Housing Finance Agency

Experience & Capacity

Approval Extension Request

This form is intended for existing developer and Affordable Assisted Living (AAL) operator entities seeking a one-year extension of their approval. Before completing this form, please visit the program page for the program to which you are applying on OHFA's website and review the Experience and Capacity (E&C) Guidelines and FAQs.

Entity Information

Entity Name: _____

Original OHFA Approval Year: _____

Requested Extension Year: _____

Primary Contact: _____

Email Address: _____

Phone Number: _____

Approved Minimum Qualifications Level

Select the minimum qualification (MQ) level for which OHFA previously granted approval:

☐ **LIHTC MQ-4: New to OHFA Entity with 8609s in Other States (4+)**

☐ **LIHTC MQ-5: OHFA Experienced Entity**

☐ **LIHTC MQ-6: OHFA Experienced Mentor Developer**

☐ **HDGF MQ-4: OHFA Experienced HDAP Entity**

☐ **Affordable Assisted Living (AAL) Operator**

Qualification Verification

Identify the project(s) originally used to qualify for the approved MQ level and verify they remain within the applicable 10-year lookback period. **If the prior submitted projects are no longer within the 10-year requirement, a new E&C application needs to be submitted.**

Project Name	OHFA Project # / State Identifier	Placed in Service Date/ FPR Date	Still within 10-year requirement?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Self-Certification

The undersigned certifies the following:

MQ Level

- ☐ The entity continues to meet all requirements of the MQ level identified above.
- ☐ The entity is not requesting approval under a higher MQ level.

Experience Requirement

- ☐ The project(s) used to obtain the original E&C approval remains eligible and continues to satisfy OHFA's current experience requirements.
- ☐ The project(s) used to obtain the original approval remains within the applicable 10-year experience lookback period.

Capacity Requirement

- ☐ The entity maintains substantially the same staffing, organizational structure, experience, and capacity that formed the basis of OHFA's original approval.

Good Standing Requirement

- ☐ The entity remains in Good Standing with OHFA.
- ☐ The entity is not subject to any disqualifying characteristics identified in the current Experience & Capacity Standards.

Material Changes

- ☐ No material changes have occurred since the original approval.

OR

- ☐ Material changes have occurred and are fully disclosed below.

Description of Material Changes

Provide details regarding any changes in ownership, staffing, organizational structure, compliance status, financial condition, or other matters that may affect experience or capacity.

AAL Operators

Please indicate whether any of the operator's existing assisted living communities have been subject to any warnings, citations, deficiency findings, enforcement actions, or other compliance-related notices issued by the Ohio Department of Health during the past year. If so, please provide details and the resolution status.

Required Attachments

The following items must be submitted with this self-certification:

☐ **Copy of most recent OHFA Experience & Capacity Approval Letter**

☐ **Updated organizational chart** (if applicable)

☐ **Documentation supporting continued qualification, if requested**

☐ **Explanation of material changes** (if applicable)

OHFA Reservation of Rights

The entity acknowledges and agrees that submission of this self-certification does not guarantee approval of an extension.

OHFA reserves the right, at its sole discretion, to request additional information, supporting documentation, organizational records, IRS Forms 8609, Final Performance Reports, ownership information, staffing information, financial information, or any other materials deemed necessary to verify continued compliance with the E&C Standards.

Failure to provide requested information may result in denial of the extension request or a requirement to submit a complete E&C submission.

OHFA further reserves the right to re-evaluate an entity's experience, capacity, compliance status, Good Standing status, and eligibility at any time.

Certification and Signature

I certify under penalty of perjury that the information contained in this certification and all accompanying attachments is true, complete, and accurate to the best of my knowledge.

Entity Name: _____

Authorized Representative: _____

Title: _____

Signature: _____ **Date**: _____

FOR OHFA STAFF USE ONLY

Approved: ☐ Yes ☐ No

Reviewed by: _____ Approval Year: _____

Comments: