

**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