

EXHIBIT H

**UNIVERSITY / MACOMB APARTMENTS RFP
FORMS**

UNIVERSITY / MACOMBS APARTMENTS RFP
APPLICANT DESCRIPTION

All applicants shall complete pages 1 - 3 of this form. Applicants that include a not-for-profit entity as a principal of the developer or a member of the development team shall also complete pages 4 - 6.

Name of Applicant: _____

Name of Contact Person: _____

Address: _____

Telephone No: _____ FAX No. _____

COMPOSITION OF APPLICANT ENTITY:

1. Type of organization (i.e. partnership, corporation, limited liability company, joint venture): _____

2. Provide the following information about all principals of the applicant. For corporations, provide the names of the officers and any shareholders owning 10% or more; for partnerships, provide the names of all general partners. For joint ventures, provide the information separately for each entity that comprises the joint venture. Also, state the role that each principal would play in the development of the site, using the categories specified below.

NAME OF ENTITY # 1: _____ **Percent Interest in Proposed Project:** _____

PRINCIPALS: Name/Position/Title	Home Address	Role*	% Interest in Entity	Social Security No.

NAME OF ENTITY # 2: _____ **Percent Interest in Proposed Project:** _____

PRINCIPALS: Name/Position/Title	Home Address	Role*	% Interest in Entity	Social Security No.

* Role Categories: GP = General/Managing Partner; GC = General Contractor; F = Provides financing, inactive; A = Architect; L = Legal Services; MA = Managing Agent; O = Other (specify)

3. Provide the names, addresses, telephone and FAX numbers of members of the development team to the extent that these have been decided; if unknown, enter "N/A".

DEVELOPMENT TEAM:

<u>Architect:</u>	<u>Marketing Agent:</u>
<u>General Contractor:</u>	<u>Managing Agent:</u>
<u>Legal Counsel:</u>	<u>Social Service Provider:</u>
<u>Other:</u>	<u>Other:</u>

Is there an identity of interest between any principals of the developer and any other entities that comprise the development team? Yes [] No []

If yes, please explain.

4. Has any principal identified above, or any organization in which the principal is or was a general partner, corporate officer, or owned more than 10% of the shares of the corporation, been the subject of any of the following:

- (1) Arson conviction or pending case? Yes [] No []
- (2) Harassment complaint filed by the New York State Division of Rent Control or the New York State Division of Housing and Community Renewal? Yes [] No []
- (3) Had an ownership or management interest in a property that was taken in rem by the City or assigned by a judge of Landlord and Tenant Court to a 7A Administrator or receiver? Yes [] No []

- (4) City mortgage foreclosure or currently more than 90 days in arrears on any City loan? Yes [] No []
- (5) Default on any contract obligation or agreement of any kind or nature entered into with the City of New York or one of its agencies? Yes [] No []
- (6) In the past 5 years, failed to qualify as a responsible bidder, or refused to enter into a contract after an award has been made, privately or with any government agency? Yes [] No []
- (7) In the last 7 years, filed a bankruptcy petition or been the subject of involuntary bankruptcy proceedings? Yes [] No []
- (8) In the last 5 years, failed to file any required tax returns, or failed to pay any applicable Federal, State of New York, or City taxes or other charges? Yes [] No []
- (9) Been convicted of fraud, bribery, or grand larceny? Yes [] No []

If the answer to any question is yes, provide the following information about each instance: name of principal(s); name(s) of organization(s) or corporation(s); principal's status in the organization or corporation (e.g. officer), the date of the action, and current status and disposition.

CERTIFICATION

[This certification must be signed by one of the principals listed above; if the applicant is a joint venture, it must be signed by a principal of each entity that comprises the joint venture.]

I certify that the information set forth in this application and all attachments and supporting documentation is true and correct. I understand that the City of New York will rely on the information in or attached to this document and that this document is submitted to induce the City of New York to select this proposal for development of a site.

I understand that this statement is part of a continuing application and that until such time that the subject project is finally and unconditionally approved by the City of New York, I will report any changes in or additions to the information herein, and will furnish such further documentation or information as may be requested by the City of New York or any agency thereof.

I understand that if I receive preliminary designation to develop this site, I must submit all additional disclosure forms required.

Name of Organization	Signature
Date	Print or Type Name and Title
Name of Organization	Signature
Date	Print or Type Name and Title

UNIVERSITY / MACOMBS APARTMENTS RFP
NOT-FOR-PROFIT ORGANIZATION
APPLICANT DESCRIPTION

Name of
Organization: _____
Office
Address: _____

City: _____ State: _____ ZIP Code _____

Executive Director: _____

Contact Person: _____ Title: _____

Phone No. _____ FAX No. _____

ROLE OF ORGANIZATION IN THE PROJECT: Describe the role that the not-for-profit organization will play, such as developer, marketing agent, etc.

