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**TENNESSEE HOUSING DEVELOPMENT AGENCY**

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**Low-Income Housing Tax Credit**

**Initial Application**

**2005**

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**INITIAL APPLICATION  
INSTRUCTIONS**

**LOW-INCOME HOUSING TAX CREDIT  
PROGRAM YEAR 2005**

Development Name: \_\_\_\_\_

**PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING AN INITIAL APPLICATION:**

As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "2005 QAP"), an application must meet all Eligibility Requirements before it will be scored based on the Selection Criteria and Scoring. Any application that does not meet the Eligibility Requirements will not be considered further and will be returned. (**Meeting Eligibility Requirements does not count towards points**).

The items to meet Eligibility Requirements are required 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 by or before the application deadline specified in Part VI C. of the 2005 QAP and in accordance with all Initial Application requirements contained in the 2005 QAP. Points will be awarded based on the criteria in Part VII B. of the 2005 QAP and based on information supplied in the Initial Application and all relevant Attachments. **POINTS WILL NOT BE AWARDED IN SCORING CRITERIA CATEGORIES IF THERE ARE INCONSISTANCIES BETWEEN INFORMATION REQUIRED IN THE 2005 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTANCIES WITHIN THE INITIAL APPLICATION AND/OR THE RELEVANT ATTACHMENTS.**

THDA **will not** accept any documentation submitted outside the time periods or procedures established in the 2005 QAP.

All additional documentation required for points claimed in Part VII B. of the Initial Application **must** be submitted by the date specified in the Reservation Notice issued to successful applicants. If **all** required documentation is not submitted by specified deadlines, the Reservation Notice will be canceled.

An Initial Application must receive a minimum score of **125** points, as determined by THDA, to be eligible to compete for Tax Credits.

**DO NOT SUBMIT AN INITIAL APPLICATION IN A BINDER OR SPIRAL BINDING. DO NOT USE DIVIDER PAGES OR COVER SHEETS TO INDICATE BACKUP ITEMS.** Label all backup documentation directly on the document. Any deviations from this system will cause delays in processing your application.

**THDA WILL RETURN INCOMPLETE APPLICATIONS TO THE APPLICANT.**

## 2005 INITIAL APPLICATION CHECKLIST

Development Name: \_\_\_\_\_

An Initial Application and supporting documentation must be submitted to THDA in the following order  
(Check boxes of items submitted):

- A. Initial Application Checklist (This checklist) *(Required)*
  
- B. Statement of Application and Certification *(Required for Ownership Entity identified in Section 3 of the Initial Application **AND** for Developer identified in Section 4 of the Initial Application)*
  
- C. Initial Application Form - *Required along with all of the following, as applicable:*
  - Attachment 1 – Low Income Units and Market Rate Units by Building *(Required)*
  - Attachment 1A – Development Construction Data *(Required)*
  - Attachment 2 - Unit Information - Low Income Units Only *(Required)*
  - Attachment 3 - Unit Information - Market Rate Units Only *(Required only if market rate units included in proposed development)*
  - Attachment 4A – Type of Ownership Entity - Partnership *(Required only if ownership entity identified in Section 3. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership); or*
  - Attachment 4B – Type of Ownership Entity - Corporation *(Required only if ownership entity identified in Section 3. of the Initial Application is a corporation); or*
  - Attachment 4C – Type of Ownership Entity - Limited Liability Corporation *(Required only if the ownership entity identified in Section 3. of the Initial Application is a limited liability corporation);*
  - Attachment 5A – Type of Developer Entity - Partnership *(Required only if developer entity identified in Section 4. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership); or*
  - Attachment 5B – Type of Developer Entity - Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a corporation); or*
  - Attachment 5C – Type of Developer Entity - Limited Liability Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a limited liability corporation);*
  - Attachment 6 – Other Development Participants *(Required)*

- Attachment 7 - Monthly Utility Allowance Calculations (*Required*)
  - Attachment 8 - Sources and Uses of Funds (*Required*)
  - Attachment 9 - Construction Financing (*Required*)
  - Attachment 10 - Permanent Financing (*Required*)
  - Attachment 11 - Sources of Federal, State or Local Government Subsidies (*Required only if federal, state or local government subsidies are expected as part of the financing for the proposed development*)
  - Attachment 12 – Syndication Information (*Required*)
  - Attachment 13 - Annual Expense Information (*Required*)
  - Attachment 14 - Development Schedule (*Required*)
  - Attachment 15 - Development Costs (*Required*)
  - Attachment 16 - Calculation of Potential Tax Credits (*Required*)
- D. Required Eligibility Documentation – *Required, as applicable:*
- Non-Profit Set-Aside Applicants (*All of the following are required if tax credits are requested from the Non-Profit Set-Aside*)
    - IRS 501(c)(3) or 501(c)(4) letter
    - Current Certificate of Existence
    - Attachment 17 - Opinion Letter Regarding Non-Profit Qualification
    - Attachment 18 - Evidence of Non-Profit Housing Experience
  - PHA Set-Aside Applicants (*All of the following are required if tax credits are requested in conjunction with HOPE VI funds*)
    - Copy of form HUD-1044 (*If tax credits are requested in conjunction with HOPE VI funds*)
    - Attachment 27 - Letter from Executive Director of PHA
    - Attachment 26 - Opinion Letter Regarding PHA Qualification  
*NOTE: If the PHA is partnering with a non-profit, contact THDA at 615-741-9666 to obtain the proper form of Attachment 26 - Opinion Letter Regarding PHA Qualification*

- Non-Compliance
  - Attachment 19 – Verification of Compliance for Existing LIHTC Projects (*Required*)
- Eligible Developments
  - Attachment 20 – Form of Opinion Letter Regarding Eligibility for Low Income Housing Tax Credits (*Required*)
  - Attachment 21 – Form of Opinion Letter Regarding Section 42(d)(2)(B) (*Required if acquisition/rehabilitation tax credits are requested*)
- Development Participants
  - Attachment 22 – Disclosure Form (*Required for each identified individual*)
  - Attachment 28 – Form of opinion letter regarding exemption under Part VII A. 6. d. or e. (*Required if exemption claimed*)
- Documentation Evidencing Property Control (*Required*)
- Physical needs assessment (*Required if proposed development involves rehabilitation*)
- Appraisal (*Required if acquisition credit requested on five or more units*)
- E. Scoring Documentation (include all required documentation and relevant Attachments for all points claimed under the Scoring criteria in Part VII B. of the 2005 QAP, each properly labeled, clipped or rubber banded together)
  - Attachment 23 - Confirmation of Community Revitalization Plan (*Required only if points are claimed in connection with development location covered by or contributing to an approved community revitalization plan*)
  - Attachment 25 - Units Designed for Special Housing Needs (*Required only if points are claimed in Section 20.E. of the Initial Application*)
- F. Application Fee - Check made payable to Tennessee Housing Development Agency for Application Fee (See Part XV of the 2005 QAP) attached to Page 1 of the Application (*Required*)
- G. Originals of A. through F. above banded together as the original application and four complete copies (*Required*)

**TENNESSEE HOUSING DEVELOPMENT AGENCY**  
**Low-Income Housing Tax Credit Application**  
**Program Year 2005**

**INITIAL APPLICATION**

Date of Application: \_\_\_\_\_

**1. DEVELOPMENT NAME & LOCATION** *(For scattered site developments, all sites must have common financing.)*

A. Development Name: \_\_\_\_\_

B. Development Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of nearest cross street: \_\_\_\_\_

C. Set-Asides (**check all that apply**):  
 Rural       Urban  
 Non-profit     PHA       Small Development

D. Development Type(**check all that apply**):  
 New Construction     Rehabilitation  
 Acquisition and Rehabilitation  
 Scattered site

**2. UNIT INFORMATION**

A. Total number of residential buildings proposed: \_\_\_\_\_

B. Total number of residential units proposed: \_\_\_\_\_

C. Applicable Fraction – Percent of residential units in each building that will be rent restricted and occupied by low income tenants: \_\_\_\_\_% *(complete and submit Attachment 1 and Attachment 1A)*

D. Total number of residential units to be restricted for low income tenants: \_\_\_\_\_ *(complete and submit Attachment 2)*

E. Total number of market rate residential units: \_\_\_\_\_ *(complete and submit Attachment 3)*

F. Total number of square feet of heated, low-income, residential floor space: \_\_\_\_\_ *(complete and submit Attachment 1 and Attachment 1A)*

**3. APPLICANT/OWNERSHIP ENTITY**

A. Name and Address of Ownership Entity *(This is the entity to which tax credits may be awarded):*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 Ownership Entity dated not more than 30 days prior to the date of this Application).
- is validly formed and currently in existence in the State of \_\_\_\_\_ and the Ownership entity qualified to do business in Tennessee on \_\_\_\_\_, 2005. (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.)
- will be validly formed in the State of \_\_\_\_\_ on or before \_\_\_\_\_, 2005.

C. Ownership Entity Information (check only one and complete all information)

Type of Ownership Entity:	Tax ID Number:
<input type="checkbox"/> Limited Partnership (Complete and submit <b>Attachment 4A</b> )	_____
<input type="checkbox"/> General Partnership (Complete and submit <b>Attachment 4A</b> )	_____
<input type="checkbox"/> Limited Liability Partnership (Complete and submit <b>Attachment 4A</b> )	_____
<input type="checkbox"/> Limited Liability Corporation (Complete and submit <b>Attachment 4C</b> )	_____
<input type="checkbox"/> Corporation (Complete and submit <b>Attachment 4B</b> )	_____
<input type="checkbox"/> Individual (use social security number)	_____

D. Contact Person for Ownership Entity is: (One Only)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4. DEVELOPER ENTITY**

A. Name and Address of Developer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

State of formation: \_\_\_\_\_

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

Type of Developer Entity:

Tax ID Number:

- Limited Partnership (*Complete and submit Attachment 5A*) \_\_\_\_\_
- General Partnership (*Complete and submit Attachment 5A*) \_\_\_\_\_
- Limited Liability Partnership (*Complete and submit Attachment 5A*) \_\_\_\_\_
- Limited Liability Corporation (*Complete and submit Attachment 5C*) \_\_\_\_\_
- Corporation (*Complete and submit Attachment 5B*) \_\_\_\_\_
- Individual (*use social security number*) \_\_\_\_\_

