



Tennessee Housing Development Agency

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MEMORANDUM

TO: All interested parties

FROM: Multifamily Development Division

SUBJECT: Initial Application for 2010 LIHTC / Section 1602 Phase II

DATE: February 26, 2010

The following document should be used to apply for 2010 Low-Income Housing Tax Credit or Section 1602 Phase II funds. The certifications referenced in the application will be posted as soon as possible. THDA will send notification by email when the certifications are available on the web site.

TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

Initial Application

2010

INITIAL APPLICATION INSTRUCTIONS

LOW-INCOME HOUSING TAX CREDIT PROGRAM YEAR 2010

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 2010 (the "2010 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 2010 QAP and in accordance with all Initial Application requirements contained in the 2010 QAP. Points will be awarded based on the criteria in Part VII B. of the 2010 QAP and based on information supplied in the Initial Application and all relevant Attachments. **POINTS WILL NOT BE AWARDED IN SCORING CRITERIA CATEGORIES IF THERE ARE INCONSISTANCIES BETWEEN INFORMATION REQUIRED IN THE 2010 QAP AND INFORMATION SUPPLIED IN THE INITIAL APPLICATION OR IN RELEVANT ATTACHMENTS OR IF THERE ARE INCONSISTANCIES WITHIN THE INITIAL APPLICATION AND/OR THE RELEVANT ATTACHMENTS.**

THDA **will not** accept any documentation submitted outside the time periods or procedures established in the 2010 QAP.

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

An Initial Application must receive a minimum score of **119** 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.

2010 INITIAL APPLICATION CHECKLIST

Development Name: _____

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

- A. Initial Application Checklist (This checklist) *(Required)* **(Required for Section 1602)**
- B. Statement of Application and Certification *(Required for Ownership Entity identified in Section 3 of the Initial Application AND for Developer identified in Section 4 of the Initial Application)* **(Required for Section 1602)**
- C. Initial Application Form - *Required along with all of the following, as applicable:* **(Required for Section 1602)**
 - Attachment 1 – Low Income Units and Market Rate Units by Building *(Required)* **(Required for Section 1602)**
 - Attachment 1A – Development Construction Data *(Required)* **(Required for Section 1602)**
 - Attachment 2 – Unit Information – Low Income Units Only *(Required)* **(Required for Section 1602)**
 - Attachment 3 – Unit Information – Market Rate Units Only *(Required only if market rate units are included in proposed development)* **(Required for Section 1602)**
 - Attachment 4A – Type of Ownership Entity - Partnership *(Required only if ownership entity identified in Section 3. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership)* **(Required for Section 1602);** or
 - Attachment 4B – Type of Ownership Entity - Corporation *(Required only if ownership entity identified in Section 3. of the Initial Application is a corporation)* **(Required for Section 1602);** or
 - Attachment 4C – Type of Ownership Entity - Limited Liability Corporation *(Required only if the ownership entity identified in Section 3. of the Initial Application is a limited liability corporation)* **(Required for Section 1602);**
 - Attachment 5A – Type of Developer Entity - Partnership *(Required only if developer entity identified in Section 4. of the Initial Application is a general partnership, limited partnership or registered limited liability partnership)* **(Required for Section 1602);** or
 - Attachment 5B – Type of Developer Entity - Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a corporation)* **(Required for Section 1602);** or
 - Attachment 5C – Type of Developer Entity - Limited Liability Corporation *(Required only if developer entity identified in Section 4. of the Initial Application is a limited liability corporation)* **(Required for Section 1602);**
 - Attachment 6 – Other Development Participants *(Required)* **(Required for Section 1602)**
 - Attachment 7 – Monthly Utility Allowance Calculations **(Required for Section 1602)**
 - Attachment 8 – Sources and Uses of Funds **(Required for Section 1602)**
 - Attachment 9 – Construction Financing **(Required for Section 1602)**
 - Attachment 10 – Permanent Financing **(Required for Section 1602)**
 - Attachment 11 – Government Subsidies **(Required for Section 1602)**
 - Attachment 12 – Syndication Information **(Not required for Section 1602)**

- Attachment 13 – Annual Expense Information (Required for Section 1602)
- Attachment 14 – Development Schedule (Required) (Required for Section 1602)
- Attachment 15 – Development Costs (Required for Section 1602)
- Attachment 16 – Calculation of Potential Tax Credits (Not required for Section 1602)

