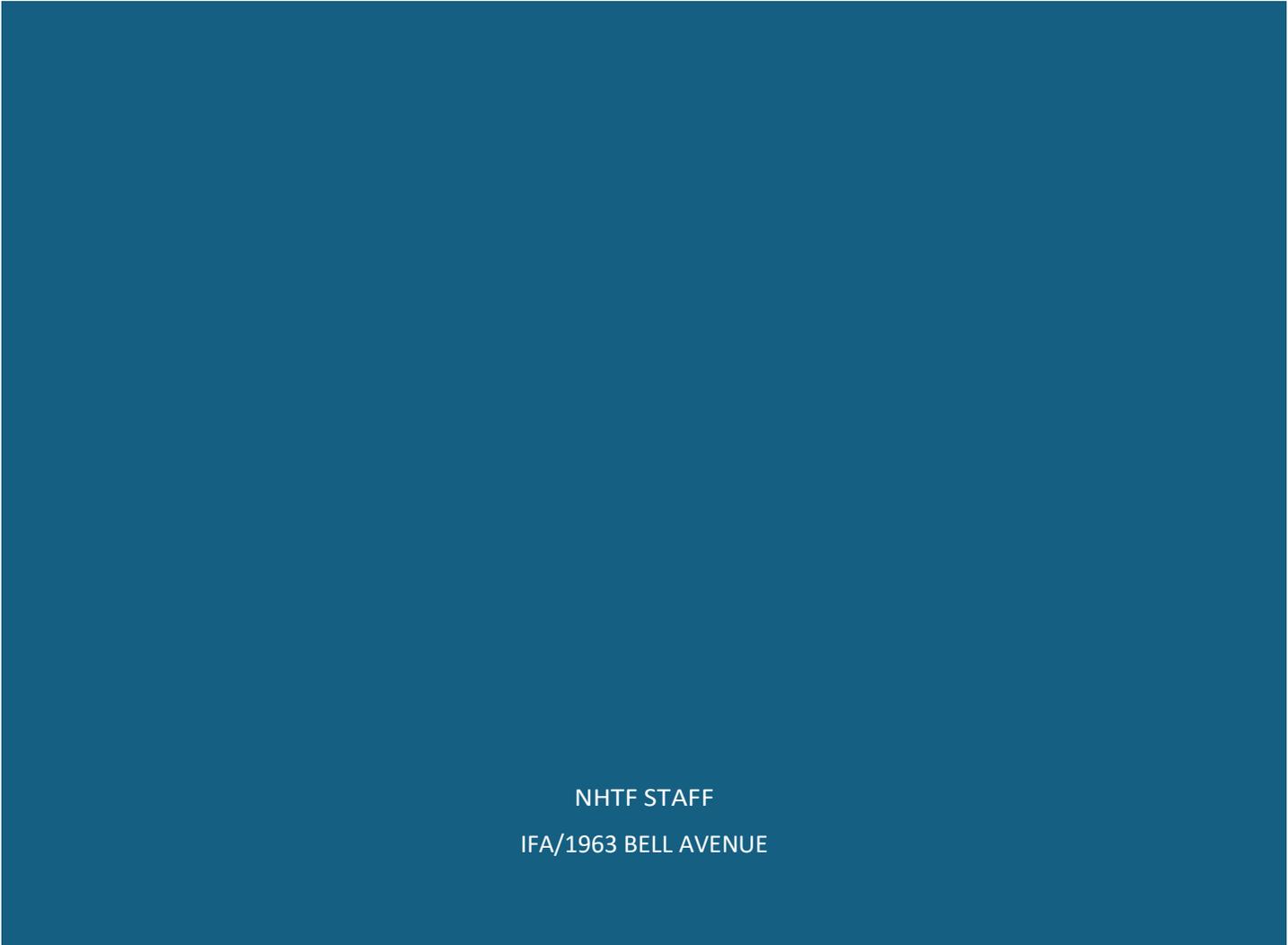




2026 NHTF APPLICATION MANUAL



NHTF STAFF
IFA/1963 BELL AVENUE

INSTRUCTIONS

Users and Access

Username. All users must have own username. Username requests can be submitted through the online application by selecting *Request One*. Username and passwords must not be shared.

