

## APPENDIX LIST

APPENDIX	DESCRIPTION
A	LIHTC QCTS, DDAS, and Rural Counties
B	Senior Living Revolving Loan is not available in 2025
C	Refer to HOME Appendices Package
D	Permanent Supportive Housing (Updated 01-07-2025)
E	Underserved Cities
F	Rent Burdened Households
G	Density
H	RESERVED
I	High Quality Jobs
J	Social Vulnerability Index
K	Disaster Recovery
L	RESERVED
M	Iowa ROSE Program
N	Exhibit Checklist (Updated 2-4-25)
O	Market Study Guide (Updated 1-27-25)
P	Innovation Set-Aside
Q	Iowa Thriving Communities
R	Additional State and Federal Financing

**APPENDIX A - QUALIFIED CENSUS TRACTS (QCTS), DIFFICULT DEVELOPMENT AREAS(DDAS) AND RURAL COUNTIES EFFECTIVE 1-1-2025**

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**SECTION 1 – QCTs and DDAs**

**A. METROPOLITAN QUALIFIED CENSUS TRACTS**

**Ames MSA**

Story County  
5.00, 7.00, 10.00, 11.01,  
13.04

**Des Moines-West Des Moines MSA**

Dallas County  
504.00

**Iowa City MSA**

Johnson County  
2.00, 4.01, 5.02, 6.00, 11.00,  
16.01, 16.02, 21.00, 23.00

**Cedar Rapids MSA**

Linn County  
2.13, 10.05, 13.00, 18.00,  
19.00, 24.00, 27.00

Polk County

1.01, 3.00, 4.00, 5.00, 7.01,  
8.03, 11.00, 12.00, 17.00,  
21.00, 26.00, 27.00, 29.00,  
39.01, 42.00, 44.00, 45.02,  
46.02, 47.01, 47.02, 48.00,  
49.00, 50.00, 52.00, 108.06,  
110.01, 111.11

**Sioux City MSA**

Woodbury County  
8.00, 13.00, 15.00, 36.00

**Council Bluffs MSA**

Pottawattamie County  
304.01, 305.02, 306.02,  
307.00, 309.00, 313.00

Warren County  
209.00, 210.00

**Waterloo-Cedar Falls MSA**

Black Hawk County  
1.00, 3.00, 7.00, 8.00,  
9.00, 16.00, 17.01, 17.02,  
18.00, 23.03, 23.04

**Davenport MSA**

Scott County  
106.00, 107.00, 108.00,  
109.00, 110.00, 113.00,  
114.00, 125.01, 126.02

**Dubuque MSA**  
Dubuque County  
1.00, 3.00, 5.00, 7.01, 12.02

Bremer County  
40.00

**B. NON-METROPOLITAN QUALIFIED CENSUS TRACTS**

**Appanoose County**  
9503.00, 9504.00

**Jackson County**  
9506.00

**Muscatine County**  
510.00

**Cass County**  
1905.00

**Jefferson County**  
903.02

**Page County**  
4902.00

**Clinton County**  
1.00

**Lee County**  
4908.00, 4909.00

**Poweshiek County**  
3704.00

**Des Moines County**  
3.00, 4.00

**Mahaska County**  
9507.00

**Wapello County**  
9602.00, 9605.00,  
9606.00, 9610.00

**Fayette County**  
804.00, 805.00

**Marshall County**  
9505.00

**Webster County**  
3.00, 7.00

**C. DIFFICULT DEVELOPMENT AREAS (DDAs)**

None

## SECTION 2 – RURAL COUNTIES

**Rural:** Any city located in this state, except those located wholly within one or more of the eleven most populous counties in the state.

**The following are the 11 most populous counties in the state, as determined by the most recent population estimates issued by the United States Census Bureau and therefore are not considered Rural.**

Polk	Dallas
Linn	Dubuque
Scott	Story
Johnson	Pottawattamie
Black Hawk	Warren
Woodbury	

Data Citation: Section 1, HUD Office of Policy Development and Research (PD&R), 2025 Qualified Census Tracts and Difficult Development Area datasets accessed 09/09/2024,  
<https://www.huduser.gov/portal/datasets/qct.html>

Data Citation: Section 2, US Census Bureau, Iowa 2020 Census State Profile, accessed 09/09/2024,  
[IOWA: 2020 Census](#)

## APPENDIX D – PERMANENT SUPPORTIVE HOUSING

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### PART 1 – REQUIREMENTS

#### SECTION 1 – GENERAL INFORMATION

##### 1.1 PROJECT REQUIREMENTS

The Project shall meet all QAP threshold items, unless otherwise specified. The Project shall meet any additional requirements of the Permanent Supportive Housing appendix (additional requirements will be determined by IFA at its sole discretion).

A Project shall meet the following requirements:

- Submit Exhibit 1HSA to IFA for review and approval no later than 9 calendar days prior to the Application Package Submission due date;
- Submit Exhibit 2HSA as part of the Application package for review and approval;
- Partner with an IFA approved qualified service provider that provides supportive services to persons experiencing homelessness in the proposed Project’s market area and has the capacity to refer persons experiencing homelessness to the Project;
- Demonstrate a strong relationship with a qualified service provider that will provide supportive services to persons experiencing homelessness that will reside in the Project. IFA will review the capacity of the owner and qualified service provider to provide permanent supportive housing including their experience with such a Project;
- Reserve Permanent Supportive Housing Units for persons experiencing homelessness as a percentage of total Project units to be elected in the Application. These Units shall be leased only to qualified persons experiencing homelessness (as defined below). Note that persons “at risk of homelessness” do not meet the definition of “persons experiencing homelessness.”;
- Units reserved for Permanent Supportive Housing shall be dispersed throughout the Property rather than segregated; and
- If applicable, provide adequate supportive service space to allow for the delivery of any supportive services to be made available to tenants on-site.

“Persons experiencing homelessness” is defined for this set-aside as an individual or family who meets the definition of Homeless from the U.S. Department of Housing and Urban Development at 24 CFR Part 91.5. “Homeless” Definition-Cornell Law.

##### *Homeless.*

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

- (ii) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
  - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- (2) An individual or family who will imminently lose their primary nighttime residence, provided that:
  - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii) No subsequent residence has been identified; and
  - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith based or other social networks needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
  - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
  - (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against

the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

## **SECTION 2 - QUALIFIED SERVICE PROVIDER INFORMATION AND REPORTING REQUIREMENTS**

### **2.1 QUALIFIED SERVICE PROVIDER**

The Applicant shall enter into a written agreement with the qualified service provider to provide supportive services to persons experiencing homelessness who will reside in the Project. The owner, property manager and qualified service provider shall enter into a written agreement to forge an extensive, long-term partnership to provide permanent supportive housing to eligible tenants. The Applicant shall submit the executed written agreement to IFA as part of the Carryover-10% Application.

### **2.2 QUALIFIED SERVICE PROVIDER CAPACITY DETERMINATION**

The Applicant shall submit a completed Exhibit 1HSA - Qualified Service Provider Capacity Determination form and a complete copy of the qualified service provider's most recent independent audit (within the past 2 fiscal years) through the online Application between February 1 and February 12, 2025.

The qualified service provider must have:

- (1) received a funding award in the past 4 years, under one or more federal programs providing housing related services to persons experiencing homelessness;
- (2) direct experience providing services to persons experiencing homelessness within the market area in which the proposed Project will be located;
- (3) the necessary experience, staffing and operational capability to deliver case management and services to persons experiencing homelessness residing in the permanent supportive housing Project; and;
- (4) demonstrated the capacity to refer an adequate number of eligible tenants to occupy the permanent supportive housing units set aside for persons experiencing homelessness in the Project throughout the Compliance Period.

IFA reserves the right to deny any proposed qualified service provider that has failed to comply with program requirements in the administration of any previous project funded by IFA through any of its programs.

Collaborations or partnerships among agencies may be proposed to address the needs of permanent supportive housing tenants as part of the capacity determination, although the lead qualified service provider must meet all threshold requirements for capacity determination.

Staff may request additional clarifying information to confirm the information submitted in the Exhibit. IFA reserves the right to verify information contained in the Exhibit and to discuss the Applicant's and Project qualifications. IFA also reserves the right to obtain and consider information from other sources concerning a qualified service provider and Project.

## 2.3 REPORTING REQUIREMENTS

The Project shall submit participant information for those tenants living in the Units designated for persons experiencing homelessness utilizing the Iowa Homeless Management Information System (“HMIS”), according to HUD’s HMIS Data and Technical Standards. This includes minimum participant demographic information according to HUD’s standards for “Other Permanent Housing (OPH),” which means permanent housing projects that are designated for homeless people that provide housing and services but for which disability is not required for entry. If the qualified service provider qualifies primarily as a domestic violence service provider, the information shall be submitted in a database that meets HUD’s standards as a comparable database.

### **PART 2 – PERMANENT SUPPORTIVE HOUSING THRESHOLD REVIEW**

IFA will review the following as part of the Application submission.

#### **SECTION 1 – TENANT CHARACTERISTICS AND SELECTION PROCESS**

Describe the target population for the permanent supportive housing Units in the proposed Project.

Describe the tenant eligibility screening criteria, including any disqualifiers, or prioritization criteria.

Describe the outreach plan to bring potential tenants into the Project. If participating in a community’s Coordinated Entry system, as defined by HUD, describe this. (A HUD Coordinated Entry Policy Brief is available here: <https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>). Coordinated Entry participation by the qualified service provider is considered best practice. If participation in Coordinated Entry is not planned, a detailed explanation must be provided.

Describe proposed eviction mitigation practices for the permanent supportive housing tenants. Explain the role the owner and property management company will play to implement eviction mitigation practices for permanent supportive housing tenants in partnership with the qualified service provider.

Describe the proposed plan to ensure effective communication among the owner, property manager, service provider, and all tenants.

#### **SECTION 2 – SUPPORTIVE HOUSING SERVICES PLAN**

Describe how and where services will be provided to participants. Typically, a mix of supportive services to be made available to permanent supportive housing tenants both on-site and off-site is expected.

#### **Accessibility and Availability of Services**

##### **Required:**

- Case Management
- Assistance in obtaining:
  - mainstream benefits;
  - increased income; and/or
  - employment assistance and training

- Financial Management/Budgeting
- \*Any Additional Services

**SECTION 3 – PARTICIPANT OUTCOMES**

Describe planned participant outcomes and how they will be measured. The proposed indicators/measures should set a goal specifying the targeted percentage of permanent supportive housing tenants who will achieve the proposed indicators/measures. Examples of participant outcome indicators/measures include but are not limited to the following.

<b>Housing Stability Outcomes</b>	<b>Indicators/Measures</b>	<b>Data sources and measurement tools</b>
<i>Example: Long term homeless households will maintain stable housing</i>	<i>80% of homeless households will maintain housing for six months or more.</i>	<i>HMIS length of stay data.</i>
<i>Example: Exits to permanent housing.</i>	<i>80% of homeless households who exit, exit to permanent housing</i>	<i>HMIS exit data.</i>
<b>Other Outcome Goals</b>	<b>Indicators/Measures</b>	<b>Data sources and measurement tools</b>
<i>Example: Maximize income and benefits for all households.</i>	<i>90% of households will apply for all benefits for which they are eligible within six months of program entry.</i>	<i>Case records, HMIS income data.</i>
<i>Example: Maximize income from employment for all households.</i>	<i>30% of households have increased income from employment within six months of program entry.</i>	<i>HMIS employment income data.</i>

**SECTION 4 – OTHER**

Describe the partnership between the owner, property management company and qualified service provider, and any previous experience these entities have working together.

Will the project have a form of Project-based rental assistance? If yes, please describe the source and terms of the project-based rental assistance.

Describe efforts taken to date to inform any existing residents and solicit neighborhood feedback/input on the proposed project.



## APPENDIX E UNDERSERVED CITIES

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Projects in the following cities are ineligible for points as they have received an award of Tax Credits within the last two years:

Ames	Burlington	Charles City	Council Bluffs	Davenport
Des Moines	Dubuque	Jefferson	Keokuk	Knoxville
Maquoketa	Mount Vernon	Mt. Pleasant	Oskaloosa	Sioux City
Spirit Lake	Waterloo	West Burlington	West Des Moines	

Projects in the following cities are eligible for 1 point as they have received an award of Tax Credits between the past two and four years:

Adel	Bondurant	Boone	Cedar Rapids
Clinton	DeWitt	Grinnell	Hiawatha
Iowa City	Johnston	Marion	Marshalltown
Ottumwa	Red Oak	Shenandoah	Winterset

All cities not listed above are eligible for 2 points.

An award of Tax Credits includes a supplemental Tax Credit award. Cities will not be excluded if a Project located in that city received an award of Tax Credits within the applicable timeframe but later returned the entire Tax Credit award.

**APPENDIX F**  
**RENT BURDENED HOUSEHOLDS**

Projects located in a city where an above average number of renter households are spending more than 50% of their income on housing costs.

For the purpose of this Appendix, above average is defined as 1 in 4, or 25%, of renter households and city is defined as having a population of over 150 renter households. (1 point)

Algona	Clarence	Manchester	Polk City
Ames	Dubuque	Marion	Postville
Anamosa	Dunlap	Mediapolis	Shenandoah
Atlantic	Eagle Grove	Monona	Sibley
Audubon	Fayette	Montezuma	Sigourney
Avoca	Garner	Mount Vernon	Solon
Burlington	Greenfield	Oelwein	Tiffin
Carlisle	Huxley	Onawa	Tipton
Carter Lake	Iowa City	Orange City	Traer
Cascade	Iowa Falls	Osceola	Waterloo
Cedar Falls	Jefferson	Ottumwa	Waukon
Cherokee	Johnston	Panora	

Data Citation: US Census Bureau Database, report B25070: Gross Rent as a Percentage of Household Income in the Past 12 Months. Accessed date: 08/13/2024

## APPENDIX G LIHTC UNIT DENSITY

Scoring preference is given to projects that are in a census tract that have a lower percentage of LIHTC Units Placed-In-Service compared to the total number of households.

Census tracts where over 20% of households (greater than 1 in 5) live in a LIHTC property	0 points
Census tracts where 11%-20% of households (greater than 1 in 10) live in a LIHTC property	1 point
All other census tracts where 10% or less of households live in a LIHTC property	2 points

0 POINTS	
County Name	Census Tract
Black Hawk	1.00
Polk	50.00

0 POINTS	
County Name	Census Tract
Polk	26.00

0 POINTS	
County Name	Census Tract
Polk	49.00

1 POINT	
County Name	Census Tract
Appanoose	9503
Clinton	6.00
Johnson	105.01
Linn	27.00
Polk	47.02
Scott	113.00

1 POINT	
County Name	Census Tract
Black Hawk	9.00
Dubuque	8.02
Linn	19.00
Polk	1.01
Polk	51.01
Scott	125.02

1 POINT	
County Name	Census Tract
Black Hawk	15.02
Harrison	2902
Linn	22.00
Polk	12.00
Scott	109.00

2 points
<b>All other census tracts and all acquisition/rehab or rehab affordable projects covered under LIHTC, HUD, or RD.</b>

## APPENDIX I

### HIGH QUALITY JOBS AWARDS

Businesses in the cities below received High Quality Jobs awards from the Iowa Economic Development Authority (IEDA) in the past two fiscal years.

Projects eligible to apply for High Quality Jobs must provide a sufficient benefits package to all full-time employees and meet either the 100% or 120% of local laborshed wage as determined by IEDA. Award amounts are set based on the number of jobs pledged and the amount of capital investment proposed. Businesses engaged in retail or local services are not eligible, and funding is geared toward manufacturing, finance, insurance, and biotech.

Projects also provide information about the number of jobs created below the wage threshold, and workers in these positions may be eligible for LIHTC housing.

Cities with companies who received High Quality Jobs awards adding at least 25 jobs where workers may be eligible for LIHTC housing. (2 points)

Boone	Charles City	Des Moines	Eldridge	Iowa City
Knoxville	Lime Springs	Norwalk	Story City	

Cities with companies who received High Quality Jobs awards adding at least 75 jobs that will strengthen the overall local workforce. (1 point)

Camanche	Cedar Rapids	Clinton	Independence	Mason City	Oskaloosa
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**APPENDIX J**  
**SOCIAL VULNERABILITY INDEX**

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Projects located in a county where households have an 80% or higher relative vulnerability as defined by the CDC Social Vulnerability Index. (1 point)

Appanoose	Black Hawk	Buena Vista	Clarke	Crawford
Decatur	Des Moines	Jefferson	Lucas	Marshall
Muscatine	O'Brien	Page	Polk	Pottawattamie
Tama	Union	Wapello	Wayne	Webster
Woodbury				

Data Citation: Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index 2022 Database:  
Iowa. [https://www.atsdr.cdc.gov/placeandhealth/svi/data\\_documentation\\_download.html](https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html). Accessed on 08/07/2024.

**APPENDIX K  
DISASTER RECOVERY**

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Cities with the highest impact to housing stock affected by natural disasters of 2024 are eligible for additional points based on data from FEMA. IFA is not able to disclose specific data due to the data-sharing agreement in place with FEMA.

