



TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

Initial Application

2014

**Initial Application Instructions
Low-Income Housing Tax Credit
Program Year 2014**

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 2014 (the “2014 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 required items to meet the Eligibility Requirements are listed on the Initial Application Checklist 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 on or before the application deadline specified in Part VI-C of the 2014 QAP and in accordance with all Initial Application Requirements contained in the 2014 QAP. Points will be awarded based on the criteria in Part VII-B of the 2014 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 INCONSISTENCIES BETWEEN INFORMATION REQUIRED IN THE 2014 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTENCIES 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 2014 QAP.

If a Preliminary Award Letter is issued, all additional documentation required, as stated in the Preliminary Award Checklist and the Carryover Allocation Application, for eligibility or for points claimed in Part VII-B of the Initial Application, must be submitted by the date specified in the Carryover Allocation Application. If **all** required documentation is not submitted by the specified deadlines, the Preliminary Award Letter will be cancelled.

An Initial Application must receive a minimum score of 132 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, TABS 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.

2014 INITIAL APPLICATION CHECKLIST

Development Name: _____

The original Initial Application and supporting documentation must be submitted to THDA in page numbering order with the Market Study, Appraisal and if required, Physical Needs Assessment in the rear.

MANDATORY TO BE ELIGIBLE:

1. Initial Application Checklist (this checklist)
2. Statement of Application and Certification (for Ownership Entity identified in Section 3)
3. Attachment 16
4. Attachment 17
5. Property Control (both levels)
6. Appraisal or Land Appraisal (Exhibit 12 Only) if required
7. Market Study (Exhibit 8 Only)
8. Physical Needs Assessment (Exhibit 11 Only) if required
9. Zoning letter, if zoning points are claimed

(Check boxes below of the items you are submitting):

- Initial Application (pages 5-17)
- Attachment 1: Determination of Applicable Fraction
- Attachment 1A: Development Construction Data
- Attachment 2: Unit Information Low-Income Units Only
- Attachment 3: Unit Information Market Rate Units Only
- Attachment 4: Monthly Utility Allowance Calculation
- Attachment 5: Sources and Uses of Funds
- Attachment 6: Construction Financing
- Attachment 7: Permanent Financing
- Attachment 8: Government Subsidies
- Attachment 9: Syndication Information
- Attachment 10: Annual Expense Information
- Attachment 11: Development Costs
- Attachment 12: Calculation of Potential Tax Credits
- Attachment 13: Confirmation of Community Revitalization Plan
- Attachment 14: Units Designed for Special Housing Needs
- Attachment 15: Development Schedule
- Attachment 16A: Type of Ownership Entity - Partnership
- Attachment 16B: Type of Ownership Entity - Corporation
- Attachment 16C: Type of Ownership Entity – Limited Liability Company
- Attachment 17A: Type of Developer Entity - Partnership
- Attachment 17B: Type of Developer Entity - Corporation
- Attachment 17C: Type of Developer Entity – Limited Liability Company
- Organizational Chart
- Attachment 18 Other Development Participants
- Attachment 20A: Verification of Compliance For Existing LIHTC Projects for Ownership Entity
- Attachment 20B: Verification of Developer Entity Prior Experience for Existing LIHTC Projects
- Attachment 21: Certification Regarding Eligibility For Low-Income Housing Tax Credits
- Attachment 22: Certification Regarding Acquisition Credits (if acquisition/rehabilitation tax credits requested)
- Attachment 23: Disclosure Form

- Attachment 24: Form of Opinion Letter Regarding Exemption under Part VII.A.6.d
- Attachment 26A: Certification Regarding Qualification for PHA Set-Aside where PHA is Sole General Partner or Sole Managing Member
- Attachment 26B: Certification Regarding Qualification for PHA Set-Aside where PHA is formed as Corporation to be Sole General Partner
- Attachment 27A: Letter From Executive Director of PHA (if requesting tax credits under the PHA Set-Aside with Choice Neighborhoods Implementation (CNI) Grant
- Attachment 27B: Letter From Executive Director of PHA (if requesting tax credits under PHA Set-Aside with Rental Assistance Demonstration (RAD) Program
- Copy of the Public Housing Authority's Choice Neighborhoods Initiative (CNI) Implementation Grant
- Copy of the Public Housing Authority's Rental Assistance Demonstration (RAD) Agreement
- Attachment 28A: Certification Regarding Qualification for the Non-Profit Set-Aside (Non-Profit is the Sole General Partner or Sole Managing Member)
- Attachment 28B: Certification Regarding Qualification for the Non-Profit Set-Aside (Non-Profit Formed as Corporation)
- Attachment 29: Verification of Non-Profit Housing Experience

Documentation Evidencing Property Control, Level 1 (check one):

- Recorded Instrument of Conveyance; or
- Contract for Sale or Contract for 50 year ground lease; or
- Option to Purchase or Option for 50 year ground lease; or
- Evidence demonstrating the ability to acquire property through power of eminent domain

Documentation Evidencing Property Control, Level 2:

- Commitment for Title Insurance

Miscellaneous and Third Party Original Documentation (Reports):

- Market Study Exhibit 8
- Physical Needs Assessment Exhibit 11 (required if proposed development involves rehabilitation)
- Appraisal Exhibit 12 (required if acquisition credit requested on five or more units)
- Land Appraisal Exhibit 12
- Application Fee – Check payable to Tennessee Housing Development Agency for Application Fee
- Originals of all items.
- 2 digital copies on CD-ROM, formatted in pdf version, set-up with six folders named and containing the following.
NOTE: Both CD-ROMs must be an exact match of the Initial Application which includes all signatures and must be formatted as stated below:

Folder 1: Labeled “Initial Application” which contains only the Initial Application (pages 1 – 17) with any back-up documentation requested

Folder 2: Labeled “Initial Application Attachments” which contains only the applicable Attachments 1-30 with any back-up documentation requested

Folder 3: Labeled “Property Control” which contains only one of the items selected under Level 1 and Title Commitment for Level 2

Folder 4: Labeled “Market Study” which contains Exhibit 8

Folder 5: Labeled “Appraisal and/or Land Appraisal” which contains Exhibit 12

Folder 6: Labeled “Physical Needs Assessment” which contains Exhibit 11

- Competitive – The complete Initial Application with all applicable Attachments are due for eligibility and scoring on Monday, February 3, 2014 by 1:00 pm Central Time.

TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit Application

Program Year 2014

INITIAL APPLICATION

Date of Application: _____

1. DEVELOPMENT NAME AND LOCATION:

A. Development Name: _____

B. Development Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Name of nearest Cross Street: _____

Map(s) and Parcel(s): _____

C. **Jurisdiction:** The Development will be within the jurisdiction of (if dual jurisdiction, check all three boxes and complete information for **both** city/town/other municipality **and** county):

A city/town/other municipality

Mayor: _____

Mayor's Address: _____

Mayor's email: _____

Mayor's Phone Number: _____

A county

Mayor: _____

Mayor's Address: _____

Mayor's email: _____

Mayor's Phone Number: _____

Dual jurisdiction (complete both city and county sections above)

D. **Set-Asides: (Check all that apply)**

Non-Profit Set-Aside

Public Housing Authority Set-Aside

Preservation Set-Aside

Special Housing Needs Set-Aside

QCT with CRP Set-Aside

E. **Development Type: (Check all that apply)**

New Construction

Preservation or Rehabilitation

Acquisition with Preservation or Rehabilitation

Adaptive Reuse

Scattered Site

2. UNIT INFORMATION:

- A. Total number of residential buildings proposed: _____
- B. Total number of residential units proposed: _____
- C. Applicable Fraction: _____%
- D. Total number of units to be restricted for low-income tenants: _____
- E. Total number of units to be restricted for low-income tenants that will be rehabilitated: _____
- F. Total number of units to be restricted for low-income tenants that will not be rehabilitated due to recent rehabilitation or restoration because of fire, flood, other casualty, lack of need for rehabilitation, or any other reason: _____
- G. Total number of market rate units: _____
- H. Total square feet of low-income residential floor space (excluding common area) : _____
- I. Estimated annual credit requested for this Initial Application: \$ _____

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: (_____) _____
Email: _____

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 the Ownership Entity dated not more than 30 days prior to the date of this Application). **Insert the Certificate of Existence behind Page 6.**
- is validly formed and currently in existence in the State of _____ and the Ownership Entity is qualified to do business in Tennessee on _____ (date). *(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).* **Insert this documentation behind Page 6.**
- will be formed in the State of _____ on or before _____, 2014.

