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**TENNESSEE HOUSING DEVELOPMENT AGENCY**

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**2013**

**Low-Income Housing Tax Credit  
Initial Application**

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# **Initial Application Instructions Low Income Housing Tax Credit Program Year 2013**

**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 2013 (the “2013 QAP), an application must meet all Eligibility Requirements before it will be scored based on the Selection Criteria and Scoring. **(meeting Eligibility Requirements does not count towards points).**

The 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 2013 QAP and in accordance with all Initial Application Requirements contained in the 2013 QAP. Points will be awarded based on the criteria in part VII-B of the 2013 QAP and based on information supplied in the Initial Application and all relevant Attachments. **POINTS WILL NOT BE AWARDED IN SCORING CRITERIA CATEGORIES IF THERE ARE INCONSISTENCIES BETWEEN INFORMATION REQUIRED IN THE 2013 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTENCIES WITHIN THE INITIAL APPLICATION AND/OR THE RELEVANT ATTACHMENTS.**

**IN COMPLETING THE INITIAL APPLICATION, PLEASE REFER TO PART VI-A, PART VII-A-4-d, PART VII-A-4-e, AND PART VII-B-3 OF THE 2013 QAP.**

THDA **will not** accept any documentation submitted outside the time periods or procedures established in the 2013 QAP.

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

An Initial Application must receive a minimum score of 132 points, as determined by THDA, to be eligible to compete for Tax Credits.

**DO NOT SUBMIT AN INITIAL APPLICATION IN A BINDER OR SPIRAL BINDING. DO NOT USE DIVIDER PAGES 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.**

## 2013 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)*

<u>Required</u>	<u>Not Required</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Initial Application Checklist (This checklist)
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Application and Certification (for the Ownership Entity identified in Section 3)
<input type="checkbox"/>	<input type="checkbox"/>	Statement of Application and Certification (for the Developer identified in Section 4)
<input type="checkbox"/>	<input type="checkbox"/>	Initial Application form
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 1: Determination of Applicable Fraction
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 1A: Development Construction Data
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 2: Unit Information Low –Income Units Only
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 3: Unit Information Market - Rate Units Only
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 4: Monthly Utility Allowance Calculation
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 5: Sources and Uses of Funds
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 6: Construction Financing
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 7: Permanent Financing
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 8: Government Subsidies
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 9: Syndication Information
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 10: Annual Expense Information
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 11: Development Costs
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 12: Calculation of Potential Tax Credits
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 13: Confirmation of Community Revitalization Plan
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 14: Units Designed for Special Housing Needs
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 15: Development Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 16A: Type of Ownership Entity – Partnership
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 16B: Type of Ownership Entity – Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 16C: Type of Ownership Entity – Limited Liability Company
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 17A: Type of Developer Entity – Partnership
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 17B: Type of Developer Entity – Corporation
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 17C: Type of Developer Entity – Limited Liability Company
<input type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 18: Other Development Participants
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 20: Verification of Compliance For Existing LIHTC Projects
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 21: Certificate Regarding Eligibility For Low-Income Housing Tax Credits
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 22: Certificate Regarding Acquisition Credits (required if acquisition/rehabilitation tax credits are requested)
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 23: Disclosure Form
<input type="checkbox"/>	<input type="checkbox"/>	Attachment 24: Form of Opinion Letter Regarding Exemption under Part VII.A.6.d

	<u>Not</u>
<u>Required</u>	<u>Required</u>

- |                          |                          |                 |  |
|--------------------------|--------------------------|-----------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 26A: | Certificate Regarding Qualification for Public Housing Authority Set-Aside Without Hope VI (required if requesting tax credits under the Public Housing Authority Set-Aside without Hope VI funding) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 26B: | Certificate Regarding Qualification for Public Housing Authority Set-Aside Without Hope VI (required if requesting tax credits under the Public Housing Authority Set-Aside without Hope VI funding) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 27:  | Letter From Executive Director of PHA (required if requesting tax credits under the Public Housing Authority Set-Aside with Hope VI funding)   |
| <input type="checkbox"/> | <input type="checkbox"/> |                 | A copy of the Hope VI Revitalization Grant Assistance Award (form HUD-1044) (required if requesting tax credits under the Public Housing Authority Set-Aside with Hope VI funding)                   |
| <input type="checkbox"/> | <input type="checkbox"/> |                 | A copy of the HUD approved Revitalization Plan (required if requesting tax credits under the Public Housing Authority Set-Aside with Hope VI funding)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 28A: | Certificate Regarding Qualification for the Non-Profit Set-Aside (When Non-Profit is the Sole General Partner or Sole Managing Member of Development Owner)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 28B: | Certificate Regarding Qualification for the Non-Profit Set-Aside (When Non-Profit(s) Formed a Corporation to be Sole General Partner or Sole Managing Member of Development Owner)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment 29:  | Evidence of Non-Profit Housing Experience  |
| <input type="checkbox"/> | <input type="checkbox"/> |                 | Comprehensive Service Plan for Special Housing Needs Set-Aside   |
| <input type="checkbox"/> | <input type="checkbox"/> |                 | Verification of Agreements with Providers of On-Site Services for Special Housing Needs Set-Aside  |

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

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

**Documentation Evidencing Property Control, Level 2 (check one):**

- Commitment for Title Insurance
- Executed Unqualified Attorney Title Opinion

**Third Party Documentation (Reports):**

- Market Study (Requires original and one copy only)
- Physical Needs Assessment (required if proposed development involves rehabilitation) (Requires original and one copy only)
- Appraisal (required if acquisition credit requested on five or more units) (Requires original and one copy only)
- Land Appraisal (Requires original and one copy only)
- Application Fee – Check made payable to Tennessee Housing Development Agency for Application Fee (See Part XV of the 2013 QAP) attached to page 1 of the Initial Application)
- Originals of all above items and one complete copy along with two digital copies on CD-ROM
- Competitive – The complete Initial Application with all of the Attachments are due for eligibility and scoring on February 1, 2013 by 1:00pm Central Time

**TENNESSEE HOUSING DEVELOPMENT AGENCY**

Low-Income Housing Tax Credit Application

Program Year 2013

**INITIAL APPLICATION**

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

**1. DEVELOPMENT NAME AND LOCATION:**

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

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

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of nearest Cross Street: \_\_\_\_\_

Map(s) and Parcel(s): \_\_\_\_\_

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

A city/town/other municipality

Mayor: \_\_\_\_\_

Mayor's Address: \_\_\_\_\_

Mayor's email: \_\_\_\_\_

Mayor's Phone Number: \_\_\_\_\_

A county

Mayor: \_\_\_\_\_

Mayor's Address: \_\_\_\_\_

Mayor's email: \_\_\_\_\_

Mayor's Phone Number: \_\_\_\_\_

Dual jurisdiction

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

Non-Profit Set-Aside

Public Housing Authority Set-Aside

Preservation Set-Aside

Special Housing Needs Set-Aside

QCT and CRP Set-Aside

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

New Construction

Preservation or Rehabilitation

Acquisition and Preservation or Rehabilitation

Adaptive Reuse

Scattered Site

**2. UNIT INFORMATION:**

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

**3. APPLICANT/OWNERSHIP ENTITY:**

A. Name and address of Ownership Entity (this is the entity to which tax credits may be awarded)

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

B. The Ownership Entity (check only one and complete):

- is validly formed and currently in existence in the State of Tennessee (Attach a Certificate of Existence for the Ownership Entity dated not more than 30 days prior to the date of this Application)
- is validly formed and currently in existence in the state of \_\_\_\_\_ and the Ownership Entity qualified to do business in Tennessee on \_\_\_\_\_ (date) *(If Ownership Entity is a Limited Liability Company, attach Tennessee Application for Certificate of Authority bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership Entity is a limited partnership, attach Tennessee Application for Registration bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership Entity is a corporation, attach Tennessee Certificate of Authority. If Ownership Entity is a limited liability partnership, attach Tennessee Certificate of Good Standing.)*
- will be formed in the state of \_\_\_\_\_ on or before \_\_\_\_\_, 2013

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

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

**Tax ID Number:**

D. Contact Person for Ownership Entity:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

E. Alternate Contact Person for Ownership Entity:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4. **DEVELOPER ENTITY:**

A. Name and Address of Developer:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

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

**Tax ID Number:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **OTHER DEVELOPMENT PARTICIPANTS:**

A. Complete and submit **Attachment 18**

B. Does the Contractor, the Management Company, the Sponsoring Organization, the Consultant, the Tax Accountant, and/or the Architect, as identified on Attachment 18, the Syndicator/Equity Provider, identified in Attachment 9, or any individual directly or indirectly involved with any such entity have any direct or indirect relationship (personal or business) with or interest in any of the following:

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

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

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

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

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

E. Explain all "Yes" boxes checked in Section 5B, 5C, or 5D above – attach as many additional pages as necessary.

**6. DEVELOPMENT INFORMATION:**

A. Type of Housing:

- Multifamily Housing
- Single Room Occupancy Housing
- Housing for the Elderly
- Single Family Dwelling
- Homeless Permanent Supportive Housing
- Transitional Housing
- Congregate Care Facility
- Assisted Living Facility
- 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 residential rental units for low-income households: be in a decent, safe, and sanitary condition suitable for occupancy by these households?

