student:

- Qualify the student as income eligible for the HOME/TCAP RF Unit
- Qualify the parents as income eligible for the HOME/TCAP RF Unit

If the parents are not income eligible:

- The student is not eligible for the HOME/TCAP RF Unit

If the parents refuse to provide documentation of income :

- The student is not eligible for the HOME/TCAP RF Unit



Students



Learning Point

Zen is 22 years old and applies for a HOME assisted unit. He is attending the community college full-time and he was recently discharged from the armed forces. He is moving out of his parents house. Does Zen meet the student eligibility requirements?

- A. Zen is a Veteran of the U.S. Military and meets the student requirements.
- B. Zen lives with his parents, so he does not qualify.
- C. Zen qualifies since he is also working.

Learning Point

Miyah is 20 years old and her roommate Hannah is 21. They have applied for a HOME assisted unit and both roommates are part-time students at the university. Miyah and Hannah are both dependents on their parents tax returns and both receive income from their parents. In addition, both Miyah and Hannah's parents are not income eligible under the HOME limits. Do they meet the student eligibility requirements?

Yes, because they are both part-time students.

No, they do not meet any of the criteria and note that part-time student status is not an exemption from the Rule.

Learning Point

Dominic is 19 years old and a single dad. He has a 1 year old daughter named Anaya. He is a full-time student at the local college and he receives TANF payments and food stamps. He is also receiving Social Security payments for his daughter. Dominic is moving out of his parents' house and his parents are not income eligible under the HOME program. Does the applicant meet the student eligibility requirements?

A. Yes, because his household is receiving TANF payments.

B. No, because most likely he is still being claimed on his parents tax returns.

C. No, because his parents are not income qualified and he is moving out of their house.

D. Yes, because he has a dependent, his daughter Anaya.

Learning Point

Noah, Anita, and Shireen have applied for a 3 bedroom HOME assisted unit. Noah and Anita are both 21 years old, married and both are full-time students at the university. Shireen, their roommate, is 20 years old and attends the same university part-time. She also works full time at the drycleaners. The applicants meet the student eligibility requirement, True or False?

False

Noah and Anita are married and do meet the student eligibility requirement. However, their roommate Shireen does not meet any of the criteria. As one household applying, they are not eligible.

Learning Point

Clarence is 19 years old and is applying for a NHTF unit. He is a full-time student at the university and he wants to be an engineer. He is a dependent of his parents and they provide him monthly monetary contributions. He also works part-time at a TGI Fridays. Does the applicant meet the student eligibility requirements, Yes or No? *

Yes

NHTF does not have any student restrictions or requirements.

Learning Point

Lupe, age 50, and her 20 year old daughter, Sofia, are applying for a HOME assisted unit. Sofia is Lupe's dependent and a full-time student at the local college. Sofia works part-time at the grocery store and Lupe is receiving workman's compensation. Do the applicants meet the student eligibility requirements?

- A. No, because Sofia is 20 years old and is a full-time student.
- B. No, because Lupe is receiving workman's compensation and not actively employed.
- C. Yes, because Sofia is living with a parent and is a dependent of her mother, Lupe.
- D. Yes, because Lupe is 50 and the entire household is not comprised of all full-time students.

Learning Point

L.J. is 20 years old and is applying for a HOME assisted unit. He is a full-time student at the nearby college. L.J. currently lives with his parents and is still being claimed on their tax returns. L.J's parents are not eligible for the Section 8 program. He is ready to live on his own and away from his parents. L.J. is really cute. Does the applicant meet the student eligibility requirements?

A. Yes, he is really cute so nothing else matters.

B. Yes, he is ready to be an independent student. Moving into a HOME assisted unit is a great start to being independent.

C. No, he is under the age of 24 and a dependent of his parents who are not income eligible. He does not meet any other student eligibility requirements.

D. No, because he does not file taxes.

Learning Point

Ethan is 20 years old and is a full-time student at the local community college. He is applying for a NSP unit. He is working on completing his general requirements at the college. Ethan and his parents are not eligible to receive Section 8 assistance and his parents' income would not qualify under the NSP income limit. Does this applicant meet the student eligibility requirements?

- A. No, Ethan does not meet any of the student criteria.
- B. No, Ethan parents are not income eligible.
- C. Yes, since Ethan is only working on general college classes, then the student eligibility requirements are null and void.
- D. Yes, because NSP does not have student restrictions, so it does not matter that he is a student.

Learning Point

Myrick is 45 years old, single and applying for a HOME assisted unit. He has decided on a career change and he quit his job to become a full-time student at college. He is tired of the marketing business and wants to become a nurse to help people. He just went through a divorce. The applicant meets the student eligibility requirements, True or False.

True

Myrick is over the age of 24 so it does not matter if he is a full-time student. The rule focuses on persons 18-23 years of age. Remember he still needs to be income eligible.

Learning Point

Chad is 19 years old and recently came out of the Foster Care program when he turned 18 years old. He is a full-time student at the college and also works part-time at HEB. He is not a dependent of anyone but does have a serious girlfriend. However, he is moving into the unit by himself. Does the applicant meet the student eligibility requirements?

- A. Yes, Chad meets the requirement under the definition of Independent Student per the U.S. Department of Education.
- B. Yes, being previously in Foster Care is one of the student criteria.
- C. None of these
- D. Both A and B are correct.

Learning Point

Annie is 22 years old and is currently a student working to obtain her Master of Business Administration (MBA) and she has applied for a TCAP RF unit. Annie is a full-time student at the university. Does the applicant meet the student eligibility requirements?

- A. No, Annie is a student and does not meet the student criteria.
- B. Yes, because Annie is working on her Masters.
- C. Yes, because TCAP RF does not have any student restrictions.
- D. Yes, because Annie meets the definition of an Independent Student per the U.S. Department of Education because she is working on her MBA
- E. Both B and D are correct.

Learning Point

Jasmine is 18 years old and is attending college full-time. She has been self-supporting since she was 16 years old and was previously homeless. She is currently in a great transitional housing program funded by HUD and is seeking permanent housing. She wants to lease a TCAP RF unit. Does the applicant meet the student eligibility requirements, Yes or No?

Yes

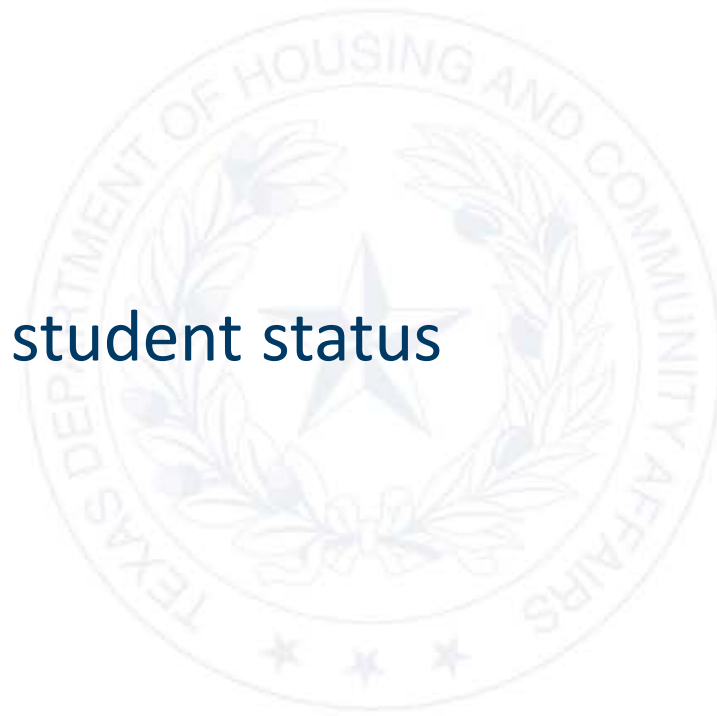
Jasmine is self supporting and is at risk of being homeless and she can obtain documentation from the director of the housing program.

Remember TCAP RF funds are used as HOME match and have the same student requirements as the HOME program.

Learning Point

True or False: HOME and TCAP RF must screen for student status initially and annually?

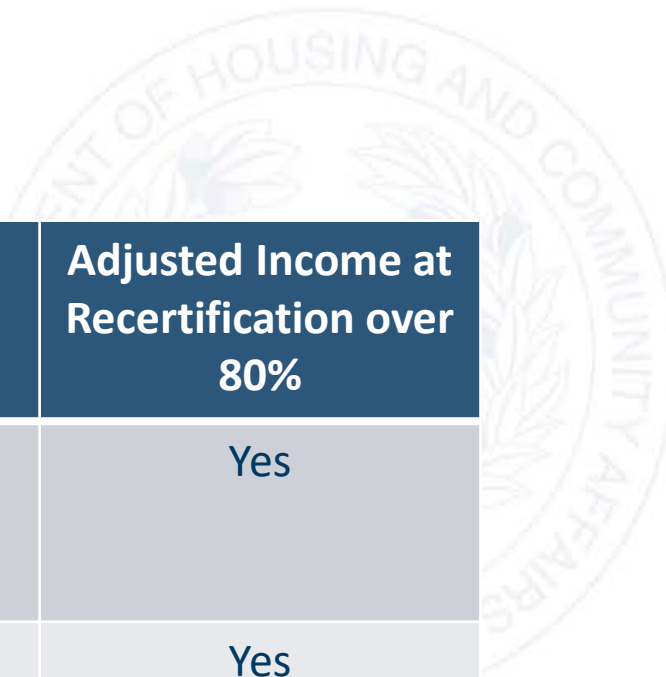
True





Recertification

Tenant Recertification



Program	Initial Eligibility Certification	6 th year annual recertification	Intervening year self-certification	Adjusted Income at Recertification over 80%
HOME	Yes	Yes	Yes	Yes
TCAP RF	Yes	Yes	Yes	Yes
NSP	Yes	No	No	No
NHTF	Yes	Yes	Yes	No

Tenant Recertification

6th year annual recertification

- Completed EVERY 6th year of the affordability period
- Cannot use the Section 8 Verification
- Must use two (2) months of source documentation to verify household income

Intervening year self certification

- The Department's Tenant Income Certification (HUD 50059 or RD 3560-8) to be completed by the household
- Section 8 Verification Form allowed
- Must complete a full annual recertification if the household discloses income above the 80% AMI limit

Both Requirements



Due by the anniversary of the household's move-in date



Can begin the process up to 120 days before due date

Learning Point



Moves in 3/1/2018



When is the tenant recertification due?

March 1, 2019

The tenant recertification was not completed until June 15, 2019.

When is the next tenant recertification due? **March 1, 2020**

Tenant Recertification



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program

CFDA 14.239 HOME INVESTMENT PARTNERSHIPS PROGRAM
Awarding Federal Agency: United States Department of Housing and Urban Development
TDHCA Federal Award Number: M-16-SG 48-0100
Federal Award Year (Year of A
TDHCA Award Year (Year of T
Unique Entity Ident

LAND USE RESTRICTION AGREEMENT
(Multifamily Properties)

THE STATE OF TEXAS §
COUNTY OF BEE §

THIS LAND USE RESTRICTION AGREEMENT, executed on the 31 day of August, 2018, is by and between **Quackenbush, INC.** ("Owner"), and the TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS, a public and official agency of the State of Texas ("Department").

RECITALS

Owner is the owner of certain improved multifamily rental housing Development known as **Quackenbush, INC.** property ("Land") located in the City of Beeville, Texas. **Exhibit "A"** attached hereto and incorporated herein by reference hereinafter collectively referred to as the "Property".

Owner is a Texas private nonprofit corporation organized under Sections 501(c)(3) or 501(c)(4) of the Internal Revenue Code and is recognized as a Community Development Housing Organization ("CHDO") as defined under 10 TAC §13.2(2).

The Department has issued a loan commitment to loan certain funds ("Loan") to Owner, made available to the Department under the Federal Act and State Act (hereafter defined), in accordance with that certain Loan Commitment Agreement, dated and captioned as above.

condition
other
Period
during

Agreement to evidence Owner's agreement to comply with such restrictions.

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

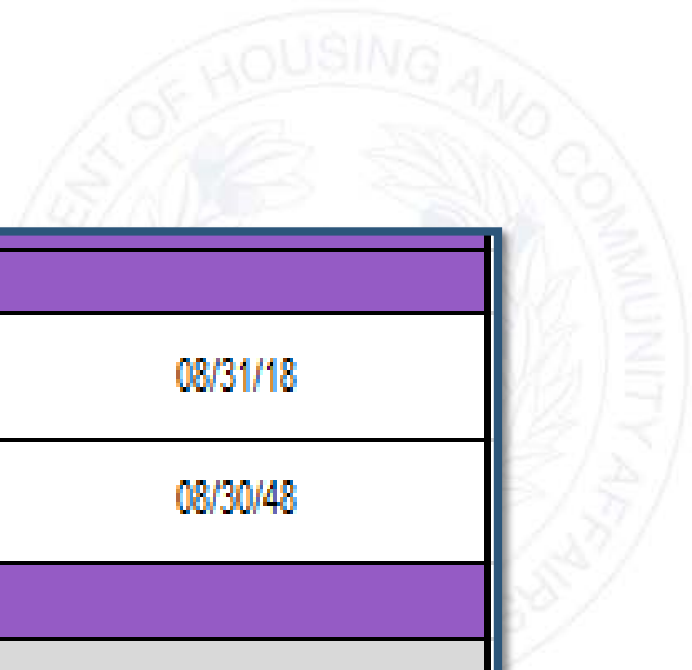
LAND USE RESTRICTION AGREEMENT (Multifamily Properties)

THE STATE OF TEXAS §
COUNTY OF BEEN THERE

THIS LAND USE RESTRICTION AGREEMENT ("Agreement"), executed to be effective the 31 day of August, 2018, is by and between **Quackenbush, INC.**, a Texas non-profit corporation ("Owner"), and the **TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**, a public and official agency of the State of Texas ("Department").

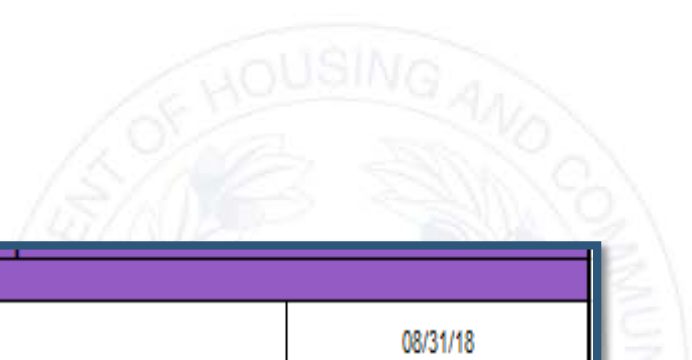
(ii) "Term" means the period commencing on the effective date of this Agreement and ending on the date which is thirty (30) years from the effective date of this Agreement.

Tenant Recertification



Term			
What is the date that the Regulatory Agreement was executed:			08/31/18
What is the date that the Term of the Regulatory Agreement ends:			08/30/48
Every 6th Year of the Affordability Period:			
Year:	Start of Year:	thru	End of Year
1	08/31/18	thru	08/30/19
6	08/31/23	thru	08/29/24
12	08/31/29	thru	08/30/30
18	08/31/35	thru	08/29/36
24	08/31/41	thru	08/30/42
30	08/31/47	thru	08/29/48

Tenant Recertification Intervening Years



INCOME CERTIFICATION

Initial Certification Recertification Other*

Effective Date: _____
Move-in Date: _____
*Transfer from Unit: _____ (MM/DD/YYYY)

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
From item (L) on page 1

Mark the program(s) listed below for which this household's income will be counted toward the property's occupancy requirements.

Supplement to the Income Certification

Unit #: _____ Date: _____

See below for Ethnicity, Race, and Other codes that characterize household composition. Enter both Ethnicity and Race codes for each household member, if applicable. Also indicate if an individual in the household is elderly and/or disabled.

HH Mbr #	Sex – enter M or F	Age	Ethnicity	Race	Elderly Enter Y or N	Disabled Enter Y or N
1						
2						
3						
4						
5						
6						
7						

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age and other household composition. (Initials) _____

The following Ethnicity codes should be used:
A Hispanic
B Not Hispanic

The following Race codes should be used:
A White
B Black/African American
C Asian
D American Indian/Alaska Native
E Native Hawaiian/Other Pacific Islander
F American Indian/Alaska Native & White
G Asian & White
H Black/African American & White
I American Indian/Alaska Native & Black/African American
J Other Multi Racial

DEFINITIONS

Ethnic categories:
A. Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
B. Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial categories:
A. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
B. Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "African" or "Negro" apply to this category.
C. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
D. American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
E. Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-J) are multi racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the "Other Multi Racial" (J) category.

Disabled:
• A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201.
• "Handicap" does not include current, illegal use of or addiction to a controlled substance.

