



# mihtc applicant track record certification

## Preliminary Application

### development information

Development Name
Development Address

### applicant/developer

For the purpose of completing this form, the Applicant/Developer is the Applicant, as defined in the MIHTC Allocation Plan. 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 <input type="checkbox"/> N/A
Have you ever requested supplemental federal 9 percent Housing Tax Credits (HTC) from CHFA? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever missed submitting a Placed-in-Service Application deadline? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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 <input type="checkbox"/> N/A
For awarded projects in process, have you missed quarterly report submissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever missed a CHFA PAB Pool deadline? If yes, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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 <input type="checkbox"/> N/A
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 <input type="checkbox"/> N/A

### required attachments

- Completed Multifamily Development Experience Worksheet (see page three). Applicants may provide their own list of properties, however, the formatting must be followed and requested information provided.**
- Provide details on any "Yes" statements from above.**

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 and complete. Misrepresentations of any kind will be grounds for denial or loss of the Middle-income Housing Tax Credit (MIHTC) and may affect future participation in the MIHTC 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: \_\_\_\_\_

