

**FINAL COST CERTIFICATION - Attachment 1.a**

NIFA LIHTC Number: 7-  Total Number of Buildings:

Building Identification Numbers:

Owner Name:

Owner Mailing Address:

Owner's Federal Tax I.D. Number:

Development Name:

Development Address:

For purposes of the following, establish the total number and floor space of the LIHTC units and

**Low-income Units:**

Type of Unit (Bedroom size)	Number of Units	Size of Unit in Sq.Ft.	Total Sq.Ft.	Gross Tenant Paid Rent	Utility Allowance	Net Tenant Paid Rent
			-			0
			-			0
			-			0
			-			0
			-			0
<b>Total</b>	0		-			

**Market Rate Units:**

Type of Unit (Bedroom size)	Number of Units	Size of Unit in Sq.Ft.	Total Sq.Ft.	Gross Tenant Paid Rent	Utility Allowance	Net Tenant Paid Rent
			0			0
			0			0
			0			0
			0			0
			0			0
<b>Total</b>	0		-			

Grand Total

% Low Income - Units	#DIV/0!
% Low Income - Sq.Ft.	#DIV/0!
Applicable Fraction	#DIV/0!

Other Monthly Income: \$

List source of other Income:

**(b) Actual Development Cost Schedule:**

1	2	3
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Other:			
Other:			
Other:			
<b>Total residential costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

	1	2	3
	* Actual	Acquisition Eligible	Rehab/New Const.
Total Costs	\$ -	\$ -	\$ -

**SUBTRACT FROM ELIGIBLE BASIS:**

Grant Proceeds		
Non-qualified Non-recourse Financing		
Non-qualified Portion of Higher Quality Units		
Historic Tax Credits (on residential portion only)		
Cost Attributable to Commercial Space in Development		
Over Architect/Engineering Fee Limit		
Over Developer/Contractor Fee Limit		
<b>TOTAL ELIGIBLE BASIS **</b>	<b>\$ -</b>	<b>\$ -</b>

Project Located in Qualified Census Tract (QCT) x 130% or Basis Boost Requested (up to 130%)		100%
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<b>TOTAL ADJUSTED ELIGIBLE BASIS</b>	<b>\$ -</b>	<b>\$ -</b>
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Multiplied by Applicable Fraction	#DIV/0!	#DIV/0!
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<b>TOTAL QUALIFIED BASIS</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
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Multiplied by Applicable Percentage***	4.00%	9.00%
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<b>TOTAL LIHTC REQUESTED****</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
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\* Column 1 should reflect all actual costs expended for each category. These costs may not necessarily be reflected in Columns 2 and 3.

\*\* For purposes of determining the amount of LIHTC allocable to the Development, NIFA will limit the amount of developer/contractor overhead, profit and fees, general requirements, and consultant fees included in the eligible basis to an amount not to exceed the limitation set forth in the scoring of the application for which it was reviewed and approved. Also, NIFA will limit the amount of architecture/engineering fees included in the eligible basis to an amount not to exceed the limitation set forth in the scoring of the application for which it was reviewed and approved.

NIFA may consider a modification of these limitations upon receipt of a written request submitted with the Final Cost Certification Documentation justifying the variance. If an identity of interest exists, NIFA may reduce the total amount of such fees if it deems such fees excessive.

**Developer Fee/Acquisition of Existing Building.** The developer fee will be allowed on the acquisition cost of an existing building that is to be rehabilitated. The developer fee will be limited to 5% of the building acquisition costs excluding the cost of land and fees associated with the purchase of the land. Acquisition cost of the existing building(s) must be supported by an appraisal from an unrelated third party and a settlement statement.

\*\*\*The Applicable Percentage used should be the percentage for the month in which the building is placed-in-service or the elected percentage rate in the Carryover Allocation Agreement.

\*\*\*\*The amounts should agree with the aggregated totals of columns 2 and 3 from each Individual Building Cost Certification.

The final amount of LIHTC for a Development will be determined by NIFA. **NOTE: NIFA will determine the amount of LIHTC to be allocated to any Development based upon the eligible basis and equity funding gap method.**

**(c) Threshold Test for Rehabilitation Cost**

To perform this test, project the total number of units and square footage to be occupied by low income households by the end of the first year of the Credit Period.

1. Total number of LIHTC units in the Development	0
2. Total square footage of LIHTC units	-
3. Unit fraction: Line 1 / total number of units in the Development	#DIV/0!
4. Square footage fraction: Line 2 / total net rentable square footage in the Development	#DIV/0!
5. Applicable fraction (lesser of Line 3 or 4)	#DIV/0!
6. Eligible basis for rehab LIHTC x Line 5	#DIV/0!
7. Threshold test for rehab LIHTC: Line 6 / Line 1 (This amount must equal or exceed \$6,700)	#DIV/0!

Under the penalty of perjury, no information contained in the Final Cost Certification Documentation and the Attachments thereto is in any way false or incorrect, and that the information contained within those documents is truly descriptive of the Development for which the LIHTC are being requested. By my signature below, I also acknowledge that the total development cost, eligible basis amounts, and any other information contained in the Final Cost Certification documentation which may affect the amount of LIHTC allocated by the IRS Form(s) 8609 are final. I further realize that I may be asked to provide further information, detailed accounting records, documents, and receipts at the request of NIFA to facilitate the issuance of IRS Form(s) 8609.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory

0

Owner's Federal Tax I.D. Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, the undersigned, a Notary Public in and for said county, in said state, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing conveyance, acknowledged before me on this date, being informed of such document, he/she as officer and with full authority, executed said conveyance voluntarily on the day the same bears date. Given under my hand and official Seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**INDIVIDUAL BUILDING FINAL COST CERTIFICATION - Attachment 1.b**

NIFA LIHTC Number: 7-  Building  of  total bldgs

Building Identification Numbers:

Owner Name:

Owner Mailing Address:

Owner's Federal Tax I.D. Number:

Development Name:

Address for THIS BUILDING:

**(a) Development Building and Rental Description:**

For purposes of the following, establish the total number and floor space of the LIHTC units and

**Low-income Units:**

Type of Unit (Bedroom size)	Number of Units	Size of Unit in Sq.Ft.	Total Sq.Ft.	Gross Tenant Paid Rent	Utility Allowance	Net Tenant Paid Rent
			-			0
			-			0
			-			0
			-			0
			-			0
<b>Total</b>	<b>0</b>		<b>-</b>			

**Market Rate Units:**

Type of Unit (Bedroom size)	Number of Units	Size of Unit in Sq.Ft.	Total Sq.Ft.	Gross Tenant Paid Rent	Utility Allowance	Net Tenant Paid Rent
			0			0
			0			0
			0			0
			0			0
			0			0
<b>Total</b>	<b>0</b>		<b>-</b>			

Grand Total

% Low Income - Units	#DIV/0!
% Low Income - Sq.Ft.	#DIV/0!
Applicable Fraction	#DIV/0!

**(b) Total Development Cost Schedule for this Building:**

	1	2	3
	Actual	Acquisition Eligible	Rehab/New Const.
Land			
Existing Structures			
Demolition (new)			
Demolition (rehab)			
Site Grading, Clearing, Etc.			
Off site Improvements			
New Building Hard Costs			
Rehabilitation Hard Costs			
Accessory Building			
Archctect Fee-Design			
Architect Fee-Supervision			
Engineering Fees			
Survey			
Construction Insurance			
Construction Loan Interest			
Construction Loan Origination Fee			
Construction Period Taxes			
Birdge Loan Expense			
Property Appraisal			
LIHTC Fees			
AHTC Fees			
Environmental Study/Review			
Market Study			
Real Estate Attorney			
Real Estate Consultant			
LIHTC Consultant Fee			
Contractor Overhead			
Contractor Profit			
General Requirements			
Developer Overhead			
Developer Fee			
Title & Recording-Perm. Fin.			
Perm. Loan Orig. Fee			
Cost Certification			
Lenders Counsel Fee			
Underwriter Fees			
Legal & Organizational			
Tax Opinion			
Rent-up Reserves			
Operating Reserves			
Other Reserves			
Upfront LIHTC Compliance Fees			
Upfront AHTC Compliance Fees			
Other:			
Other:			
Other:			

Other:			
Other:			
Other:			
Other:			
Other:			
<b>Total residential costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

1	2	3
* Actual	Acquisition Eligible	Rehab/New

Total Costs	\$ -	\$ -	\$ -
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**SUBTRACT FROM ELIGIBLE BASIS:**

Grant Proceeds		
Non-qualified Non-recourse Financing		
Non-qualified Portion of Higher Quality Units		
Historic Tax Credits (on residential portion only)		
Cost Attributable to Commercial Space in Development		
Over Architect/Engineering Fee Limit		
Over Developer/Contractor Fee Limit		
<b>TOTAL ELIGIBLE BASIS **</b>	<b>\$ -</b>	<b>\$ -</b>

Project Located in Qualified Census Tract (QCT) x 130% or Basis Boost Requested (up to 130%)		100%
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<b>TOTAL ADJUSTED ELIGIBLE BASIS</b>	<b>\$ -</b>	<b>\$ -</b>
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Multiplied by Applicable Fraction	#DIV/0!	#DIV/0!
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<b>TOTAL QUALIFIED BASIS</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
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Multiplied by Applicable Percentage***	4.00%	9.00%
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<b>TOTAL LIHTC REQUESTED****</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
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\* Column 1 should reflect all actual costs expended for each category. These costs may not necessarily be reflected in Columns 2 and 3.