Date
Established: _____ Date
Incorporated: _____

CERTIFICATION: I CERTIFY THAT THE INFORMATION SET FORTH IN THIS DISCLOSURE STATEMENT AND ITS ATTACHMENTS IS TRUE AND CORRECT.

Signature of Officer

Print Name and Title

Date

UNIVERSITY / MACOMBS APARTMENTS RFP
NOT-FOR-PROFIT ORGANIZATION
DIRECTORS, OFFICERS, AND KEY STAFF

Name of Organization: _____

Name and Home Address	Position and/or Office in Organization	Date of Initial Appointment	Current Occupation and Name of Employer

UNIVERSITY / MACOMBS APARTMENTS RFP
NOT-FOR-PROFIT ORGANIZATION
MAJOR SOURCES OF FUNDING

Name of Organization: _____

Provide the following information regarding your major sources of funding during the two years preceding the deadline for submission of proposals under this RFP.

Funding Source (Agency, Department, etc.)	Name of Program	Contact Person Name and Phone Number	Purposes of Funding	Dates of Funding	Funding Amount

UNIVERSITY / MACOMBS APARTMENTS RFP
FINANCIAL PROPOSAL

Name of Applicant: _____

I. <u>DEVELOPMENT COSTS</u>	<u>AMOUNT</u>
A. ACQUISITION COST (\$1 per building and vacant lot)	\$ _____
B. HARD COSTS	
1. Contractor's Price	
a. New Construction	\$ _____
b. Rehabilitation	\$ _____
2. Hard Cost Contingency (____% of Contractor's Price)	\$ _____
3. TOTAL HARD COSTS	\$ _____
<p>(Hard costs includes brick & mortar, overhead, profit, security, letter of credit, fees, permits and general conditions Total hard costs must equal the total on the Trade Payment Breakdown, Form 3).</p>	
C. SOFT COSTS	
1. Commitment Fees	
a. Private Lender's Commitment Fees	
Construction Loan	\$ _____
Permanent Loan	\$ _____
b. HDC Commitment Fee (.75%)	\$ _____
2. Borrower's Architect's Fee	\$ _____
3. Borrower's Legal Fee	\$ _____
4. Private Lender's Legal Fees	
Construction Loan	\$ _____
Permanent Loan	\$ _____
5. Private Lender's Engineering Fee	\$ _____
6. Appraisal Fee	\$ _____
7. Survey	\$ _____
8. Hazardous Materials Report	\$ _____
9. Title Insurance	\$ _____
10. Mortgage Recording Tax	\$ _____

Name of Applicant: _____

11.	Construction Interest (____ months) (Use and state formula as per instructions of private lender)	\$ _____
12.	Real Estate Taxes During Construction (____ months)	\$ _____
13.	Water and Sewer Charges (____ months)	\$ _____
14.	Fire and Extended Liability Insurance	\$ _____
15.	Mortgage Insurance Fee	\$ _____
16.	Marketing	\$ _____
17.	J-51 Fee including expeditor	\$ _____
18.	HDC Bond Issuance and Negative Arbitrage (4%)	\$ _____
19.	Letter of Credit Renewal - 2 yrs (1.25%)	\$ _____
20.	Operating Reserve (\$1,000/DU)	\$ _____
21.	Tax Credit Certification	\$ _____
22.	Partnership Organizational/Legal Fees	\$ _____
23.	Syndication Tax Opinion	\$ _____
24.	Accounting/Cost Certification	\$ _____
25.	Soft Cost Contingency	\$ _____
26.	Developer's Fee	\$ _____
27.	TOTAL SOFT COSTS (C1 through C26)	\$ _____
D.	TOTAL DEVELOPMENT COST (A + B3 + C27)	\$ _____

Name of Applicant: _____

II. INCOME & EXPENSE SCHEDULE

A. Residential Income (Rents)

<u>Unit Size</u>	<u># of Units</u>	<u>Monthly Rent</u>	<u>Annual Rent</u>
0 BR	_____	_____ x 12 =	_____
1 BR	_____	_____ x 12 =	_____
2 BR	_____	_____ x 12 =	_____
3 BR	_____	_____ x 12 =	_____
4 BR	_____	_____ x 12 =	_____
Super*	_____	_____ x 12 =	_____
			Total \$ _____
Less Vacancy Allowance of ____%			(\$ _____)
			Net Residential Income \$ _____

