
TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

Initial Application

2011

**INITIAL APPLICATION
INSTRUCTIONS**

**LOW-INCOME HOUSING TAX CREDIT
PROGRAM YEAR 2011**

Development Name: _____

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING AN INITIAL APPLICATION:

As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2011 (the "2011 QAP"), an application must meet all Eligibility Requirements before it will be scored based on the Selection Criteria and Scoring. **(Meeting Eligibility Requirements does not count towards points).**

The items to meet Eligibility Requirements are required and **must** be submitted with all Initial Applications. Items submitted to meet Eligibility Requirements **do not** receive points.

All documentation required as part of the Initial Application to meet Eligibility Requirements and for Scoring must be submitted by or before the application deadline specified in Part VI C. of the 2011 QAP and in accordance with all Initial Application requirements contained in the 2011 QAP. Points will be awarded based on the criteria in Part VII B. of the 2011 QAP and based on information supplied in the Initial Application and all relevant Attachments. **POINTS WILL NOT BE AWARDED IN SCORING CRITERIA CATEGORIES IF THERE ARE INCONSISTANCIES BETWEEN INFORMATION REQUIRED IN THE 2011 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTANCIES WITHIN THE INITIAL APPLICATION AND/OR THE RELEVANT ATTACHMENTS.**

THDA **will not** accept any documentation submitted outside the time periods or procedures established in the 2011 QAP.

All additional documentation required for points claimed in Part VII B. of the Initial Application **must** be submitted by the date specified in the Reservation Notice issued to successful applicants. If **all** required documentation is not submitted by specified deadlines, the Reservation Notice will be canceled.

An Initial Application must receive a minimum score of **119** points, as determined by THDA, to be eligible to compete for Tax Credits.

DO NOT SUBMIT AN INITIAL APPLICATION IN A BINDER OR SPIRAL BINDING. DO NOT USE DIVIDER PAGES OR COVER SHEETS TO INDICATE BACKUP ITEMS. Label all backup documentation directly on the document. Any deviations from this system will cause delays in processing your application.

THDA WILL RETURN INCOMPLETE APPLICATIONS TO THE APPLICANT.

2011 INITIAL APPLICATION CHECKLIST

Development Name: _____

An Initial Application and supporting documentation must be submitted to THDA in the following order.
(Check boxes of items submitted):

- A. Initial Application Checklist (This checklist) *(Required)*
- B. Statement of Application and Certification *(Required for Ownership Entity identified in Section 3 of the Initial Application AND for Developer identified in Section 4 of the Initial Application)*
- C. Initial Application Form - *Required along with all of the following, as applicable:*
 - Attachment 1** – Low Income Units and Market Rate Units by Building *(Required)*
 - Attachment 1A** – Development Construction Data *(Required)*
 - Attachment 2** – Unit Information – Low Income Units Only *(Required)*
 - Attachment 3** – Unit Information – Market Rate Units Only *(Required only if market rate units are included in proposed development)*
 - Attachment 4A** – Type of Ownership Entity - Partnership *(Required only if ownership entity identified in Section 3. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership); or*
 - Attachment 4B** – Type of Ownership Entity - Corporation *(Required only if ownership entity identified in Section 3. of the Initial Application is a corporation); or*
 - Attachment 4C** – Type of Ownership Entity - Limited Liability Corporation *(Required only if the ownership entity identified in Section 3. of the Initial Application is a limited liability corporation);*
 - Attachment 5A** – Type of Developer Entity - Partnership *(Required only if developer entity identified in Section 4. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership); or*
 - Attachment 5B** – Type of Developer Entity - Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a corporation); or*
 - Attachment 5C** – Type of Developer Entity - Limited Liability Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a limited liability corporation)*
 - Attachment 6** – Other Development Participants *(Required)*
 - Attachment 7** – Monthly Utility Allowance Calculations
 - Attachment 8** – Sources and Uses of Funds
 - Attachment 9** – Construction Financing
 - Attachment 10** – Permanent Financing
 - Attachment 11** – Government Subsidies
 - Attachment 12** – Syndication Information
 - Attachment 13** – Annual Expense Information
 - Attachment 14** – Development Schedule *(Required)*
 - Attachment 15** – Development Costs
 - Attachment 16** – Calculation of Potential Tax Credits

- D. Required Eligibility Documentation – *Required, as applicable:*
 - Non-Profit Set-Aside Applicants (*All of the following are required if tax credits are requested from the Non-Profit Set-Aside*)
 - IRS 501(c)(3) or 501(c)(4) letter
 - Current Certificate of Existence (if organized and existing under the laws of the State of Tennessee)
 - Current Certificate of Existence from the secretary of state of the state in which the organization was organized and is existing, together with other documentation from such secretary of state indicating that the organization is in good standing under such laws and a certificate from the Tennessee Secretary of State indicating that the organization is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application. (if organized and existing under the laws of another state)
 - A certification in the form of **Attachment 17**
 - Attachment 18** - Evidence of Non-Profit Housing Experience
 - Special Housing Needs Set Aside Applicants
 - Attachment 25** - Units Designed for Special Housing Needs
 - Comprehensive Service Plan** – **required if proposing a development involving permanent, non-transient housing for the homeless**
 - Non-Compliance
 - Attachment 19** – Verification of Compliance for Existing LIHTC Projects (*Required*)
 - Eligible Developments
 - Attachment 20** – Certificate Concerning Eligibility For Low Income Housing Tax Credits (*Required*)
 - A certification in the form of Attachment 21** Regarding Section 42(d)(2)(B) (*Required if acquisition/rehabilitation tax credits are requested*)
 - Development Participants
 - Attachment 22** – Disclosure Form (*Required for each identified individual*)
 - Attachment 28** – Form of opinion letter regarding exemption under Part VII A. 6. d. (*Required if exemption claimed*)
 - Documentation Evidencing Property Control (*Required*)
 - Market Study (*Required*)
 - Physical Needs Assessment (*Required if proposed development involves rehabilitation*) (**Requires original and one copy only**)
 - Appraisal (*Required if acquisition credit requested on five or more units*) (**Requires original and one copy only**)
 - Land Appraisal (*Required*)
- E. Scoring Documentation (include all required documentation and relevant Attachments for all points claimed under the Scoring criteria in Part VII B. of the 2011 QAP, each properly labeled, clipped or rubber banded together)
 - Attachment 23A** (for urban counties as reflected in Exhibit 1) or **Attachment 23B** (for rural counties as reflected in Exhibit 1) - Confirmation of Community Revitalization Plan (*Required only if points are claimed in connection with development location covered by or contributing to an approved community revitalization plan*)
 - Attachment 27** – Letter from Executive Director of PHA (*Required only if points are claimed in conjunction with development using HOPE VI funding as part of the development financing*)

- Form HUD-1044 (Required only if points are claimed in conjunction with development using HOPE VI funding as part of the development financing)
- F. Application Fee - Check made payable to Tennessee Housing Development Agency for Application Fee (See Part XV of the 2011 QAP) attached to Page 1 of the Application (*Required*)
- G. Originals of A. through F. above banded together as the original application and **four complete copies** (*Required*)
- H. Competitive – The **complete** Initial Application with **all the Attachments** are due for eligibility and scoring on March 1, 2011 1:00 p.m. Central Time

3. APPLICANT/OWNERSHIP ENTITY

A. Name and Address of Ownership Entity (*This is the entity to which tax credits may be awarded*):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax:(____) _____ E-Mail: _____

B. The Ownership Entity (*check only one and complete*):

- is validly formed and currently in existence in the State of Tennessee (*Attach a certificate of existence for Ownership Entity dated not more than 30 days prior to the date of this Application*).
- is validly formed and currently in existence in the State of _____ and the Ownership entity qualified to do business in Tennessee on _____, 2011. (*If Ownership entity is a limited liability company, attach Tennessee Application for Certificate of Authority bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a limited partnership, attach Tennessee Application for Registration bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a corporation, attach Tennessee Certificate of Authority. If Ownership entity is a limited liability partnership, attach Tennessee Certificate of Good Standing.*)
- will be validly formed in the State of _____ on or before _____, 2011.

C. Ownership Entity Information (*check only one and complete all information*)

Type of Ownership Entity:	Tax ID Number:
<input type="checkbox"/> Limited Partnership (<i>Complete and submit Attachment 4A</i>)	_____
<input type="checkbox"/> General Partnership (<i>Complete and submit Attachment 4A</i>)	_____
<input type="checkbox"/> Limited Liability Partnership (<i>Complete and submit Attachment 4A</i>)	_____
<input type="checkbox"/> Limited Liability Corporation (<i>Complete and submit Attachment 4C</i>)	_____
<input type="checkbox"/> Corporation (<i>Complete and submit Attachment 4B</i>)	_____
<input type="checkbox"/> Individual (<i>use social security number</i>)	_____

D. Contact Person for Ownership Entity is: (*One Only*)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

E. Alternate Contact Person for Ownership Entity is: *(One Only)*

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

4. DEVELOPER ENTITY

A. Name and Address of Developer

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

State of formation: _____

B. Developer Entity information (*check only one and complete all information*):

Type of Developer Entity:

Tax ID Number:

- | | |
|---|-------|
| <input type="checkbox"/> Limited Partnership (<i>Complete and submit Attachment 5A</i>) | _____ |
| <input type="checkbox"/> General Partnership (<i>Complete and submit Attachment 5A</i>) | _____ |
| <input type="checkbox"/> Limited Liability Partnership (<i>Complete and submit Attachment 5A</i>) | _____ |
| <input type="checkbox"/> Limited Liability Corporation (<i>Complete and submit Attachment 5C</i>) | _____ |
| <input type="checkbox"/> Corporation (<i>Complete and submit Attachment 5B</i>) | _____ |
| <input type="checkbox"/> Individual (<i>use social security number</i>) | _____ |

5. OTHER DEVELOPMENT PARTICIPANTS

A. *Complete and submit Attachment 6*

B. Does the Contractor, the Management Company, the Sponsoring Organization, the Consultant, the Tax Accountant, and/or the Architect, as identified in Attachment 6, the Syndicator / Equity Provider identified in Attachment 12, or any individual directly or indirectly involved with any such entity have any direct or indirect relationship (personal or business) with or interest in any of the following:

- Ownership Entity identified in Section 3 of this Initial Application: Yes No
- Developer identified in Section 4 of this Initial Application: Yes No
- Any individual directly or indirectly involved with the Ownership Entity: Yes No
- Any individual directly or indirectly involved with the Developer: Yes No
- Any other entity identified on Attachment 6: Yes No

6. Any individual directly or indirectly involved with any other entity identified on Attachment 6: Yes No
- C. Does the Ownership Entity identified in Section 3 of this Initial Application or any individual identified on Attachment 4A or 4B or 4C have any direct or indirect relationship (personal or business) with or interest in any of the following:
1. Developer identified in Section 4 of this Initial Application: Yes No
 2. Any individual directly or indirectly involved with the Developer: Yes No
 3. Any entity identified on Attachment 6: Yes No
 4. Any individual directly or indirectly involved with the syndicator / equity provider: Yes No
 5. Any individual directly or indirectly involved with any entity identified on Attachment 6: Yes No
- D. Does the Developer identified in Section 4 of this Initial Application or any individual identified on Attachment 5A or 5B or 5C have any direct or indirect (personal or business) with or interest in any of the following:
1. Ownership Entity identified in Section 3 of this Initial Application: Yes No
 2. Any individual directly or indirectly involved with Ownership Entity: Yes No
 3. Any entity identified on Attachment 6: Yes No
 4. Any individual directly or indirectly involved with the syndicator / equity provider: Yes No
 5. Any individual directly or indirectly involved with any entity identified on Attachment 6: Yes No
- E. **Attach as many additional pages as necessary to explain all “yes” responses in Section 5B or 5C or 5D of this Initial Application.**

6. DEVELOPMENT INFORMATION

- A. Type of Housing:
- | | |
|--|--|
| <input type="checkbox"/> Multifamily Housing | <input type="checkbox"/> Homeless Permanent Supportive Housing |
| <input type="checkbox"/> Single Room Occupancy Housing | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Housing for the Elderly | <input type="checkbox"/> Congregate Care Facility |
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Assisted Living Facility |
| | <input type="checkbox"/> Other _____ |
- B. Is any building in the Development with four or fewer units occupied or to be occupied by the owner or a person related to the owner? Yes No
- C. Following rehabilitation or construction, will all rental residential units for low-income households be in a decent, safe and sanitary condition suitable for occupancy by these households:
 Yes No
- be comparable in terms of construction quality and amenities to market rent units in the Development:
 Yes No

D. Ancillary Facilities - describe all ancillary facilities included in the Development.

Accessory Buildings & Area: _____

Recreational Facilities: _____

Commercial Facilities: _____

Common Areas: _____

Kitchen/Dining Facilities: _____

Clinic/Medical/Nursing Facilities: _____

Other: _____

E. Are services to be provided to residents in the Development? Yes No

If yes, describe all services to be provided:

F. Will current tenants be relocated for this Development? Yes No

If yes, describe relocation assistance to be provided: _____

7. SECTION 42 IRREVOCABLE SET-ASIDE ELECTION

Elect one of the following minimum set-asides as required in Section 42(g)(1):

- 20%** of the units in the proposed Development are irrevocably designated for individuals whose income is **50%** or less of the area median gross income. *(If this election is made, ALL non-market rate units will be restricted to tenants whose income is 50% or less of the area median gross income.)*
- 40%** of the units in the proposed Development are irrevocably designated for individuals whose income is **60%** or less of the area median gross income.

8. ACQUISITION INFORMATION

- A. Name of Seller: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Fax: (____) _____
- B. Number of parcels or tracts of land making up the site for the proposed Development: _____
- C. Are all parcels or tracts of land contiguous? Yes No
- D. Exact area of site in acres: _____
- E. Total acquisition cost of all tracts and/or parcels making up the site (*from recorded deed or as specified in purchase contract or option*): \$ _____
- F. Date of site acquisition by the Ownership Entity or proposed date of site acquisition by the Ownership Entity: _____
- G. How long did the seller(s) own the tracts and/or parcels making up the site? _____
- H. Does the seller or any individual involved with the seller (directly or indirectly) have any direct or indirect relationship (personal or business) with or interest in the Ownership Entity, the Developer or any individual involved (directly or indirectly) with the Ownership Entity or Developer? Yes No
- If yes, specify the nature of the relationship(s): _____

9. RENTAL ASSISTANCE

- A. Does or will the development receive or benefit from rental assistance? Yes No
- B. If yes, list the type of rental assistance:
- | | |
|--|--|
| <input type="checkbox"/> Section 8 New Construction or Substantial Rehabilitation | <input type="checkbox"/> Section 8 Development Based Assistance |
| <input type="checkbox"/> Section 8 Moderate Rehabilitation | <input type="checkbox"/> RHCDS (formerly FmHA) 515 Rental Assistance |
| <input type="checkbox"/> Section 8 Tenant Based Vouchers | |
| <input type="checkbox"/> Other federal, state, or local assistance (please describe) | _____ |
- C. Number of units receiving Assistance: _____
- D. Number of years remaining on the Rental Assistance contract: _____

10. ELIGIBILITY

ALL INFORMATION PROVIDED AND MATERIALS SUBMITTED MUST BE IN ACCORDANCE WITH PART VII A. OF THE 2011 QAP. REFER TO PART VII A. OF THE 2011 QAP FOR MORE INFORMATION ABOUT ELIGIBILITY REQUIREMENTS.

A. SET-ASIDES – check the Set-Aside or Set-Asides from which tax credits are being requested and include legible copies of all items listed for each Set-Aside selected:

Non-Profit Set-Aside:

1. Copy of IRS 501(c)(3) or 501(c)(4) letter for non-profit entity;
2. Original Certificate of Existence for non-profit entity from Tennessee Secretary of State dated not more than thirty days prior to the date of this Initial Application (for non-profits organized under the laws of the state of Tennessee);
3. Original Certificate of Existence from the secretary of state of the state in which the organization was organized and is existing, together with other documentation from such secretary of state indicating that the organization is in good standing under such laws and a certificate from the Tennessee Secretary of State indicating that the organization is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application. (if organized and existing under the laws of another state)
4. Evidence of non-profit entity fostering low income housing in Tennessee for two years prior to the date of this Application in the form and with the substance of **Attachment 18**.

Special Housing Needs Set-Aside: (Disabled, Elderly, Homeless, Families with children - *complete and submit Attachment 25*)

1. For developments designed as permanent, non-transient housing for the homeless, a comprehensive service plan that identifies:

(A) each service to be provided;

(B) the anticipated source of funding for each service;

(C) the physical space that will be used to provide each service; and

(D) the anticipated supportive service provider for each service and their experience in providing service to the targeted population

B. NON-COMPLIANCE – *Complete and submit an original Attachment 19*.

C. ELIGIBLE DEVELOPMENT – *Complete and submit an original Attachment 20 – Certificate Concerning Eligibility For Low Income Housing Tax Credits (Required)*

In addition, check all of the following that apply:

Existing properties are being acquired for the Development and acquisition/rehabilitation credits are requested – *complete and submit an original Certification in the form of Attachment 21*

The Development has or will have development based subsidies under the Section 8 Moderate Rehabilitation program. (*Ineligible Development – do not submit Application*)

The Development or the property on which the Development will be located is part of a “Bargain Sale” with a “step-up” in sales price paid to an intervening not-for-profit entity. (*Ineligible Development – do not submit Application*)

- The Development contains units that will not be for use by the general public. (*Ineligible Development – do not submit Application*)
 - The Development will provide continual or frequent nursing, medical or psychiatric services. (*Ineligible Development – do not submit Application*)
 - None of the above apply to the proposed Development
- D. EXISTING, INCREMENTAL AND NEW DEVELOPMENTS - The proposed Development is (*See Part VII A. 5. of the 2011 QAP for definitions of these terms and check only one*):
- an “existing” project
 - an “incremental” project
 - a “new” project
- E. DEVELOPMENT PARTICIPANTS - *Complete and submit an **Attachment 22** for each individual identified in Section 3 or Section 4 of this Initial Application or in Attachment 4A or 4B or 4C or in Attachment 5A, or 5B or 5C.*
- F. PROPERTY CONTROL – A document from the list in 1 below and a document from the list in 2 below must be attached to demonstrate property control (*documents attached must be fully executed, include the legal description of property on which the Development will be located, and meet all requirements of Part VII A. 7. of the 2011 QAP*):
1. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. a. of the 2011 QAP*):
 - Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order); or
 - Evidence demonstrating ability to acquire property through the power of eminent domain; or
 - Contract for sale or contract for 50 year ground lease; or
 - Option to purchase or option for 50 year ground lease.
 2. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. b. (ii) of the 2011 QAP*):
 - Commitment for title insurance for the property on which the Development will be located evidencing title vested in the person or entity that executed the document submitted in Section 10.F.1. above as owner; or
 - Executed, unqualified attorney title opinion evidencing title to the property vested in the person or entity that executed the document submitted in Section 10.F.1. above as owner.
- G. PHYSICAL NEEDS ASSESSMENT – (Required if proposed development involves rehabilitation) **ORIGINAL AND ONE COPY**
- H. APPRAISAL – (Required if acquisition credit requested on five or more units) **ORIGINAL AND ONE COPY**

11. SCORING: THE POINTS CLAIMED BELOW CREATE IRREVOCABLE ELECTIONS FOR THE PROPOSED DEVELOPMENT

POINTS WILL BE AWARDED FOR THE ITEMS SELECTED BELOW ONLY IF REQUIRED DOCUMENTATION IS SUBMITTED WITH THIS APPLICATION IN A FORM AND WITH SUBSTANCE THAT MEETS THE REQUIREMENTS OF PART VII B. OF THE 2011 QAP. REFER TO PART VII B. OF THE 2011 QAP FOR MORE INFORMATION ABOUT SCORING REQUIREMENTS.

1. DEVELOPMENT LOCATION AND HOUSING NEEDS: **MAXIMUM 27 POINTS**

A. Market Study: Maximum 22 Points

(i) Developments located within **2 miles** driving distance (for **urban** counties as specified in **Exhibit 1**) or **4 miles** driving distance (for **rural** counties as specified in **Exhibit 1**) of the following neighborhood amenities will receive 1 point for each amenity type. The distance will be as determined in the market Study: **Maximum 10 points**

Check all that apply to the Development proposed in this Initial Application:

- Full service grocery (if the full service grocery contains a full service bank, 1 point may be claimed for each)
- Full service restaurant and/or retail center
- Public transportation access (e.g. bus stop or passenger train station)
- Full service bank or credit union (ATMs do not qualify)
- Public or private non-profit educational institution
- Doctor’s office (general practitioners, not specialized practices), Dentist’s office, or Emergency Clinic or Hospital (facilities must not be exclusive)
- Public recreation or community center (e.g. senior center)
- Library
- Public park
- Police or Sheriff Station
- Fire Station
- Convenience store/gas station

(ii) Developments proposed in market areas where the overall affordable housing occupancy rate is greater than 93%. The overall affordable housing occupancy rate will be as determined in the Market Study. Rates are rounded up to the nearest whole number: **Maximum 7 points**

<u>Occupancy Rate</u>	<u>Points</u>
94%	1 point
95%	2 points
96%	3 points
97%	4 points
98%	5 points
99%	6 points
100%	7 points

(iii) Developments able to achieve a minimum of 93% occupancy no later than 12 months from the required placed in service date. Occupancy rate and time will be as determined in the Market Study: **5 points**

The determinations of the market analyst as reflected in the market study are determinative as to eligibility and points in this section 11.1.A.

- Development is located completely and entirely in a Qualified Census Tract (identified on **Exhibit 4**, excluding Difficult to Develop Areas), the development of which contributes to an approved concerted community revitalization plan (*complete and submit **Attachment 23A** for urban counties as reflected in Exhibit 1) or **Attachment 23B** (for rural counties as reflected in Exhibit 1): **1 point***

OR

- Development is located completely and entirely within a census tract (other than a Qualified Census Tract) that is, itself, completely and entirely within an area covered by an approved community revitalization plan (*complete and submit **Attachment 23A** for urban counties as reflected in Exhibit 1) or **Attachment 23B** (for rural counties as reflected in Exhibit 1): **5 points***

2. DEVELOPMENT CHARACTERISTICS: **MAXIMUM 45 POINTS**

A. New construction or adaptive reuse/conversion **only**:

- i. Current zoning and other local land use regulations permit the development as proposed or no such regulations currently apply to the proposed development: **5 points**
- No points are claimed for current zoning and other local land use regulations
- ii. The development will be designed and built to promote energy conservation by meeting the standards of the Council of American Building Officials Model Energy Code: **10 points**
- No points are claimed for promoting energy conservation.
- iii. The development will be designed and built to meet a 15-year maintenance-free exterior standard: **10 points**
- No points are claimed for meeting a 15-year maintenance-free exterior standard.
- iv. The development will be designed and built with a minimum of 65% brick, stone, or cement fiber siding exterior: **15 points**
- No points are claimed for a minimum of 65% brick exterior.

B. Rehabilitation **only**:

- i. Developments involving rehabilitation must be rehabilitated so that, upon completion of all rehabilitation, the following major building systems will not require further substantial rehabilitation for a period of at least fifteen (15) years from the required placed in service date. Certification in the form of **Attachment 30** will be required following the issuance of the Reservation Notice and prior to issuing the IRS Form 8609: **40 points**
 - exterior (e.g. brick, stone, cement fiber siding, or vinyl)
 - roof structures;
 - wall structures;
 - floor structures;
 - foundations;
 - plumbing systems;
 - central heating and air conditioning systems;
 - electrical systems;
 - doors **and** windows;
 - parking lots;
 - elevators; and
 - fire/safety systems.

- ii. Development involves the use of **EXISTING HOUSING** as part of a community revitalization plan as certified, in the form of **Attachment 23A** (for urban counties as reflected in Exhibit 1) or **Attachment 23B** (for rural counties as reflected in Exhibit 1): **1 point**

For developments containing a combination of new construction and rehabilitation, pro-rate points based on the percentage of units in each category.

- C. Historic Nature – Developments exclusively involving a structure (or structures) that is listed individually in the National Register of Historic Places, or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district, and all proposed work will be completed in such a manner as to be eligible for historic rehabilitation tax credits. Certification in the form of **Attachment 30** will be required following the issuance of the Reservation Notice and prior to issuing the IRS Form 8609. **Developments seeking to combine historic nature and adaptive reuse will be treated as new construction. 1 point**
- D. Energy Efficiency - Developments utilizing ENERGY STAR or equivalent compliant items **in all units** will be awarded **1 point per item type, up to a maximum of 5 points.**
 - Dishwashers in all units
 - Exterior Doors in all units
 - Windows in all units
 - HVAC units in all buildings or units as applicable
 - Refrigerators in all units

3. SPONSOR CHARACTERISTICS: **MAXIMUM 47 POINTS**

Which of the following has **NOT** occurred in Tennessee at any time since March 1, 2010 with respect to individuals involved (either directly or indirectly) with the Developer or the Ownership Entity (whether formed or to be formed) identified in the Initial Application (**check all that apply**): **maximum 44 points**

- A reservation of Tax Credits was issued and accepted for a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet a Carryover Allocation was not obtained: **8 points**
- A Carryover Allocation was made to a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet an IRS Form 8609 will not be obtained: **13 points**
- An allocation of Tax Credits was made to a development that the individuals identified above were involved with (either directly or indirectly) through developer or owner, but the development failed to meet the minimum set-aside for low-income tenants: **23 points**

Developments using HOPE VI funding as part of the development financing. **To qualify for these points, the Initial Application must include a copy of the HOPE VI Revitalization Grant Assistance Award (form HUD-1044) which identifies the Public Housing Authority receiving the HOPE VI grant and the amount of the grant, and Attachment 27:**

HOPE VI Funds as a Percentage of Total Financing for this Development (including tax credit syndication proceeds)

- 5% to 9.99% **1 points**
- 10% to 19.99% **2 points**
- 20% or more **3 points**

4. LOWEST INCOME PREFERENCE: **MAXIMUM 27 POINTS**
- Election to set aside a minimum of ten percent (10%) of the units for households with incomes no higher than fifty percent (50%) of the area median income: **27 points**

5. EXTENDED USE PREFERENCE OR TENANT OWNERSHIP: **MAXIMUM 13 POINTS**

Check only one that will apply to the proposed Development:

- The point in time at which the written request specified in Section 42(h)(6)(I) may be given will be extended by the following number of years (*check only one*):
 - At least 5 years: **13 points**
 - At least 4 years, but less than 5 years: **8 points**
 - At least 3 years, but less than 4 years: **3 points**
- Eventual tenant ownership as described in Part VII-B-5-b of the 2011 QAP: **2 points**
- No points are claimed for extended use preference or eventual tenant ownership.

6. PUBLIC HOUSING PRIORITY: **MAXIMUM 10 POINTS**

Check only one that will apply to the proposed Development:

- Marketing plans, lease-up plans, or operating policies and procedures for the proposed Development will give a priority to persons on Public Housing Waiting lists and will not contain requirements that impede this priority. Initial Applications with proposed developments in areas reflected on **Exhibit 6** are eligible for these points: **10 points**
- No points are claimed for giving priority to persons on public housing waiting lists.

7. **AFFIRMATIVELY FURTHERING FAIR HOUSING: 3 points**
The Development must have and be operated in accordance with marketing plans, lease-up plans, and operating policies and procedures which are fully compliant with the THDA Affirmative Marketing Policy and Procedures.

8. **TENNESSEE GROWTH POLICY ACT: MAXIMUM 9 POINTS**

_____ TOTAL POINTS CLAIMED (ADD ALL POINTS FOR ITEMS CHECKED AND INSERT THE NUMBER HERE. SUBJECT TO REVISION BASED ON A DETERMINATION BY THDA AS TO COMPLIANCE WITH THE 2011 QAP)

2011 LIHTC ATTACHMENT 1: DETERMINATION OF APPLICABLE FRACTION

	Total # Residential Rental Units	# Units Set Aside for Low Income	% Units Set Aside for Low Income	Total Floor Space of Residential Rental Units	Total Floor Space Set Aside for Low Income	% Floor Space Set Aside for Low Income	Applicable Fraction*
BLDG 1							
BLDG 2							
BLDG 3							
BLDG 4							
BLDG 5							
BLDG 6							
BLDG 7							
BLDG 8							
BLDG 9							
BLDG 10							
BLDG 11							
BLDG 12							
BLDG 13							
BLDG 14							
BLDG 15							
BLDG 16							
BLDG 17							
BLDG 18							
BLDG 19							
BLDG 20							

*Applicable Fraction is the smaller of the unit fraction (% Units Set Aside for Low Income) or the floor space fraction (% Floor Space Set Aside for Low Income).

TOTAL LOW INCOME RESIDENTIAL SQUARE FOOTAGE _____

TOTAL MARKET RATE RESIDENTIAL SQUARE FOOTAGE _____

TOTAL COMMON SQUARE FOOTAGE _____

TOTAL COMMERCIAL SQUARE FOOTAGE _____

TOTAL SQUARE FOOTAGE IN DEVELOPMENT _____

2011 LIHTC ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA

A. Type of construction:

- Frame / combustible
- Masonry / noncombustible

B. Number of stories in a typical building: _____

C. Shape of footprint of a typical building:

- Square
- Rectangular
- Irregular (sketch footprint if necessary)

D. Perimeter of a typical building in linear feet: _____

E. Height of a typical building: _____

F. Are any buildings equipped with fire extinguishing sprinkler systems?

- Yes
If yes, how many _____
- No

G. Are any buildings equipped with elevators?

- Yes
If yes, how many _____
- No

H. If development is REHABILITATION:

Age of property: _____ years

Effective age* of property PRIOR TO tax credit rehabilitation: _____ years

* Effective age is actual age less any years that have been taken off by face-lifting, structural reconstruction, removal of functional inadequacies, etc. **Explain all steps that have been taken to arrive at the effective age.**

**2011 LIHTC ATTACHMENT 2: UNIT INFORMATION
LOW-INCOME UNITS ONLY**

UNITS SET ASIDE FOR TENANTS AT 50% OF MEDIAN INCOME

	BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
TOTALS		_____	_____	_____	\$ _____	\$ _____

UNITS SET ASIDE FOR TENANTS AT 60% OF MEDIAN INCOME

	BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
_____	BDR	_____	_____	_____	\$ _____	\$ _____
TOTALS		_____	_____	_____	\$ _____	\$ _____

Other Income Source: _____

Amount **per month**: \$ _____

Less Vacancy Allowance: _____% (_____)

Total Monthly Income (Units set aside for low income only): \$ _____

Estimated annual percentage increase in annual development income? _____%

**2011 LIHTC ATTACHMENT 3: UNIT INFORMATION
MARKET RATE UNITS ONLY**

BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
TOTALS	_____	_____	_____	\$ _____	\$ _____

Other Income Source: _____

Amount **per month**: \$ _____

Less Vacancy Allowance: _____% (_____)

Total Monthly Income (Market Rate Units only): \$ _____

Estimated annual percentage increase in annual development income? _____%

**2011 LIHTC ATTACHMENT 4A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF OWNERSHIP ENTITY: _____

1. A. Number of general partners of Ownership Entity: _____

1. B. Is each general partner a natural person:

- yes (complete 1.C. below only)
 no (complete 1.C. below, then go to 2. below)

1. C. Provide **all of** the following information for **each general partner** of the Ownership Entity (attach additional pages if needed to provide complete information).

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any general partner identified in 1.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 1.C. (*attach additional pages if needed to provide complete information.*)

(i) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (*complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2011 LIHTC ATTACHMENT 4B: TYPE OF OWNERSHIP ENTITY—
CORPORATION**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any officer, director and/or stockholder identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 1. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

MANAGERS/OFFICERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2011 LIHTC ATTACHMENT 4C: TYPE OF OWNERSHIP ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of the Ownership Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any member and/or manager identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 1. (attach additional pages if needed to provide complete information.)

(i) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified below as a limited liability company in 1. (complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

MEMBERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

MANAGERS/OFFICERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2011 LIHTC ATTACHMENT 5A: TYPE OF DEVELOPER ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF DEVELOPER ENTITY: _____

1. A. Number of general partners of Developer Entity: _____

1. B. Is each general partner a natural person:

- yes (*complete 1.C. below only*)
- no (*complete 1.C. below, then go to 2. below*)

1. C. Provide **all of** the following information for **each general partner** of the Developer Entity (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

- Type of entity: individual partnership (*complete 2.A. below*)
- corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
- limited liability company (*complete 2.C. below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

- Type of entity: individual partnership (*complete 2.A. below*)
- corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
- limited liability company (*complete 2.C. below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

- Type of entity: individual partnership (*complete 2.A. below*)
- corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
- limited liability company (*complete 2.C. below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any general partner identified in 1.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 1.C. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2011 LIHTC ATTACHMENT 5B: TYPE OF DEVELOPER ENTITY—
CORPORATION**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ Telephone No.: _____	Name: _____ Address: _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any officer, director and/or stockholder identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 1. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2011 LIHTC ATTACHMENT 5C: TYPE OF DEVELOPER ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of the Developer Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company.* (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any member and/or manager identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 1. (attach additional pages if needed to provide complete information.)

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 3.A.(i) below)
 corporation (complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2011 QAP)
 limited liability company (complete 3.A.(iii) below)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified below as a limited liability company in 1. (complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2011 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: <hr/> Title: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Title: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Address: _____ _____
Telephone No.: _____

MEMBERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

MANAGERS/OFFICERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
 Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2011 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2011 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2011 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2011 LIHTC ATTACHMENT 6: OTHER DEVELOPMENT PARTICIPANTS

A. Contractor

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)_____ Fax: (____)_____

B. Management Company

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)_____ Fax: (____)_____

C. Consultant

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)_____ Fax: (____)_____

D. Tax Accountant (Person who will provide certifications required by THDA)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)_____ Fax: (____)_____

E. Architect (Person who will provide certifications required by THDA)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____)_____ Fax: (____)_____

2011 LIHTC ATTACHMENT 7: MONTHLY UTILITY ALLOWANCE CALCULATIONS

A. Complete the following:

Type of Utility	Owner	Tenant	<u>Allowance Amount</u>			
			<u>1BDR</u>	<u>2BDR</u>	<u>3BDR</u>	<u>4BDR</u>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Other Electric	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Trash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Range/Microwave	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL UTILITY ALLOWANCE:			\$ _____	\$ _____	\$ _____	\$ _____

(DO NOT INCLUDE ITEMS PAID BY OWNER IN TOTAL)

B. Source of Utility Calculation*:

- State PHA RHCDS Other _____
- Local PHA Utility Company
- Engineer Certificate (estimate attached)

*Verification from source not required until Reservation Notice is issued.

C. Effective Date of Utility Calculation: _____

2011 LIHTC ATTACHMENT 8: SOURCES AND USES OF FUNDS

A. Sources of Funds

Grant Funds	\$ _____
Mortgage Proceeds	\$ _____
Syndication Proceeds	\$ _____
Capital Contributions*	\$ _____
TOTAL SOURCES	\$ _____

*Define each source and amount of capital contribution:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Uses of Funds

Total Development Costs	\$ _____
Other Uses of Funds	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL USES	\$ _____

2011 LIHTC ATTACHMENT 9: CONSTRUCTION FINANCING

List individually all sources of construction financing for the Development:

	LENDER	AMOUNT	ANNUAL DEBT SERVICE COST*	INTEREST RATE	AMORT. PERIOD	TERM
1.	_____	\$ _____	\$ _____	_____ %	_____	_____
2.	_____	\$ _____	\$ _____	_____ %	_____	_____
3.	_____	\$ _____	\$ _____	_____ %	_____	_____
4.	_____	\$ _____	\$ _____	_____ %	_____	_____
5.	_____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS \$ _____

TOTAL ANNUAL DEBT SERVICE COST \$ _____

* Assumption is made that annual debt service total is actually paid in 12 equal monthly payments. Please indicate if payment frequency differs.

2011 LIHTC ATTACHMENT 10: PERMANENT FINANCING

List individually all sources of permanent financing expected for the Development following completion of rehabilitation or construction (**Do not include construction financing**):

LENDER	AMOUNT	ANNUAL DEBT SERVICE COST*	INTEREST RATE	AMORT. PERIOD	TERM
1. _____	\$ _____	\$ _____	_____ %	_____	_____
2. _____	\$ _____	\$ _____	_____ %	_____	_____
3. _____	\$ _____	\$ _____	_____ %	_____	_____
4. _____	\$ _____	\$ _____	_____ %	_____	_____
5. _____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS \$ _____

TOTAL ANNUAL DEBT SERVICE COST \$ _____

* Assumption is made that annual debt service total is actually paid in 12 equal monthly payments. Please indicate if payment frequency differs.

2011 LIHTC ATTACHMENT 11: GOVERNMENT SUBSIDIES

A. Is any portion of the funding for the Development directly or indirectly from Federal, State, or local government funds? Yes No

If yes, check all of the following that apply and list the amount of funds involved.

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Tax-Exempt Financing | \$ _____ | <input type="checkbox"/> CDBG Grant | \$ _____ |
| <input type="checkbox"/> CDBG Financing | \$ _____ | <input type="checkbox"/> UDAG Grant | \$ _____ |
| <input type="checkbox"/> UDAG Financing | \$ _____ | <input type="checkbox"/> HoDAG Grant | \$ _____ |
| <input type="checkbox"/> HoDAG Financing | \$ _____ | <input type="checkbox"/> HOUSE Funds | \$ _____ |
| <input type="checkbox"/> RHCDS Financing | \$ _____ | <input type="checkbox"/> HOME Funds | \$ _____ |
| <input type="checkbox"/> Local Grant | \$ _____ | <input type="checkbox"/> HUD LMSA | \$ _____ |
| <input type="checkbox"/> Section 221(d)(3) or
Section 221(d)(4) or
Section 223(f) mortgage
insurance | \$ _____ | <input type="checkbox"/> Section 8 Project
Based Subsidy | \$ _____ |
| <input type="checkbox"/> Operating subsidy | \$ _____ | <input type="checkbox"/> Fannie Mae | \$ _____ |
| <input type="checkbox"/> Other | \$ _____ | <input type="checkbox"/> Freddie Mac | \$ _____ |

B. If tax-exempt bond financing is used, the percentage of the tax-exempt financing to the total cost of the development is _____%. If taxable bond financing is used, amount is \$ _____.

C. Is HUD or RHCDS approval for Transfer of Physical Asset required? Yes No

Has HUD or RHCDS approval been received? Yes No
(If yes, submit a copy of such approval.)

Date an application for Transfer of Physical Asset was or will be submitted: _____

Date Transfer of Physical Asset approval expected: _____

D. 1. Does the Development have any **existing subsidies**? Yes No

If yes, please indicate type of subsidy and terms: _____

2. If HUD subsidy layering is involved, a written request is required to be submitted to THDA.

E. Will the Development involve a Federally insured mortgage? Yes No

2011 LIHTC ATTACHMENT 12: SYNDICATION INFORMATION

A. Type of tax credit being syndicated:

Low income housing tax credit

Historic rehabilitation credit

B. Type of offering: Public

Private

C. Date syndication was or will be completed:

Application _____
Conditional Commitment _____
Firm Commitment _____

D. If syndication not completed, how much equity is expected per tax credit dollar allocated: \$ _____

E. Name of Fund: _____

Name of Syndicator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____

2011 LIHTC ATTACHMENT 14: DEVELOPMENT SCHEDULE

<u>ACTIVITY</u>	<u>SCHEDULED DATE</u> <u>MONTH/YEAR</u>
A. Site	
Option/Contract	_____
Site Acquisition	_____
Zoning approval	_____
Site Analysis	_____
B. Financing	
1. Construction Loan	
Loan Application	_____
Conditional Commitment	_____
Firm Commitment	_____
2. Permanent Loan	
Loan Application	_____
Conditional Commitment	_____
Firm Commitment	_____
3. Syndication	
Application	_____
Conditional Commitment	_____
Firm Commitment	_____
4. Other Loans & Grants	
Type & Source _____	_____
Application	_____
Award	_____
5. Other Loans & Grants	
Type & Source _____	_____
Application	_____
Award	_____
C. Plans/Specs/Working Drawings	_____
D. Closing & Transfer of Property	_____
E. Construction Begins	_____
F. Completion of Construction	_____
G. Expected Placed In Service Date	_____
H. Lease-Up	_____

2011 LIHTC ATTACHMENT 15: DEVELOPMENT COSTS
2011 THDA LIHTC PROGRAM

A. LIST DEVELOPMENT COSTS BY CREDIT TYPE. (RESIDENTIAL PORTION ONLY)

All costs to be listed in the first column. Only costs includable in eligible basis are to be repeated in either the acquisition or rehab/new const. columns. All items under "other" must be satisfactorily explained to be considered.

	<u>A</u>	<u>B</u>	<u>C</u>
	<u>ACTUAL COST</u>	<u>ACQUISITION</u>	<u>REHAB/ NEW CONST.</u>
1. <u>To Purchase Land and Buildings</u>			
Land		X X X X X	X X X X X
Existing Structures			
Demolition			
Subtotal			
2. <u>Site Work</u>			
Site Work			
Subtotal			
3. <u>Rehabilitation and New Construction</u>			
New Building Hard Costs			
Rehabilitation Hard Costs			
Accessory Building			
General Requirements			
Payment and Performance Bond(s)			
Building Permits			
Tap Fees			
Contractor Overhead			
Contractor Profit			
Impact Fees (include documentation from local jurisdiction)			
Subtotal			
4. <u>Contingency</u>			
Construction Contingency			
Subtotal			
5. <u>Professional Fees</u>			
Architect Fee-Design			
Architect Fee-Supervision			
Real Estate Attorney			
Survey			
Soil Borings			
Engineering Fees			
Cost Certification Fees			
Subtotal			

	<u>A</u>	<u>B</u>	<u>C</u>
	<u>ACTUAL COST</u>	<u>ACQUISITION</u>	<u>REHAB/ NEW CONST.</u>
6. Interim Costs			
Construction Interest	_____	_____	_____
Construction Loan Origin Fee	_____	_____	_____
Construction Loan Credit Enhancement	_____	_____	_____
Taxes During Construction	_____	_____	_____
Subtotal	_____	_____	_____
7. Financing Fees and Expenses			
Credit Report	_____	X X X X X	X X X X X
Permanent Loan Origin Fee	_____	X X X X X	X X X X X
Perm Loan Credit Enhancement	_____	X X X X X	X X X X X
Cost of Issuance / Underwriter	_____	X X X X X	X X X X X
Title and Recording	_____	X X X X X	X X X X X
Counsel's Fee	_____	X X X X X	X X X X X
Subtotal	_____	X X X X X	X X X X X
8. Soft Costs			
Property Appraisal	_____	_____	_____
Market Study	_____	_____	_____
Environmental Study	_____	_____	_____
Tax Credit Fees	_____	X X X X X	X X X X X
Monitoring Fees	_____	X X X X X	X X X X X
Rent-Up	_____	X X X X X	X X X X X
Subtotal	_____	_____	_____
9. Syndication Costs			
Organizational (Partnership)	_____	X X X X X	X X X X X
Bridge Loan Fees & Expenses	_____	X X X X X	X X X X X
Tax Opinion	_____	X X X X X	X X X X X
Subtotal	_____	X X X X X	X X X X X
10. Developer's Costs			
Developer's Overhead	_____	_____	_____
Developer's Fee	_____	_____	_____
Consultants	_____	_____	_____
Subtotal	_____	_____	_____
11. Project Reserves			
Rent-up Reserve	_____	X X X X X	X X X X X
Operating Reserve	_____	X X X X X	X X X X X
Subtotal	_____	X X X X X	X X X X X
12. Total	_____	_____	_____

2011 LIHTC ATTACHMENT 16: CALCULATION OF POTENTIAL TAX CREDITS

	<u>B</u>	<u>C</u>
	<u>ACQUISITION</u>	<u>REHAB./ NEW CONST.</u>
A. Calculation pursuant to Section 42 (a) (“Method A”)		
1. Total from Attachment 15 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 11)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 10)	_____	_____
4. Less value of nonqualifying units of higher quality	_____	_____
5. Less value of nonqualifying excess portion of higher quality units	_____	_____
6. Less amount of Historic Tax Credit (Residential Portion Only)	_____	_____
7. Total Eligible Basis	=====	=====
8. Multiplied by the Applicable Fraction (from Section 2.B. and Attachment 1 of the Initial Application)	_____ %	_____ %
9. Total Qualified Basis	=====	=====
10. Multiplied by the Applicable Percentage ¹ (9% or 4% for purposes of the Initial Application)	_____ %	_____ %
11. Total	=====	=====
12. Multiplied by 130% if in a qualified census tract (from Exhibit 6 of the 2011 QAP) or downtown business district (Rehab./ New Const. only)		_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A. (Amount from line 11 unless line 12 applies)	=====	=====
 B. Calculation pursuant to Section 42(m)(2) (“Method B”) ²	 A	
1. Total from Attachment 15, line 12 (column A)	_____	
2. Less all governmental funding (from Attachment 11)	_____	
3. Less all other sources of permanent financing (from Attachment 10)	_____	
4. Less capital contributions (from Attachment 8)	_____	
5. Total	=====	

¹ Subject to change based on month building placed in service.

² Use this calculation only if 100% of the residential units in the proposed Development are to be set-aside for low income tenants. If the proposed Development contains any market rate residential units, contact THDA at (615) 741-9666 for instructions regarding the calculation pursuant to Method B.

A

- 6. Divided by equity factor (total from line D. on Attachment 12)³ _____
- 7. Total _____
- 8. Divided by 10 _____
- 9. TOTAL POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD B. _____

C. TOTAL POTENTIAL AMOUNT OF LOW INCOME HOUSING TAX CREDITS (INSERT THE **LESSER** OF THE AMOUNT FROM LINE 13 IN PARAGRAPH A, ABOVE OR THE AMOUNT FROM LINE 9 IN PARAGRAPH B, ABOVE)⁴: _____

³ Subject to modification by THDA.

⁴ Any amount of Low Income Housing Tax Credits determined on this Attachment 16 is subject to modification by THDA. Any reservation or allocation of low income housing tax credits, or the amount thereof, is subject, in all respects, to (1) all requirements of the 2010 QAP; (ii) all information submitted in connection with an initial application, at the time of a carryover request or at the time of issuance of an IRS Form 8609; and (iii) all requirements of Section 42 of the Code and all regulations promulgated in connection therewith.

**2011 LIHTC ATTACHMENT 17A: CERTIFICATE
REGARDING QUALIFICATION FOR THE NON-PROFIT SET-ASIDE
(WHEN NONPROFIT IS THE SOLE GENERAL PARTNER
OR SOLE MANAGING MEMBER OF DEVELOPMENT OWNER)**

(date)

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Non-profit: _____ (the "Nonprofit")

Under penalty of perjury, the undersigned, _____, hereby certifies as follows:

1. I am the _____ of Nonprofit and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of Nonprofit as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2010 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") for the Development from the Non-Profit Set-Aside pursuant to the Code and the QAP (the "Non-Profit Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the Non-Profit Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. Check the box that applies:
 - Nonprofit [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - Nonprofit will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
8. Nonprofit was organized under the laws of the State of _____ on _____ and is currently existing under the laws of such state.
9. Check the box that applies, complete required information and attach required documentation:
 - Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
 - Attached hereto as collective Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Secretary of State of _____, the state in which Nonprofit was organized, together with other documentation from such Secretary of State indicating that Nonprofit is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Nonprofit is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.

10. Attached hereto as Exhibit B is a true, correct, and complete copy of the determination letter dated _____ from the Internal Revenue Service issued to Nonprofit indicating that Nonprofit is recognized as an organization described in [Section 501(c)(3)/Section 501(c)(4)] of the Code and is exempt from federal income tax under Section 501(a) of the Code (the "Determination Letter").
11. The Determination Letter has not been modified or revoked.
12. At all times since the date of the Determination Letter, Nonprofit has operated in a manner consistent with all requirements for continuing its tax-exempt status.
13. Since the date of the Determination Letter, no event has occurred and Nonprofit has not participated in any transaction or business activity that might cause Nonprofit to fail to meet all requirements for continuing its tax-exempt status.
14. Since the date of the Determination Letter, Nonprofit has not received any notice or communication from the Internal Revenue Service raising any issue regarding or questioning in any way the tax exempt status of Nonprofit.
15. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside.
16. Nonprofit is not controlled by any for-profit entity.
17. Nonprofit is not affiliated with any for-profit entity, except Development Owner.
18. No staff members, officers or members of the board of directors of Nonprofit will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
19. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
20. Attached hereto as Exhibit C is a true, correct, and complete copies of the Articles of Incorporation, Charter and By-Laws of Nonprofit, all of which demonstrate that one of the exempt purposes of Nonprofit is the fostering of low-income housing.
21. Nonprofit has been continuously engaged in the business of developing and building low-income rental housing in Tennessee since at least January 1, 2008.
22. Nonprofit is authorized to and will materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
23. Nonprofit will participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Nonprofit will undertake in connection with the development and operation of the Development):

24. Check the box that applies and provide the required information:
 - The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit D, do not provide for other [general partners/managing members] of Development Owner.
 - The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit D, will not provide for other [general partners/managing members] of Development Owner.