\*\* For purposes of determining the amount of LIHTC allocable to the Development, NIFA will limit the amount of developer/contractor overhead, profit and fees, general requirements, and consultant fees included in the eligible basis to an amount not to exceed the limitation set forth in the scoring of the application for which it was reviewed and approved. Also, NIFA will limit the amount of architecture/engineering fees included in the eligible basis to an amount not to exceed the limitation set forth in the scoring of the application for which it was reviewed and approved.

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**Developer Fee/Acquisition of Existing Building.** The developer fee will be allowed on the acquisition cost of an existing building that is to be rehabilitated. The developer fee will be limited to 5% of the building acquisition costs excluding the cost of land and fees associated with the purchase of the land. Acquisition cost of the existing building(s) must be supported by an appraisal from an unrelated third party and a settlement statement.

\*\*\*The Applicable Percentage used should be the percentage for the month in which the building is placed-in-service or the elected percentage rate in the Carryover Allocation Agreement.

\*\*\*\*The amounts should agree with the aggregated totals of columns 2 and 3 from each Individual Building Cost Certification.

The final amount of LIHTC for a Development will be determined by NIFA. **NOTE: NIFA will determine the amount of LIHTC to be allocated to any Development based upon the eligible basis and equity funding gap method.**

### (c) Threshold Test for Rehabilitation Cost

To perform this test, project the total number of units and square footage to be occupied by low income households by the end of the first year of the Credit Period.

1. Total number of LIHTC units in the Development	0
2. Total square footage of LIHTC units	-
3. Unit fraction: Line 1 / total number of units in the Development	#DIV/0!
4. Square footage fraction: Line 2 / total net rentable square footage in the Development	#DIV/0!
5. Applicable fraction (lesser of Line 3 or 4)	#DIV/0!
6. Eligible basis for rehab LIHTC x Line 5	#DIV/0!
7. Threshold test for rehab LIHTC: Line 6 / Line 1 (This amount must equal or exceed \$7,100-amount subject to change based on §42 rehabilitation requirements.)	#DIV/0!



DRAFT

DRAFT

**PLACED IN SERVICE ACKNOWLEDGMENT - Attachment 2**

NIFA LIHTC Number: 7- 0 Building 1 of 0 total bldgs

Development Name: 0

Building Address:

Building Identification Number (BIN):

I (we) 0

hereinafter known as the "Owner," hereby certifies that all units in the above-referenced Building are complete, ready and suitable for occupancy. I (we) hereby certify that I (we) have read and understand Sections 42(e)(3) and 42(e)(4) of the Internal Revenue Code of 1986, as amended (the "Code") and that the costs claimed for LIHTC attributable to this building are true and accurate.

I (we) understand that NIFA may request additional documentation to complete its review of the Final Cost Certification Documentation. I (we) hereby certify that I (we) have read, understand and agree to abide by the Code, the rules of NIFA, the Cost Certification Procedures Manual and the compliance and monitoring requirements set forth in the Qualified Allocation Plan.

**I certify that this Building was Placed-in-Service by:**

Date Building Placed in Service		mm/dd/yyyy
Signature of Owner		Date
Printed Name of Signatory		
Owner's Federal Tax I.D. Number	0	

**GENERAL CONTRACTOR'S CERTIFICATE - Attachment 3**

The undersigned served as the general contractor of the real property constructed at:

\_\_\_\_\_

(Address)

for \_\_\_\_\_ 0 \_\_\_\_\_

(Owner)

for which the undersigned acknowledges is to receive low-income housing tax credits under Section 42 of the Internal Revenue Code if 1986, as amended. Accordingly, the undersigned hereby certifies to the Owner and the Nebraska Investment Finance Authority that the Development was constructed in conformity with the Plans and Specifications dated

\_\_\_\_\_ and in accordance with the design standards, green standards, and

amenities set forth in the owner's low income housing tax credit application dated \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_

Name of General Contractor

By \_\_\_\_\_

(Signature)

Name \_\_\_\_\_

Printed Name of Signatory

Title \_\_\_\_\_

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**ANNUAL OPERATING EXPENSE INFORMATION**  
(Attachment 4.a)

**Development Name:** 0

**NIFA #:** 7- 0

(a) General and/or Administrative Expenses:

Advertising	
Legal	
Accounting/Auditing	
Security	
Management Fee	
Other	
<b>Total General and/or Administrative Expenses</b>	<b>\$ -</b>

NIFA Annual LIHTC Compliance Fee

NIFA Annual AHTC Compliance Fee

(b) Operating Expenses:

Trash Removal	
Electricity	
Water/Sewer	
Gas	
Snow Removal	
Internet Service	
Office Supplies	
Salaries	
Other	
<b>Total Operating Expenses</b>	<b>\$ -</b>

(c) Maintenance Expenses:

Painting & Repairs	
Exterminating	
Grounds / Landscape	
Elevator	
Internet Maintenance Costs	
Other	
<b>Total Maintenance Expenses</b>	<b>\$ -</b>

(d) Other Expenses:

Insurance	
Real Estate Taxes (Assessed Value: _____ x Mill Levy Rate: _____)	
Annual Commercial Space Expenses	
Other	
<b>Total Other Expenses</b>	<b>\$ -</b>

**Total Expenses (total (a) through (d) above)** **\$ -**

(e) Additional Information:  
Annual Replacement Reserves

Estimated annual increase in Expenses must be 3%.

How were expenses and reserves determined?

**PERMANENT FINANCING - Attachment 4.b**

Development Name: 0

NIFA #: 7- 0

**List all Permanent Financing Sources for the Development**

<b>Debt</b>					
Name of Lender	Amount of Funds (\$)	Annual Debt Service (\$)	Interest Rate	Amort. Period (mos.)	Term of Loan (years)
Address of Lender(s)					
Contact Person					
Phone Number					
	\$ -	\$ -			
	\$ -	\$ -			
	\$ -	\$ -			
	\$ -	\$ -			
<b>Sub-total (Debt)</b>	\$ -	\$ -			

<b>Equity</b>	
Proceeds from the Sale of LIHTCs	\$ -
Proceeds from the Sale of AHTCs	
Proceeds from the Sale of Federal Historic Tax Credits	\$ -
Developer Equity	\$ -
Other:	\$ -
Other:	\$ -
Other:	\$ -
Other:	\$ -
<b>Sub-total (Equity)</b>	\$ -
<b>Grand Total</b>	\$ -
<b>Difference from Total Uses</b>	\$ -

**SYNDICATOR CERTIFICATION - ATTACHMENT 5**

The undersigned as the Limited Partner/Member of 0  
(Owner)

Owner of the real property located at \_\_\_\_\_

(Address)

otherwise known as \_\_\_\_\_

(Development Name)

hereby certifies that based on an LIHTC amount of \_\_\_\_\_  
the total amount of equity provided was \_\_\_\_\_ which equates to a price per  
credit of \_\_\_\_\_.

Dated \_\_\_\_\_

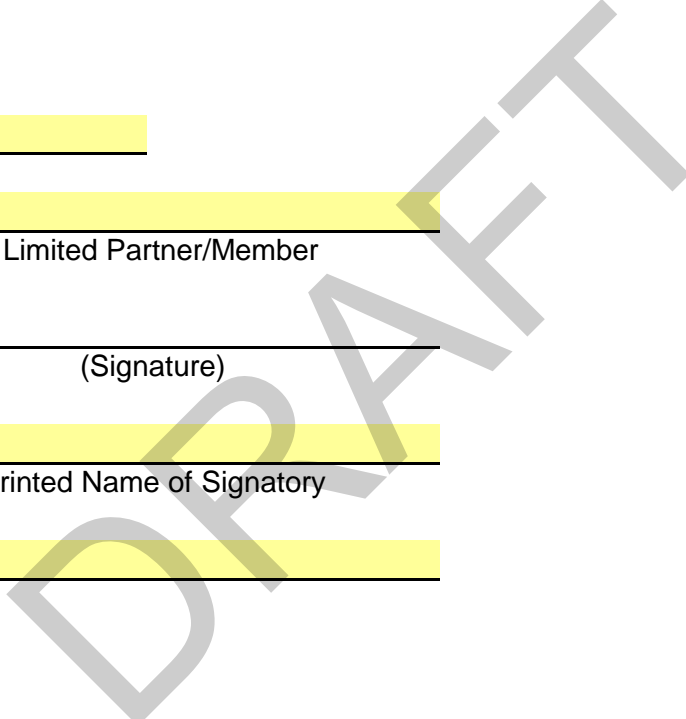
\_\_\_\_\_

Name of Limited Partner/Member

By \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
Printed Name of Signatory

Title \_\_\_\_\_



**SYNDICATOR CERTIFICATION - ATTACHMENT 5.a**

The undersigned as the Limited Partner/Member of 0  
(Owner)

Owner of the real property located at \_\_\_\_\_  
(Address)

otherwise known as \_\_\_\_\_  
(Development Name)

hereby certifies that based on an LIHTC amount of \_\_\_\_\_  
the total amount of equity provided was \_\_\_\_\_ which equates to a price per  
credit of \_\_\_\_\_.

Dated \_\_\_\_\_  
\_\_\_\_\_  
Name of Limited Partner/Member

By \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
Printed Name of Signatory

Title \_\_\_\_\_

