**HOUSING TAX CREDIT PROGRAM**

#### LURA REQUEST FORM

**PROJECT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT NAME: \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECT OWNER: \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  (1) Please confirm the following information.

1. Confirm the property address.

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Verify Unit Mix.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of BR/Unit Type | 30% of Median Income | 50% of Median Income | 60% of Median Income | 80% of Median Income | Manager’s Unit\* | Market Rate Unit |
| 0-BR |  |  |  |  |  |  |
| 1-BR |  |  |  |  |  |  |
| 2-BR |  |  |  |  |  |  |
| 3-BR |  |  |  |  |  |  |
| 4-BR |  |  |  |  |  |  |

 \*Include only if it was a part of your original application. Otherwise, you will need to check with Asset Management.

1. Confirm Set-Aside. Choose an item.
2. Confirm the number of vouchers. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  (2) Complete Exhibit A – Legal Description (form attached);

[ ]  (3) Complete Exhibit B – Minimum Applicable Fraction by Building (form attached);

[ ]  (4) Complete Exhibit C – Projects Reserved for Choose an item. (form attached);

[ ]  (5) Complete Exhibit D – Smoke Free Form (form attached) and official certification (if available) from the Smoke Free @ Home New Mexico Program;

[ ]  (6) Complete Exhibit E – Certification of Eligible Basis (form attached);

[ ]  (7) Provide the correct signature blocks for those signing the LURA.

Please upload the Request LURA Form with attachments to Sharefile within 30 days.

**Further Information:** Contact Christi Wheelock (505) 767.2279 or Ada Mendez (505) 308.4223

**EXHIBIT A**

**LEGAL DESCRIPTION**

That certain real Property located in Choose an item. County, New Mexico and more particularly described as follows:

**EXHIBIT B**

**Minimum Applicable Fraction by Building**

|  |  |  |
| --- | --- | --- |
| Building AddressStreet Address, City, State, Zip(or Description of Building Location) |  | Minimum Applicable Fraction |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EXHIBIT C**

**Set Aside Commitment for Households with Special Housing Needs**

At least Click or tap here to enter text. (Click or tap here to enter text.) of the residential rental units in the Project shall be constructed, equipped, set-aside and made available for occupancy on a priority basis to Households with Special Housing Needs. Set-aside units shall not be rented to other households unless the unit has been marketed for 30 days and no qualified Households with Special Housing Needs have been found.

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Service Plan****Component** | **Promised Requirement Detail** |  |  |
| Set-aside requirement and design elements and social service plan meet all requirements as described in the Click or tap here to enter text. QAP & Service Coordination Certification (“Certification”) | Click or tap here to enter text. |  |  |
| Experienced service coordinator on site | Click or tap here to enter text. |  |  |
| Service/Program #1: (describe) | Click or tap here to enter text. |  |  |
| Service/Program #2: (describe) | Click or tap here to enter text. |  |  |
| Meet w/resident w/in 60 days of move-in & semi-annually thereafter, follow-up as needed | Click or tap here to enter text. |  |  |
| Conduct Annual Survey | Click or tap here to enter text. |  |  |
| Marketing Plan (as described in Certification) | Click or tap here to enter text. |  |  |
| Subject to Reporting Requirements (as described in Certification) | Click or tap here to enter text. |  |  |
| Food Pantry (as described in Certification) | Click or tap here to enter text. |  |  |
| Free Transportation Services (as described in Certification) | Click or tap here to enter text. |  |  |
| Health Promotion, Disease Prevention, Wellness Class, etc. (as described in Certification) | Click or tap here to enter text. |  |  |
| Case Management services (as described in Certification) | Click or tap here to enter text. |  |  |
| MOU w/Qualified Service Provider (as described in Certification) | Click or tap here to enter text. |  |  |

**EXHIBIT D**

Click or tap here to enter text. will be a non-smoking property and participate in the Smoke Free @ Home New Mexico Program and obtain one of the following Certifications:

|  |  |  |
| --- | --- | --- |
| [ ]  | Smoke Free at Home NM Platinum Certification | for new construction projects which do not allow smoking at any time on any part of the project property |
| [ ]  | Smoke Free at Home NM Gold Certification | for new construction, rehabilitation and/or adaptive reuse projects on which no smoking is permitted at any time on any part of the project property |
| [ ]  | Smoke Free at Home NM Silver Certification | for new construction, rehabilitation and/or adaptive reuse projects which do not allow smoking inside any of the units and common areas, nor within 25 feet of all entry ways and windows of the project buildings |

Further, prior to the date the project is placed in service, the Project Owner will: 1) provide space to the Smoke Free @ Home team for twice yearly smoking cessation seminars for tenants of the Project, and 2) incorporate a smoke-free addendum into all tenant leases.

**EXHIBIT E**

**CERTIFICATION OF ELIGIBLE BASIS**

By executing this Agreement, Project Owner certifies that the costs of the following improvements are excluded from eligible basis, as it is defined in Section 42(d) of the Code.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |