

## DEVELOPER EXPERIENCE

Complete the information below for each development your organization has carried out within, at minimum, the last five years. List only those developments that have activities, features, and/or are similar in size or type (family, elderly, special needs) to the proposed development. *Do not include developments that do not have a certificate of occupancy.* Attach additional copies of this form as needed.

Development Name:		City, State:		Developer Contact Name:		Telephone Number:	
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Placed-in-Service Date:  Number of Total Units:  Number of Low-Income Units:	
Is permanent financing in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had to make capital contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No			No. of Months in Lease-Up Period <sup>1</sup>		Physical and Economic Occupancy %'s for Each of the Last Two Years <sup>2</sup> <u>Physical</u> <span style="margin-left: 150px;"><u>Economic</u></span>		
Development Lender:			City, State:		Contact Person:		Telephone Number:
Development Equity Provider:			City, State:		Contact Person:		Telephone Number:
Has the development ever had a financial audit performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the financial statement year:			If an audit has been performed, has the audit been qualified based on the development's ability to remain a going concern? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person at Audit Provider:		Telephone Number:



<sup>1</sup>Lease-Up Period = Time from Occupancy Certificate Receipt to 90% Occupancy Achievement

<sup>2</sup>Economic Occupancy = Actual Rents Received Divided by Gross Potential Rents

## DEVELOPER EXPERIENCE CERTIFICATION

Developer Name: \_\_\_\_\_

Number of years in the multifamily apartment business: \_\_\_\_\_

I certify that the developments portrayed on the following *DEVELOPER EXPERIENCE* sheets represent all the developments in which I have participated within, at minimum, the last five (5) years that have activities, features, and/or are similar in size or type (family, elderly, special needs) to the proposed development.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name:(please print) \_\_\_\_\_



**Please attach a resume or company fact sheet indicating years of experience, the experience of the principals and total applicable number of units.**

**DEVELOPER  
INFORMATION RELEASE FORM**

I, \_\_\_\_\_,  
(Printed First & Last Name of Authorized Agent for the Development Firm)

as \_\_\_\_\_  
(Printed Title)

of \_\_\_\_\_  
(Printed Name of the Development Firm)

hereby grant permission to disclose any and all information to Wisconsin Housing and Economic Development Authority (WHEDA) regarding the quality and performance (current/previous) of the above-referenced Development Firm in your state, county, city or community.

Date: \_\_\_\_\_  
(Printed Name of Development Firm)

By: \_\_\_\_\_  
(Authorized Signature of Agent for the Development Firm)

Its: \_\_\_\_\_  
(Title of Authorized Agent for the Development Firm)

## RELEVANT EXPERIENCE AND CERTIFICATION: GENERAL CONTRACTOR

I certify that I represent the general contractor for (name of project) \_\_\_\_\_, located in (city, state) \_\_\_\_\_. I further certify that the following list represents all states in which I have transacted business within, at minimum, the last five (5) years.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Complete the information below for each development your organization has carried out within, at minimum, the last five years. List only those developments which have activities, features, and/or are similar in size or type (family, elderly, special needs) to the proposed development. *Do not include developments not yet in operation.* Attach additional copies of this form as needed.

Development Name:		City, State:		Developer Name:		Telephone Number:	
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Contact Person at Subsidy Agency or Local Municipal Office:  # of Units:	

Development Name:		City, State:		Developer Name:		Telephone Number:	
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Contact Person at Subsidy Agency or Local Municipal Office:  # of Units:	

Development Name:		City, State:		Developer Name:		Telephone Number:	
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Contact Person at Subsidy Agency or Local Municipal Office:  # of Units:	

Development Name:		City, State:		Developer Name:		Telephone Number:	
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Contact Person at Subsidy Agency or Local Municipal Office:  # of Units:	

Development Name:		City, State:		Developer Name:		Telephone Number:	
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**Please attach a resume or company fact sheet indicating years of experience, the experience of the principals and total applicable number of units.**

## GENERAL CONTRACTOR INFORMATION RELEASE FORM

I, \_\_\_\_\_,  
(Printed First & Last Name of Authorized Agent for the General Contractor Firm)

as \_\_\_\_\_  
(Printed Title)

of \_\_\_\_\_  
(Printed Name of the General Contractor Firm)

hereby grant permission to disclose any and all information to Wisconsin Housing and Economic Development Authority (WHEDA) regarding the quality and performance (current/previous) of the above-referenced General Contractor Firm in your state, county, city or community.

Date: \_\_\_\_\_  
(Printed Name of General Contractor Firm)

By: \_\_\_\_\_  
(Authorized Signature of Agent for the General Contractor Firm)

Its: \_\_\_\_\_  
(Title of Authorized Agent for the General Contractor Firm)

## RELEVANT EXPERIENCE AND CERTIFICATION: MANAGEMENT AGENT

I certify that I represent the management agent for (name of project) \_\_\_\_\_ located in (city, state) \_\_\_\_\_. I further certify that the following list represents all states in which I have transacted business within, at minimum, the last five years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the information below for each development your organization has carried out within, at minimum, the past five years. List only those developments which have activities, features, and/or are similar in size or type (family, elderly, special needs) to the proposed development. *Do not include developments not yet in operation.* Attach additional copies of this form as needed.