5. OTHER DEVELOPMENT PARTICIPANTS

A. *Complete and submit Attachment 6*

B. Does the Contractor, the Management Company, the Sponsoring Organization, the Consultant, the Tax Counsel, the Tax Accountant, and/or the Architect, as identified in Attachment 6, the Syndicator / Equity Provider identified in Attachment 12, or any individual directly or indirectly involved with any such entity have any direct or indirect relationship (personal or business) with or interest in any of the following:

- 1. Ownership Entity identified in Section 3 of this Initial Application:  Yes  No
- 2. Developer identified in Section 4 of this Initial Application:  Yes  No
- 3. Any individual directly or indirectly involved with the Ownership Entity:  Yes  No
- 4. Any individual directly or indirectly involved with the Developer:  Yes  No
- 5. Any other entity identified on Attachment 6:  Yes  No
- 6. Any individual directly or indirectly involved with any other entity identified on Attachment 6:  Yes  No

C. Does the Ownership Entity identified in Section 3 of this Initial Application or any individual identified on Attachment 4A or 4B or 4C have any direct or indirect relationship (personal or business) with or interest in any of the following:

- 1. Developer identified in Section 4 of this Initial Application:  Yes  No
- 2. Any individual directly or indirectly involved with the Developer:  Yes  No
- 3. Any entity identified on Attachment 6:  Yes  No
- 4. Any individual directly or indirectly involved with the syndicator / equity provider:  Yes  No
- 5. Any individual directly or indirectly involved with any entity identified on Attachment 6:  Yes  No

D. Does the Developer identified in Section 4 of this Initial Application or any individual identified on Attachment 5A or 5B or 5C have any direct or indirect (personal or business) with or interest in any of the following:

- 1. Ownership Entity identified in Section 3 of this Initial Application:  Yes  No
- 2. Any individual directly or indirectly involved with Ownership Entity:  Yes  No



3. Any entity identified on Attachment 6:  Yes  No
4. Any individual directly or indirectly involved with the syndicator / equity provider:  Yes  No
5. Any individual directly or indirectly involved with any entity identified on Attachment 6:  Yes  No
- E. Attach as many additional pages as necessary to explain all “yes” responses in Section 5B or 5C or 5D of this Initial Application.

6. DEVELOPMENT INFORMATION
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A. Type of Housing

- |  |   |
|--|---|
| <input type="checkbox"/> Multifamily Housing           | <input type="checkbox"/> Transitional Housing     |
| <input type="checkbox"/> Single Room Occupancy Housing | <input type="checkbox"/> Congregate Care Facility |
| <input type="checkbox"/> Housing for the Elderly       | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Single Family Dwelling        | <input type="checkbox"/> Other _____              |

B. Is any building in the Development with four or fewer units occupied or to be occupied by the owner or a person related to the owner?  Yes  No

C. Following rehabilitation or construction, will all rental residential units for low-income households: be in a decent, safe and sanitary condition suitable for occupancy by these households:  
 Yes  No

be comparable in terms of construction quality and amenities to market rent units in the Development:  
 Yes  No

D. Ancillary Facilities - describe all ancillary facilities included in the Development.

Accessory Buildings & Area: \_\_\_\_\_

Recreational Facilities: \_\_\_\_\_

Commercial Facilities: \_\_\_\_\_

Common Areas: \_\_\_\_\_

Kitchen/Dining Facilities: \_\_\_\_\_

Clinic/Medical/Nursing Facilities: \_\_\_\_\_

Other: \_\_\_\_\_

E. Are services to be provided to residents in the Development?  Yes  No

If yes, describe all services to be provided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Will current tenants be relocated for this Development?  Yes  No

If yes, describe relocation assistance to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. SECTION 42 IRREVOCABLE SET-ASIDE ELECTION**

Elect one of the following minimum set-asides as required in Section 42(g)(1):

- 20%** of the units in the proposed Development are irrevocably designated for individuals whose income is **50%** or less of the area median gross income. *(If this election is made, **ALL non-market rate units will be restricted to tenants whose income is 50% or less of the area median gross income.**)*
- 40%** of the units in the proposed Development are irrevocably designated for individuals whose income is **60%** or less of the area median gross income.

**8. ACQUISITION INFORMATION**

A. Name of Seller: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

C. Are all parcels or tracts of land contiguous?  Yes  No

D. Exact area of site in acres: \_\_\_\_\_

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

F. Date of site acquisition by the Ownership Entity or proposed date of site acquisition by the Ownership Entity: \_\_\_\_\_

G. How long did the seller(s) own the tracts and/or parcels making up the site? \_\_\_\_\_

H. Does the seller or any individual involved with the seller (directly or indirectly) have any direct or indirect relationship (personal or business) with or interest in the Ownership Entity, the Developer or any individual involved (directly or indirectly) with the Ownership Entity or Developer?  Yes  No

If yes, specify the nature of the relationship(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. RENTAL ASSISTANCE**

A. Does or will the development receive or benefit from rental assistance?  Yes  No

B. If yes, list the type of rental assistance:

- |  |  |
|--|--|
| <input type="checkbox"/> Section 8 New Construction or Substantial Rehabilitation          | <input type="checkbox"/> Section 8 Development Based Assistance      |
| <input type="checkbox"/> Section 8 Moderate Rehabilitation                                 | <input type="checkbox"/> RHCDS (formerly FmHA) 515 Rental Assistance |
| <input type="checkbox"/> Section 8 Tenant Based Vouchers                                   |  |
| <input type="checkbox"/> Other federal, state, or local assistance (please describe) _____ |  |

C. Number of units receiving Assistance: \_\_\_\_\_

D. Number of years remaining on the Rental Assistance contract: \_\_\_\_\_

**10. MONTHLY UTILITY ALLOWANCE CALCULATIONS**

*Complete and submit Attachment 7.*

**11. SOURCE OF FUNDS**

*Complete and submit Attachment 8.*

**12. CONSTRUCTION FINANCING**

*Complete and submit Attachment 9 and Attachment 11, if applicable.*

**13. PERMANENT FINANCING**

*Complete and submit Attachment 10 and Attachment 11, if applicable.*

**14. SYNDICATION INFORMATION**

*Complete and submit Attachment 12.*

**15. ANNUAL EXPENSE INFORMATION**

*Complete and submit Attachment 13.*

**16. DEVELOPMENT SCHEDULE**

*Complete and submit Attachment 14.*

## 17. DEVELOPMENT COSTS

*Complete and submit Attachment 15.*

## 18. CALCULATION OF POTENTIAL TAX CREDITS

*Complete and submit Attachment 16.*

## 19. ELIGIBILITY

ALL INFORMATION PROVIDED AND MATERIALS SUBMITTED MUST BE IN ACCORDANCE WITH PART VII A. OF THE 2005 QAP. REFER TO PART VII A. OF THE 2005 QAP FOR MORE INFORMATION ABOUT ELIGIBILITY REQUIREMENTS.

A. SET-ASIDES – check the Set-Aside or Set-Asides from which tax credits are being requested and include legible copies of all items listed for each Set-Aside selected:

Non-Profit Set-Aside:

1. copy of IRS 501(c)(3) or 501(c)(4) letter for non-profit entity;
2. original certificate of existence for non-profit entity from Tennessee Secretary of State dated not more than thirty days prior to the date of this Initial Application;
3. original opinion of counsel regarding Section 42(h)(5) in the form and with the substance of **Attachment 17A** or **Attachment 17B**, as applicable; and
4. evidence of non-profit entity fostering low income housing in Tennessee for two years prior to the date of this Application in the form and with the substance of **Attachment 18**.

PHA Set-Aside:

1. Original opinion of counsel regarding eligibility for the PHA set-aside in the form and with the substance of **Attachment 26A**, **Attachment 26B**, **Attachment 26C**, or **Attachment 26D**, as applicable.
2. If the proposed development involves HOPE VI funds, the following are required:
  - a. Copy of form HUD-1044 identifying the Public Housing Authority receiving the HOPE VI grant;
  - b. Letter from Executive Director of identified Public Housing Authority in the form and with the substance of **Attachment 27**;
  - c. A copy of the HUD approved redevelopment plan.

Small Development Set-Aside: Number of units reflected in Section 2 and on Attachment 1 of this Initial Application must be 32 units or less.

Urban Set-Aside: County identified in Section 1 of this Initial Application must be on Exhibit 1 under heading “Counties in Urban Set-Aside”

Rural Set-Aside: County identified in Section 1 of this Initial Application must be on Exhibit 1 under heading “Counties in Rural Set-Aside”

B. NON-COMPLIANCE – *Complete and submit an original Attachment 19.*

C. ELIGIBLE DEVELOPMENT – *Complete and submit an original opinion letter on Tax Counsel’s letterhead in the form and with the substance of **Attachment 20**.*

In addition, check all of the following that apply:

- Existing properties are being acquired for the Development and acquisition/rehabilitation credits are requested – *complete and submit an original opinion letter on Tax Counsel’s letter head in the form and with the substance of **Attachment 21**.*
- The Development has or will have development based subsidies under the Section 8 Moderate Rehabilitation program. (*Ineligible Development – do not submit Application*)
- The Development or the property on which the Development will be located is part of a “Bargain Sale” with a “step-up” in sales price paid to an intervening not-for-profit entity. (*Ineligible Development – do not submit Application*)
- The Development contains units that will not be for use by the general public. (*Ineligible Development – do not submit Application*)
- The Development will provide continual or frequent nursing, medical or psychiatric services. (*Ineligible Development – do not submit Application*)
- None of the above apply to the proposed Development

D. EXISTING, INCREMENTAL AND NEW DEVELOPMENTS - The proposed Development is (*See Part VII A. 5. of the 2005 QAP for definitions of these terms and check only one*):

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

E. DEVELOPMENT PARTICIPANTS - *Complete and submit an **Attachment 22** for each individual identified in Section 3 of this Initial Application and in Attachment 4A or 4B or 4C and in Attachment 5A, or 5B or 5C.*

F. PROPERTY CONTROL – A document from the list in 1 below and a document from the list in 2 below must be attached to demonstrate property control (*documents attached must be fully executed, include the legal description of property on which the Development will be located, and meet all requirements of Part VII A. 7. of the 2005 QAP*):

1. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. a. of the 2005 QAP*):
  - Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order); or
  - Evidence demonstrating ability to acquire property through the power of eminent domain; or
  - Contract for sale or contract for 99 year ground lease; or
  - Option to purchase or option for 99 year ground lease.

2. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. b. (ii) of the 2005 QAP*):
- Commitment for title insurance for the property on which the Development will be located evidencing title vested in the person or entity that executed the document submitted in Section 19.F.1. above as owner; or
  - Executed, unqualified attorney title opinion evidencing title to the property vested in the person or entity that executed the document submitted in Section 19.F.1. above as owner.