Cities eligible for 2 points:

Greenfield	Minden	Rock Valley	Spencer
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Cities eligible for 1 point:

Correctionville	Crescent	Gillet Grove	Greenville	Hawarden	Sioux City – census tracts 06, 07, 08, 09, 14, and 15 only	Sioux Rapids
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All other communities not listed above: 0 points

## APPENDIX M ROSE PROGRAM

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### SECTION 1. INTRODUCTION

The Renter to Ownership Single-Family Education (ROSE) Program (“Program”) is only for low-income households that are initially qualified (Qualified Household) under the Low-Income Housing Tax Credit Program (LIHTC). Qualified Households participating will have the opportunity to gain knowledge necessary to purchase a home and basic skills needed for home maintenance. A Qualified Household can choose to purchase a home outside of the LIHTC property after fulfilling a one year lease term or their rental unit after the Owner completes LIHTC Compliance Period, a 15-year period. All Qualified Households living in a single-family home have the right of first refusal to purchase their unit after the Compliance Period is completed. Renters will continue to have the right of first refusal to purchase their unit through the 30<sup>th</sup> year in the LIHTC Program.

### SECTION 2. ROSE PROGRAM ALLOCATION REQUIREMENTS

- A. This Program **cannot** be used in conjunction with State HOME Program (HOME), National Housing Trust Fund Program (NHTF), or Permanent Supportive Housing for the Homeless Set Aside.
- B. The Program is for general occupancy (families or individuals). No Senior housing exemptions can be used.
- C. Only Single-Family detached homes are allowed.
- D. No common buildings or shared amenities are allowed or required.
- E. The Property will be 100% LIHTC and the Owner must select a minimum set-aside of 40/60.
- F. Rent Affordability points for a Rose Program project are restricted to 6.1 (C) Rent Reduction.
- G. The Owner must waive the right to a qualified contract at the end of the 15-year Compliance period.
- H. Each single family home and parcel of land surrounding the home shall be platted being of sufficient area and dimension to meet minimum zoning requirements for a single parcel. Allowing the parcels of land to be split from the project after the end of the 15-year Compliance period.
- I. The Owner must continue to rent homes if not sold to a Qualified Household in the LIHTC Program through the extended use period.
- J. The Owner must provide a tentative Homeownership Plan for evaluation in the LIHTC Allocation Application package. This plan shall address IRC 42(i)(7)(B) which mandates a Minimum Purchase Price. The plan shall provide a calculation of the Maximum Purchase Price. The maximum purchase price calculation has to demonstrate how the price is attainable for a Qualified Household at 60% AMI or less to purchase a single-family home using current market calculations. This shall include a required downpayment, principal, interest, tax, and insurance (PITI). The Iowa Finance Authority has the right to reject incomplete or unfeasible plans.

### SECTION 3. OWNER POST AWARD REQUIREMENTS

- A. The Owner is responsible for ensuring ongoing LIHTC and ROSE Program Compliance even if management duties are delegated to another agent.
- B. The Owner understands it is **optional** for Qualified Households to participate in the ROSE Program. The Owner shall maintain the ROSE Program offerings while single-family homes are being rented. **See Section 5 Program Requirements.**
- C. The Owner understands their right to the receipt of rent is inseparable from the duty to maintain the premises until each parcel is sold and privately owned. The Owner shall maintain lawns and provide snow removal while being rented. Maintenance and repairs are the Owner's responsibility so long as a single-family home remains a rental unit.
- D. The Program must be explained in the Tenant Selection Criteria so a prospective applicant understands the ROSE Program educational opportunities.
- E. The Owner must be prepared to operate and maintain all single-family homes throughout the extended use period if not sold to a Qualified Household.
- F. The Owner must provide every Qualified Household who occupies a single-family home a copy of this Appendix M. The Qualified Household and Owner/Agent must fully execute Appendix M at initial move in. A copy of Appendix M should be given to each household for their records and the original maintained in the tenant file.
- G. The Owner must include in the Lease or a Lease Addendum the month, day, and year a Qualified Household can first purchase a single-family home in the property. The Lease or Lease Addendum must specify all renters will be given the Right of First Refusal (ROFR) to purchase the single-family home in which they are residing at least 6 months prior to the end of the 15-year Compliance Period. If a unit is not sold, the single-family home will remain as a rental unit for an additional 15-year period unless sold to a Qualified Household. The ROFR to purchase shall be given to any Qualified Household renting Single Family Units after the initial 15 compliance period. If the single-family home is still rented in the 30<sup>th</sup> year of the extended use period each Qualified Household shall be given the final Right of First Refusal (ROFR) one year prior to the end of the extended use period and will have the right to accept or decline within 6 months and if accepted, purchase the unit before 12/31 of the 30<sup>th</sup> year.
- H. The Owner must offer, free of charge, to all Qualified Households living at the property Homeownership Education and Financial Counseling Services to help prepare for homeownership. **See Program Requirements in Section 5.**
- I. The Owner must provide to IFA an updated homeownership plan in the first quarter of the 14th year of the Compliance Period. IFA will review and approve before the Right of First Refusal (ROFR) can be provided to existing Qualified Households.
- J. The Owner must maintain the single-family homes in good condition throughout the extended use period. Prior to selling a unit if it is necessary to improve units to marketable condition, they shall use replacement reserves or other funding source(s) available. IFA reserves the right to inspect homes which are being sold.
- K. The Owner must offer free maintenance education. **See Program Requirements in Section 5.**

### SECTION 4. QUALIFIED HOUSEHOLD REQUIREMENTS





- A. All utilities shall be paid by a Qualified Household regardless of whether the household actively participates in the Program.
- B. Qualified Households who wish to participate in the Program should have a desire for homeownership and willingness to address obstacles in obtaining and owning a home. There is no guarantee of homeownership. A Qualified Household must take the necessary steps to obtain knowledge and skills necessary to become a homeowner through this program or on their own. Qualified Households must obtain financing, and loan approvals through a financial institution of their choice when purchasing a home.
- C. Qualified Households living at the property have two options to consider when participating in the Program:
  - i. A household can purchase a home of their choice outside of the property or;
  - ii. Purchase their rental unit (single-family home) in the property after the end of the 15-year Compliance period by exercising the ROFR.
- D. Participation in the Program is optional. The Owner cannot prevent a Qualified Household from purchasing a home of their choice or exclude them from purchasing their single-family dwelling in the project after the 15 year compliance period. The lease cannot charge a penalty fee for early termination if the occupant can provide evidence a home will be purchased. The Owner shall have the right to obtain rent through the end of the lease term if the Owner makes reasonable efforts to rent the unit to Qualified Households under the LIHTC Program. If the Owner rents the dwelling unit for a term beginning prior to the expiration of the rental agreement, it is deemed to be terminated as of the date the new tenancy begins.
- E. Qualified Household means you qualified under the LIHTC Program income restrictions upon initial occupancy. Since this program is 100% LIHTC your income could increase over time and could exceed the income limits. The Owner shall always rent the next available single-family dwelling to an income qualified household.
- F. Qualified Households must follow the rental agreement (Lease) and is subject to Iowa Landlord and Tenant Laws and LIHTC Program rules.

## SECTION 5. PROGRAM REQUIREMENTS

The Renter to Ownership Single-Family Education (ROSE) Program has the following requirements:

- A. HOMEOWNERSHIP EDUCATION AND FINANCIAL COUNSELING SERVICES** - The Owner shall offer at no cost to Qualified Households; personal homeownership education and financial counseling sessions quarterly during the first year of participation. Participation does not start until the Qualified Household requests counseling and then bi-annually thereafter if the Qualified Household wishes to continue to meet with a professional. The professional must be able to guide and educate Qualified Households on what to expect, what is necessary, and obstacles when purchasing a home. These sessions should be private between the counselor and the Qualified Household. The Qualified Household may participate as long as they have interest in achieving homeownership by attending scheduled sessions. These sessions can be done in person or other electronic means if the Qualified Household has capability to participate using an alternate method. The Qualified Household should have the opportunity to participate in person if they do not have the capability to use an alternative method of participation. The counselor shall maintain a list of participants and general content of session topics. If a counselor experiences 3 continuous cancellations from a participating Qualified Household without reason or regard to the professional's time the household can be denied the opportunity to participate, if documented. A housing counselor shall be an Iowa licensed residential insurance agent, real estate agent,

personal financial planner, residential banker, or accountant, the professional should be a third party and not an employee of the owner/agent. Sessions should include but are not limited to educating participants:

- a. To understand and establish objectives to obtain homeownership;
- b. Review progress and set goals;
- c. Identify areas of needed improvement; and
- d. Create a timetable to complete objectives.

**B. MAINTENANCE EDUCATION WORKSHOPS** – The Owner shall offer at no cost to Qualified Households semi-annual maintenance workshops. Workshops are optional for Qualified Households to participate. Workshops shall be conducted for each participating Household. The Owner shall maintain a record of workshops held, attendee(s), date, location, and topic covered to demonstrate on-going compliance. Workshops should be conducted by a knowledgeable person who possess skills necessary to cover workshop topics. This could be one or more person’s conducting workshops and could include maintenance staff assigned to the property, if qualified. Workshops should include but are not limited to:

- a. Become familiar with electrical, heating, and plumbing systems;
- b. Address problems identified in maintenance inspections;
- c. Recognize and teach seasonal preventative maintenance; and
- d. Develop home maintenance knowledge in general.