Development Name:		City, State:		Director's Name:		Telephone Number:		
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Placed in Service Date:	# of Units:	Physical/Economic Occupancy Rate
Contact Person at Agency or Local Office:		City, State:				# Years Managed by Agent::	# of Low-Income Units:	
								Telephone Number:

Development Name:		City, State:		Director's Name:		Telephone Number:		
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Placed in Service Date:	# of Units:	Physical/Economic Occupancy Rate
Contact Person at Agency or Local Office:		City, State:				# Years Managed by Agent::	# of Low-Income Units:	
								Telephone Number:

Development Name:		City, State:		Director's Name:		Telephone Number:		
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Placed in Service Date:	# of Units:	Physical/Economic Occupancy Rate
Contact Person at Agency or Local Office:		City, State:				# Years Managed by Agent::	# of Low-Income Units:	
								Telephone Number:

Development Name:		City, State:		Director's Name:		Telephone Number:		
Development Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy: <input type="checkbox"/> None (Market) <input type="checkbox"/> Section 8 <input type="checkbox"/> Rural Housing		<input type="checkbox"/> Section 42 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Other:		Placed in Service Date:	# of Units:	Physical/Economic Occupancy Rate
Contact Person at Agency or Local Office:		City, State:				# Years Managed by Agent::	# of Low-Income Units:	
								Telephone Number:



Please attach a resume or company fact sheet indicating years of experience, the experience of the principals and total applicable number of units.

## MANAGEMENT AGENT INFORMATION RELEASE FORM

I, \_\_\_\_\_,  
(Printed First & Last Name of Authorized Agent for the Management Agent Firm)

as \_\_\_\_\_  
(Printed Title)

of \_\_\_\_\_  
(Printed Name of the Management Agent Firm)

hereby grant permission to disclose any and all information to Wisconsin Housing and Economic Development Authority (WHEDA) regarding the quality and performance (current/previous) of the above-referenced Management Agent Firm in your state, county, city or community.

Date: \_\_\_\_\_  
(Printed Name of Management Agent Firm)

By: \_\_\_\_\_  
(Authorized Signature of Agent for the Management Agent)

Its: \_\_\_\_\_  
(Title of Authorized Agent for the Management Agent Firm)

## RELEVANT EXPERIENCE AND CERTIFICATION: SERVICE PROVIDER

I certify that I represent the service provider for (name of project) \_\_\_\_\_, located in (city, state) \_\_\_\_\_. I further certify that the following list represents all states in which I have transacted business within, at minimum, the last five (5) years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete the information below for each location your organization has done business within, at minimum, the last five years. *Do not include developments not yet in operation.* Attach additional copies of this form as needed.

Development Name:	City, State:	Director's Name:		Telephone Number:
Development Type: <input type="checkbox"/> RCAC <input type="checkbox"/> CBRF <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Other (specify):	State of Wisconsin licensing or registration/certification number:	Number of years in operation:	Number of Units/persons:	Do you have any experience with the entity that pays for services through public funding?
Contact Person at Development's Office:	City/State/Zip	Telephone Number:		

Development Name:	City, State:	Director's Name:		Telephone Number:
Development Type: <input type="checkbox"/> RCAC <input type="checkbox"/> CBRF <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Other (specify):	State of Wisconsin licensing or registration/certification number:	Number of years in operation:	Number of Units/persons:	Do you have any experience with the entity that pays for services through public funding?
Contact Person at Development's Office:	City/State/Zip	Telephone Number:		

Development Name:	City, State:	Director's Name:		Telephone Number:
Development Type: <input type="checkbox"/> RCAC <input type="checkbox"/> CBRF <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Other (specify):	State of Wisconsin licensing or registration/certification number:	Number of years in operation:	Number of Units/persons:	Do you have any experience with the entity that pays for services through public funding?
Contact Person at Development's Office:	City/State/Zip	Telephone Number:		



**Please attach a resume or company fact sheet indicating years of experience and the experience of the principals.**



## SERVICE PROVIDER INFORMATION RELEASE FORM

I, \_\_\_\_\_,  
(Printed First & Last Name of Authorized Agent for the Service Provider Firm)

as \_\_\_\_\_  
(Printed Title)

of \_\_\_\_\_  
(Printed Name of the Service Provider Firm)

hereby grant permission to disclose any and all information to Wisconsin Housing and Economic Development Authority (WHEDA) regarding the quality and performance (current/previous) of the above-referenced Service Provider Firm in your state, county, city or community.

Date: \_\_\_\_\_  
(Printed Name of Service Provider Firm)

By: \_\_\_\_\_  
(Authorized Signature of Agent for the Service Provider Firm)

Its: \_\_\_\_\_  
(Title of Authorized Agent for the Service Provider Firm)