- Yes
- No

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

- Yes
- No

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

Accessory Buildings and Area \_\_\_\_\_

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

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

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

Kitchen/Dining Areas \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Map(s) and Parcel(s): \_\_\_\_\_

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

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

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

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

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

I. Does the seller or any individual involved with the seller (directly or indirectly) have any direct or indirect relationship (personal or business) with or interest in the Ownership Entity, the Developer, or any individual involved (directly or indirectly) with the Ownership Entity or the Developer?  
 Yes  
 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, what type of rental assistance (check all that apply):  
 Section 8 New Construction or Substantial Rehabilitation  
 Section 8 Moderate Rehabilitation  
 Section 8 Development Based Assistance  
 Section 8 Tenant Based Vouchers  
 RHCDS (formerly FmHA) 515 Rental Assistance  
 Other federal, state, or local assistance (describe): \_\_\_\_\_  
\_\_\_\_\_
- C. Number of units receiving assistance: \_\_\_\_\_
- D. Number of years remaining on Rental Assistance contract: \_\_\_\_\_

10. **ELIGIBILITY:**

ALL INFORMATION PROVIDED AND MATERIALS SUBMITTED MUST BE IN ACCORDANCE WITH PART VII A OF THE 2013 QAP. REFER TO PART VII A OF THE 2013 QAP FOR MORE INFORMATION ABOUT ELIGIBILITY REQUIREMENTS.

- A. SET-ASIDES – check the Set-Aside or Set-Asides from which tax credits are being requested and include legible copies of **all** items listed for each Set-Aside selected:
- Non-Profit Set-Aside
1. Copy of IRS 501(c)(3) or 501(c)(4) letter for non-profit entity;
  2. Original Certificate of Existence for non-profit entity from Tennessee Secretary of State dated not more than thirty (30) days prior to the date of this Initial Application (for non-profits organized under the laws of the state of Tennessee);
  3. Original Certificate of Existence from the secretary of state of the state in which the organization was organized and is existing, together with other documentation from such secretary of state indicating that the organization is in good standing under such laws and a certificate from the Tennessee Secretary of State indicating that the organization is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application. (if organized and existing under the laws of another state);
  4. **Attachment 28: Certificate Regarding Qualification for the Non-Profit Set-Aside;**
  5. **Attachment 29: Evidence of Non-Profit Housing Experience.**
- Public Housing Authority Set-Aside
1. A Certification in the form of Attachment 26; or
  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.
- Preservation Set-Aside
1. Documentation verifying the existing income and rent restrictions.
- Special Housing Needs Set-Aside
1. Comprehensive Service Plan that identifies each service to be provided; the anticipated source of funding for each service; the physical space that will be used to provide each service; the anticipated supportive service provider for each service and their experience in providing service to the targeted population.
  2. Verification of agreements with providers of on-site services throughout the first two (2) years following the required placed in service date.
- QCT and CRP Set-Aside
1. Attachment 13: Confirmation of Community Revitalization Plan.

- B. NON-COMPLIANCE: complete and submit an original **Attachment 20**.
- C. ELIGIBLE DEVELOPMENT: complete and submit an original **Attachment 21** – Certificate Concerning Eligibility for Low Income Housing Tax Credits.  
In addition, check all of the following that apply:
- Existing properties are being acquired for the Development and acquisition/rehabilitation credits are requested (complete and submit an original **Attachment 22** – Certificate Regarding Acquisition Credits)
  - The Development has or will have development based subsidies under the Section 8 Moderate Rehabilitation program (*Ineligible development – do not submit application*)
  - The Development or the property on which the Development will be located is part of a “Bargain Sale” with a “step-up” in sales price paid to an intervening not-for-profit entity (*Ineligible development – do not submit application*)
  - The Development contains units that will not be for use by the general public (*Ineligible development – do not submit application*)
  - The Development will provide continual or frequent nursing, medical, or psychiatric services (*Ineligible development – do not submit application*)
  - None of the above apply to the proposed Development
- D. EXISTING, INCREMENTAL, AND NEW DEVELOPMENTS (See part VII A 5 of the 2013 QAP for definitions of these terms)  
The proposed Development is (check only one):
- an “existing” project
  - an “incremental” project
  - a “new” project
- E. DEVELOPMENT PARTICIPANTS – Complete and submit an original **Attachment 23** for each individual identified in Section 3 or Section 4 of this Initial Application or in **Attachment 16A** or **16B** or **16C** or in **Attachment 17A** or **17B** or **17C**.
- F. PROPERTY CONTROL – A document from the list in Section 1 below and a document from the list in Section 2 below must be attached to demonstrate property control (documents attached **must** be fully executed, include the legal description of the property on which the Development will be located, and meet all requirements of Part VII-A-7 of the 2013 QAP)
1. Check which one of the following is attached (must meet all requirements of Part VII-A-7-a of the 2013 QAP):
    - Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order)
    - Evidence demonstrating ability to acquire property through the power of eminent domain
    - Contract for sale or contract for 50 year ground lease
    - Option to purchase or option for 50 year ground lease
  2. Check which one of the following is attached (must meet all requirements of Part VII-A-7-b(ii) of the 2013 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 10.F.1 above as owner
    - Executed, unqualified attorney title opinion evidencing title to the property vested in the person or entity that executed the document submitted in Section 10.F.1 above as owner
- G. MARKET STUDY (Required for all applications) **ORIGINAL AND ONE COPY**
- H. PYHSICAL NEEDS ASSESSMENT – (Required if proposed Development involves preservation or rehabilitation) **ORIGINAL AND ONE COPY**
- I. APPRAISAL – (Required if acquisition credit requested on five or more units) **ORIGINAL AND ONE COPY**
- J. LAND APPRAISAL – (Required for all applications) **ORIGINAL AND ONE COPY**

## 11. SCORING:

### **THE POINTS CLAIMED BELOW CREATE IRREVOCABLE ELECTIONS FOR THE PROPOSED DEVELOPMENT**

POINTS WILL BE AWARDED FOR THE ITEMS SELECTED BELOW ONLY IF REQUIRED DOCUMENTATION IS SUBMITTED WITH THIS APPLICATION IN A FORM AND WITH SUBSTANCE THAT MEETS THE REQUIREMENTS OF PART VII B OF THE 2013 QAP. REFER TO PART VII B OF THE 2013 QAP FOR MORE INFORMATION ABOUT SCORING REQUIREMENTS.

#### A. DEVELOPMENT LOCATION AND HOUSING NEEDS: **MAXIMUM 75 POINTS**

##### 1. Proximity to Essential Services: **MAXIMUM 69 POINTS**

- Developments or proposed developments located within proscribed distances of certain essential services as reflected in **Exhibit 2**. For urban counties (as specified in **Exhibit 1**) distances will be determined by [www.walkscore.com](http://www.walkscore.com). For rural counties (as specified in **Exhibit 1**) distances will be determined by [www.maps.google.com](http://www.maps.google.com). Verification of distance generated by the applicable web site must be included in the Initial Application.

##### 2. Developments Located in Identified Areas of Affordable Housing Need: **MAXIMUM 6 points**

- Development is located completely and entirely within a census tract (other than a Qualified Census Tract) that is, itself, completely and entirely within an area covered by an approved community revitalization plan (complete and submit **Attachment 13**): **6 points**

#### B. DEVELOPMENT CHARACTERISTICS: **MAXIMUM 75 POINTS**

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

- Current zoning and other land use regulations permit the development as proposed or no such regulations currently apply to the proposed development. Written documentation from the appropriate local governmental authority must be submitted with this Initial Application: **5 points**
- The development will be designed and built to promote energy conservation by meeting the standards of the 2009 International Building Code. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **10 points**
- The development will be designed and built to meet a 15-year maintenance-free exterior standard. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **5 points**
- The development will be designed and built with a minimum of 65% brick, stone, or cement fiber siding exterior. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **10 points**

##### 2. Preservation or Rehabilitation **Only**

- Development will involve **substantial preservation or rehabilitation** as described in section VII-B-2-b-(i) in the 2013 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **30 points**
- Development will involve **moderate preservation or rehabilitation** as described in section VII-B-2-b-(ii) in the 2013 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **25 points**
- Development will involve **limited preservation or rehabilitation** as described in section VII-B-2-b-(iii) in the 2013 QAP. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609: **20 points**
- Developments involving the use of existing housing as part of a community revitalization plan, as certified in the form of **Attachment 13**: **3 points**