***This is maintenance education only. Qualified Households are not required to maintain rental single-family homes as this is the Owner’s obligation.***

**C. OPT-IN and OPT-OUT FORM** - The Owner may retain the right to allow one opt-in and one opt-out each lease term or per calendar year if month to month. Because participation is optional it should not become overly time-consuming for the Owner/Agent to track participation.

**D. DOWN PAYMENT AND CLOSING COSTS** – **Participating Qualified Households will need to save towards the purchase of a home outside of the property or to purchase a home in the property at the end of the compliance period. The Qualified Household should utilize homeownership education and financial counseling sessions to develop a plan to save and utilize available programs to obtain a mortgage and savings that will be needed to maintain their home.**

**E. Financing Homeownership Resources** - **The Iowa Finance Authority (IFA)** offers a variety of programs for first mortgage financing and down payment and closing cost assistance. IFA has a network of lenders across the state who work with our programs as well as offering other financing programs. Other programs for individuals interested in purchasing their first home are available through various resources, including but not limited to:

- **Department of Housing and Urban Development (HUD)**
- **United States Department of Agriculture - Rural Development (USDA RD)**
- **Federal Home Loan Bank (FHLB)**
- **Department of Veteran’s Affairs (VA)**

The best way to determine the most suitable program is for each purchaser to contact a local lender.

**THE HOUSEHOLD ACKNOWLEDGMENT AND UNDERSTANDING OF THE ROSE PROGRAM REQUIREMENTS**

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Acknowledgment and understanding with respect to the Renter to Ownership Single-Family Education (ROSE) Program is entered into by and between the Owner and the adult Qualified Household member(s) listed below.

Owner Entity Name:

Owner Contact Name:

Authorized Agent for the Owner:

Title:

\_\_\_\_\_  
Signature of Owner or Authorized Agent

Date:

If an accommodation for a disability is needed, an accommodation request should be submitted in writing to the Owner. (If an accommodation request is provided orally, the Owner must document the request in writing, including the person making the request, what accommodation was requested, and date of the request).

By Qualified Household Member(s):

Printed Name:

Date:

\_\_\_\_\_  
Signature

Printed Name:

Date:

\_\_\_\_\_  
Signature

A copy of this fully executed Acknowledgment and Understanding shall be kept in the tenant file.



**Renter to Ownership Single-Family Education Program**

**Opt In or Opt Out Form**

**Page 1 of 2**

Qualified Household Name(s):

Address: \_\_\_\_\_

\_\_\_\_\_

**I AM OPTING IN:**

I wish to participate in the ROSE Program which provides education opportunities to gain knowledge to purchase a HOME. If successful this Program will allow me to purchase a home of my choice or purchase my single-family home being rented in the property after the end of the 15 year compliance period required by the Internal Revenue Service (IRS). The opportunity to purchase a single-family home at the property will not occur before January 1, \_\_\_\_\_.

To participate in HOMEOWNERSHIP EDUCATION AND FINANCIAL COUNSELING as described in Section 5 of Appendix M ROSE PROGRAM which I have signed. Effective \_\_\_\_\_ (MM/DD/YEAR)

To participate in MAINTENANCE EDUCATION WORKSHOPS as described in Section 5 of Appendix M ROSE PROGRAM which I have signed. Effective \_\_\_\_\_ (MM/DD/YEAR)

**I AM OPTING OUT:**

To participate in HOMEOWNERSHIP EDUCATION AND FINANCIAL COUNSELING as described in Section 5 of Appendix M ROSE PROGRAM which I have signed. Effective \_\_\_\_\_ (MM/DD/YEAR)

To participate in MAINTENANCE EDUCATION WORKSHOPS as described in Section 5 of Appendix M ROSE PROGRAM which I have signed. Effective \_\_\_\_\_ (MM/DD/YEAR)

*I understand that I may opt-in or opt-out only one time per lease term or if month to month once per calendar year. I am not required to participate and if participating I have read all sections and understand information provided in Appendix M ROSE Program.*

*Signatures on the Next Page*



Opt In or Opt Out Form

Page 2 of 2

Qualified Household Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_

Owner Entity Name: \_\_\_\_\_

Signature of Authorized Owner Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Management Company (if applicable): \_\_\_\_\_

*A copy will be provided to Household and the original will be retained in the tenant file.*



**APPENDIX N  
EXHIBITS CHECKLIST**

IFA-required forms are available on the Exhibits Tab of the Application and must not be modified. Projects requesting State HOME or National Housing Trust Fund should also refer to the HOME and National Housing Trust Fund Exhibit Checklists & Appendices on the 2025 Housing Tax Credit Round website.

<b>NON-PROFIT SET-ASIDE EXHIBITS</b>	
<p><b><u>NONPROFIT SET-ASIDE.</u></b> Upload Exhibits 1SA, 2SA, 3SA, 4SA, and 5SA on the Exhibits Tab and include in the submitted Application by the Application submission due date. Refer to QAP for set-aside requirements.</p>	
<b>1SA</b>	<p><b>INTERNAL REVENUE SERVICE (“IRS”) LETTER</b></p> <ul style="list-style-type: none"> <li>• Provide a copy of the IRS letter stating the Nonprofit is a qualified Nonprofit under 501(c)(3) or 501(c)(4).</li> </ul>
<b>2SA</b>	<p><b>ATTORNEY’S OPINION</b></p> <p><u><b>IFA Required Template</b></u></p> <ul style="list-style-type: none"> <li>• Must state the proposed nonprofit entity is legally organized and eligible to participate as a materially participating qualified nonprofit and signed by the attorney (not firm)</li> <li>• Must confirm the nonprofit entity has a minimum of one paid employee.</li> <li>• <b>Do not modify the form, but may attach clarification or explanation.</b></li> </ul>
<b>3SA</b>	<p><b>NONPROFIT FILE-STAMPED ARTICLES OF INCORPORATION</b></p> <ul style="list-style-type: none"> <li>• Must have the fostering of low-income housing as one of its purposes as required in Internal Revenue Code 42(h)(5) as of the date of the Threshold Application submission due date.</li> <li>• Must demonstrate the satisfaction of the two-year requirement of the fostering of low-income housing as set forth in QAP.</li> <li>• Nonprofit must have previously placed affordable housing units into service.</li> </ul>
<b>4SA</b>	<p><b>NONPROFIT RESUME</b></p> <ul style="list-style-type: none"> <li>• Must demonstrate the nonprofit’s capacity to materially participate in the operation of the Project throughout the Compliance Period.</li> </ul>
<b>5SA</b>	<p><b>IRS PRINT OUT FOR QUALIFIED NONPROFIT (Added 2-4-25)</b></p> <ul style="list-style-type: none"> <li>• Must confirm the nonprofit is a qualified nonprofit.</li> </ul> <p><u><a href="#">Internal Revenue Service Nonprofit</a></u></p>



Exhibit	Title and Narrative Description	Application Reference	Required
1T	<p><b>APPLICATION CERTIFICATION &amp; ACKNOWLEDGEMENTS</b></p> <p><b><u>IFA Required Form</u></b></p> <ul style="list-style-type: none"> <li>The Application pre-fills the entity names entered on the Qualified Development Team Tab into Exhibit 1T.</li> <li>Generate Exhibit 1T by selecting IFA Form Required <b>after</b> all team members have been entered on the Qualified Development Team Tab.</li> <li>Must include original signatures or must provide valid digital signature with date and time signed.</li> </ul>	Qualified Development Team, Ownership Entity & Buildings	All Projects
1Ta	<p><b>DUE DILIGENCE CERTIFICATION &amp; RELEASE</b></p> <p><b><u>IFA Required Form</u></b></p> <p>Tax Records are automatically excluded from public record and a Confidentiality Request is not necessary.</p>	Qualified Development Team, Ownership Entity	All Projects
2T	<p><b>CURRENT REAL ESTATE TAX ASSESSMENT DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>Provide a current print-out from the county assessor for the real estate on which the Project is or will be located that shows the current owner of the real estate.</li> </ul>	Project Name and Location, Buildings, Site Description & Site Control	All Projects
3T's	<p><b>OWNERSHIP ENTITY (OE)</b></p> <p><b>3Ta:</b> IRS F.E.I.N. letter in the Ownership Entity's name.  <b>3Tb &amp; 3Tc:</b> A Limited Partnership ("LP"), Limited Liability Partnership ("LLP") or Limited Liability Limited Partnership ("LLLLP") file- stamped certificate of Limited Partnership and a current Limited Partnership Agreement.  <b>3Td &amp; 3Te:</b> A Limited Company ("LC"), Limited liability Company ("LLC") Ownership Entity's- file-stamped Article of Organization and a current Operating Agreement.  <b>3Tf:</b> Ownership Entity organizational chart. Please do not list tax identification numbers or social security numbers.</p>	Ownership Entity	All Projects
4T's	<p><b>OWNER REPRESENTATIVE(S) (GENERAL PARTNERS/MANAGING MEMBER) ORGANIZATIONAL DOCUMENTS</b></p> <p><b>4Ta:</b> Each General Partner's (listed in the Application and Organizational Chart) file-stamped Certificate of Limited Partnership; and  <b>4Tb:</b> Current Limited Partnership Agreement for each.  <b>4Tc:</b> Each Managing Member's (listed in the Application and Organizational Chart) file-stamped Articles of Organization; and  <b>4Td:</b> Current Operating Agreement for each.</p>	Ownership Entity – Components & Qualified Development Team	All Projects

