

FORM 1

2012 Certification for Development Rejection Form

The undersigned represents to the South Carolina State Housing Finance and Development Authority as follows:

1. The undersigned is the duly authorized representative of _____, the Applicant submitting a Low- Income Housing Tax Credit Application for a development known as _____, located in or near the City/Town of _____, in _____ County, South Carolina.
2. The undersigned is aware that the tax credit application is submitted to provide information regarding several aspects of a proposed development, including information regarding the suitability of the site and market proposed as the location for the development.
3. The undersigned is aware that an inspection of the site proposed as the location for the development as well as nearby and adjacent properties may reveal the existence of one or more conditions that might render the site and/or market unsuitable as a location for the proposed development.
4. The undersigned, on behalf of the Applicant, hereby consents to the analysis of the market and the inspection of the site proposed as the location of the proposed development, as well as the inspection of such adjacent or nearby property as the staff of the Authority deems necessary to determine the presence or absence of hazards, dangers, risks or negative characteristics that might render the proposed site unsuitable as the location of the proposed development.
5. The undersigned, on behalf of the Applicant, acknowledges that, if any detrimental site characteristics are determined to exist on, adjacent to, or within such distance as the staff of the Authority may determine to have a negative impact on the proposed site, such site will be rejected by the Authority depending on the detrimental site characteristic(s) discovered.
6. The undersigned, on behalf of the Applicant, acknowledges that the tax credit application submitted by the Applicant will be reviewed by Authority staff to determine whether or not said application meets the minimum standards in order to compete for Low Income Housing Tax Credits during the Authority's application process.
7. The undersigned, on behalf of the Applicant, agrees to accept the determination of the Authority with regard to the market and the presence or absence of detrimental site characteristics, as well as the determination as to whether Applicant's application meets minimum standards in order to compete in the Authority's application process.
8. The undersigned, on behalf of the Applicant, agrees that the determination made with regard to the application by Authority staff is final and is not subject to further review, all as provided in the Qualified Allocation Plan.

Applicant: _____

Date: _____

By: _____

Name of Representative

FORM 3

2012 Developer Relocation Certification and Tenant Profile Form
For Acquisition/Rehabilitation Developments Only

Development Name: _____

Development Address: _____

City: _____

County: _____

Total number of units in the development: _____

Total number of units currently occupied: _____

Total number of units currently vacant: _____

1. Will there be **permanent** relocation of tenants? Yes or No

Number of tenants to be permanently relocated: _____

Percentage of tenants to be permanently relocated: _____%

NOTE: No more than 10% of the existing tenants may be displaced permanently.

2. Will there be **temporary** relocation of tenants? Yes or No

Number of tenants to be temporarily relocated: _____

Percentage of tenants to be temporarily relocated: _____%

If there is to be temporary or permanent displacement of tenants in the proposed development then a relocation plan **must** be submitted with this certification. The following items must be clearly outlined in the plan:

- (1) Relocation coordinator's name and phone number;
- (2) How the tenants will be relocated;
- (3) Average cost per tenant and/or family for relocation;
- (4) Total relocation cost to be incurred; and
- (5) Source of funds paying for relocation.

Applicant: _____

Date: _____

By: _____

2012 FORM CORP

CORPORATION	Development Name: _____	
	City: _____, S.C.	
Name of Corporation: _____ Corporation is ____ For Profit ____ Non-Profit		
Address: _____		
City _____ State _____ Zip: _____		
Tax ID Number: _____ or date applied for: _____		
Officers		
President: _____ Vice-President: _____		
Secretary: _____ Treasurer: _____		
Shareholders		Percentage of Ownership
1. Name _____	Address: _____	_____ %
	City, State, Zip: _____	
2. Name: _____	Address: _____	_____ %
	City, State, Zip: _____	
3. Name: _____	Address: _____	_____ %
	City, State, Zip: _____	
4. Name: _____	Address: _____	_____ %
	City, State, Zip: _____	
5. Name: _____	Address: _____	_____ %
	City, State, Zip: _____	

NOTE: This form must be completed for **each** Corporation that is involved in the proposed development.

2012 FORM LLC

LIMITED LIABILITY COMPANY	Development Name: _____ City: _____, S.C.
Name of LLC: _____ LLC includes the following: ___ For Profit ___ Non-Profit Address: _____ City _____ State _____ Zip: _____ Tax ID Number: _____ or date applied for: _____	
Membership	Percentage of Ownership
1. Manager (if any): _____ Address: _____ City, State, Zip: _____	_____%
2. Member Name: _____ Address: _____ City, State, Zip: _____	_____%
3. Member Name: _____ Address: _____ City, State, Zip: _____	_____%
4. Member Name: _____ Address: _____ City, State, Zip: _____	_____%
5. Member Name: _____ Address: _____ City, State, Zip: _____	_____%
6. Member Name: _____ Address: _____ City, State, Zip: _____	_____%

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.

2012 FORM LP

LIMITED PARTNERSHIP	Development Name: _____ City: _____, S.C.
Name of LP: _____ LP includes the following: ___ For Profit ___ Non-Profit Address: _____ City _____ State _____ Zip: _____ Tax ID Number: _____ or date applied for: _____	
Partners	Percentage of Ownership
1. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
2. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
3. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
4. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %
5. Partner: _____ Address: _____ City, State, Zip: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner	_____ %

NOTE: This form must be completed for each LLC that is involved in the proposed development. If any of the Members are Corporations, Limited Liability Companies, or Limited Partnerships then you must also complete, in addition to this form, one or more of the following, as applicable: FORM CORP, FORM LP, and/or FORM LLC. All necessary forms must be submitted so as to ascertain the Principals of the development.