 (signature)

 (type or print name)

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY
 IN HIS/HER INDIVIDUAL CAPACITY

**2011 LIHTC ATTACHMENT 17B: CERTIFICATE
REGARDING QUALIFICATION FOR THE NON-PROFIT SET-ASIDE
(WHEN NONPROFIT(S) FORMED A CORPORATION TO BE
SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY)**

(date)

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Non-profit: _____ (the "Nonprofit")

Corporation: _____ (the "Corporation")

Under penalty of perjury, the undersigned, _____, hereby certifies as follows:

1. I am the _____ of Nonprofit and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of Nonprofit as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2010 (the "QAP") and the status of Corporation as a "qualified corporation" under Section 42(h)(5)(D) of the Code in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") for the Development from the Non-Profit Set-Aside pursuant to the Code and the QAP (the "Non-Profit Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the Non-Profit Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. Check the box that applies and complete required information:
 - Nonprofit owns 100% of the stock in Corporation and Corporation [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - Nonprofit owns 100% of the stock in Corporation and Corporation will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
8. Nonprofit is not authorized to and will not transfer any stock in Corporation to any person or entity who is not a qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
9. Nonprofit was organized under the laws of the State of _____ on _____ and is currently existing under the laws of such state.

10. Check the box that applies, complete required information and attach required documentation:
- Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
 - Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Secretary of State of _____, the state in which Nonprofit was organized, together with other documentation from such Secretary of State indicating that Nonprofit is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Nonprofit is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.
11. Attached hereto as Exhibit B is a true, correct, and complete copy of the determination letter dated _____ from the Internal Revenue Service issued to Nonprofit indicating that Nonprofit is recognized as an organization described in [Section 501(c)(3)/Section 501(c)(4)] of the Code and is exempt from federal income tax under Section 501(a) of the Code (the "Determination Letter").
12. The Determination Letter has not been modified or revoked.
13. At all times since the date of the Determination Letter, Nonprofit has operated in a manner consistent with all requirements for continuing its tax-exempt status.
14. Since the date of the Determination Letter, no event has occurred and Nonprofit has not participated in any transaction or business activity that might cause Nonprofit to fail to meet all requirements for continuing its tax-exempt status.
15. Since the date of the Determination Letter, Nonprofit has not received any notice or communication from the Internal Revenue Service raising any issue regarding or questioning in any way the tax exempt status of Nonprofit.
16. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside.
17. Nonprofit is not controlled by any for-profit entity.
18. Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.
19. No staff members, officers or members of the board of directors of Nonprofit will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.
20. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
21. Attached hereto as Exhibit C is a true, correct, and complete copies of the Articles of Incorporation, Charter and By-Laws of Nonprofit, all of which demonstrate that one of the exempt purposes of Nonprofit is the fostering of low-income housing.
22. Nonprofit has been continuously engaged in the business of developing and building low-income rental housing in Tennessee since at least January 1, 2008.
23. Nonprofit is authorized to own 100% of the stock of Corporation for the purpose of materially participating (within the meaning of Section 469(h) of the Code), and, through the Corporation, will materially participate in the development and operation of the Development throughout the compliance period.
24. Corporation is authorized to and will materially participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Corporation will undertake in connection with the development and operation of the Development):
- _____
- _____
- _____
25. Corporation was organized under the laws of the State of _____ on _____ and is currently existing under the laws of such state.

26. Check the box that applies, complete required information and attach required documentation:
- Attached hereto as Exhibit D is a true, correct, and complete certificate of existence for Corporation from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
 - Attached hereto as Exhibit D is a true, correct, and complete certificate of existence for Corporation from the Secretary of State of _____, the state in which Corporation was organized, together with other documentation from such Secretary of State indicating that Corporation is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Corporation is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.
27. One hundred percent (100%) of the stock of Corporation is owned by Nonprofit.
28. Check the box that applies and provide the required information:
- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit E, do not provide for other [general partners/managing members] of Development Owner.
 - The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit E, will not provide for other [general partners/managing members] of Development Owner.

(signature)

(type or print name)

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY
IN HIS/HER INDIVIDUAL CAPACITY

**2011 LIHTC ATTACHMENT 19: VERIFICATION OF COMPLIANCE
FOR EXISTING LIHTC PROJECTS**

Development Name: _____

Development Address: _____

Development Owner: _____

List all developments in which the owner, the individuals identified on Attachments 4A through 4C, or the individuals identified on Attachments 5A through 5C, are involved and to which THDA made an allocation of low income housing tax credits.

<u>Project Name and BIN#</u>	<u>Address</u>	<u>Owner/Partner Affiliate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form should be submitted as a part of the initial application and does NOT require THDA's Compliance Section's review prior to initial application submission.

**2011 LIHTC ATTACHMENT 20: CERTIFICATE REGARDING
ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDITS**

(date)

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

1. Check applicable box and provide all required information:

I [am/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[check this box if the person signing this certificate is or will be a general partner or managing member of Development Owner]*

I am the _____ of _____ which [is/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[check this box if the person signing this certificate is an officer of the entity that is or will be a general partner or managing member of Development Owner]*

I am the _____ of _____ which [is/will be] the _____ of the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[check this box if the person signing this certificate is an officer of an entity that is or will be the general partner or managing member of the general partner or managing member of Development Owner]*

2. This Certificate is provided in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") for the Development pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2010 (the "QAP").

3. I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.

4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.

5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits.

6. All disclosures and statements contained in the Initial Application are true and correct.

7. The Development will be acquired, [constructed/rehabilitated], managed and operated strictly as described in the Initial Application and as required by the Code and QAP.

8. Development Owner intends to develop and operate the Development, which is a ____-unit multi-family housing development with ____% of the units exclusively reserved for tenants, including the disabled and/or elderly, at rents affordable to households earning 60% or less of the area medium gross income, to be located at _____, Tennessee, all as further described in the Initial Application.

9. Check the applicable box:

- Development Owner will acquire the real property upon which the Development will be located from an unrelated seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the real property upon which the Development will be located from a related seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the Development, including the real property upon which it is located from an unrelated seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the Development, including the real property upon which it is located from a related seller for an amount that does not exceed the fair market value of the real property.

10. Check the applicable box, complete the required information for the box checked and supply the required documentation:

- The Development will be owned and operated by Development Owner, a _____ which will be organized and existing under the laws of the State of _____ by prior to _____, 2010.
- The Development will be owned and operated by Development Owner, a _____ which was organized and existing under the laws of the State of Tennessee on _____, 2010. A true and correct certificate of existence from the Tennessee Secretary of State, dated not more than 30 days prior to the date hereof, is attached hereto.
- The Development will be owned and operated by Development Owner, a _____ which was organized and is existing under the laws of the State of _____ on _____, 2010. A true and correct certificate of existence from secretary of state of the state in which Development Owner was organized and is existing, together with other documentation from such secretary of state indicating that the Development Owner is in good standing under such laws, all dated not more than 30 days prior to the date hereof, is attached hereto. A true and correct copy of a certificate from the Tennessee Secretary of State indicating that Development Owner is qualified to do business in Tennessee, dated not more than 30 days prior to the date hereof, is attached hereto.

11. Each building in the Development will, at all times during a 15-year period commencing with the date such building is placed in service, and any extended period (the "Compliance Period") required by the Code or the QAP, meet the following test [check only the box that applies for purposes of the federal election]:

- at least twenty percent (20%) of the residential units in each building in the Development will be "rent restricted" and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937).
- at least forty percent (40%) of the residential units in each building in the Development will be "rent restricted" and will be occupied by individuals whose income is equal to sixty percent (60%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937).

For purposes of the foregoing, "rent restricted" means that the gross rent for a unit will not exceed thirty percent (30%) of the income limitation applicable under the referenced test. For these purposes, gross rent does not include any payment under Section 8 or any comparable rental assistance program.

12. The tenants who will occupy each unit in the Development will meet the income limitations set forth above.

13. All units in the Development will be suitable for occupancy and leased other than on a transient basis.

14. No unit will be owned by an individual who occupies such unit or any person related to such person.

15. No unit will be provided for any member of a social organization or provided by an employer for its employees.

16. Each unit in the Development will contain separate and complete facilities for living, sleeping, eating, cooking and sanitation. Each unit in the Development will contain a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink, and each unit in the Development will be separate and distinct from each other unit in the Development.

17. All units in the Development (other than those which might be provided for a resident manager or security officer in the Development) are intended for use by the general public, and will be rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development.
18. No units in the Development will be part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped.
19. All facilities in the Development, other than restricted units, will be facilities for use by tenants and will be reasonably required by and functionally related to the Development.
20. All services provided to tenants of the Development will be optional services. Other than rent, there will be no charges to tenants of the Development for services that are not optional and no services will be required as a condition of occupancy for tenants of the Development.

(signature)

(type or print name)

THIS CERTIFICATE SHOULD BE EXECUTED BY THE SIGNATORY
IN HER/HIS INDIVIDUAL CAPACITY

**2011 LIHTC ATTACHMENT 21: CERTIFICATE
REGARDING ACQUISITION CREDITS**

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Seller: _____ (the "Seller")

Under penalty of perjury, the undersigned, _____, hereby certifies as follows:

1. Check applicable box and provide all required information:

I [am/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[check this box if the person signing this certificate is or will be a general partner or managing member of Development Owner]*

I am the _____ of _____ which [is/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[check this box and complete the required information if the person signing this certificate is an officer, member or partner of an existing entity that is or will be a general partner or managing member of Development Owner]*

I am the _____ of _____ which [is/will be] the _____ of the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[check this box and complete the required information if the person signing this certificate is an officer, member or partner of an entity that is or will be the general partner or managing member of an entity that is or will be the general partner or managing member of Development Owner]*

2. This Certificate is provided in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") for the acquisition of the Development pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2010 (the "QAP").

3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.

4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.

5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits for acquisition.

6. All disclosures and statements contained in the Initial Application are true and correct.

7. Development Owner anticipates acquiring by purchase (as defined in Section 179(d)(2) of the Code) all buildings in the Development on or after _____ (the "Acquisition Date").

8. Check the box that applies:
- Development Owner will acquire the Development from Seller, who is not related, directly or indirectly, to Development Owner or [general partner/managing member] of Development Owner.
 - Development Owner will acquire the Development from Seller and Seller is related to Development Owner or [general partner/managing member] of Development Owner, however, no such related parties have both a direct or indirect ownership interest of 50% or more in Development Owner and a direct or indirect ownership interest of 50% or more in Seller.
9. Seller has owned the Development since _____.
10. Check the boxes that apply:
- On the Acquisition Date, at least ten (10) years will have elapsed since the date all buildings in the Development were last placed in service.
 - The requirement that at least ten (10) years must elapse between the Acquisition Date and the date all buildings in the Development were last placed in service does not apply because (*check the box that applies*):
 - Waivers have been obtained under Section 42(d)(6) of the Code for each affected building in the Development and a true, correct and complete copy of each waiver is attached hereto as Exhibit A.
 - All buildings in the Development are substantially assisted, financed or operated under Section 8 of the Housing Act of 1937.
 - All buildings in the Development are substantially assisted, financed or operated under section 221(d)(3) or section 221(d)(4) or section 236 of the National Housing Act.
 - All buildings in the Development are substantially assisted, financed or operated under section 515 of the Housing Act of 1949.
 - All buildings in the Development are substantially assisted, financed or operated under any other housing program administered by the U.S. Department of Housing and Urban Development.
 - All buildings in the Development are substantially assisted, financed or operated under any other housing program administered by the Rural Housing Service of the U.S. Department of Agriculture.
11. None of the buildings in the Development were previously placed in service by the Development Owner or any person related to Development Owner.

(signature)

(type or print name)

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY
IN HER/HIS INDIVIDUAL CAPACITY

2011 LIHTC ATTACHMENT 22: DISCLOSURE FORM

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2011 Low Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows: [Check one statement for each numbered item]

- 1. I have not been convicted of a felony of any type in Tennessee or any other state within the last ten (10) years; OR
- I have been convicted of a felony in Tennessee or in another state within the last ten (10) years and the details are as follows [specify type of felony, state of conviction, penalties imposed]:

- 2. I have not been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
- I have been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows [specify federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment]:

- 3. No entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
- An entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows [specify entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment]:

NOTE: A fully executed Disclosure Form must be included for each individual identified in Section 3 and Section 4 of the Initial Application and for each individual identified in Attachment 4A or 4B or 4C and for each individual identified in Attachment 5A or 5B or 5C, unless the exception in Part VII.A.6.d. of the 2011 QAP apply and an opinion in the form of Attachment 28 is provided for each corporation to which this exception applies.

4. I have not filed for nor am I in bankruptcy or reorganization as of the date hereof and have not had a bankruptcy discharged within the last four (4) years; OR

I have filed for or am in bankruptcy or reorganization as of the date hereof or have had a bankruptcy discharged within the past four (4) years and the details are as follows [specify date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

5. No entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years; OR

An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years and the details are as follows [specify entity, date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

6. No state licenses I am required to have from the State of Tennessee or from any other state are or have been suspended at any time during the last ten (10) years; OR

State licenses I am required to have from the State of Tennessee or from any other state are or have been suspended at some time during the last ten (10) years and the details are as follows [specify required license, license number, state of licensure, date of suspension(s), reasons for the suspensions]:

7. No state licenses required from the State of Tennessee or from any other state by any entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at any time during the last ten (10) years; OR

State licenses required from the State of Tennessee or from any other state by an entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at some time during the last ten (10) years and the details are as follows: [specify entity, required license, license number, state of licensure, date of suspension(s), reasons for the suspensions]:

I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that the statements contained in this Attachment 22 are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Initial Application of which this Attachment 22 is a part.

(signature)

(date)

(type or print name)

STATE OF _____)
COUNTY OF _____)

Before me, _____ a Notary Public of the state and county mentioned, personally appeared _____, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained.
Witness my hand and seal, at office, this _____ day of _____, 2011.

Notary Public

My Commission Expires: _____

2011 LIHTC ATTACHMENT 23A:

CONFIRMATION OF COMMUNITY REVITALIZATION PLAN FOR URBAN COUNTIES AS LISTED IN EXHIBIT 1 TO THE 2011 QUALIFIED ALLOCATION PLAN

To Be Completed and Signed By the City Mayor/County Mayor/City Attorney/County Attorney/Head of Local Planning Commission

Development Name: _____ (the "Development")
Development Address: _____
City / County: _____
Development Owner: _____

I, the undersigned, hereby certify as follows:

- I. The City / County referenced above has a Community Revitalization Plan ("CRP") that includes all of the following:
A. A clearly delineated geographic target area; and
B. Specific policy goals, one of which must be construction or preservation of affordable rental housing; and
C. Implementation measures, which must be current and ongoing; and
D. Approval of the CRP from the governing body or local planning commission of the jurisdiction in which the Development referenced herein will be located.
II. That each of the following apply to the Development referenced herein:
A. The Development site is wholly within the geographic target area of the CRP; and
B. The completion of the Development will contribute to at least one of the goals stated within the CRP.

I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Initial Application, remains eligible for 2011 Low Income Housing Tax Credits ("Tax Credits"). I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Tax Credits to the Development Owner for the Development.

Typed or Printed Name of Local Government

By: _____
Signature

Date

Typed or Printed Name and Title of Person Signing
(Must be City Mayor, County Mayor, City Attorney, County Attorney, or Head of Local Planning Commission)

2011 LIHTC ATTACHMENT 23B

CONFIRMATION OF COMMUNITY REVITALIZATION PLAN FOR RURAL COUNTIES AS LISTED IN EXHIBIT 1 TO THE 2011 QUALIFIED ALLOCATION PLAN

To Be Completed and Signed By the City Mayor/County Mayor/City Attorney/County Attorney/Head of Local Planning Commission

Development Name: _____
Development Address: _____
City / County: _____
Development Owner: _____

I, the undersigned, hereby certify as follows:

- I. That there is a need for the housing to be provided by the Development referenced herein; and
- II. That the Development referenced herein has local support.

I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Initial Application, remains eligible for 2011 Low Income Housing Tax Credits ("Tax Credits"). I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Tax Credits to the Development Owner for the Development.

Typed or Printed Name of Local Government

By: _____
Signature Date

Typed or Printed Name and Title of Person Signing
(Must be City Mayor, County Mayor, City Attorney, County Attorney, or Head of Local Planning Commission)

If there are questions regarding this form, contact THDA at (615) 815-2142 or (615) 815-2143

2011 LIHTC ATTACHMENT 24: Flood Plain Certification

This Attachment will be posted at a later date

**2011 LIHTC ATTACHMENT 25: UNITS DESIGNED FOR
SPECIAL HOUSING NEEDS**

Total # of Units Designed For:				
	Families with Children	Persons with Disabilities	Elderly	Homeless
BLDG 1				
BLDG 2				
BLDG 3				
BLDG 4				
BLDG 5				
BLDG 6				
BLDG 7				
BLDG 8				
BLDG 9				
BLDG 10				
BLDG 11				
BLDG 12				
BLDG 13				
BLDG 14				
BLDG 15				
BLDG 16				
BLDG 17				
BLDG 18				
BLDG 19				
BLDG 20				
DEVELOP MENT TOTAL				

2011 LIHTC ATTACHMENT 26

Reserved

**2011 LIHTC ATTACHMENT 27: FORM OF LETTER FROM
PHA EXECUTIVE DIRECTOR REGARDING THE HOPE VI PROGRAM**

To be submitted on Public Housing Authority letterhead

(date)

Attn: Tax Credit Administrator
Tennessee Housing Development Agency
404 James Robertson Parkway Suite 1200
Nashville, TN 37243-0900

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

In connection with the submission of an initial application requesting an allocation of 2011 Low Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2011 THDA Low Income Housing Tax Credit Qualified Allocation Plan (the "QAP"), I hereby certify as follows:

1. I am the duly appointed, qualified and incumbent Executive Director of the [name of housing authority].
2. The Development, as described in the Initial Application, is identified in the PHA's [year] HOPE VI application which was approved by HUD on _____, and which was awarded a HOPE VI grant in _____; and
3. The housing units in the Development, as described in the Initial Application, are an essential element of the HUD approved HOPE VI application; and
4. The Tax Credits requested in the Initial Application are an essential component of the financing plan for PHA's HOPE VI Program.
5. HOPE VI funds in the amount of \$ _____ are committed to and will be used as part of the financing for the Development.

I understand that THDA will rely solely on this letter to determine whether the Development qualifies for an allocation of Tax Credits and whether points may be awarded under Part VII-B-3-c of the QAP.

Name: _____
Executive Director

Signature: _____

**2011 LIHTC ATTACHMENT 28: FORM OF LETTER FOR EXCLUSION
UNDER PART VII-A-6-d**

**To be submitted on Tax Counsel's Letterhead of the Company Seeking the Exemption
under Part VII-A-6-d**

(date)

Attn: Tax Credit Administrator
Tennessee Housing Development Agency
404 James Robertson Parkway, Suite 1200
Nashville, TN 37243-0900

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the General Counsel of _____ (the "Company"). Based on my capacity as General Counsel, I have knowledge of the information provided in this letter and am duly authorized to provide the information contained in this letter in connection with an initial application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting 2011 Low Income Housing Tax Credits ("Tax Credits") for the Development. I understand THDA will rely solely on this letter to determine whether the Company meets the requirements of Part VII.A-6-d of the THDA Low Income Housing Tax Credit Qualified Allocation Plan for 2011 (the "QAP").