3. Historic Nature

- Developments exclusively involving a structure (or structures) that is listed individually in the National Register of Historic Places or is located in a registered historic district and certified by the Secretary of the Interior as being of historical significance to the district, and all proposed work will be completed in such a manner as to be eligible for historic rehabilitation tax credits. Certification in the form of **Attachment 30** will be required with the Carryover Allocation Application (if a Preliminary Award Letter is issued) and prior to issuing the IRS Form 8609. **Developments seeking to combine historic nature and adaptive reuse will be treated as new construction: 3 points.**

4. Energy Efficiency: **MAXIMUM 45 POINTS**

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

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

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

C. SPONSOR CHARACTERISTICS: **MAXIMUM 45 POINTS**

1. Which of the following has **NOT** occurred in Tennessee at any time since February 1, 2011 with respect to individuals involved (either directly or indirectly) with the Developer or the Ownership Entity (whether formed or to be formed) identified in the Initial Application (**check all that apply**): **Maximum 21 points**
  - A reservation of Tax Credits was issued and accepted for a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet a Carryover Allocation was not obtained: **5 points**
  - A Carryover Allocation was made to a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, yet an IRS Form 8609 will not be obtained: **7 points**
  - An allocation of Tax Credits was made to a development that the individuals identified above were involved with (either directly or indirectly) through the developer or owner, but the development failed to meet the minimum set-aside for low-income tenants: **9 points**
2. Developments using HOPE VI funding as part of the development financing: **to qualify for these points, the Initial Application must include a copy of the Hope VI Revitalization Grant Assistance Award (form HUD-1044) which identifies the Public Housing Authority receiving the Hope VI grant and the amount of the grant, and Attachment 27:**

Hope VI funds as a percentage of total financing for this Development (including tax credit syndication proceeds):

  - 5%: **1 point**
  - 10%: **2 points**
  - 20%: **3 points**

D. LOWEST INCOME PREFERENCE: **MAXIMUM 30 POINTS**

- Election to set aside up to twenty percent (20%) of the units (which number shall be rounded up to the next whole unit) for households with incomes no higher than fifty percent (50%) of the area median income: **30 points**

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

E. EXTENDED USE PREFERENCE OR TENANT OWNERSHIP: **MAXIMUM 15 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: **15 points**
- At least 4 years, but less than 5 years: **10 points**
- At least 3 years, but less than 4 years: **3 points**
- Eventual tenant ownership as described in Part VII-B-5-b of the 2013 QAP: **5 points**

F. PUBLIC HOUSING PRIORITY: **15 POINTS**

- Marketing plans, lease-up plans, or operating policies and procedures for the proposed Development will give a priority to persons on Public Housing waiting lists and will not contain requirements that impede this priority. Initial Applications with proposed developments in areas reflected on **Exhibit 6** are eligible for these points: **15 points**

G. AFFIRMATIVELY FURTHERING FAIR HOUSING: **15 POINTS**

- The Development must have and be operated in accordance with marketing plans, lease-up plans, and operating policies and procedures which are fully compliant with the THDA Affirmative Marketing Policy and Procedures: **15 points**

H. AFFIRMATIVE MARKETING PLAN FOR HOUSEHOLDS WITH CHILDREN: **15 POINTS**

The Development must have and be operated in accordance with marketing plans, lease-up plans, and operating policies and procedures which are fully compliant with the THDA Affirmative Marketing Policy and Procedures. The Development must also include at least two (2) of the following **on-site** amenities: **15 points**

- Appropriately sized, dedicated space with appropriate furniture and fixtures for and agreements with providers of after-school tutoring or homework help programs; or
- Appropriately sized computer room containing at least 1 computer with free internet access for each 50 total units; or
- Ball court separate from all parking areas; or
- Playground with permanent playground equipment.

I. TENNESSEE GROWTH POLICY ACT: **15 POINTS**

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

**TOTAL POINTS CLAIMED:** \_\_\_\_\_ (ADD ALL POINTS FOR ITEMS CHECKED AND INSERT TOTAL HERE. SUBJECT TO REVISION BASED ON A DETERMINATION BY THDA AS TO COMPLIANCE WITH THE 2013 QAP)

**2013 LIHTC ATTACHMENT 1: DETERMINATION OF APPLICABLE FRACTION**

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

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

TOTAL SQUARE FOOTAGE OF LOW INCOME RESIDENTIAL FLOOR SPACE\*\*: \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF MARKET RATE RESIDENTIAL FLOOR SPACE: \_\_\_\_\_

TOTAL SQUARE FOOTAGE COMMON AREA FLOOR SPACE: \_\_\_\_\_

TOTAL SQUARE FOOTAGE COMMERCIAL FLOOR SPACE: \_\_\_\_\_

**TOTAL SQUARE FOOTAGE IN DEVELOPMENT:** \_\_\_\_\_

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

**2013 LIHTC ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA**

A. Type of construction:

- Frame/combustible
- Masonry/noncombustible

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

C. Shape of footprint of a typical building: \_\_\_\_\_

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

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

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

- Yes
- No

If yes, how many? \_\_\_\_\_

G. Are any buildings equipped with elevators?

- Yes
- No

If yes, how many? \_\_\_\_\_

H. If Development is REHABILITATION:

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

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

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



**2013 LIHTC ATTACHMENT 2: UNIT INFORMATION**  
**LOW-INCOME UNITS ONLY**

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

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

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

<u># of BDRMS</u>	<u># of UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT</u> <u>PER UNIT</u>	<u>TOTAL</u> <u>MONTHLY RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
<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: \_\_\_\_\_%

**2013 LIHTC ATTACHMENT 3: UNIT INFORMATION**

**MARKET RATE UNITS ONLY**

<u># of BDRMS</u>	<u># of UNITS</u>	<u>SQ. FT. PER UNIT</u>	<u>TOTAL SQ. FT.</u>	<u>MONTHLY RENT</u> <u>PER UNIT</u>	<u>TOTAL</u> <u>MONTHLY RENT</u>
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
____ BDRM	_____	_____	_____	\$ _____	\$ _____
<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: \_\_\_\_\_%

**2013 LIHTC ATTACHMENT 4: MONTHLY UTILITY ALLOWANCE CALCULATION**

A. Complete the following:

<u>Type of Utility</u>	<u>Paid by</u>		<u>Allowance Amount</u>			
	<u>Owner</u>	<u>Tenant</u>	<u>1 BDRM</u>	<u>2 BDRM</u>	<u>3 BDRM</u>	<u>4 BDRM</u>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Other Electric	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Water	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Trash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Range/Microwave	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL UTILITY ALLOWANCE:			\$ _____	\$ _____	\$ _____	\$ _____

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

B. Source of Utility Calculations (Verification from source not required until Preliminary Award Letter is issued):

- State PHA
- Local PHA
- RHCDS
- Utility Company
- Engineer Certificate (estimate attached)
- Other \_\_\_\_\_

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

**2013 LIHTC ATTACHMENT 5: SOURCES AND USES OF FUNDS**

A. Sources of funds:

Grant Funds: \$ \_\_\_\_\_  
Mortgage Proceeds: \$ \_\_\_\_\_  
Syndication Proceeds: \$ \_\_\_\_\_  
Capital Contributions\*: \$ \_\_\_\_\_  
**TOTAL SOURCES:** \$ \_\_\_\_\_

\*Define each source and amount of capital contribution:

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

B. Uses of funds:

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

**2013 LIHTC ATTACHMENT 6: CONSTRUCTION FINANCING**

List individually all sources of construction financing for the Development:

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

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

TOTAL ANNUAL DEBT SERVICE:           \$ \_\_\_\_\_

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

**2013 LIHTC ATTACHMENT 7: PERMANENT FINANCING**

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

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

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

TOTAL ANNUAL DEBT SERVICE:           \$ \_\_\_\_\_

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

**2013 LIHTC ATTACHMENT 8: GOVERNMENT SUBSIDIES**

A. Is any portion of the funding for the Development directly or indirectly from Federal, State, or local government funds?

- Yes
- No

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

- Tax-Exempt Financing \$ \_\_\_\_\_
- CDBG Financing \$ \_\_\_\_\_
- CDBG Grant \$ \_\_\_\_\_
- UDAG Financing \$ \_\_\_\_\_
- UDAG Grant \$ \_\_\_\_\_
- HoDAG Financing \$ \_\_\_\_\_
- HoDAG Grant \$ \_\_\_\_\_
- RHCDS Financing \$ \_\_\_\_\_
- HOUSE Funds \$ \_\_\_\_\_
- HOME Funds \$ \_\_\_\_\_
- HUD LMSA \$ \_\_\_\_\_
- Section 221(d)(3), Section 221(d)(4), or Section 223(f) mortgage insurance \$ \_\_\_\_\_
- Section 8 Project Based Subsidy \$ \_\_\_\_\_

Specify Type: \_\_\_\_\_

- Operating Subsidy \$ \_\_\_\_\_
- Fannie Mae \$ \_\_\_\_\_
- Freddie Mac \$ \_\_\_\_\_
- Local Grant \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

Specify Type: \_\_\_\_\_

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

C. Is HUD or RHCDS approval for Transfer of Physical Assets required?

- Yes
- No

Has HUD or RHCDS approval been received?

