

TENNESSEE HOUSING DEVELOPMENT AGENCY LOW-INCOME HOUSING TAX CREDIT PROGRAM 2009 Carryover Allocation Information & Requirements

If you received a Reservation Notice for 2009 Low Income Housing Tax Credits from the Tennessee Housing Development Agency and the development will not be constructed and placed in service by December 31, 2009, you must obtain a Carryover Allocation Agreement to retain the 2009 low income housing tax credits until the placed in service requirement under IRS Section 42 the Code. This process is described in the 2009 Qualified Allocation Plan and the Reservation Notice.

A Carryover Allocation Agreement may be obtained by submitting documentation to THDA to satisfy the requirements of Part X of the 2009 Qualified Allocation Plan **no later than November 17, 2009.**

If there have been NO CHANGES to the proposed development since the submission of the Initial Application, a letter so stating and an original and two copies of an updated Statement of Application and Certification, the Gross Rent Floor Election, and the recorded deed showing ownership vested in the ownership entity reflected in the Initial Application may be substituted for the documentation required by Part X-B-1-a of the 2009 Qualified Allocation Plan.

EXTENSIONS WILL BE GRANTED ON A FIRST COME FIRST SERVE BASIS. REQUEST FOR AN EXTENSION MUST BE RECEIVED NO LATER THAN NOVEMBER 10, 2009!

Following THDA's determination that all applicable requirements have been met, you will receive a Carryover Allocation Agreement. The Carryover Allocation Agreement must be executed no later than December 31, 2009 in order to be valid. This document is your actual allocation of Low Income Housing Tax Credits. It will be forwarded to the Internal Revenue Service. THDA will conduct an additional evaluation prior to issuance of IRS Form 8609 to determine the final allocation of low income housing tax credits for each building.

Please insure that the name of the ownership entity is the name that you wish to appear on IRS Form(s) 8609. Name changes and taxpayer identification numbers WILL NOT be changed once the Carryover Allocation Agreement is executed. IRS Form(s) 8609 will be issued to the entity and taxpayer identification number you indicate in the Carryover Allocation Agreement. If the ownership entity is different, in any way, from the ownership entity reflected in the Initial Application, please read Part XIV of the 2009 Qualified Allocation Plan, follow the procedure in Part XV-C of the 2009 Qualified Allocation Plan, and submit the request with the Carryover Application. Future changes can be made by you directly with the IRS once IRS Form(s) 8609 has been issued by THDA. If you have questions concerning the information above, contact THDA at 615-815-2144 or 815-2145.



TENNESSEE HOUSING DEVELOPMENT AGENCY

Low-Income Housing Tax Credit

Carryover Application

2009

TENNESSEE HOUSING DEVELOPMENT AGENCY
Low-Income Housing Tax Credit Application
Program Year 2009

CARRYOVER APPLICATION

Date of Application: _____

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

A. Development Name: _____

B. Development Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Name of nearest cross street: _____

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

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

2. UNIT INFORMATION

A. Total number of residential buildings proposed: _____

B. Total number of residential units proposed: _____

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

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

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

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

3. APPLICANT/OWNERSHIP ENTITY

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

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

- is validly formed and currently in existence in the State of Tennessee *(Attach a certificate of existence for Ownership Entity dated not more than 30 days prior to the date of this Application)*.
- is validly formed and currently in existence in the State of _____ and the Ownership entity qualified to do business in Tennessee on _____, 2009. *(If Ownership entity is a limited liability company, attach Tennessee Application for Certificate of Authority bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a limited partnership, attach Tennessee Application for Registration bearing evidence of filing with the Tennessee Secretary of State's office. If Ownership entity is a corporation, attach Tennessee Certificate of Authority. If Ownership entity is a limited liability partnership, attach Tennessee Certificate of Good Standing.)*

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

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

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

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

E-Mail Address: _____

4. DEVELOPER ENTITY

A. Name and Address of Developer

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

State of formation: _____

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

Type of Developer Entity:

Tax ID Number:

