

**MISSOURI HOUSING DEVELOPMENT COMMISSION
LOW INCOME HOUSING TAX CREDIT PROGRAM:**

NON-PROFIT PARTICIPATION QUESTIONNAIRE

The purposes of this questionnaire are as follows:

- A. To provide information required to determine if an applicant is eligible for tax credits from the 10% of the annual state tax credit ceiling under Section 42 (h)(5) of the Internal Revenue Code for projects involving qualified non-profit organizations.
- B. To provide information to determine if an application is eligible for preference relating to "ownership by a Missouri tax-exempt organization, or public housing authority, with an express purpose of fostering low-income housing."

Please answer every question or indicate if not applicable. Use additional sheets if necessary.

NOTE: Both the non-profit organization or local public housing authority (PHA) and the applicant (if different) must sign this questionnaire.

1. General Information

a. Name of Project: _____

b. Name of ownership entity: _____

c. Name of participating non-profit or PHA: _____

Legal status: 501(c)(3)
 501(c)(4)
 tax-exempt under 501(a)
 public housing authority
 other (specify) _____

d. If non-profit or PHA will participate through a related subsidiary entity, name of such entity:

Legal status: 501(c)(3)
 501(c)(4)
 tax-exempt under 501(a)
 public housing authority
 other (specify) _____

2. Does the applicant intend to request an allocation of tax credits from the non-profit set-aside portion of the state credit ceiling under Section 42 (h)(5)? Yes No

3. Is the non-profit or PHA (or a related subsidiary entity) assured of owning an interest in the project throughout the compliance period? Yes No

a. List all the general partners of the ownership entity and the percentages of their interest:

b. Describe in detail the non-profit or PHA (or related subsidiary) ownership interest:

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The undersigned applicant and non-profit or PHA hereby each certify that, to the best of its knowledge, all of the foregoing information is correct, complete and accurate.

Date

Applicant

By: _____

Its: _____

Title

Date

Non-profit or PHA Participant

By: _____

Its: _____

Title