	<p><b>4Te:</b> Corporation's File-Stamped Articles of Incorporation  <b>4Tf:</b> By-laws  <b>4Tg:</b> Board Resolution approving actions of the corporation concerning the proposed Project, including minutes of election of officers and minutes for authorization of individual(s) to sign, along with title.</p> <ul style="list-style-type: none"> <li>• Required for each.</li> </ul>		
<b>5T</b>	<p><b>CONSTRUCTION AND PERMANENT FINANCING LETTER OF INTENT</b></p> <p>Provide letter of intent on lending institution's letterhead that includes loan amount, interest rate, term, amortization period (min. of 30 years required for first mortgage debt), fees, pre-payment penalties, anticipated security interest in the Property and lien position.</p>	Funding Sources	All Projects
<b>6T</b>	<p><b>LETTERS OF INTENT FROM OTHER FUNDING SOURCES</b></p> <p>Provide letters for all other funding sources that includes existing debt to be assumed, that states the value of the funding, the purpose of the funds may be used for, and any time limitations.</p>	Funding Sources, Site Appeal – Scoring	All Projects
<b>6Ta</b>	<p><b>FEDERAL AND STATE HISTORIC TAX CREDIT DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>• Provide documentation from the State Historical Preservation Officer demonstrating that all buildings within the Project are listed on the National Register of Historic Places or determined to be eligible for the National Register by the State Historic Preservation Officer. If Part 1 has been approved, provide a copy.</li> <li>• Provide letter of intent for the equity for both the federal and state historic tax credits.</li> <li>• If requesting points for part 2 approved by the NPS, refer to requirements of Exhibit 1S-16a.</li> </ul>	Buildings, Funding Sources, Costs and Credit Calc. & Scoring - Site Appeal	If applicable
<b>7T/7S</b>	<p><b>HUD OR RURAL DEVELOPMENT ("RD") AUTHORIZATION TO RELEASE OF INFORMATION</b></p> <p><b><u>IFA Required Form</u></b></p> <ul style="list-style-type: none"> <li>• Provide the signed applicable HUD or RD Required Form.</li> </ul>	Project Description, Site Control & Buildings	If applicable
<b>7Ta</b>	<p><b>CURRENT RENT ROLL</b></p>	Project Description & Buildings	Acq/Rehab, Rehab Projects



8T	<p><b>ATTORNEY OPINION AS TO ELIGIBILITY FOR ACQUISITION CREDITS</b></p> <p><b><u>IFA Required Template</u></b></p> <ul style="list-style-type: none"> <li>Do not modify the form. An attachment providing clarification is acceptable.</li> <li>A certification may not be relied as sole source/basis for the attorney opinion.</li> </ul>	Project Description, Buildings, Site Control, Costs and Credit Calc.	If Acquisition Credits requested
9T	<p><b>EXECUTED COPY OF THE DEVELOPMENT CONSULTANT AGREEMENT(S)</b></p> <ul style="list-style-type: none"> <li>Provide an executed copy of the Agreement(s).</li> </ul>	Qualified Development Team & Costs and Credit Calc.	Projects with a Development Consultant
10T	<p><b>SYNDICATION OR OTHER SALE OR EXCHANGE OF TAX CREDIT INTEREST TO INVESTORS DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>Provide a copy of the Syndicator/Direct Investor letter of interest that includes equity price and approximate equity amount.</li> </ul>	Qualified Development Team & Funding Sources	All Projects
11T	<p><b>TENANT PAID UTILITY ALLOWANCE DOCUMENTATION</b></p> <p>Submit one of the following:</p> <ol style="list-style-type: none"> <li>Public Housing Authority (“PHA”) utility allowance schedule. <ul style="list-style-type: none"> <li>Circle the amounts on the PHA utility allowance schedule.</li> <li>If more than 13 months old, provide a letter from the PHA stating the utility allowance schedule is still current.</li> </ul> </li> <li>Utility allowance prepared using the HUD Utility Schedule Model (HUSM) and <b><u>supporting documentation</u></b>. <ul style="list-style-type: none"> <li>If HOME funds are awarded, HUSM is required.</li> </ul> </li> <li>If the Project has federal project-based rental assistance with HUD or Rural Development (“RD”), provide a copy of the current HUD Rent Schedule or utility allowance documentation from RD instead of the PHA utility allowance schedule.</li> </ol>	Project Description, Buildings & Project Amenities	When utilities are not included in rent or if a Project has federal project-based rental assistance.
12T	<p><b>MARKET STUDY REPORT</b></p> <ul style="list-style-type: none"> <li>Submit a comprehensive market analysis with a full narrative report following IFA’s current market study guidelines that is prepared by an independent third-party National Council of Housing Market Analysts member unaffiliated with the developer.</li> <li>Refer to Appendix O – Market Study Guidelines.</li> </ul>	Exhibits	All Projects

<b>13T</b>	<b>TRANSITIONAL HOUSING</b> <ul style="list-style-type: none"> <li>Provide information detailing how a non-profit or governmental entity will work to transition tenants out to permanent housing within 24 months and detail the supportive service programs.</li> </ul>	Project Description	Transitional Housing Projects
<b>14T RESERVED</b>			
<b>15T</b>	<b>CONFIDENTIALITY REQUEST – Updated 11-4-24</b>  <b><u>IFA Required Form</u></b>  <b>NO LATER THAN 15 DAYS PRIOR TO 2-19-25:</b> <ol style="list-style-type: none"> <li>Call Michael Thibodeau, Legal Counsel, at 515-452-0436 to discuss a confidentiality request.</li> <li>Email Exhibit 15T to <a href="mailto:Michael.Thibodeau@iowafinance.com">Michael.Thibodeau@iowafinance.com</a>.</li> <li>Upload the IFA-approved redacted exhibit(s) to the exhibits tab prior to the application submission due date.</li> </ol>	Exhibits	Applicant requesting confidentiality treatment.
<b>16T</b>	<b>QUALIFIED CENSUS TRACT (“QCT”) / DIFFICULT TO DEVELOPMENT AREA (“DDA”) MAP</b> <ul style="list-style-type: none"> <li>Provide a current map generated from the HUD GIS Website showing the entire Project is currently located in a QCT or DDA.</li> </ul>	Project Name and Location, Buildings & Costs and Credit Calc.	If applicable
<b>17T RESERVED</b>			
<b>18T</b>	<b>COMMUNITY SERVICE FACILITY</b>  <b><u>IFA Required Form</u></b>	Project Description, Buildings & Costs and Credit Calc.	If applicable
<b>19T</b>	<b>IOWA ROSE PROGRAM</b> (Refer to Appendix M of the Application Package)  <b><u>IFA Required Form</u></b> <ul style="list-style-type: none"> <li>Upload to the Exhibits Tab, the signed Owner/GP Acknowledgement of Appendix M of the Application Package, along with the required Iowa ROSE homeownership plan (“Plan”) combined into one (1) PDF.</li> </ul>	Project Description & Buildings	If applicable
<b>1B</b>	<b>SITE CONTROL DOCUMENTATION</b> <ul style="list-style-type: none"> <li>Provide executed documents showing the site control requirements set forth in the QAP have been met.</li> <li>Site control document must include only the acreage necessary for the proposed Project.</li> <li>Applicant must directly have an exclusive option or contract with the sole fee simple title of the real estate.</li> </ul>	Site Control, Ownership Entity, Qualified Development Team, Buildings & Costs and Credit Calc.	All Projects