- Yes (If yes, submit a copy of approval)
- No

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

Date Transfer of Physical Assets approval is expected: \_\_\_\_\_

D. Does the Development have any existing subsidies?

Yes

No

If yes, explain type of subsidy and terms: \_\_\_\_\_

\_\_\_\_\_

**E. If HUD subsidy layering is involved, a written request is required to be submitted to THDA. If request for subsidy layering review is submitted with Initial Application, there will be no fee, if submitted at a later date a modification fee will be charged per 2013 Qualified Allocation Plan, Part XV-C-4.**

F. Will the Development involve a federally insured mortgage?

Yes

No

If yes, which mortgage program? \_\_\_\_\_



**2013 LIHTC ATTACHMENT 9: SYNDICATION INFORMATION**

A. Type of credit being syndicated:

- Low Income Housing Tax Credit
- Historic Rehabilitation Credit

B. Type of offering

- Public
- Private

C. Date syndication was or will be completed:

Application: \_\_\_\_\_  
Conditional Commitment: \_\_\_\_\_  
Firm Commitment: \_\_\_\_\_

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

E. Name of fund: \_\_\_\_\_  
Name of syndicator: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**2013 LIHTC ATTACHMENT 10: ANNUAL EXPENSE INFORMATION**

ADMINISTRATIVE EXPENSES

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

MAINTENANCE EXPENSES

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

FIXED EXPENSES

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

OPERATING EXPENSES

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

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

Replacement Reserves: per unit \$ \_\_\_\_\_

Replacement Reserves: TOTAL \$ \_\_\_\_\_ (Replacement Reserves per unit times total number of units)

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

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

**2013 LIHTC ATTACHMENT 11: DEVELOPMENT COSTS**

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

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

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

**2013 LIHTC ATTACHMENT 12: CALCULATION OF POTENTIAL TAX CREDITS**

	<b>B</b>	<b>C</b>
	ACQUISITION	REHAB / NEW CONSTRUCTION
A. Calculation pursuant to Section 42(a) ("Method A")		
1. Total from Attachment 11 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 8)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 7)	_____	_____
4. Less value of nonqualifying units of higher quality	_____	_____
5. Less value of nonqualifying excess portion of higher quality units	_____	_____
6. Less amount of Historic Tax Credit (Residential Portion Only)	_____	_____
7. Total Eligible Basis	<b>_____</b>	<b>_____</b>
8. Multiplied by the Applicable Fraction (from Section 2.B and Attachment 1 of the Initial Application)	_____ %	_____ %
9. Total Qualified Basis	<b>_____</b>	<b>_____</b>
10. Multiplied by the Applicable Percentage <sup>1</sup> (9% or 4% for purposes of the Initial Application)	_____ %	_____ %
11. Total	<b>_____</b>	<b>_____</b>
12. Multiplied by 130% if in a qualified census tract (from Exhibit 4 of the 2013 QAP) (Rehab/New Construction only)		_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A (Amount from Line 11 unless Line 12 applies)	<b>_____</b>	<b>_____</b>

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

**CALCULATION OF POTENTIAL TAX CREDITS -CONTINUED**

	<b>A</b>
B. Calculation pursuant to Section 42(m)(2) ("Method B") <sup>2</sup>	ACTUAL COST
1. Total from Attachment 11, Line 12 (Column A)	_____
2. Less all government funding (from Attachment 8)	_____
3. Less all other sources of permanent financing (from Attachment 7)	_____
4. Less capital contributions (from Attachment 5)	_____
5. Total	<b>_____</b>
6. Divided by equity factor (total from line D. on Attachment 12) <sup>3</sup>	_____
7. Total	<b>_____</b>
8. Divided by 10	_____
9. TOTAL POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD B	<b>_____</b>
C. TOTAL POTENTIAL AMOUNT OF LOW INCOME HOUSING TAX CREDITS (INSERT THE <b>LESSER</b> OF THE AMOUNT FROM LINE 13 IN PARAGRAPH A, ABOVE, OR THE AMOUNT FROM LINE 9 IN PARAGRAPH B, ABOVE) <sup>4</sup> :	<b>_____</b>

<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) 815-2143 or (615) 815-2144 for instructions regarding the calculation pursuant to Method B.

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

<sup>4</sup>Any amount of Low Income Housing Tax Credits determined on this Attachment 12 is subject to modification by THDA. Any Preliminary Award or Allocation of Low-Income Housing Tax Credits, or the amounts thereof, is subject, in all respects, to (1) all requirements of the 2013 QAP; (2) all information submitted in connection with an Initial Application, at the time of a Carryover Allocation Application, or at the time of issuance of an IRS Form 8609; and (3) all requirements of Section 42 of the Code and all regulations promulgated in connection therewith.

**2013 LIHTC ATTACHMENT 13: CONFIRMATION OF COMMUNITY REVITALIZATION PLAN**

**To Be Completed By City Mayor, City Attorney, County Mayor, or County Attorney**

I hereby certify that the Development described as follows:

Development Name: \_\_\_\_\_  
Development Address: \_\_\_\_\_  
Development City, State, & Zip: \_\_\_\_\_  
Development Owner: \_\_\_\_\_

is covered by or contributes to a community revitalization plan approved for the referenced jurisdiction.

The Development referenced herein is located in the following type of jurisdiction (choose only one):

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

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

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

\_\_\_\_\_  
Typed or Printed Name and Title

If there are questions regarding this form, contact THDA at (615) 815-2143 or (615) 815-2144

**2013 LIHTC ATTACHMENT 14: UNITS DESIGNED FOR SPECIAL HOUSING NEEDS**

<b>Total Number of Units Designed For:</b>			
	<b>Persons with Disabilities*</b>	<b>Elderly*</b>	<b>Homeless*</b>
Building 1			
Building 2			
Building 3			
Building 4			
Building 5			
Building 6			
Building 7			
Building 8			
Building 9			
Building 10			
Building 11			
Building 12			
Building 13			
Building 14			
Building 15			
Building 16			
Building 17			
Building 18			
Building 19			
Building 20			
<b>Total For Development</b>			

**\* Information required for all developments.**

**\*\* Information required for all developments for reporting data.**



**2013 LIHTC ATTACHMENT 15: DEVELOPMENT SCHEDULE**

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

**2013 LIHTC ATTACHMENT 16A: 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
<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 2013 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/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</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 2013 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 2013 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 2013 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 2013 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> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</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 2013 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/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</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 2013 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 2013 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 2013 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 2013 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> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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 2013 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/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
<b>Name:</b> _____	Address: _____ _____	Address: _____ _____
Address: _____ _____	Telephone No.: _____	Telephone No.: _____
Telephone No.: _____	<b>Name:</b> _____	<b>Name:</b> _____
<b>Name:</b> _____	Type of Entity: _____	Type of Entity: _____
Address: _____ _____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
	<b>Name:</b> _____	<b>Name:</b> _____
	Type of Entity: _____	Type of Entity: _____
	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</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> _____
<b>Name:</b> _____ <b>Title:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</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 2013 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/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</b> _____ _____ <b>Telephone No.:</b> _____
<b>Name:</b> _____ <b>Address:</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> _____	<b>Name:</b> _____ <b>Type of Entity:</b> _____ <b>State of Formation:</b> _____ <b>Address:</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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2013 LIHTC ATTACHMENT 16B: TYPE OF OWNERSHIP ENTITY—  
CORPORATION**

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

1. Provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 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> _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	_____	State of Formation: _____
_____	Telephone No.: _____	Address: _____
Telephone No.: _____	_____	_____
<b>Name:</b> _____	<b>Name:</b> _____	Telephone No.: _____
Title: _____	Address: _____	<b>Name:</b> _____
Address: _____	_____	Type of Entity: _____
_____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____	_____	Address: _____
<b>Name:</b> _____	<b>Name:</b> _____	_____
Title: _____	Address: _____	Telephone No.: _____
Address: _____	_____	_____
_____	Telephone No.: _____	<b>Name:</b> _____
Telephone No.: _____	_____	Type of Entity: _____
		State of Formation: _____
		Address: _____
		_____
		Telephone No.: _____
		_____