- D. Required Eligibility Documentation – *Required, as applicable:*
 - Non-Profit Set-Aside Applicants (*All of the following are required if tax credits are requested from the Non-Profit Set-Aside*) (Required for Section 1602)
 - IRS 501(c)(3) or 501(c)(4) letter
 - Current Certificate of Existence (if organized and existing under the laws of the State of Tennessee)
 - Current 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)
 - A certification in the form of **Attachment 17**
 - Attachment 18 - Evidence of Non-Profit Housing Experience
 - Qualified Census Tract Set-Aside (Not required for Section 1602)
 - Attachment 23 - Confirmation of Community Revitalization Plan
 - Rehabilitation Set-Aside (Not required for Section 1602)
 - Attachment 29 – Certificate Regarding Rehabilitation Set-Aside Qualification
 - PHA Set-Aside Applicants (*All of the following are required if tax credits are requested in conjunction with HOPE VI funds*) (Not required for Section 1602)
 - Copy of form HUD-1044 (*If tax credits are requested in conjunction with HOPE VI funds*)
 - Attachment 27 - Letter from Executive Director of PHA
 - Attachment 26 - A certification in the form of **Attachment 26**
 - Non-Compliance
 - Attachment 19 – Verification of Compliance for Existing LIHTC Projects (Required) (Required for Section 1602)
 - Eligible Developments
 - Attachment 20 – Certificate Concerning Eligibility For Low Income Housing Tax Credits (Required) (Required for Section 1602)
 - A certification in the form of Attachment 21 Regarding Section 42(d)(2)(B) (Required if acquisition/rehabilitation tax credits are requested) (Required for Section 1602)
 - Development Participants
 - Attachment 22 – Disclosure Form (Required for each identified individual) (Required for Section 1602)
 - Attachment 28 – Form of opinion letter regarding exemption under Part VII A. 6. d. or e. (Required if exemption claimed) (Required for Section 1602)
 - Documentation Evidencing Property Control (Required) (Required for Section 1602)

- Physical Needs Assessment (*Required if proposed development involves rehabilitation*) **(Requires original and one copy only)** (Required at later date for Section 1602)
- Appraisal (*Required if acquisition credit requested on five or more units*) **(Requires original and one copy only)** (Required at later date for Section 1602)

- E. Scoring Documentation (include all required documentation and relevant Attachments for all points claimed under the Scoring criteria in Part VII B. of the 2010 QAP, each properly labeled, clipped or rubber banded together) **(Required for Section 1602 for applications submitted under Part IV.B of the 2009 Section 1602 Program Description, also include all documentation for points as specified in the 2009 Section 1602 Program Description)**
 - Attachment 23 - Confirmation of Community Revitalization Plan (*Required only if points are claimed in connection with development location covered by or contributing to an approved community revitalization plan*)
 - Attachment 25 - Units Designed for Special Housing Needs (*Required only if points are claimed in Section 20.E. of the Initial Application*)
- F. Application Fee - Check made payable to Tennessee Housing Development Agency for Application Fee (See Part XV of the 2010 QAP) attached to Page 1 of the Application (*Required*)
- G. Originals of A. through F. above banded together as the original application and **four complete copies (Required)** (Required for Section 1602)
- H. Competitive – The **complete** Initial Application with **all the Attachments** are due for eligibility and scoring on March 19, 2010 1:00 p.m. Central Time

TENNESSEE HOUSING DEVELOPMENT AGENCY
Low-Income Housing Tax Credit Application
Program Year 2010

INITIAL APPLICATION

Date of Application: _____

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

A. Development Name: _____

B. Development Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Name of nearest cross street: _____

C. Jurisdiction: The Development will be within the jurisdiction of:
 A city/town/other municipality A county Dual jurisdiction

D. Set-Asides (**check all that apply**):
 Rehabilitation Non-Profit QCT
 Small Development PHA Rural
 Homeless

E. Development Type (**check all that apply**):
 Acquisition and Rehabilitation New Construction Rehabilitation
 Scattered site Adaptive reuse
 Downtown Business District

2. UNIT INFORMATION

A. Total number of residential buildings proposed: _____

B. Total number of residential units proposed: _____

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

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

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

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

G. 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:(____) _____ E-Mail: _____

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

- is validly formed and currently in existence in the State of Tennessee (*Attach a certificate of existence for Ownership Entity dated not more than 30 days prior to the date of this Application*).
- is validly formed and currently in existence in the State of _____ and the Ownership entity qualified to do business in Tennessee on _____, 2010. (*If Ownership entity is a limited liability company, attach Tennessee Application for Certificate of Authority bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a limited partnership, attach Tennessee Application for Registration bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a corporation, attach Tennessee Certificate of Authority. If Ownership entity is a limited liability partnership, attach Tennessee Certificate of Good Standing.*)
- will be validly formed in the State of _____ on or before _____, 2010.

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

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

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

E. Alternate Contact Person for Ownership Entity is: *(One Only)*

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

4. DEVELOPER ENTITY

A. Name and Address of Developer

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

State of formation: _____

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

Type of Developer Entity:

Tax ID Number:

- | | |
|---|-------|
| <input type="checkbox"/> Limited Partnership <i>(Complete and submit Attachment 5A)</i> | _____ |
| <input type="checkbox"/> General Partnership <i>(Complete and submit Attachment 5A)</i> | _____ |
| <input type="checkbox"/> Limited Liability Partnership <i>(Complete and submit Attachment 5A)</i> | _____ |
| <input type="checkbox"/> Limited Liability Corporation <i>(Complete and submit Attachment 5C)</i> | _____ |
| <input type="checkbox"/> Corporation <i>(Complete and submit Attachment 5B)</i> | _____ |
| <input type="checkbox"/> Individual <i>(use social security number)</i> | _____ |

5. OTHER DEVELOPMENT PARTICIPANTS

A. *Complete and submit Attachment 6*

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

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

6. Any individual directly or indirectly involved with any other entity identified on

Attachment 6: Yes No

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

1. Developer identified in Section 4 of this Initial Application: Yes No

2. Any individual directly or indirectly involved with the Developer: Yes No

3. Any entity identified on Attachment 6: Yes No

4. Any individual directly or indirectly involved with the syndicator / equity provider: Yes No

5. Any individual directly or indirectly involved with any entity identified on Attachment 6: Yes No

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

1. Ownership Entity identified in Section 3 of this Initial Application: Yes No

2. Any individual directly or indirectly involved with Ownership Entity: Yes No

3. Any entity identified on Attachment 6: Yes No

4. Any individual directly or indirectly involved with the syndicator / equity provider: Yes No

5. Any individual directly or indirectly involved with any entity identified on Attachment 6: Yes No

E. **Attach as many additional pages as necessary to explain all “yes” responses in Section 5B or 5C or 5D of this Initial Application.**

6. DEVELOPMENT INFORMATION

- A. Type of Housing:

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

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

C. Following rehabilitation or construction, will all rental residential units for low-income households be in a decent, safe and sanitary condition suitable for occupancy by these households:

Yes No

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

Yes No

D. Rehabilitation Requirements (Attach additional pages as necessary to list systems replacement and rehabilitation activity.)

1. List systems replacement as indicated in 2010 QAP, Part VII B-b-(i).

2. Describe rehabilitation activity as indicated in 2010 QAP, Part VII B-b-(ii).

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

Accessory Buildings & Area: _____

Recreational Facilities: _____

Commercial Facilities: _____

Common Areas: _____

Kitchen/Dining Facilities: _____

Clinic/Medical/Nursing Facilities: _____

Other: _____

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

If yes, describe all services to be provided:

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

If yes, describe relocation assistance to be provided: _____

7. SECTION 42 IRREVOCABLE SET-ASIDE ELECTION

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

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

8. ACQUISITION INFORMATION

- A. Name of Seller: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Fax: (____) _____
- B. Number of parcels or tracts of land making up the site for the proposed Development: _____
- C. Are all parcels or tracts of land contiguous? Yes No
- D. Exact area of site in acres: _____
- E. Total acquisition cost of all tracts and/or parcels making up the site *(from recorded deed or as specified in purchase contract or option)*: \$ _____
- F. Date of site acquisition by the Ownership Entity or proposed date of site acquisition by the Ownership Entity: _____
- G. How long did the seller(s) own the tracts and/or parcels making up the site? _____
- H. Does the seller or any individual involved with the seller (directly or indirectly) have any direct or indirect relationship (personal or business) with or interest in the Ownership Entity, the Developer or any individual involved (directly or indirectly) with the Ownership Entity or Developer? Yes No
If yes, specify the nature of the relationship(s): _____

9. RENTAL ASSISTANCE

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

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

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

C. Number of units receiving Assistance: _____

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

10. ELIGIBILITY

ALL INFORMATION PROVIDED AND MATERIALS SUBMITTED MUST BE IN ACCORDANCE WITH PART VII A. OF THE 2010 QAP. REFER TO PART VII A. OF THE 2010 QAP FOR MORE INFORMATION ABOUT ELIGIBILITY REQUIREMENTS.

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

- Non-Profit Set-Aside:
 1. Copy of IRS 501(c)(3) or 501(c)(4) letter for non-profit entity;
 2. Original Certificate of Existence for non-profit entity from Tennessee Secretary of State dated not more than thirty days prior to the date of this Initial Application (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. Evidence of non-profit entity fostering low income housing in Tennessee for two years prior to the date of this Application in the form and with the substance of **Attachment 18**.
- Qualified Census Tract Set-Aside:
 1. Proposed development reflected in Section 1 of Initial Application must be located completely and entirely in a Qualified Census Tract (identified on **Exhibit 4**, excluding Difficult to Develop Areas); and
 2. Original confirmation of community revitalization plan in the form of **Attachment 23**.
- Rehabilitation Set-Aside:
 1. Original certificate regarding eligibility for the Rehabilitation Set-Aside in the form and with the substance of **Attachment 29**.

- PHA Set-Aside:
 1. A certification in the form of **Attachment 26**
 2. If the proposed development involves HOPE VI funds, the following are required:
 - a. Copy of form HUD-1044 identifying the Public Housing Authority receiving the HOPE VI grant;
 - b. Letter from Executive Director of identified Public Housing Authority in the form and with the substance of **Attachment 27**;
 - c. A copy of the HUD approved redevelopment plan.
- Small Development Set-Aside: Number of units reflected in Section 2 and on Attachment 1 of this Initial Application must be 48 units or less.
- Urban Set-Aside: County identified in Section 1 of this Initial Application must be on Exhibit 1 under heading “Counties in Urban Set-Aside”
- Rural Set-Aside: County identified in Section 1 of this Initial Application must be on Exhibit 1 under heading “Counties in Rural Set-Aside”
- Homeless Set-Aside

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

C. ELIGIBLE DEVELOPMENT – *Complete and submit an original Attachment 20 – Certificate Concerning Eligibility For Low Income Housing Tax Credits (Required)*

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 Certification in the form of Attachment 21*
- The Development has or will have development based subsidies under the Section 8 Moderate Rehabilitation program. (*Ineligible Development – do not submit Application*)
- The Development or the property on which the Development will be located is part of a “Bargain Sale” with a “step-up” in sales price paid to an intervening not-for-profit entity. (*Ineligible Development – do not submit Application*)
- The Development contains units that will not be for use by the general public. (*Ineligible Development – do not submit Application*)
- The Development will provide continual or frequent nursing, medical or psychiatric services. (*Ineligible Development – do not submit Application*)
- None of the above apply to the proposed Development

