Tennessee Housing Development Agency

Leading Tennessee Home

TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

2010 Final Application

FOR DEVELOPMENTS REQUESTING IRS FORMS 8609 IN 2010

TENNESSEE HOUSING DEVELOPMENT AGENCY
LIHTC VERIFICATION FORM BY BUILDING

Complete one form per development – make additional copies if needed

Ownership Entity Name:_____

Ownership Entity Address: _____City:_____

Ownership Entity State: _____ Zip _____ Ownership Entity Taxpayer ID:_____

	Building #____	Building #____	Building #____	Building #____	TOTAL ALL BLDGS.
1. ADDRESS INFORMATION					
A. Street Address	_____	_____	_____	_____	XXXXX
B. City	_____	_____	_____	_____	XXXXX
C. Zip	_____	_____	_____	_____	XXXXX
2. TOTAL DEVELOPMENT COSTS	_____	_____	_____	_____	_____
3. BASIS INFORMATION					
A. Eligible Basis- ACQ	_____	_____	_____	_____	_____
B. Eligible Basis- Construction & Rehab.	_____	_____	_____	_____	_____
C. Applicable Fraction	_____	_____	_____	_____	XXXXX
D. Qualified Basis = **(3.A + 3.B) x 3.C**	_____	_____	_____	_____	_____
4. TAX CREDIT PERCENTAGE **Choose One for Placed In Service**					
A. Acquisition	_____	_____	_____	_____	XXXXX
B. Rehabilitation	_____	_____	_____	_____	XXXXX
C. Carryover Agreement	_____	_____	_____	_____	XXXXX
D. LIHTC Qualified Building Basis Multiplied by LIHTC %	_____	_____	_____	_____	XXXXX
5. HIGH COST AREA					
QCT / DDA /Small & Rural 2008, 2009 & 2010 Applicants @ 1.3%	_____	_____	_____	_____	XXXXX
6. DATE BUILDING PLACED IN SERVICE					
A. New Const/Rehab Date	_____	_____	_____	_____	XXXXX
B. Acquisition Date	_____	_____	_____	_____	XXXXX
C. First taxable year for bldg.	_____	_____	_____	_____	XXXXX

Information requested is to be supplied on each individual residential building in the development. IRS Form 8609 will be based on the information on this form. Information presented on this form and information presented in the cost certification or final application may cause the allocation to be void. Applicants are encouraged to seek the assistance of a tax professional in the preparation of this form.

_____ _____

Signature of Applicant/Owner **Date**

TENNESSEE HOUSING DEVELOPMENT AGENCY
LIHTC VERIFICATION FORM BY BUILDING
Definitions of key terms

Address Information

This information pertains to the address of the actual building, not the management office, ownership entity.

Total Development Costs

The portion of the total development costs attributable to the specific building. The sum of the total development costs for all buildings should equal Column A, Line 11, Schedule of Final Costs.

Basis Information

Eligible basis is based on costs used to determine the depreciable basis of the building. The sum of the eligible basis for all buildings should equal the sum of Columns B and C, Line 11, Schedule of final costs.

The applicable fraction is the portion or percentage of the building representing qualified low income units, based on the lesser of floor space ratio or unit ratio.

Tax Credit Percentage

When a development receives a Carryover Allocation, the applicant must choose the Tax Credit Percentages for either (1) month the building is placed in service for rehabilitation or the month the building was placed in service for acquisition. (2) Fixed 9%. Consult your Carryover Allocation Agreement to determine your election. For developments that are placed in service prior to the end of the year in which application was made, use the percentages for the month the building was placed in service.

High Cost Area

If the development is located in a Qualified Census Tract or a Difficult Development Area as defined by HUD or if the development qualified for the Small Development Set-Aside and is located in a rural county for 2008, 2009 and 2010 applicants enter 130%.

Placed In Service Date

- The date the first unit in the building is available for occupancy
- The date the building was acquired (acquisition credit only)
- In general, the first taxable year is the first calendar year in which Tax Credits are claimed for the building.

FORMAT OF ACCOUNTANT'S LETTER

Must be submitted with Certificate of Actual Cost and Schedule of Actual Cost.

INDEPENDENT AUDITOR'S REPORT
(Please use accountant's letterhead.)

DATE:

TO: Attention: Multifamily Development
Tennessee Housing Development Agency
404 James Robertson Parkway, Suite 1200
Nashville, TN 37243-0900

RE: **Owner's Name:** _____

Development Name: _____

Development Address: _____

THDA Development Number: **TN __ __ - __ __ __**

We have audited the costs included in the accompanying Tennessee Housing Development Agency Final Cost Certification Schedule of Actual Costs and Eligible Basis (the "Final Cost Certification") of _____ (the "Owner") for _____ (the "Project") as of _____(Date). The Final Cost Certification Schedule of Actual Costs and Eligible Basis is the responsibility of the Owner's management. Our responsibility is to express an opinion on the Final Cost Certification Schedule of Actual Costs and Eligible Basis based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Final Cost Certification Schedule of Actual Costs and Eligible Basis is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosure in the Final Cost Certification Schedule of Actual Costs and Eligible Basis. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluation of the overall Final Cost Certification Schedule of Actual Costs and Eligible Basis presentation. We believe that our audit provides a reasonable basis for our opinion.

The accompanying Final Cost Certification Schedule of Actual Costs and Eligible Basis was prepared in conformity with the accounting practices prescribed by the Internal Revenue Service, under the accrual method of accounting, and in conformity with the format and qualified allocation plan rules set by THDA, which is a comprehensive basis of accounting other than generally accepted accounting principles. In preparing the accompanying Final Cost Certification Schedule of Actual Costs and Eligible Basis we discussed with the Owner Internal Revenue Service Technical Advice Memoranda (Private Rulings 200043015, 200043016, 200043017, 200044004, and 200044005). The accompanying Final Cost Certification Schedule of Actual Costs and Eligible Basis has been prepared with knowledge of Internal Revenue Service Technical Advice Memoranda (Private Rulings 200043015, 200043016, 200043017, 200044004, and 200044005).

In our opinion the Final Cost Certification Schedule of Actual Costs and Eligible Basis presents fairly, in all material respects, the actual costs and eligible basis of the Owner for the Project as of _____(Date) on the basis of accounting described above.

This report is intended solely for the information and use of management of the Owner and for filing with THDA and should not be used for any other purpose.

We have no financial interest in the Project other than in the practice of our profession.

_____
Certified Public Accountant(s)

CERTIFICATE OF ACTUAL COST

Name of Development:_____

Address of Development:_____

Owner of Development:_____

THDA Development #: TN __ __ -- __ __ __

Contractor:_____

As owner and managing general partner of _____ (development), I (we) certify that the actual costs as listed in the attached Schedule of Actual Costs and Eligible Basis for labor, materials, and necessary services for the construction of the physical improvements in connection with the development referenced on this certificate, after deduction of all kick-backs, rebates, adjustments, or discounts made or to be made to the owner, or any corporation, trust, partnership, joint venture, or other legal or business entity in which the owner, or any of its members, stockholders, officers, directors, beneficiaries, or partners hold any interest, is as represented herein.

In preparing the Schedule of Actual Costs and Eligible Basis I (we) and the Certified Public Accountant performing the audit have discussed Internal Revenue Service Technical Advice Memoranda (Private Rulings 200043015, 200043016, 200043017, 200044004, and 200044005). The accompanying Schedule of Actual Costs and Eligible Basis has been prepared with knowledge of Internal Revenue Service Technical Advice Memoranda (Private Rulings 200043015, 200043016, 200043017, 200044004, and 200044005).

This Certificate of Actual Cost must be supported by an opinion in the form attached by an independent Certified Public Accountant.