B. Commercial/Retail Income (Rents)

<u>Rentable Sq. Ft.</u>	<u>Average Rental per Sq. Ft.</u>	<u>Gross Commercial Income</u>
_____	_____	_____
Less Vacancy Allowance of ____%		(\$ _____)
		Net Commercial Income \$ _____

C. TOTAL NET RENTAL INCOME

\$ _____

D. Expenses - Annual

<u>Item</u>	<u>Amount</u>
1. Real Estate Tax (w/ J-51)	\$ _____
2. Water/Sewer Charges	\$ _____
3. Insurance	
Property Premium	\$ _____
Liability Premium	\$ _____
4. Staff Salaries # Full Time Staff _____	
# Part Time Staff _____	\$ _____
5. Elevator Maintenance	\$ _____
6. Cleaning Supplies	\$ _____
7. Exterminating	\$ _____
8. Heating Gas	\$ _____

Name of Applicant: _____

- | | |
|--|----------|
| 9. Gas and Electric | \$ _____ |
| 10. Cooking Gas | \$ _____ |
| 11. Painting | \$ _____ |
| 12. Exterminating | \$ _____ |
| 13. Repairs and Replacements | \$ _____ |
| 14. Professional Fees | |
| Legal | \$ _____ |
| Accounting | \$ _____ |
| 15. Mortgage Insurance | \$ _____ |
| 16. Building Reserves (<u>Min. 2% of Gross Residential</u>
<u>Income or \$300/unit</u>) | \$ _____ |
| 17. Management Fees | \$ _____ |
| 18. Other (specify): _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL EXPENSES: \$ _____

* If the superintendent does not reside in the building, he/she must reside within one block or 200 feet, whichever is greater, of the building. If the superintendent does not reside in the building, or within one block or 200 feet, include a letter with this Form explaining where he/she will reside and how the janitorial services will be provided in a manner consistent with the Housing Maintenance Code.

E. Income/Expenses Summary

- | | |
|--|----------|
| 1. Net Residential Income (II C) | \$ _____ |
| 2. <u>Less</u> Total Expenses (II D) | \$ _____ |
| 3. Net Operating Income | \$ _____ |
| 4. Available for Mortgage <u>for Private Lender or HDC</u>
(Net Operating Income / Debt Service Coverage
Ratio of _____ determined by the Private Lender <u>or HDC</u>) | \$ _____ |
| 5. Mortgage from <u>HDC</u> | \$ _____ |
| 6. Mortgage other Public Funds (NOI/DSC Ratio of 1.15) | \$ _____ |

Name of Applicant: _____

III. SOURCES OF CONSTRUCTION FINANCING

- A. TOTAL DEVELOPMENT COST (I D) \$ _____
- B. EQUITY (Minimum of 10%)
(Please indicate sources of equity below) \$ _____
- C. HDC Bond \$ _____
- D. NYCHA SUBSIDY \$ _____
- E. OTHER, if applicable (specify source: _____) \$ _____
- F. TOTAL SOURCES OF FUNDS (B + C + D + E) \$ _____
(This total should equal Total Development Cost)

CONSTRUCTION LENDER: _____

INTEREST RATE: _____ TERM: _____

INTEREST RATE: _____ TERM: _____

SOURCE(S) OF EQUITY: _____

IV. SOURCES OF PERMANENT FINANCING

- A. HDC MORTGAGE \$ _____
- B. TAX CREDIT EQUITY \$ _____
- C. NYCHA SUBSIDY \$ _____
- D. DEVELOPER EQUITY \$ _____
- E. PUBLIC FUNDS (IF ANY) \$ _____
- F. OTHER (specify): _____ \$ _____
- G. TOTAL SOURCE OF FUNDS (A - F) \$ _____
(This should equal TDC less Equity in III above)

PERMANENT LENDER - FIRST: _____

PERMANENT LENDER - SECOND: _____

INTEREST RATE: _____ TERM: _____

INTEREST RATE: _____ TERM: _____

INTEREST RATE: _____ TERM: _____

SOURCES OF EQUITY: * Cash: _____
Other (specify): _____
Other (specify): _____

*The Assets Statement (Form 6) must demonstrate sufficient assets to provide the required equity.