D. EXISTING, INCREMENTAL AND NEW DEVELOPMENTS - The proposed Development is (*See Part VII A. 5. of the 2010 QAP for definitions of these terms and check only one*):

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

- E. DEVELOPMENT PARTICIPANTS - Complete and submit an **Attachment 22** for each individual identified in Section 3 or Section 4 of this Initial Application or in Attachment 4A or 4B or 4C or in Attachment 5A, or 5B or 5C.
- F. PROPERTY CONTROL – A document from the list in 1 below and a document from the list in 2 below must be attached to demonstrate property control (*documents attached must be fully executed, include the legal description of property on which the Development will be located, and meet all requirements of Part VII A. 7. of the 2010 QAP*):
1. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. a. of the 2010 QAP*):
 - Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order); or
 - Evidence demonstrating ability to acquire property through the power of eminent domain; or
 - Contract for sale or contract for 50 year ground lease; or
 - Option to purchase or option for 50 year ground lease.
 2. Check which one of the following is attached (*must meet requirements of Part VII. A. 7. b. (ii) of the 2010 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; or
 - 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. PHYSICAL NEEDS ASSESSMENT – (Required if proposed development involves rehabilitation) **ORIGINAL AND ONE COPY**
- H. APPRAISAL – (Required if acquisition credit requested on five or more units) **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 2010 QAP. REFER TO PART VII B. OF THE 2010 QAP FOR MORE INFORMATION ABOUT SCORING REQUIREMENTS.

1. DEVELOPMENT LOCATION AND HOUSING NEEDS: **MAXIMUM 55 POINTS**

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

- Development is located in a county shown on **Exhibit 2: Maximum 50 points**
 _____ County
- Development is located completely and entirely in a Qualified Census Tract (identified on **Exhibit 4**, excluding Difficult to Develop Areas), the development of which contributes to an approved concerted community revitalization plan (*complete and submit Attachment 23*): **1 point**

OR

- Development is located completely and entirely within a census tract (other than a Qualified Census Tract) that is, itself, completely and entirely within an area covered by an approved community revitalization plan (*complete and submit Attachment 23*): **5 points**

2.. DEVELOPMENT CHARACTERISTICS: **MAXIMUM 45 POINTS**

A.. New construction or adaptive reuse/conversion **only**: **Maximum 45 points**

- i. Current zoning and other local land use regulations permit the development as proposed or no such regulations currently apply to the proposed development: **5 points**
- No points are claimed for current zoning and other local land use regulations
- ii. The development will be designed and built to promote energy conservation by meeting the standards of the Council of American Building Officials Model Energy Code: **10 points**
- No points are claimed for promoting energy conservation.
- iii. The development will be designed and built to meet a 15-year maintenance-free exterior standard: **10 points**
- No points are claimed for meeting a 15-year maintenance-free exterior standard.
- iv. The development will be designed and built with a minimum of 65% brick, stone, or cement fiber siding exterior: **15 points**
- No points are claimed for a minimum of 65% brick exterior.

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

- i. Number of systems added or replaced:
 - 1 **10 points**
 - 2 **25 points**
 - 3 or more **35 points**

OR

- ii. Rehabilitation hard costs expressed as a percentage of total development costs (for developments NOT involving tax-exempt financing) or rehabilitation hard costs expressed as a percentage of building acquisition costs (for developments involving tax-exempt financing). *Note: At least one major system must be replaced when claiming points for rehabilitation as a percentage of costs under this section.*
 - at least 30% but not greater than 40% **15 points**
 - greater than 40% but not greater than 50% **25 points**
 - greater than 50% **35 points**
- iii. A development may receive points under Part VII-B-2-b-(i) above or under Part VII-B-2-b-(ii) above, but not both.
- iv. Development involves the use of **EXISTING HOUSING** as part of a community revitalization plan (*complete and submit Attachment 23*): **1 point**

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

- C. 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. ***Developments seeking to combine historic nature and adaptive reuse will be treated as new construction and will not be eligible for the Rehabilitation Set-Aside. 1 point***

D. Energy Efficiency - Developments utilizing ENERGY STAR or equivalent compliant items **in all units** will be awarded **1 point per item type, up to a maximum of 5 points.**

- Dishwashers in all units
- Exterior Doors in all units
- Windows in all units
- HVAC units in all buildings or units as applicable
- Refrigerators in all units

3. SPONSOR CHARACTERISTICS: **MAXIMUM 70 POINTS**

Which of the following has **NOT** occurred in Tennessee at any time since May 1, 2008 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**):

- 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: **10 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: **15 points**
- An allocation of Tax Credits was made to a development that the individuals identified above were involved with (either directly or indirectly) through developer or owner, but the development failed to meet the minimum set-aside for low-income tenants: **25 points**

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

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

- 5% to 9.99% **5 points**
- 10% to 19.99% **10 points**
- 20% or more **20 points**

4. SPECIAL HOUSING NEEDS: **MAXIMUM 15 POINTS**

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

- The greater of one unit or at least five percent (5%) of the total number of units in the development (which number shall be rounded up) must fully meet accessibility requirements for persons with disabilities. **10 points**

AND

- The proposed Development will have the following percent of units designed and built for large families, (i.e., three or more bedrooms) (**check only one**):

- above 10% **5 points**
- 8%-10%: **3 points**

OR

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

OR

- One hundred percent (100%) of the units in the proposed Development will be designed, built, and occupied by the elderly (see **Part VII-B-4-d of the 2010 QAP**): **5 points**
- No points are claimed for meeting special needs.