All Rural Housing Development 515 developments must submit the Rural Housing Estimate and Certificate of Actual Cost Form No. 1924-13 along with this Certificate of Actual Cost.

BY:_____ DATE:_____

SCHEDULE OF ACTUAL COSTS AND ELIGIBLE BASIS

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 added to categories must be satisfactorily explained to be considered.

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

Signature of Certified Public Accountant _____ _____
Date

Signature of Owner _____ _____
Date

	A ACTUAL COST	B ACQUISITION	C REHAB/ NEW CONST.
5. Interim Costs			
Property Ins. Paid by Owner during Construction (include verification from local jurisdiction)			
Construction Interest			
Construction Loan Origin Fee			
Construction Loan Credit Enhance.			
Property Taxes During Construction			
Subtotal			
6. Financing Fees and Expenses			
Credit Report		XXXXXX	XXXXXX
Permanent Loan Origin Fee		XXXXXX	XXXXXX
Perm Loan Credit Enhancement		XXXXXX	XXXXXX
Cost of Issuance / Underwriter		XXXXXX	XXXXXX
Title and Recording		XXXXXX	XXXXXX
Counsel's Fee		XXXXXX	XXXXXX
Subtotal		XXXXXX	XXXXXX
7. Soft Costs			
Property Appraisal			
Market Study			
Environmental Study			
Physical Needs Appraisal+			
Tax Credit Fees		XXXXXX	XXXXXX
Monitoring Fees		XXXXXX	XXXXXX
Rent-Up		XXXXXX	XXXXXX
Subtotal			
8. Syndication Costs			
Organizational (Partnership)		XXXXXX	XXXXXX
Bridge Loan Fees & Expenses		XXXXXX	XXXXXX
Tax Opinion		XXXXXX	XXXXXX
Subtotal		XXXXXX	XXXXXX
9. Developer's Costs			
Developer's Overhead			
Developer's Fee			
Consultants			
Subtotal			
10. Project Reserves			
Rent-up Reserve		XXXXXX	XXXXXX
Operating Reserve		XXXXXX	XXXXXX
Subtotal		XXXXXX	XXXXXX
11. Total			

Signature of Certified Public Accountant _____ _____
Date

Signature of Owner _____ _____
Date

Tennessee Housing Development Agency
Format of Syndication Agreement Letter
To be submitted on investor's letterhead

Attention: Multifamily Development
Tennessee Housing Development Agency
404 James Robertson Parkway, Suite 1200
Nashville TN 37243-0900

Re: _____(development name)___ _TN_____--_____

_____(name of investor)___ has agreed to purchase a XX% interest in the captioned development. It is anticipated that the $XX.00 in federal low income housing tax credits allocated to this development would generate gross proceeds in the approximate amount of $XX.00. The sale of these credits would be by a (mark one)

_____ Public syndication

_____ Private offering

Net syndication proceeds would be determined by subtracting the syndication costs from the gross proceeds as follows:

Gross Proceeds $_____

Investor Expenses

Investor fees (acquisition, advisory, etc.)	$_____
Organizational and offering expenses	$_____
Acquisition expenses	$_____
Reserves or working capital	$_____
Other (explain)	$_____
Total Investor Expenses	$_____

Partnership Expenses	$_____
Legal expenses	$_____
Accounting expenses	$_____
Other (explain)	$_____
Total Partnership Expenses	$_____

	Less
Total Expenses	$_____
Net Proceeds	$_____
Total Expenses / Net Proceeds	_____%

The projected net proceeds would be equivalent to $.XX for each $1.00 total credit reserved to the development.

Sincerely,

Authorized Signatory

FINAL APPLICATION
INSTRUCTIONS

LOW-INCOME HOUSING TAX CREDIT
PROGRAM YEARS 2008, 2009 and 2010

Development Name: _____

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING A FINAL APPLICATION:

As required in the Tennessee Housing Development Agency Low-Income Housing Tax Credit Qualified Allocation Plans for 2008, 2009 and 2010 (the "QAP"), and by IRS Section 42(m)(2), THDA evaluates the low income housing tax credit dollar amount at the Initial Application, the Carryover Application and the Final Application. IRS Section 42(m)(2) also requires that THDA consider the reasonableness of the development and operation costs of the project in determining the final amount of credits. Any changes showing reduced costs in this Final Application from the Carryover Application may result in a reduction in the amount of low income housing tax credits that this development may receive.

An original and three (3) copies of all documentation required as part of the Final Application must be submitted by or before **December 1, 2010**. Developments which received a Carryover Allocation in 2008 must be completed and placed in service by December 31, 2010.

An Exchange Development that originally had a valid 2007 Carryover Allocation Agreement and meet all other requirements of Part XVIII of the 2009 QAP must have one hundred percent (100%) of the low-income units in the Exchange Development ready for lease-up **no later than December 31, 2010.** Certificates of occupancy for one hundred (100%) of the low-income units in the Exchange Development shall be delivered to THDA **no later than 4:00 CDT on January 15, 2011**, together with a Final Application as specified in Part XI of the 2009 QAP.

If circumstances concerning your development make the December 1, 2010 deadline impossible to meet, you may request an extension of that deadline. Be very specific in your request to explain why you are unable to meet the December 1, 2010 deadline. The request must be received in THDA's office no later than 1:00 PM CST December 1, 2010, in order to be reviewed and considered. We will contact you with a response.

It is extremely important that these forms are completed fully and correctly as this will affect your final allocation of tax credits. Be especially careful to tell us how you want the allocation distributed on a per building basis and the date the building was placed in service. THDA determines the final amount of credits which will be allocated to the total development, but we depend on you to determine how that final allocation will be distributed on a per building basis.

The information that you supply THDA to complete the IRS Form(s) 8609 for each building must be highly accurate in order to insure your ability to claim the maximum credits from the total allocation during the credit period. **If you are unsure about this information, seek guidance from your accountant on these important determinations.**

Cost Certification information submitted must be complete, with all costs included in the Cost Certification in order to be evaluated for the final allocation of credits. Late or additional costs will not be considered in the final evaluation.

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

THDA may issue the Land Use Restrictive Covenant document prior to receiving your Final Application. The Land Use Restrictive Covenant must be executed and recorded in the county where the development is located no later than December 31, 2010, in order to claim tax credits for the 2010 calendar year. Please contact the Multifamily Development Division for further instructions if you are planning to defer tax credits in the first year.

THDA will begin issuing IRS Form(s) 8609 to qualified development owners in March, 2011. If you have questions, call **Rebecca Scott at 615-815-2144**.

THDA WILL RETURN INCOMPLETE APPLICATIONS TO THE APPLICANT. THIS WILL JEOPARDIZE YOUR FINAL ALLOCATION OF CREDITS.