Page 3 - Income Certification (Revised April 2011)

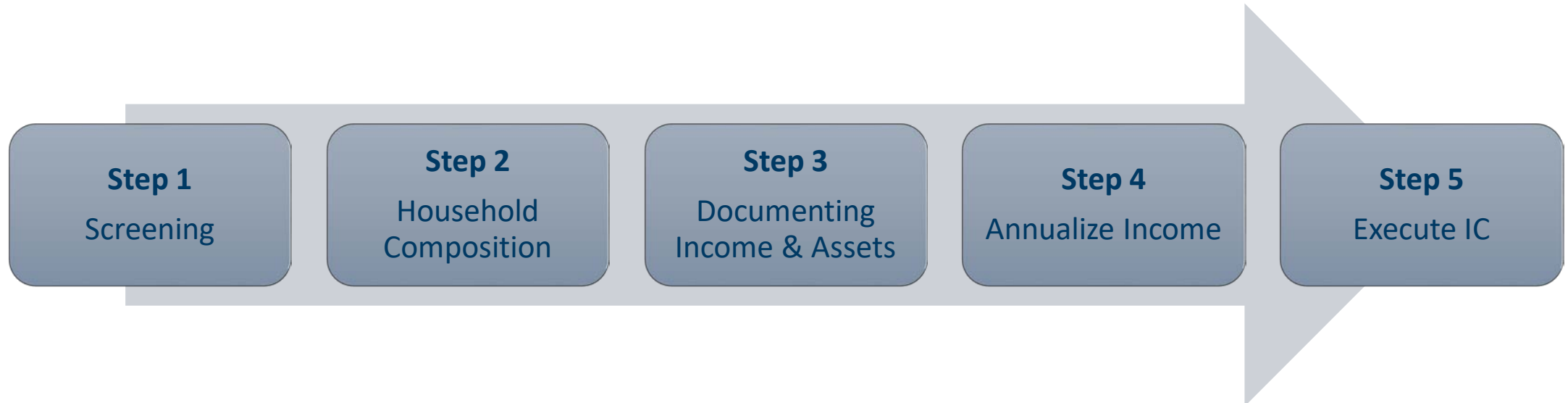
Term			
What is the date that the Regulatory Agreement was executed:			08/31/18
What is the date that the Term of the Regulatory Agreement ends:			08/30/48
Every 6th Year of the Affordability Period:			
Year:	Start of Year:	thru	End of Year
1	08/31/18	thru	08/30/19
6	08/31/23	thru	08/29/24
12	08/31/29	thru	08/30/30
18	08/31/35	thru	08/29/36
24	08/31/41	thru	08/30/42
30	08/31/47	thru	08/29/48

Recertification due: November 17, 2020

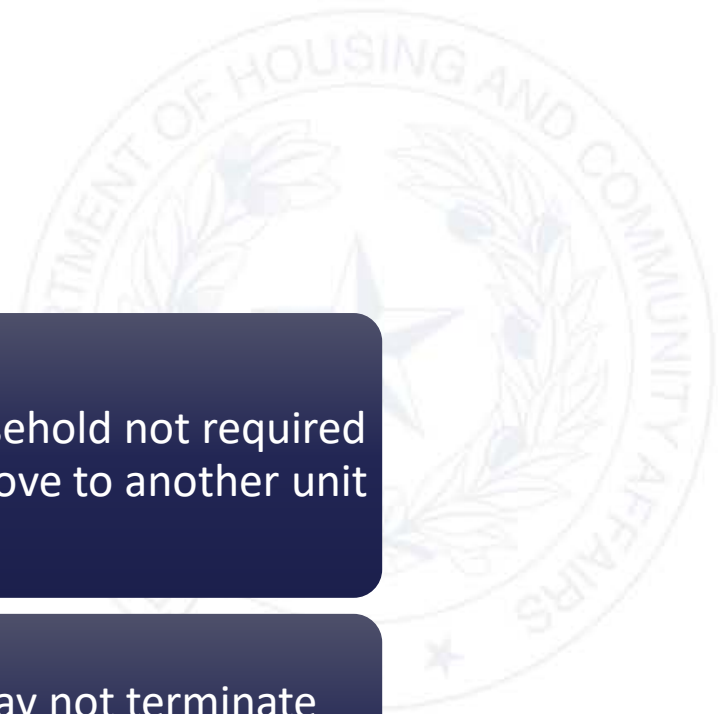
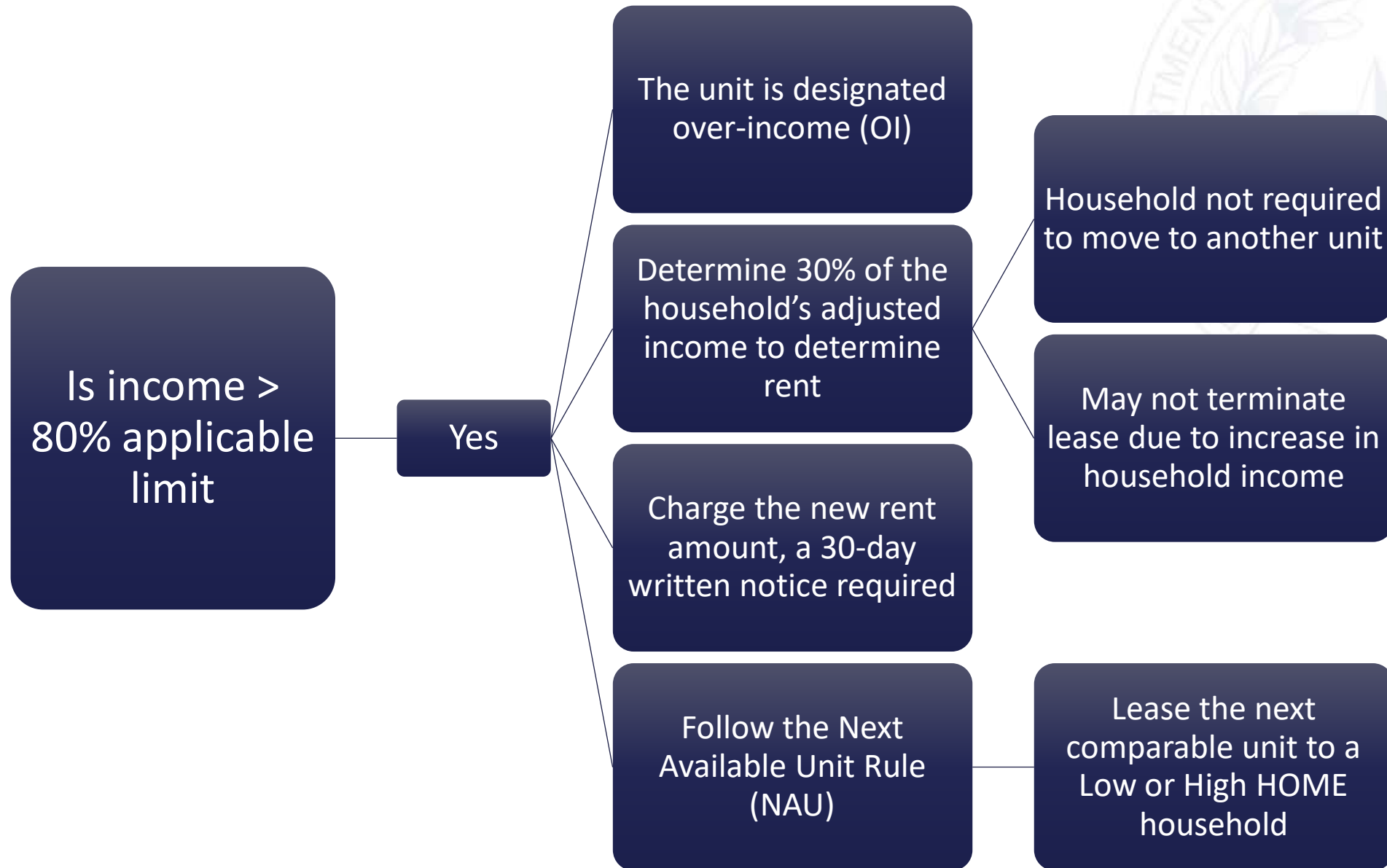
Tenant Recertification 6th Year of Affordability Period

**Recertification due:
July 17, 2024**

Term			
What is the date that the Regulatory Agreement was executed:	08/31/18		
What is the date that the Term of the Regulatory Agreement ends:	08/30/48		
Every 6th Year of the Affordability Period:			
Year:	Start of Year:	thru	End of Year
1	08/31/18	thru	08/30/19
6	08/31/23	thru	08/29/24
12	08/31/29	thru	08/30/30
18	08/31/35	thru	08/29/36
24	08/31/41	thru	08/30/42
30	08/31/47	thru	08/29/48



Tenant Recertification



Tenant Recertification

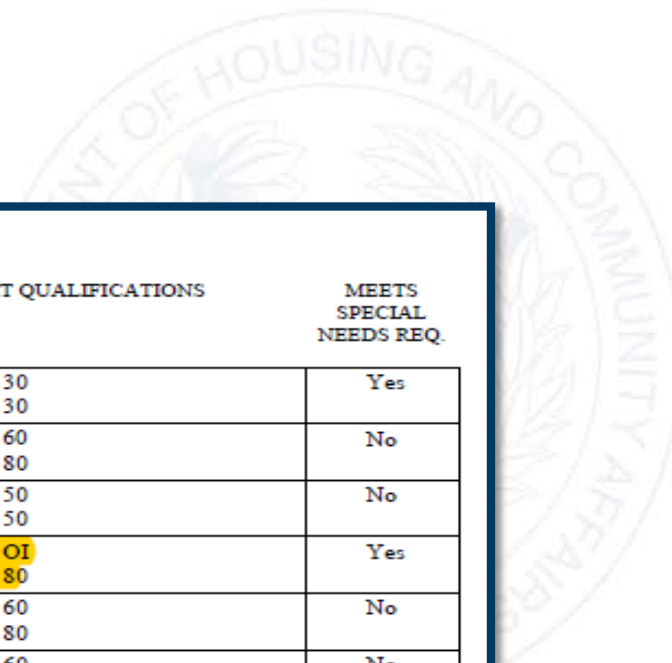


Is income > 80%
applicable limit

No

Keep rent restricted

Tenant Recertification – 100% HOME or TCAP RF



BIN #: _____ **Building #: 5**
(LIHTC Only)

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR. S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
17	08/13/2016		Russell	10000	152	54	600	1	08/13/2019	Y	1	Income Rent TCAP RF: 30 TCAP RF: 30	Yes
18	02/16/2019		Hunter	35004	969	54	0	1	02/16/2019	N	1	Income Rent TCAP RF: 60 TCAP RF: 80	No
19	02/16/2017		Donty	20916	732	74	0	2	02/16/2019	N	1	Income Rent TCAP RF: 50 TCAP RF: 50	No
20	04/28/2018		Fincher	78185	1177	74	0	2	04/28/2019	Y	4	Income Rent TCAP RF: 01 TCAP RF: 80	Yes
21	11/18/2016	8/15/2019	Setzer	38000	969	54	0	1	11/18/2018	Y	1	Income Rent TCAP RF: 60 TCAP RF: 80	No
22	07/22/2019		Ferguson	50923	1386	95	0	3	07/22/2019	N	3	Income Rent TCAP RF: 60 TCAP RF: 80	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 19,900	\$ 22,750	\$ 25,600	\$ 28,400	\$ 30,700	\$ 32,950	\$ 35,250	\$ 37,500
40	\$ 26,520	\$ 30,280	\$ 34,080	\$ 37,840	\$ 40,880	\$ 43,920	\$ 46,960	\$ 49,960
50	\$ 33,150	\$ 37,850	\$ 42,600	\$ 47,300	\$ 51,100	\$ 54,900	\$ 58,700	\$ 62,450
60	\$ 39,780	\$ 45,420	\$ 51,120	\$ 56,760	\$ 61,320	\$ 65,880	\$ 70,440	\$ 74,940
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 52,850	\$ 60,400	\$ 67,950	\$ 75,500	\$ 83,050	\$ 90,600	\$ 93,650	\$ 99,700
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\$78,185

Tenant Recertification – 100% HOME or TCAP RF



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted Income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

Is the household comprised of a family member under the age of 18? NO YES, who? _____

Is the household comprised of a family member with disabilities? NO YES, who? _____

Is the household comprised of a family member who is a full-time student? NO YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

Is the household paying for the care of children age 12 or under? NO YES, for whom? _____

If YES, Please answer the following questions:

- Does the child care enable an adult household member to (check) Seek employment OR Be gainfully employed OR Further his/her education (academic or vocational)? NO YES, who? _____
- Is there an adult household member capable of providing care during the hours care is needed? NO YES
- Is the child care provided by a member who comprises the household? NO YES, who? _____
- Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

Is the household member who is disabled? YES NO

If YES, answer the following questions:

- Is the household member disabled due to a physical or mental impairment? YES NO
- Is the household member disabled due to a physical or mental impairment that substantially limits one or more major life activities? YES NO
- Is the household member disabled due to a physical or mental impairment that is expected to last for a long period of time? YES NO

D. ELDERLY OR DISABLED FAMILY DEDUCTION

Is the household member who is elderly or disabled? YES NO

If YES, answer the following questions:

- Is the household member elderly or disabled due to a physical or mental impairment? YES NO
- Is the household member elderly or disabled due to a physical or mental impairment that substantially limits one or more major life activities? YES NO
- Is the household member elderly or disabled due to a physical or mental impairment that is expected to last for a long period of time? YES NO

E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for household members may be eligible for deduction)

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____

Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct.

Applicant/Resident Printed Name _____ Signature _____ Date _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Screen for applicable deductions

Dependent Deduction

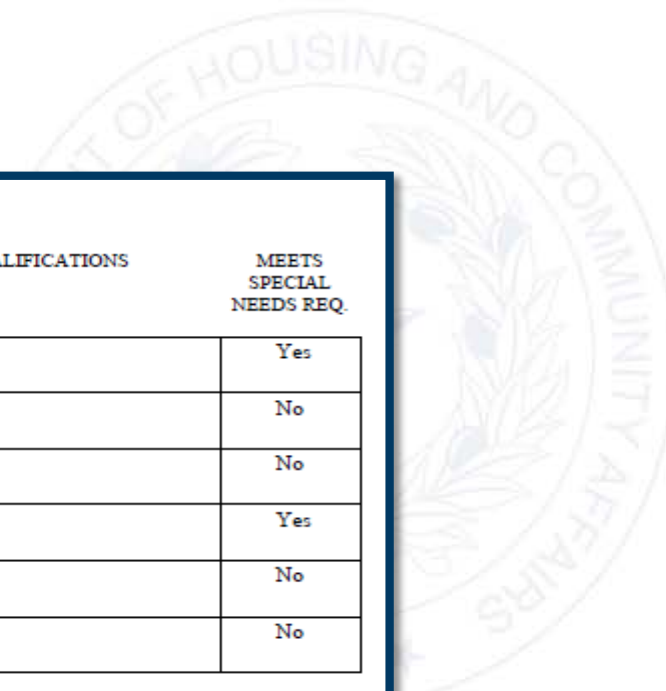
Child Care Expenses Deduction

Disability Assistance Expenses Deduction

Elderly or Disabled Family Deduction

Medical Expenses Deduction

Tenant Recertification – 100% HOME or TCAP RF



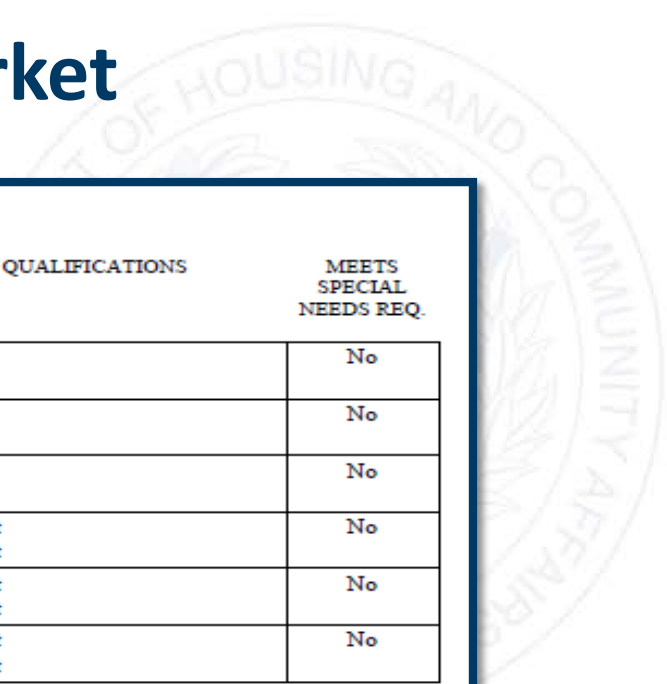
BIN #: (LIHTC Only) Building #: 5

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
17	08/13/2016		Russell	10000	152	54	600	1	08/13/2019	Y	1	Income Rent TCAP RF: 30 TCAP RF: 30	Yes
18	02/16/2019		Hunter	35004	969	54	0	1	02/16/2019	N	1	Income Rent TCAP RF: 60 TCAP RF: 80	No
19	02/16/2017		Dority	20916	732	74	0	2	02/16/2019	N	1	Income Rent TCAP RF: 50 TCAP RF: 50	No
20	04/28/2018		Fincher	78185	1881	74	0	2	04/28/2019	Y	4	Income Rent TCAP RF: OI TCAP RF: 80	Yes
21	11/18/2016	8/15/2019	Setzer	38000	969	54	0	1	11/18/2018	Y	1	Income Rent TCAP RF: 60 TCAP RF: 80	No
22	07/22/2019		Ferguson	50923	1386	95	0	3	07/22/2019	N	3	Income Rent TCAP RF: 60 TCAP RF: 80	No

$$\$78,185 \times 30\% = \$23,456$$

$$\$23,456 \div 12 \text{ months} = \$1,955$$

Tenant Recertification – HOME or TCAP RF with Market



BIN #: TX1501206
(LIHTC Only)

Building #: 6

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
23	02/16/2020		Smith	78573	1386	95	0	3	02/16/2020	N	6	Income Rent HOME: 80 HOME: 80	No
24	04/07/2019		Gordon	29000	893	74	0	2	04/07/2019	N	2	Income Rent HOME: 50 HOME: 50	No
25	08/17/2016		Collazo	71200	893	74	0	2	08/17/2019	Y	3	Income Rent HOME: OI HOME: 50	No
26	08/12/2016		Hill	0	1600	0	0	2	08/12/2016	N	2	Income Rent HOME: Mkt HOME: Mkt	No
27	10/15/2019		Bast	0	1600	0	0	2	10/15/2019	N	1	Income Rent HOME: Mkt HOME: Mkt	No
28	06/15/2019		Schulz	0	1050	0	0	1	06/15/2019	N	1	Income Rent HOME: Mkt HOME: Mkt	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 19,900	\$ 22,750	\$ 25,600	\$ 28,400	\$ 30,700	\$ 32,950	\$ 35,250	\$ 37,500
40	\$ 26,520	\$ 30,280	\$ 34,080	\$ 37,840	\$ 40,880	\$ 43,920	\$ 46,960	\$ 49,960
50	\$ 33,150	\$ 37,850	\$ 42,600	\$ 47,300	\$ 51,100	\$ 54,900	\$ 58,700	\$ 62,450
60	\$ 39,780	\$ 45,420	\$ 51,120	\$ 56,760	\$ 61,320	\$ 65,880	\$ 70,440	\$ 74,940
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 52,850	\$ 60,400	\$ 67,950	\$ 75,500	\$ 83,050	\$ 87,600	\$ 93,650	\$ 99,700
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\$71,200

Tenant Recertification – HOME/TCAP RF with Market



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted Income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

Is the household comprised of a family member under the age of 18? NO YES, who? _____

Is the household comprised of a family member with disabilities? NO YES, who? _____

Is the household comprised of a family member who is a full-time student? NO YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

Is the household paying for the care of children age 12 or under? NO YES, for whom? _____

If YES, Please answer the following questions:

- Does the child care enable an adult household member to (check) Seek employment OR Be gainfully employed OR Further his/her education (academic or vocational)? NO YES, who? _____
- Is there an adult household member capable of providing care during the hours care is needed? NO YES
- Is the child care provided by a member who comprises the household? NO YES, who? _____
- Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

Is the household member who is disabled? YES NO

If YES, answer the following questions:

- Is the household member disabled due to a physical or mental impairment? YES NO
- Is the household member disabled due to a physical or mental impairment that substantially limits one or more major life activities? YES NO
- Is the household member disabled due to a physical or mental impairment that is expected to last for a continuous period of at least 12 months? YES NO

D. ELDERLY OR DISABLED FAMILY DEDUCTION

Is the household member who is elderly or disabled? YES NO

If YES, answer the following questions:

- Is the household member elderly or disabled due to a physical or mental impairment? YES NO
- Is the household member elderly or disabled due to a physical or mental impairment that substantially limits one or more major life activities? YES NO
- Is the household member elderly or disabled due to a physical or mental impairment that is expected to last for a continuous period of at least 12 months? YES NO

E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for this deduction, household members may be eligible for deduction)

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____

Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct.