SOURCE OF PUBLIC FUNDS (if any): _____

Name of Applicant: _____

SUMMARY OF PROPOSAL

Total Development Cost (I D)
\$ _____

Equity
\$ _____

HDC Loan
\$ _____

NYCHA Subsidy
\$ _____

Other Funding, if applicable (specify) _____
\$ _____

Number of Buildings: _____

Total Number of Rental Units: _____

Aggregate Sq. Footage of Commercial Space: _____

UNIVERSITY / MACOMBS APARTMENTS RFP
RESIDENTIAL DEVELOPMENT EXPERIENCE

DEVELOPMENT EXPERIENCE

NAME OF RESPONDENT: _____

NAME OF ENTITY/INDIVIDUAL*: _____

* If other than Respondent (i.e. member of a joint venture).

	PROJECT 1	PROJECT 2	PROJECT 3
1	Project Name and Address		
2	Role (a)		
3	Type (b)		
4	Category (c)		
5	# of Buildings in Project		
6	# of Stories		
7	Total # of Units		
8	Retail Space (Sq. Ft.)		
9	Office Space (Sq. Ft.)		
10	Total Development Cost		
11	Start Date (Mo./Yr.)		
12	Completion Date (Mo./Yr.)		
13	Status (d)		
14	Government Program (e)		
15	Construction Lender (f)		
16	Permanent Lender (f)		
17	Marketing Method (g)		
18	Marketing Period (h)		
19	Initial Occupancy & 90% Leased (i)		
20	Management (j)		

ALL RESPONSES MUST BE TYPED. START WITH MOST RECENT PROJECT FIRST. COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

(a) ROLE: Indicate the role or roles you played in the development of each property listed. If developed as part of a joint venture, indicate such by adding JV to the respective role (e.g., D/JV).

D=Developer; B=Builder; GC=General Contractor; CM=Construction Manager; F=Provided Financing, inactive; O=Other (specify)

(b) TYPE: Project Type: RH=Rental Housing; CH=Coop/Condo Housing; SF=Single Family Housing; O=Office; R=Retail; M=Mixed Use

(c) CATEGORY: NC=New Construction; SR=Substantial Rehab; MR=Moderate Rehab

(d) STATUS: Indicate if project is Pre=Pre-development; UC=Under Construction; Com=Completed

(e) GOVERNMENT PROGRAM: Provide the name of the program; contact name and telephone number.

(f) CONSTRUCTION/PERMANENT LENDER: Provide the name of the institution.

(g) MARKETING METHOD: Indicate if you marketed the project directly or used a marketing agent. Provide the name of the marketing agent used, if any.

(h) MARKETING PERIOD: Provide the month/year for the start and completion of marketing.

(i) INITIAL OCCUPANCY & 90% LEASED: Provide the month/year for the date of initial occupancy and the date that 90% of the project was under contract or leased.

(j) MANAGEMENT: Indicate if you manage the project directly or use a property manager. Provide the name of the property manager used, if any. Indicate N/A if you no longer own the project.

UNIVERSITY / MACOMBS APARTMENTS RFP
RESIDENTIAL MANAGEMENT EXPERIENCE

Name of Applicant (Developer): _____

Principal whose experience is described below: _____

	PROJECT NO. <input type="text"/>	PROJECT NO. <input type="text"/>	PROJECT NO. <input type="text"/>
Project Name, if any; Address(es) (number, street, zip, borough, city, state.) Include blocks/lots if in New York City.			
Role (i.e. managing partner; limited partner; general contractor; architect; lawyer; investor, consultant):			
Type of Project (i.e. new construction; substantial rehabilitation; moderate rehabilitation):			
Housing Type (i.e. 1 - 4 family homes; multifamily rental; coop or condo):			
Number of Buildings: Number of Residential Units sq. ft. of commercial space:			
Construction(Hard) Cost: Total Development Cost:			
Start Date: Completion Date (actual or estimated):			
Current Status (i.e. predevelopment; in construction _____% complete, completed):			
Government Program, if any (Provide name of Program & Agency, name and current phone of reference):			
Construction Lender (Provide name of institution and current name and phone number of reference):			
Owner ("Self" or provide name and phone number):			

UNIVERSITY / MACOMBS APARTMENTS RFP
RESIDENTIAL MANAGEMENT EXPERIENCE

Name of Applicant (Developer): _____

Principal or Management Agent Whose Experience is Described Below: _____

Address (number, street, zip, borough, city; include blocks & lots if in NYC):	Housing Type (<i>i.e.</i> 1 - 4 family homes; multifamily rental; cooperative; condominium):	Number of Buildings: Number of Units:	Dates Managed (From - To):	Role (manager or used agent):	Government Program, if any (Program, Agency, contact, and current phone number):	Owner ("Self" or Provide name and phone number):

**UNIVERSITY / MACOMBS APARTMENTS RFP
INDIVIDUAL'S PROPERTY LISTING**

Name of Applicant (Developer): _____

Principal Whose Property is Listed Below: _____ Date: _____

List below all properties owned and/or managed by the principal either currently or within the five (5) year period preceding the deadline for submission of proposals in response to this RFP. Use additional pages as needed.