C. Type of Ownership Entity (check only one and complete all information):

Tax ID Number:

- Limited Partnership (Complete and submit **Attachment 16A**) _____
- Limited Liability Limited Partnership (Complete and submit **Attachment 16A**) _____
- General Partnership (Complete and submit **Attachment 16A**) _____
- Limited Liability Partnership (Complete and submit **Attachment 16A**) _____
- Limited Liability Corporation (Complete and submit **Attachment 16C**) _____
- Corporation (Complete and submit **Attachment 16B**) _____
- Individual *(use social security number)* _____

D. Contact Person for Ownership Entity:

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

E. Alternate Contact Person for Ownership Entity:

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

4. DEVELOPER ENTITY:

A. Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: () _____ Fax: () _____
Email: _____

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

Tax ID Number:

- Limited Partnership (Complete and submit **Attachment 17A**) _____
- Limited Liability Limited Partnership (Complete and submit **Attachment 17A**) _____
- General Partnership (Complete and submit **Attachment 17A**) _____
- Limited Liability Partnership (Complete and submit **Attachment 17A**) _____
- Limited Liability Corporation (Complete and submit **Attachment 17C**) _____
- Corporation (Complete and submit **Attachment 17B**) _____
- Individual (*use social security number*) _____

5. OTHER DEVELOPMENT PARTICIPANTS:

A. Complete and submit Attachment 18. (Mandatory)

B. Does the Contractor, the Management Company, the Sponsoring Organization, the Consultant, the Tax Accountant, and/or the Architect, as identified on Attachment 18, the Syndicator/Equity Provider, identified in Attachment 9, 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:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ownership Entity identified in Section 3 of this Initial Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Developer identified in Section 4 of this Initial Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the Ownership Entity |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the Developer |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other entity identified on Attachment 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with any other entity identified on Attachment 18 |

C. Does the Ownership Entity identified in Section 3 of this Initial Application or any individual identified on **Attachment 16A, 16B, or 16C** have any direct or indirect relationship (personal or business) with or interest in any of the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The Developer identified in Section 4 of this Initial Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the Developer |
| <input type="checkbox"/> | <input type="checkbox"/> | Any entity identified on Attachment 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the syndicator/equity provider |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with any entity identified on Attachment 18 |

D. Does the Developer identified in Section 4 of this Initial Application or any individual identified on **Attachment 17A, 17B, or 17C** have any direct or indirect relationship (personal or business) with or interest in any of the following:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The Ownership Entity identified in Section 3 of this Initial Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the Ownership Entity |
| <input type="checkbox"/> | <input type="checkbox"/> | Any entity identified on Attachment 18 |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with the syndicator/equity provider |
| <input type="checkbox"/> | <input type="checkbox"/> | Any individual directly or indirectly involved with any entity identified on Attachment 18 |

E. Explain all “Yes” boxes checked in Section 5B, 5C, or 5D above. Attach as many additional pages as necessary. Insert the explanation page behind Page 8.

6. DEVELOPMENT INFORMATION:

A. Type of Housing:

- Multifamily Housing with and/or without children
- Single Room Occupancy Housing
- Housing for the Elderly
- Housing for the Disabled
- Scattered Sites
- Homeless Permanent Supportive Housing

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 residential rental units for low-income households, be in a decent, safe, and sanitary condition suitable for occupancy by these households?

- Yes
- No

and, be comparable in terms of construction quality and amenities to market rent units in the Development?

- Yes
- No

D. Ancillary Facilities – describe all additional amenities included in the Development:

Accessory Buildings / Area _____
Recreational Facilities _____
Commercial Facilities _____
Common Areas _____
Kitchen / Dining Areas _____
Unit Amenities _____

E. Describe any services being provided to residents in the Development:

F. Will Current tenants be relocated for this Development?

Yes – Describe: _____
 No

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: (_____) _____
Email: _____

B. Number of parcels or tracts of land making up the site for the proposed Development: _____

C. Map and Parcel Numbers: _____

D. Are all parcels or tracts of land contiguous?

- Yes
- No

E. Exact area of site in acres: _____

F. Total acquisition cost of all parcels and/or tracts making up the site *(from recorded deed or as specified in purchase contract or option)*: \$ _____

G. Date of site acquisition by the Ownership Entity or proposed date: _____

H. How long did the seller(s) own the parcels and/or tracts making up the site? _____

I. 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 the Developer?

Yes If yes, specify nature of relationship: _____

No

9. RENTAL ASSISTANCE:

A. Does or will the Development receive or benefit from rental assistance and/or operating subsidy?

Yes

No

B. If yes, what type of rental assistance (check all that apply):

Section 8 New Construction or Substantial Rehabilitation

Section 8 Moderate Rehabilitation

Section 8 Development Based Assistance

Section 8 Tenant Based Vouchers

USDA / RD 515 Financed Housing

538 Rental Housing Program

MPR (Multifamily Housing Preservation and Revitalization Loans and Grants)

1. Include Mortgage Agreement

2. Include Interest Credit Agreement

3. Include Debt Deferral Agreement

4. Include Rental Assistance Agreement, fully executed

5. Include Utility Allowance Agreement, fully executed

Other federal, state, or local assistance (describe): _____

C. Number of units receiving assistance: _____

D. Number of years remaining on Rental Assistance contract: _____

10. ELIGIBILITY: ALL INFORMATION PROVIDED AND MATERIALS SUBMITTED MUST BE IN ACCORDANCE WITH PART VII-A OF THE 2014 QAP. REFER TO PART VII-A OF THE 2014 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 (30) 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. **Attachment 28:** Certificate Regarding Qualification for the Non-Profit Set-Aside;
5. **Attachment 29:** Evidence of Non-Profit Housing Experience.

Public Housing Authority Set-Aside:

1. A Certification in the form of **Attachment 26A or 26B**; and
2. If the proposed development involves HUD’s Choice Neighborhoods Initiative (CNI) Implementation Grant or Rental Assistance Demonstration (RAD) Commitment to enter into a Housing Assistance Payments Contract the following are required:
 - a. Copy of Choice Neighborhoods Initiative (CNI) Implementation Grant or the Rental Assistance Demonstration (RAD) Agreement, fully executed; **Insert documentation behind Attachment 27.**
 - b. Letter from Executive Director of identified Public Housing Authority in the form and with the substance of **Attachment 27A or 27B**;

Preservation Set-Aside:

1. Documentation verifying the existing income and rent restrictions. A minimum of 90% of the units in the development must be subject to the existing income and rent restrictions. Following rehabilitation, 100% of the units subject to the existing income and rent restrictions must continue to be income and rent restricted. **Insert this documentation behind Attachment 2.**

Special Housing Needs Set-Aside:

1. A Comprehensive Service Plan that identifies each service to be provided; the anticipated source of funding for each service; the physical space that will be used to provide each service; the anticipated supportive service provider for each service and their experience in providing service to the targeted population. **Insert this documentation behind Attachment 14.**
2. Tentative service agreements with providers of on-site services throughout the first two (2) years following the required placed in service date. **Insert this documentation behind Attachment 14.**

QCT and CRP Set-Aside:

1. **Attachment 13:** Confirmation of Community Revitalization Plan.

B. NON-COMPLIANCE: Complete and submit an original **Attachment 20.**

C. ELIGIBLE DEVELOPMENT: Complete and submit an original **Attachment 21** – Certificate Concerning Eligibility for Low-Income Housing Tax Credits. 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 **Attachment 22** – Certificate Regarding Acquisition Credits).
- 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: (See Part VII-A-5 of the 2014 QAP for definitions of these terms). The proposed Development is (check only one):

- an “existing” project
- an “incremental” project
- a “new” project

E. DEVELOPMENT PARTICIPANTS: Complete and submit an original **Attachment 23** for each individual identified on **Attachment 16A, 16B, 16C** and / or **Attachment 17A, 17B, 17C**.

F. PROPERTY CONTROL: A document from the list in Section 1 below and Section 2, title commitment, must be attached to demonstrate property control (documents attached **must** be fully executed, include a legal description, for the property on which the Development will be located, and meet all requirements of Part VII-A-7 of the 2014 QAP).

1. Which of the following is attached (must meet all requirements of Part VII-A-7-a of the 2014 QAP):

- Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order)
- Evidence demonstrating ability to acquire property through the power of eminent domain
- Contract for sale or contract for 50 year ground lease
- Option to purchase or option for 50 year ground lease

2. Commitment for title insurance:

- 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, include a valid legal description, and must be dated no more than 60 days prior to the Initial Application date. **The legal description included in 10-F-1 above and in the title commitment must be consistent with each other and include the acreage or square footage. (Refer to QAP Part VII-A-7)**

G. MARKET STUDY EXHIBIT 8: (Required for all applications) **ORIGINAL**

H. PHYSICAL NEEDS ASSESSMENT EXHIBIT 11: (Required if proposed Development involves preservation or rehabilitation) **ORIGINAL**

I. APPRAISAL EXHIBIT 12: (Required if acquisition credit requested on five or more units) **ORIGINAL**

OR

J. LAND APPRAISAL EXHIBIT 12: (Required for all applications) **ORIGINAL**

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 2014 QAP. REFER TO PART VII B OF THE 2014 QAP FOR MORE INFORMATION ABOUT SCORING REQUIREMENTS.

A. DEVELOPMENT LOCATION AND HOUSING NEEDS: MAXIMUM 75 POINTS

1. Rental Housing Needs Score from **Exhibit 2**:

Development is located in: _____ COUNTY (**Maximum 69 points**)

2. Developments Located in Identified Areas of Affordable Housing Need:

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 13**): **6 points**

B. DEVELOPMENT CHARACTERISTICS: MAXIMUM 75 POINTS

1. New Construction or Adaptive Reuse/Conversion **Only** (check all that apply):

Current zoning and other land use regulations permit the development as proposed or no such regulations currently apply to the proposed development. Written documentation from the appropriate local governmental authority must be submitted with this Initial Application: **5 points**

The development will be designed and built to promote energy conservation by meeting the standards of the 2009 International Building Code. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **10 points**

The development will be designed and built to meet a 15-year maintenance-free exterior standard. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **5 points**

The development will be designed and built with a minimum of 65% brick, stone, or cement fiber siding exterior. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing IRS Form 8609: **10 points**

2. Preservation or Rehabilitation **Only**:

Development will involve **substantial preservation or rehabilitation** as described in Part VII-B-2-b-(i) in the 2014 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing IRS Form 8609: **30 points**

Development will involve **moderate preservation or rehabilitation** as described in Part VII-B-2-b-(ii) in the 2014 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing IRS Form 8609: **25 points**

Development will involve **limited preservation or rehabilitation** as described in Part VII-B-2-b-(iii) in the 2014 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing IRS Form 8609: **20 points**

Developments involving the use of existing housing as part of a Community Revitalization Plan, as certified in the form of **Attachment 13**: **3 points**

3. 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 with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609. **Developments seeking to combine historic nature and adaptive reuse will be treated as new construction: 3 points.**

4. Energy Efficiency:

Development utilizing the energy efficiency items below will be awarded points as indicated. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609.

- Electrical - Lighting:** All light fixtures in units and common areas to be initially fitted with Energy Star rated light bulbs, compact fluorescent or LED, and, if ceiling fans are provided, the fan must be an Energy Star rated fan with light fixture (the light fixture is not required to be Energy Star rated) and must connect to wall switches: **9 points**
- Water Conservation – Plumbing:** Use of at least one (1) high efficiency or dual flush toilet per unit and all faucets, shower heads, and toilets must be EPA “Watersense” rated: **9 points**
- HVAC Upgrades:** HVAC systems, including the air handler and line sets, must be rated at 14 SEER and properly sized for the units and must have Energy Star rated unit temperature control thermostats in each unit: **9 points**
- Energy Efficient Appliances:** Energy Star rated Frost Free Refrigerator/Freezer in all units, and Energy Star rated dishwashers in all units, and all other appliances provided in the unit, including in unit washers must be Energy Star rated (this requirement does not apply to dryers, ovens, ranges, or microwaves): **9 points**
- Building Construction:** Double glazed, insulated, windows for all windows in all units, and attic insulation must meet R-30 minimum value and metal clad wood, fiberglass, or hollow metal construction exterior doors with a minimum R-11 rating in all units: **9 points**

For Developments involving a combination of new construction and preservation or rehabilitation, points will be prorated based on the percentage of units in each category. Developments involving adaptive reuse/conversion will be treated as new construction.

C. SPONSOR CHARACTERISTICS: MAXIMUM 50 POINTS

1. Which of the following has **NOT** occurred in Tennessee at any time since February 1, 2013 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 39 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: **11 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 or was not 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 the developer or owner, but the development failed to meet the minimum set-aside for low-income tenants: **15 points**

2. Which of the following are applicable to the proposed development:
- As described in Part VII-B-3-c of the QAP, the Developer Entity reflected on **Attachment 17A, 17B, or 17C** is a qualifying person/entity and has developed and Placed In Service a qualifying development since December 31, 1998 from an allocation of tax credits received from THDA:
 - 1 Development **3 points**
 - 2 Developments **6 points**
 - 3 or more Developments **9 points**
 - As described in Part VII-B-3-d of the QAP, the Development is eligible for the PHA Set-Aside and has received a HUD Choice Neighborhoods Initiative (CNI) Implementation Grant. **2 points**

OR

- The Development is eligible for the PHA Set-Aside and has received a HUD Rental Assistance Demonstration (RAD) Commitment to enter into a Housing Assistance Payments Contract. **1 point**

D. LOWEST INCOME PREFERENCE: MAXIMUM 35 POINTS

Election to set aside up to twenty percent (20%) of the units (which number shall be rounded up to the next whole unit) for households with incomes no higher than fifty percent (50%) of the area median income:

<u>Percentage of Units</u>	<u>Points</u>
<input type="checkbox"/> At least 5%	20 points
<input type="checkbox"/> At least 10%	25 points
<input type="checkbox"/> At least 15%	30 points
<input type="checkbox"/> At least 20%	35 points

E. EXTENDED USE PREFERENCE OR TENANT OWNERSHIP: MAXIMUM 15 POINTS

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: **15 points**
- At least 4 years, but less than 5 years: **10 points**
- At least 3 years, but less than 4 years: **5 points**

OR

- Eventual tenant ownership (described in Part VII-B-5-b of the 2014 QAP): **5 points**

F. PUBLIC HOUSING PRIORITY: MAXIMUM 15 POINTS

- 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. NOTE: These Plans and Operating Procedures will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued): **15 points**

G. RESIDENCY PREFERENCE (check only 1 or 2 below): MAXIMUM 20 POINTS

Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609.