G. PHYSICAL NEEDS ASSESSMENT – (Required if proposed development involves rehabilitation)

H. APPRAISAL – (Required if acquisition credit requested on five or more units)

**20. SCORING: THE POINTS CLAIMED BELOW CREATE IRREVOCABLE ELECTIONS FOR THE PROPOSED DEVELOPMENT**

POINTS WILL BE AWARDED FOR THE ITEMS SELECTED BELOW ONLY IF REQUIRED DOCUMENTATION IS SUBMITTED WITH THIS APPLICATION IN A FORM AND WITH SUBSTANCE THAT MEETS THE REQUIREMENTS OF PART VII B. OF THE 2005 QAP. REFER TO PART VII B. OF THE 2005 QAP FOR MORE INFORMATION ABOUT SCORING REQUIREMENTS.

A. DEVELOPMENT LOCATION AND HOUSING NEEDS: MAXIMUM 70 POINTS

Check all that apply to the Development proposed in this Initial Application:

- Development is located in a county shown on **Exhibit 2: Maximum 60 points**  
\_\_\_\_\_ County
  - Development is located wholly in a Qualified Census Tract or a Difficult to Develop area as designated by HUD as shown on **Exhibit 4: 5 points**
- OR**
- Development is located completely and entirely in a Qualified Census Tract (identified on **Exhibit 4**, excluding Difficult to Develop Areas), the development of which contributes to an approved concerted community revitalization plan (*complete and submit Attachment 23*): **10 points**
- OR**
- Development is located completely and entirely within a census tract (other than a Qualified Census Tract) that is, itself, completely and entirely within an area covered by an approved community revitalization plan (*complete and submit Attachment 23*): **6 points**

B. DEVELOPMENT CHARACTERISTICS: MAXIMUM 45 POINTS

1. Developments restricting a minimum of twenty-five percent (25%) of the low-income units to maximum rents **no greater than** a percentage of **the lesser of** (a) the maximum allowable LIHTC net rents or (b) the maximum attainable net rents specified in the market study. (*check only one*):
- 90%                      1 point
  - 80%                      3 points
  - 70%                      5 points

2. New construction **only**: *Maximum 40 points*

- a.  Current zoning and other local land use regulations permit the development as proposed or no such regulations currently apply to the proposed development: **5 points**
- No points are claimed for current zoning and other local land use regulations
- b.  The development will be designed and built to promote energy conservation by meeting the standards of the Council of American Building Officials Model Energy Code: **10 points**
- No points are claimed for promoting energy conservation.
- c.  The development will be designed and built to meet a 15-year maintenance-free exterior standard: **10 points**
- No points are claimed for meeting a 15-year maintenance-free exterior standard.
- d.  The development will be designed and built with a minimum of 60% brick exterior: **15 points**
- No points are claimed for a minimum of 60% brick exterior.

3. Rehabilitation **only**: *Maximum 35 points*

Number of systems replaced:

- 1 **10 points**
- 2 **25 points**
- 3 or more **35 points**

***For developments containing a combination of new construction and rehabilitation, pro-rate points based on the percentage of units in each category.***

C. SPONSOR CHARACTERISTICS: MAXIMUM 70 POINTS

- 1. Which of the following has occurred in Tennessee at any time during calendar year 2003 or calendar year 2004 with respect to individuals involved (either directly or indirectly) with the Developer or the Ownership Entity (whether formed or to be formed) identified in the Initial Application:
  - A reservation of Tax Credits was issued and accepted for a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet a Carryover Allocation was not obtained: **No points**
  - A Carryover Allocation was made to a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet an IRS Form 8609 was not obtained: **No points**
  - An allocation of Tax Credits was made to a development that the individuals identified above were involved with (either directly or indirectly) through developer or owner, but the development failed to meet the minimum set-aside for low-income tenants: **No points**
  - None of the above has occurred in Tennessee at any time during calendar year 2003 or calendar year 2004 with respect to individuals involved (either directly or indirectly) with the Developer or the Ownership Entity (whether formed or to be formed) identified in the Initial Application: **50 points**

2. Development qualified for the Public Housing Authority Set-Aside using the HOPE VI Program with HOPE VI funds used as part of the financing for the development: Only Initial Applications qualified for the Public Housing Authority Set-Aside using the HOPE VI Program as described in Part VII-A-2-b-(ii) are eligible for these points:

HOPE VI Funds as a Percentage of Total Financing for this Development (including tax credit syndication proceeds)

- |                          |               |           |
|--------------------------|---------------|-----------|
| <input type="checkbox"/> | 5% to 9.99%   | 5 points  |
| <input type="checkbox"/> | 10% to 19.99% | 10 points |
| <input type="checkbox"/> | 20% or more   | 20 points |

D. SPECIAL HOUSING NEEDS: MAXIMUM 15 POINTS

(Check all that apply and complete and submit Attachment 25. NOTE: an Initial Application may meet the requirements for more than one of the following special needs categories, but no more than 15 points will be awarded: *Maximum 15 points*)

- The greater of one unit or at least five percent (5%) of the total number of units in the development (which number shall be rounded up) must fully meet accessibility requirements for persons with disabilities. Certification from the design architect will be required on developments of 11 units or more, from contractor on 10 units or fewer, following the issuance of the Reservation Notice. Confirmation from the supervising architect or contractor, as appropriate, will be required prior to issuing the IRS Form 8609: *10 points*

AND

- The proposed Development will have the following percent of units designed and built for large families, (i.e., three or more bedrooms) (*check only one*):
- |                          |            |                 |
|--------------------------|------------|-----------------|
| <input type="checkbox"/> | above 10%: | <i>5 points</i> |
| <input type="checkbox"/> | 8%-10%:    | <i>3 points</i> |

OR

- At least fifty percent (50%) of the units in the proposed Development will be designed and built for single room occupancy: *5 points*

OR

- One hundred percent (100%) of the units in the proposed Development will be designed, built, and occupied by the elderly (see Part VII-B-5-c of the 2005 QAP): *5 points*
- No points are claimed for meeting special needs.

E. LOWEST INCOME PREFERENCE: MAXIMUM 40 POINTS

- Election to set aside a minimum of ten percent (10%) of the units for households with incomes no higher than fifty percent (50%) of the area median income: *30 points*

OR

- Election to set aside a minimum of twenty percent (20%) of the units for households with incomes no higher than fifty percent (50%) of the area median income: *40 points*
- No points claimed for lowest income preference.



F. EXTENDED USE PREFERENCE OR TENANT OWNERSHIP: MAXIMUM 20 POINTS

Check only one that will apply to the proposed Development:

- The point in time at which the written request specified in Section 42(h)(6)(I) may be given will be extended by the following number of years (*check only one*):
  - At least 5 years: **20 points**
  - At least 4 years, but less than 5 years: **15 points**
  - At least 3 years, but less than 4 years: **10 points**
- Eventual tenant ownership as described in Part VII-B-7-b of the 2005 QAP: **5 points**
- No points are claimed for extended use preference or eventual tenant ownership.

G. PUBLIC HOUSING PRIORITY: MAXIMUM 10 POINTS

Check only one that will apply to the proposed Development:

- Marketing plans, lease-up plans, or operating policies and procedures for the proposed Development will give a priority to persons on Public Housing Waiting lists or to persons with Section 8 Housing Choice Vouchers in counties listed on **Exhibit 6** and will not contain requirements that impede this priority: **10 points**
- No points are claimed for giving priority to persons on public housing waiting lists.

H. TENNESSEE GROWTH POLICY ACT MAXIMUM 14 POINTS

\_\_\_\_\_ TOTAL POINTS CLAIMED (ADD ALL POINTS FOR ITEMS CHECKED AND INSERT THE NUMBER HERE. SUBJECT TO REVISION BASED ON A DETERMINATION BY THDA AS TO COMPLIANCE WITH THE 2005 QAP)

**2005 LIHTC ATTACHMENT 1: DETERMINATION OF  
APPLICABLE FRACTION**

	Total # Residential Rental Units	# Units Set Aside for Low Income	% Units Set Aside for Low Income	Total Floor Space of Residential Rental Units	Total Floor Space Set Aside for Low Income	% Floor Space Set Aside for Low Income	Applicable Fraction*
BLDG 1							
BLDG 2							
BLDG 3							
BLDG 4							
BLDG 5							
BLDG 6							
BLDG 7							
BLDG 8							
BLDG 9							
BLDG 10							
BLDG 11							
BLDG 12							
BLDG 13							
BLDG 14							
BLDG 15							
BLDG 16							
BLDG 17							
BLDG 18							
BLDG 19							
BLDG 20							

\*Applicable Fraction is the smaller of the unit fraction (% Units Set Aside for Low Income) or the floor space fraction (% Floor Space Set Aside for Low Income).

TOTAL LOW INCOME RESIDENTIAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL MARKET RATE RESIDENTIAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL COMMON SQUARE FOOTAGE \_\_\_\_\_

TOTAL COMMERCIAL SQUARE FOOTAGE \_\_\_\_\_

TOTAL SQUARE FOOTAGE IN DEVELOPMENT \_\_\_\_\_

**2005 LIHTC ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA**

A. Type of construction:

- Frame / combustible
- Masonry / noncombustible

B. Number of stories in a typical building: \_\_\_\_\_

C. Shape of footprint of a typical building:

- Square
- Rectangular
- Irregular (sketch footprint if necessary)

D. Perimeter of a typical building in linear feet: \_\_\_\_\_

E. Height of a typical building: \_\_\_\_\_

F. Are any buildings equipped with fire extinguishing sprinkler systems?

- Yes  
If yes, how many \_\_\_\_\_
- No

G. Are any buildings equipped with elevators?

- Yes  
If yes, how many \_\_\_\_\_
- No

H. If development is REHABILITATION:

Age of property: \_\_\_\_\_ years

Effective age\* of property PRIOR TO tax credit rehabilitation: \_\_\_\_\_ years

\* Effective age is actual age less any years that have been taken off by face-lifting, structural reconstruction, removal of functional inadequacies, etc. **Explain all steps that have been taken to arrive at the effective age.**

**2005 LIHTC ATTACHMENT 2: UNIT INFORMATION  
LOW-INCOME UNITS ONLY**

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

BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>	_____	_____	_____	\$ _____	\$ _____

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

BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>	_____	_____	_____	\$ _____	\$ _____

Other Income Source: \_\_\_\_\_

Amount per month: \$ \_\_\_\_\_

Less Vacancy Allowance: \_\_\_\_\_% ( \_\_\_\_\_ )

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

Estimated annual percentage increase in annual development income? \_\_\_\_\_%

**2005 LIHTC ATTACHMENT 3: UNIT INFORMATION  
MARKET RATE UNITS ONLY**

BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FTG.	MONTHLY RENT PER UNIT	TOTAL MONTHLY RENT
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
_____ BDR	_____	_____	_____	\$ _____	\$ _____
<b>TOTALS</b>	_____	_____	_____	\$ _____	\$ _____

Other Income Source: \_\_\_\_\_

Amount per month: \$ \_\_\_\_\_

Less Vacancy Allowance: \_\_\_\_\_% (\_\_\_\_\_)

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

Estimated annual percentage increase in annual development income? \_\_\_\_\_%

**2005 LIHTC ATTACHMENT 4A: TYPE OF OWNERSHIP ENTITY—  
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 2005 QAP **AND** for which an opinion in the form of Attachment 28 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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**

**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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
Title: _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
Title: _____
Address: _____
_____
Telephone No.: _____
_____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
Address: _____
_____
Telephone No.: _____
_____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____
_____
Telephone No.: _____
_____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)*

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/>

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	<b>Name:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 4B: TYPE OF OWNERSHIP ENTITY—  
CORPORATION**

NAME OF OWNERSHIP ENTITY: \_\_\_\_\_

1. Provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2005 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
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Address:</b> _____	<b>Type of Entity:</b> _____
<b>Address:</b> _____	_____	<b>State of Formation:</b> _____
_____	<b>Telephone No.:</b> _____	<b>Address:</b> _____
<b>Telephone No.:</b> _____	_____	_____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Telephone No.:</b> _____
_____	_____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Address:</b> _____	<b>Type of Entity:</b> _____
_____	_____	<b>State of Formation:</b> _____
<b>Address:</b> _____	<b>Telephone No.:</b> _____	<b>Address:</b> _____
_____	_____	_____
<b>Telephone No.:</b> _____	<b>Name:</b> _____	<b>Type of Entity:</b> _____
_____	_____	<b>State of Formation:</b> _____
<b>Name:</b> _____	<b>Address:</b> _____	<b>Address:</b> _____
_____	_____	_____
<b>Title:</b> _____	<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____
_____	_____	<b>Name:</b> _____
<b>Address:</b> _____	_____	<b>Type of Entity:</b> _____
_____	_____	<b>State of Formation:</b> _____
<b>Telephone No.:</b> _____	_____	<b>Address:</b> _____
_____	_____	_____
		<b>Telephone No.:</b> _____
		_____

- 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 2005 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any officer, director and/or stockholder identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 1. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:     individual             partnership (*complete 3.A.(i) below*)  
                          corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.*)

<b>OFFICERS</b>
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
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Title:
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Address:
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Telephone No.:
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<b>Name:</b>
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Title:
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Address:
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Telephone No.:
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<b>DIRECTORS</b>
<b>Name:</b>
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Address:
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Telephone No.:
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_____
<b>Name:</b>
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Address:
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Telephone No.:
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<b>Name:</b>
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Address:
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Telephone No.:
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<b>STOCKHOLDERS</b>
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Type of Entity:
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State of Formation:
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Address:
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Telephone No.:
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<b>Name:</b>
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Type of Entity:
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State of Formation:
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Address:
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Telephone No.:
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- 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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 4C: TYPE OF OWNERSHIP ENTITY—  
LIMITED LIABILITY COMPANY**

NAME OF OWNERSHIP ENTITY: \_\_\_\_\_

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.



2. A. If any member and/or manager identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 1. (*attach additional pages if needed to provide complete information.*)

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:  individual  partnership (*complete 3.A.(i) below*)  
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)*

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.*)

<b>OFFICERS</b>
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
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Title:
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Address:
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Telephone No.:
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<b>Name:</b>
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Title:
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Address:
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Telephone No.:
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<b>DIRECTORS</b>
<b>Name:</b>
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Address:
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Telephone No.:
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<b>Name:</b>
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Address:
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Telephone No.:
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<b>Name:</b>
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Address:
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Telephone No.:
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<b>STOCKHOLDERS</b>
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
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Address:
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Telephone No.:
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<b>Name:</b>
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Type of Entity:
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State of Formation:
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Address:
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Telephone No.:
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- 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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 5A: TYPE OF DEVELOPER ENTITY—  
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR  
REGISTERED LIMITED LIABILITY PARTNERSHIP**

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 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP)  
 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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**

**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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.



3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)

<b>OFFICERS</b>
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____

<b>DIRECTORS</b>
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____

<b>STOCKHOLDERS</b>
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
	_____	_____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
	_____	_____
	Telephone No.: _____	Telephone No.: _____
	_____	_____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.*)

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/>

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 5B: TYPE OF DEVELOPER ENTITY—  
CORPORATION**

NAME OF DEVELOPER ENTITY: \_\_\_\_\_

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2005 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
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Address:</b> _____	<b>Type of Entity:</b> _____
<b>Address:</b> _____	_____	<b>State of Formation:</b> _____
<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____	<b>Address:</b> _____
		_____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Telephone No.:</b> _____
<b>Title:</b> _____	<b>Address:</b> _____	
<b>Address:</b> _____	_____	<b>Name:</b> _____
<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____	<b>Type of Entity:</b> _____
		<b>State of Formation:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Address:</b> _____
<b>Title:</b> _____	<b>Address:</b> _____	_____
<b>Address:</b> _____	_____	<b>Telephone No.:</b> _____
<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____	
		<b>Name:</b> _____
		<b>Type of Entity:</b> _____
		<b>State of Formation:</b> _____
		<b>Address:</b> _____
		_____
		<b>Telephone No.:</b> _____
		_____

- 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 2005 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any officer, director and/or stockholder identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 1. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:     individual             partnership (*complete 3.A.(i) below*)  
                          corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____	Address: _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.



3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.*)

<b>OFFICERS</b>
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Title:
_____
Address:
_____
_____
Telephone No.:
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_____
<b>Name:</b>
_____
Title:
_____
Address:
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Telephone No.:
_____
_____

<b>DIRECTORS</b>
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Address:
_____
_____
Telephone No.:
_____
_____

<b>STOCKHOLDERS</b>
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
_____
_____
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
_____
_____
Telephone No.:
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_____
<b>Name:</b>
_____
Type of Entity:
_____
State of Formation:
_____
Address:
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_____
Telephone No.:
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_____

- 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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 5C: TYPE OF DEVELOPER ENTITY—  
LIMITED LIABILITY COMPANY**

NAME OF DEVELOPER ENTITY: \_\_\_\_\_

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____ _____	<b>Type of Entity:</b> _____	<b>Type of Entity:</b> _____
<b>Telephone No.:</b> _____	<b>State of Formation:</b> _____	<b>State of Formation:</b> _____
	<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
	<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____ _____	<b>Type of Entity:</b> _____	<b>Type of Entity:</b> _____
<b>Telephone No.:</b> _____	<b>State of Formation:</b> _____	<b>State of Formation:</b> _____
	<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
	<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____ _____	<b>Type of Entity:</b> _____	<b>Type of Entity:</b> _____
<b>Telephone No.:</b> _____	<b>State of Formation:</b> _____	<b>State of Formation:</b> _____
	<b>Address:</b> _____ _____	<b>Address:</b> _____ _____
	<b>Telephone No.:</b> _____	<b>Telephone No.:</b> _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2. A. If any member and/or manager identified in 1. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 1. (*attach additional pages if needed to provide complete information.*)

(i) Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ownership: \_\_\_\_\_%

Type of entity:     individual             partnership (*complete 3.A.(i) below*)  
                          corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 if the corporation does not meet the requirements of Part VII.A.6.d. of the 2005 QAP*)  
                          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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
Address:	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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.)

<b>OFFICERS</b>
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Title: _____
Address: _____ _____
Telephone No.: _____

<b>DIRECTORS</b>
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Address: _____ _____
Telephone No.: _____

<b>STOCKHOLDERS</b>
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
Type of Entity: _____
State of Formation: _____
Address: _____ _____
Telephone No.: _____
<b>Name:</b> _____
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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.



3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2005 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 2005 QAP AND for which an opinion in the form of Attachment 28 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 2005 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
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND an opinion letter in the form of Attachment 28 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, (ii) all members and (iii) all managers 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 2005 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	MEMBERS	MANAGERS
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>
<b>Name:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <hr/>	<b>Name:</b> <hr/> <b>Type of Entity:</b> <hr/> <b>State of Formation:</b> <hr/> <b>Address:</b> <hr/> <hr/> <b>Telephone No.:</b> <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 2005 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2005 LIHTC ATTACHMENT 6: OTHER DEVELOPMENT PARTICIPANTS**

**A. Contractor**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**B. Management Company**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**C. Consultant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**D. Tax Counsel (Person who will provide opinions required by THDA)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**E. Tax Accountant (Person who will provide certifications required by THDA)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**F. Architect (Person who will provide certifications required by THDA)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_\_

**2005 LIHTC ATTACHMENT 7: MONTHLY UTILITY ALLOWANCE CALCULATIONS**

A. Complete the following:

Type of Utility	Owner	Tenant	<u>Allowance Amount</u>			
			<u>1BDR</u>	<u>2BDR</u>	<u>3BDR</u>	<u>4BDR</u>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Trash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL UTILITY ALLOWANCE:			\$ _____	\$ _____	\$ _____	\$ _____

**(DO NOT INCLUDE ITEMS PAID BY OWNER IN TOTAL)**

B. Source of Utility Calculation\*:

- State PHA                       RHCD  
 Local PHA                       Utility Company  
 Other: \_\_\_\_\_

\*Verification from source not required until Reservation Notice is issued.

