



## THE CALIFORNIA DEBT LIMIT ALLOCATION COMMITTEE (CDLAC)

### **SUPPLEMENTAL APPLICATION FOR AN ALLOCATION OF THE STATE CEILING ON QUALIFIED PRIVATE ACTIVITY BONDS FOR A QUALIFIED RESIDENTIAL RENTAL PROJECT (QRRP)**

CDLAC Applicant (Issuer): \_\_\_\_\_

CDLAC Project Sponsor: \_\_\_\_\_

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

#### CDLAC Applicant Certification

We, the undersigned, hereby make a Supplemental Application to the California Debt Limit Allocation Committee ("CDLAC") for the purpose of providing rental housing as described herein.

We agree it is our responsibility to provide CDLAC an electronic Supplemental Application, accompanied by a check made payable to the CDLAC in the amount of **\$600**. We understand that succinct answers providing the requested information are required. We understand that if additional space is required, each additional page will be clearly labeled. We agree that it is also our responsibility to provide all information that is deemed by CDLAC to be necessary to evaluate our Supplemental Application. We understand that CDLAC may verify the information provided and analyze materials submitted as well as conduct its own investigation to evaluate the Supplemental Application. We recognize that we have a duty to inform CDLAC when any information in the Supplemental or previous Application materials are no longer true and to supply CDLAC with accurate information.

We represent that we have read all Government Code sections relevant to the CDLAC Regulations Implementing the Allocation of the State Ceiling on Qualified Private Activity Bonds ("Regulations"). We acknowledge that CDLAC recommends that we seek advice from bond counsel.

We acknowledge that all materials and requirements are subject to change by enactment of federal or state legislation.

In carrying out the development and operation of the proposed project, we agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all CDLAC program requirements.

We acknowledge that our Supplemental Application will be evaluated based on federal and state statutes and regulations pertaining to Qualified Private Activity Bonds for Qualified Residential Rental Projects and the CDLAC Regulations, which identify the minimum requirements, evaluation criteria, priorities, and other standards that will be employed to evaluate Applications. We acknowledge that the information submitted to CDLAC in this Supplemental Application or previous Applications thereto may be subject to the Public Records Act or other disclosure. We understand that CDLAC may make such information public after a final decision by CDLAC has been made on the Supplemental Application. CDLAC will maintain as confidential, certain financial information, but cannot guarantee confidentiality.

The Project Sponsor declares under penalty of perjury that the information contained in the Supplemental Application and previous Applications, exhibits, attachments, and any further or supplemental documentation are true and correct to the best of its knowledge and belief. The Applicant declares that the information in the

Supplemental and previous Application(s) are true and correct to the best of its knowledge and belief, and as to information contained in the Application, exhibits, attachments, and further or supplemental documentation provided by the Project Sponsor, the Applicant is not aware of any information that would cause the Applicant to believe that the Supplemental Application or previous Applications contain any untrue information or omits to state any material information. We understand that misrepresentation may result in the cancellation of an Allocation, and other actions which CDLAC is authorized to take.

The Project Sponsor certifies that the project can be completed within the development budget and the development timetable set forth in our Application. The Project Sponsor further certifies that the proposed project can be operated in the manner proposed within the operating budget set forth in the Application.

The Applicant certifies that it is in compliance with all applicable statutes, laws, rules, and regulations necessary for the transaction of its business.

We agree to hold CDLAC, its members, officers, agents, and employees harmless from any matters arising out of or related to the awarded Allocation.

**Payments and due date:** We acknowledge that all Application materials are to be submitted via the Online Application System. In addition, a check made payable to CDLAC for \$600 (supplemental application filing fee) must be mailed to:

CDLAC  
901 P Street, Suite 213A  
Sacramento, CA 95814

\_\_\_\_\_  
Signature of CDLAC Applicant's (the  
Issuer's) Senior Official or Designee

\_\_\_\_\_  
Signature of Project Sponsor Officer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Submit the CDLAC Application Certification (Attachment 00-A1) via Online Application System.

Ensure checks mailed to CDLAC have the corresponding project name and WEB ID application number.

**Additional CDLAC may be obtained as follows:**

CDLAC web site: <http://www.treasurer.ca.gov/cdlac/>

CDLAC main line: (916) 653-3255

The California Debt Limit Allocation Committee complies with the Americans with Disabilities Act (ADA). If you need additional information or assistance, please contact the Committees at the phone numbers above or TDD 916/654-9922.

## Part I – Financing Teams Information

1. Name of CDLAC Applicant (Entity Issuing Bonds): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

For mailing of official documents:

Name of Applicant's Senior Official: \_\_\_\_\_

Title of Senior Official: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

For questions concerning application:

Name of CDLAC Applicant's Staff Contact Person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

For questions concerning compliance:

Name of CDLAC Applicant's Staff Contact Person: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name of Bond Counsel Firm: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name of Bond Underwriter Firm: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Name of Private Placement Agent Firm (if applicable): \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PART II – ALLOCATION

### ALLOCATION INFORMATION

1. Amount of current Supplemental tax-exempt bond allocation requested: \_\_\_\_\_

Provide **Attachment 35-B**, a narrative explanation of the circumstances surrounding the prior allocation and why additional allocation is being requested. The narrative must include the amount of the previous allocation, the status of the bonds, prior supplemental awards for the Project, the balance of bond proceeds, and a justification for the additional allocation.

2. Original Tax-Exempt Allocation Awarded:

	<u>YES</u>	<u>NO</u>
Has the Original Allocation been used to issue bonds for the Project?	<input type="checkbox"/>	<input type="checkbox"/>
Award Date of Original Allocation (MM/DD/YYYY)		
Original Resolution No. (YY-XXX)		
Amount of Original Allocation		

3. Previous Supplemental Allocation(s) Awarded:

	<u>YES</u>	<u>NO</u>
Has the Project received supplemental allocation(s) prior to this current request?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate how many supplemental allocation(s) have the Project received from CDLAC?		
List all Award Date(s) of Supplemental Allocation(s) (MM/DD/YYYY)		

4. Supplemental Allocation Process (see section 5240)

	<u>YES</u>	<u>NO</u>
Is the Supplemental Allocation request more than 10% of the Project's approved allocation(s) from the Committee?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Supplemental Allocation request more than 52% of the aggregate depreciable basis plus land basis? (Please provide <b>Attachment 15</b> to support this requirement.)	<input type="checkbox"/>	<input type="checkbox"/>
Was the Original Allocation awarded in Round 2 of 2022 or later?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to the first and second question in the table above, please note that approval must go to the CDLAC Committee meeting for approval by Committee members (see Section 5240(b) of CDLAC Regulations).

Applications requiring Committee approval must be submitted at least 45 days prior to the meeting the applicant wishes to seek approval.

For the last question in the box above, if a project's original allocation was in Round 2 of 2022 or later, no increase in the developer fee shall be permitted in association with the increase in costs related to the project, and the Project Sponsor shall be subject to reduction in its tiebreaker calculation determined by the CDLAC for a period of one round (see Section 5240(c) of CDLAC Regulations).

5. A completed **Attachment 40** must be submitted, using the most recent version available online. For Supplemental Applications, 'Points System' and 'Tie Breaker' tabs can be skipped.

### PART III – PROJECT INFORMATION

1.

Project Name: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

The zip code must be included. If the project site does not yet have a street address, contact the local United States Post Office for an approximate zip code.

2. Legislative Districts and Census Tract

a. Federal Congressional District in which the proposed Project is located:	
b. State Senate District in which the proposed Project is located:	
c. State Assembly District in which the proposed Project is located:	
d. Census Tract in which the proposed Project is located:	