5. **LOWEST INCOME PREFERENCE: MAXIMUM 40 POINTS**

- Election to set aside a minimum of ten percent (10%) of the units for households with incomes no higher than fifty percent (50%) of the area median income: **40 points**

6. **EXTENDED USE PREFERENCE OR TENANT OWNERSHIP: MAXIMUM 20 POINTS**

Check only one that will apply to the proposed Development:

- The point in time at which the written request specified in Section 42(h)(6)(I) may be given will be extended by the following number of years (*check only one*):
 - At least 5 years: **20 points**
 - At least 4 years, but less than 5 years: **15 points**
 - At least 3 years, but less than 4 years: **10 points**
- Eventual tenant ownership as described in Part VII-B-6-b of the 2010 QAP: **5 points**
- No points are claimed for extended use preference or eventual tenant ownership.

7. **PUBLIC HOUSING PRIORITY: MAXIMUM 10 POINTS**

Check only one that will apply to the proposed Development:

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

8. **AFFIRMATIVELY FURTHERING FAIR HOUSING: 3 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.

9. **TENNESSEE GROWTH POLICY ACT: MAXIMUM 13 POINTS**

_____ TOTAL POINTS CLAIMED (ADD ALL POINTS FOR ITEMS CHECKED AND INSERT THE NUMBER HERE. SUBJECT TO REVISION BASED ON A DETERMINATION BY THDA AS TO COMPLIANCE WITH THE 2010 QAP)

**2010 LIHTC ATTACHMENT 1: DETERMINATION OF
APPLICABLE FRACTION**

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

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

TOTAL LOW INCOME RESIDENTIAL SQUARE FOOTAGE _____

TOTAL MARKET RATE RESIDENTIAL SQUARE FOOTAGE _____

TOTAL COMMON SQUARE FOOTAGE _____

TOTAL COMMERCIAL SQUARE FOOTAGE _____

TOTAL SQUARE FOOTAGE IN DEVELOPMENT _____

2010 LIHTC ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA

A. Type of construction:

- Frame / combustible
- Masonry / noncombustible

B. Number of stories in a typical building: _____

C. Shape of footprint of a typical building:

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

D. Perimeter of a typical building in linear feet: _____

E. Height of a typical building: _____

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

- Yes
If yes, how many _____
- No

G. Are any buildings equipped with elevators?

- Yes
If yes, how many _____
- No

H. If development is REHABILITATION:

Age of property: _____ years

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

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

**2010 LIHTC ATTACHMENT 2: UNIT INFORMATION
LOW-INCOME UNITS ONLY**

UNITS SET ASIDE FOR TENANTS AT 50% OF MEDIAN INCOME

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

UNITS SET ASIDE FOR TENANTS AT 60% OF MEDIAN INCOME

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

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? _____%

**2010 LIHTC ATTACHMENT 3: UNIT INFORMATION
MARKET RATE UNITS ONLY**

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

Other Income Source: _____

Amount **per month**: \$ _____

Less Vacancy Allowance: _____% (_____)

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

Estimated annual percentage increase in annual development income? _____%

**2010 LIHTC ATTACHMENT 4A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF OWNERSHIP ENTITY: _____

1. A. Number of general partners of Ownership Entity: _____

1. B. Is each general partner a natural person:

- yes (complete 1.C. below only)
 no (complete 1.C. below, then go to 2. below)

1. C. Provide **all of** the following information for **each general partner** of the Ownership Entity (attach additional pages if needed to provide complete information).

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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:

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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: _____ _____

- 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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:

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2010 LIHTC ATTACHMENT 4B: TYPE OF OWNERSHIP ENTITY—
CORPORATION**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 1. (complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2010 LIHTC ATTACHMENT 4C: TYPE OF OWNERSHIP ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of the Ownership Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: _____ Title: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____
Name: _____ Title: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Address: _____ _____ Telephone No.: _____	Name: _____ Type of Entity: _____ State of Formation: _____ Address: _____ _____ Telephone No.: _____

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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
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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2010 LIHTC ATTACHMENT 5A: TYPE OF DEVELOPER ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF DEVELOPER ENTITY: _____

1. A. Number of general partners of Developer Entity: _____

1. B. Is each general partner a natural person:

- yes (complete 1.C. below only)
- no (complete 1.C. below, then go to 2. below)

1. C. Provide **all of** the following information for **each general partner** of the 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 2010 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 2010 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 2010 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 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 officer, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each limited liability company identified as a general partner in 1.C. (*complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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: _____ _____

- 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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:

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>
Name: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>	Name: <hr/> Type of Entity: <hr/> State of Formation: <hr/> Address: <hr/> <hr/> Telephone No.: <hr/>

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2010 LIHTC ATTACHMENT 5B: TYPE OF DEVELOPER ENTITY—
CORPORATION**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS	DIRECTORS	STOCKHOLDERS
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____
Name: _____	Name: _____	Name: _____
Title: _____	Address: _____	Type of Entity: _____
Address: _____	Telephone No.: _____	State of Formation: _____
Telephone No.: _____		Address: _____
		Telephone No.: _____