C. Effective Date of Utility Calculation: \_\_\_\_\_

**2005 LIHTC ATTACHMENT 8: SOURCES AND USES OF FUNDS**

A. Sources of Funds

Grant Funds	\$ _____
Mortgage Proceeds	\$ _____
Syndication Proceeds	\$ _____
Capital Contributions*	\$ _____
<b>TOTAL SOURCES</b>	<b>\$ _____</b>

\*Define each source and amount of capital contribution:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Uses of Funds

Total Development Costs	\$ _____
Other Uses of Funds	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL USES</b>	<b>\$ _____</b>

**2005 LIHTC ATTACHMENT 9: CONSTRUCTION FINANCING**

List individually all sources of construction financing for the Development:

	LENDER	AMOUNT	ANNUAL DEBT SERVICE COST*	INTEREST RATE	AMORT. PERIOD	TERM
1.	_____	\$ _____	\$ _____	_____ %	_____	_____
2.	_____	\$ _____	\$ _____	_____ %	_____	_____
3.	_____	\$ _____	\$ _____	_____ %	_____	_____
4.	_____	\$ _____	\$ _____	_____ %	_____	_____
5.	_____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS      \$ \_\_\_\_\_

TOTAL ANNUAL DEBT SERVICE COST      \$ \_\_\_\_\_

---

\* Assumption is made that annual debt service total is actually paid in 12 equal monthly payments. Please indicate if payment frequency differs.

**2005 LIHTC ATTACHMENT 10: PERMANENT FINANCING**

List individually all sources of permanent financing expected for the Development following completion of rehabilitation or construction **(Do not include construction financing)**:

	LENDER	AMOUNT	ANNUAL DEBT SERVICE COST*	INTEREST RATE	AMORT. PERIOD	TERM
1.	_____	\$ _____	\$ _____	_____ %	_____	_____
2.	_____	\$ _____	\$ _____	_____ %	_____	_____
3.	_____	\$ _____	\$ _____	_____ %	_____	_____
4.	_____	\$ _____	\$ _____	_____ %	_____	_____
5.	_____	\$ _____	\$ _____	_____ %	_____	_____

TOTAL AMOUNT OF FUNDS      \$ \_\_\_\_\_

TOTAL ANNUAL DEBT SERVICE COST      \$ \_\_\_\_\_

---

\* Assumption is made that annual debt service total is actually paid in 12 equal monthly payments. Please indicate if payment frequency differs.



**2005 LIHTC ATTACHMENT 11: GOVERNMENT SUBSIDIES**

A. Is any portion of the funding for the Development directly or indirectly from Federal, State, or local government funds?  Yes  No

If yes, check all of the following that apply and list the amount of funds involved.

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> Tax-Exempt Financing   | \$_____ | <input type="checkbox"/> CDBG Grant                         | \$_____ |
| <input type="checkbox"/> CDBG Financing   | \$_____ | <input type="checkbox"/> UDAG Grant                         | \$_____ |
| <input type="checkbox"/> UDAG Financing   | \$_____ | <input type="checkbox"/> HoDAG Grant                        | \$_____ |
| <input type="checkbox"/> HoDAG Financing  | \$_____ | <input type="checkbox"/> HOUSE Funds                        | \$_____ |
| <input type="checkbox"/> RHCDS Financing  | \$_____ | <input type="checkbox"/> HOME Funds                         | \$_____ |
| <input type="checkbox"/> Local Grant  | \$_____ | <input type="checkbox"/> HUD LMSA                           | \$_____ |
| <input type="checkbox"/> Section 221(d)(3) or<br>Section 221(d)(4) or<br>Section 223(f) mortgage<br>insurance | \$_____ | <input type="checkbox"/> Section 8 Project<br>Based Subsidy | \$_____ |
| <input type="checkbox"/> Operating subsidy  | \$_____ | <input type="checkbox"/> Fannie Mae                         | \$_____ |
| <input type="checkbox"/> Other  | \$_____ | <input type="checkbox"/> Freddie Mac                        | \$_____ |

B. If tax-exempt bond financing is used, the percentage of the tax-exempt financing to the total cost of the development is \_\_\_\_\_%. If taxable bond financing is used, amount is \$\_\_\_\_\_.

C. Is HUD or RHCDS approval for Transfer of Physical Asset required?  Yes  No

Has HUD or RHCDS approval been received?  Yes  No (If yes, submit a copy of such approval.)

Date an application for Transfer of Physical Asset was or will be submitted: \_\_\_\_\_

Date Transfer of Physical Asset approval expected: \_\_\_\_\_

D. Does the Development have any existing subsidies?  Yes  No

If yes, please indicate type of subsidy and terms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If HUD subsidy involved, date copy of this Application was or will be submitted to THDA: \_\_\_\_\_

E. Will the Development involve a Federally insured mortgage?  Yes  No

**2005 LIHTC ATTACHMENT 12: SYNDICATION INFORMATION**

A. Type of tax credit being syndicated:

Low income housing tax credit

Historic rehabilitation credit

B. Type of offering:  Public

Private

C. Date syndication was or will be completed: \_\_\_\_\_

D. If syndication not completed, how much equity is expected per tax credit dollar allocated: \$ \_\_\_\_\_

E. Name of Fund: \_\_\_\_\_

Name of Syndicator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**2005 LIHTC ATTACHMENT 13: ANNUAL EXPENSE INFORMATION**

**ADMINISTRATIVE EXPENSES**

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

**MAINTENANCE EXPENSES**

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

**FIXED EXPENSES**

- 1. Property Taxes \$ \_\_\_\_\_
- 2. Insurance \$ \_\_\_\_\_
- 3. Franchise & Excise tax \$ \_\_\_\_\_
- SUB-TOTAL: \$ \_\_\_\_\_

**OPERATING EXPENSES**

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

SUB-TOTAL (Administrative Expenses + Fixed Expenses + Maintenance Expenses + Operating Expenses) \$ \_\_\_\_\_

**REPLACEMENT RESERVES**

- 1. Per Unit Amount \$ \_\_\_\_\_ X Total # of Units \_\_\_\_\_

TOTAL ANNUAL EXPENSES (Sub-Total + Replacement Reserves) \$ \_\_\_\_\_

What is the estimated annual percentage increase in annual expenses? \_\_\_\_\_%

**2005 LIHTC ATTACHMENT 14: DEVELOPMENT SCHEDULE**

	ACTIVITY	SCHEDULED DATE MONTH/YEAR
A.	Site	
	Option/Contract	_____
	Site Acquisition	_____
	Zoning approval	_____
	Site Analysis	_____
B.	Financing	
	1. Construction Loan	
	Loan Application	_____
	Conditional Commitment	_____
	Firm Commitment	_____
	2. Permanent Loan	
	Loan Application	_____
	Conditional Commitment	_____
	Firm Commitment	_____
	3. Other Loans & Grants	
	Type & Source _____	_____
	Application	_____
	Award	_____
	4. Other Loans & Grants	
	Type & Source _____	_____
	Application	_____
	Award	_____
	5. Other Loans & Grants	
	Type & Source _____	_____
	Application	_____
	Award	_____
C.	Plans/Specs/Working Drawings	_____
D.	Closing & Transfer of Property	_____
E.	Construction Begins	_____
F.	Completion of Construction	_____
G.	Expected Placed In Service Date	_____
H.	Lease-Up	_____

**2005 LIHTC ATTACHMENT 15: DEVELOPMENT COSTS  
2005 THDA LIHTC PROGRAM**

A. LIST DEVELOPMENT COSTS BY CREDIT TYPE. (RESIDENTIAL PORTION ONLY)

All costs to be listed in the first column. Only costs includable in eligible basis are to be repeated in either the acquisition or rehab/new const. columns. All items under "other" must be satisfactorily explained to be considered.

	<u>A</u>	<u>B</u>	<u>C</u>
	<u>ACTUAL COST</u>	<u>ACQUISITION</u>	<u>REHAB/ NEW CONST.</u>
<b>1. <u>To Purchase Land and Buildings</u></b>			
Land	_____	X X X X X	X X X X X
Existing Structures	_____	_____	_____
Demolition	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>2. <u>Site Work</u></b>			
Site Work	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>3. <u>Rehabilitation and New Construction</u></b>			
New Building Hard Costs	_____	_____	_____
Rehabilitation Hard Costs	_____	_____	_____
Accessory Building	_____	_____	_____
General Requirements	_____	_____	_____
Building Permits	_____	_____	_____
Payment and Performance Bond(s)	_____	_____	_____
Tap Fees	_____	_____	_____
Contractor Overhead	_____	_____	_____
Contractor Profit	_____	_____	_____
Impact Fees ( <b>include documentation from local jurisdiction</b> )	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>4. <u>Contingency</u></b>			
Construction Contingency	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>5. <u>Professional Fees</u></b>			
Architect Fee-Design	_____	_____	_____
Architect Fee-Supervision	_____	_____	_____
Real Estate Attorney	_____	_____	_____
Survey	_____	_____	_____
Soil Borings	_____	_____	_____
Engineering Fees	_____	_____	_____
Cost Certification Fees	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____

	<u>A</u>	<u>B</u>	<u>C</u>
	<u>ACTUAL COST</u>	<u>ACQUISITION</u>	<u>REHAB/ NEW CONST.</u>
<b>6. Interim Costs</b>			
Construction Interest	_____	_____	_____
Construction Loan Origin Fee	_____	_____	_____
Construction Loan Credit Enhancement	_____	_____	_____
Taxes During Construction	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>7. Financing Fees and Expenses</b>			
Credit Report	_____	X X X X X	X X X X X
Permanent Loan Origin Fee	_____	X X X X X	X X X X X
Perm Loan Credit Enhancement	_____	X X X X X	X X X X X
Cost of Issuance / Underwriter	_____	X X X X X	X X X X X
Title and Recording	_____	X X X X X	X X X X X
Counsel's Fee	_____	X X X X X	X X X X X
<b>Subtotal</b>	_____	X X X X X	X X X X X
<b>8. Soft Costs</b>			
Property Appraisal	_____	_____	_____
Market Study	_____	_____	_____
Environmental Study	_____	_____	_____
Tax Credit Fees	_____	_____	_____
Monitoring Fees	_____	X X X X X	X X X X X
Rent-Up	_____	X X X X X	X X X X X
<b>Subtotal</b>	_____	_____	_____
<b>9. Syndication Costs</b>			
Organizational (Partnership)	_____	X X X X X	X X X X X
Bridge Loan Fees & Expenses	_____	X X X X X	X X X X X
Tax Opinion	_____	X X X X X	X X X X X
<b>Subtotal</b>	_____	X X X X X	X X X X X
<b>10. Developer's Costs</b>			
Developer's Overhead	_____	_____	_____
Developer's Fee	_____	_____	_____
Consultants	_____	_____	_____
<b>Subtotal</b>	_____	_____	_____
<b>11. Project Reserves</b>			
Rent-up Reserve	_____	X X X X X	X X X X X
Operating Reserve	_____	X X X X X	X X X X X
<b>Subtotal</b>	_____	X X X X X	X X X X X
<b>12. Total</b>	_____	_____	_____