1. Residency Preference for Households with Children: Minimum of 20% of the units in the development, rounded up to the nearest whole unit, must have 2 or more bedrooms. The Development must include a playground with permanent playground equipment and at least one of the following **on-site** amenities: **20 points**
- Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs; or
 - Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units; or
 - Ball court separate from all parking areas.

OR

2. Residency Preference for Special Housing Needs: The Development must include appropriately sized, dedicated space with appropriate furniture and fixtures for, and agreements with, providers of services relevant to special housing needs residents and at least one of the following **on-site** amenities: **20 points**
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units; or
 - Exercise facility for appropriate group activity for special housing needs residents (space must be a minimum 900 square feet, if indoor); or
 - Gazebo with outdoor shaded sitting area with ornamental flowers and shrubs.

H. TENNESSEE GROWTH POLICY ACT: MAXIMUM 15 POINTS

- Initial Applications with proposed developments located completely and wholly in a county or municipality with a growth plan approved by the local government planning advisory committee as determined by the Tennessee Advisory Commission on Intergovernmental Relations and reflected on **Exhibit 3**. Initial Applications with proposed developments in counties not subject to the Tennessee Growth Policy Act, as shown on **Exhibit 3**, will receive these points: **15 points**

TOTAL POINTS CLAIMED: _____ (ADD ALL POINTS FOR ITEMS CHECKED AND INSERT TOTAL HERE. THE FOLLOWING, SELF SCORING SHEET, MUST BE COMPLETED TO VERIFY YOUR TOTAL POINTS CLAIMED. POINTS ARE SUBJECT TO REVISION BASED ON A DETERMINATION BY THDA AS TO COMPLIANCE WITH THE 2014 QAP).

SELF-SCORING (Must Be Completed):

1. Rental Housing Needs Points:	<input type="text"/>
2. Affordable Housing Needs with CRP Points:	<input type="text"/>
3. New Construction Points:	
A. Zoning documentation (insert zoning documentation behind this self-scoring sheet)	_____
B. 2009 International Building Code	_____
C. 15 Year Maintenance Free Exterior	_____
D. 65% Brick, Stone, Cement Fiber Siding	_____
TOTAL New Construction	<input type="text"/>
4. Preservation/Rehabilitation Points:	
A. Substantial	_____
B. Moderate	_____
C. Limited	_____
D. Existing Housing with CRP	_____
TOTAL Preservation/Rehab	<input type="text"/>
5. Historic Nature Points:	<input type="text"/>
6. Energy Efficiency Points:	
A. Electrical	_____
B. Plumbing	_____
C. HVAC Systems	_____
D. Appliances	_____
E. Building Construction	_____
TOTAL Energy Efficiency	<input type="text"/>
7. Sponsor Characteristics Points:	
A. Reservation of Tax Credits but Carryover not obtained	_____
B. Carryover Allocation but 8609 not obtained	_____
C. Failed to meet minimum set-aside requirements	_____
D. Developer Entity Prior Experience	_____
E. HUD Choice Neighborhoods Initiative (CNI)	_____
F. HUD Rental Assistance Demonstration (RAD)	_____
TOTAL Sponsor Characteristics	<input type="text"/>
8. Lowest Income Preference Points:	<input type="text"/>
9. Extended Use Preference Points:	<input type="text"/>
10. Public Housing Priority Points:	<input type="text"/>
11. Residency Preference Points:	<input type="text"/>
12. TN Growth Policy Act Points:	<input type="text"/>
 TOTAL POINTS SCORED:	<input type="text"/>

2014 LIHTC ATTACHMENT 1: DETERMINATION OF APPLICABLE FRACTION

	Total Number of Residential Rental Units	Number of Units Set Aside for Low-Income	% of Units Set Aside for Low- Income	Total Floor Space of Residential Rental Units	Total Floor Space Set Aside for Low- Income	% of 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 unit fraction (% of Units Set Aside for Low Income) or the floor space fraction (% of Floor Space Set Aside for Low-Income)

TOTAL SQUARE FOOTAGE OF LOW-INCOME RESIDENTIAL FLOOR SPACE**: _____

TOTAL SQUARE FOOTAGE OF MARKET RATE RESIDENTIAL FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE COMMON AREA FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE COMMERCIAL FLOOR SPACE: _____

TOTAL SQUARE FOOTAGE IN DEVELOPMENT: _____

****Must match square footage indicated on Attachment 2.**

2014 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: _____

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:

What is the age of the property: _____

Effective Age* of property PRIOR TO tax credit rehabilitation: _____

*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.**

**2014 LIHTC ATTACHMENT 2: UNIT INFORMATION
LOW-INCOME UNITS ONLY**

UNITS SET-ASIDE FOR TENANTS AT 50% OF AREA MEDIAN INCOME

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT PER UNIT</u>	<u>TOTAL MONTHLY RENT</u>
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
TOTALS:	_____	_____	_____	\$ _____	\$ _____

UNITS SET-ASIDE FOR TENANTS AT 60% OF AREA MEDIAN INCOME

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT PER UNIT</u>	<u>TOTAL MONTHLY RENT</u>
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
___ BDRM	_____	_____	_____	\$ _____	\$ _____
TOTALS:	_____	_____	_____	\$ _____	\$ _____

NON-REVENUE UNITS SET-ASIDE

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>
___ BDRM	_____	_____	_____
___ BDRM	_____	_____	_____

Source used to calculate income limits:

MultiFamily Tax Subsidy Program HERA

National Non-Metropolitan Median Gross Income

Other income sources: _____ Amount **per month:** \$ _____

Less vacancy allowance: _____% (_____)

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

Estimated annual percentage increase in annual development income: _____%

2014 LIHTC ATTACHMENT 3: UNIT INFORMATION

MARKET RATE UNITS ONLY

<u>NUMBER BDRMS</u>	<u>NUMBER UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT PER UNIT</u>	<u>TOTAL MONTHLY RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
TOTALS:	_____	_____	_____	\$ _____	\$ _____

Other income sources: _____ Amount **per month:** \$ _____

Less vacancy allowance: _____% (_____)

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

Estimated annual percentage increase in annual development income: _____%

2014 LIHTC ATTACHMENT 4: MONTHLY UTILITY ALLOWANCE CALCULATION

A. Complete the following:

<u>Type of Utility</u>	<u>Paid by Owner</u>	<u>Paid by Tenant</u>	<u>Allowance Amount</u>			
			<u>1 BDRM</u>	<u>2 BDRM</u>	<u>3 BDRM</u>	<u>4 BDRM</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 Calculations (Verification from source not required until Preliminary Award Letter is issued):

- State PHA
- Local PHA
- USDA / RD
- Utility Company
- Engineer Certificate (estimate attached)
- Other _____

C. Effective Date of Utility Calculation: _____

2014 LIHTC ATTACHMENT 5: SOURCES AND USES OF FUNDS

A. Sources of Funds:

Grant Funds: \$ _____
Mortgage Proceeds: \$ _____
USDA / RD *: \$ _____
Syndication Proceeds: \$ _____
Capital Contributions**: \$ _____
TOTAL SOURCES: \$ _____

*** MPR Agreement, Interest Credit Agreement, and Debt Deferral Agreement must be submitted. Insert these Agreements behind this Page 23.**

****Define each source and amount of capital contribution:**

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

B. Uses of Funds:

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

2014 LIHTC ATTACHMENT 6: CONSTRUCTION FINANCING

List individually all sources of construction financing for the Development:

<u>LENDER</u>	<u>AMOUNT</u>	<u>ANNUAL DEBT SERVICE</u>	<u>INT. RATE</u>	<u>AMORT. PERIOD</u>	<u>TERM</u>
1. _____	\$ _____	\$ _____	_____ %	_____	_____
2. _____	\$ _____	\$ _____	_____ %	_____	_____
3. _____	\$ _____	\$ _____	_____ %	_____	_____
4. _____	\$ _____	\$ _____	_____ %	_____	_____
5. _____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS: \$ _____

TOTAL ANNUAL DEBT SERVICE: \$ _____

(Assumption is made that annual debt service is paid in 12 equal monthly payments – indicate if payment amount or frequency differs).

2014 LIHTC ATTACHMENT 7: PERMANENT FINANCING

List individually all sources of permanent financing expected for the Development following completion of rehabilitation or construction. Include USDA / RD Funding. **(Do not include construction financing):**

<u>LENDER</u>	<u>AMOUNT</u>	<u>ANNUAL DEBT SERVICE</u>	<u>INT. RATE</u>	<u>AMORT. PERIOD</u>	<u>TERM</u>
1. _____	\$ _____	\$ _____	_____ %	_____	_____
2. _____	\$ _____	\$ _____	_____ %	_____	_____
3. _____	\$ _____	\$ _____	_____ %	_____	_____
4. _____	\$ _____	\$ _____	_____ %	_____	_____
5. _____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS: \$ _____

TOTAL ANNUAL DEBT SERVICE: \$ _____

(Assumption is made that annual debt service is paid in 12 equal monthly payments. Indicate if payment amount or frequency differs).

2014 LIHTC ATTACHMENT 8: 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:

- Tax-Exempt Financing \$ _____
- CDBG Financing \$ _____
- CDBG Grant \$ _____
- UDAG Financing \$ _____
- UDAG Grant \$ _____
- HoDAG Financing \$ _____
- HoDAG Grant \$ _____
- USDA / RD Financing \$ _____
- HOUSE Funds \$ _____
- HOME Funds \$ _____
- HUD LMSA \$ _____
- Section 221(d)(3), Section 221(d)(4), Section 223(f) mtg ins. \$ _____
- Section 8 Project Based Subsidy \$ _____
Specify Type: _____
- Operating Subsidy \$ _____
- Fannie Mae \$ _____
- Freddie Mac \$ _____
- Local Grant \$ _____
- Other \$ _____
Specify Type: _____

B. If tax-exempt bond financing is used, the percentage of the tax-exempt financing to the aggregate basis of any buildings and land on which buildings are located is _____% and the total amount of the tax-exempt financing is \$_____.

C. Is HUD or USDA / RD approval for Transfer of Physical Assets required?

- Yes
- No

D. Has HUD or USDA / RD approval been received?

- Yes (If yes, submit a copy of MPR Agreement, Interest Credit Agreement and Debt Deferral Agreement)
- No

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

Date Transfer of Physical Assets approval is expected: _____

E. Does the Development have any existing operating subsidiaries?

- Yes
- No

If yes, explain type of subsidy with terms, conditions and amount awarded: _____

F. If HUD subsidy layering is involved, a written request is required to be submitted to THDA. If request for subsidy layering review is submitted with Initial Application, there will be no fee, if submitted at a later date a modification fee will be charged per 2014 Qualified Allocation Plan, Part XV-C-4.

G. Will the Development involve a federally insured mortgage?

- Yes
- No

If yes, which mortgage program? _____

2014 LIHTC ATTACHMENT 9: SYNDICATION INFORMATION

A. Type of 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 has not been completed, how much equity per tax credit dollar allocated is expected:

\$_____

E. Name of Fund: _____

Name of Syndicator: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Fax: _____

2014 LIHTC ATTACHMENT 10: ANNUAL EXPENSE INFORMATION

ADMINISTRATIVE EXPENSES

- 1. Accounting \$ _____
- 2. Advertising \$ _____
- 3. Legal \$ _____
- 4. Management Fees \$ _____
- 5. Management Salary \$ _____
- 6. Office Supplies \$ _____
- 7. Telephone \$ _____
- 8. Other \$ _____
- SUB-TOTAL:** \$ _____

MAINTENANCE EXPENSES

- 1. Elevator \$ _____
- 2. Exterminator \$ _____
- 3. Grounds \$ _____
- 4. Repairs \$ _____
- 5. Supplies \$ _____
- 6. Other \$ _____
- SUB-TOTAL:** \$ _____

FIXED EXPENSES

- 1. Property Taxes \$ _____
- 2. Insurance \$ _____
- 3. Franchise & Excise Tax \$ _____
- SUB-TOTAL:** \$ _____

OPERATING EXPENSES

- 1. Fuel \$ _____
- 2. Electric \$ _____
- 3. Water & Sewer \$ _____
- 4. Natural Gas \$ _____
- 5. Trash Removal \$ _____
- 6. Payroll and PR Taxes \$ _____
- SUB-TOTAL:** \$ _____

SUB-TOTAL:

(Administrative Expenses + Maintenance Expenses + Fixed Expenses + Operating Expenses) \$ _____

Replacement Reserves: \$ _____ X _____ units = TOTAL Replacement Reserves \$ _____