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

5. OTHER DEVELOPMENT PARTICIPANTS

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

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

- 1. Ownership Entity identified in Section 3 of this Carryover Application: Yes No
- 2. Developer identified in Section 4 of this Carryover 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 Carryover 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 Carryover 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 Carryover 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 Carryover Application: Yes No
- 2. Any individual directly or indirectly involved with Ownership Entity: Yes No

- 3. Any entity identified on Attachment 6: Yes No
- 4. Any individual directly or indirectly involved with the syndicator / equity provider: Yes No
- 5. Any individual directly or indirectly involved with any entity identified on Attachment 6: Yes No

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

6. DEVELOPMENT INFORMATION

A. Type of Housing

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

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

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

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

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

Accessory Buildings & Area: _____

Recreational Facilities: _____

Commercial Facilities: _____

Common Areas: _____

Kitchen/Dining Facilities: _____

Clinic/Medical/Nursing Facilities: _____

Other: _____

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

If yes, describe all services to be provided:

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

If yes, describe relocation assistance to be provided: _____

7. SECTION 42 IRREVOCABLE SET-ASIDE ELECTION

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

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

8. ACQUISITION INFORMATION

A. Name of Seller: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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

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

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

D. Exact area of site in acres: _____

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

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

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

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

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

9. RENTAL ASSISTANCE

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

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

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

C. Number of units receiving Assistance: _____

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

10. MONTHLY UTILITY ALLOWANCE CALCULATIONS

Complete and submit Attachment 7 (required if any changes have occurred since the Initial Application).

11. SOURCE OF FUNDS

Complete and submit Attachment 8 (required if any changes have occurred since the Initial Application).

12. CONSTRUCTION FINANCING

Complete and submit Attachment 9 and Attachment 11, if applicable (required if any changes have occurred since the Initial Application).

13. PERMANENT FINANCING

Complete and submit Attachment 10 and Attachment 11, if applicable (required if any changes have occurred since the Initial Application).

14. SYNDICATION INFORMATION

Complete and submit Attachment 12 (required if any changes have occurred since the Initial Application).

15. ANNUAL EXPENSE INFORMATION

Complete and submit Attachment 13(required if any changes have occurred since the Initial Application).

16. DEVELOPMENT SCHEDULE

Complete and submit **Attachment 14 (required if any changes have occurred since the Initial Application)**.

17. DEVELOPMENT COSTS

Complete and submit **Attachment 15 (required if any changes have occurred since the Initial Application)**.

18. CALCULATION OF POTENTIAL TAX CREDITS

Complete and submit **Attachment 16 (required if any changes have occurred since the Initial Application)**.

19. ELIGIBILITY

- A. DEVELOPMENT PARTICIPANTS - Complete and submit an **Attachment 22** for each individual identified in Section 3 of this Carryover Application **and** in Attachment 4A or 4B or 4C **and** in Attachment 5A, or 5B or 5C if the individual in question was not reflected on the corresponding attachment in the Initial Application. Complete and submit an Attachment 4A or 4B or 4C **and** an Attachment 5A or 5B or 5C for each person listed in the Carryover application, unless these attachment reflects changes in the entities involved no Attachment 22 are required.
- B. PROPERTY CONTROL – A document from the list in 1 below must be attached to demonstrate property control (documents attached **must** be fully executed, include the legal description of property on which the Development will be located, and meet all requirements of Part VII A. 7. of the 2009 QAP):
1. Check which one of the following is attached (must meet requirements of Part VII. A. 7. a. of the 2009 QAP):
 - Recorded instrument of conveyance (warranty deed, quitclaim deed, trustee deed, court order); or
 - 50 year ground lease,
 - PILOT agreement

20. OTHER ATTACHMENTS

- A. Attachment 22: Disclosure Form (**required if information has changed since submission of Initial Application**).
- C. Attachment 25: Units Designed for Special Housing Needs (**required if information has changed since submission of Initial Application**).
- D. Gross Rent Floor Election (**required**)
- E. Statement of Application and Certification (**required**)

