

DEVELOPER EXPERIENCE

Complete the information below for each development that received 8069s your organization has carried out as Lead Developer within, at minimum, the last six 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. Attach additional copies of this form as needed.

In lieu of completing this form, an Excel file containing all of the data elements below may be provided.

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 42 <input type="checkbox"/> Section 8 <input type="checkbox"/> Tax-Exempt Bond Financing <input type="checkbox"/> Rural Housing <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 ¹		Physical Occupancy %s for Each of the Past Three Years Year 1 _____ % Year 2 _____ % Year 3 _____ %			
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:	



¹Lease-Up Period = Time from Occupancy Certificate Receipt to 90% Occupancy Achievement

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: 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)