Granting Access. Each applicant is responsible for granting and removing application access to each user. The person who creates the application is the “creator” and is responsible for granting and removing application access to authorized users. IFA recommends that applicants complete a regular review of users’ access to each application.

Overview

Application Tabs. Complete entry of each application Tab, save, upload required Exhibits, and submit.

The **red X** on each Tab will change to a **green check mark** when all information is entered correctly and saved. Some Tabs will have a **red X** until each tab with corresponding requirements have been entered.

If a **red X** remains and no error message is received when *Submit* is selected, go to the tab with the **red X** and save.

Prior to Application Submittal. Questions regarding an interpretation or clarification of the NHTF policies/procedures/rules may be submitted to nationalhousingtrustfund@iowafinance.com. The questions and answers will be placed on the 2026 NHTF Round webpage. Do not contact NHTF staff directly.

Binding Obligations. If NHTF funds are awarded to a proposed project, the representations made in the application bind the applicant and will become a contractual obligation of the developer, the ownership entity, and any entity the developer or ownership entity represents.

Complete Application. Complete applications for the 2026 NHTF funding round must be submitted through the online application by **Friday, May 1, 2026, at 4:00 PM.**

After Application Submittal. No applicant may contact any IFA staff or Board members, nor can anyone contact staff or Board members on the applicant’s behalf, in order to influence IFA’s application review or award decisions.

Threshold Deficiency Review Period. Once submitted, the application will be unavailable until such time that the applicant needs to make a change, per IFA's request, during the threshold deficiency review period. An email, sent directly from the HOME/NHTF system, will notify the applicant of the deficiencies for review and response. An email will also be sent to notify the applicant if there are no deficiencies.

The applicant will respond in the application by making corrections within the appropriate application tabs and/or providing additional/updated exhibits. The application with deficiency response must be submitted within one week. If deficiencies are not responded to, the application will no longer be considered for an award.

A change in funding sources is not allowed during the threshold deficiency review period unless specifically requested by IFA.

Developer fees may not be increased after submission of the threshold application.

The deficiency period is the only opportunity to respond to deficiency items, and only those items in IFA's deficiency report will be considered.

Scoring. Scoring exhibits are due at threshold application submission and cannot be provided during the deficiency period. IFA will award scoring points based on the evidence provided in the application and exhibits. IFA designed the scoring to allow applicants to propose projects **that work best for their communities**, targeted market, and development organizations, **not to garner maximum points**. IFA makes the final determination of the application's score. Scoring determinations made in prior years have no impact on the current funding round.

PROJECTS THAT DON'T PASS THRESHOLD WILL NOT BE SCORED. PROJECTS MUST EARN AT LEAST 50% OF AVAILABLE POINTS TO BE CONSIDERED.

Award of NHTF Projects. The Iowa Finance Authority Board of Directors will issue awards for the current funding round at the IFA Board meeting. Award decisions will be made based on a combination of application score, applicant capacity, applicant past performance, and competitiveness of application. A written notification of a NHTF award or denial will be emailed to each applicant after the IFA Board meeting. IFA Board of Directors meets the first Wednesday of each month.

DISCLAIMER: This document provides an overview of the NHTF Application and is not all-inclusive or a reiteration of all the requirements. Updates to this manual will be available on the current funding round's webpage. Should an inconsistency be noted between the NHTF rules/regulation and this document, the NHTF rule/regulations shall prevail.

NHTF APPLICATION

GUIDANCE BY TAB (Be sure to **save each tab before exiting** the application)

GENERAL INFORMATION

Summary of the application, this is not an all-inclusive document.

PROJECT NAME & DESCRIPTION

Project Name. This project name will remain with your project throughout the Period of Affordability.

Project Type. Select from dropdown:

- New Construction
- Gut Rehabilitation
- Acquisition/new construction (adaptive reuse)
- Acquisition/rehab

Occupancy Type. Select from dropdown:

- Family

Targeted Population. Select from dropdown:

- N/A
- Families experiencing homelessness (homeless persons, including homeless individuals, families, youth and/or veterans)
- Persons with disabilities
- Persons with HIV/AIDS
- Persons with substance abuse
- Victims of domestic violence
- Families experiencing homelessness and persons in recovery from substance use disorder

Designated Units. Select from dropdown:

- N/A
- Persons with HIV/AIDS
- Persons with HIV/AIDS that are chronically homeless
- Homeless persons and families
- Homeless persons and families that are chronically homeless

Total Project Units. Enter number

Total Project NHTF Units. Enter number

Type of NHTF Units. Fixed/Floating

Number of fully accessible. Enter number, round up

Number of units for hearing/visually impaired. Enter number, round up

Project-based assistance. Yes/No. If Yes, provide letter of support/intent.

CDC Vulnerability Index. Yes/No (see Appendix F)

Accessory Building and Area. Describe

Commercial Facilities. Describe

Description of the project. Provide a complete description of the project that can be included in communications with the public and contract documents.

Freestanding Structure. NHTF funding cannot be used for the rehabilitation or construction of any freestanding structures, including detached garages and community centers, If these structures are included in your project, describe sources of funding for rehab/construction.

Need for proposed project. Describe

Local support for the project. Describe

Ownership Entity must, at a minimum, obtain a final Iowa Title Guaranty certificate from IFA with an amount of coverage that is not less than the value of the land and pre-existing improvements, if any, combined with the total hard construction costs of the project. All draws must go through ITG. Yes, I agree.

Do tenants pay for any of their utilities? Yes/No

Flexible Tenant Selection Criteria. The proposed project will create housing units for individuals or families who face multiple barriers to secure permanent housing? Yes/No. If Yes, describe barriers potential tenants face and how the proposed project will help tenants overcome those barriers.

Describe the outreach plan to bring potential tenants into the project, including if participating in a community's Coordinated Entry system. Describe

Will the project implement one or more of the following environmental measures: No smoking policy, Water conserving measures, Energy efficient water heaters, Energy Star certified? Yes/No

SITE DESCRIPTION

Is this a scattered site project? Yes/No

Sites.

- Address or Location Identifier
- Total site acreage
- Total # of parcels
- Identify infrastructure currently available and utilities available with adequate capacity that will be required for this site: Sewer/Water/Paved road/Electric/Gas
- Explain if any utilities are not adequate or not currently available
- Is the demolition of any buildings required or planned: Yes/No
- Are existing buildings on the site currently occupied? Yes/No. If Yes, explain
- Will any of the tenants be displaced? Yes/No. If Yes, what type of displacement. If Yes, describe the relocation plan and/or assistance that is to be provided to the tenants.
- Is any portion of the site or adjoining sites located within ½ mile of storage areas for hazardous or noxious materials, sewage treatment plant or other solid waste facility, businesses or equipment producing foul odors or excessive noise or the site is a prior storage area for hazardous or noxious materials, sewage, or other solid or liquid waste? Yes/No. If Yes, describe.
- Does any portion of the site or adjoining sites have slope/terrain that is not suitable for the project based on extensive earth removal/replacement required for development? Yes/No. If Yes, describe.
- Does any portion of the site or adjoining sites have obvious physical barriers to the project? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within ½ mile of a sanitary landfill or sites that were previously used as a sanitary landfill? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within a flood hazard area, or on a 100-year flood plain as determined by the Iowa Department of Natural Resources, FEMA or FIRMA map or a designated wetland? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within 15,000 feet of a military airport or 2500 feet of a civilian airport? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites landlocked? Yes/No. If Yes, describe.

