ATTACHMENT 23: DISCLOSURE FORM

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

A fully executed **Attachment 23, Disclosure Form** must be included for each individual identified in the THOMAS Organizational Breakdown <u>and</u> for each individual identified in the THOMAS Organizational Breakdown of the Final Application, unless the corporation is publicly traded on a nationally recognized stock exchange or similar entity and an opinion in the form of Attachment 24 Final Disclosure Exemption is provided for each corporation to which this exception applies.

In connection with a Final Application submitted to the Tennessee Housing Development Agency requesting an allocation of Low-Income Housing Tax Credits, I, the undersigned, being duly sworn, hereby certify as follows: (*Check one statement for each numbered item*)

1.	I have not been convicted of a felony of any type in Tennessee or any other state within the last ten (10) years; OR
	I have been convicted of a felony in Tennessee or in another state within the last ten (10) years and the details are as follows (specify type of felony, state of conviction, penalties imposed):
2.	I have not been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
	I have been fined, suspended, or debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows (specify federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment):
3.	No entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years; OR
	An entity with which I am or have been affiliated in an ownership or decision making capacity, has been fined, suspended, debarred as a result of financial or housing activities by a federal agency (including FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) within the last five (5) years and the details are as follows (specify entity involved, federal agency, action taken by the agency and activity that resulted in the fine, suspension or debarment):

4.		I have not filed for nor am I in bankruptcy or reorganization as of the date hereof and have not had a bankruptcy discharged within the last four (4) years; OR
		I have filed for or am in bankruptcy or reorganization as of the date hereof or have had a bankruptcy discharged within the past four (4) years and the details are as follows [specify date of filing, type of filing, court in which filing made, circumstances that lead to the filing]:
5.		No entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof; OR
		An entity with which I am or have been affiliated in an ownership or decision making capacity, is in or has filed for bankruptcy or reorganization as of the date hereof and the details are as follows (specify entity, date of filing, type of filing, court in which filing made, circumstances that lead to the filing):
6.		No state licenses I am required to have from the State of Tennessee or from any other state are
0.	_	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):

person to knowingly make, utter or publish a false THDA to allow participation in any of its program. I further acknowledge that the statemen	ted, Section 13-23-133, it is a Class E felony for any statement of substance for the purpose of influencing ams, including the Low-Income Housing Tax Credit ts contained in this Attachment 23 are statements of DA to award Low-Income Housing Tax Credits to the part.
(Signature)	(Date)
(Type or Print name)	-
personally appeared	a Notary Public of the state and county mentioned,, the within named bargainor, with whom I am basis of satisfactory evidence), and who, upon oath, ment for the purposes therein contained.
Witness my hand and seal, at office, thisd	ay of, 2021
Notary Public My Commission Expires:	[SEAL]