**2009 LIHTC ATTACHMENT 1: DETERMINATION OF
 APPLICABLE FRACTION
 (Required if changes have occurred since Initial 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*
BLDG 1							
BLDG 2							
BLDG 3							
BLDG 4							
BLDG 5							
BLDG 6							
BLDG 7							
BLDG 8							
BLDG 9							
BLDG 10							
BLDG 11							
BLDG 12							
BLDG 13							
BLDG 14							
BLDG 15							
BLDG 16							
BLDG 17							
BLDG 18							
BLDG 19							
BLDG 20							

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

TOTAL LOW INCOME RESIDENTIAL SQUARE FOOTAGE _____

TOTAL MARKET RATE RESIDENTIAL SQUARE FOOTAGE _____

TOTAL COMMON SQUARE FOOTAGE _____

TOTAL COMMERCIAL SQUARE FOOTAGE _____

TOTAL SQUARE FOOTAGE IN DEVELOPMENT _____

2009 LIHTC ATTACHMENT 1A: DEVELOPMENT CONSTRUCTION DATA
(Required if changes have occurred since Initial 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.**

**2009 LIHTC ATTACHMENT 2: UNIT INFORMATION
LOW-INCOME UNITS ONLY
(Required if changes have occurred since Initial Application)**

UNITS SET ASIDE FOR TENANTS AT 50% OF MEDIAN INCOME

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

UNITS SET ASIDE FOR TENANTS AT 60% OF MEDIAN INCOME

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

Other Income Source: _____

Amount per month: \$ _____

Less Vacancy Allowance: _____% (_____)

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

Estimated annual percentage increase in annual development income? _____%

2009 LIHTC ATTACHMENT 3: UNIT INFORMATION
MARKET RATE UNITS ONLY
(Required if changes have occurred since Initial Application)

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

Other Income Source: _____

Amount per month: \$ _____

Less Vacancy Allowance: _____% (_____)

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

Estimated annual percentage increase in annual development income? _____%

**2009 LIHTC ATTACHMENT 4A: TYPE OF OWNERSHIP ENTITY—
LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF OWNERSHIP ENTITY: _____

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

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

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 2.A. below*)
 corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 2.C. below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 2.A. below*)
 corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 2.C. below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 2.A. below*)
 corporation (*complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 2.C. below*)

State of Formation: _____

- Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP **AND** for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

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

Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each limited liability company identified as a general partner in 1.C. (complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____

Telephone No.: _____

Name: _____
Title: _____
Address: _____

Telephone No.: _____

Name: _____
Title: _____
Address: _____

Telephone No.: _____

DIRECTORS
Name: _____
Address: _____

Telephone No.: _____

Name: _____
Address: _____

Telephone No.: _____

Name: _____
Address: _____

Telephone No.: _____

STOCKHOLDERS
Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

Telephone No.: _____

Name: _____
Type of Entity: _____
State of Formation: _____
Address: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

**2009 LIHTC ATTACHMENT 4B: TYPE OF OWNERSHIP ENTITY—
CORPORATION**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Ownership Entity (complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company). (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

**2009 LIHTC ATTACHMENT 4C: TYPE OF OWNERSHIP ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF OWNERSHIP ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of the Ownership Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3.A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company.* (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS
Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS
Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS
Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2009 LIHTC ATTACHMENT 5A: TYPE OF DEVELOPER ENTITY—

**LIMITED PARTNERSHIP OR GENERAL PARTNERSHIP OR
REGISTERED LIMITED LIABILITY PARTNERSHIP**

NAME OF DEVELOPER ENTITY: _____

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

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

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

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (complete 2.A. below)
 corporation (complete 2.B. below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP)
 limited liability company (complete 2.C. below)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any general partner identified in 1.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each such corporation identified as a general partner in 1.C. (complete 3.B.(i) if any officer, director and/or stockholder is a partnership; complete 3.B.(ii) if any office, director and/or stockholder listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP and/or complete 3.B.(iii) if any officer, director and/or stockholder listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any general partner identified in 1.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each limited liability company identified as a general partner in 1.C. (complete 3.C.(i) if any member and/or manager is a partnership; complete 3.C.(ii) if any member and/or manager listed below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP and/or complete 3.C.(iii) if any member and/or manager listed below is a limited liability company). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following:** (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of each officer, director and stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