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter 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 2010 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 1. (complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

**2010 LIHTC ATTACHMENT 5C: TYPE OF DEVELOPER ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of the Developer Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
_____	_____	_____
_____	Telephone No.: _____	Telephone No.: _____
_____	_____	_____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
_____	_____	_____
_____	Telephone No.: _____	Telephone No.: _____
_____	_____	_____
Name: _____	Name: _____	Name: _____
Address: _____	Type of Entity: _____	Type of Entity: _____
_____	State of Formation: _____	State of Formation: _____
Telephone No.: _____	Address: _____	Address: _____
_____	_____	_____
_____	Telephone No.: _____	Telephone No.: _____
_____	_____	_____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

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

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2010 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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
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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 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 2010 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 2010 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 2010 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

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 2010 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Initial Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2010 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

GOVERNORS	MEMBERS	MANAGERS
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____
Name: _____	Name: _____	Name: _____
Address: _____ _____	Type of Entity: _____	Type of Entity: _____
Telephone No.: _____	State of Formation: _____	State of Formation: _____
	Address: _____ _____	Address: _____ _____
	Telephone No.: _____	Telephone No.: _____

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2010 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Initial Application.

2010 LIHTC ATTACHMENT 6: OTHER DEVELOPMENT PARTICIPANTS

A. Contractor

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

B. Management Company

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

C. Consultant

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

D. Tax 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: (____)_____

2010 LIHTC ATTACHMENT 7: MONTHLY UTILITY ALLOWANCE CALCULATIONS

A. Complete the following:

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

(DO NOT INCLUDE ITEMS PAID BY OWNER IN TOTAL)

B. Source of Utility Calculation*:

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

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

C. Effective Date of Utility Calculation: _____

2010 LIHTC ATTACHMENT 8: 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:

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

B. Uses of Funds

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

2010 LIHTC ATTACHMENT 9: CONSTRUCTION FINANCING

List individually all sources of construction financing for the Development:

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

TOTAL AMOUNT OF FUNDS \$ _____

TOTAL ANNUAL DEBT SERVICE COST \$ _____

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

2010 LIHTC ATTACHMENT 10: PERMANENT FINANCING

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

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

TOTAL AMOUNT OF FUNDS \$ _____

TOTAL ANNUAL DEBT SERVICE COST \$ _____

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

2010 LIHTC ATTACHMENT 11: GOVERNMENT SUBSIDIES

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

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

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

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

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

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

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

Date Transfer of Physical Asset approval expected: _____

D. 1. Does the Development have any **existing subsidies**? Yes No

If yes, please indicate type of subsidy and terms: _____

2. If HUD subsidy layering is involved, a written request is required to be submitted to THDA.

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

2010 LIHTC ATTACHMENT 12: SYNDICATION INFORMATION

A. Type of tax credit being syndicated:

Low income housing tax credit

Historic rehabilitation credit

B. Type of offering: Public

Private

C. Date syndication was or will be completed:

Application	_____
Conditional Commitment	_____
Firm Commitment	_____

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

E. Name of Fund: _____

Name of Syndicator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____

Fax: (____) _____

2010 LIHTC ATTACHMENT 13: ANNUAL EXPENSE INFORMATION

ADMINISTRATIVE EXPENSES

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

MAINTENANCE EXPENSES

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

FIXED EXPENSES

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

OPERATING EXPENSES

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

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

REPLACEMENT RESERVES:

Per Unit Amount \$ _____ X Total #
of Units _____ = \$ _____

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

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

2010 LIHTC ATTACHMENT 14: DEVELOPMENT SCHEDULE

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

2010 LIHTC ATTACHMENT 15: DEVELOPMENT COSTS
2010 THDA LIHTC PROGRAM

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

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

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

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

2010 LIHTC ATTACHMENT 16: CALCULATION OF POTENTIAL TAX CREDITS

	<u>B</u>	<u>C</u>
	<u>ACQUISITION</u>	<u>REHAB./ NEW CONST.</u>
A. Calculation pursuant to Section 42 (a) ("Method A")		
1. Total from Attachment 15 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 11)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 10)	_____	_____
4. Less value of nonqualifying units of higher quality	_____	_____
5. Less value of nonqualifying excess portion of higher quality units	_____	_____
6. Less amount of Historic Tax Credit (Residential Portion Only)	_____	_____
7. Total Eligible Basis	=====	=====
8. Multiplied by the Applicable Fraction (from Section 2.B. and Attachment 1 of the Initial Application)	_____ %	_____ %
9. Total Qualified Basis	=====	=====
10. Multiplied by the Applicable Percentage ¹ (9% or 4% for purposes of the Initial Application)	_____ %	_____ %
11. Total	=====	_____
12. Multiplied by 130% if in a qualified census tract (from Exhibit 6 of the 2010 QAP) or downtown business district (Rehab./ New Const. only)	_____	_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A. (Amount from line 11 unless line 12 applies)	=====	=====
B. Calculation pursuant to Section 42(m)(2) ("Method B") ²	A	
1. Total from Attachment 15, line 12 (column A)	_____	
2. Less all governmental funding (from Attachment 11)	_____	
3. Less all other sources of permanent financing (from Attachment 10)	_____	
4. Less capital contributions (from Attachment 8)	_____	
5. Total	=====	

¹ Subject to change based on month building placed in service.