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ 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 2013 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/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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:
<b>Name:</b>	Telephone No.:	Telephone No.:
Address:	<b>Name:</b>	<b>Name:</b>
	Type of Entity:	Type of Entity:
Telephone No.:	State of Formation:	State of Formation:
	Address:	Address:
<b>Name:</b>		
Address:	Telephone No.:	Telephone No.:
	<b>Name:</b>	<b>Name:</b>
Telephone No.:	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
<b>Name:</b>	Address:	Address:
Address:		
Telephone No.:	Telephone No.:	Telephone No.:
	<b>Name:</b>	<b>Name:</b>
<input type="checkbox"/>	Type of Entity:	Type of Entity:
Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 QAP <u>AND</u> for which an opinion in the form of Attachment 28 is included as part of this Initial Application.	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
	<b>Name:</b>	<b>Name:</b>
<input type="checkbox"/>	Type of Entity:	Type of Entity:
Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 QAP <u>AND</u> for which an opinion in the form of Attachment 28 is included as part of this Initial Application.	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:
<input type="checkbox"/>	<b>Name:</b>	<b>Name:</b>
	Type of Entity:	Type of Entity:
	State of Formation:	State of Formation:
	Address:	Address:
	Telephone No.:	Telephone No.:

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 2013 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 2013 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 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

**OFFICERS**

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

**DIRECTORS**

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

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

Telephone No.:  
\_\_\_\_\_

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

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

Telephone No.:  
\_\_\_\_\_

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

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

Telephone No.:  
\_\_\_\_\_

**STOCKHOLDERS**

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

**GOVERNORS/DIRECTORS**

**Name:**

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**MEMBERS**

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**MANAGERS/OFFICERS**

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

**Name:**

\_\_\_\_\_

Type of Entity:

\_\_\_\_\_

State of Formation:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

**OFFICERS**

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Title:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

**DIRECTORS**

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

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

Telephone No.:  
\_\_\_\_\_

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

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

Telephone No.:  
\_\_\_\_\_

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

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

Telephone No.:  
\_\_\_\_\_

**STOCKHOLDERS**

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

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

Type of Entity:  
\_\_\_\_\_

State of Formation:  
\_\_\_\_\_

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

Telephone No.:  
\_\_\_\_\_

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.



**2013 LIHTC ATTACHMENT 16C: TYPE OF OWNERSHIP ENTITY—  
LIMITED LIABILITY COMPANY**

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

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of the Ownership Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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 any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2013 LIHTC ATTACHMENT 17A: 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 Developer Entity (attach additional pages if needed to provide complete information).

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

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

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

Type of entity:  individual  partnership (complete 2.A. below)  
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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/directors, (ii) all members and (iii) all managers/officers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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 any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2013 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/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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 any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2013 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/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <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 2013 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/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2013 LIHTC ATTACHMENT 17B: TYPE OF DEVELOPER ENTITY—  
CORPORATION**

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

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 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> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ Telephone No.: _____
<b>Name:</b> _____ Title: _____ Address: _____ Telephone No.: _____	<b>Name:</b> _____ 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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/directors, (ii) all members and (iii) all managers/officers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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 2013 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/directors, (ii) all members and (iii) all managers/officers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) managers/officers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2013 LIHTC ATTACHMENT 17C: TYPE OF DEVELOPER ENTITY—  
LIMITED LIABILITY COMPANY**

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

1. Provide all of the following information for **each of the following**: (i) all governors/directors, (ii) all members and (iii) all managers/officers of the Developer Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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.: _____
<b>Name:</b> _____ 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 any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2013 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 2013 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 2013 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 2013 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 2013 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 2013 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> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____ _____
<b>Name:</b> _____ Title: _____ Address: _____ _____ Telephone No.: _____ _____	<b>Name:</b> _____ 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 2013 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/directors, (ii) all members and (iii) all managers/officers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2013 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 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/directors, (ii) all members and (iii) all managers/officers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 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>GOVERNORS/DIRECTORS</b>	<b>MEMBERS</b>	<b>MANAGERS/OFFICERS</b>
<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 2013 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 2013 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 2013 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 2013 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/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>
<b>Name:</b> <hr/> Title: <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Address: <hr/> Telephone No.: <hr/>	<b>Name:</b> <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> Telephone No.: <hr/>

Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.

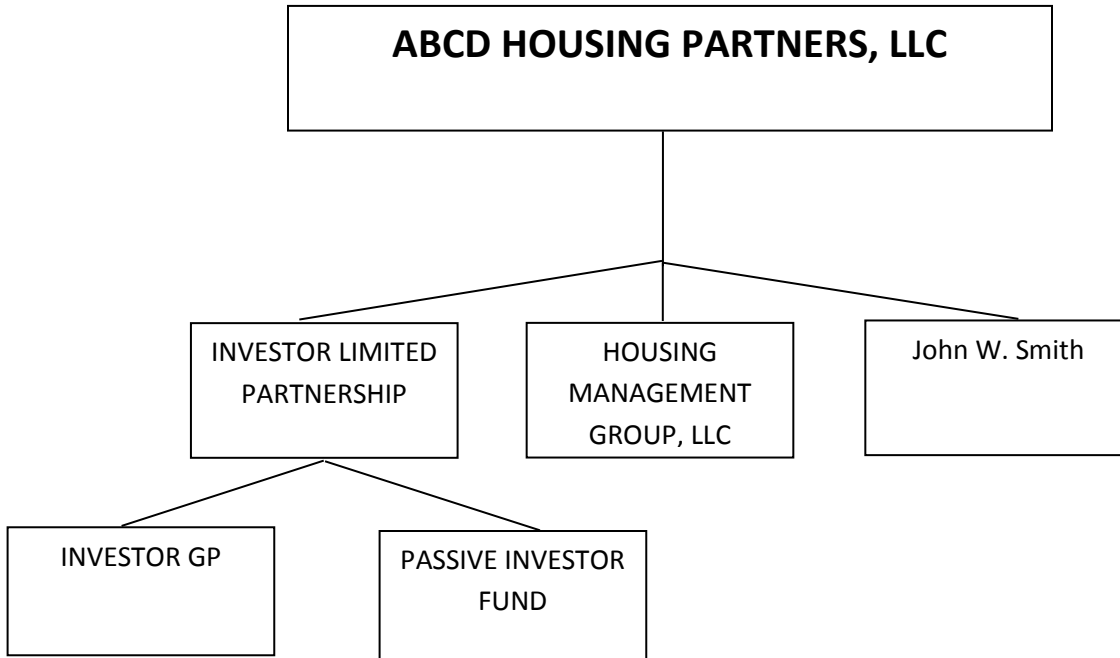
Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2013 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

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/directors, (ii) all members and (iii) all managers/officers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2013 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS/DIRECTORS	MEMBERS	MANAGERS/OFFICERS
<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 2013 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

# SAMPLE ORGANIZATIONAL CHART



**2013 LIHTC ATTACHMENT 18: 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 Accountant (Person who will provide certifications required by THDA):**

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

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

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

**2013 LIHTC ATTACHMENT 19: RESERVED**





**2013 LIHTC ATTACHMENT 21: CERTIFICATE REGARDING  
ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDITS**

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

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

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

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

1. Check applicable box and provide all required information:

I [am/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[Check this box if the person signing this Certificate is or will be a general partner or managing member of Development Owner].*

I am the \_\_\_\_\_ of \_\_\_\_\_ which [is/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[Check this box and complete the required information if the person signing this Certificate is an officer of the entity that is or will be a general partner or managing member of Development Owner].*

I am the \_\_\_\_\_ of \_\_\_\_\_ which [is/will be] the \_\_\_\_\_ of the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to THDA in connection with the Initial Application (as defined below). *[Check this box and complete the required information if the person signing this Certificate is an officer of the entity that is or will be a general partner or managing member of the general partner or managing member of Development Owner].*

2. This Certificate is provided in connection with an Initial Application of even date herewith (the "Initial Application") submitted to Tennessee Housing Development Agency ("THDA") requesting an allocation of 2013 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 2013 (the "QAP").

3. I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter, or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.

4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.

5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits.

6. All disclosures and statements contained in the Initial Application are true and correct.

7. The Development will be acquired, [constructed/rehabilitated], managed and operated strictly as described in the Initial Application and as required by the Code and QAP.

8. Development Owner intends to develop and operate the Development, which is a \_\_\_\_\_ unit multifamily housing development with \_\_\_\_\_% of the units exclusively reserved for tenants, including the disabled and/or elderly, at rents affordable to households earning 60% or less of the area median gross income, to be located at \_\_\_\_\_, Tennessee, all as further described in the Initial Application.

9. Check the applicable box:

- Development Owner will acquire the real property upon which the Development will be located from an unrelated seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the real property upon which the Development will be located from a related seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the Development, including the real property upon which it is located from an unrelated seller for an amount that does not exceed the fair market value of the real property.
- Development Owner will acquire the Development, including the real property upon which it is located from a related seller for an amount that does not exceed the fair market value of the real property.