**2009 LIHTC ATTACHMENT 5B: TYPE OF DEVELOPER ENTITY—
CORPORATION**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in the corporation that is the Developer Entity (*complete 2.A. below if any officer, director and/or stockholder is a partnership; complete 2.B. below if any officer, director and/or stockholder is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 2.C. below if any officer, director and/or stockholder is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any officer, director and/or stockholder identified in 1. above is a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 1. (*complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.B.(iii) if any officer, director, and/or stockholder identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

OFFICERS
Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS
Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS
Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any officer, director and/or stockholder identified in 1. above is a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each officer, director and/or stockholder identified as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

OFFICERS

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

Name:

Title:

Address:

Telephone No.:

DIRECTORS

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

Name:

Address:

Telephone No.:

STOCKHOLDERS

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

Name:

Type of Entity:

State of Formation:

Address:

Telephone No.:

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) managers of each officer, director and/or stockholder identified as a limited liability company in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general or limited liability), provide all of the following information for **each general partner** of each member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP **AND** for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

**2009 LIHTC ATTACHMENT 5C: TYPE OF DEVELOPER ENTITY—
LIMITED LIABILITY COMPANY**

NAME OF DEVELOPER ENTITY: _____

1. Provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of the Developer Entity (*complete 2.A. if any member and/or manager identified below is a partnership; complete 2.B. if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 2.C. if any member and/or manager identified below is a limited liability company*). (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

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

(i) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(ii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

(iii) Name of General Partner: _____

Address: _____

Telephone: (_____) _____ Ownership: _____%

Type of entity: individual partnership (*complete 3.A.(i) below*)
 corporation (*complete 3A.(ii) below if the corporation does not meet the requirements of Part VII.A.6.d. of the 2009 QAP*)
 limited liability company (*complete 3.A.(iii) below*)

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2. B. If any member and/or manager identified in 1. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in each member and/or manager identified as a corporation in 1. (complete 3.B.(i) if any officer, director and/or stockholder identified below is a partnership; complete 3.B.(ii) if any officer, director and/or stockholder identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.B.(iii) if any officer, director and/or stockholder identified below is a limited liability company). (attach additional pages if needed to provide complete information.)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

2. C. If any member and/or manager identified in 1. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of each member and/or manager identified below as a limited liability company in 1. (*complete 3.C.(i) if any member and/or manager identified below is a partnership; complete 3.C.(ii) if any member and/or manager identified below is a corporation that does not meet the requirements of Part VII.A.6.d. of the 2009 QAP; and/or complete 3.C.(iii) if any member and/or manager identified below is a limited liability company.* (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (i) If any general partner identified in 2.A. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any general partner identified as a partnership in 2.A. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

b. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

c. Name of General Partner: _____

Address: _____

Telephone: (_____)_____ Ownership: _____%

Type of entity: individual partnership corporation limited liability company

State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (ii) If any general partner identified in 2.A. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any general partner identified as a corporation in 2.A. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

OFFICERS
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Title: _____
Address: _____ _____
Telephone No.: _____

DIRECTORS
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____
Name: _____
Address: _____ _____
Telephone No.: _____

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. A. (iii) If any general partner identified in 2.A. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any general partner identified as a limited liability company in 2.A. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (i) If any officer, director and/or stockholder identified in 2.B. above is itself a partnership (limited, general, or limited liability), provide all of the following information for **each general partner** of any officer, director and/or stockholder identified as a partnership in 2.B. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (attach additional pages if needed to provide complete information.)

a. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____) _____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (ii) If any officer, director and/or stockholder identified in 2.B. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any officer, director and/or stockholder identified as a corporation in 2.B. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