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

A

- 6. Divided by equity factor (total from line D. on Attachment 12)³ _____
- 7. Total _____
- 8. Divided by 10 _____
- 9. TOTAL POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD B. _____

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

³ Subject to modification by THDA.

⁴ Any amount of Low Income Housing Tax Credits determined on this Attachment 16 is subject to modification by THDA. Any reservation or allocation of low income housing tax credits, or the amount thereof, is subject, in all respects, to (1) all requirements of the 2010 QAP; (ii) all information submitted in connection with an initial application, at the time of a carryover request or at the time of issuance of an IRS Form 8609; and (iii) all requirements of Section 42 of the Code and all regulations promulgated in connection therewith.

**2010 LIHTC ATTACHMENT 17: FORM OF CERTIFICATE
REGARDING NON-PROFIT QUALIFICATION**

This form will be posted at a later date

**2010 LIHTC ATTACHMENT 19: VERIFICATION OF COMPLIANCE
FOR EXISTING LIHTC PROJECTS**

Development Name: _____

Development Address: _____

Development Owner: _____

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

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

This form should be submitted as a part of the initial application and does NOT require THDA's Compliance Section's review prior to initial application submission.

**2010 LIHTC ATTACHMENT 20: FORM OF CERTIFICATE REGARDING
ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDIT**

This form will be posted at a later date

**2010 LIHTC ATTACHMENT 21: FORM OF OPINION LETTER
REGARDING EXISTING BUILDINGS**

This form will be posted at a later date

2010 LIHTC ATTACHMENT 22: DISCLOSURE FORM

In connection with an Initial Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2010 Low Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows: [Check one statement for each numbered item]

1. I have not been convicted of a felony of any type in Tennessee or any other state within the last ten (10) years; OR

I have been convicted of a felony in Tennessee or in another state within the last ten (10) years and the details are as follows [specify type of felony, state of conviction, penalties imposed]:

2. I have not been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR

I have been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows [specify federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment]:

3. No entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR

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

NOTE: A fully executed Disclosure Form must be included for each individual identified in Section 3 and Section 4 of the Initial Application and for each individual identified in Attachment 4A or 4B or 4C and for each individual identified in Attachment 5A or 5B or 5C, unless the exception in Part VII.A.6.d. and Part VII.A.6.e. of the 2010 QAP apply and an opinion in the form of Attachment 28 is provided for each corporation to which this exception applies.

4. I have not filed for nor am I in bankruptcy or reorganization as of the date hereof 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 made, circumstances that lead to the filing]:

5. No entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years; OR

An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof or has had a bankruptcy discharged within the past four (4) years and the details are as follows [specify entity, date of filing, type of filing, court in which filing made, circumstances that lead to the 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 licenses I am required to have from the State of Tennessee or from any other state are or have been suspended at some time during the last ten (10) years and the details are as follows [specify required license, license number, state of licensure, date of suspension(s), reasons for the suspensions]:

7. No state licenses required from the State of Tennessee or from any other state by any entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at any time during the last ten (10) years; OR

State licenses required from the State of Tennessee or from any other state by an entity with which I am or have been affiliated in an ownership or decision making capacity is or has been suspended at some time during the last ten (10) years and the details are as follows: [specify entity, required license, license number, state of licensure, date of suspension(s), reasons for the suspensions]:

I acknowledge that under Tennessee Code Annotated, Section 13-23-133, it is a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that the statements contained in this Attachment 22 are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Initial Application of which this Attachment 22 is a part.

(signature)

(date)

(type or print name)

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 he executed the foregoing instrument for the purposes therein contained.

Witness my hand and seal, at office, this _____ day of _____, 2010.

Notary Public

My Commission Expires: _____

2010 LIHTC ATTACHMENT 23:

CONFIRMATION OF COMMUNITY REVITALIZATION PLAN

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

I hereby certify that the Development described as follows:

Name: _____
Address: _____
City / County: _____
Owner: _____

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

Typed or Printed Name of Local Government

By: _____
Signature

Date

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

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

**2010 LIHTC ATTACHMENT 25: UNITS DESIGNED FOR
SPECIAL HOUSING NEEDS**

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

**2010 LIHTC ATTACHMENT 26: FORM OF CERTIFICATE
REGARDING QUALIFICATION FOR
PUBLIC HOUSING AUTHORITY SET-ASIDE**

This form will be posted at a later date

**2010 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 Gentlemen:

In connection with the submission of an initial application requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") for the Development (the "Initial Application") to the Tennessee Housing Development Agency ("THDA") under the 2010 THDA Low Income Housing Tax Credit Qualified Allocation Plan (the "QAP"), I hereby certify as follows:

1. I am the duly appointed, qualified and incumbent Executive Director of the [name of housing authority].
2. The Development, as described in the Initial Application, is identified in the PHA's [year] HOPE VI application which was approved by HUD on _____, and which was awarded a HOPE VI grant in _____; and
3. The housing units in the Development, as described in the Initial Application, are an essential element of the HUD approved HOPE VI application; and
4. The Tax Credits requested in the Initial Application are an essential component of the financing plan for PHA's HOPE VI Program.
5. HOPE VI funds in the amount of \$_____ are committed to and will be used as part of the financing for the Development.