10. Check the applicable box, complete the required information for the box checked and supply the required documentation:

- The Development will be owned and operated by Development Owner, a \_\_\_\_\_ which will be organized and existing under the laws of the State of \_\_\_\_\_ by/prior to \_\_\_\_\_, 2013.
- The Development will be owned and operated by Development Owner, a \_\_\_\_\_ which was organized and existing under the laws of the State of Tennessee on \_\_\_\_\_, 2013. A true and correct certificate of existence from the Tennessee Secretary of State, dated not more than 30 days prior to the date hereof, is attached hereto.
- The Development will be owned and operated by Development Owner, a \_\_\_\_\_ which was organized and is existing under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_, 2013. A true and correct certificate of existence from secretary of state of the state in which Development Owner was organized and is existing, together with other documentation from such secretary of state indicating that the Development Owner is in good standing under such laws, all dated not more than 30 days prior to the date hereof, is attached hereto. A true and correct copy of a certificate from the Tennessee Secretary of State indicating that Development Owner is qualified to do business in Tennessee, dated not more than 30 days prior to the date hereof, is attached hereto.

11. Each building in the Development will, at all times during a 15-year period commencing with the date such building is placed in service, and any extended period (the "Compliance Period") required by the Code or the QAP, meet the following test [check only the box that applies for purposes of the federal election]:

- at least twenty percent (20%) of the residential units in each building in the Development will be "rent restricted" and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937)
- at least forty percent (40%) of the residential units in each building in the Development will be "rent restricted" and will be occupied by individuals whose income is equal to sixty percent (60%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937)

For purposes of the foregoing, "rent restricted" means that the gross rent for a unit will not exceed thirty percent (30%) of the income limitation applicable under the referenced test. For these purposes, gross rent does not include any payment under Section 8 or any comparable rental assistance program.

12. The tenants who will occupy each unit in the Development will meet the income limitations set forth above.
13. All units in the Development will be suitable for occupancy and leased other than on a transient basis.
- 14. No unit will be owned by an individual who occupies such unit or any person related to such person.**
15. No unit will be provided for any member of a social organization or provided by an employer for its employees.
16. Each unit in the Development will contain separate and complete facilities for living, sleeping, eating, cooking and sanitation. Each unit in the Development will contain a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink, and each unit in the Development will be separate and distinct from each other unit in the Development.
17. All units in the Development (other than those which might be provided for a resident manager or security officer in the Development) are intended for use by the general public, and will be rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development.
18. No units in the Development will be part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped.
19. All facilities in the Development, other than restricted units, will be facilities for use by tenants and will be reasonably required by and functionally related to the Development.
20. All services provided to tenants of the Development will be optional services. Other than rent, there will be no charges to tenants of the Development for services that are not optional and no services will be required as a condition of occupancy for tenants of the Development.

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Signature

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Type or print name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**

**2013 LIHTC ATTACHMENT 22: CERTIFICATE REGARDING ACQUISITION CREDITS**

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

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

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

Seller: \_\_\_\_\_ (the "Seller")

Under penalty of perjury, the undersigned, \_\_\_\_\_, hereby certifies as follow:

1. Check applicable box and provide all required information:

I [am/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[Check this box if the person signing this Certificate is or will be a general partner or managing member of Development Owner].*

I am the \_\_\_\_\_ of \_\_\_\_\_ which [is/will be] the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[Check this box and complete the required information if the person signing this Certificate is an officer of the entity that is or will be a general partner or managing member of Development Owner].*

I am the \_\_\_\_\_ of \_\_\_\_\_ which [is/will be] the \_\_\_\_\_ of the [general partner/managing member] of Development Owner and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below). *[Check this box and complete the required information if the person signing this Certificate is an officer of the entity that is or will be a general partner or managing member of the general partner or managing member of Development Owner].*

2. This Certificate is provided in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the acquisition of the Development pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2013 (the "QAP").

3. I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter, or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.

4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.

5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits.

6. All disclosures and statements contained in the Initial Application are true and correct.
7. Development Owner anticipates acquiring by purchase (as defined in Section 179(d)(2) of the Code) all buildings in the Development on or after \_\_\_\_\_ (the "Acquisition Date").
8. Check the box that applies:
- Development Owner will acquire the Development from Seller, who is not related, directly or indirectly, to Development Owner or [general partner/managing member] of Development Owner.
  - Development Owner will acquire the Development from Seller and Seller is related to Development Owner or [general partner/managing member] of Development Owner, however, no such related parties have both a direct or indirect ownership interest of 50% or more in Development Owner and a direct or indirect ownership interest of 50% or more in Seller.
9. Seller has owned the Development since \_\_\_\_\_.
10. Check the boxes that Apply:
- On the Acquisition Date, at least ten (10) years will have elapsed since the date all buildings in the Development were last placed in service.
  - The requirement that at least ten (10) years must elapse between the Acquisition Date and the date all buildings in the Development were last placed in service does not apply because (*check the box that applies*):
    - Waivers have been obtained under Section 42(d)(6) of the Code for each affected building in the Development and a true, correct and complete copy of each waiver is attached hereto as Exhibit A.
    - All buildings in the Development are substantially assisted, financed or operated under Section 8 of the Housing Act of 1937.
    - All buildings in the Development are substantially assisted, financed or operated under Section 221(d)(3) or Section 221(d)(4) or Section 236 of the National Housing Act.
    - All buildings in the Development are substantially assisted, financed or operated under Section 515 of the Housing Act of 1949.
    - All buildings in the Development are substantially assisted, financed or operated under any other housing program administered by the Rural Housing Service of the U.S. Department of Agriculture.
11. None of the buildings in the Development were previously placed in service by the Development Owner or any person related to Development Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**

**2013 LIHTC ATTACHMENT 23: DISCLOSURE FORM**

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2013 Low Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows:

- 1.  I have not been convicted of a felony of any type in Tennessee or any other state within the last ten (10) years; OR
- I have been convicted of a felony in Tennessee or in another state within the last ten (10) years and the details are as follows [specify type of felony, state of conviction, penalties imposed]:

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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, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
- An entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows [specify entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension, or debarment]:

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**Note:** A fully executed **Attachment 23: 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 16A or 16B or 16C and for each individual identified in Attachment 17A or 17B or 17C, unless the exception in Part VII.A.6.d of the 2013 QAP applies and an opinion in the form of Attachment 24 is provided for each corporation to which this exception applies.

4.  I have not filed nor am I in bankruptcy or reorganization as of the date hereof and have not had a bankruptcy discharged within the last four (4) years; OR
- I have filed for or am in bankruptcy or reorganization as of the date hereof or have had a bankruptcy discharged within the past four (4) years and the details are as follows [specify date of filing, type of filing, court in which filing was made, circumstances that lead to the filing]:
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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 has had a bankruptcy discharged within the past four (4) years; OR
- An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years and the details are as follows [specify entity, date of filing, type of filing, court in which filing was made, circumstances that lead to filing]:
- 
- 
- 
6.  No state licenses I am required to have from the State of Tennessee or from any other state are or have been suspended at any time during the last ten (10) years; OR
- State licensed I am required to have from the State of Tennessee or from any other state are or have been suspended at some time during the last ten (10) years and the details are as follows [specify required license, license number, state of licensure, date of suspension(s), reasons for the suspension(s)]:
- 
- 
- 
7.  No state licenses required from the State of Tennessee or from any other state by any entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at any time during the last ten (10) years; OR
- State licenses required from the State of Tennessee or from any other state by an entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at some time during the last ten (10) years and the details are as follows [specify entity, required license, license number, state of licensure, date of suspension(s), reasons for the suspension(s)]:
- 
- 
-

I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that the statements contained in this Attachment 23 are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Initial Application of which this Attachment 23 is a part.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

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

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

Before me, \_\_\_\_\_, a Notary Public of the state and county mentioned, personally appeared \_\_\_\_\_, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that she/he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

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

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



**2013 LIHTC ATTACHMENT 24: FORM OF LETTER FOR EXCLUSION UNDER PART VII-A-6-d**  
**To be Submitted on Tax Counsel's Letterhead of the Company Seeking the Exemption Under Part VII-A-6-d**

\_\_\_\_\_  
**Date**

Attn: Tax Credit Administrator  
Tennessee Housing Development Agency  
404 James Robertson Parkway, Suite 1200  
Nashville, TN 37243-0900

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

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

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

Ladies and Gentleman:

I am the General Counsel of \_\_\_\_\_ (the "Company"). Based on my capacity as General Counsel, I have knowledge of the information provided in this letter and am duly authorized to provide the information contained in this letter in connection with an initial application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting 2013 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 2013 (the "QAP").

