

FORM 2

Tax Credit Assistance Program

Certification of Previous Federal Funds Experience

Development Name: _____

Name of Company or Entity: _____

List Individuals associated with the above Company or Entity that have previous federal funds experience and check the box(s) which relate to the capacity the individual serves:

1.	General Partner <input type="checkbox"/>	Developer <input type="checkbox"/>	Managing Member <input type="checkbox"/>
2.	General Partner <input type="checkbox"/>	Developer <input type="checkbox"/>	Managing Member <input type="checkbox"/>
3.	General Partner <input type="checkbox"/>	Developer <input type="checkbox"/>	Managing Member <input type="checkbox"/>
4.	General Partner <input type="checkbox"/>	Developer <input type="checkbox"/>	Managing Member <input type="checkbox"/>
5.	General Partner <input type="checkbox"/>	Developer <input type="checkbox"/>	Managing Member <input type="checkbox"/>

For each individual(s) listed above please indicate below the specific federal program(s) they have experience with:

1.	HOME <input type="checkbox"/>	CDBG <input type="checkbox"/>	Other HUD Programs: _____ <input type="checkbox"/>
2.	HOME <input type="checkbox"/>	CDBG <input type="checkbox"/>	Other HUD Programs: _____ <input type="checkbox"/>
3.	HOME <input type="checkbox"/>	CDBG <input type="checkbox"/>	Other HUD Programs: _____ <input type="checkbox"/>
4.	HOME <input type="checkbox"/>	CDBG <input type="checkbox"/>	Other HUD Programs: _____ <input type="checkbox"/>
5.	HOME <input type="checkbox"/>	CDBG <input type="checkbox"/>	Other HUD Programs: _____ <input type="checkbox"/>

For each individual(s) listed above please indicate the experience they have with Davis Bacon, Relocation, NEPA reviews, etc.

1.	Davis Bacon <input type="checkbox"/>	Relocation <input type="checkbox"/>	NEPA Reviews <input type="checkbox"/>	Other <input type="checkbox"/> _____
2.	Davis Bacon <input type="checkbox"/>	Relocation <input type="checkbox"/>	NEPA Reviews <input type="checkbox"/>	Other <input type="checkbox"/> _____
3.	Davis Bacon <input type="checkbox"/>	Relocation <input type="checkbox"/>	NEPA Reviews <input type="checkbox"/>	Other <input type="checkbox"/> _____
4.	Davis Bacon <input type="checkbox"/>	Relocation <input type="checkbox"/>	NEPA Reviews <input type="checkbox"/>	Other <input type="checkbox"/> _____
5.	Davis Bacon <input type="checkbox"/>	Relocation <input type="checkbox"/>	NEPA Reviews <input type="checkbox"/>	Other <input type="checkbox"/> _____

Have any of the above individuals been debarred or received a limited denial of participation by any federal or state agency from participating in any multi-family development program? (i.e. Tax Credits, HOME, HTF, CDBG, RHS, FHLB, HUD, etc.)
 Yes _____ No _____

If Yes, please list individual(s) and provide specific program(s) and reason(s):

I, (individual, corporation, partner, member, or entity), certify that I am applying to the South Carolina State Housing Finance and Development Authority (SCSHFDA) for approval to participate as a Principal in the Development listed above based upon my previous participation record and this Certificate. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained on these pages under the penalties of perjury.

I acknowledge that Federal funds may be used in connection with the Development, and that these certifications will be relied on by the SCSHFDA in connection with SCSHFDA's making financial decisions. I certify that I do not presently have any relationship, financial or otherwise, with the SCSHFDA, its staff members and/or its employees except in its capacity in the Development as indicated above and do not presently have any involvement with any decision-making process and am not presently in a position to gain inside information with respect to any activities assisted with Federal funds.

I certify, as a condition for participating in the Tax Credit Assistance Program that, as of the date of this certification, that:

- a) I have not experienced defaults under any HUD, RHS, SCSHFDA, Fannie Mae, Freddie Mac, other state and local government housing finance agencies, or other entities not listed from which I have received affordable housing funds;
- b) To the best of my knowledge, there are no unresolved findings raised as a result of HUD or SCSHFDA audits, management reviews or other government investigations concerning me or my developments nor have I had one or more public (Federal, State or local) developments terminated for cause of default;
- c) There has not been a suspension or termination of payments under any HUD, RHS, SCSHFDA, Fannie Mae, Freddie Mac, other state and local government housing finance agencies, or other entities not listed from which I have received affordable housing funds assistance contracts in which I have had a legal or beneficial interest attributable to my fault or negligence;
- d) I have not been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property and am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in this paragraph;
- e) I am not presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from any transactions or construction developments involving the use of Federal, State, or governmental funds; and
- f) I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under any employee fidelity bond.

The name of each Principal in this Development is listed on the preceding page.

The SCSHFDA is authorized to obtain from and release to any source information regarding the undersigned and their experience relative to the experience detailed on the preceding page of this certification.

Statements listed in the Certification and Authorization section to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement, if applicable, explaining the facts and circumstances that help qualify me as a responsible Principal for participation in this Development.

UNDER PENALTY OF PERJURY, I certify that the above information is true and correct and intended to be relied upon by the South Carolina State Housing Finance and Development Authority in the awarding Tax Credit Assistance Program funds. I understand that the making of any false statement in

connection with this application will result in the disqualification of this Development and any other Development with which I am associated.

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

Signature: _____

Title: _____

Date: _____

NOTE: All persons listed on page 1 of this Exhibit must sign and date on the signature blocks above