**2005 LIHTC ATTACHMENT 16: CALCULATION OF POTENTIAL TAX CREDITS**

	B	C
	<u>ACQUISITION</u>	<u>REHAB./ NEW CONST.</u>
A. Calculation pursuant to Section 42 (a) (“Method A”)		
1. Total from Attachment 15 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 11)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 10)	_____	_____
4. Less value of nonqualifying units of higher quality	_____	_____
5. Less value of nonqualifying excess portion of higher quality units	_____	_____
6. Less amount of Historic Tax Credit (Residential Portion Only)	_____	_____
7. Total Eligible Basis	_____	_____
8. Multiplied by the Applicable Fraction (from Section 2.B. and Attachment 1 of the Initial Application)	_____ %	_____ %
9. Total Qualified Basis	_____	_____
10. Multiplied by the Applicable Percentage <sup>1</sup> (9% or 4% for purposes of the Initial Application)	_____ %	_____ %
11. Total	_____	_____
12. Multiplied by 130% if in a qualified census tract (from Exhibit 6 of the 2005 QAP) (Rehab./New Const. only)	_____	_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A. (Amount from line 11 unless line 12 applies)	_____	_____
 B. Calculation pursuant to Section 42(m)(2) (“Method B”) <sup>2</sup>	 A	
1. Total from Attachment 15, line 12 (column A)	_____	
2. Less all governmental funding (from Attachment 11)	_____	
3. Less all other sources of permanent financing (from Attachment 10)	_____	
4. Less capital contributions (from Attachment 8)	_____	
5. Total	_____	

<sup>1</sup> Subject to change based on month building placed in service.

<sup>2</sup> Use this calculation only if 100% of the residential units in the proposed Development are to be set-aside for low income tenants. If the proposed Development contains any market rate residential units, contact THDA at (615) 741-9666 for instructions regarding the calculation pursuant to Method B.

A

6. Divided by equity factor (total from line D. on Attachment 12)<sup>3</sup>

\_\_\_\_\_

7. Total

=====

8. Divided by 10

\_\_\_\_\_

9. TOTAL POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD B.

=====

C. TOTAL POTENTIAL AMOUNT OF LOW INCOME HOUSING TAX CREDITS (INSERT THE **LESSER** OF THE AMOUNT FROM LINE 13 IN PARAGRAPH A, ABOVE OR THE AMOUNT FROM LINE 9 IN PARAGRAPH B, ABOVE)<sup>4</sup>:

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<sup>3</sup> Subject to modification by THDA.

<sup>4</sup> Any amount of Low Income Housing Tax Credits determined on this Attachment 16 is subject to modification by THDA. Any reservation or allocation of low income housing tax credits, or the amount thereof, is subject, in all respects, to (1) all requirements of the 2005 QAP; (ii) all information submitted in connection with an initial application, at the time of a carryover request or at the time of issuance of an IRS Form 8609; and (iii) all requirements of Section 42 of the Code and all regulations promulgated in connection therewith.



**2005 LIHTC ATTACHMENT 17A: FORM OF OPINION LETTER  
REGARDING NON-PROFIT QUALIFICATION**

**USE THIS VERSION IF NONPROFIT IS THE SOLE GENERAL PARTNER  
OR SOLE MANAGING MEMBER OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "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 2005 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Non-Profit Set-Aside described in the QAP (the "Non-Profit Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

In addition, in rendering the following opinions, we specifically examined the following:

1. a Certificate of Existence from the Tennessee Secretary of State dated \_\_\_\_\_, with respect to Nonprofit;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Nonprofit;
3. the Letter of Determination dated \_\_\_\_\_ from the Internal Revenue Service with respect to Nonprofit;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions; and
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.

2. Nonprofit was duly organized under the laws of the State of Tennessee on or before two years prior to the date of the Initial Application.
3. Nonprofit is validly existing and in good standing under the laws of the State of Tennessee.
4. 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, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Development Owner.
5. 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.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. The Nonprofit is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT FOR THE DEVELOPMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, each of the following:

1. the proposed partnership agreement of the Development Owner;
2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of Nonprofit in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. 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, the Development Owner is a \_\_\_[specify type of entity]\_\_\_ which has not yet been formed.
2. Neither the proposed partnership agreement of Development Owner and/or the operating agreement for the Development provide for other [general partners/managing members] of Development Owner.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of Nonprofit (within the meaning of Section 469(h) of the Internal Revenue Code of 1986, as amended (the "Code")) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Nonprofit's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT FOR THE DEVELOPMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or

otherwise identified to our satisfaction as true copies of such documents including, without limitation, each of the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of Nonprofit in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Nonprofit owns [all of the general partnership interests/is the sole managing member] of the Development Owner.
2. Neither the partnership agreement of Development Owner nor the operating agreement for the Development provide for other [general partners/managing members] of Development Owner.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Nonprofit (within the meaning of Section 469(h) of the Internal Revenue Code of 1986, as amended (the "Code")) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Nonprofit's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that Nonprofit meets the requirements of a qualified nonprofit organization as defined in Section 42(h)(5) of the Code and in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Non-Profit Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]

**2005 LIHTC ATTACHMENT 17B: FORM OF OPINION LETTER  
REGARDING NON-PROFIT QUALIFICATION**

**USE THIS VERSION IF NONPROFIT(S) FORMED A CORPORATION TO BE  
SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "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 2005 (the "QAP") and the status of \_\_\_\_\_ (the "Corporation") as a qualified corporation, as defined in Section 42(h)(5)(D) of the Code, in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Non-Profit Set-Aside described in the QAP (the "Non-Profit Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

In addition, in rendering the following opinion in connection with Nonprofit, we specifically examined the following:

1. a Certificate of Existence from the Tennessee Secretary of State dated \_\_\_\_\_;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records;
3. the Letter of Determination dated \_\_\_\_\_ from the Internal Revenue Service;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions; and
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.
2. Nonprofit was duly organized under the laws of the State of Tennessee on or before two years prior to the date of the Initial Application.
3. Nonprofit is validly existing and in good standing under the laws of the State of Tennessee.
4. 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, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.
5. 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.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. Nonprofit is authorized to own 100% of the stock of Corporation for the purpose of materially participating through Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

In rendering the following opinions in connection with Corporation, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. a Certificate of Existence for Corporation from the Tennessee Secretary of State dated \_\_\_\_\_, 2005;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Corporation;
3. the Letter of Determination dated \_\_\_\_\_ from the Internal Revenue Service regarding Corporation; and
4. all records, documents or other matters related to Corporation as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. The Corporation was duly organized, is validly existing, and is in good standing under the laws of the State of Tennessee.
2. One hundred percent (100%) of the stock of Corporation is owned by Nonprofit.
3. No documents examined or of which we are aware authorize, permit or cause transfers of any stock in Corporation to any individual or entity other than a qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
4. The Corporation is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the proposed partnership agreement of the Development Owner;

2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is or will be, prior to the reservation of Tax Credits, the sole [general partner/managing member] of Development Owner; however, the Development Owner is a  [specify type of entity]  which has not yet been formed.
2. Neither the proposed partnership agreement of the Development Owner nor the proposed operating agreement for the Development provides for other [general partners/managing members], other than qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT AND/OR OPERATING AGREEMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is the sole [general partner/managing member] of Development Owner.
2. Neither the partnership agreement of the Development Owner nor the operating agreement for the Development provides for other [general partners/managing members], other than qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that Nonprofit is a qualified nonprofit organization as defined in Section 42(h)(5) of the Code and in the QAP and Corporation is a qualified corporation as defined in Section 42(h)(5)(D)(ii) of the Code and in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Non-Profit Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]





**2005 LIHTC ATTACHMENT 19: VERIFICATION OF COMPLIANCE  
FOR EXISTING LIHTC PROJECTS**

Development Name: \_\_\_\_\_

Development Address: \_\_\_\_\_

\_\_\_\_\_

Development Owner: \_\_\_\_\_

List all developments in which the owner, the individuals identified on Attachments 4A through 4C, or the individuals identified on Attachments 5A through 5C, are involved and to which THDA made an allocation of low income housing tax credits.

<u>Project Name and BIN#</u>	<u>Address</u>	<u>Owner/Partner Affiliate</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.**

**2005 LIHTC ATTACHMENT 20: FORM OF OPINION LETTER REGARDING  
ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDIT**

**To be submitted on Tax Counsel's Letterhead**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway, Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Development Owner: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the Development. We are providing this opinion in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 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 2005 (the "QAP"). We understand that THDA requires and will rely solely on this opinion to determine whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits.

In rendering the opinion contained in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or a copy certified or otherwise identified to our satisfaction as a true copy of such documents including, without limitation, the following documents, a copy of each of which is attached hereto and incorporated herein by this reference:

**[list and attach all documents/materials relied upon—any certificate relied upon must contain statements of fact not conclusions of law and must be in a form and with content substantially similar to the Certificate attached hereto and made a part hereof]:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the foregoing, it is our opinion that the Development, as proposed in the Initial Application, is eligible for Tax Credits under Section 42 of the Code and under the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, to receive Tax Credits under Section 42 of the Code and under the QAP and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]

[Form of Certificate to accompany Attachment 20 Form Opinion Letter]

CERTIFICATE

CONCERNING ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDITS

Dated: \_\_\_\_\_, 2005

The undersigned, \_\_\_\_\_, hereby certifies that he is \_\_\_\_\_ of \_\_\_\_\_ (“Development Owner”/“Developer”/“Applicant”), and, as such \_\_\_\_\_, he is duly authorized to provide the following certifications and representations to \_\_\_\_\_ in connection with opinions required as part of the initial application submitted to the Tennessee Housing Development Agency requesting 2005 low income housing tax credits (the “Initial Application”) for the development described in the Initial Application:

1. The [Development Owner/Developer/Applicant], intends to develop and operate a \_\_\_\_-unit multi-family housing development \_\_\_\_% of the units of which are exclusively reserved for tenants, including the disabled and/or elderly, at rents affordable to households earning 60% or less of the area medium gross income, to be located at \_\_\_\_\_, \_\_\_\_\_, Tennessee \_\_\_\_\_, all as further described in the Initial Application (the “Development”).
2. The Development will be owned and operated by \_\_\_\_\_, a \_\_\_\_\_ which [is/will be] validly formed by the undersigned prior to \_\_\_\_\_, 2005.
3. Each building within 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 Section 42 of the Internal Revenue Service Code of 1986, as amended, or the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005, meet the following test [*include only the irrevocable election made in the Initial Application*]:
  - (a) at least twenty percent (20%) of its residential units 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), or
  - (b) at least forty percent (40%) of its residential units will be “rent restricted” and will be occupied by individuals whose income is equal to sixty percent (60%) or less of area median income.