1. The Company is the _____ of the [Development Owner/Developer] identified in the Initial Application.
2. Stock in the Company is publicly traded on the _____ under the trading symbol _____.
3. In my capacity as General Counsel, I oversee the preparation and filing of affidavits, disclosures and other documents (collectively, "Affidavits and Disclosures") executed by or based on information provided under penalty of perjury by the officers and directors of the Company with various federal and state regulatory agencies throughout the United States, including, without limitation, the United States Securities and Exchange Commission.
4. Such Affidavits and Disclosures were generally filed under penalty of perjury and, in the aggregate, have addressed, in all material respects, the items requested to be disclosed in Attachment 22 to the Initial Application for the Development.
5. In no case has there been an affirmative answer to any such item by any officer or director of the Company, and in all cases, based on my review of previously filed Affidavits and Disclosures, no officer and director of the Company would have provided an affirmative answer to any question on Attachment 22, if an Attachment 22 had been executed by that officer or director.

Company: _____

Name: _____
General Counsel

Signature: _____

NOTE: An opinion letter in the form of this Attachment 28 must be submitted for each corporation identified on Attachment 4A, 4B or 4C and/or on Attachment 5A, 5B or 5C seeking to meet the requirements of Part VII-A-6-d of the QAP.

2011 LIHTC ATTACHMENT 29

Reserved

2011 LIHTC ATTACHMENT 30

FORM OF ARCHITECT'S CERTIFICATION
[AT 2011 RESERVATION NOTICE]

To be submitted on Architect's Letterhead

(date)

Attn: Tax Credit Administrator
Tennessee Housing Development Agency
404 James Robertson Parkway Suite 1200
Nashville, TN 37243-0900

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the design architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2011 (the "QAP"), I am providing the following certifications to meet part of the requirements of the Tennessee Housing Development Agency ("THDA") in connection with accepting a Reservation Notice for the Development.

A. I hereby certify as follows (1, 2 and 3 are required; check 4 through 10 as applicable):

1. One hundred percent (100%) of the "covered multifamily dwellings" (as defined in the Fair Housing Act) in the Development are designed to meet the requirements of the Fair Housing Act.
2. All "public accommodations" (as defined in the Americans With Disabilities Act) are designed to meet the requirements of the Americans With Disabilities Act.
3. The Development is designed to meet the following (check at least one):
 - (a) ___ all applicable local building codes (for developments in localities with building codes).
 - (b) ___ 2009 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).
 - (c) ___ 2009 International Residential Code for One- and Two-Family Dwellings (for new construction or reconstruction of single-family units or duplexes in localities with no building codes).
 - (d) ___ 2009 International Existing Building Code and 2009 International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).
4. ___ The Development involves rehabilitation and, as designed, rehabilitation hard costs for the Development are expected to be \$ _____ and total development costs are expected to be \$ _____.
5. ___ The Development is designed with vinyl siding on all or a portion of the exterior and, as designed, all vinyl siding on all buildings in the Development will meet a 15-year maintenance free standard.
6. ___ The Development is designed with hardwired smoke detectors, with battery backup, in the bedroom areas of all units.

7. ___ The following units in the Development are designed to be fully equipped for persons with disabilities and meet the requirements of the Americans with Disabilities Act, as applicable, and the requirements of the Fair Housing Act, as applicable (list unit numbers and buildings):
8. ___ All units in the Development are designed for occupancy by the elderly (as defined in the QAP).
9. ___ All units in the Development are designed as permanent, non-transient housing for households whose primary residence (prior to locating in the Development) is a privately or publicly operated shelter designed to provide temporary living accommodations, or a public or private place not designed for or ordinarily used as a regularly sleeping accommodation for human beings.
10. ___ The following units in the Development are designed to contain three or more bedrooms (i.e., for large families) (list unit numbers and buildings):
- B. I further certify as follows in support of points previously awarded to the Initial Application involving the Development (check all that apply):
1. ___ The Development is designed to meet the standards of the Council of American Building Officials Model Energy Code (for new construction).
2. ___ The Development is designed to use one or more of the following on the exterior of each building making up the Development (for new construction) (check all that apply):
- (a) ___ brick
 - (b) ___ stone,
 - (c) ___ cement fiber siding
 - (d) ___ vinyl that meets a 15-year maintenance-free exterior standard
3. ___ The Development is designed with a minimum of 65% of the exterior wall surfaces below the plate line of each building making up the Development covered with one or more of the following (for new construction) (check all that apply):
- (a) ___ brick
 - (b) ___ stone,
 - (c) ___ cement fiber siding
4. ___ The Development is designed such that, upon completion of all rehabilitation, none of the following major building systems will require further substantial rehabilitation for a period of at least fifteen (15) years from the required placed in service date:
- (a) exterior (e.g. brick, stone, cement fiber siding, or vinyl); and
 - (b) roof structures; and
 - (c) wall structures; and
 - (d) floor structures; and
 - (e) foundations; and
 - (f) plumbing systems; and
 - (g) central heating and air conditioning systems; and
 - (h) electrical systems; and
 - (i) doors and windows; and
 - (j) parking lots; and
 - (k) elevators; and
 - (l) fire/safety systems.
5. ___ The following structure(s), that is part of the Development, is listed individually on the National Register of Historic Places or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district and all work to be performed in connection with the

referenced structure(s) is designed to be eligible for historic rehabilitation tax credits (list structure(s) address or location within the Development):

6. ___ All units in the Development are designed to contain the following ENERGY STAR compliant items or ENERGY STAR equivalent items (check all that apply):
- (a) ___ Dishwashers (in all units)
 - (b) ___ Exterior doors (in all units)
 - (c) ___ HVAC units (in all buildings or units, as applicable)
 - (d) ___ Refrigerators (in all units)
 - (e) ___ Windows (in all units)

I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Initial Application, remains eligible for 2011 Low Income Housing Tax Credits ("Tax Credits"). I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Tax Credits to the Development Owner for the Development.

(Name, Signature, license number, and state of licensure of Architect providing certifications)

STATEMENT OF APPLICATION AND CERTIFICATION

Development Name: _____ (the "Development")

Development Owner: _____ (the "Development Owner")

Developer Entity: _____ (the "Developer")

I, the undersigned, being duly sworn, hereby certify as follows:

1. Check one:

I am _____ of the Development Owner identified above and identified in Section 3 of the Initial Application for Low Income Housing Tax Credits dated _____ (the "Application") being submitted to the Tennessee Housing Development Agency ("THDA") with this Statement; or

I am _____ of the Developer identified above and identified in Section 4 of the Initial Application for Low Income Housing Tax Credits dated _____ (the "Application") being submitted to the Tennessee Housing Development Agency ("THDA") with this Statement.

2. I have personal knowledge regarding the Development and the Application and am familiar with requirements related to Low Income Housing Tax Credits ("Tax Credits") contained in the Internal Revenue Code of 1986, as amended (the "Code"), the U.S. Treasury Regulations promulgated in connection therewith (the "Regulations") and the 2011 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2011 QAP").

3. I am duly authorized to execute this Statement and submit the Application on behalf of the Development Owner.

4. To the best of my knowledge and belief, the Development Owner has complied, or will comply with all of the requirements contained in the Code, the Regulations and the 2011 QAP.

5. I acknowledge and affirm each of the following:

a. This Application will not be eligible for Tax Credits or an award of Tax Credits will be withdrawn if satisfactory information and/or materials are not supplied to THDA in accordance with the 2011 QAP.

b. Any reservation or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2011 QAP; and (ii) all requirements of Section 42 of the Code and all Regulations.

c. As required by Section 42(m) of the Code, THDA will evaluate the amount of Tax Credits appropriate for the Development, if any, in connection with the Application, at the time of carryover and at the time the Development is placed in service in connection with issuance of IRS Form 8609. Consequently, the amount of any Tax Credits reserved for the Development, if any, may be different from the amount requested in the Application; the amount of Tax Credits reflected in the carryover documentation, if any, may be different from the amount reflected in a reservation notice, if any; and the amount of Tax Credits reflected in the IRS Form 8609, if any, may be different from the amount reflected in the carryover documentation, if any, based on reasonable information submitted by or on behalf of the Development Owner as determined by THDA in its sole discretion.

d. A reservation or an allocation of Tax Credits by THDA is not a warranty or representation that the referenced Development meets Code requirements applicable to Tax Credits.

e. THDA has made no representations about the effect of Tax Credits upon my taxes or that of any other person connected with this Development.

f. Neither THDA nor any of its directors, officers, employees and agents are responsible or liable for any representations made in connection with the Tax Credit program.

g. I assume the risk of all damages, losses, costs, and expenses related to participation in the Tax Credit program and agree to indemnify and save harmless THDA and all of its directors, officers, employees and agents harmless against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorneys fees) of any kind and of any nature that THDA may hereinafter suffer, incur, or pay arising out of its decisions concerning Tax Credits or the use of information related to the Tax Credit program.

h. Any misrepresentations in any materials or documentation submitted to THDA to induce THDA to reserve or allocate Tax Credits to the Development Owner for the Development may result in a reduction or withdrawal of Tax Credits by THDA, a bar on future program participation, and/or notification of the Internal Revenue Service.

6. To the best of my knowledge and belief, the information contained in the Application, in any Attachments in support thereof, or documentation otherwise submitted to THDA in connection with the Tax Credit program is true, correct, and complete and is truly descriptive of the Development.
7. I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that the statements contained in the Application, all relevant Attachments and this Statement are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Application of which this Statement is a part.

DEVELOPMENT OWNER:

Date: _____

By: _____
(signature or name if not an individual)

(print or type name)

(title)

By: _____
(signature or name if not an individual)

(print or type name)

(title)

DEVELOPER:

Date: _____

By: _____
(signature or name if not an individual)

(print or type name)

(title)

By: _____
(signature or name if not an individual)

(print or type name)

(title)

STATE OF _____)

COUNTY OF _____)

Before me, _____, a Notary Public of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself/himself to be a/the _____ of _____, the within named bargainer, and that she/he, as such _____, executed the foregoing instrument for the purpose therein contained, by signing the name of the _____ by herself/himself as _____.

Witness my hand and seal, at office, this _____ day of _____, 2011.

Notary Public

My Commission Expires: _____