FINAL APPLICATION
CHECKLIST

Development Name:_____

A Final Application and supporting documentation (including **an original and three (3) copies** of each) must be submitted to THDA in the following order (*Check boxes of items submitted*):

- ❑ A. Mandatory - Final Application Checklist (this checklist).
- ❑ B. Mandatory - Statement of Application and Certification (*Required for Ownership Entity identified in Section 3 of the Final Application* <u>*and*</u> *for Developer identified in Section 4 of the Final Application*)
- ❑ C. Mandatory - LIHTC Verification Form by Building
- ❑ D. Mandatory - Final Cost Certification (includes accountant's letter, certificate of actual costs, and schedule of actual costs and eligible basis)
- ❑ E. Mandatory - Syndication Agreement Letter
- ❑ F. Mandatory - A Certificate of Occupancy for each building. If Certificates of Occupancy are not issued for rehabilitation, a letter, which has been written on letterhead, from the head of planning from the local municipality may be submitted.
- ❑ G. Mandatory - Compliance Monitoring Fee (certified funds only) Note: THDA will not review final applications that do not include the full Compliance Monitoring Fee
- ❑ H. Mandatory - Original executed and recorded Land Use Restrictive Covenant including a correct legal description
- ❑ I. Mandatory - Final Application Form (pages 1-8) and all documents and applicable Attachments as required
- ❑ J. Mandatory – color photographs (at least 4"x 6") of the development including at least 1 showing development signage with an identifiable portion of the development and at least 4 additional color photographs of the development showing views from the north, south, east and west respectively.
- ❑ K. **Attachments 1 – 16 are mandatory if there have been any changes since the Initial Application and/or Carryover Application. Not including a particular Attachment will be treated as a certification made under penalty of law that no change has occurred with respect to the information required by that Attachment.**
  - ❑ Attachment 1 – Determination of Applicable Fraction
  - ❑ Attachment 1A – Development Construction Data
  - ❑ Attachment 2 – Unit Information - Low Income Units Only
  - ❑ Attachment 3 – Unit Information - Market Rate Units Only
  - ❑ Attachment 4
    - ❑ A - Partnership
    - ❑ B - Corporation
    - ❑ C - Limited Liability Company

  - ❑ Attachment 5

- ❑ A - Partnership
- ❑ B - Corporation
- ❑ C - Limited Liability Company

❑ Attachment 7 – Monthly Utility Allowance Calculations

❑ Attachment 8 – Sources and Uses of Funds

❑ Attachment 9 – Construction Financing

❑ Attachment 10 – Permanent Financing

❑ Attachment 11 – Sources of Federal, State or Local Government Subsidies (*Required only if federal, state or local government subsidies are expected as part of the financing for the completed development*)

❑ Attachment 12 – Syndication Information

❑ Attachment 13 – Annual Expense Information

❑ Attachment 16 – Calculation of Potential Tax Credits

❑ L. The following Attachments are mandatory if the conditions associated with the Attachment are met:

❑ **Attachment 17-** Form of Opinion Letter For Non-Profit Set-Aside **-** if the development received tax credits from the Non-Profit Set Aside **(Use Attachment 17A or 17B depending on ownership structure at placed in service. Contact THDA if the ownership structure is other than described in Attachment 17A or 17B).**

❑ Attachment 22 - if individuals participating in ownership entity or developer entity have changed

❑ Attachment 27 - if the development received tax credits from the Public Housing Authority Set-Aside **using HOPE VI funds**

❑ M. Mandatory - The following Attachments:

❑ Attachment 6 – Other Development Participants

❑ Attachment 20 - Certificate Regarding Eligibility for Low Income Housing Tax Credits

❑ Attachment 25 - Units Designed for Special Housing Needs

❑ Attachment 30 - Original Architect Certification on Architect's letterhead (Contact THDA if the development contains less than 11 units for the form of contractor certification)

❑ N. The following Attachments are not required: 14, 15, 18, 19, 21, 23, 24, 26, 28 and 29.

TENNESSEE HOUSING DEVELOPMENT AGENCY
Low-Income Housing Tax Credit Application

Program Years 2008, 2009 and 2010

FINAL APPLICATION

Date of Application:_____

Anticipated Date for Investor Delivery of IRS Form 8609:_____

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

A. Development Name:_____

B. Development Address:_____County:_____

City:_____ State: **TN** Zip Code:_____

C. Set-Aside from which Tax Credits were allocated: ❑ Non-profit ❑ QCT ❑Rural ❑ Rehabilitation ❑PHA ❑ Small Development

D. Development Type (check one): ❑ New Construction ❑ Rehabilitation ❑ Acquisition and Rehabilitation ❑ Scattered site ❑ Downtown Business District

2. UNIT INFORMATION

A. Total number of residential buildings proposed: _____

❑ Attachment 1A - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 1A – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

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: _____%

❑ Attachment 1 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 1 – NOT INLCUDED because this information is the same as information submitted at Initial and/or Carryover

D. Total number of residential units to be restricted for low income tenants: _____

❑ Attachment 2 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 2 – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

E. Total number of market rate residential units: _____

❑ Attachment 3 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 3 – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

❑ Attachment 3 – NOT APPLICABLE because there are no market rate units

F. Total number of units designed for Special Housing Needs: _____

❑ Attachment 25 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 25 – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

❑ Attachment 25 – NOT APPLICABLE because there are no units designed for special housing needs

3. APPLICANT/OWNERSHIP ENTITY

A. Name and Address of Ownership Entity (*This is the entity to whom tax credits may be awarded and should be the same entity identified on the Carryover Allocation Agreement*):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax :(_____) _____ E-Mail: _____

❑ This Ownership Entity and the form of Attachment 4 relevant to this Ownership Entity do not reflect any change from the information on Attachment 4 as submitted at Initial or Carryover.

❑ This Ownership Entity and the form of Attachment 4 relevant to this Ownership Entity do reflect changes from the information on Attachment 4 submitted at Initial or Carryover.

B. The Ownership Entity is validly formed and currently in existence in the State of _____ (*Attach a certificate of existence for Ownership Entity formed and currently in existence in Tennessee dated not more than 30 days prior to the date of this Application OR attach a certificate of authorization to do business in Tennessee and a certificate of existence for Ownership Entity from the state in which it is formed and currently in existence, both dated not more than 30 days prior to the date of this Application*)

C. Ownership Entity Information (*check only one. Complete the relevant version of Attachment 4 if the Ownership Entity, identified in 3.A. above, includes individuals or entities different from those on the relevant Attachment 4 submitted at Initial or Carryover and submit all completed Attachments 22*)

Type of Ownership Entity:	Tax ID Number:
❑ Limited Partnership (**Attachment 4A**)	_____
❑ General Partnership (**Attachment 4A**)	_____
❑ Limited Liability Partnership (**Attachment 4A**)	_____
❑ Limited Liability Corporation (**Attachment 4C**)	_____
❑ Corporation (**Attachment 4B**)	_____
❑ Individual (*use social security number*)	_____

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

E-Mail Address: _____

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: (_____)_____

❑ This Developer and the form of Attachment 5 relevant to this Developer do not reflect any change from the information on Attachment 5 as submitted at Initial or Carryover.

❑ This Developer and the form of Attachment 5 relevant to this Developer do reflect changes from the information on Attachment 5 as submitted at Initial or Carryover.

B. Developer Entity information (*Check only one. Complete the relevant version of Attachment 5 if the Developer, identified in 4.A.above, includes individuals or entities different from those on the relevant Attachment 5 submitted at Initial or Carryover and submit all completed Attachments 22)*

Type of Developer Entity:	Tax ID Number:
❑ Limited Partnership (**Attachment 5A**)	_____
❑ General Partnership (**Attachment 5A**)	_____
❑ Limited Liability Partnership (**Attachment 5A**)	_____
❑ Limited Liability Corporation (**Attachment 5C**)	_____
❑ Corporation (**Attachment 5B**)	_____
❑ Individual (U*se social security number*)	_____

5. OTHER DEVELOPMENT PARTICIPANTS

A. *Complete and* submit **Attachment 6 - MANDATORY**

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:

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

2. Developer identified in Section 4 of this Final Application: ❑ Yes ❑ No

3. Any individual directly or indirectly involved with the Ownership Entity: ❑ Yes ❑ No

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

5. Any other entity identified on Attachment 6: ❑ Yes ❑ No

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

C. Does the Ownership Entity identified in Section 3 of this Final 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 Final 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 Final 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 Final Application: ❑ Yes ❑ No

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

3. Any entity identified on Attachment 6: ❑ Yes ❑ No

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

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

E. **Attach as many additional pages as necessary to explain all "Yes" responses in section 5B or 5C or 5D of this Final Application.**