TOTAL ANNUAL EXPENSES: (SUB-TOTAL + Replacement Reserves): **\$ _____**

What is the estimated annual percentage increase in annual expenses? _____ %

2014 LIHTC ATTACHMENT 11: DEVELOPMENT COSTS

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 either in 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>
<u>1. To Purchase Land and Buildings</u>			
Land	_____	XXXXXX	XXXXXX
Existing Structures	_____	_____	_____
Demolition	_____	_____	_____
Subtotal	_____	_____	_____
<u>2. Site Work</u>			
Site Work	_____	_____	_____
Subtotal	_____	_____	_____
<u>3. Rehabilitation and New Construction</u>			
New Building Hard Costs	_____	_____	_____
Rehabilitation Hard Costs	_____	_____	_____
Accessory Building	_____	_____	_____
General Requirements	_____	_____	_____
Payment and Performance Bonds	_____	_____	_____
Building Permits	_____	_____	_____
Tap Fees	_____	_____	_____
Contractor Overhead	_____	_____	_____
Contractor Profit	_____	_____	_____
Impact Fees (include documentation from local jurisdiction)	_____	_____	_____
Subtotal	_____	_____	_____
<u>4. Contingency</u>			
Construction Contingency	_____	_____	_____
Subtotal	_____	_____	_____
<u>5. 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>
<u>6. Interim Costs</u>			
Construction Interest	_____	_____	_____
Construction Loan Origination Fee	_____	_____	_____
Construction Loan Credit Enhancement	_____	_____	_____
Taxes During Construction	_____	_____	_____
Property Insurance During Construction	_____	_____	_____
Subtotal	_____	_____	_____
<u>7. Financing Fees and Expenses</u>			
Credit Report	_____	<u>XXXXX</u>	<u>XXXXX</u>
Permanent Loan Origination Fee	_____	<u>XXXXX</u>	<u>XXXXX</u>
Permanent Loan Credit Enhancement	_____	<u>XXXXX</u>	<u>XXXXX</u>
Cost of Issuance/Underwriter	_____	<u>XXXXX</u>	<u>XXXXX</u>
Title and Recording	_____	<u>XXXXX</u>	<u>XXXXX</u>
Counsel's Fee	_____	<u>XXXXX</u>	<u>XXXXX</u>
Subtotal	_____	<u>XXXXX</u>	<u>XXXXX</u>
<u>8. Soft Costs</u>			
Property Appraisal	_____	_____	_____
Market Study	_____	_____	_____
Environmental Study	_____	_____	_____
Physical Needs Assessment	_____	_____	_____
Tax Credit Fees	_____	<u>XXXXX</u>	<u>XXXXX</u>
Monitoring Fees	_____	<u>XXXXX</u>	<u>XXXXX</u>
Rent-Up	_____	<u>XXXXX</u>	<u>XXXXX</u>
Subtotal	_____	_____	_____
<u>9. Syndication Costs</u>			
Organizational (Partnership)	_____	<u>XXXXX</u>	<u>XXXXX</u>
Bridge Loan Fees and Expenses	_____	<u>XXXXX</u>	<u>XXXXX</u>
Tax Opinion	_____	<u>XXXXX</u>	<u>XXXXX</u>
Subtotal	_____	<u>XXXXX</u>	<u>XXXXX</u>
<u>10. Developer's Costs</u>			
Developer's Overhead	_____	_____	_____
Developer's Fee	_____	_____	_____
Consultants	_____	_____	_____
Subtotal	_____	_____	_____
<u>11. Project Reserves</u>			
Rent-up Reserve	_____	<u>XXXXX</u>	<u>XXXXX</u>
Operating Reserve	_____	<u>XXXXX</u>	<u>XXXXX</u>
Subtotal	_____	<u>XXXXX</u>	<u>XXXXX</u>
<u>12. TOTAL</u>			
	_____	_____	_____

2014 LIHTC ATTACHMENT 12: CALCULATION OF POTENTIAL TAX CREDITS

	<u>B</u>	<u>C</u>
	<u>ACQUISITION</u>	<u>REHAB / NEW CONSTRUCTION</u>
A. Calculation pursuant to Section 42(a) (“Method A”)		
1. Total from Attachment 11 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 8)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 7)	_____	_____
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 4 of the 2014 QAP) (Rehab/New Construction only)		_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A (Amount from Line 11 unless Line 12 applies)	_____	_____

¹Subject to change based on month building placed in service

CALCULATION OF POTENTIAL TAX CREDITS -CONTINUED

	A
B. Calculation pursuant to Section 42(m)(2) ("Method B") ²	ACTUAL COST
1. Total from Attachment 11, Line 12 (Column A)	_____
2. Less all government funding (from Attachment 8)	_____
3. Less all other sources of permanent financing (from Attachment 7)	_____
4. Less capital contributions (from Attachment 5)	_____
5. Total	_____
6. Divided by equity factor (total from line D. on Attachment 9) 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 :	_____

²Use 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) 815-2143 for instructions regarding the calculation pursuant to Method B.

³Subject to modification by THDA.

⁴Any amount of Low-Income Housing Tax Credits determined on this Attachment 12 is subject to modification by THDA. Any Preliminary Award or Allocation of Low-Income Housing Tax Credits, or the amounts thereof, is subject, in all respects, to (1) all requirements of the 2014 QAP; (2) all information submitted in connection with an Initial Application, at the time of a Carryover Allocation Application, or at the time of issuance of an IRS Form 8609; and (3) all requirements of Section 42 of the Code and all regulations promulgated in connection therewith.

**2014 LIHTC ATTACHMENT 13: CONFIRMATION OF COMMUNITY REVITALIZATION PLAN
To Be Completed By City Mayor, City Attorney, County Mayor, or County Attorney**

For developments which are located in a city without a community revitalization plan, but are covered by the relevant county revitalization plan, the County Mayor or County Attorney may sign this Attachment however the City Mayor or City Attorney must sign the acknowledgement below.

I hereby certify that the Development described as follows:

Development Name: _____
Development Address: _____
Development City, State, & Zip: _____
Development Owner: _____

is covered by or contributes to a Community Revitalization Plan approved for the referenced jurisdiction. The Development referenced herein is located in the following type of jurisdiction (check only one):

- City (the person executing this form **must** be the City Mayor or City Attorney)
- County (the person executing this form **must** be the County Mayor or County Attorney)

Name of Local Government: _____

By: _____
Signature
Date

Typed or Printed Name and Title

ACKNOWLEDGEMENT:

By: _____
Signature of City Mayor or City Attorney acknowledging the
County Mayor or County Attorney that the City is covered by a
County Revitalization Plan.
Date

Typed or Printed Name and Title

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

2014 LIHTC ATTACHMENT 14: UNITS DESIGNED FOR SPECIAL HOUSING NEEDS
TOTAL NUMBER OF UNITS DESIGNED FOR: Mandatory

	Persons with Disabilities	Elderly	Homeless	Individuals with or without children
Building 1				
Building 2				
Building 3				
Building 4				
Building 5				
Building 6				
Building 7				
Building 8				
Building 9				
Building 10				
Building 11				
Building 12				
Building 13				
Building 14				
Building 15				
Building 16				
Building 17				
Building 18				
Building 19				
Building 20				
Total For Development				

List the number of units for each building. The total column must match the total units in the development as reported in this Initial Application on page 7, Attachment 1 and Attachment 2. This information is required for reporting purposes for all developments.

2014 LIHTC ATTACHMENT 15: 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 and Source: _____	_____
Application	_____
Award	_____
C. Plans/Specs/Working Drawings	_____
D. Closing and Transfer of Property	_____
E. Construction Begins	_____
F. Completion of Construction	_____
G. Expected Placed In Service Date	_____
H. Lease-Up	_____

**2014 LIHTC ATTACHMENT 16A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NOTE: Only submit pages of Attachment 16 for which information has been provided. Do not submit blank pages.

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)

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)

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)

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 2014 QAP AND for which an opinion in the form of Attachment 24 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 3A.(ii) below*)
 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 3A.(ii) below*)
 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 3A.(ii) below*)
 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	DIRECTORS	STOCKHOLDERS
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
Telephone No.: _____	Telephone No.: _____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
Name: _____	Name: _____	State of Formation: _____
Title: _____	Address: _____	Address: _____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	Telephone No.: _____	Name: _____
Name: _____	Name: _____	Type of Entity: _____
Title: _____	Address: _____	State of Formation: _____
Address: _____	_____	Address: _____
Telephone No.: _____	Telephone No.: _____	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 QAP and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____	Address: _____
Address: _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	Name: _____	Name: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
Name: _____	State of Formation: _____	State of Formation: _____
Address: _____	Address: _____	Address: _____
Telephone No.: _____	Telephone No.: _____	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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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: _____ _____

- 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
_____	_____	_____
Name: _____	Telephone No.: _____	Telephone No.: _____
Address: _____	_____	_____
_____	Name: _____	Name: _____
Telephone No.: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Name: _____	Address: _____	Address: _____
Address: _____	_____	_____
_____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	_____	_____
_____	Name: _____	Name: _____
_____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
_____	Address: _____	Address: _____
_____	_____	_____
_____	Telephone No.: _____	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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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: _____ _____ _____

- 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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: _____ 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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: _____ _____ _____

- 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

**2014 LIHTC ATTACHMENT 16B: 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 2014 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
Telephone No.: _____	Telephone No.: _____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 3A.(ii) below*)

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 3A.(ii) below*)

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 3A.(ii) below*)

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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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/> <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/>
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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

**2014 LIHTC ATTACHMENT 16C: 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 3A.(ii) below*)

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 3A.(ii) below*)

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 3A.(ii) below*)

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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP **AND** for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

**2014 LIHTC ATTACHMENT 17A: TYPE OF DEVELOPER ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NOTE: Only submit pages of Attachment 17 for which information has been provided. Do not submit blank pages.