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.

4. The tenants who will occupy each unit within the Development will meet the income limitations set forth above.
5. All units in the Development will be suitable for occupancy and leased other than on a transient basis.
6. No unit will be owned by an individual who occupies such unit or any person related to such person.
7. No unit will be provided for a member of a social organization or provided by an employer for its employees.
8. Each unit within the Development will contain separate and complete facilities for living, sleeping, eating, cooking and sanitation. They will contain a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink, and each unit will be separate and distinct from each other unit.

9. All units (other than those which might be provided for a resident manager or security officer in the Development) within 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.
10. No unit will be part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped.
11. All facilities within the Development other than restricted units will be facilities for use by tenants which are reasonably required by and functionally related to the Development.
12. The Development will only provide optional services to the tenants of the units. Other than rent, there will be no charges to tenants in the Development for services that are not optional and are not required as a condition of occupancy.

The undersigned acknowledges and agrees that the truthfulness and accuracy of the statements contained in this Certificate will be relied upon by \_\_\_\_\_ in rendering legal opinions required in connection with the Initial Application.

\_\_\_\_\_

**2005 LIHTC ATTACHMENT 21: FORM OF OPINION LETTER  
REGARDING EXISTING BUILDINGS**

**To be submitted on Tax Counsel's Letterhead**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway, Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Development Owner: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the Development. We are providing this opinion in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for acquisition and/or rehabilitation of existing buildings in the Development pursuant to Section 42(d)(2)(B) and Section 42(e) of the Internal Revenue Code of 1986, as amended (the "Code") and under the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "QAP"). We understand that THDA requires and will rely solely on this opinion to determine whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits for rehabilitation and/or acquisition.

In rendering the opinions contained in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or a copy certified or otherwise identified to our satisfaction as a true copy of such documents including, without limitation, the following documents, a copy of each of which is attached hereto and incorporated herein by this reference:

**[list and attach a copy of all documents/materials/certificates relied upon]** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on the foregoing, it is our opinion that:

1. [Select applicable statement:  Each building in the Development will be acquired by purchase as defined in Section 179(d)(2) of the Code.  A waiver has been obtained under Section 42(d)(6) for each affected building in the Development and a copy of each waiver is attached hereto and incorporated herein.]
  
2. At least ten (10) years will have elapsed between the date all buildings in the Development [will be/are] acquired by the Development Owner and [select applicable statement:  the date each building in the Development was last placed in service (taking into account Section 42(d)(2)(D)(ii) of the Code) of each building in the Development.  the date of the most recent non-qualified substantial improvement (taking into account Section 42(d)(2)(D)(i) of the Code) of each building in the Development.]

3. None of the buildings in the Development were previously placed in service by the Development Owner or any related person (as defined in Section 42(d)(2)(D)(iii) of the Code).

It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits based on the acquisition and/or rehabilitation proposed in the Initial Application and for no other purpose.

[(Name and Signature of Attorney or Firm rendering opinion)]

**2005 LIHTC ATTACHMENT 22: DISCLOSURE FORM**

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2005 Low Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows: *[Check one statement for each numbered item]*

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]:

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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]:

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3.  No entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, 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, 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]:

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**NOTE:** A fully executed Disclosure Form must be included for each individual identified in Section 3 and Section 4 of the Initial Application and for each individual identified in Attachment 4A or 4B or 4C and for each individual identified in Attachment 5A or 5B or 5C, unless the exception in Part VII.A.6.d. and Part VII.A.6.e. of the 2005 QAP apply and an opinion in the form of Attachment 28 is provided for each corporation to which this exception applies.

4.  I have not filed for nor am I in bankruptcy or reorganization as of the date hereof; OR
- I have filed for or am in bankruptcy or reorganization as of the date hereof and the details are as follows [specify date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

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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
- 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 and the details are as follows [specify entity, date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

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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 licenses 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 suspensions]:

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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 suspensions]:

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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 22 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 22 is a part.

\_\_\_\_\_

(signature)

\_\_\_\_\_

(date)

\_\_\_\_\_

(type or print name)

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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_ a Notary Public of the state and county mentioned, personally appeared \_\_\_\_\_, the within named bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained. Witness my hand and seal, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**2005 LIHTC ATTACHMENT 23:**

**CONFIRMATION OF COMMUNITY REVITALIZATION PLAN**

**To Be Completed By Head of the Planning Department, City Mayor or County Executive**

I hereby certify that the Development described as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / County: \_\_\_\_\_  
Owner: \_\_\_\_\_

is covered by or contributes to a community revitalization plan approved for the referenced city/county.

\_\_\_\_\_  
Typed or Printed Name of Local Government

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name and Title of Person Signing  
**(Head of Planning Dept., City Mayor, or County Executive only)**

If there are questions regarding this form, contact THDA at (615) 741-9666, (615) 253-5318, or (615) 741-2490.

**2005 LIHTC ATTACHMENT 25: UNITS DESIGNED FOR  
SPECIAL HOUSING NEEDS**

Total # of Units Designed For:			
	Large Families	Persons with Disabilities	Elderly
BLDG 1			
BLDG 2			
BLDG 3			
BLDG 4			
BLDG 5			
BLDG 6			
BLDG 7			
BLDG 8			
BLDG 9			
BLDG 10			
BLDG 11			
BLDG 12			
BLDG 13			
BLDG 14			
BLDG 15			
BLDG 16			
BLDG 17			
BLDG 18			
BLDG 19			
BLDG 20			
DEVELOPMENT TOTAL			

**2005 LIHTC ATTACHMENT 26A: FORM OF OPINION LETTER  
REGARDING QUALIFICATION FOR  
PUBLIC HOUSING AUTHORITY SET-ASIDE WITHOUT HOPE VI**

**USE THIS VERSION IF PUBLIC HOUSING AUTHORITY IS THE  
SOLE GENERAL PARTNER OR SOLE MANAGING MEMBER OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

**(date)**

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "PHA") as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Public Housing Authority Set-Aside described in the QAP (the "PHA Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

Based on our review of all records, documents or other matters related to PHA as we deemed necessary to enable us to give the following opinions and the Housing Authorities Law, Tennessee Code Annotated §13-20-101 et. seq. (the "Act"), it is our opinion that:

1. PHA is duly created and is validly existing pursuant to the Act.
2. 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.
3. The PHA is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT FOR THE DEVELOPMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, each of the following:

1. the proposed partnership agreement of the Development Owner;
2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of PHA in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. 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, the Development Owner is a  [specify type of entity]  which has not yet been formed.
2. Neither the proposed partnership agreement of Development Owner and/or the operating agreement for the Development provide for other [general partners/managing members] of Development Owner.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of PHA (within the meaning of Section 469(h) of the Internal Revenue Code of 1986, as amended (the "Code")) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit PHA's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT FOR THE DEVELOPMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, each of the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of PHA in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. PHA owns [all of the general partnership interests/is the sole managing member] of the Development Owner.

2. Neither the partnership agreement of Development Owner nor the operating agreement for the Development provide for other [general partners/managing members] of Development Owner.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of PHA (within the meaning of Section 469(h) of the Internal Revenue Code of 1986, as amended (the “Code”)) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit PHA’s ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that PHA meets the requirements for a qualified public housing authority as defined in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Public Housing Authority Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]

**2005 LIHTC ATTACHMENT 26B: FORM OF OPINION LETTER  
REGARDING QUALIFICATION FOR  
PUBLIC HOUSING AUTHORITY SET-ASIDE WITHOUT HOPE VI**

**USE THIS VERSION IF PUBLIC HOUSING AUTHORITY FORMED A CORPORATION  
TO BE SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

**(date)**

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the referenced Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "PHA") as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "QAP") and the status of \_\_\_\_\_ (the "Corporation"), in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Public Housing Authority Set-Aside described in the QAP (the "PHA Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, reviewing the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

Based on our review of all records, documents or other matters related to PHA as we deemed necessary to enable us to give the following opinions and the Housing Authorities Law, Tennessee Code Annotated §13-20-101 et. seq. (the "Act"), it is our opinion that:

1. PHA was created and is validly existing under the Act.
2. 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.
3. PHA is authorized to own 100% of the stock of Corporation for the purpose of materially participating through Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

In rendering the following opinions in connection with Corporation, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or

copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. a Certificate of Existence for Corporation from the Tennessee Secretary of State dated \_\_\_\_\_, 2005;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Corporation; and
3. all records, documents or other matters related to Corporation as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. The Corporation was duly organized, is validly existing, and is in good standing under the laws of the State of Tennessee.
2. One hundred percent (100%) of the stock of Corporation is owned by PHA.
3. No documents examined or of which we are aware authorize, permit or cause transfers of any stock in Corporation to any individual or entity other than a qualified public housing authority or qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
4. The Corporation is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the proposed partnership agreement of the Development Owner;
2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is or will be, prior to the reservation of Tax Credits, the sole [general partner/managing member] of Development Owner; however, the Development Owner is a \_\_\_\_\_ [specify type of entity] which has not yet been formed.
2. Neither the proposed partnership agreement of the Development Owner nor the proposed operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.