6. DEVELOPMENT INFORMATION

A. Type of Housing

❑ Multifamily Housing ❑ Transitional Housing

❑ Single Room Occupancy Housing ❑ Congregate Care Facility

❑ Housing for the Elderly ❑ Assisted Living Facility

❑ Single Family Dwelling ❑ Other _____

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

C. Following rehabilitation or construction, will all rental residential units for low-income households:

be in a decent, safe and sanitary condition suitable for occupancy by these households:
❑ Yes ❑ No

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

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

Accessory Buildings & Area: _____

Recreational Facilities: _____

Commercial Facilities: _____

Common Areas: _____

Kitchen/Dining Facilities: _____

Clinic/Medical/Nursing Facilities: _____

Other: _____

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

If yes, describe all services to be provided:

_____

_____

_____

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

If yes, describe relocation assistance to be provided: _____

_____

_____

7. SECTION 42 IRREVOCABLE SET-ASIDE ELECTIONS – MADE IN INITIAL APPLICATION

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. Tax Map and Parcel numbers for all parcels or tracts of land:_____

E. Exact area of site in acres: _____

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

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

_____

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

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

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

_____

_____

9. RENTAL ASSISTANCE

A. Do or will tenants in the development receive or benefit from rental assistance? ❑ Yes ❑ No

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

- ❑ Section 8 New Construction or Substantial Rehabilitation
- ❑ Section 8 Development Based Assistance
- ❑ Section 8 Moderated Rehabilitation
- ❑ Section 8 Tenant Based Vouchers
- ❑ RHCDS (Formerly FmHA) Rental Assistance
- ❑ Other federal, state, or local assistance (please describe) _____

C. Number of units receiving Assistance: _____

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

E. Does the owner receive Section 8CA Project Base Assistance: ❑ Yes ❑ No

10. MONTHLY UTILITY ALLOWANCE CALCULATIONS

❑ Attachment 7 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 7 – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

11. SOURCE OF FUNDS

❑ Attachment 8 - INCLUDED because this information is different from information submitted at Initial and/or Carryover

❑ Attachment 8 – NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

12. CONSTRUCTION FINANCING

- ❑ Attachment 9 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 9 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

- ❑ Attachment 11 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 11 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover
- ❑ Attachment 11 - NOT APPLICABLE because no federal, state or local government subsidies are involved

- ❑ Attachment 27 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 27 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover
- ❑ Attachment 27 - NOT APPLICABLE because no HOPE VI funding is involved.

13. PERMANENT FINANCING

- ❑ Attachment 10 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 10 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

- ❑ Attachment 11 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 11 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover
- ❑ Attachment 11 - NOT APPLICABLE because no federal, state or local government subsidies are involved

- ❑ Attachment 27 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 27 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover
- ❑ Attachment 27 - NOT APPLICABLE because no HOPE VI funding is involved.

14. SYNDICATION INFORMATION

- ❑ Attachment 12 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 12 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

15. ANNUAL EXPENSE INFORMATION

- ❑ Attachment 13 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 13 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

16. CALCULATION OF POTENTIAL TAX CREDITS

- ❑ Attachment 16 - INCLUDED because this information is different from information submitted at Initial and/or Carryover
- ❑ Attachment 16 - NOT INCLUDED because this information is the same as information submitted at Initial and/or Carryover

17. ELIGIBILITY

A. NON-PROFIT SET-ASIDE - Complete and submit an original **Attachment 17-** Form of Opinion Letter Regarding Qualification for Non-Profit Set-Aside (Use **Attachment 17A or 17B** depending on ownership structure at placed in service. Contact THDA if the ownership structure is other than described in **Attachment 17A or 17B**)

B. ELIGIBLE DEVELOPMENT - Complete and submit an original **Attachment 20** - Certificate Regarding Eligibility for Low Income Housing Tax Credits

C. DEVELOPMENT PARTICIPANTS - *Complete and submit an* **Attachment 22** *for each individual identified in Section 3or Section 4 of this Final Application* ***or*** *in Attachment 4A or 4B or 4C* ***or*** *in Attachment 5A, or 5B or 5C* ***IF*** *it is an individual for whom an Attachment 22 was not submitted with the Initial Application or with the Carryover Application.*

D. PROPERTY ACQUISITION– A document from the list below must be attached to demonstrate title to the property vested in the ownership entity *(documents attached must be fully executed, include the legal description of property on which the Development is located and be recorded in the county in which the property is located*).

Check which one of the following is attached (*must meet requirements of the QAP*):

- ❑ Warranty deed
- ❑ Quitclaim deed
- ❑ Trustee deed
- ❑ Court order
- ❑ Ground Lease (50 years or more)
- ❑ Eminent domain
- ❑ PILOT Agreement, deed and lease

18. ARCHITECT CERTIFICATION REGARDING REQUIREMENTS AND POINTS TAKEN AT INITIAL APPLICATION

Complete and submit an original Attachment 30 on the Architect's letterhead in reference to Fair Housing Act compliance, Americans with Disabilities Act compliance, building codes and each of the following, as applicable:

- ❑ Rehabilitation expenditure
- ❑ Vinyl siding
- ❑ CABO model energy code
- ❑ Maintenance free exterior
- ❑ 65% brick, stone, or cement fiber siding exterior
- ❑ Addition / Replacement of major building components
- ❑ Units fully equipped for persons with disabilities
- ❑ Units for large families
- ❑ Single room occupancy units
- ❑ Units for the elderly
- ❑ Energy Star or Energy Star equivalent items
- ❑ National Register of Historic Place
- ❑ Permanent, non-transient housing for households previously homeless
- ❑ Hard wired smoke detectors (2010 only)

2010 LIHTC ATTACHMENT 1: DETERMINATION OF APPLICABLE FRACTION

(Required if changes occurred since Initial Application and/or Carryover Application)

	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*	Provide the full address for each building as it is expected to appear on the 8609 form and LIHTC Verification Form by Building.
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								

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*	Provide the full address for each building as it is expected to appear on the 8609 form and LIHTC Verification Form by Building.
BLDG 21								
BLDG 22								
BLDG 23								
BLDG 24								
BLDG 25								
BLDG 26								
BLDG 27								
BLDG 28								
BLDG 29								
BLDG 30								
BLDG 31								
BLDG 32								
BLDG 33								
BLDG 34								
BLDG 35								

*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 _____

TOTAL HEATED RESIDENTIAL SQUARE FOOTAGE IN DEVELOPMENT _____

ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA

(Required if changes occurred since Initial Application and/or Carryover Application)

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.**

ATTACHMENT 2: UNIT INFORMATION
LOW-INCOME UNITS ONLY
(Required if changes occurred since Initial Application and/or Carryover Application)

UNITS SET ASIDE FOR TENANTS AT 50% OF MEDIAN INCOME					
BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FT.	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 FT.	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? _____%

ATTACHMENT 3: UNIT INFORMATION
MARKET RATE UNITS ONLY
(Required if changes occurred since Initial Application and/or Carryover Application)

BDR SIZE	# OF UNITS	SQ. FT. PER UNIT	TOTAL SQ FT.	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? _____%

ATTACHMENT 4A: TYPE OF OWNERSHIP ENTITY—

LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP
(Required if changes occurred since Initial Application and/or Carryover Application)

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

(i) Name of General Partner:_____

Address:_____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (*complete 2.A. below*);
❑ corporation (*complete 2.B. below*); ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

(ii) Name of General Partner:_____

Address:_____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (*complete 2.A. below*);
❑ corporation (*complete 2.B. below*); ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (complete 2.A. below);
❑ corporation (*complete 2.B. below*); ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

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 for **each** general partner of any general partner identified as a partnership in 1.C. (*attach additional pages if needed to provide complete information*).