I understand that THDA will rely solely on this letter to determine whether the Development qualifies for an allocation of Tax Credits from the Public Housing Authority Set-Aside and whether points may be awarded under Part VII-B-3-b of the QAP.

Name: _____
Executive Director

Signature: _____

**2010 LIHTC ATTACHMENT 28: FORM OF LETTER FOR EXCLUSION
UNDER PART VII.A.6.d. AND PART VII.A.6.E.**

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

(date)

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

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the General Counsel of _____ (the "Company"). Based on my capacity as General Counsel, I have knowledge of the information provided in this letter and am duly authorized to provide the information contained in this letter in connection with an initial application of even date herewith (the "Initial Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting 2010 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 2010 (the "QAP") and Part VII.A.6.e. of the QAP.

1. The Company is the _____ of the [Development Owner/Developer] identified in the Initial Application.
2. Stock in the Company is publicly traded on the _____ under the trading symbol _____.
3. In my capacity as General Counsel, I oversee the preparation and filing of affidavits, disclosures and other documents (collectively, "Affidavits and Disclosures") executed by or based on information provided under penalty of perjury by the officers and directors of the Company with various federal and state regulatory agencies throughout the United States, including, without limitation, the United States Securities and Exchange Commission.
4. Such Affidavits and Disclosures were generally filed under penalty of perjury and, in the aggregate, have addressed, in all material respects, the items requested to be disclosed in Attachment 22 to the Initial Application for the Development.
5. In no case has there been an affirmative answer to any such item by any officer or director of the Company, and in all cases, based on my review of previously filed Affidavits and Disclosures, no officer and director of the Company would have provided an affirmative answer to any question on Attachment 22, if an Attachment 22 had been executed by that officer or director.

Company: _____

Name: _____
General Counsel

Signature: _____

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

2010 LIHTC ATTACHMENT 29: CERTIFICATE CONCERNING ELIGIBILITY FOR THE REHABILITATION SET-ASIDE

(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: _____

Development Owner: _____ (the "Development Owner")

The undersigned, _____, hereby certifies that he/she is _____ of _____ ("Development Owner"/"Developer"/"Applicant"), and, as such _____, he/she is duly authorized to provide the following certifications and representations to the Tennessee Housing Development Agency in connection with the Initial Application submitted to the Tennessee Housing Development Agency requesting 2010 low income housing tax credits (the "Initial Application") from the Rehabilitation Set-Aside for the development described in the Initial Application:

Under penalty of perjury, I hereby certify:

I am providing this certification in connection with the Initial Application of even date herewith submitted to the Tennessee Housing Development Agency ("THDA") requesting an allocation of 2010 Low Income Housing Tax Credits ("Tax Credits") from the Rehabilitation Set-Aside pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and under the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for 2010 (the "QAP"). I understand that THDA requires and will rely on this certification to determine whether the Development, as proposed in the Initial Application, is eligible for an award of Tax Credits from the Rehabilitation Set-Aside.

1. The attached are copies of the final certificates of occupancy from the original completion of construction for all buildings in the Development. Based on these documents, I hereby certify that original completion of construction of the Development occurred prior to January 1, 1997;
2. Based on the property control documents submitted with this Initial Application pursuant to Part VII-A-7 of the QAP, I hereby certify that the acquisition cost of the development is \$ _____; and
3. As of the date of this Initial Application (or no more than 180 days prior thereto) the total replacement cost for this development is \$ _____. This total replacement cost is based on [list and attach a copy of all documents/materials relied upon] _____

It is my intention that this certification be relied upon solely by THDA in making its determination as to the eligibility of the Development, as proposed in the Initial Application, to receive Tax Credits from the Rehabilitation Set-Aside as proposed in the Initial Application and for no other purpose.

DEVELOPMENT OWNER/DEVELOPER/APPLICANT:

Date: _____

By: _____
(signature or name if not an individual)

(print or type name)

(title)

By: _____
(signature or name if not an individual)

(print or type name)

(title)

STATE OF _____)

COUNTY OF _____)

Before me, _____, a Notary Public of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself/himself to be a/the _____ of _____, the within named 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 _____, 2010.

Notary Public

My Commission Expires: _____

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 2010 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2010 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 2010 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 2010 QAP.

b. Any reservation or allocation of Tax Credits, or the amount thereof, if any, is subject, in all respects, to (i) all requirements of the 2010 QAP; and (ii) all requirements of Section 42 of the Code and all Regulations.

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

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

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

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

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

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

6. To the best of my knowledge and belief, the information contained in the Application, in any Attachments in support thereof, or documentation otherwise submitted to THDA in connection with the Tax Credit program is true, correct, and complete and is truly descriptive of the Development.

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

DEVELOPMENT OWNER:

Date: _____

By: _____
(signature or name if not an individual)

(print or type name)

(title)

By: _____
(signature or name if not an individual)

(print or type name)

(title)

DEVELOPER:

Date: _____

By: _____
(signature or name if not an individual)

(print or type name)

(title)

By: _____
(signature or name if not an individual)

(print or type name)

(title)

STATE OF _____)

COUNTY OF _____)

Before me, _____, a Notary Public of the state and county mentioned, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself/himself to be a/the _____ of _____, the within named 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 _____, 2010.

Notary Public

My Commission Expires: _____