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)
 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)
 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)
 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 2014 QAP AND for which an opinion in the form of Attachment 24 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*)
 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*)
 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*)
 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 QAP and/or complete 3.C.(iii) if any member and/or manager 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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/>

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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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/>

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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP **AND** for which an opinion in the form of Attachment 24 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 2014 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	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/>

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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

**2014 LIHTC ATTACHMENT 17B: 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 2014 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
Telephone No.: _____	Telephone No.: _____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2014 QAP AND an opinion letter in the form of Attachment 24 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*)
 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*)
 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*)
 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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/> <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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

**2014 LIHTC ATTACHMENT 17C: 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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*)

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*)

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*)

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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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: _____ 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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: _____ 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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
Telephone No.: _____	Telephone No.: _____	Address: _____
	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	
Address: _____	_____	Name: _____
Telephone No.: _____	Telephone No.: _____	Type of Entity: _____
	_____	State of Formation: _____
Name: _____	Name: _____	Address: _____
Title: _____	Address: _____	_____
Address: _____	_____	Telephone No.: _____
Telephone No.: _____	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 2014 QAP AND an opinion letter in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 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 2014 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.

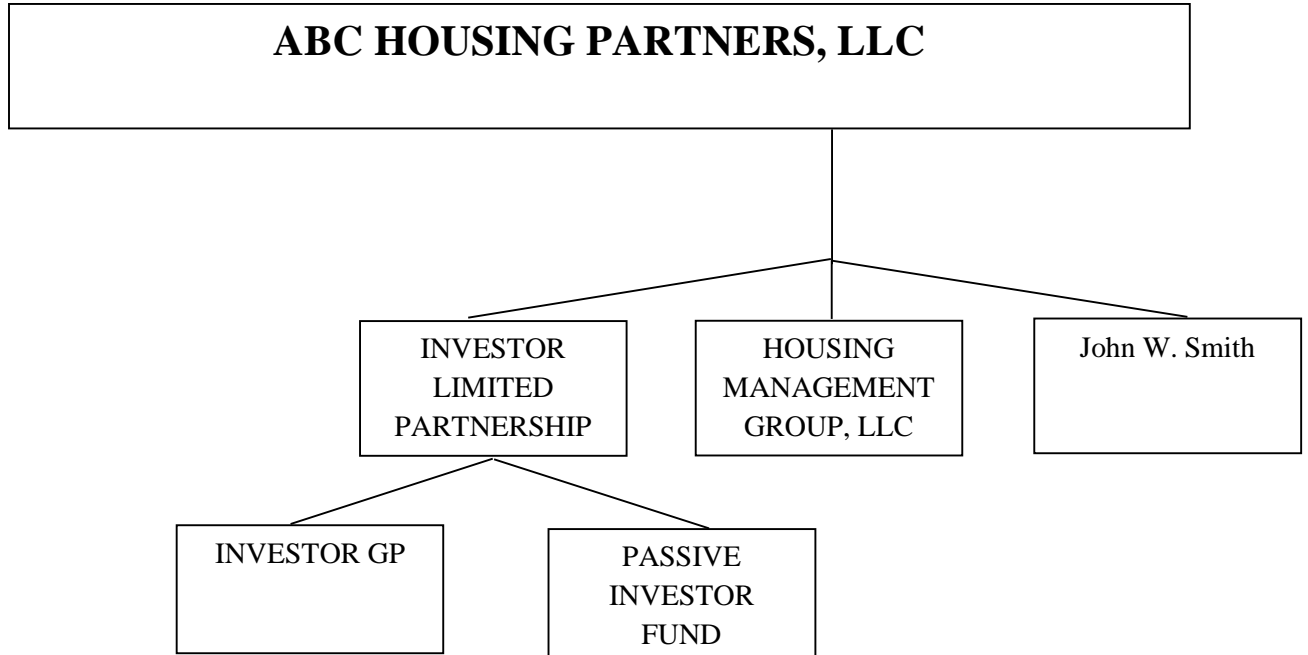
Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2014 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

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 2014 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 2014 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

SAMPLE ORGANIZATIONAL CHART



2014 LIHTC ATTACHMENT 18: OTHER DEVELOPMENT PARTICIPANTS

MANDATORY

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: _____

2014 LIHTC ATTACHMENT 19: RESERVED

**2014 LIHTC ATTACHMENT 20A: VERIFICATION OF COMPLIANCE
FOR EXISTING LOW-INCOME HOUSING TAX CREDIT PROJECTS**

Development Name: _____

Development Address: _____

Development Owner: _____

List all developments in which the owner, the individuals identified on **Attachments 16A, 16B or 16C**, are involved and to which THDA made an allocation of low-income housing tax credits.

Project Name and BIN Number	Project Address	Owner/Partner Affiliate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

**2014 LIHTC ATTACHMENT 20B: VERIFICATION OF
PRIOR DEVELOPER EXPERIENCE IN THE STATE OF TENNESSEE**

Development Name: _____

Development Address: _____

Developer Entity: _____

List all developments in which the qualifying person/entity of the developer entity reflected on **Attachments 17A, 17B or 17C (formally referred to as Attachment 5A, 5B or 5C)**, has developed and Placed In Service all buildings after December 31, 1998 to which THDA made an allocation of low-income housing tax credits.

Project Name and BIN Number	Project Address	Developer Principal
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

**2014 LIHTC ATTACHMENT 21: 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 and complete the required information 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 and complete the required information if the person signing this Certificate is an officer of the entity that is or will be a 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 Tennessee Housing Development Agency ("THDA") requesting an allocation of 2014 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 2014 (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 multifamily 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 median gross income, located at _____ in _____, 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 _____, 2014.
 - 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 _____, 2014. 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 _____, 2014. 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 MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

2014 LIHTC ATTACHMENT 22: 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 follow:

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 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 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 of the entity that is or will be a 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 THDA requesting an allocation of 2014 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 2014 (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. 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 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

Date

Type or print name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

2014 LIHTC ATTACHMENT 23: DISCLOSURE FORM

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2014 Low-Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows:

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, 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

An entity with which I am or have been affiliated in an ownership or decision making capacity, has 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 entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension, or debarment]:

Note: A fully executed **Attachment 23 Disclosure Form** must be included for each individual identified in **Attachment 16A, 16B or 16C** and for each individual identified in **Attachment 17A, 17B or 17C**, unless the exception in Part VII.A.6.d of the 2014 QAP applies and an opinion in the form of **Attachment 24** is provided for each corporation to which this exception applies.

4. I have not filed 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 was 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 was made, circumstances that lead to 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 licensed 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 suspension(s)]:
-
-
-
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 suspension(s)]:
-
-
-

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 23 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 23 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 bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she/he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this _____ day of _____, 2014.

Notary Public

[SEAL]

My Commission Expires: _____

2014 LIHTC ATTACHMENT 24: FORM OF LETTER FOR EXCLUSION UNDER PART VII-A-6-d
Submit 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
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Developer Owner: _____ (the "Development Owner")

Ladies and Gentleman:

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 2014 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 2014 (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 base 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 23 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 23, if an Attachment 23 had been executed by that officer or director.