Applicant/Resident Printed Name _____ Signature _____ Date _____

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Screen for applicable deductions

Dependent Deduction

Child Care Expenses Deduction

Disability Assistance Expenses Deduction

Elderly or Disabled Family Deduction

Medical Expenses Deduction

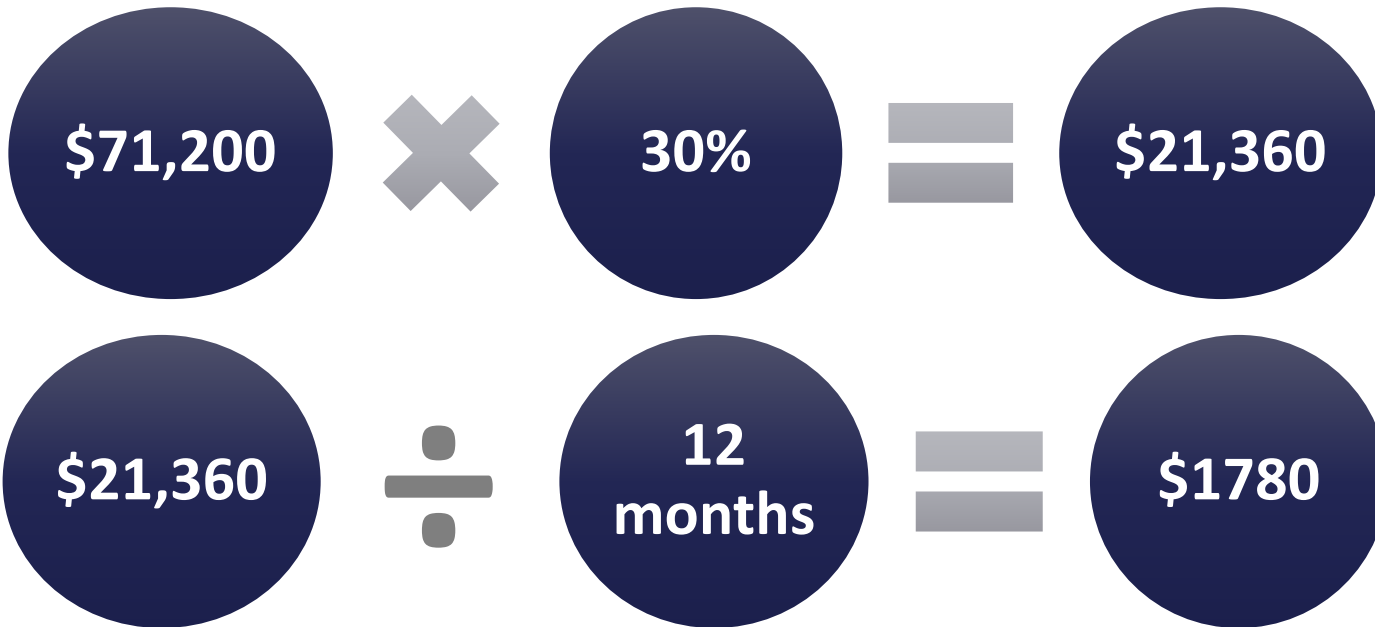
Tenant Recertification – HOME/TCAP RF with Market

BIN #: TX1501206
(LIHTC Only)

Building #: 6

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CF	RE CF	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
23	02/16/2020		Smith	78573	1386	95	0	3	02/16/2020	N	6	Income Rent HOME: 80 HOME: 80	No
24	04/07/2019		Gordon	29000	893	74	0	0	04/07/2019	N	2	Income Rent HOME: 50 HOME: 50	No
25	08/17/2016		Collazo	71200	1706	74	0	2	08/17/2019	Y	3	Income Rent HOME: OI HOME: 50	No
26	08/12/2016		Hill	0	1000	0	0	2	08/12/2016	N	2	Income Rent HOME: Mkt HOME: Mkt	No
27	10/15/2019		Bast	0	1000	0	0	2	10/15/2019	N	1	Income Rent HOME: Mkt HOME: Mkt	No
28	06/15/2019		Schulz	0	1050	0	0	1	06/15/2019	N	1	Income Rent HOME: Mkt HOME: Mkt	No

Noncompliance



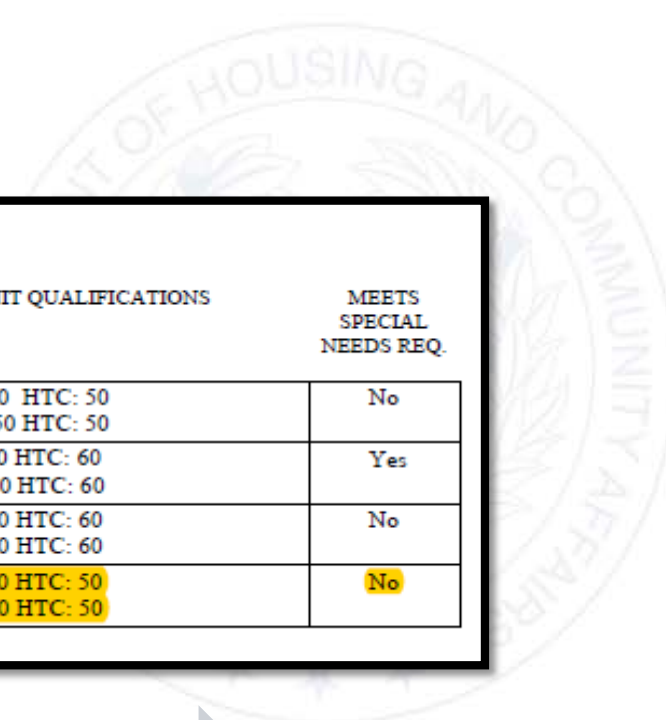
Lesser of adjusted rent vs. market rent

Tenant Recertification – HOME or TCAP RF with Market

BIN #:		Building #: 6												
(LIHTC Only)														
UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE		UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
23	02/16/2020		Smith	78573	1386	95	0	3	02/16/2020	N	6	Income Rent	HOME: 80 HOME: 80	No
24	04/07/2019		Gordon	29000	893	74	0	2	04/07/2019	N	2	Income Rent	HOME: 50 HOME: 50	No
25	08/17/2016		Collazo	71200	1526	74	0	2	08/17/2019	Y	3	Income Rent	HOME: OI HOME: 50	No
26	08/12/2016		Hill	0	1600	0	0	2	08/12/2016	N	2	Income Rent	HOME: Mkt HOME: Mkt	No
27	10/15/2019		Bast	0	1600	0	0	2	10/15/2019	N	1	Income Rent	HOME: Mkt HOME: Mkt	No
28	06/15/2019		Schulz	0	1050	0	0	1	06/15/2019	N	1	Income Rent	HOME: Mkt HOME: Mkt	No

When a household vacates the property, move in a HOME qualified 50% to reestablish the HOME set-asides. Once the HOME set-asides are met, you may redesignate the OI unit to a Market unit

Tenant Recertification – HOME or TCAP RF



BIN #: TX1501201 (LIHTC Only) Building #: 1

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
1	05/12/2017		McGrath	12920	386	95	1000	3	05/12/2019	Y	5	Income Rent HOME: 50 HTC: 50 HOME: 50 HTC: 50	No
2	04/07/2018		McCullough	44320	1386	95	0	3	04/07/2019	Y	3	Income Rent HOME: 80 HTC: 60 HOME: 80 HTC: 60	Yes
3	06/15/2018		Glass	33560	1177	74	0	2	06/15/2019	Y	1	Income Rent HOME: 80 HTC: 60 HOME: 80 HTC: 60	No
4	12/09/2018		Meadows	50975	893	74	0	2	12/09/2019	Y	2	Income Rent HOME: 50 HTC: 50 HOME: 50 HTC: 50	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	\$ 19,900	\$ 22,750	\$ 25,600	\$ 28,400	\$ 30,700	\$ 32,950	\$ 35,250	\$ 37,500
40	\$ 26,520	\$ 30,280	\$ 34,080	\$ 37,840	\$ 40,880	\$ 43,920	\$ 46,960	\$ 49,960
50	\$ 33,150	\$ 37,850	\$ 42,600	\$ 47,350	\$ 51,100	\$ 54,900	\$ 58,700	\$ 62,450
60	\$ 39,780	\$ 45,420	\$ 51,120	\$ 56,760	\$ 62,400	\$ 68,140	\$ 73,880	\$ 79,620
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80	\$ 52,850	\$ 60,400	\$ 67,950	\$ 75,500	\$ 81,550	\$ 87,600	\$ 93,650	\$ 99,700
120	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

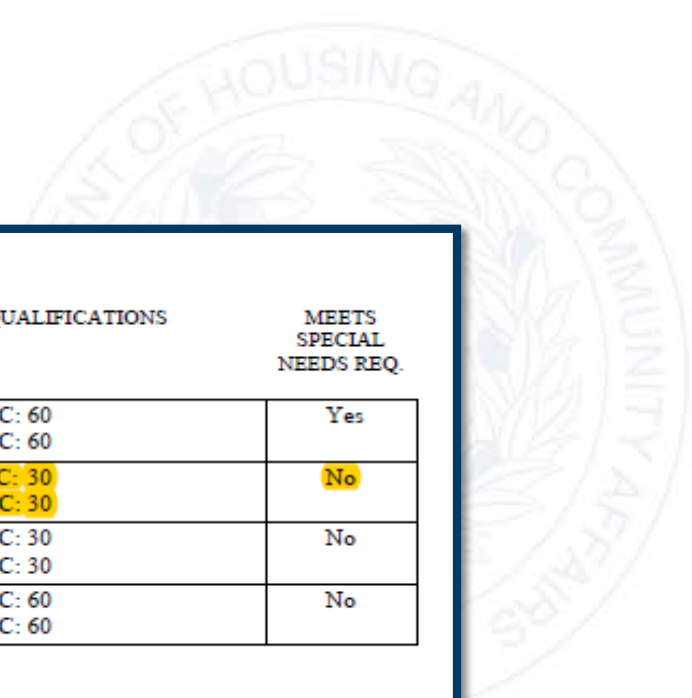
\$50,975

The rent remains Low HOME until a replacement unit is occupied by a VLI household

Once replacement unit is occupied, may adjust rent to High HOME rent with a 30-day written notice

Unit is now designated as High HOME unit

Tenant Recertification – 100% NHTF and HTC



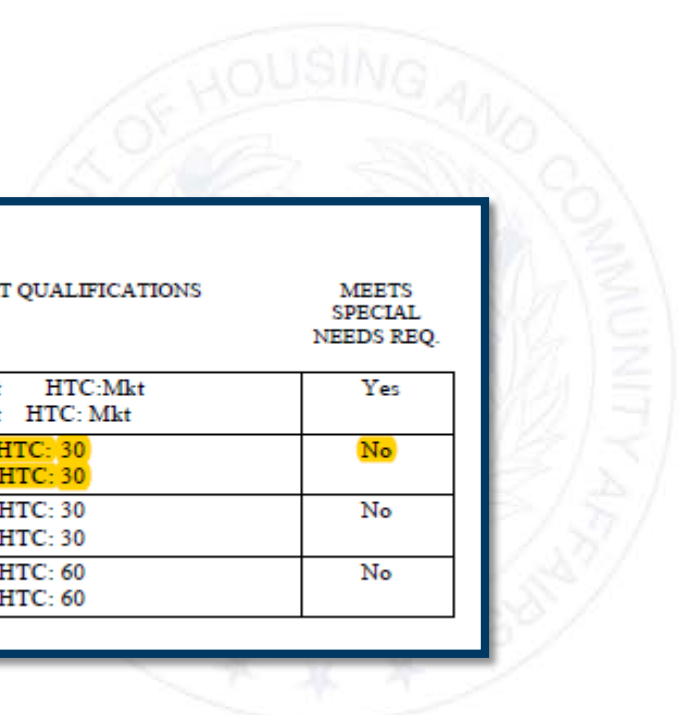
BIN #: TX1501204 **Building #: 4**
(LIHTC Only)

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR. S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
13	08/29/2016		Guidry	18165	25	74	728	2	08/29/2019	Y	1	Income Rent NHTF: 30 HTC: 60	Yes
14	08/23/2018		Kingston	29500	565	74	0	2	08/23/2019	Y	3	Income Rent NHTF: 30 HTC: 30	No
15	05/11/2019		Lawrence	18500	478	54	0	1	05/11/2019	N	2	Income Rent NHTF: 30 HTC: 30	No
16	05/01/2019		Yancy	3157	25	54	454	1	05/01/2019	N	1	Income Rent NHTF: 30 HTC: 60	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	\$ 9,950	\$ 11,375	\$ 12,800	\$ 14,200	\$ 15,350	\$ 17,295	\$ 19,505	\$ 21,715
30	\$ 19,900	\$ 22,750	\$ 25,600	\$ 28,400	\$ 30,700	\$ 34,590	\$ 39,010	\$ 43,430
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Tenant Recertification – NHTF with Market



BIN #: TX1501204 **Building #: 4**
(LIHTC Only)

UNIT #	MOVE IN DATE	MOVE OUT DATE	LAST NAME	ANNUAL INCOME	TENANT PAID RENT	UTILITY ALLOW.	HOUSING ASSIST. PAYMENT	# BR S	TIC DATE	RE CERT	HH SIZE	UNIT QUALIFICATIONS	MEETS SPECIAL NEEDS REQ.
13	08/29/2016	1/15/2020	Gudry	0				2			1	Income Rent NHTF:Mkt HTC:Mkt NHTF:Mkt HTC: Mkt	Yes
14	08/23/2018		Kingston	29500	565	74	0	2	08/23/2019	Y	3	Income Rent NHTF:OI HTC: 30 NHTF: 30 HTC: 30	No
15	05/11/2019		Lawrence	18500	478	54	0	1	05/11/2019	N	2	Income Rent NHTF: 30 HTC: 30 NHTF: 30 HTC: 30	No
16	05/01/2019		Yancy	3157	25	54	454	1	05/01/2019	N	1	Income Rent NHTF: 30 HTC: 60 NHTF: 30 HTC: 60	No

INCOME LIMITS

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	\$ 9,950	\$ 11,375	\$ 12,800	\$ 14,200	\$ 15,350	\$ 17,295	\$ 19,505	\$ 21,715
30	\$ 19,900	\$ 22,750	\$ 25,600	\$ 28,400	\$ 30,700	\$ 34,590	\$ 39,010	\$ 43,430
70	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Since the market unit is of comparable size or smaller and is vacant and the development has a written policy regarding changes in income at recertification. Replace the market unit with a 30% NHTF qualified household. Once you have replaced unit 13 you should give unit 14 a 30-day notice of rent change and designate them as a market unit

Recertification Highlights

If OI household is at a property with both Low and High HOME units, the owner is required to replace Low HOME unit first to maintain compliance



May not terminate a lease because a household's income increased at recertification and the household is not required to move to another unit



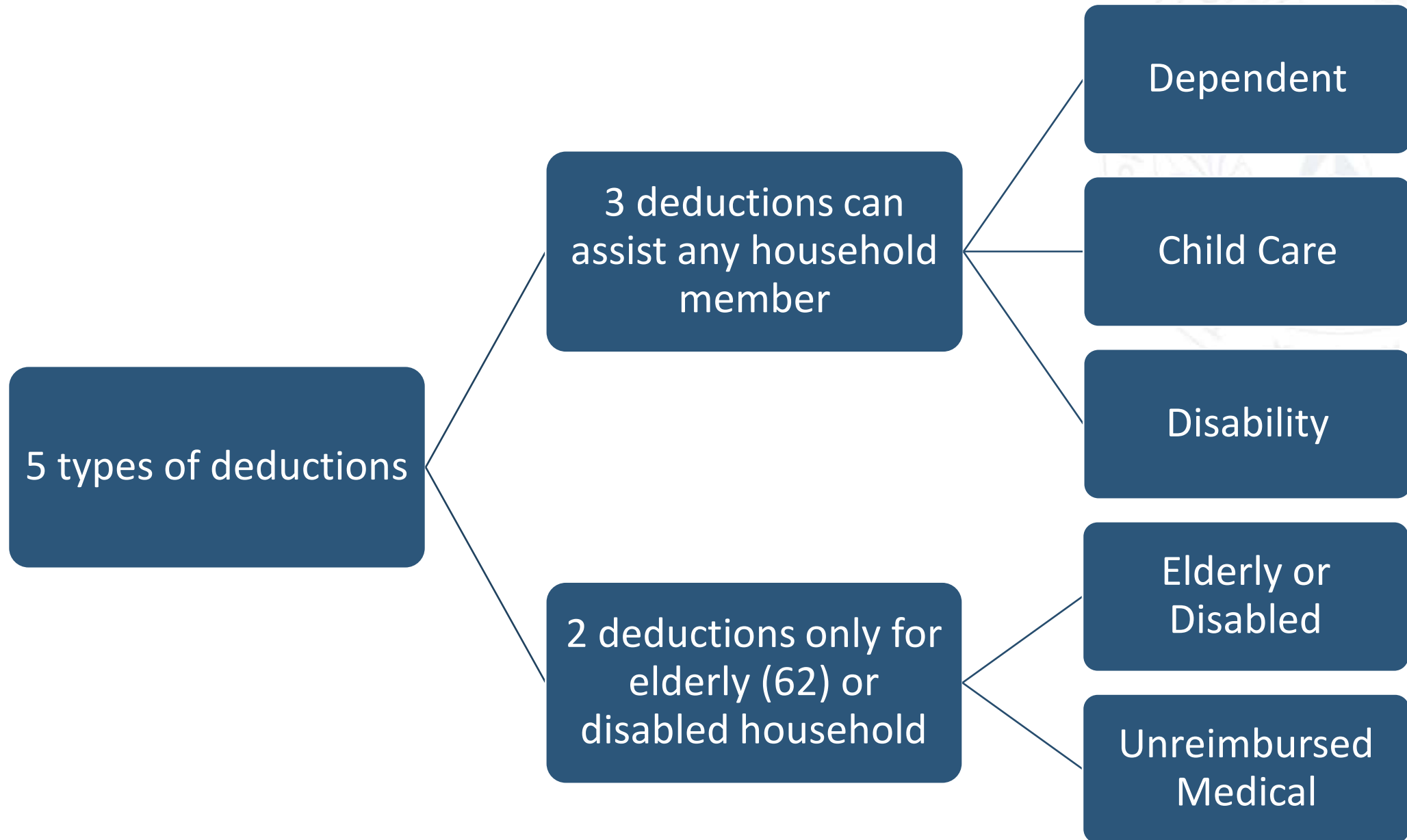
A household may choose not to renew their lease because of the "new" rent amount. This is the tenant's right



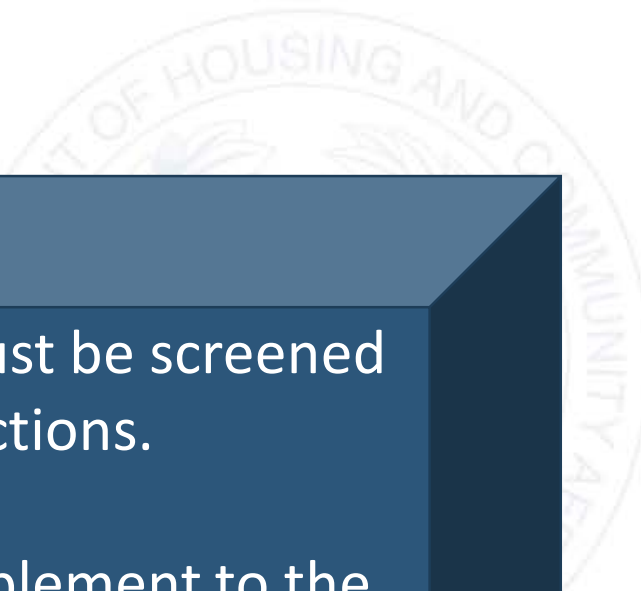


Adjusted Income

Adjusted Income



Screening for Deductions



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

Is the household comprised of a family member under the age of 18? NO YES, who? _____
 Is the household comprised of a family member with disabilities? NO YES, who? _____
 Is the household comprised of a family member who is a full-time student? NO YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

Is the household paying for the care of children age 12 or under? NO YES, for whom? _____
 If YES, Please answer the following questions:
 1. Does the child care enable an adult household member to (check) Seek employment OR Be gainfully employed OR Further his/her education (academic or vocational)? NO YES, who? _____
 2. Is there an adult household member capable of providing care during the hours care is needed? NO YES
 3. Is the child care provided by a member who comprises the household? NO YES, who? _____
 4. Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

Is the household paying for attendant care and/or an auxiliary apparatus? NO YES, for whom? _____
 If YES, Please answer the following questions:
 1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work? NO YES, who? _____
 2. Is the household reimbursed by an Agency and/or Individual for these costs? NO YES, who? _____
 3. Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

Is the head of household, spouse, or co-head at least 62 years of age or older? NO YES, who? _____
 Is the head of household, spouse, or co-head a person with a disability? NO YES, who? _____

E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for the deduction listed in "D" then medical expenses for ALL household members may be eligible for deduction)

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____
 Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct,

 Applicant/Resident Printed Name Signature Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

The household must be screened for deductions.

TDHCA has a Supplement to the Intake Application available on the website.

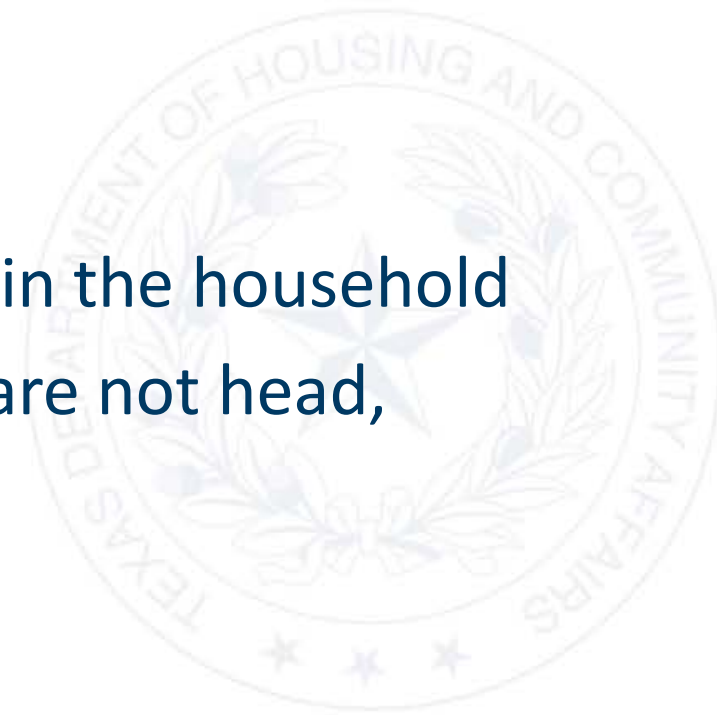
Developments may develop and utilize their own version of screening tool.

Adjusted Income: Dependent Deduction

- Dependent Deduction of \$480 per eligible dependent in the household
- Dependents are defined as household members who are not head, spouse, co-head and are:
 - Under 18 years of age
 - A person with disabilities at any age
 - A full-time student, 18 years of age or older

To qualify for the deduction, verification of disability or student status is required

- A foster child, foster adult, unborn child, a child that has not joined the household yet, or dependent of a live-in aide will never qualify for the deduction
- A household does not have to have legal custody of a dependent to receive the deduction; however, the dependent must live in the unit



Adjusted Income: Dependent Deduction

- Full-time student status is defined by the institution of higher education, with a degree or certificate program, where the student is enrolled
- A household may not receive a double dependent deduction for one member
 - For example, a 19 year old, disabled, full-time student would not be eligible for two dependent deductions
- If one household shares custody of a child and both live in assisted housing, only one household can claim the dependent deduction
 - If there is a dispute about who gets to claim the dependent deduction, refer to available documents such as copies of court orders or IRS Tax Returns showing which parent/legal guardian has claimed, or has the right to claim, the child for tax purposes

Learning Point

The Mendoza household is comprised of five persons. Alfred and Maria reside in the unit with their three (3) dependent children; Josh is 13, Nathan is 9 and Sophie is 3. Is the Mendoza household eligible for a dependent deduction? If yes, how much?

Yes

The Mendoza household is eligible for a \$480 deduction for each child.

$$\$480 \times 3 = \$1,440$$

Learning Point

The Hearn household is comprised of Mark who is disabled, his wife Christy and their 19 year old daughter Sydney. Is the Hearn household eligible for a dependent deduction? If yes, how much?

No

Sydney is over the age of 18, not a full-time student, nor disabled.

Mark is disabled; however, he does not qualify for the deduction because he is the head of the household.

Adjusted Income: Child Care Deduction

- The Child Care Deduction is available for anticipated expenses to any household paying for child care. The deduction is available to all children under the age of 13 living in the unit (including foster children) when child care enables a family member to...
 - Work
 - Look for work
 - Go to school (academic or vocational)
- The household has to evidence that there is no adult family member capable of providing care during the hours care is needed
- Child care expenses cannot be reimbursed by an outside agency or individual
- Child care expenses deducted must be reasonable

Adjusted Income: Child Care Deduction

- Child care expenses are not paid to someone living in the unit
- Child care expenses cannot exceed the work income generated by the household member during the period in which care is provided
- The child care expenses are not restricted when seeking employment or attending school
- To document anticipated child care expenses, the household must:
 - Identify the child(ren) who will be cared for
 - Identify the family member who is enabled to work, look for work, and/or go to school because of the child care
 - Evidence that no other adult household member in the unit is available to care for the child
 - Identify the child care provider
 - Provide documentation of cost

Learning Point

Jessica Smith works as a receptionist Monday through Friday for 40 hours per week earning \$11.50 an hour. Jessica's 10 year old daughter, Patty, attends the YMCA program after school from 3pm to 6pm each day during the school year. Jessica pays the YMCA \$7.00 an hour for the care of her daughter. She receives no reimbursement for her child care expenses. Jessica's daughter spends the summers with her grandparents and Jessica does not have any child care expenses during the summer. Is the Smith household eligible for a child care deduction?

Yes

Learning Point

How much is the child care deduction for Jessica's household?

- Step 1: Determine Jessica's annual income



- Step 2: Determine what Jessica's earned income is while Patty attends after-school care

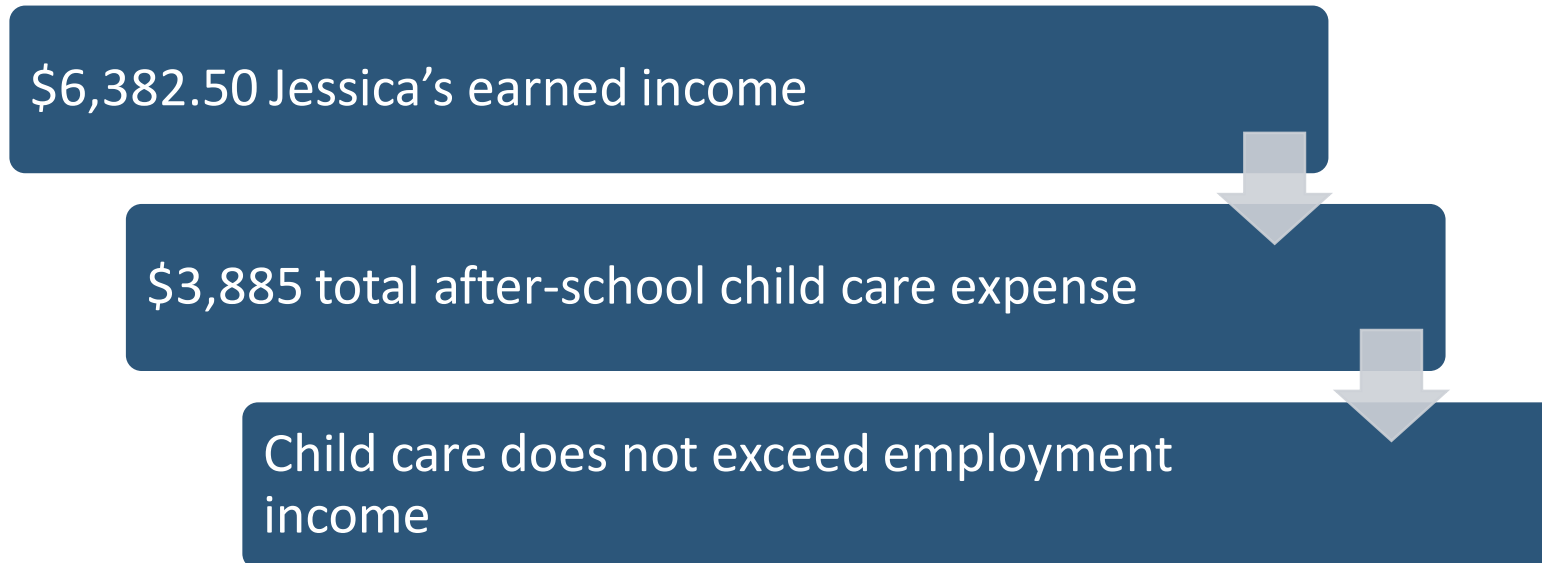


Learning Point

- Step 3: Determine the after-school child care expenses for Patty



- Step 4: Determine that Patty's after-school child care expenses do not exceed Jessica's earned income generated during the period in which care is provided



Adjusted Income: Disability Deduction

- Disability Assistance Expense Deduction is available for unreimbursed, anticipated costs for attendant care and/or an auxiliary apparatus.
- The care or apparatus enables a household member, 18 years or older, including the disabled member to work
- The amount claimed is the difference in total expenses for attendant care and/or auxiliary apparatus that exceeds 3% of annual income and earned income of the adult household member enabled to work by the attendant care or auxiliary apparatus
- If the disability assistance enables more than one household member to be employed, the allowance cannot exceed the combined income of both

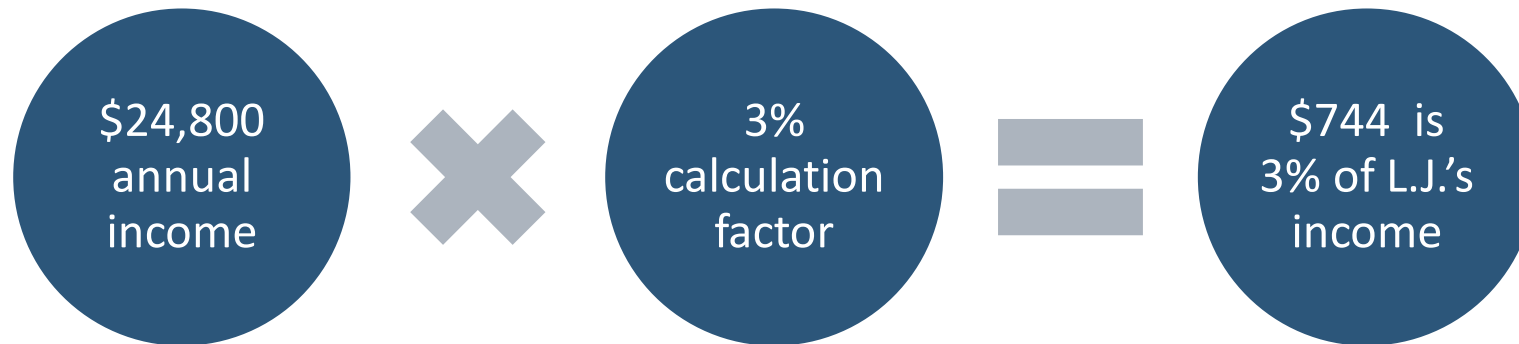
Adjusted Income: Disability Deduction

- Auxiliary apparatus includes items that are directly related to permitting the disabled person or other family member to work
- Includes items such as, but not limited to, the following:
 - Wheelchairs, ramps, adaptations to vehicles (one-time allowances);
 - Cost of maintenance and upkeep of an auxiliary apparatus (i.e. veterinarian and food costs of service animal)
 - Attendant care includes, but is not limited to, reasonable expenses for home medical care, nursing services, interpreters for hearing impaired persons and readers for persons with visual impairments

Learning Point

L.J. is an individual with disabilities that works full-time and has an annual income of \$24,800. He requires a motorized wheelchair and special transportation to get to his job. The eligible disability expense is \$8,500 for his transportation to and from his job. Is L.J. eligible for a disability expense deduction? If yes, how much?

- Step 1: Determine 3% of L.J.'s annual income

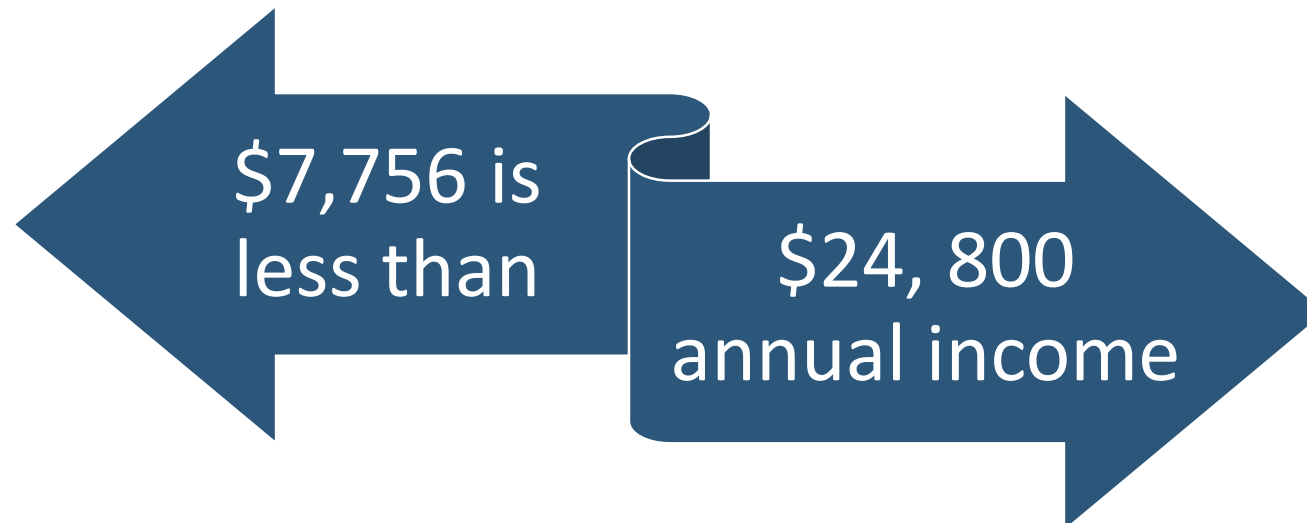


Learning point

- Step 2: Determine L.J.'s eligible disability deduction



- Step 3: Ensure L.J.'s allowable deduction does not exceed his annual income



Adjusted Income: Elderly or Disabled Deduction

- Elderly or Disabled Deduction is a one-time \$400 deduction
- The deduction is available to a household if the head, spouse, or co-head (or the sole member) is at least 62 years of age or older, or is a person with disabilities
- A household is entitled to only one \$400 deduction regardless of how many household members qualify as elderly or disabled

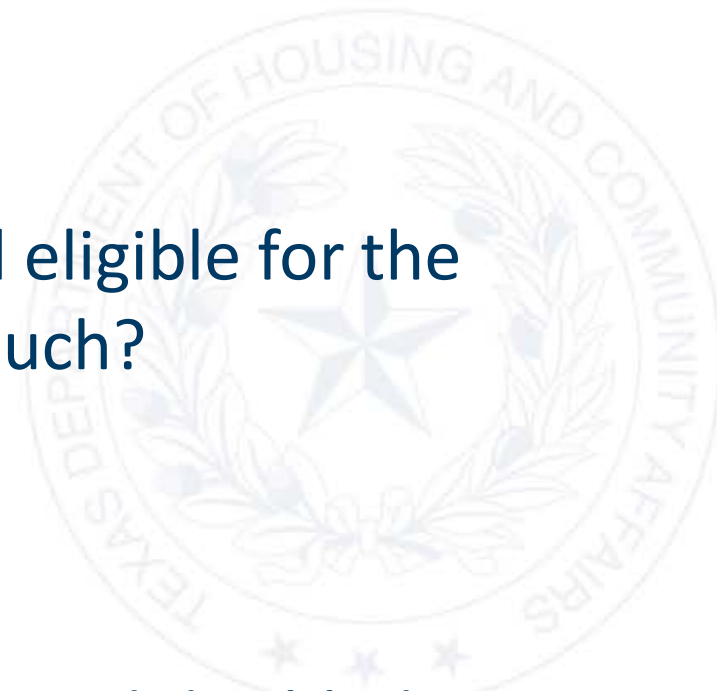
Learning Point

Ted is 29 years old and a person with disabilities. Is Ted eligible for the elderly or disabled deduction? If yes, how much?

