Department of Housing & Neighborhood Revitalization



Request for Application Housing Tax Credit Resolutions

○9%Housing Tax Credit	○4% Housing Tax Credit
Name of Applicant:	
Contact Person for questions regarding application, please include e-mail address and phone:	
Ownership Entity as it will appear on TDHCA application:	
Public Partner(s), including names and roles of each member (if applicable):	
Partnership Members, including names and roles of each member:	
Name of Development as it will appear on TDHCA application:	
Address/Location of Development:	
Development located in census tract:	rty Rate of census tract:
Census poverty rates should be retrieved from the most recent Ameri	ican Community Survey.

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Will the property be tax exempt?

Please describe the development:

Does one-mile, three-year rule apply? ☐ Yes ☐ No

Please describe the dev	vetopment:					
Unit Composition	Market Rate Units	Rent Restricted (non-voucher)	Walker Units or Housing Choice Voucher	Continuum of Care Units	Total Number of Units	
Number of Units			3 3 3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3			
Percentage of Total Units					100%	
How many units are available to each income bracket (i.e. rent level of tenants)? 0-30% AMI 31-50% AMI 51-60% AMI 61-80% AMI Market Rate						
Unit mix/types available:						
0 bedroom	1 bedroom	2 bedroom	3 be	edroom	4 bedroom	
Will the development be located in a Reinvestment Strategy Area? Yes No						
If yes, what type of area? Redevelopment Area Stabilization Area Emerging Market Area						
Will this development focus on a particular target population?						
If multiple target populations are being served, please explain:						
Property Amenities:						
Current Zoning: Zoning changerequired? If yes, proposed zoning.						
Council District:						

☐ Yes ☐ No



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If yes, please include an explanation as a part of the "a					
Any additional information to be considered:					
When clicking the "Submit" button below, please verify that the following required elements are attached to the e-mail					
Evidence of Site Control	Certification of Good Standing				
☐ Minimum Site Requirements Form	Conflict of Interest Questionnaire				
Mitigation Plan (if applicable)	Fair Housing Review Checklist				
Proforma Including Projections and Cash Flow	☐ Evidence of Consultation with Planning/Zoning Staff (if applicable)				
☐ MOUs with Identified Partners	☐ Proof of Tenant Notification (if applicable)				
☐ Map Demonstrating Proximity to Site Amenities	Relocation Plan (if applicable)				
Resident Services Checklist	☐ Plan and Cost Review (if applicable)				
Evidence of Priority Housing Needs (if applicable)	☐ Capital Needs Assessment (if applicable)				
	☐ TDHCA Application (if applicable)				
Submit					