1. The Company is the \_\_\_\_\_ of the [Development Owner/Developer] identified in the Initial Application.
2. Stock in the Company is publicly traded on the \_\_\_\_\_ under the trading symbol \_\_\_\_\_.
3. In my capacity as General Counsel, I oversee the preparation and filing of affidavits, disclosures and other documents (collectively, "Affidavits and Disclosures") executed by or base on information provided under penalty of perjury by the officers and directors of the Company with various federal and state regulatory agencies throughout the United States, including, without limitation, the United States Securities and Exchange Commission.
4. Such Affidavits and Disclosures were generally filed under penalty of perjury and, in the aggregate, have addressed, in all material respects, the items requested to be disclosed in Attachment 23 to the Initial Application for the Development.
5. In no case has there been an affirmative answer to any such item by any officer or director of the Company, and in all cases, based on my review of previously filed Affidavits and Disclosures, no officer and director of the Company would have provided an affirmative answer to any question on Attachment 23, if an Attachment 23 had been executed by that officer or director.

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

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

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

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

**2013 LIHTC ATTACHMENT 25: RESERVED**

**2013 LIHTC ATTACHMENT 26A: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING  
AUTHORITY SET-ASIDE WITHOUT HOPE VI (WHEN PUBLIC HOUSING AUTHORITY IS THE SOLE  
GENERAL PARTNER OR SOLE MANAGING MEMBER OF OWNERSHIP ENTITY)**

Development Name: \_\_\_\_\_ (the "Development")  
Development Address: \_\_\_\_\_  
Ownership Entity: \_\_\_\_\_ (the "Development Owner")  
Public Housing Authority: \_\_\_\_\_ (the "PHA")

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

1. I am the \_\_\_\_\_ of the PHA and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of PHA as qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2013 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the Development from the PHA Set-Aside pursuant to the QAP (the "PHA Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-23-101 et seq. (the "Act").
8. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.
9. Check the box that applies:  
 PHA [owns all of the general partnership interests/is the sole managing member] of Development Owner.  
 PHA will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
10. PHA is not controlled by any for-profit entity.
11. PHA is not affiliated with any for-profit entity, except Development Owner.

12. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
13. PHA is authorized to and will materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
14. PHA will participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities PHA will undertake in connection with the development and operation of the Development):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Check the box that applies and provide the required information:
- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit A, do not provide for other [general partners/managing members] of Development Owner.
- The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit A, will not provide for other [general partners/managing members] of Development Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**

**2013 LIHTC ATTACHMENT 26B: CERTIFICATE REGARDING QUALIFICATION FOR PUBLIC HOUSING  
AUTHORITY SET-ASIDE WITHOUT HOPE VI (WHEN PUBLIC HOUSING AUTHORITY FORMED A  
CORPORATION TO BE SOLE GENERAL PARTNER OR MANAGING MEMBER OF OWNERSHIP ENTITY)**

Development Name: \_\_\_\_\_ (the "Development")  
Development Address: \_\_\_\_\_  
Ownership Entity: \_\_\_\_\_ (the "Development Owner")  
Public Housing Authority: \_\_\_\_\_ (the "PHA")  
Corporation: \_\_\_\_\_ (the "Corporation")

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

1. I am the \_\_\_\_\_ of the PHA and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of PHA as a qualified public housing authority, as defined in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2013 (the "QAP") and the status of Corporation in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the Development from the PHA Set-Aside pursuant to the QAP (the "PHA Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the PHA Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. PHA is duly created and validly existing under the Housing Authorities Law, Tennessee Code Annotated Section 13-23-101 et seq. (the "Act").
8. The Development proposed in the Initial Application is within the geographic area of the PHA's jurisdiction.
9. Check the box that applies:  
 PHA owns 100% of the stock in Corporation and Corporation [owns all of the general partnership interests/is the sole managing member] of Development Owner.  
 PHA owns 100% of the stock in Corporation and Corporation will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
10. PHA is not authorized to and will not transfer any stock in Corporation to any person or entity who is not a qualified PHA as defined in the QAP.
11. PHA is not controlled by any for-profit entity.

12. PHA is not affiliated with any for-profit entity, except Corporation and Development Owner.
13. No staff members, officers or members of the board of directors of PHA will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.
14. PHA is authorized to own 100% of the stock of Corporation for the purpose of materially participating (within the meaning of Section 469(h) of the Code) and, through the Corporation, will materially participate, in the development and operation of the Development throughout the compliance period.
15. Corporation is authorized to and will materially participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Corporation will undertake in connection with the development and operation of the Development):

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16. Corporation was organized under the laws of the state of \_\_\_\_\_ on \_\_\_\_\_ and is currently existing under the laws of such state.

17. Check the box that applies, complete required information and attach required documentation:

- Attached hereto as Exhibit A is a true, correct and complete certificate of existence for Corporation from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
- Attached hereto as Exhibit A is a true, correct and complete certificate of existence for Corporation from the Secretary of State of \_\_\_\_\_, the state in which Corporation was organized, together with other documentation from such Secretary of State indicating that Corporation is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Corporation is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.

18. One hundred percent (100%) of the stock of Corporation is owned by PHA.

19. Check the box that applies and provide the required information:

- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit B, do not provide for other [general partners/managing members] of Development Owner.
- The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit B, will not provide for other [general partners/managing members] of Development Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**

**2013 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 1200  
Nashville, TN 37243-0900

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

Ladies and Gentleman:

In connection with the submission of an initial application requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2013 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 \_\_\_\_\_[year]\_\_\_\_\_; 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 and whether points may be awarded under Part VII-B-3-c of the QAP.

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

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

**2013 LIHTC ATTACHMENT 28A: CERTIFICATE REGARDING QUALIFICATION FOR THE NON-PROFIT SET-ASIDE (WHEN NON-PROFIT IS THE SOLE GENERAL PARTNER OR SOLE MANAGING MEMBER OF DEVELOPMENT OWNER)**

Development Name: \_\_\_\_\_ (the "Development")  
Development Address: \_\_\_\_\_  
Ownership Entity: \_\_\_\_\_ (the "Development Owner")  
Non-Profit: \_\_\_\_\_ (the "Nonprofit")

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

1. I am the \_\_\_\_\_ of Nonprofit and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of Nonprofit as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2013 (the "QAP") in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the Development from the Non-Profit Set-Aside pursuant to the Code and the QAP (the "Non-Profit Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the Non-Profit Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. Check the box that applies:
  - Nonprofit [owns all of the general partnership interests/is the sole managing member] of Development Owner.
  - Nonprofit will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
8. Nonprofit was organized under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_ and is currently existing under the laws of such state.
9. Check the box that applies, complete required information and attach required documentation:
  - Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
  - Attached hereto as collective Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Secretary of State of \_\_\_\_\_, the state in which Nonprofit was organized, together with other documentation from such Secretary of State indicating that Nonprofit is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Nonprofit is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.



10. Attached hereto as Exhibit B is a true, correct, and complete copy of the determination letter dated \_\_\_\_\_ from the Internal Revenue Service issued to Nonprofit indicating that Nonprofit is recognized as an organization described in [Section 501(c)(3)/Section 501(c)(4)] of the Code and is exempt from federal income tax under Section 501(a) of the Code (the "Determination letter").
11. The Determination Letter has not been modified or revoked.
12. At all times since the date of the Determination Letter, Nonprofit has operated in a manner consistent with all requirements for continuing its tax-exempt status.
13. Since the date of the Determination Letter, no event has occurred and Nonprofit has not participated in any transaction or business activity that might cause Nonprofit to fail to meet all requirements for continuing its tax-exempt status.
14. Since the date of the Determination Letter, Nonprofit has not received any notice or communication from the Internal Revenue Service raising any issue regarding or questioning in any way the tax-exempt status of Nonprofit.
15. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside.
16. Non-Profit is not controlled by any for-profit entity.
17. Non-Profit is not affiliated with any for-profit entity, except Development Owner.
18. No staff members, officers or members of the board of directors of Nonprofit will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Development Owner.
19. One of the exempt purposes of Nonprofit is the fostering of low-income housing.
20. Attached hereto as Exhibit C is a true, correct, and complete copy of the Articles of Incorporation, Charter and By-Laws of Non-Profit, all of which demonstrate that one of the exempt purposes of Nonprofit is the fostering of low-income housing.
21. Nonprofit has been continuously engaged in the business of developing and building low-income rental housing in Tennessee since at least January 1, 2011.
22. Nonprofit is authorized to and will materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.
23. Nonprofit will participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Nonprofit will undertake in connection with the development and operation of the Development):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Check the box that applies and provide the required information:

- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit D, do not provide for other [general partners/managing members] of Development Owner.
- The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit D, will not provide for other [general partners/managing members] of Development Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**

**2013 LIHTC ATTACHMENT 28B: CERTIFICATE REGARDING QUALIFICATION FOR THE NON-PROFIT SET-  
ASIDE (WHEN NON-PROFIT(S) FORMED A CORPORATION TO BE SOLE GENERAL PARTNER OR SOLE  
MANAGING MEMBER OF DEVELOPMENT OWNER)**