OFFICERS

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

Name: _____

Title: _____

Address: _____

Telephone No.: _____

DIRECTORS

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

STOCKHOLDERS

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

Name: _____

Type of Entity: _____

State of Formation: _____

Address: _____

Telephone No.: _____

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. B. (iii) If any officer, director and/or stockholder identified in 2.B. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any officer, director and/or stockholder identified as a limited liability company identified in 2.B. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (i) If any member and/or manager identified in 2.C. above is itself a partnership (limited, general, or limited liability), provide all of the following information for each general partner of any member and/or manager identified as a partnership in 2.C. If any general partner identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

a. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

b. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

c. Name of General Partner: _____
Address: _____
Telephone: (_____)_____ Ownership: _____%
Type of entity: individual partnership corporation limited liability company
State of Formation: _____

Check here if any general partner listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (ii) If any member and/or manager identified in 2.C. above is itself a corporation, provide all of the following information for **each of the following**: (i) all officers, (ii) all directors and (iii) all stockholders with a 10% interest or more in any member and/or manager identified as a corporation in 2.C. If any officer, director or stockholder identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. (*attach additional pages if needed to provide complete information.*)

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

- Check here if no stockholders are listed above because no single stockholder owns a 10% or greater interest in the corporation for which this information is provided.
- Check here if any stockholder listed above is a corporation which meets the requirements of Part VII.A.6.d of the 2009 QAP AND an opinion letter in the form of Attachment 28 is included as part of this Carryover Application.

3. C. (iii) If any member and/or manager identified in 2.C. above is itself a limited liability company, provide all of the following information for **each of the following**: (i) all governors, (ii) all members and (iii) all managers of any member and/or manager identified as a limited liability company in 2.C. If any member or manager identified below is not an individual or a corporation that meets the requirements of Part VII.A.6.d. of the 2009 QAP, you must provide additional information, in the relevant form based on the type of entity, until only individuals and no entities are identified. *(attach additional pages if needed to provide complete information.)*

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

Check here if any member or manager listed above is a corporation which meets the requirements of Part VII.A.6.d. of the 2009 QAP AND for which an opinion in the form of Attachment 28 is included as part of this Carryover Application.

2009 LIHTC ATTACHMENT 6: OTHER DEVELOPMENT PARTICIPANTS

A. Contractor

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

B. Management Company

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

C. Consultant

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

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

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

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

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

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

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

**2009 LIHTC ATTACHMENT 7: MONTHLY UTILITY
ALLOWANCE CALCULATIONS
(Required if changes have occurred since the Initial Application)**

A. Complete the following:

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

(DO NOT INCLUDE ITEMS PAID BY OWNER IN TOTAL)

B. Source of Utility Calculation*:

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

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

C. Effective Date of Utility Calculation: _____

**2009 LIHTC ATTACHMENT 8: SOURCES AND USES OF FUNDS
(Required if changes have occurred since the Initial 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	\$ _____

2009 LIHTC ATTACHMENT 9: CONSTRUCTION FINANCING
(Required if changes have occurred since the Initial 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.

2009 LIHTC ATTACHMENT 10: PERMANENT FINANCING
(Required if changes have occurred since the Initial 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.

**2009 LIHTC ATTACHMENT 11: GOVERNMENT SUBSIDIES
(Required if changes have occurred since the Initial 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.

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

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

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

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

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

Date Transfer of Physical Asset approval expected: _____

D. 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

**2009 LIHTC ATTACHMENT 12: SYNDICATION INFORMATION
(Required if changes have occurred since the Initial Application)**

A. Type of tax credit being syndicated:

- Low income housing tax credit
- Historic rehabilitation credit

B. Type of offering: Public

Private

C. Date syndication was or will be completed:

Application _____

Conditional Commitment _____

Firm Commitment _____

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

E. Name of Fund: _____

Name of Syndicator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

**2009 LIHTC ATTACHMENT 14: DEVELOPMENT SCHEDULE
(Required if changes have occurred since the Initial Application)**

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

2009 LIHTC ATTACHMENT 15: DEVELOPMENT COSTS
2009 THDA LIHTC PROGRAM
(Required if changes have occurred since the Initial Application)