Property Address: Building Number, Street City, State, Zip	Block/Lot (if in NYC)	Number Of DU's	Dates Of Ownership		Dates Of Management	
			From	To	From	To

UNIVERSITY / MACOMBS APARTMENTS RFP
ASSETS STATEMENT

ASSETS STATEMENT

Name of Applicant: _____
Site(s) Applied For: _____

Assets Statement must be dated and signed.
Assets Statement must describe financial status within the last twelve months.

Financial Statement is submitted for (check one)

- Individual
- Corporation
- Limited Partnership
- Not-For-Profit
- Other (specify): _____

Section 1 - Personal Information

Name:		
Business Name:		
Business Phone:		
Marital Status:		
Residence Address:		
City:	State:	Zip Code:
Business Address:		
City:	State:	Zip Code:
Position (Title):	Years of Service:	
Salary:	Bonus/Commission:	
Other Income:	Source:	
Gross Life Insurance:		
Beneficiaries:		

Are you a defendant in any lawsuits or legal action? If so, describe below:

Do you have any contingent liabilities? If so, describe below:

UNIVERSITY / MACOMBS APARTMENTS RFP
ASSETS STATEMENT

ASSETS STATEMENT

Section 2 - Statement of Financial Condition

ASSETS DOLLARS (omit cents) **LIABILITIES** DOLLARS (omit cents)

Cash On Hand and in Banks		Notes Payable to Banks	
		<i>Secured</i>	
Notes Receivable:		Notes Payable to Banks	
		<i>Unsecured</i>	
Real Estate			
<i>See Schedule A</i>		Notes Payable to Others	
Mortgages Owned		<i>Secured</i>	
	<i>See Schedule B (Part 1)</i>		
Marketable Securities		Notes Payable to Others	
	<i>See Schedule B (Part 2)</i>	<i>Unsecured</i>	
Cash Value of Life Insurance			
		Debt Balances in Margin	
Other Assets*			
	Itemize		
		Accounts with Brokers	
		Loans Against Life	
		Insurance	
		Mortgages on Real Estate	
		See Schedule A	
		Other Liabilities (Itemize)	
Total Assets		Total Liabilities	
		Net Worth	

UNIVERSITY / MACOMBS APARTMENTS RFP
ASSETS STATEMENT

ASSETS STATEMENT

Name of Applicant: _____
 Site(s) Applied For: _____

Schedule C - Income From Properties	1	2	3	4	5	6
Property No. (Refer to Schedule A)						
Present Annual Gross Income <i>Not Including Vacancies and Concessions</i>						
Less Total Operation Expenses and Property Taxes						
Net Income						
Less Amortization and Income Payments						
Net Profit						
Net Rental Value of Present Vacancies						
Annual Rental Value of Space on which lease expires during next six months						
Net Profit Last Year						
Amount & Classes of Insurance Carried						

List Other Encumbrances, Debts, Taxes, Mortgage Installments or Interest Past Due:

By whom are present Mortgages on Property held?

Any Mortgage(s) endorsed or guaranteed? If so, by whom?

UNIVERSITY / MACOMBS APARTMENTS RFP
ASSETS STATEMENT

List (circumstances of) any litigation or judgment(s) pending in connection with the above listed Properties.

If additional room needed, attach Supplemental Schedule B (Part 2).
For the purpose of procuring and maintaining credit from time to time in any form whatsoever with you, the undersigned hereby represents the above to be a true and accurate Statement signed as of the date herein before set forth and agrees (I) that, if said Statement or any part thereof proves false or misleading in any particular, each and all of the obligation and/or liabilities of the undersigned of every kind to you, whether joint or several, primary or secondary, direct or contingent. shall, at your option, become immediately due and payable all without demand or notice of any kind and (II) that you will be notified promptly in writing of any materially unfavorable changes in the financial conditions herein set forth and, in the absence of such notice or the submission to you of a new and full written Statement that may be considered as a continuing Statement and substantially correct. Whenever the undersigned may apply to you for credit, and until a substitute Statement may have been submitted to you, this Statement shall have the same force and effect as if delivered at the time such further credit is requested.

Date

Signature
