



# applicant track record certification

## Preliminary Application

Subject Project Name
Subject Property Address

### applicant/developer

For the purpose of completing this form, the Applicant/Developer is the Applicant, as defined in the QAP. If there are multiple developer entities, provide a completed Applicant Track Record Certification for each.

Developer Name		
Developer Entity		
Address		
City	State	Zip
Phone	Email	

Have you had any bankruptcy or foreclosure proceeding? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever defaulted on a loan? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever requested an extension to CHFA's Carryover deadline or State Credit Milestone deadline? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever requested supplemental federal 9 percent Housing Tax Credits (HTCs) from CHFA? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever missed submitting a Placed-in-Service Application deadline? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever missed submitting a Final Application six months or later from a Placed-in-Service Application? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For awarded projects in process, are you or the Applicant current with quarterly report submissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever missed a CHFA PAB Pool deadline? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your Housing Tax Credit (HTC) projects in other states have outstanding noncompliance issues for which an IRS form 8823 has been issued? If yes, provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted or are planning to submit HTC applications this year in other states? If yes, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any HTC projects which have been awarded but have not yet begun construction? If yes, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### required attachments

- Completed Multifamily Development Experience Worksheet (see page three).
- Provide details on any "Yes" statements from above.

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## applicant certification

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All Applications and related materials are subject to disclosure under the Colorado Open Records Act ("CORA"), codified at Colorado Revised Statutes Section 24-72-210 et seq. This Applicant Certification is part of the Application and, therefore, constitutes public records within the meaning of CORA and may be subject to public inspection and copying. The Applicant agrees to indemnify CHFA from any claims arising from or related to CHFA's disclosure or nondisclosure of materials submitted to CHFA related to the Certifications.

The undersigned, being duly authorized, hereby represents and certifies that the foregoing information, including all attachments, to the best of his/her knowledge, is true and complete. Misrepresentations of any kind will be grounds for denial or loss of the Housing Tax Credits and may affect future participations in the Housing Tax Credit program in Colorado.

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## signature

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IN WITNESS HEREOF, the applicant(s) has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

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Legal Name of Preparer (Company)

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By

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Name

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Title

STATE OF COLORADO )  
 )ss.  
COUNTY OF )

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , by \_\_\_\_\_ as \_\_\_\_\_, of \_\_\_\_\_ .

Witness my hand and official seal

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Notary Public

My commission expires: \_\_\_\_\_

IN WITNESS HEREOF, the applicant(s) has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

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Legal Name of Applicant

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By

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Name

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Title

STATE OF COLORADO )  
 )ss.  
COUNTY OF )

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , by \_\_\_\_\_ as \_\_\_\_\_, of \_\_\_\_\_ .

Witness my hand and official seal

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Notary Public

My commission expires: \_\_\_\_\_

**multifamily development experience worksheet**

year built	year of award	award type	# of units	project name	location	tax credit?	senior	family	new	rehab	syndicator/investor	project status (award received, under construction, in lease-up, or stabilized)	If stable – percent occupied If under construction – percent complete If awarded – list year If lease-up – percent
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Please note:** CHFA will accept applicants’ documentation as long as it follows the format above with the requested information completed.