Yes
\$400

Carolyn is 62 and lives with her husband, Jeff, who is 35 and disabled. Is the household eligible for the elderly or disabled deduction? If yes, how much?

Yes
\$400

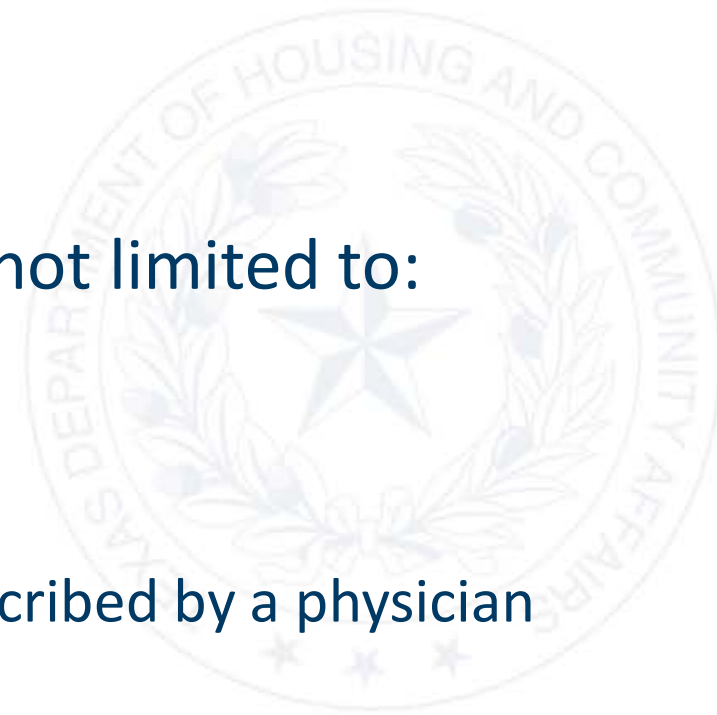


Adjusted Income: Medical Expense Deduction

- Medical Expense Deduction is the portion of total medical expenses that exceed 3% of annual income and is only permitted for households in which the head, spouse, or co-head is elderly or disabled
- If the household is eligible, include the unreimbursed anticipated medical expenses of ALL household members (including non-elderly, foster adults or children)
 - Medical expenses include medically necessary apparatus, services and medications
- Include ongoing expenses paid in the past 12 months to project the upcoming year's expenses
- Ongoing payments toward existing, unpaid medical bills are eligible for inclusion for the upcoming year
 - NOTE: Must only include the amount of payments to be made, not the total balance due

Adjusted Income: Medical Expense Deduction

- Examples of eligible medical expenses include, but are not limited to:
 - Services of doctors and healthcare professionals
 - Services of healthcare facilities
 - Medical insurance premiums or cost of an HMO
 - Prescription/Nonprescription medicines that have been prescribed by a physician
 - Dental expenses
 - Eyeglasses
 - Hearing aids



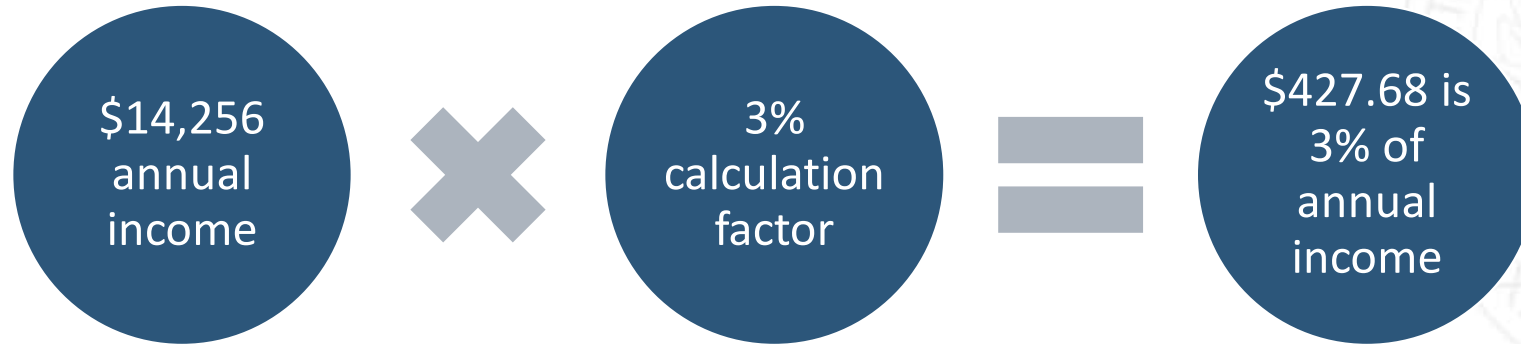
Learning Point

David Martinez is 31 years old and disabled. David is married to Ursula and their total combined gross annual income is \$14,256, with a total of \$2,000 of anticipated eligible medical expenses for the household. Is the Martinez household eligible for a medical expense deduction? If yes, how much?

Yes

Learning point

- Step 1: Determine 3% of the Martinez household's annual income



- Step 2: Determine the medical expense deduction amount



The Martinez household is eligible for a medical expense deduction of **\$1,572.32**

Adjusted Income: Medical Expense Deduction

- If the household is eligible for both medical and disability assistance expense deductions, the following must be considered:
 - Ensure that the household's 3% of income test is applied only one time
 - The disability assistance expense deduction must be calculated before the medical expense deduction is determined
 - The disability assistance expense deduction is limited by the amount earned by the person enabled to work
 - Expenses cannot be included in both categories (no double-dipping)

Learning Point

L.J has a disability expense deduction of \$7,756. In addition, L.J. also has medical expenses in the amount of \$1,500 that are not reimbursed by insurance. Since L.J.'s disability expenses have already been calculated, which is required to be determined first, then the medical is just added.



Learning Point

Example – Special Calculation for Families Who Are Eligible for Disability Assistance and Medical Expense Deductions

The following is basic information on the family:

Head (retired/disabled)—SS/pension income	\$16,000
Spouse (employed)—employment income	+ <u>\$4,000</u>
Total Annual Income	\$20,000
Total disability assistance expenses	\$500
Total medical expenses	\$1,000

Step 1: Determine if the disability assistance expenses exceed 3% of the family's total annual income.

Total disability assistance expenses	\$500
Minus 3% of total annual income	- <u>\$600</u>
	(\$100)

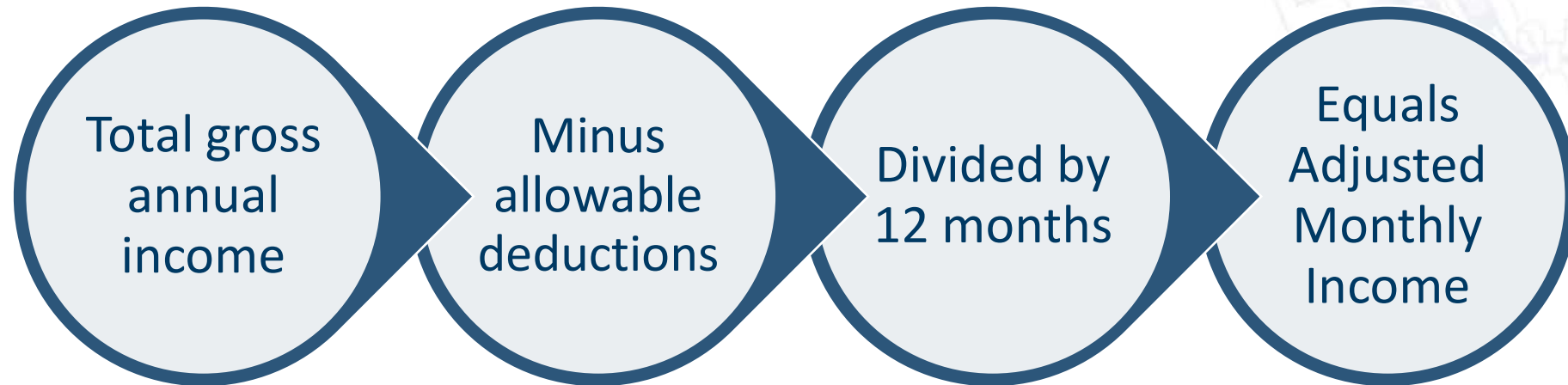
No portion of the disability expenses exceeds 3% of the annual income; therefore, the disability assistance deduction is \$0.

Step 2: Calculate if the medical expenses exceed the balance of 3% of the family's total annual income.

Total medical expenses	\$1,000
Minus the balance of 3% of total annual income	- <u>\$100</u>
Allowable medical expenses deduction	\$900

In the event that the household's initial 3% calculation does not exceed the disability assistance expenses; the remainder of the 3% will be applied during the medical expense deduction calculation.

Calculating Rent from Adjusted Income





Lease Requirements and Compliance Rules

Lease Requirements

§92.252(a)(b)(1-9)&(c)

Written Lease between the household and the owner is required for all households.

§92.252(a)(b)(1-9)&(c)

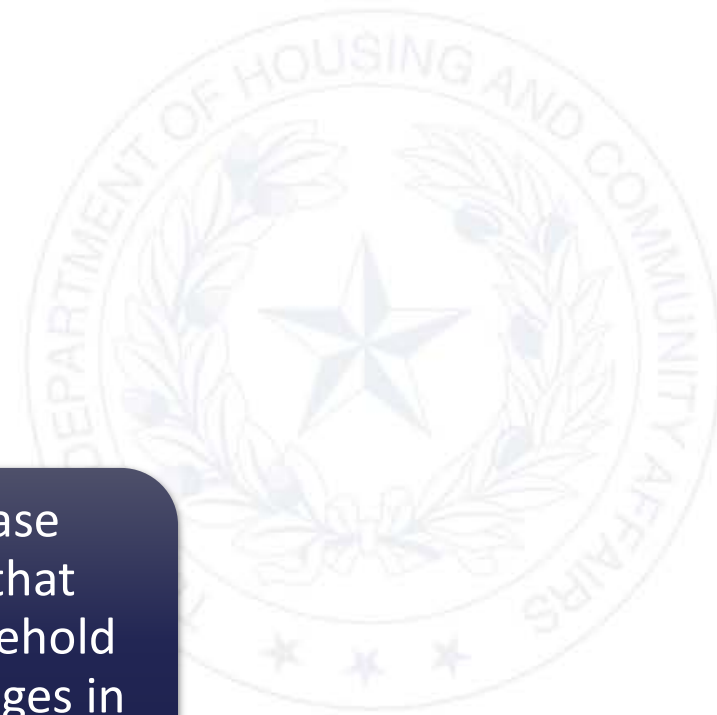
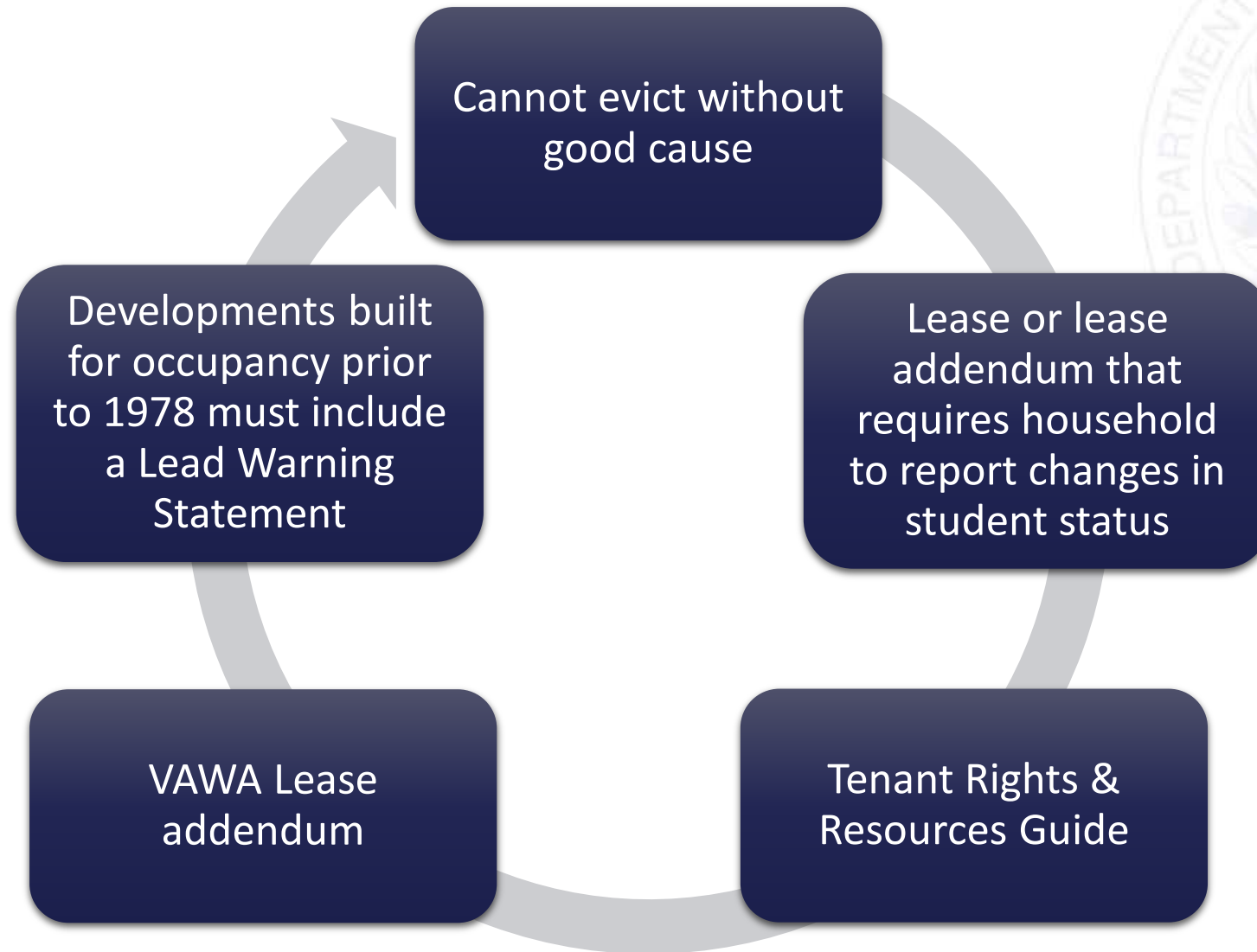
For a Period of not less than one year unless mutually agreed upon

§92.252(a)(b)(1-9)&(c)

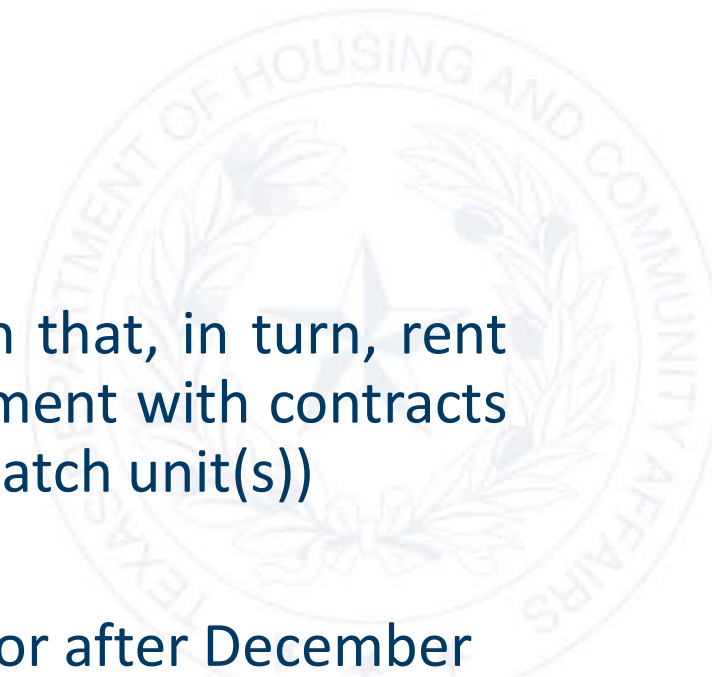
No required format, but must not contain prohibited lease provisions

Tri-party leases not allowed for MFDL units

Lease Requirements



Lease Requirements



- §10.613(i)
 - Leasing of HOME/TCAP RF/NSP units by an organization that, in turn, rent those units to individuals is not permissible for development with contracts dated on or after August 23,2013 (applicable to HOME match unit(s))
- §10.613(h)
 - MFDL developments for which a contract is executed on or after December 16, 2016, must use the Department created VAWA lease addendum (and HOME Match unit(s))
 - The addendum must provides the ability for the tenant to terminate the lease without penalty if the Department determines that the tenant qualifies for an emergency transfer under 24 CFR §5.2005(e)
 - Within three (3) calendar days of a tenant request, management / owner will notify TDHCA via email address: VAWA.Transfer@tdhca.state.tx.us that a transfer request has been made

Lease Prohibitions

Agreement to be sued

Treatment of property

Excusing owner from responsibility

Waiver of notice

Waiver of legal proceedings

Waiver of right to appeal court decision

**Tenant chargeable with cost of legal actions
regardless of income**

Mandatory supportive services

Reporting Requirements §10.607

Annual Owner's Compliance Report (AOCR)

- 4 Parts and the Annual Owner Financial Certification
- Due April 30th for the previous calendar year
- 1st report due the second year after an award

Periodic Unit Status Reports (USR)

- Due on the 10th day of January, April, July and October
- 1st report due after leasing commences

Onsite Monitoring Review

- Date due identified in notification of review

Desk Reviews

Desk Reviews conducted quarterly and/or annually through the submission of the Quarterly USR

Quarterly desk reviews are required until initial occupancy requirements and all compliance requirements are met

Desk Reviews test for the following elements of compliance

Income & Rent restrictions

MFDL designations met

Recertification and Special Needs (as applicable)