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i) below*);

❑ corporation (*complete 3.A.(ii) below*); ❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i) below*);

❑ corporation (*complete 3.A.(ii) below*); ❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership:_____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i) below*);

❑ corporation (*complete 3.A.(ii) below*); ❑ limited liability company (*complete 3.A.(iii) below*

State of Formation: _____

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 and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company*). (A*ttach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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 and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (*attach additional pages if needed to provide complete information*)

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the 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. (attach additional pages if needed to provide complete information).

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

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.:

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/officers, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 4B: TYPE OF OWNERSHIP ENTITY—CORPORATION
(Required if changes occurred since Initial Application and/or Carryover Application)

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 (c*omplete 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; 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

Name:
_____
Title:
_____
Type of Entity:
_____
Address:
_____
_____
Telephone No.:
_____

Name:
_____
Title:
_____
Type of Entity:
_____
Address:
_____
_____
Telephone No.:
_____

Name:
_____
Title:
_____
Type of Entity:
_____
Address:
_____
_____
Telephone No.:
_____

DIRECTORS

Name:
_____
Type of Entity:
_____
Address:
_____
_____
Telephone No.:
_____

Name:
_____
Type of Entity:
_____
Address:
_____
_____
Telephone No.:
_____

Name:
_____
Type of Entity:
_____
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.:
_____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i). below*);

❑ corporation (*complete 3.A(ii). below*); ❑ limited liability company (*complete 3.A(iii). below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i). below*);

❑ corporation (*complete 3.A(ii). below*); ❑ limited liability company (*complete 3.A(iii). below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i). below*);

❑ corporation (*complete 3.A(ii). below*); ❑ limited liability company (*complete 3.A(iii). below*)

State of Formation: _____

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; 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: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (attach additional pages if needed to provide complete information).

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

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.:

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide the **name**, **address**, **telephone number** and **type of entity** (i.e. partnership, corporation, limited liability company or individual) for **each of the following**: (i) all governors/officers, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 4C: TYPE OF OWNERSHIP ENTITY—LIMITED LIABILITY COMPANY
(Required if changes occurred since Initial Application and/or Carryover Application)

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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

(i.) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A.(ii) below*)

❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii). Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A. (i) below*)

❑ corporation (*complete 3.A. (ii) below*)

❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii). Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual; ❑ partnership (*complete 3.A. (i) below*)

❑ corporation (*complete 3.A. (ii) below*)

❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

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; 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: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

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.:

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/officers, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 5A: TYPE OF DEVELOPER ENTITY—

LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR REGISTERED LIMITED LIABILITY PARTNERSHIP

(Required if changes occurred since Initial Application and/or Carryover Application)

NAME OF DEVELOPER ENTITY: _____

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

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

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 2.A. below*)

❑ corporation (*complete 2.B. below*) ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 2.A. below*)

❑ corporation (*complete 2.B. below*) ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (complete 2.A. below)

❑ corporation (*complete 2.B. below*) ❑ limited liability company (*complete 2.C. below*)

State of Formation: _____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A.(ii) below*) ❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A.(ii) below*) ❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A.(ii) below*) ❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

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 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: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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 and/or complete 3.C.(iii) if any member and/or manger listed below is a limited liability company*). (*attach additional pages if needed to provide complete information)*

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 5B: TYPE OF DEVELOPER ENTITY—CORPORATION
(Required if changes occurred since Initial Application and/or Carryover Application)

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; 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

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A(ii) below*) ❑ limited liability company (*complete 3.A(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i. below*)

❑ corporation (*complete 3.A(ii) below*) ❑ limited liability company (*complete 3.A(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (*complete 3.A.(i) below*)

❑ corporation (*complete 3.A(ii) below*) ❑ limited liability company (*complete 3.A(iii) below*)

State of Formation: _____

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; 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: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

Name:

Title:

Type of Entity:

Address:

Telephone No.:

DIRECTORS

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

Address:

Telephone No.:

Name:

Type of Entity:

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.:

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/officers, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. (*Attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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 each member and/or manager identified as a corporation in 2.C. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 5C: TYPE OF DEVELOPER ENTITY—LIMITED LIABILITY COMPANY
(Required if changes occurred since Initial Application and/or Carryover Application)

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (complete 3.A.(*i*) below)

❑ corporation (complete 3.A.(*ii*) below)

❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (complete 3.A. (*i*) below)

❑ corporation (complete 3.A. (*ii)* below)

❑ limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: ❑ individual ❑ partnership (complete 3.A. (*i*) below)

❑ corporation (complete 3.A. (*ii*) below)

❑ limited liability company (complete *3.A.(iii) below*)

State of Formation: _____

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; 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: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (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; 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/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*Attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. (*attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. (*Attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

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. (*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: _____

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. (*Attach additional pages if needed to provide complete information*).

OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

DIRECTORS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

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.: _____

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/officers, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. (*Attach additional pages if needed to provide complete information*).

GOVERNORS/OFFICERS

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Title: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MEMBERS

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

Name: _____

Type of Entity: _____

Address: _____

_____

Telephone No.: _____

MANAGERS

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.: _____

ATTACHMENT 6: OTHER DEVELOPMENT PARTICIPANTS (Required)

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: (_____) _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

ATTACHMENT 7: MONTHLY UTILITY ALLOWANCE CALCULATIONS

(Required if changes occurred since Initial Application and/or Carryover Application)

A. Complete the following:

			Allowance Amount			
Type of Utility	Owner	Tenant	1BDR	2BDR	3BDR	4BDR
Heating	❑	❑	$_____	$_____	$_____	$_____
Air Conditioning	❑	❑	$_____	$_____	$_____	$_____
Cooking	❑	❑	$_____	$_____	$_____	$_____
Lighting	❑	❑	$_____	$_____	$_____	$_____
Hot Water	❑	❑	$_____	$_____	$_____	$_____
Water	❑	❑	$_____	$_____	$_____	$_____
Sewer	❑	❑	$_____	$_____	$_____	$_____
Trash	❑	❑	$_____	$_____	$_____	$_____
TOTAL UTILITY ALLOWANCE:			$_____	$_____	$_____	$_____

B. Source of Utility Calculation*:

❑ State PHA ❑ RHCDS

❑ Local PHA ❑ Utility Company

❑ Other: _____

C. Effective Date of Utility Calculation: _____

ATTACHMENT 8: SOURCES AND USES OF FUNDS

(Required if changes occurred since Initial Application and/or Carryover Application)

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	$_____

ATTACHMENT 9: CONSTRUCTION FINANCING

(Required if changes occurred since Initial Application and/or Carryover Application)

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.

ATTACHMENT 10: PERMANENT FINANCING

(Required if changes occurred since Initial Application and/or Carryover Application)

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.