Is this project in 2 or more market areas (If Yes, the IFA Market Information for Proposed Project form is required for each market)? Yes/No

Will the project be located near the following services? Select all that apply:

- Full-service grocery store
- Senior center
- Medical services
- Public library
- Park (city, state, or local)
- Licenses day care center (family projects only)
- Pharmacy
- Community college
- Convenience store

If Yes, describe.

SITE CONTROL

Name of Entity that has site control for the project. Entity name

Does the current owner of the property have fee simple ownership of the property (site/building)? Yes/no

ZONING

What is the present zoning classification of the site? Enter zoning

Is the site zoned appropriately for the proposed project? Yes/No

Describe permits/variances required & schedule for obtaining them. Describe

OWNER ENTITY

Company Name. Company name, address, city, state, zip, phone

Entity Type. Select from dropdown:

- Limited Partnership
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Limited Company
- Limited Liability Company
- Limited Liability Limited Company
- Public Agency
- Other

Is Ownership Entity a nonprofit? Yes/No

UEI Number. 12 alpha/digits, no include dashes

Tax Identification Number. Tax identification for ownership entity.

Ownership Entity components. Enter relevant information

Contact Person. First name, last name, address, city, state, zip code, phone number and email address. *This person will receive all communication regarding the application, including any deficiencies that may be sent.*

Is the owner of the proposed project a nonprofit entity with AT LEAST three years of experience in providing housing or supportive services to extremely low-income households in the proposed project's market area? Yes/No. *If No, do not continue with the application.*

If Yes, the owner will be a: Select from dropdown

- Nonprofit entity
- Nonprofit General Partner of a Limited Partnership
- Nonprofit Managing Member of a Limited Liability Corporation

If Yes, explain.

Name of nonprofit

PROJECT TEAM

List each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Identify the authorized signatory for the project. *Only one person per team member type can be listed except for team member type "Other".*

- Team Member Type
- Team Member Is
- Legal Entity Type
- Identify of Interest: Yes/No
- Legal Entity Name
- Address
- City
- State
- Zip
- Contact First Name
- Contact Last Name
- Title
- Phone
- Email
- Years of Related Experience

CAPACITY

Describe the capacity of each team member.

Developer housing experience in last five years. Date, existing project name, and city.

Ownership Entity/General Partner housing experience in last five years. Date, existing project name, and city.

Management Company housing experience in last five years. Date, existing project name, and city.

List all other IFA programs where an award or financing was received during the past 5 years for Developer and Ownership Entity/General Partner. Describe

Have any of the Project Team members participated in a housing project that received a federal, state or local award or incentive where the project failed to reach completion? Yes/No. If yes, name the team member and explain.

Have any of the Project Team members worked on any housing project which has resulted in the initiation or completion of a foreclosure or sheriff's sale proceedings? Yes/No. If yes, explain.

Have any of the Project Team members worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state, or local program? Yes/No. If yes, explain.

Have any of the Project Team members worked on any housing project/program which currently has an outstanding noncompliance issue for a federal, state, or local program? Yes/No. If yes, explain.

Have any of the Project Team members any turnover in key staff positions in the past two years. Yes/No. If yes, explain.

Name the Project Team member that has National Environmental Protection Act (NEPA) experience. Name, title, company, number of years experience, and approximate number of environmental reviews completed.

Staffing Experience for Proposed Project

Enter individual or company information in each area where there is staffing experience. Type of position held must fall into one of the following defined categories:

STAFF. Full-time employees as defined by the IRS. Does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations.

CONTRACT EMPLOYEES. Individuals who are paid but not entitled to receive benefits.

PARTNERS. Legally or contractually defined role in the control of the project decision making (e.g., tax credit investors, joint ventures, etc.).

OTHERS. Consultants, architects, marketing firms, etc.

