Tennessee Housing Development Agency

404 James Robertson Parkway, Suite 1200
Nashville, Tennessee 37243-0900
615/815-2200

Ted R. Fellman
Executive Director

Writer's Phone Number:
615-815-2200
Writer's Fax Number:
615-564-2700

M E M O R A N D U M

TO: All Interested Parties

FROM: Multifamily Development Division

SUBJECT: Revised LIHTC Attachment 23 A/B: Confirmation of Community Revitalization Plan

DATE: February 15, 2011

The following documents are revised versions of Attachment 23 A/B: Confirmation of Community Revitalization Plan.

If a potential LIHTC applicant has already received an executed Attachment 23 from the local jurisdiction, it is not necessary to have the form re-executed. THDA will accept either the "old" form or the "new" form of Attachment 23 A (for urban counties) or Attachment 23 B (for rural counties) with an Initial Application.

Initial Applications proposing a development in an urban county (as specified in Exhibit 1 to the 2011 Qualified Allocation Plan) must use Attachment 23 A. Initial Applications proposing a development in a rural county (as specified in Exhibit 1 to the 2011 Qualified Allocation Plan) must use Attachment 23 B.

If you have questions, please contact:

Ed Yandell, Director of Multifamily Development
615/815-2142 or eyandell@thda.org

Or

Judith Smith, Assistant Director of Multifamily Development
615/815-2143 or jsmith@thda.org

THDA is an equal opportunity, equal access, affirmative action employer.
Telecommunication Device for the Deaf (615) 532-2894

2011 LIHTC ATTACHMENT 23A:

CONFIRMATION OF COMMUNITY REVITALIZATION PLAN *FOR URBAN COUNTIES AS LISTED IN EXHIBIT 1 TO THE 2011 QUALIFIED ALLOCATION PLAN*

To Be Completed and Signed By the City Mayor/County Mayor/City Attorney/County Attorney/Head of Local Planning Commission

Development Name: _____ (the "Development")

Development Address: _____

City / County: _____

Development Owner: _____

I, the undersigned, hereby certify as follows:

I. The City / County referenced above has a Community Revitalization Plan ("CRP") that includes all of the following:

A. A clearly delineated geographic target area; and
B. Specific policy goals, one of which must be construction or preservation of affordable rental housing; and
C. Implementation measures, which must be current and ongoing; and
D. Approval of the CRP from the governing body or local planning commission of the jurisdiction in which the Development referenced herein will be located.

II. That each of the following apply to the Development referenced herein:

A. The Development site is wholly within the geographic target area of the CRP; and
B. The completion of the Development will contribute to at least one of the goals stated within the CRP.

I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Initial Application, remains eligible for 2011 Low Income Housing Tax Credits ("Tax Credits"). I acknowledge that this Attachment 23A is subject to Tennessee Code Annotated, Section 13-23-133 (the "statute"), and I hereby acknowledge that I have read and understood the statute. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Tax Credits to the Development Owner for the Development.

_____
Typed or Printed Name of Local Government

By: _____ _____
Signature Date

_____
Typed or Printed Name and Title of Person Signing
(Must be City Mayor, County Mayor, City Attorney, County Attorney, or Head of Local Planning Commission)

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

2011 LIHTC ATTACHMENT 23B:

CONFIRMATION OF COMMUNITY REVITALIZATION PLAN *FOR RURAL COUNTIES AS LISTED IN EXHIBIT 1 TO THE 2011 QUALIFIED ALLOCATION PLAN*

To Be Completed and Signed By the City Mayor/County Mayor/City Attorney/County Attorney/Head of Local Planning Commission

Development Name: _____

Development Address: _____

City / County: _____

Development Owner: _____

I, the undersigned, hereby certify as follows:

I. That there is a need for the housing to be provided by the Development referenced herein; and

II. That the Development referenced herein has local support.

I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Initial Application, remains eligible for 2011 Low Income Housing Tax Credits ("Tax Credits"). I acknowledge that this Attachment 23B is subject to Tennessee Code Annotated, Section 13-23-133 (the "statute"), and I hereby acknowledge that I have read and understood the statute. I further acknowledge that by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Tax Credits to the Development Owner for the Development.

_____
Typed or Printed Name of Local Government

By: _____ _____
Signature Date

_____
Typed or Printed Name and Title of Person Signing
(Must be City Mayor, County Mayor, City Attorney, County Attorney, or Head of Local Planning Commission)

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