



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)

Developer Name		
Developer Entity		
Address		
City	State	Zip
Phone	Fax	
Developer Key Principal		

please attach an explanation to any question answered "yes"

Have you or you or the Applicant had any bankruptcy or foreclosure proceeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant ever defaulted on a loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant ever requested an extension to CHFA's Carryover deadline or State Credit Milestone deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant ever requested Supplemental federal 9% housing tax credits from CHFA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant ever missed submitting a Placed-in-Service Application deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant ever missed submitting a Final Application six months or later from a Placed-in-Service Application?	<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 or the Applicant ever missed a CHFA PAB Pool deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your or the Applicant's LIHTC projects in other states have outstanding noncompliance issues for which an IRS form 8823 has been issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or the Applicant submitted LIHTC applications or are you or the Applicant planning to submit this year in other states?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," how many? _____		
Do you have any LIHTC projects which have been awarded but have not yet begun construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," how many? _____		

required attachments

Complete the Multifamily Development Experience Worksheet (see page 3).

applicant certification

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, complete. Misrepresentations of any kind will be grounds for denial or loss of the tax credits and may affect future participations in the tax credit program in Colorado.

signature

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

Legal Name of Preparer (Company)

By

Name

Title

STATE OF COLORADO)
)ss.
COUNTY OF)

Acknowledged before me this _____ day of _____, 20__ , by _____,
as _____, of _____ .

Witness my hand and official seal

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__ .

Legal Name of Applicant

By

Name

Title

STATE OF COLORADO)
)ss.
COUNTY OF)

Acknowledged before me this _____ day of _____, 20__ , by _____,
as _____, of _____ .

Witness my hand and official seal

Notary Public

My commission expires: _____