Developer Experience

- Rental Projects: 1-11 units, 12-48 units, 49-100 units, and/or 100+ units

Marketing Experience

- Advertising
- Sales/Leasing

Property Management Experience

- Compliance (Program regulations, bldg. codes, & contractual responsibilities)
- Property Management
- Property Maintenance
- Lease/tenant relations
- Financial Management (Bookkeeping)
- Capital Planning

Contract Management Experience

- Design
- Construction
- Marketing
- Property Management

Owner Experience

- Experience providing any type of housing or supportive services
- Experience providing housing or supportive services to extremely low-income households
- Experience providing housing or supportive services to extremely low-income households in the proposed project's market area

PROJECT TIMETABLE

Insert schedule into the project timetable. If awarded funds, project must be completed within 24 months of the executed contract.

BUILDINGS

Enter information for each building/parcel.

Building

Address Information

- Address
- City
- State
- Zip
- Check if Primary Address

Other Information

- Building is: New/Acquired
- Number of Stories
- Number of Handicapped Accessible Units
- Number of Hearing and Visually Handicapped Accessible Units
- Acquisition Cost
- Rehabilitation Cost
- Date constructed
- Type of Control. If Type of Control is Ownership, provide date acquired by applicant. If Type of Control is not Ownership, provide control doc expired on
- Is this building on or eligible for the National Register of Historic Places? Yes/No.

Utilities Included in Rent: Check all that apply

- Water/Sewer
- Electric
- Gas
- Other

Building Includes: Check all that apply

- Elevators/Number of elevators
- Accessory Buildings
- Commercial Facilities
- Other Facilities

Square Footage Information:

- Common Sq. Ft
- Commercial/Retail Sq. Ft

Units

- Type
- # Bedrooms
- # Baths
- Net Sq. Ft
- Unit Number (not required at application)
- Initial Occupancy AMI%
- Long-Term AMI%
- Monthly Rent
- Utility Allowance
- Does unit have project-based subsidy? Yes/No
- Is unit fully accessible? Yes/No
- Is unit visually/hearing impaired accessible? Yes/No
- NHTF Type: Extremely Low

NHTF units are: Fixed/Floating.

All units entered with similar bedroom counts are within 20 square feet in area:
Yes/No.

Do all units have similar amenities (fixtures, appliances, floor coverings, etc)?
Yes/No.

NOTE: If units are not comparable in size or amenities, the units must be fixed.

Total Hard Cost of construction/rehab for NHTF-assisted units (not per unit):
Enter number.

Total Hard Cost of construction/rehab for non-NHTF-assisted units (not per unit):
Enter number.

FUNDING SOURCES AND LEVERAGE

Total Federal Contributions. Insert number.

Funding Sources for Project Costs. List sources of all funds for the proposed project.

These amounts must be included on the *Budget Tab*.

- Funding source type
- Source
- If source can be used for NHTF Leverage
- Leverage type
- Amount
- Commitment date
- Rate
- Term
- Amortization
- Debt Service by year

Additional Leverage. List any additional leverage that is not listed above and/or is non-cash. These amounts should not be included in the *Budget Tab*.

BUDGET

Project Cost Breakdown For each line, enter total amount of costs not funded by NHTF and costs funded by NHTF.

- Purchase Land and Building
- Site Work
- Construction
- Professional Fees
- Interim Costs
- Financing Fees and Expenses
- Soft Costs
- Developer Fees. NOTE: Cannot exceed 15% of the site work, construction, and soft cost items)
- Project Reserves

NOTE: Totals will auto-calculate.

PROJECTED ANNUAL OPERATING COSTS

For each line, enter projected annual operating costs.

- Administrative Expenses
- Operating & Maintenance Expenses
- Taxes and Insurance
- Other Expenses

NOTE: Totals will auto-calculate.

30-Year Property Taxes. Enter net real estate and personal property taxes for each year.