ATTACHMENT 11: GOVERNMENT SUBSIDIES

(Required if changes occurred since Initial Application and/or Carryover Application)

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

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

❑	Tax-Exempt Financing	$_____	❑	CDBG Grant	$_____
❑	CDBG Financing	$_____	❑	UDAG Grant	$_____
❑	UDAG Financing	$_____	❑	HoDAG Grant	$_____
❑	HoDAG Financing	$_____	❑	HOUSE Funds	$_____
❑	RHCDS Financing	$_____	❑	HOME Funds	$_____
❑	Local Grant	$_____	❑	HUD LMSA	$_____
❑	Section 221(d)(3) or Section 221(d)(4) or Section 223(f) mortgage insurance	$_____	❑	Section 8 Project Based Subsidy	$_____
			❑	Fannie Mae	$_____
❑	Operating subsidy	$_____	❑	Freddie Mac	$_____
❑	Other	$_____			

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

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

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

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

Date Transfer of Physical Asset approval expected: _____

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

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

_____

_____

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

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

ATTACHMENT 12: SYNDICATION INFORMATION

(Required if changes occurred since Initial Application and/or Carryover Application)

A. Type of tax credit being syndicated:

- ❑ Low income housing tax credit
- ❑ Historic rehabilitation credit

B. Total amount of Low-Income Housing Tax Credits being requested from THDA via this Application: $_____ **(From Part C of Attachment 16: Calculation of Potential Tax Credits)**

C. Type of offering:
- ❑ Public
- ❑ Private

D. Date syndication was or will be completed: _____

E. If syndication completed, amount of proceeds received: $_____

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

G. Name of Fund: _____

Name of Syndicator: _____

Address: _____

City: _____ State: ____ Zip Code: _____

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

ATTACHMENT 13: ANNUAL EXPENSE INFORMATION

(Required if changes occurred since Initial Application and/or Carryover Application)

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 $_____
   (Submit receipt from assessor's office)
2. Insurance $_____

SUB-TOTAL: $_____

OPERATING EXPENSES

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

SUB-TOTAL $_____

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

REPLACEMENT RESERVES

1. Per Unit Amount $_____ X Total # of Units _____

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

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

ATTACHMENT 16: CALCULATION OF POTENTIAL TAX CREDITS

(Required if changes occurred since Initial Application and/or Carryover Application)

		B ACQUISITION	C REHAB./ NEW CONST.
A.	Calculation pursuant to Section 42 (a) ("Method A")		
1.	Total from Attachment 15 line 11 (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 Final Application)	_____ %	_____ %
9.	Total Qualified Basis	_____	_____
10.	Multiplied by the Applicable Percentage[1]	_____ %	_____ %
11.	Total	_____	
12.	Multiplied by 130% if in a qualified census tract (from the QAP) (Rehab. /New Const. only)		_____
13.	POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A. (Amount from line 11 unless line 12 applies)	_____	_____

		A
B.	Calculation pursuant to Section 42(m)(2) ("Method B")[2]	
1.	Total from Attachment 15, line 11 (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) 815-2200 for instructions regarding the calculation pursuant to Method B.**

		A
6.	Divided by equity factor (total from line E. or line F. in 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 applicable 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.

ATTACHMENT 17A: FORM OF OPINION LETTER
REGARDING NON-PROFIT QUALIFICATION
(Required if tax credits received from non-profit set aside and nonprofit is the sole general partner or sole managing member of the ownership entity)

To be submitted on Tax Counsel's 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:

We are acting as tax counsel to the Development Owner or the Nonprofit defined below in connection with the Development. We are providing this opinion with respect to the status of _____ (the "Nonprofit") as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for **[specify year in which reservation was given]** (the "QAP") in connection with a Final Application of even date herewith (the "Final Application") submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. We understand that THDA requires and will rely solely on this opinion to determine whether the Development, as described in the Final Application, is eligible for a final allocation of Low Income Housing Tax Credits ("Tax Credits") from the Non-Profit Set-Aside described in the QAP (the "Non-Profit Set-Aside).

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

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

1. [**select one**: **a Certificate of Existence from the Tennessee Secretary of State dated _____, with respect to Nonprofit;/a Certificate of Existence from the state in which Nonprofit was organized dated _____ and a Certificate of Authority from the Tennessee Secretary of State dated_____, with respect to Nonprofit;]**
2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Nonprofit;
3. the Letter of Determination dated _____ from the Internal Revenue Service with respect to Nonprofit;
4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions;

5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions;

6. the Final Application; and

7. the Initial Application, as submitted to THDA by or on behalf of the Development Owner, proposing the Development (the "Initial Application").

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

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

2. Nonprofit was duly organized under the laws of the State of _____ on or before two years prior to the date of the Initial Application.

3. **[select one: Nonprofit is validly existing and in good standing under the laws of the State of Tennessee./ Nonprofit is validly existing and in good standing under the laws of the State of _____ and is validly authorized to transact business in the State of Tennessee.]**

4. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Development Owner.

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

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

7. The Nonprofit is authorized to materially participate (within the meaning of Section 469 (h) of the Code) in the development and operation of the Development throughout the compliance period and has materially participated (within the meaning of Section 469 (h) of the Code) in the development and operation of the Development to date.

8. The Nonprofit described in the Initial Application is the same as the Nonprofit described in the Final Application.

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

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;

2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and

3. the following fully executed contracts or agreements which indicate the role of Nonprofit in developing and operating the Development (list documents examined):

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

1. Nonprofit **[select one: owns all of the general partnership interests/is the sole managing member]** of the Development Owner.

2. The partnership agreement of Development Owner and the operating agreement for the Development do not provide for additional **[select one: general partners/managing members]** of Development Owner and provide that Non-profit may only be replaced by another Non-profit that is a qualified Non-profit organization so defined in Section 42(h)(5) of the Code and the QAP.

3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Nonprofit (within the meaning of Section 469(h) of the Code, as amended) in the development and operation of the Development throughout the compliance period.

4. No documents examined or of which we are aware limit Nonprofit's ability to materially participate in the development and operation of the Development throughout the compliance period.

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

(Name and Signature of Attorney or Firm rendering opinion)

ATTACHMENT 17B: FORM OF OPINION LETTER
REGARDING NON-PROFIT QUALIFICATION
(Required if tax credits received from non-profit set aside and nonprofit formed a corporation to be the sole general partner or sole managing member of the ownership entity)

To be submitted on Tax Counsel's 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:

We are acting as tax counsel to the Development Owner, the Nonprofit defined below or the Corporation defined below in connection with the referenced Development. We are providing this opinion with respect to the status of _____ (the "Nonprofit") as a qualified nonprofit organization, as defined in Section 42(h)(5) of the Internal Revenue Code of 1986, as amended (the "Code") and in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for **[specify year in which reservation was given]** (the "QAP") and the status of _____ (the "Corporation") as a qualified corporation, as defined in Section 42(h)(5)(D) of the Code, in connection with a Final Application of even date herewith (the "Final Application") submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. We understand that THDA requires and will rely solely on this opinion to determine whether the Development, as described in the Final Application, is eligible for a final allocation of Low Income Housing Tax Credits ("Tax Credits"), from the Non-Profit Set-Aside described in the QAP (the "Non-Profit Set-Aside).

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

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

1. [**select one**: **a Certificate of Existence from the Tennessee Secretary of State dated _____, with respect to Nonprofit;/a Certificate of Existence from the state in which Nonprofit was organized dated _____ and a Certificate of Authority from the Tennessee Secretary of State dated _____, with respect to Nonprofit;]**

2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Nonprofit;

3. the Letter of Determination dated _____ from the Internal Revenue Service, with respect to Nonprofit;

4. all records, documents or other matters related to Nonprofit as we deemed necessary to enable us to give the following opinions;

5. all records, documents or other matters related to other potential participants in the Development as we deemed necessary to enable us to give the following opinions;

6. the Final Application; and

7. the Initial Application, as submitted to THDA by or on behalf of the Development Owner, proposing the Development (the "Initial Application").

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

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

2. Nonprofit was duly organized under the laws of the State of _____ on or before two years prior to the date of the Initial Application.

3. **[select one: Nonprofit is validly existing and in good standing under the laws of the State of Tennessee./ Nonprofit is validly existing and in good standing under the laws of the State of _____ and is validly authorized to transact business in the State of Tennessee.]**

4. Nonprofit was not formed by one or more individuals or for-profit entities for the principal purpose of being included in the Non-Profit Set-Aside, Nonprofit is not controlled by any for-profit entity, and Nonprofit is not affiliated with any for-profit entity, except Corporation and Development Owner.