<b>2B</b>	<p><b>APPRAISAL OR IFA APPROVAL OF WAIVER</b></p> <ul style="list-style-type: none"> <li>• For land and buildings acquired from a party with an Identity of Interest.</li> <li>• Acquisition/Rehabilitation Projects requesting acquisition credits.</li> </ul>	Project Description, Site Control, Qualified Development Team & Costs and Credit Calc.	If applicable
<b>3B</b>	<p><b>COLOR PHOTOS OF PROJECT &amp; ADJACENT PROPERTY</b></p> <p><b><u>New Construction Projects</u></b> Eight photos for each site location.</p> <ul style="list-style-type: none"> <li>• Looking toward the center of each site from the North, South, East &amp; West.</li> <li>• Looking out from the center of each site toward the North, South, East &amp; West.</li> </ul> <p><b><u>Adaptive Reuse, Acq/Rehab, Rehab Projects</u></b></p> <ul style="list-style-type: none"> <li>• Photos looking at each building from the North, South, East, and West.</li> <li>• Four of the overall site looking in from each cardinal direction.</li> </ul>	Project Name and Location, Buildings & Site Description	All Projects
<b>4B</b>	<p><b>MAPS – CITY MAP AND PLAT MAP (BOTH ARE REQUIRED)</b></p> <p>1) Legible recent official city map pinpointing the site location(s) that shows the legal address of the property, the names of surrounding streets, and any other information important for the site inspection; <u>or recent aerial map, if available.</u></p> <p>2) An assessor plat map or civil engineer’s proposed replatting map for each site location</p>	Project Name and Location, Buildings & Site Description	All Projects
<b>5B</b>	<p><b>SITE PLANS</b></p> <p>Shall clearly show the following:</p> <ul style="list-style-type: none"> <li>• Location and extent of all work proposed in the Application.</li> <li>• Site dimensions</li> <li>• Site zoning</li> <li>• Accessible site routes</li> <li>• Accessible Unit types</li> <li>• Easements and setbacks</li> <li>• Show total number of parking and type of parking (surface, garages, underground)</li> <li>• List city requirements.</li> <li>• Planting, utility &amp; general notes</li> <li>• Show all buildings (including manager’s Units &amp; accessory buildings)</li> <li>• Provide gross square footage of buildings.</li> </ul>	Site Description, Project Amenities, Site Control & Costs and Credit Calc., Buildings	All Projects

<b>6B's</b>	<p><b>DETRIMENTAL SITE CHARACTERISTICS REMEDIATION DOCUMENTS</b></p> <p>If the site or adjoining sites contain any detrimental site characteristics, provide the following:          6B a: Remediation Plan          6B b: Budget to make site suitable          6b c: Map showing detrimental characteristics on site plan</p>	Site Description & Costs and Credit Calc.	If applicable
<b>7B</b>	<p><b>POLITICAL JURISDICTION CERTIFICATION</b></p> <p><b><u>IFA Required Form</u></b></p> <ul style="list-style-type: none"> <li>• Generate on the Exhibits Tab after the Project Name &amp; Location, Ownership Entity, Site Description, Site Control, Qualified Development Team, and Buildings Tabs have been completed.</li> <li>• Form and site plan shall be sent to the city to be completed and signed by an authorized city official.</li> </ul> <p><b>Applicant shall not complete any part of Part B of this form.</b></p>	Project Name and Location, Buildings, Site Control, Site Description, Site Appeal & Qualified Development Team	All Projects
<b>8B</b>	<p><b>BUILDING PLANS</b></p> <p>Shall show all proposed work at a minimum schematic design level of completion.</p> <ul style="list-style-type: none"> <li>• Show elevations.</li> <li>• Label the use of all rooms in the building (i.e., computer learning center, manager's Unit, manager's office, library, media center room, craft room, maintenance room, dining room, fitness center, laundry room, beauty salon/barber room, etc.)</li> <li>• Label the net square footage of each unit, each room and closet in the unit, and all common areas or other rooms in the building including any commercial space.</li> <li>• Show Accessible routes through the building, units and turnaround spaces and clear floor spaces.</li> <li>• Provide a unit floor plan of each unit type.</li> <li>• Tabulate on the plans all units by type and provide the total number of Units.</li> <li>• Label all rooms in the Units (i.e., bedroom, bathroom, kitchen, living room, closets, etc.)</li> <li>• Show gross square footage of each building.</li> </ul>	Project Description, Buildings, Site Description, Project Amenities & Costs and Credit Calc.	All Projects
<b>9B</b>	<p><b>CAPITAL NEEDS ASSESSMENT</b></p> <ul style="list-style-type: none"> <li>• Must be prepared by a third-party that regularly provides CNA's as a basic or core service and shall assess the rehabilitation needs of each existing structure.</li> <li>• Refer to QAP Section 3.5(C).</li> </ul>	Exhibits	Acq/Rehab, Rehab Projects

<b>10B</b>	<b>BUILDING RENDERING</b>  • Presentation quality rendering for communication and public relations.	Exhibits	All Projects
<b>11B</b>	<b>FEMA MAP</b>  • Flood Zone - FEMA FIRMette map of each site • Link: How to Find Your FIRM and Make a FIRMette	Exhibits	All Projects
<b>1 HSA</b>	<p><b>PERMANENT SUPPORTIVE HOUSING - QUALIFIED SERVICE PROVIDER CAPACITY FORM AND COMPLETE COPY OF THE QUALIFIED SERVICE PROVIDER'S MOST RECENT INDEPENDENT AUDIT (within the past 2 fiscal years)</b></p> <p><b><u>IFA Required Form</u></b></p> <ul style="list-style-type: none"> <li>• Upload to the Application and complete the Qualified Service Provider information on the Qualified Development Team Tab and select "submit" on that tab <b>between February 1, 2025 and February 12, 2025, 4:30 pm Central time</b> for IFA's review and approval of the Qualified Service Provider.</li> <li>• IFA will email the approval or denial.</li> <li>• The Qualified Service Provider approval is project specific. If a Qualified Service Provider will be working with several Applicants on proposed projects, a request must be submitted for each project through each Application.</li> </ul>		
<b>2 HSA</b>	<p><b>PERMANENT SUPPORTIVE HOUSING - CONTINUUM OF CARE REVIEW FORM</b></p> <p><b><u>IFA Required Form</u></b></p>		
<b>SCORING EXHIBITS</b>			
<b>1S-4</b>	<p><b>SITE APPEAL – CATEGORY 4, NEIGHBORHOOD LOCATION TO SERVICES</b></p> <ul style="list-style-type: none"> <li>• Upload on the Exhibits Tab, a Google Map for each service points are requested for on the Site Appeal Tab.</li> <li>• Each Google Map must list the Project's Primary Address, the service name, service address, and the driving distance for the two addresses.</li> <li>• If a Scattered Site Project, a map is required for each site to each service points are requested.</li> <li>• If no assigned address, send email to <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> to request approval of alternative primary address to use in Google Maps.</li> </ul>		
<b>1S-5</b>	<p><b>SITE APPEAL – CATEGORY 5 – LOCATION TO GROCERY STORE</b> <b>A specialty grocery store does not qualify for points under this category.</b></p> <ul style="list-style-type: none"> <li>• Upload on the Exhibits Tab, a Google Map showing the driving distance from the Project's Primary Address and the Grocery store.</li> <li>• Google Map must list the Project's Primary Address, the Grocery Store Name and Address, and the driving distance for the two addresses.</li> <li>• If no assigned address, send email to <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> to request approval of alternative primary address to use in Google Maps.</li> <li>• If a Scattered Site Project, provide a Google Map for each site.</li> </ul>		

1S-6	<p><b>SITE APPEAL – CATEGORY 6 – LOCATION TO LICENSED DAYCARE CENTER, K-12 PUBLIC SCHOOL (FAMILY PROJECTS ONLY) OR SENIOR CENTER (SENIOR PROJECTS ONLY)</b></p> <p>If no assigned address, send email to <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> to request approval of alternative primary address to use in Google Maps.</p> <p><b><u>Family Project</u></b></p> <ul style="list-style-type: none"> <li>• Upload on the Exhibits Tab, a Google Map showing the distance from the Project's Primary Address to either a K-12 public school or a licensed daycare center.</li> <li>• Google Map must list the Project's Primary Address, the K-12 Public School or Licensed Day Care Center Name and address, and the distance between the two addresses.</li> <li>• If a Scattered Site Project, provide Google Map for each site.</li> </ul> <p><b><u>Senior Project</u></b></p> <ul style="list-style-type: none"> <li>• Upload on the Exhibits Tab, a Google Map showing the distance from the Project's Primary Address to a Senior Center.</li> <li>• Google Map must list the Project's Primary Address, Senior Center Name and Address, and the distance between the two addresses.</li> <li>• If a Scattered Site Project, provide a Google map for each site.</li> </ul>
1S-7	<p><b>SITE APPEAL – CATEGORY 7 – LOCATION TO PUBLIC TRANSPORTATION</b></p> <p>If no assigned address, send email to <a href="mailto:housingtaxcredits@iowafinance.com">housingtaxcredits@iowafinance.com</a> to request approval of alternative primary address to use in Google Maps.</p> <ul style="list-style-type: none"> <li>• For Projects located in a city with fixed route transportation system, upload on the Exhibits Tab, a Google Map showing the Project's Primary Address, the Bus Stop Address and Bus Stop Number, and the walking distance to the bus stop from the Project's Primary Address.</li> <li>• For Projects located in a city without a fixed route transportation, documentation there is no fixed- route transportation, name of the dial-a-ride service provider and hours of operation is M-F, and that the service is available for tenants of the Project.</li> <li>• If a Scattered Site Project, information must be provided for each site relative to the type of points requested.</li> </ul>
1S-16	<p><b>SITE APPEAL – CATEGORY 13 - COMMUNITY REVITALIZATION – QCT and CCRP</b></p> <ul style="list-style-type: none"> <li>• Upload a copy of the Concerted Community Revitalization Plan (CCRP) on the Exhibits Tab if points are requested. Must be in a Qualified Census Tract (QCT).</li> </ul>
1S-16a	<p><b>SITE APPEAL – CATEGORY 13 – HISTORIC SIGNIFICANCE – APPROVED NPS Part 2</b></p> <ul style="list-style-type: none"> <li>• Upload a copy of the National Park Service approval of the part 2 application for this proposed project.</li> </ul>
2S	<p><b>PROJECT WITH PHA PROJECT-BASED VOUCHERS WITH A 10-YEAR COMMITMENT</b></p> <ul style="list-style-type: none"> <li>• Provide a signed letter on PHA letterhead stating the number of project-based vouchers committed to the Project and the commitment must be a minimum of 10-years.</li> </ul>