PROJECTED CASH FLOW

For each line, enter number.

- Inflation Rate
- Operating Income
- Operating & Maintenance Expenses

NOTE: Totals will auto-calculate.

EXHIBITS

Upload all exhibits that are required for the project.

REQUIREMENTS

Thoroughly read all requirements and check the *I agree* box at the bottom of the page. *If awarded, applicants will be held accountable to all the requirements listed.*

OVERVIEW

No action needed. Tab provides a summary of information that was entered into the application.

NHTF UNIT ANALYSIS

No action needed. Tab provides a summary of information that was entered into the application.

ERROR LOG

Tab provides a list of errors in the application and shows what needs to be corrected before submission.

SCORING CRITERIA

The Table below lists the scoring category and guidance on preliminary scoring points for projects that pass Threshold.

Category	Description	Points
Leverage	Points will be awarded if the application lists leverage for the project and the required exhibit and supporting documentation are provided. The total amount of funding designated as leverage (as approved by IFA) will be divided by the amount of total NHTF funds requested.	0pt: 1-4% leverage 3pts: 5-9% leverage 6pts: 10-14% leverage 9pts: 15-20% leverage 15pts: 21+% leverage
Targeted Populations	Points will be awarded for targeting these populations: 1) Families experiencing homelessness (homeless persons, including homeless individuals, families, youth, and/or veterans; 2) persons in recovery from substance use disorder	0pt: Project does not include targeted population 10pt: Category 1 5pts: Category 2
CDC Social Vulnerability Index	Points will be awarded based on the proposed project's county's level of vulnerability	0pt: Low 2pts: Low to Moderate 5pts: Moderate to High 10pts: High
Fully accessible units	Points will be awarded based on the percentage of fully accessible units, as shown in the plans submitted in the application	0pt: Less than 10% fully accessible units 2pt: 10-24% fully accessible units 5pt: 25-49% fully accessible units 10pt: 50% fully accessible units
NHTF Subsidy per Unit	Points will be awarded across application based on the amount of NHTF subsidy per NHTF-assisted unit.	0pt: Application with the highest subsidy per unit 10pts: Application with the lowest subsidy per unit 1-9pts: Remaining applications on sliding scale
Project-Based Rental Assistance	Points will be awarded based on the availability and amount of Project-Based Rental Assistance for all project units.	0pt: Less than 25% units with PBRA 5pt: 25-49% units with PBRA 10pt: 50-74% units with PBRA 15pt: 75+% units with PBRA

Location Near Services	Points will be awarded for each of the following services within 2 miles of project (1 point per service): Full-service grocery store, Senior Center, Medical Services, Public Library, Park (city, state or local), Licensed day care center (family projects only), Pharmacy, Community College, Convenience Store.	0pt - 9pts
Zoning	Points will be awarded if the project is appropriately zoned at the time of application.	0pt: Not zoned appropriately 4pts: Zoned appropriately
Local Support	Points will be awarded if applicant demonstrates commitment to the project for property tax abatement or exemption.	0pt: Local support not provided 5pts: Local support provided
Iowa Thriving Communities	Points will be awarded if project is located in Iowa Thriving Communities (Appendix O)	0pt: Project not located in community listed in Appendix O 5pts: Project located in community listed in Appendix O
Nonprofit Ownership	Points will be awarded based on the experience of the Nonprofit Ownership	0pt: Nonprofit Owner with no housing/supportive services experience 5pts: Nonprofit Owner with experience providing any type of housing/supportive services 10pts: Nonprofit Owner with experience providing housing/supportive services to extremely low-income households 15pts: Nonprofit Owner with experience providing housing/supportive services to extremely low-income households in project's market area
Iowa Supportive Housing Institute	Points will be awarded if the project team successfully attended the Iowa Supportive Housing Institute and provided certificate of completion.	0pt: Project team did not attend Institute 5pts: Project team attended Institute

RESOURCES

IFA Website: Notices, Application Package, NHTF Exhibits, Appendices, IFA Forms, and Webinars.