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

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

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

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

**2009 LIHTC ATTACHMENT 16: CALCULATION OF POTENTIAL TAX CREDITS
(Required if changes have occurred since the Initial Application)**

	B	C
	<u>ACQUISITION</u>	<u>REHAB./ NEW CONST.</u>
A. Calculation pursuant to Section 42 (a) (“Method A”)		
1. Total from Attachment 15 line 12 (columns B and C)	_____	_____
2. Less federal grants used to finance qualifying costs (from Attachment 11)	_____	_____
3. Less amount of nonqualified nonrecourse financing (from Attachment 10)	_____	_____
4. Less value of nonqualifying units of higher quality	_____	_____
5. Less value of nonqualifying excess portion of higher quality units	_____	_____
6. Less amount of Historic Tax Credit (Residential Portion Only)	_____	_____
7. Total Eligible Basis	=====	=====
8. Multiplied by the Applicable Fraction (from Section 2.B. and Attachment 1 of the Carryover Application)	_____ %	_____ %
9. Total Qualified Basis	=====	=====
10. Multiplied by the Applicable Percentage ¹ (9% or 4% for purposes of the Carryover Application)	_____ %	_____ %
11. Total	=====	
12. Multiplied by 130% if in a qualified census tract (from Exhibit 6 of the 2009 QAP) (Rehab./New Const. only)		_____
13. POTENTIAL TAX CREDIT AMOUNT PER YEAR BY METHOD A. (Amount from line 11 unless line 12 applies)	=====	=====
 B. Calculation pursuant to Section 42(m)(2) (“Method B”) ²	 A	
1. Total from Attachment 15, line 12 (column A)	_____	
2. Less all governmental funding (from Attachment 11)	_____	
3. Less all other sources of permanent financing (from Attachment 10)	_____	
4. Less capital contributions (from Attachment 8)	_____	
5. Total	=====	

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

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

A

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

7. Total

=====

8. Divided by 10

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

=====

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

=====

³ Subject to modification by THDA.

⁴ Any amount of Low Income Housing Tax Credits determined on this Attachment 16 is subject to modification by THDA. Any reservation or allocation of low income housing tax credits, or the amount thereof, is subject, in all respects, to (1) all requirements of the 2009 QAP; (ii) all information submitted in connection with an Carryover 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.

2009 LIHTC ATTACHMENT 22: DISCLOSURE FORM
(Required if changes have occurred since the Initial Application)

In connection with a Carryover Application submitted to the Tennessee Housing Development Agency requesting an allocation of 2009 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 Carryover Application and for each individual identified in Attachment 4A or 4B or 4C and for each individual identified in Attachment 5A or 5B or 5C, unless the exception in Part VII.A.6.d. and Part VII.A.6.e. of the 2009 QAP apply and an opinion in the form of Attachment 28 is provided for each corporation to which this exception applies.

4. I have not filed for nor am I in bankruptcy or reorganization as of the date hereof and have not had a bankruptcy discharged within the last four (4) years; OR

I have filed for or am in bankruptcy or reorganization as of the date hereof and the details are as follows [specify date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:

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

An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof 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 Carryover 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 _____, 2009.

Notary Public

My Commission Expires: _____

**2009 LIHTC ATTACHMENT 25: UNITS DESIGNED FOR
SPECIAL HOUSING NEEDS
(Required if changes have occurred since the Initial Application)**

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

**2009 LIHTC ATTACHMENT 28: FORM OF LETTER FOR EXCLUSION
UNDER PART VII.A.6.d. AND PART VII.A.6.E.**

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

(date)

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

Development Name: _____ (the "Development")

Development Address: _____

Development Owner: _____ (the "Development Owner")

Ladies and Gentlemen:

I am the General Counsel of _____ (the "Company"). Based on my capacity as General Counsel, I have knowledge of the information provided in this letter and am duly authorized to provide the information contained in this letter in connection with an Carryover application of even date herewith (the "Carryover Application") submitted to the Tennessee Housing Development Agency ("THDA") requesting 2009 Low Income Housing Tax Credits ("Tax Credits") for the Development. I understand THDA will rely solely on this letter to determine whether the Company meets the requirements of Part VII.A.6.d. of the THDA Low Income Housing Tax Credit Qualified Allocation Plan for 2009 (the "QAP") and Part VII.A.6.e. of the QAP.