Development Name: \_\_\_\_\_ (the "Development")  
Development Address: \_\_\_\_\_  
Ownership Entity: \_\_\_\_\_ (the "Development Owner")  
Non-Profit: \_\_\_\_\_ (the "Nonprofit")  
Corporation: \_\_\_\_\_ (the "Corporation")

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

1. I am the \_\_\_\_\_ of Nonprofit and, as such, I have direct knowledge of the matters contained in this Certificate and am duly authorized to provide the certifications and representations contained herein to the Tennessee Housing Development Agency ("THDA") in connection with the Initial Application (as defined below).
2. This Certificate is provided with respect to the status of Nonprofit as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2013 (the "QAP") and the status of Corporation as a "qualified corporation" under Section 42(h)(5)(D) of the Code in connection with an Initial Application of even date herewith (the "Initial Application") submitted to THDA requesting an allocation of 2013 Low Income Housing Tax Credits ("Tax Credits") for the Development from the Non-Profit Set-Aside pursuant to the Code and the QAP (the "Non-Profit Set-Aside").
3. I acknowledge that, under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program (the "Tax Credit Program"). I further acknowledge that the statements contained in this Certificate are statements of substance made for the purpose of influencing THDA to allow participation in the Tax Credit Program by awarding Low Income Housing Tax Credits to the Development as proposed in the Initial Application of which this Certificate is a part.
4. I have been involved in the preparation of the Initial Application and intend to submit the Initial Application, including this Certificate, to THDA for the purpose of participating in the Tax Credit Program.
5. I acknowledge and agree that the truthfulness and accuracy of the statements contained in this Certificate will be solely relied upon by THDA in determining whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the Non-Profit Set-Aside.
6. All disclosures and statements contained in the Initial Application are true and correct.
7. Check the box that applies and complete required information:
  - Nonprofit owns 100% of the stock in Corporation and Corporation [owns all of the general partnership interests/is the sole managing member] of Development Owner.
  - Nonprofit owns 100% of the stock in Corporation and Corporation will, prior to the reservation of Tax Credits, [own all of the general partnership interests/be the sole managing member] of the Development Owner; however, Development Owner has not yet been formed.
8. Nonprofit is not authorized to and will not transfer any stock in Corporation to any person or entity who is not a qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.
9. Nonprofit was organized under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_ and is currently existing under the laws of such state.

10. Check the box that applies, complete required information and attach required documentation:

- Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
- Attached hereto as Exhibit A is a true, correct, and complete certificate of existence for Nonprofit from the Secretary of State of \_\_\_\_\_, the state in which Nonprofit was organized, together with other documentation from such Secretary of State indicating that Nonprofit is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Nonprofit is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.

11. Attached hereto as Exhibit B is a true, correct, and complete copy of the determination letter dated \_\_\_\_\_ from the Internal Revenue Service issued to Nonprofit indicating that Nonprofit is recognized as an organization described in [Section 501(c)(3)/Section 501(c)(4)] of the Code and is exempt from federal income tax under 501(a) of the Code (the "Determination Letter").

12. The Determination Letter has not been modified or revoked.

13. At all times since the date of the Determination Letter, Nonprofit has operated in a manner consistent with all requirements for continuing its tax-exempt status.

14. Since the date of the Determination Letter, no event has occurred, and Nonprofit has not participated in any transaction or business activity that might cause Nonprofit to fail to meet all requirements for continuing its tax-exempt status.

15. Since the date of the Determination Letter, Nonprofit has not received any notice or communication from the Internal Revenue Service raising any issue regarding or questioning in any way the tax-exempt status of Nonprofit.

16. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside.

17. Nonprofit is not controlled by any for-profit entity.

18. Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.

19. No staff members, officers or members of the board of directors of Nonprofit will materially participate, directly or indirectly, in the Development as or through a for-profit entity, except through Corporation and Development Owner.

20. One of the exempt purposes of Nonprofit is the fostering of low-income housing.

21. Attached hereto as Exhibit C is a true, correct, and complete copy of the Articles of Incorporation, Charter and By-Laws of Nonprofit, all of which demonstrate that one of the exempt purposes of Nonprofit is the fostering of low-income housing.

22. Nonprofit has been continuously engaged in the business of developing and building low-income rental housing in Tennessee since at least January 1, 2011.

23. Nonprofit is authorized to own 100% of the stock of Corporation for the purpose of materially participating (within the meaning of Section 469(h) of the Code), and, through the Corporation, will materially participate in the development and operation of the Development throughout the compliance period.

24. Corporation is authorized to and will materially participate in the development and operation of the Development on a regular, substantial and continuous basis through the following activities (list all activities Corporation will undertake in connection with the development and operation of the Development):

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25. Corporation was organized under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_ and is currently existing under the laws of such state.

26. Check the box that applies, complete required information and attach required documentation:

- Attached hereto as Exhibit D is a true, correct, and complete certificate of existence for Corporation from the Tennessee Secretary of State dated not more than thirty (30) days prior to the date of the Initial Application.
- Attached hereto as Exhibit D is a true, correct, and complete certificate of existence for Corporation from the Secretary of State of \_\_\_\_\_, the state in which Corporation was organized, together with other documentation from such Secretary of State indicating that Corporation is in good standing under the laws of such state and a certificate from the Tennessee Secretary of State indicating that Corporation is qualified to do business in Tennessee, all dated not more than thirty (30) days prior to the date of the Initial Application.

27. One hundred percent (100%) of the stock of Corporation is owned by Nonprofit.

28. Check the box that applies and provide the required information:

- The existing partnership agreement of Development Owner and/or the existing operating agreement for the Development, true, correct and complete copies of which are attached as Exhibit E, do not provide for other [general partners/managing members] of Development Owner.
- The proposed partnership agreement of Development Owner and/or the proposed operating agreement for the Development, true, correct and complete forms of which are attached as Exhibit E, will not provide for other [general partners/managing members] of Development Owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

**THIS CERTIFICATE MUST BE EXECUTED BY THE SIGNATORY IN HER/HIS INDIVIDUAL CAPACITY**



**2013 LIHTC ATTACHMENT 30: RESERVED**

## STATEMENT OF APPLICATION AND CERTIFICATION

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

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

Developer Entity: \_\_\_\_\_ (the "Developer")

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 2013 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2013 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 2013 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 2013 QAP.

b. Any preliminary award or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2013 QAP; and (ii) all requirements of Section 42 of the Code and all Regulations.

c. As required by Section 42(m) of the Code, THDA will evaluate the amount of Tax Credits appropriate for the Development, if any, in connection with the Application, at the time of carryover and at the time the Development is placed in service in connection with IRS Form 8609. Consequently, the amount of any Tax Credits preliminarily awarded to the Development, if any, may be different from the amount requested in the Application; the amount of Tax Credits reflected in the carryover documentation, if any, may be different from the amount reflected in a Preliminary Award Letter, if any; and the amount of Tax Credits reflected in the IRS Form 8609, if any, may be different from the amount reflected in the carryover documentation, if any, based on reasonable information submitted by or on behalf of the Development Owner as determined by THDA in its sole discretion.

d. A preliminary award or an allocation of Tax Credits by THDA is not a warranty or representation that the referenced Development meets Code requirements applicable to Tax Credits.

e. THDA has made no representations about the effects of Tax Credits upon my taxes or that of any other person connected with this Development.

f. Neither THDA nor any of its directors, officers, employees and agents are responsible or liable for any representations made in connection with the Tax Credit program.

g. I assume the risk of all damages, losses, costs and expenses related to participation in the Tax Credit program and agree to indemnify and save harmless THDA and all of its directors, officers, employees and agents against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorney's fees) of any kind and of any nature that THDA may hereinafter suffer, incur, or pay arising out of its decisions concerning Tax Credits or the use of information related to the Tax Credit program.

h. Any misrepresentations in any materials or documentation submitted to THDA to induce THDA to issue a preliminary award or allocate Tax Credits to the Development Owner for the Development may result in a reduction or withdrawal of Tax Credits by THDA, a bar on future program participation, and/or notification of the Internal Revenue Service.

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:

\_\_\_\_\_

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)

DATE: \_\_\_\_\_



DEVELOPER:

\_\_\_\_\_

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)

DATE: \_\_\_\_\_

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

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

Before me, \_\_\_\_\_, a Notary Public of the state and county mentioned, personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself/himself to be a/the \_\_\_\_\_ of \_\_\_\_\_, the within named bargainer, and that she/he, as such \_\_\_\_\_, executed the foregoing instrument for the purpose therein contained, by signing the name of the \_\_\_\_\_ by herself/himself as \_\_\_\_\_.

Witness my hand and seal, at office, this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

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

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