Company: _____

Name: _____ General Counsel

Signature: _____

NOTE: An opinion letter in the form of this Attachment 24 must be submitted for each corporation identified on Attachment 16A, 16B or 16C and/or on Attachment 17A, 17B or 17C seeking to meet the requirements of Part VII-A-6-d of the QAP.

2014 LIHTC ATTACHMENT 25: RESERVED

2014 LIHTC ATTACHMENT 26A: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING AUTHORITY SET-ASIDE WHEN PUBLIC HOUSING AUTHORITY IS SOLE GENERAL PARTNER OR SOLE MANAGING MEMBER OF OWNERSHIP ENTITY

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Public Housing Authority: _____ (the "PHA")

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

1. I am the _____ of the PHA 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 PHA as qualified public housing authority, as defined in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2014 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2014 Low-Income Housing Tax Credits ("Tax Credits") for the Development from the PHA Set-Aside pursuant to the QAP (the "PHA 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 PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-23-101 et seq. (the "Act").
8. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

9. Check the box that applies:
- PHA [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - PHA 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.
10. PHA is not controlled by any for-profit entity.
11. PHA is not affiliated with any for-profit entity, except Development Owner.
12. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
13. PHA 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.
14. PHA will participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities PHA will undertake in connection with the development and operation of the Development):
- _____
- _____
- _____
15. 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 A, 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 A, will not provide for other [general partners/managing members] of Development Owner.

Signature

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

2014 LIHTC ATTACHMENT 26B: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING AUTHORITY SET-ASIDE WHEN PUBLIC HOUSING AUTHORITY FORMED A CORPORATION TO BE SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Public Housing Authority: _____ (the "PHA")

Corporation: _____ (the "Corporation")

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

1. I am the _____ of the PHA 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 PHA as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2014 (the "QAP") and the status of Corporation in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2014 Low-Income Housing Tax Credits ("Tax Credits") for the Development from the PHA Set-Aside pursuant to the QAP (the "PHA 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 PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-23-101 et seq. (the "Act").
8. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

9. Check the box that applies:
- PHA owns 100% of the stock in Corporation and Corporation [owns all of the general partnership interests/is the sole managing member] of Development Owner.
 - PHA 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.
10. PHA is not authorized to and will not transfer any stock in Corporation to any person or entity who is not a qualified PHA as defined in the QAP.
11. PHA is not controlled by any for-profit entity.
12. PHA is not affiliated with any for-profit entity, except Corporation and Development Owner.
13. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.
14. PHA 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.
15. 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):
- _____
- _____
16. Corporation was organized under the laws of the State of _____ on _____ and is currently existing under the laws of such State.
17. 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 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 A 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.
18. One hundred percent (100%) of the stock of Corporation is owned by PHA.

19. 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 B, 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 B, will not provide for other [general partners/managing members] of Development Owner.

Signature

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

**2014 LIHTC ATTACHMENT 27A: FORM OF LETTER FROM PHA EXECUTIVE DIRECTOR REGARDING
THE CHOICE NEIGHBORHOODS INITIATIVE (CNI) IMPLEMENTATION GRANT PROGRAM**
Submit on Public Housing Authority letterhead

Date: _____

Attn: Tax Credit Administrator
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentleman:

In connection with the submission of an Initial Application requesting an allocation of 2014 Low-Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2014 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]___ Choice Neighborhoods Initiative (CNI) Implementation Grant which was approved by HUD on _____, and which was awarded the Choice Neighborhoods Initiative (CNI) Implementation Grant in _____[year]_____; and
3. The housing units in the Development, as described in the Initial Application, are an essential element of the HUD approved Choice Neighborhoods Initiative (CNI) Implementation Grant; and
4. The Tax Credits requested in the Initial Application are an essential component of the financing plan for PHA's Choice Neighborhoods Initiative (CNI) Implementation Grant Program.
5. Choice Neighborhoods Initiative (CNI) Implementation Grant 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: _____

**2014 LIHTC ATTACHMENT 27B: FORM OF LETTER FROM PHA EXECUTIVE DIRECTOR REGARDING
THE RENTAL ASSISTANT DEMONSTRATION (RAD) PROGRAM**
Submit on Public Housing Authority letterhead

Date: _____

Attn: Tax Credit Administrator
Tennessee Housing Development Agency
502 Deaderick Street, 3rd Floor
Nashville, TN 37243

Development Name: _____ (the "Development")

Development Address: _____

Ownership Entity: _____ (the "Development Owner")

Ladies and Gentleman:

In connection with the submission of an Initial Application requesting an allocation of 2014 Low-Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2014 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] Rental Assistance Demonstration (RAD) application which was approved by HUD on _____, and which was awarded a Rental Assistance Demonstration (RAD) Agreement in [year] ; and
3. The housing units in the Development, as described in the Initial Application, are an essential element of the HUD approved Rental Assistance Demonstration (RAD) Agreement; and
4. The Tax Credits requested in the Initial Application are an essential component of the financing plan for PHA's Rental Assistance Demonstration (RAD) Program.
5. Rental Assistance Demonstration (RAD) Agreement 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: _____

2014 LIHTC ATTACHMENT 28A: CERTIFICATE REGARDING QUALIFICATION FOR THE NON-PROFIT SET-ASIDE (WHEN NON-PROFIT IS THE SOLE GENERAL PARTNER OR SOLE MANAGING MEMBER OF DEVELOPMENT OWNER)

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 2014 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2014 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. Non-Profit is not controlled by any for-profit entity.
17. Non-Profit 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 copy of the Articles of Incorporation, Charter and By-Laws of Non-Profit, 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 and must have been so engaged at all times since at least January 1, 2012.
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

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

2014 LIHTC ATTACHMENT 28B: CERTIFICATE REGARDING QUALIFICATION FOR THE NON-PROFIT SET-ASIDE (WHEN NON-PROFIT(S) FORMED A CORPORATION TO BE SOLE GENERAL PARTNER OR SOLE MANAGING MEMBER OF DEVELOPMENT OWNER)

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 2014 (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 2014 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 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 copy 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 and must have been so engaged at all times since at least January 1, 2012.
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

Date

Type or Print Name

THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN AN INDIVIDUAL CAPACITY.

2014 LIHTC ATTACHMENT 29: EVIDENCE OF NON-PROFIT HOUSING EXPERIENCE

Development Name: _____

Development Address: _____

Non-Profit Entity: _____

List all low-income housing that the non-profit entity identified above has **developed and built** in Tennessee and has been engaged at all times since January 1, 2012. See Part VII-A-2-a of the 2014 QAP for more information about non-profit requirements. List each development separately.

Low-Income Housing Street Address	Type of Housing	Total Number of Low - Income Units	Indicate Role of Non-Profit Entity in This Development	Date Units Placed in Service
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2014 LIHTC ATTACHMENT 30: RESERVED

STATEMENT OF APPLICATION AND CERTIFICATION FOR OWNERSHIP ENTITY

Development Name: _____ (the "Development")

Development Owner Entity: _____ (the "Development Owner")

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

1. 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.
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 2014 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2014 QAP").
3. 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 2014 QAP.
4. 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 2014 QAP.
 - b. Any preliminary award or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2014 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 IRS Form 8609. Consequently, the amount of any Tax Credits preliminarily awarded to 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 Preliminary Award Letter, 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 preliminary award 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 effects 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 against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorney's 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 issue a preliminary award 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.
- 5. 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.
- 6. 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: _____
 Ownership Entity Name

BY: _____
 (signature)

 (print or type name)

 (title)

 (date)

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 _____, 2014.

 Notary Public

My Commission Expires: _____

[SEAL]