Failure to submit required reports will result in a Finding of Noncompliance

Notices to the Department §10.609

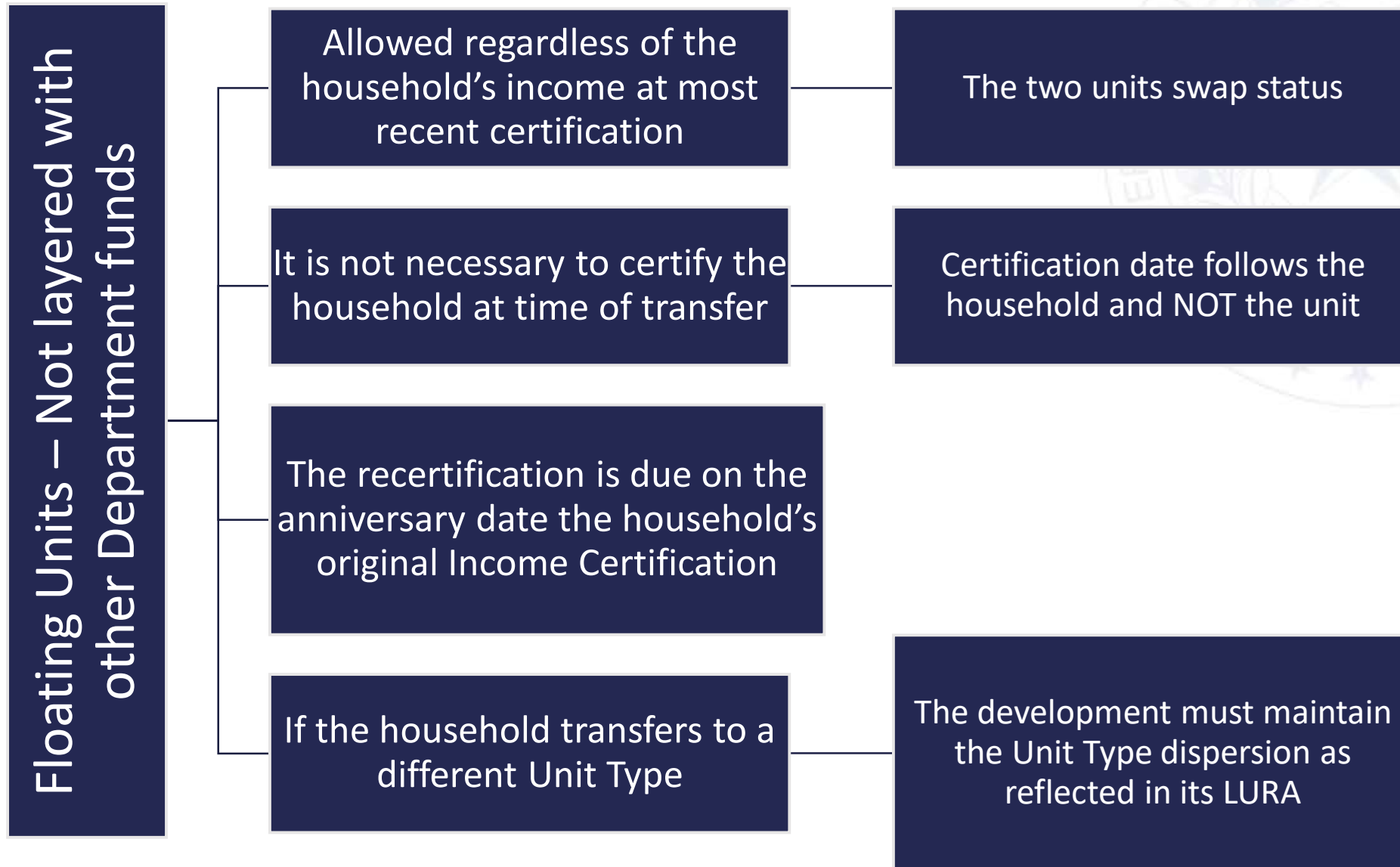


Update CMTS with the name of the property as known to the public

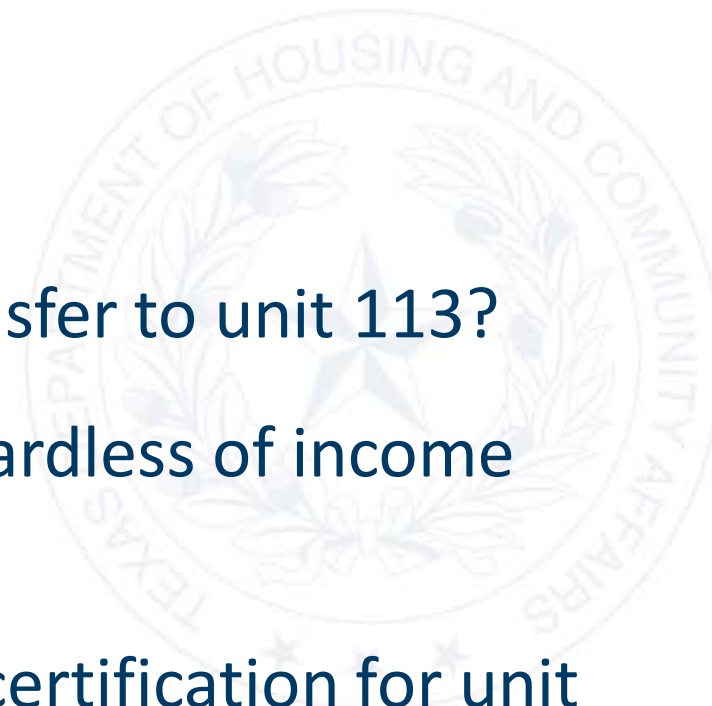
All contact information **MUST** be updated in CMTS within 10 days of the change

MFDL must initially sign up for the Compliance Monitoring Tracking System (CMTS) by September 1st following the year of the award!

Transfers §10.616



Transfers



Unit 111 30% 1.2.2017	Unit 112 Market	Unit 113 OI 2.5.2018
Unit 114 50% Vacant	Unit 115 60% 12.3.2018	Unit 116 80% 10.15.2017

Can unit 114 transfer to unit 113?

Yes – transfer regardless of income

When is the recertification for unit 113 due?

February 5th each year

Onsite Monitoring §10.618

Unit Mix from LURA

Unit Type	Square Footage	Unit Number
1 Bedroom – 1 Bath	773 sq. ft.	5 floating units
1 Bedroom – 1 Bath	826 sq. ft.	1 floating unit
1 Bedroom – 1 Bath	859 sq. ft.	7 floating units
2 Bedroom – 1 Bath	952 sq. ft.	2 floating units
2 Bedroom – 2 Bath	1,223 sq. ft.	1 floating unit

Monitored
During Onsite
Review

Noncompliance for not
having the exact number
of affordable units

Noncompliance for
not having the exact
square footage

Affirmative Marketing §10.801

The goal is to promote equal housing choice for prospective tenants, regardless of race, color, religion, sex, disability, familial status or national origin.



In order to accomplish this, Owners must develop and carry out an Affirmative Fair Housing Marketing Plan to provide for marketing strategies and documentation of outreach efforts to prospective applicants identified as “least likely to apply”.

Affirmative Marketing §10.801



Determining Least Likely to Apply

Demographic Characteristics	Project's Residents	Project's Applicant Data	Census Tract	Housing Market Area	Expanded Housing Market Area
% White					
% Black or African American					
% Hispanic or Latino					
% Asian					
% American Indian or Alaskan Native					
% Native Hawaiian or Pacific Islander					
% Persons with Disa					

Worksheet 1 of HUD Form 935.2A

Unit Status Report - Statistics Page
Part 1 - Demographics

Ethnicity

Hispanic or Latino	16	12.50%
Not Hispanic or Latino	112	87.50%

Race

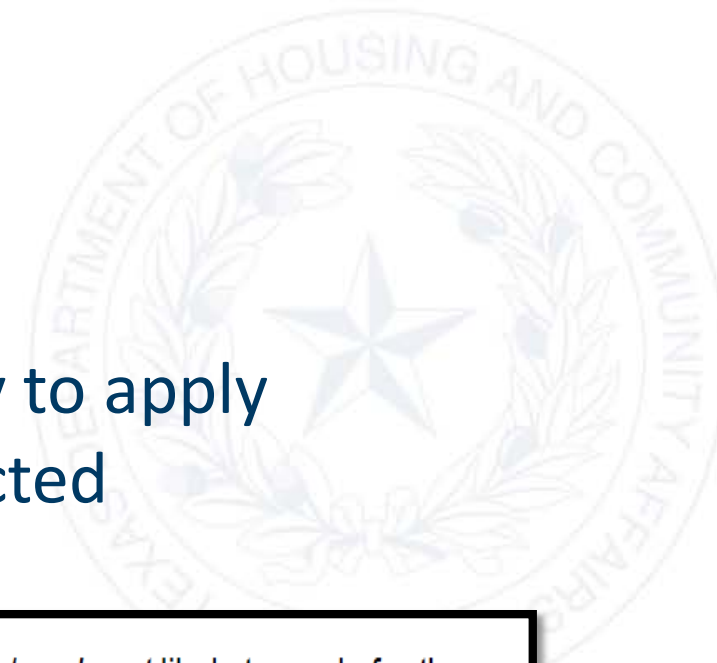
Asian India	1	0.78%
Black/		

Demographic composition of the development

RACE		
Total population	790,390 (49462)	100.0
One Race	763,664	96.6
White	539,760	68.3
Black or African American	64,406	8.1
American Indian and Alaska Native	6,901	0.9
Asian	40,961	5.2

Housing Market Area

Affirmative Marketing §10.801



Must select all groups identified as least likely to apply
Persons with Disabilities must always be selected

Based on your completed Worksheet 1, indicate which demographic group(s) in the housing market area is/are *least* likely to apply for the housing without special outreach efforts. (check all that apply)

- White
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Persons with Disabilities
- Families with Children
- Other ethnic group, religion, etc. (specify)

Affirmative Marketing §10.801

Identify specific media, organizations or community contacts that work with the least likely to apply population, or in areas where least likely to apply populations live or work

Must include the Fair Housing Logo

Marketing and Outreach
At least once per calendar year

Must provide contact information if reasonable accommodations are needed.

Property contact information must be provided at minimum in English and Spanish

Affirmative Marketing §10.801

90 calendar days prior to the first building PIS date

- Marketing efforts must begin

Every 5 years

- Update the Affirmative Marketing Plan

Exception to Affirmative Marketing

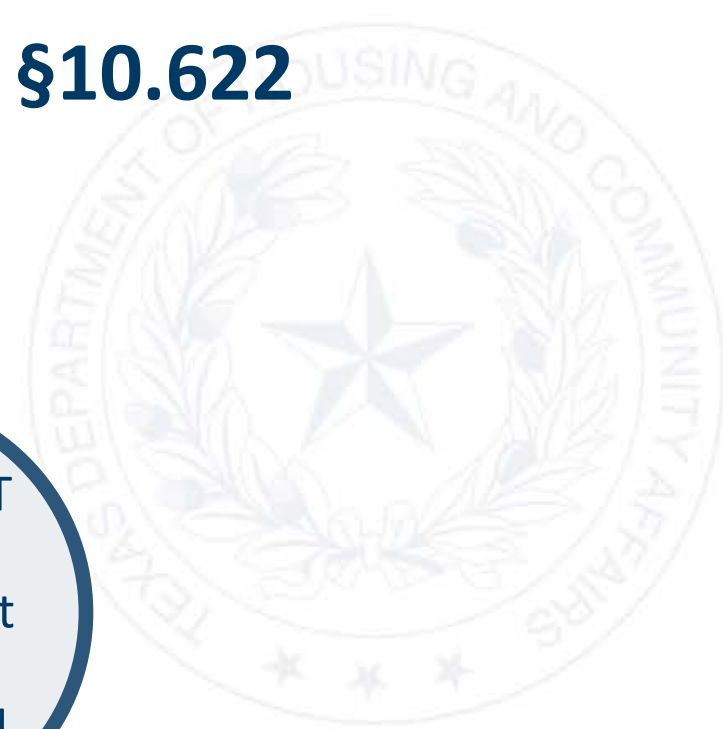
- Wait List Closed

Outreach Marketing Efforts

- Required to complete annually
- Unless waiting list is closed

Special Rules Regarding Rents and Rent Violations §10.622

If rent is overcharged, to correct:



If household has already vacated, a trust account must be established and remain open for 4 years

Refund the Public Housing Authority (PHA) directly if the household over-charged rent is receiving Section 8 rental assistance



Compliance Monitoring

Uniform Physical Condition Standards Inspections

Postponed

Mid-Construction and
Final Construction
inspections are
required

Final Construction
inspections may be
modified to avoid
entering occupied
units

A follow up
inspection
may be
conducted

COVID-19 Monitoring

Resident File
Reviews

TDHCA will continue to
conduct file reviews through
desk reviews



Notification



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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Leo Vasquez, Member

January 14, 2019

Stephanie Givens
Givens and Givens, L.P.
102 S. Norred Ave.
Fort Worth, TX 76116

RE: Taylor Apartments
717 Old Kenny Rd
Fort Worth, TX 76116

CMTS: 459 LEHTC: 07099

Dear Stephanie Givens:

On February 12, 2019 at approximately 11:00 am, monitor(s) will be visiting the above referenced development to conduct an onsite monitoring review. Please note that the Department representative(s) may be visiting other developments in the area which may require the date and/or time of the onsite to change. Please ask your staff to plan for any adjustments requested by the Department.

The following items must be submitted to the attention of Christopher Alonzo no later than January 29, 2019. Please upload all requested items to the Electronic Document Attachment system through the development's Compliance Monitoring and Tracking System ("CMTS") account. In addition, please electronically complete required reports in CMTS indicated below. If any requested item is not submitted, please submit a written explanation. Failure to submit the requested information by the deadline will result in noncompliance under the finding, "Failure to provide pre-onsite documentation as required."

1. Completed electronically through the CMTS:
 - a. Entrance Interview Questionnaire
 - b. Unit Status Report (USR) reporting occupancy as of December 31, 2018
 - c. Review and update, if needed, contact information for the owner, the Management Company and onsite manager
2. Utility Allowance documentation for current and two (2) years prior
3. Affirmative Marketing Plan, Affirmative Marketing Tool (or other method used to identify "least likely to apply") and all current marketing documentation evidencing compliance with special outreach efforts.
4. Written Policies and Procedures as required in 10TAC§10.610
5. HTC and Exchange developments -
 - a. Copies of all Form(s) 8609 with Part II completed for each building including all applicable attachments as submitted to the IRS. (Including 8609's for acquisition, if applicable) If 8609's have

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- not been issued by the Department, submit copies of the Certificate(s) of Occupancy ("COs") including any Temporary COs issued for each building
- b. Invoices, contracts, vendor price sheet or other documentation supporting application fees
6. Supportive Services:
- a. HTC developments - documentation evidencing compliance with all supportive service requirements (e.g. calendars, sign-in-sheets, provider contracts, notices, etc...)
 - b. Bond developments- documentation evidencing compliance with expenditure requirements (e.g. invoices provider contracts, ledgers, expense reports, etc...)
7. If required, a written narrative explaining material participation of Non-Profit, HUB and/or CHDO and any additional evidence that the required entity has met specific LURA requirements.

For instructions on how to use the attachment system, please see Attaching Documents to CMTS found on the Department's website. To access on the home page, select the Support and Services tab and then select Compliance. From the submenu, select Online Reporting.


On the day of the monitoring visit, Department staff will need access to original resident files. If original resident files are not maintained at the development, please let the Department know immediately so that arrangements can be made.

Unfortunately, the Department is not able to reschedule or postpone monitoring visits. If you have any questions about the visit or any of the information that needs to be submitted, please contact Christopher Alonzo at 512-475-3969 or via email at Christopher.Alonzo@tdhca.state.tx.us.

Sincerely,

Christopher Alonzo
Compliance Monitor

Notification



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January 14, 2019

Stephanie Givens
Givens and Givens, L.P.
102 S. Norred Ave.
Fort Worth, TX 76116

RE: Taylor Apartments
717 Old Kenny Rd.
Fort Worth, TX 76116

CMTS: 459 LIHTC: 07099


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January 14, 2019

Stephanie Givens
Givens and Givens, L.P.
102 S. Norred Ave.
Fort Worth, TX 76116

RE: Taylor Apartments
717 Old Kausy Rd
Fort Worth, TX 76116

CMTS: 459 LIHTC: 07099

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Login to CMTS

Texas Department of Housing and Community Affairs

Jan 15, 2019

Programs Support & Services Board Manufact

Help for Texans

Balcones Haus Grand Opening, New Braunfels Housing Tax Credit Program

Hours: M-F 8-5 except for observed holidays

Language

En Español

Notices of Funding Availability

Join Our Email List

TDHCA Public Comment Center

File a Complaint

File a Public Information Request (PIR)

Asset Management

Bond Finance

Closing Status Database

Compliance

Fair Housing

Financial Administration

Housing Resource Center

Human Resources

Information Systems

Internal Audit

Loan Servicing

Migrant Labor Housing

Office of the Executive Director

Policy and Public Affairs

Program Services

Purchasing

Real Estate Analysis

Single Family Resources

TDHCA Supported Councils

Main

Housing Contract System

Manuals and Rules

Forms

Reports

Training

Utility Allowance

Income and R

Disaster Relief Loss

Inspections

FAQs

Contact List

CA Tools

Join us!

1 tweets by @TDHCA

Login to the CMTS

If you have already received your user id and password from the Department, login to update or submit required information.

