Qualified Contract Request Application

Please complete and return with the required documentation to:

**Missouri Housing Development Commission**

**Please Direct Questions To: Program Compliance Administrator**

**Phone: 816-759-6856**

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**1. Name, address and LIHTC property number of property:**

|  |  |
| --- | --- |
| Property Name |       |
| Street |       |
| City, State, Zip |      ,             |
| Property Number |       |

**2. Information on partners in the ownership entity:** *(please list any additional partners on an attachment)*

|  |  |
| --- | --- |
| Name |       |
| Street |       |
| City, State, Zip |      ,             |
| Phone Number |       | [ ]  General Partner | [ ]  Limited Partner |
| e-mail address |       |  |  |

|  |  |
| --- | --- |
| Name |       |
| Street |       |
| City, State, Zip |      ,             |
| Phone Number |       | [ ]  General Partner | [ ]  Limited Partner |
| e-mail address |       |  |  |

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| --- | --- |
| Name |       |
| Street |       |
| City, State, Zip |      ,             |
| Phone Number |       | [ ]  General Partner | [ ]  Limited Partner |
| e-mail address |       |  |  |

**3. Property details:**

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| --- | --- | --- |
| a) | How many buildings are in the property? |       |

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| --- | --- |
| b) | Please indicate the date that each building was placed in service and the first year in which you claimed credits on each (below): Are copies of original 8609’s for each building available upon request: [ ]  Yes [ ]  No*(Please list information on additional buildings on an attached sheet if necessary.)* |

|  |  |  |
| --- | --- | --- |
| Building Identification No.(BIN) | Placed In Service Date | 1st Year Credits Claimed |
|       |       |       |
|       |       |       |
|       |       |       |
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| --- | --- | --- |
| Building Identification No.(BIN) | Placed In Service Date | 1st Year Credits Claimed |
|       |       |       |
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| c) | Does the Extended Use Agreement state that the owner may request a qualified contract from MHDC? [ ]  Yes [ ]  No  |

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| --- | --- | --- | --- |
| d) | Is the property mixed income (contains unrestricted units)? | [ ]  Yes  | [ ]  No |

|  |  |
| --- | --- |
| e) | Does the partnership agreement or other legal documentation grant any form of preference for purchasing the property? (For example, a right of first refusal granted to a nonprofit partner.) [ ]  Yes [ ]  No If yes, please provide the relevant documentation and information on the individual or entity holding such right. |
|  |  |
|  | Name |       |
|  | Address 1 |       |
|  | Address 2 |       |
|  | City, State, Zip |      ,             |
|  | Phone Number |       |
|  |  |  |
| f) | Does the partnership agreement or other legal documentation provide for any form of agreement to sell the property for less than Fair Market Value? [ ]  Yes [ ]  No If yes, please provide the relevant documentation and information on the individual or entity holding such right. |
|  |  |
|  | Name |       |
|  | Address 1 |       |
|  | Address 2 |       |
|  | City, State, Zip |      ,             |
|  | Phone Number |       |
|  |  |  |  |  |

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| g) | Is the owner willing to obtain a waiver of the above option(s) or right of first refusal? [ ] Yes[ ]  No  |
|  | If yes, attach copy of waiver.  |
|  | If no, explain.  |       |
|  |       |
|  |       |

**4. Noncompliance:**

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| a) | Has the property been cited for any (currently) uncorrected violations through an 8823 filed with the IRS? [ ]  Yes [ ]  No If yes, please state the nature and date of the violation (include copies of all uncorrected 8823s). |

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| --- | --- |
| Nature of Violation | Violation Date |
|       |       |
|       |       |
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| b) | Please explain the current physical condition of the property:       |
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**5. Affordability Restrictions:**

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| a) | Is the property subject to additional affordability restrictions due to loan agreements (i.e., USDA Rural Development, MHDC, HOME, State/local funding, etc.)? [ ]  Yes [ ]  No If yes, please describe the program and affordability period:      Also, submit copy of loan agreement. |

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| b) | Does the property have project based rental assistance? [ ]  Yes [ ]  No If yes, please describe the program details:      Also, please submit a copy of the contract.  |

Please provide any additional information that may influence the sale of this property

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|       |

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| I certify, as authorized representative of the ownership entity, to the best of my knowledge and belief, that all factual information provided herein or in connection herewith is true and correct and that I will at all times indemnify and hold harmless MHDC and its assigns against all losses, costs, damages, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to MHDC’s acceptance, consideration, approval, or disapproval of this Application. The waiting period is defined as one year from the date MHDC receives the QCP Request. I understand and agree that MHDC may, in its sole discretion, make a determination to toll the waiting period if all required items have not been submitted, fully supported and approved by MHDC within the required time period.To complete the application I have attached the following documents:1. copies of all uncorrected 8823s with evidence of resolution;
2. interior and exterior photos;
3. narrative description to include financing, equity contributions, unit structure and current rent levels, occupancy levels, and market conditions;
4. location map;
5. site plan and
6. name and contact information of the current owner and management company.
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| Owner |       |
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|  |  |
| By |       |
|  |  |
|  |  |
|  |  |
| Signature  |  |
|  |  |
| Printed Name of Signatory |       |
|  |  |
| Date |       |

(Notarized)

STATE OF MISSOURI )

 ) ss.

County of       ) (SEAL)

The foregoing instrument was acknowledged before me this       day of       , 20      by

My commission expires

 Notary Public