NHTF APPENDICES

Appendix	Description
A	Tip Sheet & Links
B	Links
C	NHTF Maximum Per Unit Subsidy Limits
D	Leverage Contribution Information
E	Underwriting Standards
F	CDC Social Vulnerability Index
G	Appraisal Information
H	Restrictions on Lobbying
I	Lead-Based Paint Requirements
J	Providing Audits (Nonprofit)
K	Providing Financial Statements (For profit)
L	Long-Term Inspection Fees
M	ITG Rate Sheet
N	Noise Standards
O	Iowa Thriving Communities

NHTF EXHIBIT LIST

EXHIBIT	Description	Required
NH-1	Application Certification (IFA Required Form)	Yes
NH-2	Assurances Signature Page (IFA Required Form)	Yes
NH-3	Applicant Recipient Disclosure Update Form (HUD 2880)	Yes
NH-4	W-9 Form	Yes
NH-5	Minority Impact Statement (IFA Required Form)	Yes
NH-6	No Lobbying Certificate (IFA Required Form)	If NHTF Request is over \$100,000
NH-7	Disclosure of Lobbying Activities	If applicable
NH-8	Local Support	Yes
NH-9	Nonprofit Status	Yes
NH-10	Good Standing with Secretary of State	Yes
NH-11	Color Photos of Property & Adjacent Properties	Yes

NH-12	Letters of Intent from lending institutions	Yes
NH-13	Commitment Letter from other sources	Yes
NH-14	PHA Utilities Document	If tenants pay for any utilities
NH-15	Market Information for Proposed Project (IFA Required Form)	Yes
NH-16	Ownership Entity Documentation	If OE is for-profits AND not sole proprietor
NH-17	Documentation for GP/MM & Co-GP/MM	If Project Team includes GP/MM or Co-GP/MM
NH-18	Evidence of Control or Ownership of Site(s)	Yes
NH-19	Map with Site Locations	Yes
NH-20	Site Plan(s)	Yes
NH-21	Plans & Specifications	Yes
NH-22	Leverage (IFA Required Form + Letters of Commitment from match sources)	If applying for Leverage points
NH-23	Noise Abatement & Control (IFA Required Form)	Yes
NH-24	Seller's Acknowledgement Form (IFA Required Form)	Yes
NH-25	Relocation Plan (IFA Required Form)	If existing building
NH-26	Site & Neighborhood Standards (IFA Required Form)	Yes
NH-27	FEMA FIRMETTE Map of each Site	Yes
NH-28	3 Years Balance Sheets and Profit & Loss Statements or Nonprofit Audits	Yes
NH-29	Tax Abatement Documents for Leverage	If tax abatement listed as Leverage
NH-30	Project-Based Rental Assistance	If applying for PBRA points
NH-31	Zoning	If applying for zoning points
NH-32	Iowa Supportive Housing Institute certificate	If applying for ISH Institute points
NH-33	Location Near Services	If applying for Location Near Services points