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

Company: _____

Name: _____
General Counsel

Signature: _____

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

**TENNESSEE HOUSING DEVELOPMENT AGENCY
LOW-INCOME HOUSING TAX CREDIT PROGRAM
GROSS RENT FLOOR ELECTION**

Development: _____

Address: _____

City and ZIP Code: _____

THDA BIN: _____

Date: _____

In accordance with Revenue Procedure 94-57 (Tenant Eligibility When Area Maximum Incomes Decrease), the Internal Revenue Service ("IRS") will treat the Gross Rent Floor in Section 42(g)(2)(A) as taking effect on the date the Tennessee Housing Development Agency ("THDA") initially allocates* tax credits to the building. However, the IRS will treat the Gross Rent Floor as taking effect on the building's placed-in-service date if the owner designates that date and so informs THDA *prior to the placed-in-service date of the building.*

THIS IS A ONE-TIME IRREVOCABLE ELECTION.

The undersigned owner hereby makes the following election with respect to the Gross Rent Floor effective date for each building in the development designated above:

___ On date of initial allocation (or determination)

___ On placed-in-service date

*If the development is financed with tax-exempt bonds (as defined by Section 42 of the Internal Revenue Code), the IRS will treat the Gross Rent Floor as taking effect on the date THDA initially issues a determination letter unless the owner designates that the placed-in-service date should be used.

Owner: _____

By: _____

Its: _____

STATEMENT OF APPLICATION AND CERTIFICATION

Development Name: _____ (the "Development")

Development Owner: _____ (the "Development Owner")

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

1. Check one:

I am _____ of the Development Owner identified above and identified in Section 3 of the Carryover 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 Carryover 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 2009 Low-Income Housing Tax Credit Qualified Allocation Plan (the "2009 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 2009 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 2009 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 2009 QAP; and (ii) all requirements of Section 42 of the Code and all Regulations.

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

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

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

- f. Neither THDA nor any of its directors, officers, employees and agents are responsible or liable for any representations made in connection with the Tax Credit program.
- g. I assume the risk of all damages, losses, costs, and expenses related to participation in the Tax Credit program and agree to indemnify and save harmless THDA and all of its directors, officers, employees and agents harmless against any and all claims, suits, losses, damages, costs and expenses (including all court costs and attorneys fees) of any kind and of any nature that THDA may hereinafter suffer, incur, or pay arising out of its decisions concerning Tax Credits or the use of information related to the Tax Credit program.
- h. Any misrepresentations in any materials or documentation submitted to THDA to induce THDA to reserve or allocate Tax Credits to the Development Owner for the Development may result in a reduction or withdrawal of Tax Credits by THDA, a bar on future program participation, and/or notification of the Internal Revenue Service.
- 6. To the best of my knowledge and belief, the information contained in the Application, in any Attachments in support thereof, or documentation otherwise submitted to THDA in connection with the Tax Credit program is true, correct, and complete and is truly descriptive of the Development.
- 7. I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a Class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Low Income Housing Tax Credit Program. I further acknowledge that the statements contained in the Application, all relevant Attachments and this Statement are statements of substance made for the purpose of influencing THDA to award Low Income Housing Tax Credits to the Application of which this Statement is a part.

DEVELOPMENT OWNER:

Date: _____

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

 (print or type name)

 (title)

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

 (print or type name)

 (title)

DEVELOPER:

Date: _____

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

(print or type name)

(title)

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

(print or type name)

(title)

STATE OF _____)

COUNTY OF _____)

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

Witness my hand and seal, at office, this _____ day of _____, 2009.

Notary Public

My Commission Expires: _____