Login to CMTS

CMTS Property Reporting System

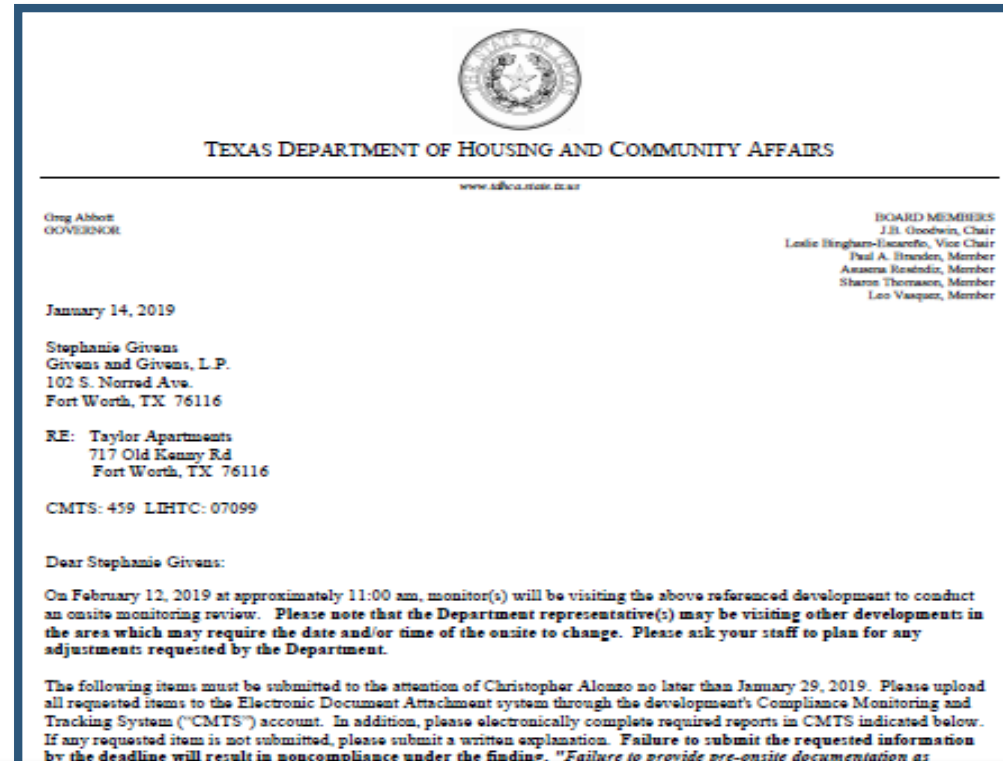
Please log in to continue.

User ID :	<input type="text"/>
Password :	<input type="password"/>
<input type="button" value="Login"/>	

You are making a secure connection with our server.
All information that you submit is encrypted.

You are accessing a Texas Department of Housing and Community Affairs information system. Unauthorized use is prohibited, and usage may be subject to security testing and monitoring. Misuse of this system is subject to criminal prosecution. Users of this system should have no expectation of privacy except as otherwise provided by applicable privacy laws.

Notification

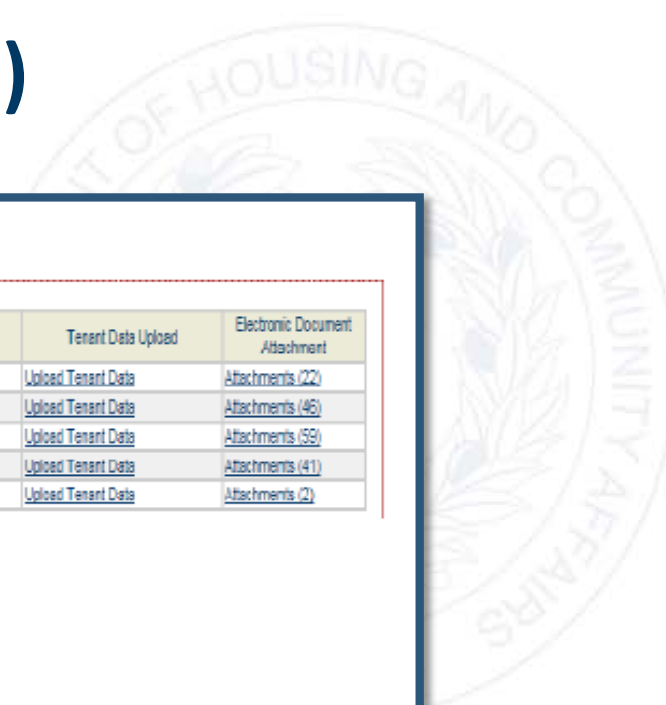


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Compliance Monitoring and Tracking System (CMTS)



admtdhca2 Property Listings

PROPERTIES

ID	Property Name	Annual Owners Compliance Reports	2018 Park Report	Unit Status Report	Contact Information	Edit Manager Password	Reports	Unit Data Upload	Tenant Data Upload	Electronic Document Attachment
1265	Hillcrest House	Annual Owners Compliance Reports - 2018	Start New Report	Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (22)
3417	Villas on Sixth Street	Annual Owners Compliance Reports - 2018	Start New Report	Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (59)
4609	Derson Marie Terrace	Annual Owners Compliance Reports - 2018		Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (41)
5263	Pathways at Gaston Place	Annual Owners Compliance Reports - 2018		Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (2)

[Logout](#)

Texas Department of Housing and Community Affairs (TDHCA)

CMTS Property Reporting System


[Update Property Information](#) | [Enter Unit Occupancy](#) | [Print Unit Status Report](#) | [Submit Reports](#) | [Vacancy Clearinghouse](#) | [Add and Edit Buildings](#) | [Add and Edit Units](#)

[Property Selection](#) | [Logout](#)

Property # 1265 Detail

Name: Hillcrest House	Type: Disability Only	Scattered site: N
Building zoning: Single Room Occupancy	Dwelling type: Multi Family Residential	Year constructed: 1994
Total buildings: 1	Total units: 64	Total program units: 64
Planned buildings:	Planned units:	Zoning: R
Total sq ft: 20760	Land site ctrl:	Elevator: Y
Disposition:	Home landing: N	Floors in tallest bldg: 1
Special needs:	Home 40/50: N	Fair Housing Construction: N
# of parking spots:	First building in svc date: 08/06/1996	Next RD onsite rsv date:
# of handicap spots:	Last building in svc date: 08/06/1996	Last RD onsite rsv date:
Census Tract: 48113602000	Latitude: 32.757824	Longitude: -95.815473
GPS Date: 01/11/2017	Disaster Housing Flag:	Property Status: Active
HTC Type: 9%		
Legal description:		

Notification



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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January 14, 2019

Stephanie Givens
Givens and Givens, L.P.
102 S. Norred Ave.
Fort Worth, TX 76116

R.E: Taylor Apartments
717 Old Kenny Rd
Fort Worth, TX 76116

CMTS: 459 LIHTC: 07099

Dear Stephanie Givens:

On February 12, 2019 at approximately 11:00 am, monitor(s) will be visiting the above referenced development to conduct an onsite monitoring review. Please note that the Department representative(s) may be visiting other developments in the area which may require the date and/or time of the onsite to change. Please ask your staff to plan for any adjustments requested by the Department.

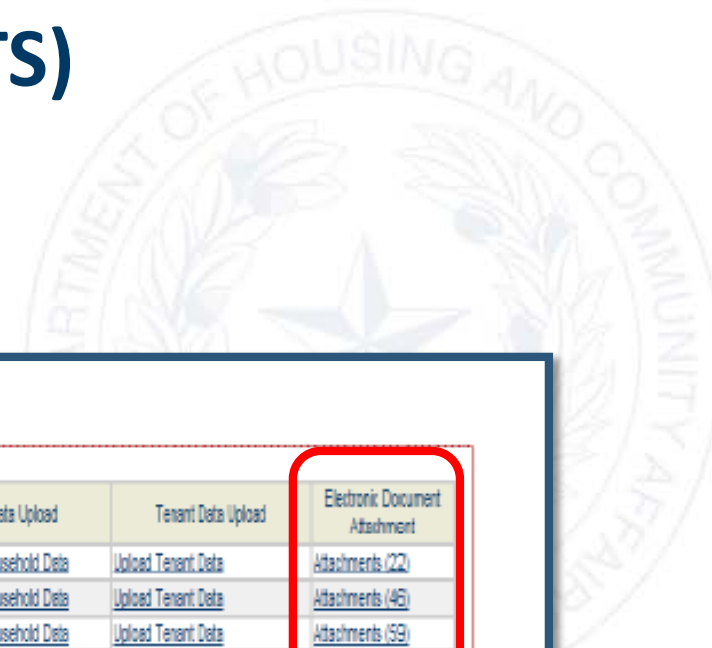


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attachments as mentioned to the IRS. (including 8009's for acquisition, if applicable) If 8009's have



Compliance Monitoring and Tracking System (CMTS)



admtdhca2 Property Listings

PROPERTIES

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1265	Hillcrest House	Annual Owners Compliance Reports - 2018	Start New Report	Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (22)
1341	Island Palms Apartments	Annual Owners Compliance Reports - 2018	Start New Report	Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (46)
3417	Villas on Sixth Street	Annual Owners Compliance Reports - 2018	Start New Report	Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (59)
4609	Derson Wade Terrace	Annual Owners Compliance Reports - 2018		Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (41)
5263	Pathways at Gaston Place	Annual Owners Compliance Reports - 2018		Unit Status Report	Update Contact Information	Edit Manager's Password	Reports	Upload Unit Household Data	Upload Tenant Data	Attachments (2)

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[Texas Department of Housing and Community Affairs \(TDHCA\)](#)

Utility Allowance Submission


TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
www.tdhca.state.tx.us

Greg Abbott
GOVERNOR

June 26, 2018

Julie Staten
Staten Townhomes, L.P.
Fort Worth, TX
julie@statenmgmt.com

RE: Staten Townhomes

Dear Ms. Staten:

The Texas Department of Housing and Community Affairs, by Staten Management Company, advised that the Consumption Model method described in 10TAC§10.614(g) is not applicable to your development.

Your request is hereby granted. This approval covers Electric and Water/Sewer, that the utilities are not included in the RUBS; and, that the Development does not require a RUBS. Please note that, in accordance with Treasury Rule 101.001, the Public Utility Commission's Public Utility Rate Schedule remains the applicable Public Utility Rate Schedule for the assistance.

The Notice to the Residents was posted on the development website. If a resident of the development could contact you for information is relevant, the Department may be able to assist. *allowances are effective for rent due after July 1, 2018.*

	Energy Consumption
1 Bedroom	\$87.00
2 Bedroom	\$100.00
3 Bedroom	\$116.00

It is the sole responsibility of the owner to ensure that the utility allowance, additional rent and occupancy restrictions are implemented in a timely manner, and, failure to implement timely, will result in the Department taking action.

Please be advised that the utility allowance includes any changes to the building, including energy audits. 10TAC§10.614(g) outlines the requirements for utility allowance.

If you have questions about this utility allowance, please contact nicole.martinez@tdhca.state.tx.us.

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July 20, 2017

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Jose S. Maldon, PhD
T. Talbert Chisam
Tom H. Gunn
J.B. Goodale

*Writer's direct phone # (512) 475-4603
Email: cody.campbell@tdhca.state.tx.us*

CMTS ID: 198


TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
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August 2, 2016

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Tom H. Gunn
J.B. Goodale

*Writer's direct phone # (512) 475-4603
Email: cody.campbell@tdhca.state.tx.us*

CMTS ID: 198

Dear Julie Staten:

The request to implement an updated utility allowance for Staten Townhomes was received on April 21, 2016 for calendar year 2016. This satisfies the owner's requirement to notify the Department.

Please be advised, the Department has not reviewed the allowance; the Owner is responsible for ensuring compliance. Monitoring for rents and utility allowances will be included in the property's next regularly scheduled onsite review. If there is noncompliance, corrective action will be required. Please see 10TAC§10.614 for guidance.

The date the Department received this correspondence begins the ninety (90) day notification period. If a resident of the development contacts the Department with relevant information during the notification period, the Department will contact the owner and request additional documentation. Otherwise, the updated utility allowance must be implemented for rent due 90 days after the beginning of the notification period.

Please maintain this correspondence for the property's records. If you have questions please contact Cody Campbell at (512) 475-4603 or via email: cody.campbell@tdhca.state.tx.us.


Sincerely,

Cody Campbell
Compliance Administrator

digitally signed by Cody Campbell
DN: cn=Cody Campbell, email=cody.campbell@tdhca.state.tx.us, o=Texas Department of Housing and Community Affairs

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Notification



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Sharon Thomason, Member
Leo Vasquez, Member

January 14, 2019

Stephanie Givens
Givens and Givens, L.P.
102 S. Norrad Ave.
Fort Worth, TX 76116

RE: Taylor Apartments
717 Old Kenny Rd
Fort Worth, TX 76116

CMTS: 459 LIHTC: 07099

Dear Stephanie Givens:

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CHDO Written Narrative

Kenny HOUSING - TEXAS

May 19, 2018

Stephanie Givens
Senior Compliance Monitor
Texas Dept. of Housing and Community Affairs
221 East 11th Street
Austin, TX 78701

Re: CHDO Participation Statement

Dear Ms. Givens,

Kenny Housing - Texas is the non-profit, sole member of Norred and Staten, LLC; General Partner. The mission of Kenny Housing - Texas is to create and strengthen healthy communities by providing quality, affordable housing for economically poor individuals and families, including seniors and persons with special needs.

As General Partner, Kenny Housing - Texas materially participates in the operation of the Small Square Apartments. Kenny Housing - Texas takes the lead in ensuring that the property carries appropriate insurance and that annual audits and tax returns are completed in a timely and accurate manner. As Asset Manager, I work closely with Vasterling Management staff to complete the annual property budget and I review the property's financial statements on a monthly basis. Kenny Housing - Texas visits the property twice a year and meets with Vasterling Management staff on at least a quarterly basis to discuss the physical and financial health of the property, set performance goals, and ensure that compliance requirements are met.

Kenny Housing - Texas also ensures that programs and activities made available to the residents of Small Square focus on Youth, Health, Education, Employment and Financial Literacy. Kenny Housing - Texas collaborates with the Property Manager to identify local service providers that can provide presentations and information to residents, and opportunities for residents to participate in social and recreational programs that increase community interaction. Finally, Kenny Housing - Texas produces monthly newsletters that highlight property events and resources for residents.


If you have any questions or need additional information, please feel free to contact me at 211-391-0123 or at Sussette@kennyhousingtexas.org.

Sincerely,
Sussette Kenny

Sussette Kenny
Asset Manager



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January 14, 2019

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Givens and Givens, L.P.
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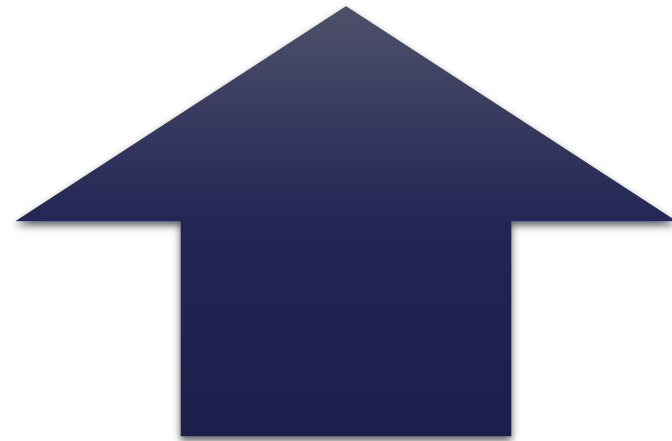
Exit Interview



Findings of
Noncompliance



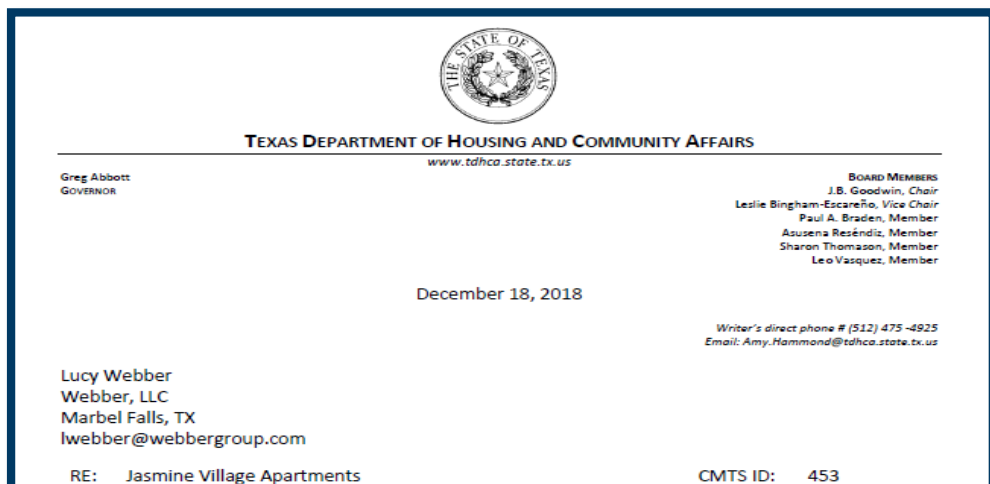
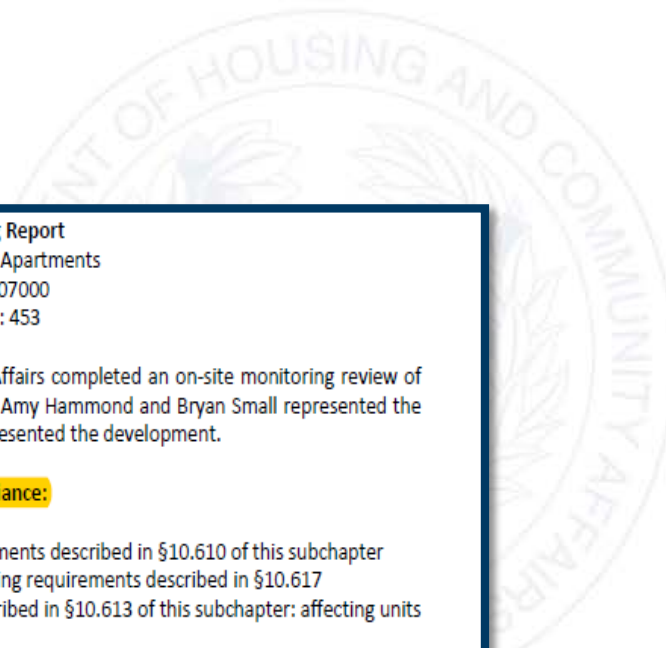
Technical
Assistance



Monitoring Report



Monitoring Report



Deadline: This notice begins the corrective action period. You must supply all requested documentation no later than **March 18, 2019**, the last day of the corrective action period. The attached Monitoring and Findings Reports have been prepared to explain the Department's findings of noncompliance and to detail required corrective action. A response to this letter and these reports must be provided to and received by the Department prior to **March 18, 2019**.

Now you must respond. You have already submitted documentation for review, and that documentation has not been reviewed or assessed prior to this letter and report. Please review this report against any and all submissions by you to ensure that all issues in this letter were appropriately and fully addressed and that the documentation you have submitted substantiates this, then either upload confirmation that you are satisfied with your response or submit a revised and updated response and supporting materials prior to **March 18, 2019**.

If you do not understand how to complete the corrective action, please contact us as soon as possible so that you can correct matters before the deadline; staff can refer you to resources for additional training and technical assistance. If it is not possible to provide the requested documentation by the corrective action deadline, correct as much as you can and submit a corrective action plan detailing how and when the remaining issues will be resolved.