THRESHOLD ITEMS

EXHIBIT	Description	Required
Application	Complete Application	Yes
Application	Compliance with IFA Programs: IFA determines, at its discretion, whether the Subrecipient or partners listed for the project are delinquent or out of compliance with another IFA program.	Yes
Application	Flood Zone: No assisted unit may be located in an identified or proposed flood zone.	Yes
Application	Wetland: No assisted unit may be located in a designated wetland.	Yes
Application	Repay/Forfeit Funds: The Ownership Entity/General Partner(s) has not worked on any housing project/program where it had to repay or forfeit any federal, state, or local funds.	Yes
Application	Site Control: Applicant must have site control valid for nine months following the NHTF round closing date.	Yes
Application	Zoning: Property location is zoned correctly or will be prior to construction.	Yes
Application	Minimum NHTF Subsidy: At least \$1000 per unit.	Yes
Application	NHTF Subsidy Layering: IFA will evaluate the project in accordance with subsidy layering guidelines adopted by HUD.	Yes
Application	Radon: All homes must be tested for radon. If a home tests over 4.0 pCi/L, a mitigation system must be installed.	Yes
Application	NHTF Certification: Application includes NHTF Certification that Subrecipient will comply with all applicable state and federal laws and regulations.	Yes
Application	Local Support: Application demonstrates local support for proposed activity.	Yes
Application	Evidence of Need: Application provides evidence of need, potential impact, feasibility, and impact of proposed activity in the existing housing market.	Yes
Federal 24 CFR 93.301 & 24 CFR 35	Lead Based Paint: Applicant agrees to use a Lead Safe Renovator for lead-based paint issues.	If pre-1978 project
Federal 24 CFR 5	Ineligible Parties: The following parties are not on HUD's debarred list: Ownership Entity, General Partner, Co-General Partner, Developer, Co-Developer, and Management Company	Yes
Federal 24 CFR 93.150	Site & Neighborhood Standards: Incorporate the site and neighborhood standards of the NHTF program to demonstrate proposed project locations will not contribute to undue concentration of affordable housing in RCAP areas.	Yes
Federal 24 CFR 93.300	Gap Financing: Application shows a need for NHTF assistance exists after all other financial resources have been identified and secured for proposed activity.	Yes
Federal 24 CFR 93.300	Pro Rata or Fair Share: The total amount of NHTF funds awarded on a per-unit basis cannot exceed the pro rata or fair share of the	Yes

	total project costs when compared to a similar unit in a rental activity.	
Federal 24 CFR 93.300	NHTF Subsidy Layering: Project will be evaluated in accordance with subsidy layering guidelines adopted by HUD.	Yes
Federal 24 CFR 93.250	NHTF Income Limits: All NHTF-assisted units will be rented to extremely low-income households, at/below 30% AMI.	Yes
Federal 24 CFR 93.302	NHTF Rent Limits: NHTF-assisted units meet NHTF rent limits.	Yes
Federal 24 CFR 93.301	Property Standards: All rental housing will be constructed in accordance with any locally adopted and enforced building or housing codes, standards, and ordinances. In the absence of this, the state building standards apply.	Yes
Federal 24 CFR 93.301	NHTF Handicapped Accessibility: If new construction or adaptive reuse, the project must have at least 5% handicapped accessible units.	Yes
Federal 24 CFR 93.301	NHTF Handicapped Accessibility: If new construction or adaptive reuse, the project must have at least 2% visual/hearing handicapped accessible units.	Yes
Federal 24 CFR 93.301 & 24 CFR 51, subpart B	Noise Abatement and Control: Interior noise level does not exceed 45 decibels (dB).	Yes
Federal BABA Act, 41 USC 8301	BABA Act: Project will comply with the requirements of the Build America, Buy America (BABA) Act and all applicable rules and notices, as may be amended.	Yes
Federal 24 CFR 93.400	Project Timeline: Activity timeline is within HUD guidelines.	Yes
State NHTF Allocation Plan	Per Unit Dollar Limits: The total amount of NHTF funds awarded on a per-unit basis may not exceed the per unit dollar limits established in the State of Iowa NHTF Allocation Plan.	Yes
State NHTF Allocation Plan	Eligible NHTF Applicant	Yes
State NHTF Allocation Plan	Eligible NHTF Activities	Yes
State NHTF Allocation Plan	NHTF Purpose & Consolidated Plan: Application proposes housing activity consistent with NHTF purpose and eligibility requirement and with the state consolidated plan.	Yes
State NHTF Allocation Plan	Award Limit: Award limited to HUD's per-unit cap. The 2026 award maximum is ~\$2.3 million.	Yes
State NHTF Allocation Plan	Capacity: Application documents applicant's capacity to administer proposed activity.	Yes