<b>7T/7S</b>	<b>FEDERAL PROJECT-BASED RENTAL ASSISTANCE</b>  <b><u>IFA Required Form</u></b> <ul style="list-style-type: none"><li>• Provide the applicable signed Release of Information (HUD or Rural Development Required Form) completed and signed by the titleholder of the real estate with the Federal Project-Based Rental Assistance.</li></ul>
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## APPENDIX O

### IOWA FINANCE AUTHORITY'S MARKET STUDY REQUIREMENTS

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Applicants must commission their own Project market studies and the Applicant is responsible for confirming the market study requirements are met. The deadline to submit the market study is the same as the tax credit application deadline.

#### General

The market study shall:

- Be in conformance with IFA requirements.
- Be prepared by a third-party Market Study Firm in good standing with National Council of Housing Market Analysts (NCHMA).
- Provide a full-narrative Market Study Report effective within 6 months of application submission.
- An update of the market study can be accepted if the effective date of the original market study is within 12 months of application submission. The proposed site is required to be reinspected within 6 months of application submission. Comparable data used in rent determination and the rent comparability grid is to be updated within 6 months of application submission.
- Acknowledge the study is being completed for IFA's use and benefit.
- Demonstrate that there is adequate sustained demand for the proposed Project, and that the construction or rehabilitation of the additional affordable units will not have an adverse impact on the existing affordable units in the market area.
- Contain a Cover Sheet with Iowa Specific Requirements (see sample at the end of this appendix)

The market study provider:

- Understands they may contact IFA if any change to these requirements is required based on specific market conditions. Any changes must be approved by the Tax Credit Director prior to the study being submitted to IFA. Please submit market study questions to [housingtaxcredits@iowafinance.com](mailto:housingtaxcredits@iowafinance.com).
- Understands IFA has the right to contact them when reviewing the market study but is not obligated to do so.
- Shall provide the Market Study Report in a searchable PDF format.
- Shall travel to and physically inspect a proposed site and market area.
- Shall only use photographs taken by the analyst during the site inspection.

#### Primary Market Area (PMA)

The PMA shall be the *smallest geographic area* from which the subject development will compete with similar properties to draw most of its residents. It implies that households within the PMA would be willing to move to, or shop for, housing located therein, and that rents, amenities and other aspects of housing would be similar. PMA boundaries shall be created by census tracts, school districts, jurisdictions, street names, or other geography forming the boundaries. A map of the primary market area and description shall be included. IFA will not accept radii primary market areas.

For proposed PMA's larger than 25,000 households, the market analyst is required to receive IFA approval prior to application submission.



**Age Restricted Units**

All age restricted projects shall use the 55+ or 62+ exemption. If the age restriction in the application conflicts with a Federally subsidized program, the more restrictive age requirement shall be used to evaluate the market.

No units in the age restricted units shall have more than 2 bedrooms.

**Substandard Housing Conditions**

NCHMA Market Study Terminology Definition for “substandard housing conditions” is required to be used in the market study. Housing conditions that are conventionally considered unacceptable may be defined in terms of lacking plumbing facilities, one or more major systems not functioning properly, or overcrowded conditions.

**Income**

Market studies shall use the HUD 2024 MTSP Rent & Income Limits. Section 8 poverty guidelines calculations will not be accepted.

**Rent Comparability Grid**

Estimated market rent shall be determined for each bedroom type using the HUD Form 92273-S8 Rent Comparability Grid. The following explanations are to be included, as well:

- Why and how each adjustment line item was made.
- How estimated market rent was derived from adjusted rents.
  - If the estimated market rent is higher than any comparable rents in the PMA a narrative is required on how that amount is achievable.
- How this analysis was used for a similar unit type and project type (senior vs. multi-family).

**Comparable and Rent Analysis**

All comparable projects used for the rent determination and rent comparability grid must be in the PMA.

All LIHTC projects located in the PMA must be identified and considered in the market study analysis. If a market study provider does not want to use a LIHTC property located in the PMA as a comparable property, the analyst shall explain to IFA's satisfaction why the project was not surveyed or considered in the analysis. When a survey is done, if LIHTC properties have not been responsive, the market analyst may notify IFA via email at [housingtaxcredits@iowafinance.com](mailto:housingtaxcredits@iowafinance.com).

**Rent Advantage**

IFA requires a rent advantage for proposed rents of at least 10 percent discount from the estimated market rents. If rent advantage is over 30 percent discount a narrative is required on why higher rents are not recommended by the analyst since achievable. The request for a rent advantage must:

- Quantify and discuss the market advantage of the proposed rents per bedroom size.
- Include a table that presents proposed rents by bedroom size.
- Estimate achievable market rent.
- Use the ratio of proposed rent to estimated achievable market rent.
- Discuss the feasibility of the proposed rent levels per bedroom size and whether the proposed rent level is achievable.
- If LIHTC rents are not achievable based on the existing market conditions, recommend alternate rents or justify why future market conditions will make the proposed rent favorable.

**Rent Burden**

The market analyst shall use a rent burden of 35 percent of a household's monthly income for demand and capture rate calculations.

**Capture Rate – AMI and Bedroom Size**

Calculate the capture rate for each income level (market rate, 80%, 60%, 40%, 30%, etc.) proposed as well as an overall capture rate.

The capture rate is the total number of project units divided by the total income and size qualified renter households in the PMA.

If the overall capture rate exceeds 10% for new construction and adaptive reuse projects, the market analyst shall provide an explanation and justification to be reviewed and accepted by IFA. If an individual bedroom capture rate exceeds 25%, the analyst shall provide a narrative in the report that justifies why the unit mix is feasible, and/or provide project recommendations to lower the capture rates. The capture rate shall consider only qualified households in the PMA.

**Penetration Rate**

Provide a statement of penetration rate that considers all income qualified households and all income restricted units (not just LIHTC units) in the PMA only.

**Absorption Rate**

Determine the amount of time that is expected to achieve stabilized occupancy of 93% at the proposed development. If the projected absorption rate is greater than 12 months, the analyst should provide recommendations for adjustments necessary to attain stabilized occupancy with 12 months (number of units, unit mix, AMI levels, rents, etc.).

**Special Housing Need**

If the proposed project specifies a special housing need, including but not limited to transitional housing, permanent supportive housing, or a specific population (artist, veteran, literary activities) then the specified rental population shall be analyzed to determine if it can be sustained and is suitable for the proposed project.

**Community Service Facility**

If a community service facility is proposed, the market study must:

- Describe the proposed community service facility and how it can serve individuals whose income is 60% or less of the area median income located in a qualified census tract determined by HUD.
- Analyze how the community service facility will improve the quality of life for the residents and improve quality of life for individuals in the community.
- Demonstrate the facility is located within the proposed tax credit property and contains appropriate access for residents and individuals from the community.
- Determine there would be a demand for services and the services would be affordable to people with income at 60% or below.

**Sample Cover Sheet for Iowa Specific Requirements**

**Date of last inspection and who inspected:**

**Number of Households in the PMA:**

**Absorption Period** to reach an overall stabilization of 93% occupancy:

**Overall Capture Rate in the PMA:**

**Rent Advantage Percentages (for each unit type):**

# of Bedrooms	AMI %	LIHTC Proposed Rent Amount	Estimated Market Rent	Rent Advantage Percentage



## APPENDIX P INNOVATION SET-ASIDE

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### A. INTRODUCTION

Innovation is a core value at the Iowa Finance Authority as we continually look to turn new ideas in housing and finance into reality. For the 2025 Allocation Round, IFA is creating a new Innovation Set-Aside. The Innovation Set-Aside is an opportunity to demonstrate innovations and advance affordable housing in a way that may not always be possible in the 9% Tax Credit round. The most competitive projects in this set-aside will have multiple innovations and support the Iowa Low-Income Housing Tax Credit (LIHTC) Program mission and goals that include partnerships, affordability, durability, and location.