Upload your corrective action to the Electronic Document Attachment system using the development's Compliance Monitoring and Tracking System ("CMTS") account. For instructions on

221 East 11th Street P.O. Box 13941 Austin, Texas 78711-3941 (800) 525-0657 (512) 475-3800

Monitoring Report
Jasmine Village Apartments
HTC File: 07000
CMTS ID: 453

The Texas Department of Housing and Community Affairs completed an on-site monitoring review of Jasmine Village Apartments on December 14, 2018. Amy Hammond and Bryan Small represented the Department. Lucy Webber and Carolyn Metzger represented the development.

The review resulted in four (4) findings of noncompliance:

1. Noncompliance with tenant selection requirements described in §10.610 of this subchapter
2. Noncompliance related to Affirmative Marketing requirements described in §10.617
3. Noncompliance with lease requirements described in §10.613 of this subchapter: affecting units 01C, 02C, 14A, 16B, 20C, 21B and 24D
4. Household income above income limit upon initial occupancy / Program Unit not leased to Low-Income household: affecting unit 18D

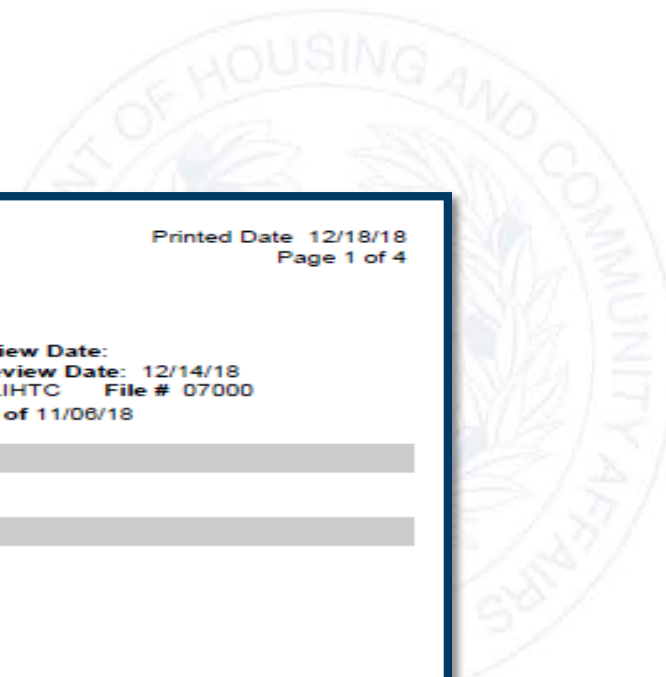
During the exit interview, the following Technical Assistance was provided:

- Management is collecting documentation of current income as well as the previous year's tax return. When an applicant's current employment did not match the previous year's employment, monitors were unable to determine whether there was a change in jobs or whether the applicant was now working two jobs. It is strongly recommended that management update their application to include previous employment and date of termination. In addition, the application currently being used does not clearly establish student status for each household member. This needs to be included to determine eligibility. The Department's application can be found at <http://www.tdhca.state.tx.us/pmcdocs/IntakeApplication.pdf> and used as a reference.

Files reviewed:

01C	02C	03A	04A	05A
06A	07B	08C	09A	10B
11D	12A	13D	14A	15C
16B	17A	18D	19A	20C
21B	22C	23B	24D	25D
26S	27B	28C		

Monitoring Report



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
COMPLIANCE REVIEW
DETAIL FINDINGS AND CORRECTIVE ACTION
By program

Printed Date: 12/18/18
Page 1 of 4

Property ID # 453
Property Jasmine Village Apartments
Address 52 John Dr, Marble Falls TX-77342

Last Desk Review Date:
Last Onsite Review Date: 12/14/18
Program(s): LIHTC File # 07000
Occupancy as of 11/08/18

PROGRAM: ALL FILE#

PROGRAM: LIHTC FILE# 07000

PROPERTY FINDINGS

<p>Finding Noncompliance Date Reason Corrective Action</p>	<p>Noncompliance with tenant selection requirements described in §10.610 of this subchapter 01/01/2018 The Resident Selection Criteria submitted for the Development, with pre onsite documentation, was found deficient in multiple areas. Please see attachment to this report for a list of detailed deficiencies. Update the Tenant Selection Plan to comply with all requirements outlined 10 TAC §10.610. Please note any changes require a</p>	<p>Current Status Uncorrected - Not Reportable to IRS Correction Date</p>
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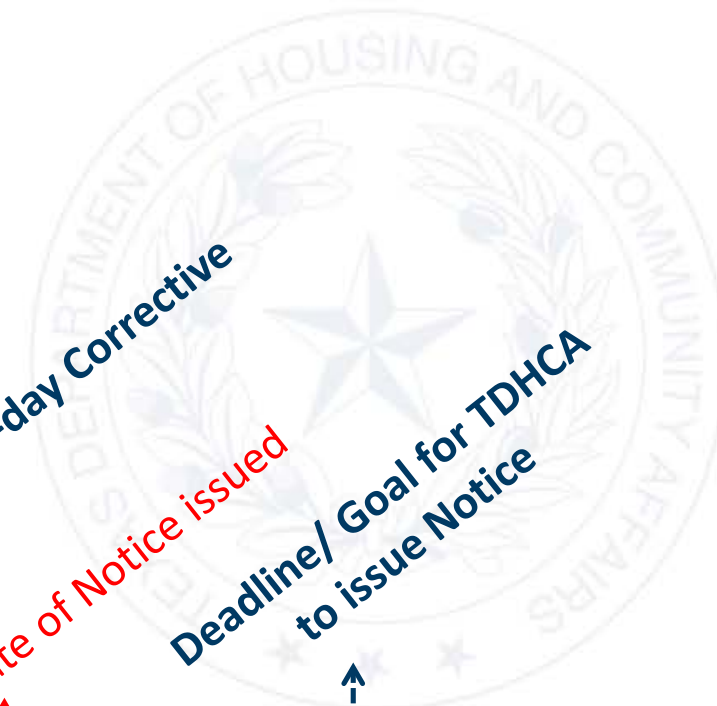
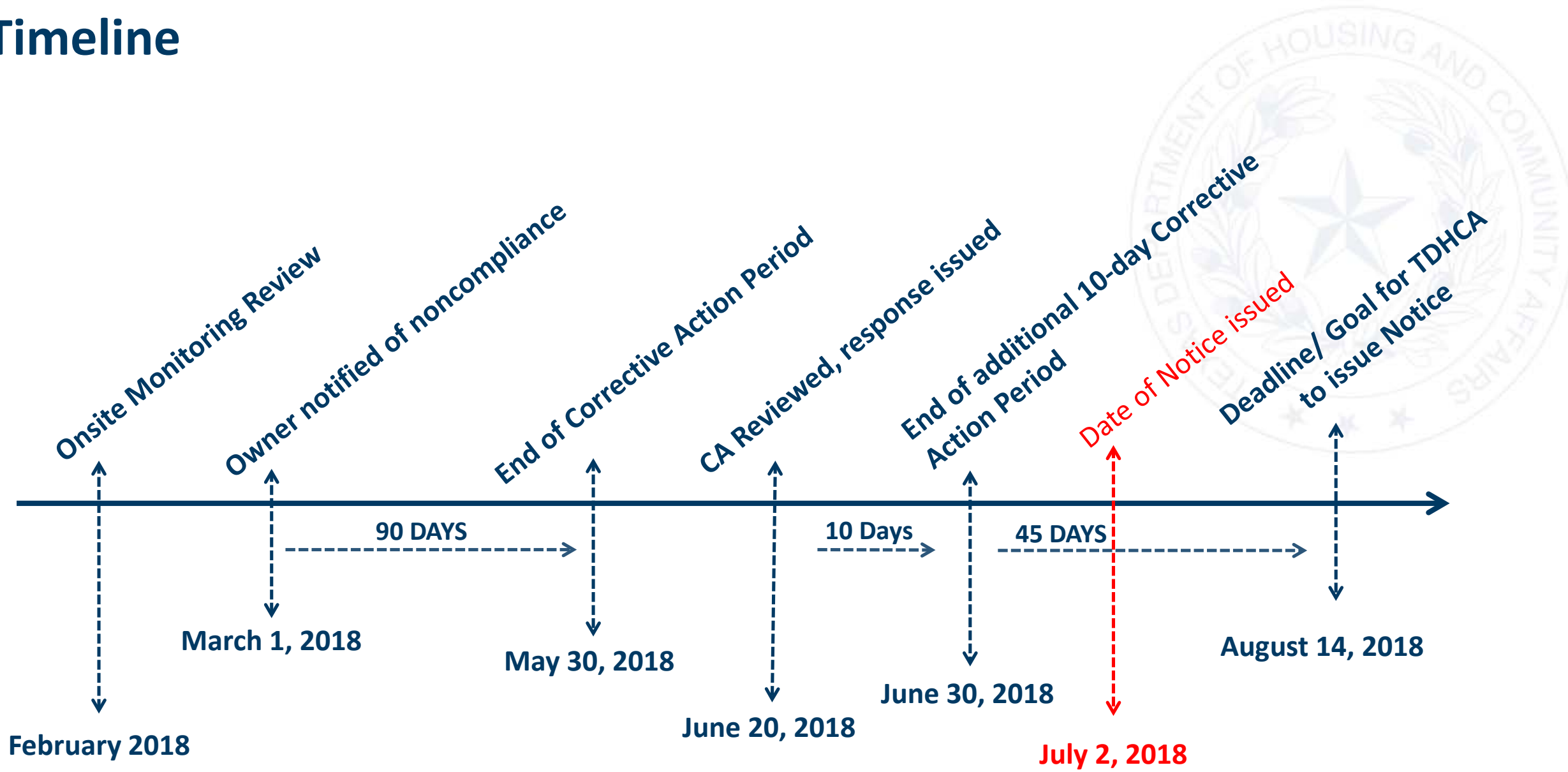
PROPERTY FINDINGS

<p>Finding Noncompliance Date Reason Corrective Action</p>	<p>Noncompliance with tenant selection requirements described in §10.610 of this subchapter 01/01/2018 The Resident Selection Criteria submitted for the Development, with pre onsite documentation, was found deficient in multiple areas. Please see attachment to this report for a list of detailed deficiencies. Update the Tenant Selection Plan to comply with all requirements outlined 10 TAC §10.610. Please note any changes require a new effective date. Submit the new Tenant Selection Plan to the Department for review.</p>	<p>Current Status Uncorrected - Not Reportable to IRS Correction Date</p>
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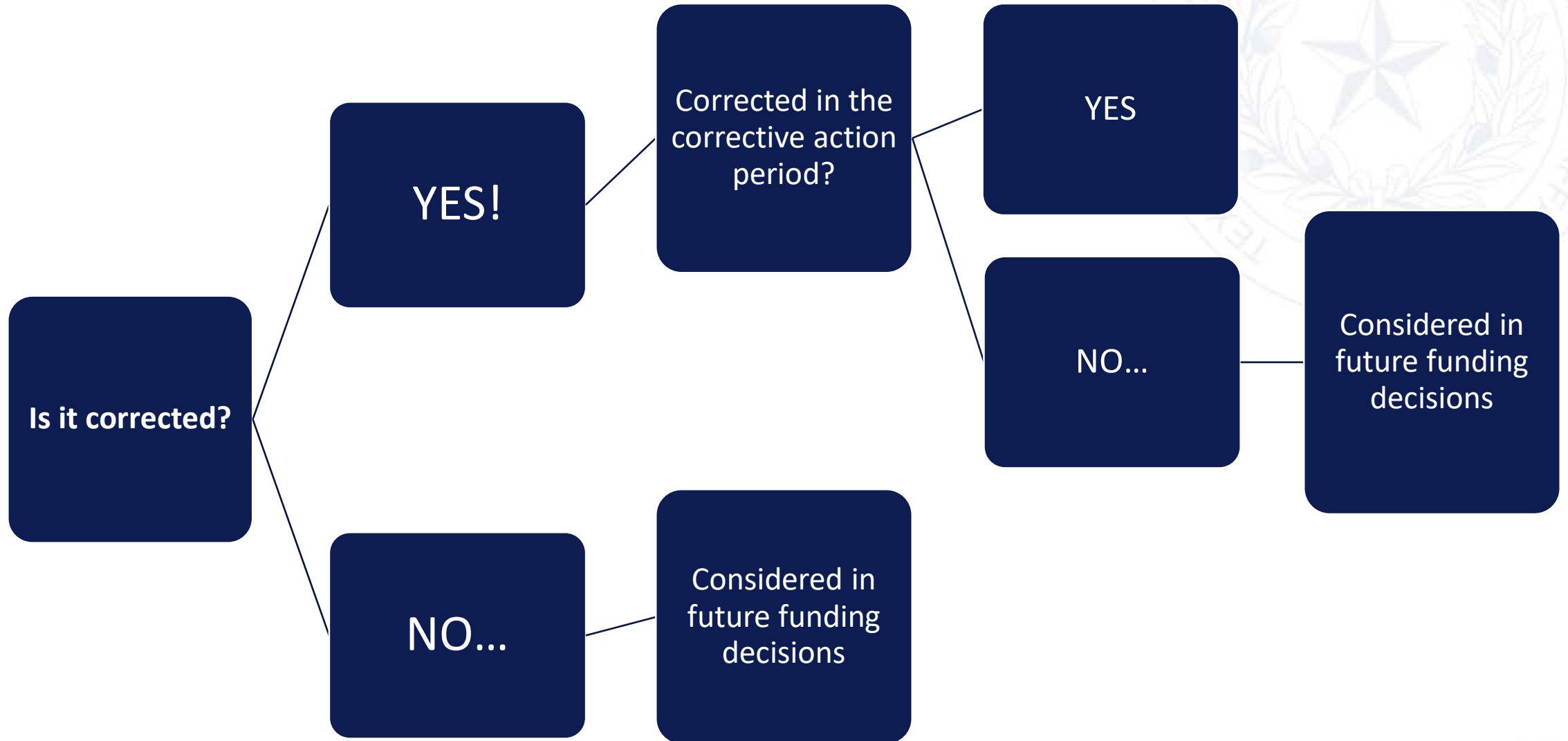
Potential Administrative Penalty

<p>Potential Administrative Penalty</p>	<p>compliance with the outreach marketing efforts for Department review. \$5 per day per violation</p>
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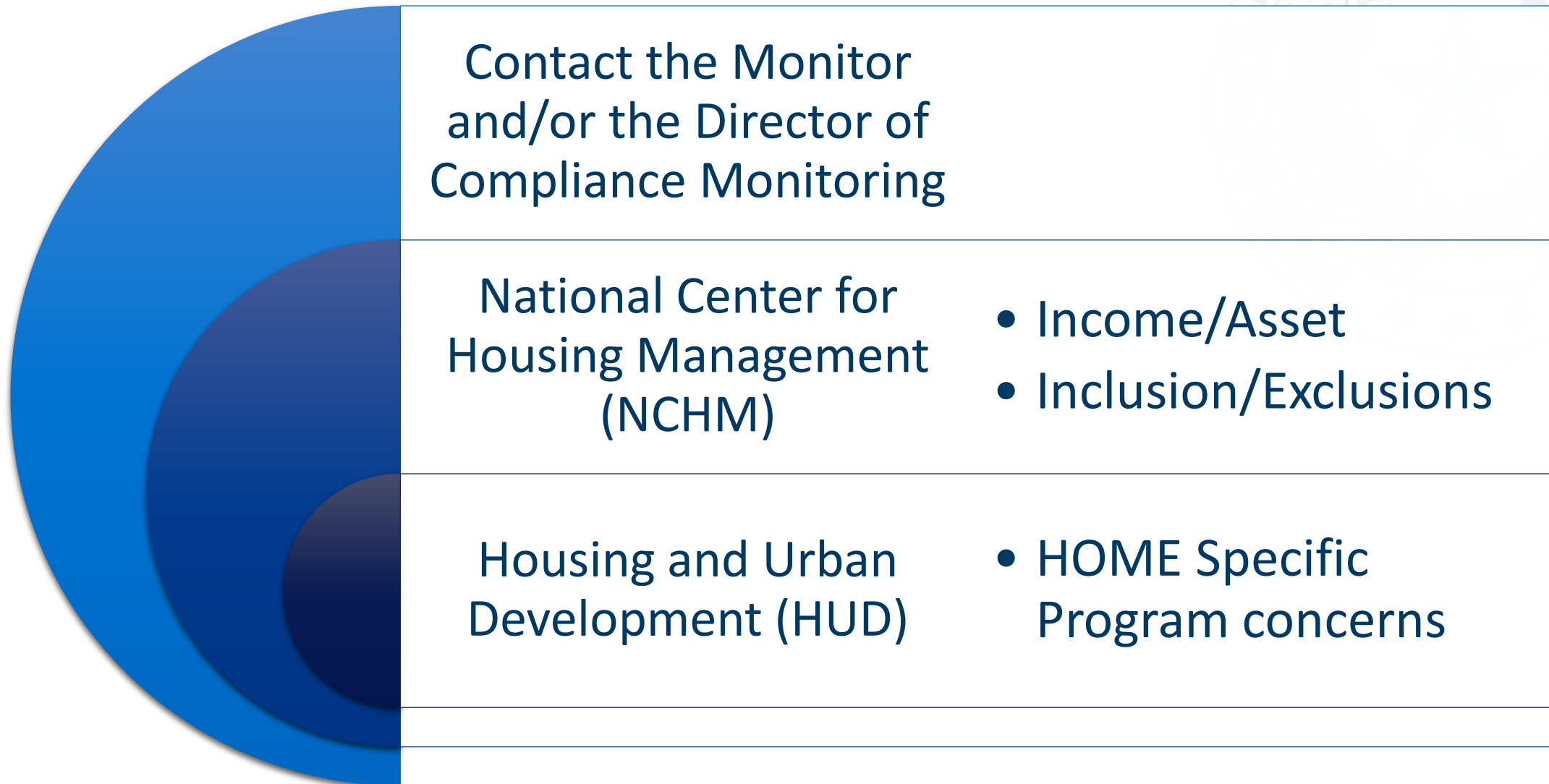
Timeline



Compliance Status System



What happens if you do not agree?





Annual Owner Compliance Report
(AOCR)
All Four Parts
Is Due by April 30th

**Thank you for all of
your hard work**

**TEXAS DEPARTMENT OF HOUSING
AND COMMUNITY AFFAIRS**

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