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

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

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

8. Nonprofit, as described in the Initial Application is the same as Nonprofit as described in the Final Application.

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

1. a Certificate of Existence for Corporation from the Tennessee Secretary of State dated _____.

2. the Articles of Incorporation, Charter, Bylaws and minutes or other corporate records of Corporation; and

3. all records, documents or other matters related to Corporation as we deemed necessary to enable us to give the following opinions.

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

1. The Corporation was duly organized, is validly existing, and is in good standing under the laws of the State of Tennessee.

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

3. No documents examined or of which we are aware authorize, permit or cause transfers of any stock in Corporation to any individual or entity other than a qualified nonprofit as defined in Section 42(h)(5) of the Code and in the QAP.

4. The Corporation is authorized to materially participate (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period and has materially participated (within the meaning of Section 469(h) of the Code) in the development and operation of the Development to date.

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

1. the fully executed partnership agreement of the Development Owner and fully executed modifications or amendments thereto, if any;

2. the fully executed operating agreement for the Development and fully executed modifications or amendments thereto, if any; and

3. the following fully executed contracts or agreements which indicate the role of Corporation in developing and operating the Development (list documents examined):

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

1. Corporation is the sole **[select one: general partner/managing member]** of Development Owner.

2. The partnership agreement of the Development Owner and/or the operating agreement for the Development do not provide for additional **[select one: general partners/managing members]**, and provide that Corporation may only be replaced by another corporation that is a qualified corporation as defined in Section 42 (h)(5)(D) of the Code or a qualified nonprofit, as defined in Section 42(h)(5) of the Code and the QAP.

3. The partnership agreement of the Development Owner and/or the operating agreement for the Development provide(s) for the material participation of Corporation (within the meaning of Section 469(h) of the Code) in the development and operation of the Development throughout the compliance period.

4. No documents examined or of which we are aware limit Corporation's ability to materially participate in the development and operation of the Development throughout the compliance period.

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

(Name and Signature of Attorney or Firm rendering opinion)

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

REQUIRED WITH EACH FINAL/PLACED IN SERVICE APPLICATION

To be submitted on Tax Counsel's 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: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

We are acting as tax counsel to the Development Owner in connection with the Development. We are providing this opinion in connection with a Final Application of even date herewith (the "Final Application") submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service pursuant to Section 42 of the Internal Revenue Code of 1986, as amended (the "Code") and the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for **[specify the year in which reservation was made]** (the "QAP"). We understand that THDA requires and will rely solely on this opinion to determine whether the Development remains eligible for an award of Tax Credits.

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

1. **(list and attach a copy of all documents/materials/certificates examined and relied upon:**

_____

_____

_____

_____

_____

_____

_____

Based on all of the foregoing, it is our opinion that there are no material differences between the Development and Development Owner, respectively, as described in the Final Application, and the Development and Development Owner, respectively, as described in the Initial Application, that have not

been disclosed to THDA. Further, based on all of the foregoing, it is our opinion that the Development, as described in the Final Application, is eligible for Tax Credits under Section 42 of the Code and under the QAP. It is our intention that this opinion be relied upon solely by THDA in making its determination as to the continuing eligibility of the Development and Development Owner to receive a final allocation of Tax Credits under Section 42 of the Code and under the QAP and for no other purpose.

(Name and Signature of Attorney or Firm rendering opinion)

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

CERTIFICATE

CONCERNING ELIGIBILITY FOR LOW INCOME HOUSING TAX CREDITS

Dated:_____

The undersigned, _____, hereby certifies that he is _____ of _____ ("Development Owner"/"Developer"/"Applicant"), and, as such _____, he/she is duly authorized to provide the following certifications and representations to _____ in connection with opinions required as part of the Final Application submitted to the Tennessee Housing Development Agency requesting a final allocation of low income housing tax credits (the "Final Application") for the development described in the Final Application:

1. The [Development Owner/Developer/Applicant] has developed, is operating, and will continue to operate a ____-unit multi-family housing development ____% of the units of which are exclusively reserved for tenants, including the disabled and/or elderly, at rents affordable to households earning 60% or less of the area medium gross income, located at _____, _____, Tennessee _____, all as further described in the Final Application (the "Development").

2. The Development is owned and operated by _____, a _____ which was formed on _____.

3. Each building within the Development currently and will, at all times during the compliance period, as extended in the Initial Application, commencing with the date such building is placed in service, (the "Compliance Period"), meet the following test [*include only the irrevocable election made in the Initial Application*]:

   (a) at least ten percent (10%) of its residential units will be "rent restricted" and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937), or

   (b) at least twenty percent (20%) of its residential units will be "rent restricted" and will be occupied by individuals whose income is equal to fifty percent (50%) or less of the area median gross income (as determined under Section 8 of the United States Housing Act of 1937), or

   (c) at least forty percent (40%) of its residential units will be "rent restricted" and will be occupied by individuals whose income is equal to sixty percent (60%) or less of area median income.

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

4. The tenants who currently occupy each unit within the Development meet the income limitations set forth above and the Development Owner has policies, procedures and staff in place to insure that tenants who will occupy each unit in the Development in the future will meet the income limitations set forth above.

5. All units in the Development currently are suitable for occupancy and all units in the Development currently are leased other than on a transient basis. The Development Owner has policies, procedures and staff in place to insure that all units in the Development will remain suitable for occupancy and all units in the Development will be leased other than on a transient basis.

6. No units are owned by an individual who occupies such unit or any person related to such person. The Development Owner has policies, procedures and staff in place to insure that no units will be owned by an individual who occupies such unit or any person related to such person.

7. No units are provided for a member of a social organization or provided by an employer for its employees. The Development Owner has policies, procedures and staff in place to insure that no units will be provided for a member of a social organization or provided by an employer for its employees

8. Each unit within the Development currently contains separate and complete facilities for living, sleeping, eating, cooking and sanitation, including, without limitation, a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink. Each unit within the Development is separate and distinct from each other unit. The Development Owner has policies, procedures and staff in place to insure that each unit within the Development will continue to contain separate and complete facilities for living, sleeping, eating, cooking and sanitation, including, without limitation, a living area, a sleeping area, bathing and sanitation facilities, a cooking range, refrigerator and sink. The Development Owner has policies, procedures and staff in place to insure that each unit within the Development will continue to be separate and distinct from each other unit.

9. All units (other than those which might be provided for a resident manager or security officer in the Development) within the Development are available to the general public, and are and rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development. The Development Owner has policies, procedures and staff in place to insure that all units (other than those which might be provided for a resident manager or security officer in the Development) within the Development will continue to be available to the general public, and will continue to be rented in a manner consistent with housing policies governing non-discrimination as set out by the rules and regulations of the Department of Housing and Urban Development.

10. No units are part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped. The Development Owner has policies, procedures and staff in place to insure that no units will become part of a hospital, nursing home, sanitarium, life-care facility, trailer park, or intermediate care facility for the mentally and physically handicapped.

11. All facilities within the Development, other than restricted units, are facilities for use by tenants which are reasonably required by and functionally related to the Development. The Development Owner has policies, procedures and staff in place to insure that all facilities within the Development, other than restricted units, will remain facilities for use by tenants which are reasonably required by and functionally related to the Development.

12. All services provided to tenants of the Development are optional and the Development Owner has policies, procedures and staff in place to insure that all services provided to tenants of the Development will remain optional. Other than rent, there are no charges to tenants in the Development for services that are not optional and are not required as a condition of occupancy.

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

_____

Development Owner/Developer/Applicant

ATTACHMENT 22*: DISCLOSURE FORM

(Required if changes occurred in Ownership Entity or Developer since Initial Application and/or Carryover Application)

In connection with a Final Application submitted to the Tennessee Housing Development Agency requesting an allocation of 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 Final Application <u>and</u> for each individual identified in Attachment 4A or 4B or 4C <u>and</u> for each individual identified in Attachment 5A or 5B or 5C.

