



TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

2017

Initial Application

Low-Income Housing Tax Credit 2017 Initial Application

Development Name: _____

TN17 - ____ ____ ____

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 2017 (the “2017 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 Electronic 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 **Wednesday, February 1 1:00 PM Central Time** and in accordance with all Initial Application Requirements contained in the 2017 QAP. The on-line application portal, Housing Credit Management System (HCMS), will open Thursday, December 1 and will close Wednesday, February 1. Points will be awarded based on the criteria in Part VII-B of the 2017 QAP and based on information supplied in HCMS and this Initial Application and all relevant Attachments. **POINTS WILL NOT BE AWARDED IN SCORING CRITERIA CATEGORIES IF THERE ARE INCONSISTENCIES BETWEEN INFORMATION REQUIRED IN THE 2017 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTENCIES WITHIN THE HCMS AND THIS INITIAL APPLICATION AND/OR THE RELEVANT ATTACHMENTS.**

THDA **will not** accept documentation submitted outside the time periods or procedures established in the 2017 QAP.

If a Preliminary Award Letter is issued, all additional documentation required, as stated in the Preliminary Award Checklist and the Carryover 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 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 44 points, as determined by THDA, to be eligible to compete for Tax Credits.

Any deviations from this system will cause delays in processing your application.

THDA WILL RETURN INCOMPLETE APPLICATIONS TO THE APPLICANT

**2017 ELECTRONIC APPLICATION
CHECKLIST (Mandatory)**

Development Name: _____ **TN17 -** ___ ___ ___

DOCUMENTATION & ATTACHMENTS REQUIRED TO BE ELIGIBLE (failure to submit these items will result in immediate disqualification):

Check items below if being submitted:

- Statement of Application and Certification (for Ownership Entity)
- Electronic Application Checklist (this checklist)
- Attachment 16
- Attachment 17
- Property Control (both levels)
- Appraisal, Exhibit 12
- Market Study, Exhibit 8
- Physical Needs Assessment, Exhibit 11
- Zoning Letter, if points are claimed
- HCMS On-line required data (Application submitted in HCMS before 2/1/17 1:00 pm Central Time)
- Application Fee – Check payable to Tennessee Housing Development Agency
- One CD-ROM, for single jurisdiction, **or** two CD-ROM's for dual jurisdiction, formatted in pdf version, set-up with five folders named and containing the following:

Folder 1: “Initial Application & Attachments”

Folder 2: “Property Control”

Folder 3: “Market Study”

Folder 4: “Appraisal and/or Land Appraisal”

Folder 5: “Physical Needs Assessment”

NOTE: The CD-ROM must be an exact match of this Application, including all signatures, and the HCMS On-line Initial Application:

The following items must be included on the CD-ROM under Folder 1 “Initial Application & Attachments”:

- Electronic Application Checklist (this checklist)
- Statement of Application and Certification
- Initial Application (pages 5-7)
- Zoning letter, if zoning points are claimed
- Attachment 13: Confirmation of Community Revitalization Plan
- 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 20A: Verification of Ownership Entity Compliance For Existing LIHTC Projects
- Attachment 20B: Verification of Developer Entity Prior Experience for Existing LIHTC Projects in TN
- Attachment 20C: Certification of Developer Entity Prior Experience for Existing LIHTC Projects other states
- Attachment 21: Certification Regarding Eligibility For Low-Income Housing Tax Credits
- Attachment 22: Certification Regarding Acquisition Credits (if acquisition/rehab 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 RAD Set-Aside where PHA is Sole General Partner or Sole Managing Member
- Attachment 26B: Certification Regarding Qualification for RAD Set-Aside where PHA is formed as Corporation
- Attachment 27A: Letter From Executive Director of PHA with Choice Neighborhoods Implementation CNI Grant
- Attachment 27B: Letter From Executive Director of PHA 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
- Correspondence: HCMS Supporting Documents

The following items must be included on the CD-ROM under Folder 2 "Property Control":

Level 1: Documentation Evidencing Property Control (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

AND

- Level 2: Commitment for Title Insurance

The following item must be included on the CD-ROM under Folder 3 "Market Study":

- Market Study **Exhibit 8**. ESRI (Environmental System Research Institute) shapefile (.shp) of subject property must be included

The following item must be included on the CD-ROM under Folder 4 "Appraisal and/or Land Appraisal":

- Appraisal **Exhibit 12** (required if acquisition credit requested on five or more units - **OR** -
- Land Appraisal **Exhibit 12**

The following item, if applicable, must be included on the CD-ROM under Folder 5 "Physical Needs Assessment":

- Physical Needs Assessment **Exhibit 11** (required if proposed development involves rehabilitation)

TENNESSEE HOUSING DEVELOPMENT AGENCY
Low-Income Housing Tax Credit
Initial Application

1. DEVELOPMENT NAME AND LOCATION:

Development Name: _____
Development Address: _____
City: _____ Map(s) and Parcel(s): _____
County: _____ Zip Code: _____
Name of nearest Cross Street: _____

2. 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 this page.**
- 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 documentation behind this page.*
- will be formed in the State of _____ on or before _____, 2017.

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 Company (Complete and submit **Attachment 16C**) _____
- Corporation (Complete and submit **Attachment 16B**) _____
- Individual *(use social security number)* _____

D. CONTACT PERSON FOR THE OWNERSHIP ENTITY:

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

E. IDENTITY OF INTEREST: (Insert an explanation of all questions answered “yes” behind this page)

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Developer or any individual listed in the Developer Entity?

Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Construction Contractor? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Architect? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Tax Credit Accountant? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Syndicator/Equity Provider? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with the Management Company? Yes No

Is there any direct or indirect (personal and/or business) between the Ownership Entity and/or any individual listed in the Ownership Entity with any other applicable third party organization providing services in this application? Yes No

3. 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 Company (Complete and submit **Attachment 17C**) _____
- Corporation (Complete and submit **Attachment 17B**) _____
- Individual (use social security number) _____

C. IDENTITY OF INTEREST: (Insert an explanation of all questions answered “yes” behind this page)

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Ownership Entity or any individual listed in the Ownership Entity?

Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Construction Contractor? Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Architect? Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Tax Credit Accountant? Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Syndicator/Equity Provider? Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with the Management Company? Yes No

Is there any direct or indirect (personal and/or business) between the Developer Entity and/or any individual listed in the Developer Entity with any other applicable third party organization providing services in this application?

Yes No

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

ATTACHMENT 16A: TYPE OF OWNERSHIP ENTITY
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR REGISTERED LIMITED LIABILITY PARTNERSHIP

NOTE: Submit only 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 2017 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 2017 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 officer, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2017 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: _____	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: _____	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: _____

- 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 2017 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 2017 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 <u>(indicate the Managing Member(s), if any)</u>	MANAGERS/OFFICERS <u>(indicate the Chief Manager(s), if any)</u>
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.: _____
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 <u>(indicate the Managing Member(s), if any)</u>	MANAGERS/OFFICERS <u>(indicate the Chief Manager(s), if any)</u>
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: _____
	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 <u>(indicate the Managing Member(s), if any)</u>	MANAGERS/OFFICERS <u>(indicate the Chief Manager(s), if any)</u>
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: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____
Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 16B: TYPE OF OWNERSHIP ENTITY
CORPORATION**

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

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 2017 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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
Name: _____	Type of Entity: _____	Type of Entity: _____
Address: _____	State of Formation: _____	State of Formation: _____
_____	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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: _____	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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 16C: TYPE OF OWNERSHIP ENTITY
LIMITED LIABILITY COMPANY**

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

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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP **AND** for which an opinion in the form of Attachment 24 is included as part of this Initial Application.
- Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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: _____	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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	_____
_____	Telephone No.: _____	Name: _____
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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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

NOTE: Submit only 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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	Type of Entity: _____
Telephone No.: _____	_____	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 2017 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 2017 QAP and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
_____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
_____	Address: _____	Address: _____
Name: _____	_____	_____
Address: _____	Telephone No.: _____	Telephone No.: _____
_____	Name: _____	Name: _____
Telephone No.: _____	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	Type of Entity: _____
Telephone No.: _____	_____	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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	Type of Entity: _____
Telephone No.: _____	_____	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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
Name: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <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/> Type of Entity: <hr/> State of Formation: <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/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 17B: TYPE OF DEVELOPER ENTITY
CORPORATION**

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

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 2017 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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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/>
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	_____
_____	Telephone No.: _____	Name: _____
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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

**ATTACHMENT 17C: TYPE OF DEVELOPER ENTITY
LIMITED LIABILITY COMPANY**

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

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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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
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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	_____
_____	Telephone No.: _____	Name: _____
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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	_____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	Type of Entity: _____
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 2017 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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: _____
	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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

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 2017 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 2017 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 2017 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.: _____	Address: _____
Telephone No.: _____	_____	_____
Name: _____	Name: _____	Telephone No.: _____
Title: _____	Address: _____	Name: _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
Name: _____	Name: _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	Name: _____
_____	Telephone No.: _____	Type of Entity: _____
Telephone No.: _____	_____	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 2017 QAP AND an opinion letter in the form of Attachment 24 is included as part of this Initial Application.

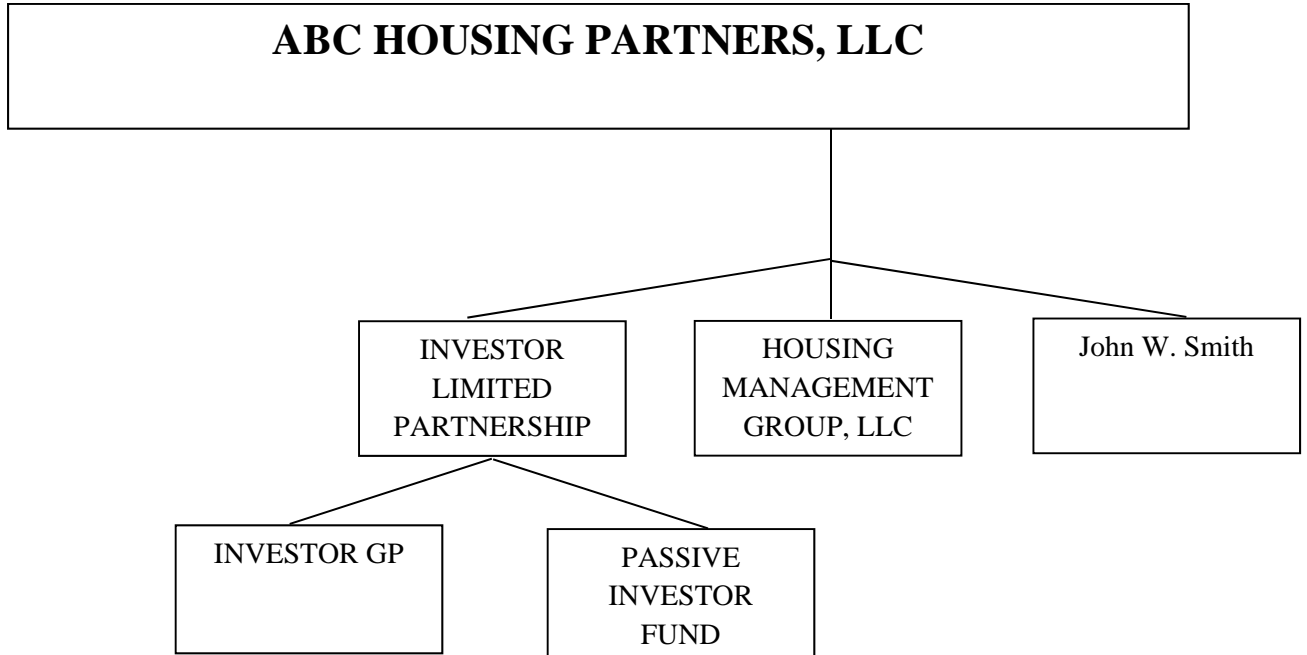
3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited 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 2017 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 (indicate the Managing Member(s), if any)	MANAGERS/OFFICERS (indicate the Chief Manager(s), if any)
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 2017 QAP AND for which an opinion in the form of Attachment 24 is included as part of this Initial Application.

Indicate if the LLC listed above is: member managed manager managed board managed

SAMPLE ORGANIZATIONAL CHART



**ATTACHMENT 20A: VERIFICATION OF OWNERSHIP ENTITY 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.

**ATTACHMENT 20B: VERIFICATION OF
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, 2006** to which THDA made an allocation of Low-Income Housing Tax Credits.

<u>Project Name and BIN Number</u>	<u>Project Address / City</u>	<u>Number of Low-Income Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

**ATTACHMENT 20C: CERIFICATION OF
DEVELOPER EXPERIENCE IN STATES OTHER THAN TENNESSEE**

MUST BE COMPLETED BY APPROPRIATE STATE ALLOCATING AGENCY PERSONNEL

Developer Entity: _____

Developer Entity Address: _____

Developer Principal Name: _____

List all developments that received an allocation of Low-Income Housing Tax Credits in the State of _____ in which the qualifying **developer entity** reflected above has developed and Placed In Service **all buildings after December 31, 1999**. **Use a separate Attachment 20C for each State.**

<u>Project Name and BIN Number</u>	<u>Project Street Address / City</u>	<u>Number Units In Development</u>	<u>Date of Last Audit</u>
_____	_____	_____ units	_____
_____	_____	_____ units	_____
_____	_____	_____ units	_____
_____	_____	_____ units	_____
_____	_____	_____ units	_____

As the allocating agency for the State of _____, I hereby certify the above information is true and accurate. I certify that no buildings in the development(s) listed above have an uncured event of noncompliance under Section 42; the restrictive covenants are recorded in connection with the development(s); and there are no outstanding IRS Form 8823's for the development(s) listed above, unless noted in comments section below.

Signature from State Allocating Agency Print Name and Title Date

State Agency Name Telephone Number

Comments: _____

**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 2017 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 2017 (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 _____, 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 _____, 2017.
 - 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 _____, 2017. 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 _____, 2017. 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

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 2017 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 2017 (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 within the meaning provided in Section 42(d)(2)(B)(iii) of the Code.

Signature

Date

Type or print name

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

ATTACHMENT 23: DISCLOSURE FORM

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2017 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 2017 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 bargainer, 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 _____, 2017.

Notary Public

[SEAL]

My Commission Expires: _____

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 2017 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 2017 (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.

**ATTACHMENT 26A: CERTIFICATE REGARDING QUALIFICATION FOR RENTAL ASSISTANCE
DEMONSTRATION 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 Executive Director 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 2017 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2017 Low-Income Housing Tax Credits ("Tax Credits") for the Development from the Rental Assistance Demonstration Set-Aside pursuant to the QAP (the "RAD 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 RAD 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 13-20-101 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 of Executive Director

Date

Type or Print Name

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

**ATTACHMENT 26B: CERTIFICATE REGARDING QUALIFICATION FOR RENTAL ASSISTANCE
DEMONSTRATION 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 Executive Director 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 2017 (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 2017 Low-Income Housing Tax Credits (“Tax Credits”) for the Development from the Rental Assistance Demonstration Set-Aside pursuant to the QAP (the “RAD 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 RAD 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 13-20-101 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 of Executive Director

Date

Type or Print Name

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

**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 2017 Low-Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2017 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] ; **(Attach Grant Commitment)**
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-e(i) of the QAP.

Name: _____
Executive Director

Signature: _____

**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 2017 Low-Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2017 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 _____, (**Attach Commitment to Enter into a Housing Assistance Payments Contract**) 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-e-(ii) of the QAP.

Name: _____
Executive Director

Signature: _____

**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 2017 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2017 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 January 1, 2015.
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

**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 2017 (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 2017 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 January 1, 2015.
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

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, 2015. See Part VII-A-2-a of the 2017 QAP for more information about non-profit requirements. List each development separately.

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

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 2017 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2017 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 2017 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 2017 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 2017 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 _____, 2017.

Notary Public

My Commission Expires: _____

[SEAL]