**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT AND/OR OPERATING AGREEMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is the sole [general partner/managing member] of Development Owner.
2. Neither the partnership agreement of the Development Owner nor the operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that PHA is a qualified public housing authority as defined in the QAP and Corporation is a qualified corporation as defined in Section 42(h)(5)(D)(ii) of the Code and in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Public Housing Authority Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]

**2005 LIHTC ATTACHMENT 26C: FORM OF OPINION LETTER  
REGARDING QUALIFICATION FOR  
PUBLIC HOUSING AUTHORITY SET-ASIDE WITHOUT HOPE VI**

**USE THIS VERSION IF PUBLIC HOUSING AUTHORITY AND  
QUALIFIED NONPROFIT FORMED A CORPORATION TO BE  
SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

**(date)**

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the referenced Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "PHA") as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "QAP"), 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 QAP and the status of \_\_\_\_\_ (the "Corporation"), in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Public Housing Authority Set-Aside described in the QAP (the "PHA Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

Based on our review of all records, documents or other matters related to PHA as we deemed necessary to enable us to give the following opinions and the Housing Authorities Law, Tennessee Code Annotated §13-20-101 et. seq. (the "Act"), it is our opinion that:

1. PHA was created and is validly existing under the Act.
2. 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.
3. PHA is authorized, together with Nonprofit, to own 100% of the stock of Corporation for the purpose of materially participating through Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

4. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

In addition, in rendering the following opinion in connection with Nonprofit, we specifically examined the following:

1. a Certificate of Existence from the Tennessee Secretary of State dated \_\_\_\_\_;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records;
3. the Letter of Determination dated \_\_\_\_\_ from the Internal Revenue Service;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions; and
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.
2. Nonprofit was duly organized under the laws of the State of Tennessee on or before two years prior to the date of the Initial Application.
3. Nonprofit is validly existing and in good standing under the laws of the State of Tennessee.
4. 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, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.
5. 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.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. Nonprofit is authorized, together with PHA, to own 100% of the stock of Corporation for the purpose of materially participating through Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

In rendering the following opinions in connection with Corporation, we made all investigations of law and fact we deemed necessary and we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. a Certificate of Existence for Corporation from the Tennessee Secretary of State dated \_\_\_\_\_, 2005;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Corporation; and
3. all records, documents or other matters related to Corporation as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. The Corporation was duly organized, is validly existing, and is in good standing under the laws of the State of Tennessee.
2. One hundred percent (100%) of the stock of Corporation is owned by PHA and Nonprofit.

3. No documents examined or of which we are aware authorize, permit or cause transfers of any stock in Corporation to any individual or entity other than a qualified public housing authority or qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
4. The Corporation is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the proposed partnership agreement of the Development Owner;
2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is or will be, prior to the reservation of Tax Credits, the sole [general partner/managing member] of Development Owner; however, the Development Owner is a \_\_\_\_\_ [specify type of entity] which has not yet been formed.
2. Neither the proposed partnership agreement of the Development Owner nor the proposed operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT OR OPERATING AGREEMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of Corporation in developing and operating the Development [specify documents examined]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. Corporation is the sole [general partner/managing member] of Development Owner.
2. Neither the partnership agreement of the Development Owner nor the operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that PHA is a qualified public housing authority as defined in the QAP, Nonprofit is a qualified nonprofit organization as defined in Section 42(h)(5) of the Code and in the QAP, and Corporation is a qualified corporation as defined in Section 42(h)(5)(D)(ii) of the Code and in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Public Housing Authority Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]

**2005 LIHTC ATTACHMENT 26D: FORM OF OPINION LETTER  
REGARDING QUALIFICATION FOR  
PUBLIC HOUSING AUTHORITY SET-ASIDE WITHOUT HOPE VI**

**USE THIS VERSION IF PUBLIC HOUSING AUTHORITY  
AND QUALIFIED NONPROFIT WILL BE  
SOLE GENERAL PARTNERS OR MANAGING MEMBERS OF OWNERSHIP ENTITY**

**To be submitted on Tax Counsel's Letterhead**

**(date)**

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to \_\_\_\_\_ in connection with the referenced Development. We are providing this opinion with respect to the status of \_\_\_\_\_ (the "PHA") as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2005 (the "QAP"), and 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 QAP, in connection with an Initial Application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development. We understand that THDA requires and will rely solely on this opinion to determine whether Tax Credits may be awarded to the Development, as proposed in the Initial Application, from the Public Housing Authority Set-Aside described in the QAP (the "PHA Set-Aside").

In rendering all of the opinions in this letter, we made all investigations of law and fact we deemed necessary including, without limitation, the QAP, Section 42 of the Code, together with all related Treasury Regulations, Revenue Rulings, Revenue Procedures, IRS Notices, IRS Announcements and Letter Rulings, and the Initial Application. In addition, we examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents.

Based on our review of all records, documents or other matters related to PHA as we deemed necessary to enable us to give the following opinions and the Housing Authorities Law, Tennessee Code Annotated §13-20-101 et. seq. (the "Act"), it is our opinion that:

1. PHA was created and is validly existing under the Act.
2. 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.
3. PHA is authorized, together with Nonprofit, to be the sole [general partners/managing members] for the purpose of materially participating (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.

In addition, in rendering the following opinion in connection with Nonprofit, we specifically examined the following:

1. a Certificate of Existence from the Tennessee Secretary of State dated \_\_\_\_\_;
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records;
3. the Letter of Determination dated \_\_\_\_\_ from the Internal Revenue Service;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions; and
5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions.

Based on our review of the foregoing, it is our opinion that:

1. Nonprofit is an organization recognized by the Internal Revenue Service as a 501(c)(3) or 501(c)(4) organization.
2. Nonprofit was duly organized under the laws of the State of Tennessee on or before two years prior to the date of the Initial Application.
3. Nonprofit is validly existing and in good standing under the laws of the State of Tennessee.
4. 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, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Development Owner.
5. 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.
6. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
7. Nonprofit is authorized, together with PHA, to be the sole [general partners/managing members] for the purpose of materially participating (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IF THE PARTNERSHIP AGREEMENT FOR THE DEVELOPMENT OWNER AND/OR THE OPERATING AGREEMENT ARE NOT FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the proposed partnership agreement of the Development Owner;
2. the proposed operating agreement for the Development; and
3. the following documents which indicate the role of PHA and Nonprofit in developing and operating the Development [specify documents examined]:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. PHA and Nonprofit, together, are or will be, prior to the reservation of Tax Credits, the sole [general partners/managing members] of Development Owner; however, the Development Owner is a       [specify type of entity]       which has not yet been formed.
2. Neither the proposed partnership agreement of the Development Owner nor the proposed operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The proposed partnership agreement of the Development Owner and/or proposed operating agreement for the Development provide(s) for the material participation of PHA and Nonprofit (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit PHA's or Nonprofit's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE ONLY IF THE PARTNERSHIP AGREEMENT OR OPERATING AGREEMENT ARE FULLY EXECUTED:**

In rendering the following opinions, we made all investigations of law and fact we deemed necessary and examined all documents we deemed necessary, all of which were original documents or copies certified or otherwise identified to our satisfaction as true copies of such documents including, without limitation, the following:

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;
2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and
3. the following documents which indicate the role of PHA and Nonprofit in developing and operating the Development [specify documents examined]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Based on our review of the foregoing, it is our opinion that:

1. PHA and Nonprofit, together, are the sole [general partners/managing members] of Development Owner.
2. Neither the partnership agreement of the Development Owner nor the operating agreement for the Development provides for other [general partners/managing members], other than qualified PHAs and/or qualified nonprofits, as defined in Section 42(h)(5) of the Code and the QAP.
3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of PHA and Nonprofit (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
4. No documents examined or of which we are aware limit PHA's or Nonprofit's ability to materially participate in the development and operation of the Development throughout the compliance period.

**USE THE FOLLOWING LANGUAGE IN ALL OPINION LETTERS:**

Based on all of the foregoing, it is our opinion that PHA is a qualified public housing authority as defined in the QAP and Nonprofit is a qualified nonprofit organization as defined in Section 42(h)(5) of the Code and in the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, and Development Owner, as proposed in the Initial Application, to receive Tax Credits from the Public Housing Authority Set-Aside and for no other purpose.

[Name and Signature of Attorney or Firm rendering opinion]



**2005 LIHTC ATTACHMENT 27: FORM OF LETTER FROM  
PHA EXECUTIVE DIRECTOR REGARDING THE HOPE VI PROGRAM**

**To be submitted on Public Housing Authority letterhead**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Ownership Entity: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

In connection with the submission of an initial application requesting an allocation of 2005 Low Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2005 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] HOPE VI application which was approved by HUD on \_\_\_\_\_, and which was awarded a HOPE VI grant in \_\_\_\_\_; and
3. The housing units in the Development, as described in the Initial Application, are an essential element of the HUD approved HOPE VI application; and
4. The Tax Credits requested in the Initial Application are an essential component of the financing plan for PHA's HOPE VI Program.
5. HOPE VI 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 from the Public Housing Authority Set-Aside and whether points may be awarded under Part VII-B-3-b of the QAP.

Name: \_\_\_\_\_  
Executive Director

Signature: \_\_\_\_\_

**2005 LIHTC ATTACHMENT 28: FORM OF LETTER FOR EXCLUSION  
UNDER PART VII.A.6.d. AND PART VII.A.6.E.**

**To be submitted on Tax Counsel's Letterhead of the Company Seeking the Exemption  
under Part VII.A.6.d. and Part VII.A.6.e.**

(date)

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway, Suite 1114  
Nashville, TN 37243-0900

Development Name: \_\_\_\_\_ (the "Development")

Development Address: \_\_\_\_\_

Development Owner: \_\_\_\_\_ (the "Development Owner")

Ladies and Gentlemen:

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 2005 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 2005 (the "QAP") and Part VII.A.6.e. of 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 based 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 22 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 22, if an Attachment 22 had been executed by that officer or director.

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
General Counsel

Signature: \_\_\_\_\_

**NOTE:** An opinion letter in the form of this Attachment 28 must be submitted for each corporation identified on Attachment 4A, 4B or 4C and/or on Attachment 5A, 5B or 5C seeking to meet the requirements of Part VII.A.6.d. and Part VII.A.6.e. of the QAP.

## STATEMENT OF APPLICATION AND CERTIFICATION

Development Name: \_\_\_\_\_ (the "Development")

Development Owner: \_\_\_\_\_ (the "Development Owner")

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

1. Check one:

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; or

I am \_\_\_\_\_ of the Developer identified above and identified in Section 4 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 2005 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2005 QAP").

3. I am duly authorized to execute this Statement and submit the Application on behalf of the Development Owner.

4. 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 2005 QAP.

5. 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 2005 QAP.

b. Any reservation or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2005 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 issuance of IRS Form 8609. Consequently, the amount of any Tax Credits reserved for 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 reservation notice, 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 reservation 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 effect 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 harmless against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorneys 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 reserve 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.
- 6. 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.
- 7. 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:

Date: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
 (signature or name if not an individual)

\_\_\_\_\_  
 (print or type name)

\_\_\_\_\_  
 (title)

By: \_\_\_\_\_  
 (signature or name if not an individual)

\_\_\_\_\_  
 (print or type name)

\_\_\_\_\_  
 (title)

DEVELOPER:

Date: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_  
(signature or name if not an individual)

\_\_\_\_\_  
(print or type name)

\_\_\_\_\_  
(title)

By: \_\_\_\_\_  
(signature or name if not an individual)

\_\_\_\_\_  
(print or type name)

\_\_\_\_\_  
(title)



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 bargainor, 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 \_\_\_\_\_, 2005.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_