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

❑ An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof and the details are as follows (specify entity, date of filing, type of filing, court in which filing made, circumstances that lead to the filing):

_____

_____

_____

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 Final 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 bargainor, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained.
Witness my hand and seal, at office, this _____ day of _____, 2010.

_____

Notary Public

My Commission Expires: _____

ATTACHMENT 25: UNITS DESIGNED FOR SPECIAL HOUSING NEEDS

(Required if changes occurred since Initial Application and/or Carryover Application)

Total # of Units Designed For:				
	Large Families	Persons with Disabilities	Elderly	Formerly 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				

LIHTC ATTACHMENT 27: FORM OF LETTER FROM
PHA EXECUTIVE DIRECTOR REGARDING THE HOPE VI PROGRAM
(Required if tax credits received from PHA set aside and using HOPE VI funds)

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 a Final Application for the Development (the "Final Application") submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service, I hereby certify as follows:

1. I am the duly appointed, qualified and incumbent Executive Director of the [name of housing authority].
2. HOPE VI funds in the amount of $_____ were used as part of the financing for the Development.

I understand that THDA will rely solely on this letter to determine the amount of HOPE VI funding provided to the Development in connection with the final allocation of Tax Credits from the Public Housing Authority Set-Aside.

Name: _____
Executive Director

Signature: _____

ATTACHMENT 30
FORM OF ARCHITECT'S CERTIFICATION REQUIRED AT PLACED IN SERVICE

To be submitted on Architect's 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:

I am the supervising architect with respect to the referenced Development. As required in the Tennessee Housing Development Agency Low Income Housing Tax Credit Qualified Allocation Plan for **[specify year in which reservation was given]** (the "QAP"), I am providing the following certifications as part of a Final Application submitted to the Tennessee Housing Development Agency ("THDA") in connection with placing the Development in service. I understand that THDA requires and will rely solely on this certification, with respect to the matters addressed herein, to determine whether the Development, as described in the Final Application, remains eligible for a final allocation of Low Income Housing Tax Credits ("Tax Credits").

A. I hereby certify as follows (1, 2 and 3 are required; check 4 and 5 as applicable):

1. One hundred percent (100%) of the "covered units" (as defined in the Fair Housing Act) in the Development were designed and built to meet the requirements of the Fair Housing Act.

2. All other areas in the Development that are open to the public were designed and built to meet the requirements of the Americans with Disabilities Act.

3. As designed and built, the Development meets the following (check at least one):

   (a) ___ all applicable local building codes (for developments in localities with building codes).

   (b) ___ 2003 International Building Code (for new construction of multi-family apartments of 3 or more units in localities with no building codes).

   (c) ___ 2003 International Residential Code for One- and Two-Family Dwellings (for new construction or reconstruction of single-family units or duplexes in localities with no building codes).

   (d) ___ 2003 International Property Maintenance Code (for rehabilitation of rental units in localities with no building codes).

4. ___ The Development involves rehabilitation and, as designed and built, rehabilitation hard costs for the Development are $_____ and total development costs are $_____.

5. ___ The Development has vinyl siding on all or a portion of the exterior and, as designed and built, all vinyl siding on all buildings in the Development meets a 15-year maintenance free standard.

6. ___ Hard wired smoke detectors.

B. I further certify as follows for purposes of points previously awarded to the initial application involving the Development (check all that apply):

1. ___ The Development, as designed and built, meets the standards of the Council of American Building Officials Model Energy Code (for new construction).

2. ___ The Development, as designed and built, includes one or more of the following on the exterior of each building making up the Development (for new construction) (check all that apply):

   (a) ___ brick

   (b) ___ stone

   (c) ___ cement fiber siding

   (d) ___ vinyl that meets a 15-year maintenance-free exterior standard

3. ___ The Development, as designed and built, has a minimum of 65% of the exterior wall surfaces below the plate line of each building making up the Development covered with one or more of the following (for new construction) (check all that apply):

   (a) ___ brick

   (b) ___ stone

   (c) ___ cement fiber siding

4. ___ The Development, as designed and built, added the following major building components or replaced a minimum of fifty percent (50%) of the following major building components (for rehabilitation) (check all that apply):

   (a) ___ roof structures

   (b) ___ wall structures

   (c) ___ floor structures

   (d) ___ foundations

   (e) ___ plumbing systems

   (f) ___ central heating and air conditioning systems

   (g) ___ electrical systems

   (h) ___ doors and windows

   (i) ___ kitchen cabinets and kitchen countertops and all existing kitchen appliances

   (j) ___ parking lots

   (k) ___ elevators

   (l) ___ fire/safety systems

5. ___ All units in the Development contain the following ENERGY STAR compliant items or ENERGY STAR equivalent items (check all that apply):

   (a) ___ Dishwashers (in all units)

   (b) ___ HVAC units (in all buildings or units, as applicable)

   (c) ___ Refrigerators (in all units)

   (d) ___ Exterior doors (in all units)

   (e) ___ Windows (in all units)

6. ___ The following units in the Development, as designed and built, are fully equipped for persons with disabilities in accordance with the Americans with Disabilities Act, as applicable, and the Fair Housing Act (list unit numbers and buildings):

7. ___ The following units in the Development, as designed and built, contain three or more bedrooms (i.e., for large families) (list unit numbers and buildings):

8. ___ The following units in the Development, as designed and built, are for single room occupancy (list unit numbers):

9. ___ All units in the Developments are designed and built for occupancy by the elderly as defined in the relevant Qualified Allocation Plan.

10. ___ The following structure(s), that is part of the Development, is listed individually on 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 work performed in connection with the referenced structure(s) is eligible for historic rehabilitation tax credits (list structure(s) address or location within the Development):

11. ___ All units in the Development are designed and built as permanent, non-transient housing for households whose primary residence (prior to locating in the Development) is a privately or publicly operated shelter designed to provide temporary living accommodations, or a public or private placed not designed for or ordinarily used as a regularly sleeping accommodation for human beings.

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 by making the certifications herein I am making statements of substance for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Development Owner for the Development.

(Name, Signature, license number, and state of licensure of Architect providing certifications)

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 Final 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 Final 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 Low-Income Housing Tax Credit Qualified Allocation Plan (the "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 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 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 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, at the time the Development is placed in service for purposes of issuance of IRS Form 8609. The amount of Tax Credits reflected in the IRS Form 8609, if any, may be different from the amount reflected in the carryover documentation based on reasonable information submitted by or on behalf of the Development Owner, in the Application, as determined by THDA in its sole discretion.

d. Issuance of IRS Forms 8609 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 the taxes of any person or entity 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. I acknowledge and agree that by omitting Attachments that are not otherwise required, I am certifying to THDA that, with respect to the information covered by an omitted Attachment, there have been no changes in information required by the Attachment from information previously submitted to THDA on behalf of this Development either in the Initial Application or the Carryover Application. I further acknowledge and agree that THDA will use information previously submitted and will have no obligation to allow further updates of information in connection with evaluations of this placed in service application and in connection with the amount of low income housing tax credits reflected in the IRS Forms 8609 for this Development.

7. 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.

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

DEVELOPMENT OWNER: Date:_____

_____

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

_____
(print or type name)

_____
(title)

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

_____
(print or type name)

_____
(title)

DEVELOPER: Date:_____

_____

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

_____
(print or type name)

_____
(title)

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

_____
(print or type name)

_____
(title)

STATE OF _____)

COUNTY OF _____)

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

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

_____
Notary Public

My Commission Expires: _____