One project may be selected to apply under the Innovation Set-Aside for the 2025 LIHTC Allocation Round. If the selected project meets program requirements, the project may receive up to \$1 million in federal LIHTC. Interested applicants must submit a pre-application. IFA will review pre-applications and identify finalists to present on their concept at the 2024 HousingIowa Conference. IFA will announce the selected applicant at the HousingIowa Conference.

### B. TYPES OF INNOVATION

Innovations may include, but are not limited to the following:

- Target Population/Purpose
- Operations
- Developer Partnerships,
- Data-driven decision making and data sharing
- Affordability
- Construction or Durability
- Energy Efficiency
- Financing Structure

### C. INNOVATION PRE-APPLICATION REVIEW AND SELECTION

1. All applicants interested in participating in the Innovation Set-Aside during the 2025 allocation year must submit a completed pre-application.
2. The pre-application will be available in the Iowa Finance Authority TAC system beginning on January 2, 2024.

3. The deadline for submission of the pre-application is May 1, 2024, at 4:30 pm CST. Late submissions will not be accepted. A \$500 fee is due upon submission of the pre-application and will be donated to a housing related charitable purpose of IFA's discretion.
4. The IFA team will review all innovation pre-applications for completeness, preliminary feasibility, purpose, and impact for the residents, community, or industry. The pre-application does not require location, site control, financing, architecture, costs and proforma, or full qualified development team.
5. The IFA team will select up to four finalists to present at the Innovation Set-Aside competition for the opportunity to submit a 2025 LIHTC Innovation Set-Aside full application. IFA reserves the right to select no finalists.
6. All applicants will be notified of the selected finalists for the Innovation Set-Aside competition by email no later than July 1, 2024. Finalists must accept the opportunity to compete in the Innovation Set-Aside competition by July 10, 2024. Finalists must make an in-person presentation at the 2024 Housing Iowa Conference that will be open to conference attendees.
7. A review panel will assess the Innovation Set-Aside finalist pre-applications and presentations. The review panel may be comprised of IFA staff, IEDA staff, and industry professionals in such fields as architecture, energy, construction, finance, health and human services, housing policy, and supportive services. Finalists should be prepared to answer questions from the panel and conference attendees.
8. Following the presentations, the review panel may recommend up to one finalist to submit an application for the 2025 LIHTC Innovation Set-Aside. IFA may accept the review panel's recommendation. IFA reserves the right to not select any finalists for the 2025 LIHTC Innovation Set-Aside. IFA will announce which finalist, if any, is eligible to submit an application for the 2025 LIHTC Innovation Set-Aside.

**D. 2025 LIHTC INNOVATION SET-ASIDE APPLICATION REQUIREMENTS**

1. The finalist selected to submit an application for the 2025 LIHTC Innovation Set-Aside, if any, will be the only eligible applicant for the 2025 LIHTC Innovation Set-Aside.
2. The finalist may submit the LIHTC application any time up to the 2025 application submission due date. Award of credit may also be made prior to May 2025.
3. IFA may award up to one project no more than \$1,000,000 in LIHTC in the Innovation Set-Aside.
4. The project described in the 2025 LIHTC Innovation Set-Aside application must be materially consistent with the project presented at the 2024 Housing Iowa Conference and in the pre-application. IFA has the sole discretion to determine whether the project submitted in the 2025 LIHTC Innovation Set-Aside application is materially consistent with the project presented at the 2024 Housing Iowa Conference and in the pre-application.
5. A project application for this set-aside will not be considered for a 2025 LIHTC Award in any other Set-Aside or the General Set-Aside. An application for the same project may not be submitted separately for consideration outside of the Innovation Set-Aside.

6. The project must have a positive cash flow, no funding gap and meet financial feasibility requirements.
7. The project must meet all building codes (local, state, and federal).
8. All IRS requirements must be met.
9. IFA reserves the right to not make an award in the Innovation Set-Aside. If no Innovation Set-Aside award is made, the \$1,000,000 in Tax Credits will be awarded in the General Set-Aside.
10. All LIHTC awards are subject to IFA Board approval.

#### **E. 2025 QAP REQUIREMENT EXCEPTIONS**

All 2025 QAP requirements must be met except for the following exceptions to the 2025 QAP requirements.

1. QAP 1.3A: Tax Credit Cap per LIHTC Unit does not apply to the Innovation Set-Aside award.
2. QAP 1.3C: Developer, General Partner/Managing Member Cap may be exceeded and does not apply to an Innovation Set-Aside award.
3. QAP 1.3E: Community Cap Does not apply to the Innovation Set-Aside award.
4. QAP 3.4A: Zoning as listed in the QAP does not apply. Projects must have proper zoning when applying for the 2024 LIHTC Innovation Set-Aside (at submission).
5. QAP 4.3D: No permanent debt is allowed. The project can have permanent debt, but does not need to have debt.
6. QAP Section 6 Scoring Criteria, 2.6(I) Scoring Determination, 7.2 Selection Criteria, and 7.4 Tiebreakers do not apply. The Innovation Set-Aside does not have scoring criteria.
7. QAP 7.7 Waiting List does not apply. The finalist selected during the 2024 HousingIowa conference is the only Applicant allowed for the 2025 LIHTC Innovation Set-Aside.
8. QAP 14.6 Minimum Development Characteristics - Requests for exceptions specific to an innovation shall be submitted through the Exceptions Tab in the Application prior to Application submission due date.
9. IFA may make other exceptions depending on the nature of the innovation. Submit requests through the Exceptions Tab in the Application prior to the Application submission due date.

**APPENDIX Q**  
**IOWA THRIVING COMMUNITIES**

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1) A Project that is 100% located in one of the following cities qualify for the 2 points:

**Fort Dodge**

**Mason City**

**Newton**

2) A Project that is 100% located within the targeted area boundaries of the cities of Des Moines or West Des Moines qualify for points.

- **Des Moines “Market District”** identified in map on Page 2 of this Appendix Q. A Project must be located within the boundaries to qualify for the points.
- **West Des Moines** (Extended from 2024 to 2025) Boundaries are identified in map on Page 2 of this Appendix Q. A Project must be located within the boundaries to qualify for the points.

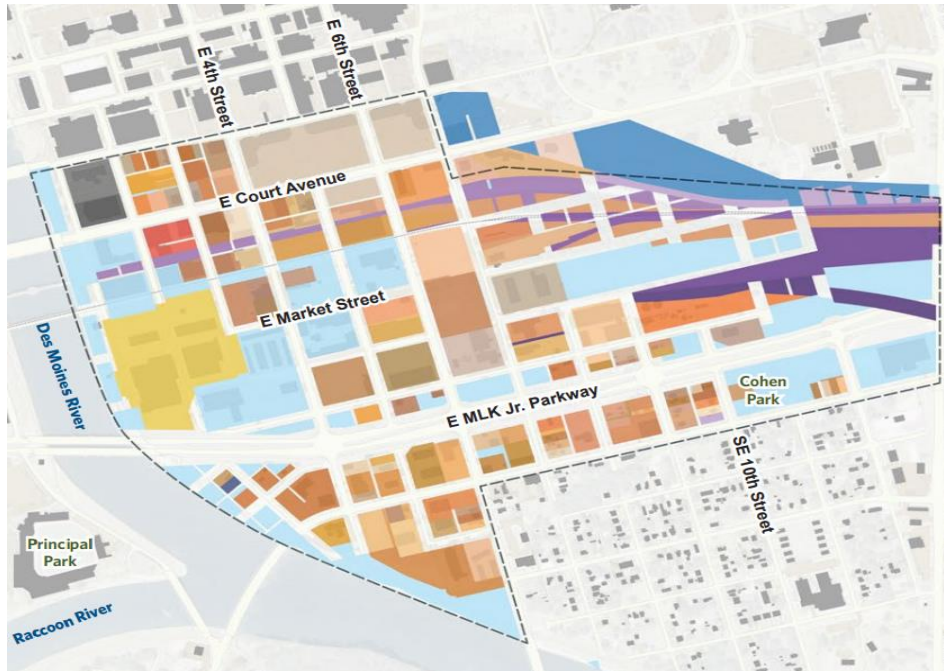
### **Des Moines Market District**

North: East Walnut Street, turning south at E. 5<sup>th</sup> Street. From E. 5<sup>th</sup> Street, the northern boundary follows the Norfolk Southern railroad line.

East: SE 14<sup>th</sup> Street

South: Between SE 6<sup>th</sup> Street and SE 14<sup>th</sup> Street, the southern boundary is Scott Avenue.

West: Des Moines River



### **West Des Moines**





## APPENDIX R

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Refer to National Housing Trust Fund Appendix B